

**BOARD OF DENTISTRY
COUNCIL ON DENTAL HYGIENE AGENDA
VIA TELEPHONE CONFERENCE CALL
Call In Number (888) 670-3525, Participant Pass Code: 4552635641
MAY 18, 2015
6:00 P.M. EDT**

- I. CALL TO ORDER/ROLL CALL**
- II. REVIEW OF JANUARY 21, 2015 MINUTES**
- III. ITEMS FOR TOPIC DISCUSSION**
 - A. Budget Task Force Recommendation to Lower License and Renewal Fees**
 - 1. Rule Draft 64B5-15.006, F.A.C., Licensure and Renewal Fees
 - 2. Rule Draft 64B5-15.008, F.A.C., Fee for Renewal of Inactive License
 - 3. Rule Draft 64B5-15.009, F.A.C., Fee for Reactivation of Inactive License
 - 4. Rule Draft 64B5-15.012, F.A.C., Change of Status Processing Fee
 - 5. Rule Draft 64B5-15.0121, F.A.C., Change of Status Processing Fee for Retired Status
 - B. Rule Draft 64B5-2.0135, F.A.C., Dental Hygiene Examination**
 - C. Remedial Coursework Requirements - Rule 64B5-2.0144, F.A.C., Licensure Requirements for Dental Hygiene Applicants From Unaccredited Dental Schools or Colleges**
 - D. Dental Hygiene Licensees from Other States Who Do Not Meet FL Requirements to Administer Local Anesthesia**
 - E. Authorization for Remediable Tasks**
 - Reference Materials Provided FYI
 - s. 466.023, F.S., Dental Hygienists; Scope and Area of Practice
 - s. 466.0235, F.S., Dental Charting
 - s. 466.024, F.S., Delegation of Duties; Expanded Functions
 - Rule 64B5-16.001, F.A.C., Definitions of Remediable Tasks and Supervision Levels
- IV. OLD BUSINESS**
- V. NEW BUSINESS**
- VI. ADJOURNMENT**

To connect to the conference call, dial the following number: 888-670-3525 a minute or two prior to the start time of the meeting. You will then be prompted to enter a "participant pass code", which is 4552635641, followed by the # sign. Please mute your line. Press *6 to mute/unmute the line.

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

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BOARD OF DENTISTRY
COUNCIL ON DENTAL HYGIENE
VIA TELEPHONE CONFERENCE CALL
JANUARY 21, 2015
6:00 P.M. EDT

CALL TO ORDER/ROLL CALL

The meeting was called to order at 6:00 p.m. by Cathy Cabanzon, Chair. Those present for all or part of the meeting included the following:

Council members present:

Ms. Cathy Cabanzon, Chair
Dr. Robert Perdomo
Ms. Irene Stavros, RDH
Ms. Sue Correia, RDH
Dr. Carol Stevens, advisor

Council members absent:

Ms. Jan Barrett, RDH

Others present:

Ms. Becky Smith, FL Educators Assn.
Dr. William Kochenour, Board Chair
Dr. Joe Thomas, Board member
Dr. Dan Gesek, Board member
Dr. Leonard Britten, Board member
Ms. Angie Sissine, Board member
Dr. Don Ilkka, FDA
Ms. Casey Stoutamire, FDA

Staff present:

David Flynn, Esq., Board Counsel
Sue Foster, Board Executive Director
Cindy Ritter, Program Administrator

REVIEW OF JULY 9, 2014 MINUTES

The minutes of the July 9, 2014 meeting were reviewed and following review, the following action was taken by the Council:

Motion: by Dr. Perdomo to approve the minutes after staff review of motion made by Ms. Stavros on pg. 2 – motion was to “table the subsection”

Second: by Ms. Stavros

Vote: unanimous

Ms. Cabanzon advised the Council of the status of proposed rules as follows:

1. Rule 64B5-14.002 Prohibitions:

Approved by the Board on August 22, 2014. The rule was officially adopted and became effective on December 15, 2014.

2. Rule 64B5-2.0135 Dental Hygiene Examination

Approved by the Board on August 22, 2014. Changes made by the Board on November 21, 2014. The rule was officially adopted and became effective on January 21, 2015.

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3. Rule 64B5-2.0144 Licensure Requirements for Dental Hygiene Applicants from Unaccredited Dental Schools and Colleges

Approved by the Board on August 22, 2014. The rule was officially adopted and became effective on December 15, 2014.

4. Rule 64B5-16.006 Remediable Tasks Delegable to a Dental Hygienist

The amended language was not approved by the Board of Dentistry.

5. Rule 64B5-16.0075 Dental Charting by Dental Hygienists

Approved by the Board on August 22, 2014. Changes made by the Board on November 21, 2014. The rule was adopted and will become effective on January 27, 2015.

6. Rule 64B5-12.016 Subject Area Requirements

Approved by the Board on August 22, 2014. The rule was officially adopted and became effective on December 15, 2014.

ITEMS FOR TOPIC DISCUSSION

Rule Draft 64B5-14.002, FAC, Prohibitions

Ms. Cabanzon presented to the Council a brief history of this rule. Comments were made by Dr. Ilkka, Florida Dental Association; Rhoda Kublickis, Florida Dental Hygiene Association (FDHA), Irene Stavros, Dr. Robert Perdomo, Dr. Joe Thomas, Dr. Carol Stevens, Ms. Angie Sissine, Ms. Shelley Berghoics, FDHA.

Following discussion, the following action was taken by the Council:

Motion: by Ms. Stavros to reject this new subsection

Second: by Dr. Perdomo

Vote: unanimous

FOR YOUR INFORMATION

Correspondence from Dentists and Dental Hygienists regarding proposed rule change

OLD BUSINESS

None

NEW BUSINESS

None

ADJOURNMENT

The meeting was adjourned at 6:25 p.m.

64B5-15.006 Licensure and Renewal Fees.

(1) The fee for biennial renewal of both a dental license and of a health access dental license shall be \$300.00. The biennial renewal fee for a dental hygiene license shall be ~~\$100.00~~\$80.00.

(2) Initial licensure fees shall be the same as renewal fees. However, applicants granted initial licensure during the second year of the biennium shall pay one half of the normal fee.

Rulemaking Authority 456.013, 456.025, 466.013 FS. Law Implemented 456.013, 456.025, 466.013 FS. History—New 4-1-80, Amended 1-25-82, 10-3-83, Formerly 21G-15.06, Amended 11-16-89, 8-13-92, Formerly 21G-15.006, 61F5-15.006, Amended 5-6-96, Formerly 59Q-15.006, Amended 8-2-01, 6-11-07, 4-27-09.

64B5-15.008 Fee for Renewal of Inactive License.

The fee for renewal of an inactive dental license shall be \$300. The fee for renewal of an inactive dental hygiene license shall be ~~\$100~~\$80.

Rulemaking Authority 466.004, 466.015 FS. Law Implemented 466.015 FS. History—New 4-2-84, Formerly 21G-15.08, Amended 1-18-87, 11-16-89, 8-13-92, Formerly 21G-15.008, 61F5-15.008, Amended 5-6-96, Formerly 59Q-15.008, Amended 9-27-01, 6-18-07.

64B5-15.009 Fee for Reactivation of Inactive License.

The fee for reactivation of an inactive dental license shall be \$300. The fee for reactivation of an inactive dental hygiene license shall be ~~\$100~~\$80.

Rulemaking Authority 466.004, 466.015 FS. Law Implemented 466.015 FS. History—New 4-2-84, Formerly 21G-15.09, Amended 1-18-87, 11-16-89, 8-13-92, Formerly 21G-15.009, 61F5-15.009, Amended 5-6-96, Formerly 59Q-15.009, Amended 9-27-01, 6-18-07.

64B5-15.012 Change of Status Processing Fee.

The fee for processing a licensee's request to change status at any time other than at the beginning of a licensure cycle shall be \$300 for a dental license and ~~\$100~~-80 for a dental hygiene license.

Rulemaking Authority 456.036, 466.004(4) FS. Law Implemented 456.036 FS. History—New 7-12-95, Amended 5-6-96, Formerly 59Q-15.012, Amended 9-27-01, 6-11-07.

64B5-15.0121 Change of Status Processing Fee for Retired Status.

The fee for changing to retired status at any time other than at license renewal shall be \$300 for a dental license and ~~\$100~~\$80 for a dental hygiene license.

Rulemaking Authority 456.036 FS. Law Implemented 456.036 FS. History—New 2-14-06, Amended 6-11-07.

64B5-2.0135 Dental Hygiene Examination.

(1) Practical or Clinical Examination:

(a) Currently, the Florida practical or clinical examination is the Dental Hygiene Examination developed by the American Board of Dental Examiners, Inc. (ADEX) ~~and administered by the North Eastern Regional Board, Inc. (NERB).~~ Any ADEX Dental Hygiene Examination administered after June 1, 2010, will meet the clinical or practical examination requirement, regardless of the jurisdiction in which the exam was administered.

(b) Any dental hygiene applicant, who fails to pass the Practical or Clinical Examination in three (3) attempts, shall not be eligible for reexamination until the successful completion of one academic semester of clinical course work at the senior clinical practice level at a dental hygiene school approved by the American Dental Association Commission on Accreditation. A failure to comply with the remedial course work in this paragraph will result in a denial of licensure or a denial to sit for reexamination.

(c) The Board of Dentistry hereby approves the practical or clinical Dental Hygiene Examination developed by ADEX. All ADEX clinical or practical examination procedures, standards, and criteria are approved and shall remain approved contingent on the Board of Dentistry maintaining representation on the ADEX House of Representatives and the ADEX Dental Hygiene Examination Development Committee.

(d) Candidates for the dental hygiene examination may only assess patients for suitability as exam patients at a dental office under the direct supervision of a Florida licensed dentist, or at an accredited dental hygiene program, or an accredited dental school under the direct supervision of a program faculty member.

(2) ~~Laws and Rules~~ Written Examination:

(a) The written examination shall be an examination covering the laws and rules applicable to the practice of a health care profession, the practice of dentistry and the practice of dental hygiene in the State of Florida.

~~(b) The examination shall, at a minimum, cover the following subject areas:~~

- ~~1. The provisions of Chapter 466, F.S.;~~
- ~~2. The provisions of Chapter 456, F.S.; and~~
- ~~3. The provisions of Chapter 64B5, F.A.C.~~

~~(c) No more than three percent (3%) of the examination shall cover the topic of Chapter 456, F.S.~~

(3) Grading, Passing Results, and Time Requirements:

(a) The practical or clinical examination administered in the State of Florida shall be graded by Florida licensed dentists and hygienists.

(b) The practical or clinical examination must be completed with a score of seventy-five (75) points or greater on both portions of the examinations, whether administered in Florida or another jurisdiction.

(c) The written examination shall be completed with a seventy-five percent (75%) or greater.

~~(d) In order to be eligible for licensure, the written examination must be completed within eighteen (18) months of successfully completing the practical or clinical examination. If the applicant takes a board approved laws and rules course governing the practice of health care professions and dental and dental hygiene, the eighteen months is extended to twenty-four (24) months. The course must be attended in person and consist of no fewer than five (5) clock hours.~~

(4) Historical Note Florida Dental Hygiene Exam:

(a) On March 23, 2012, legislation became effective, SB 1040, which amended Section 466.007, F.S. Beginning July 1, 2012, the amendment made the Florida Dental Hygiene Exam the hygiene examination developed by ADEX.

(b) Prior to the legislative change, the Board voted and implemented the Dental Hygiene Exam developed by ADEX and set June 1, 2010, as the controlling date for acceptance of this exam. Preceding June 1, 2010, the hygiene examination was an independent administered state exam.

(c) In accordance with the applicable rules and statutes, June 1, 2010, is the earliest date the Board shall accept for a valid Dental Hygiene Exam developed by ADEX, as this is the earliest date the Board and Council found the ADEX exam met the requirements of Section 466.007, F.S.

Rulemaking Authority 466.004(4) FS. Law Implemented 466.007 FS. History—New 3-16-82, Amended 5-2-84, 5-19-85, 10-8-85, 12-8-85, Formerly 21G-2.135, Amended 12-31-86, 10-19-87, 2-21-88, 5-29-88, Formerly 21G-2.0135, 61F5-2.0135, Amended 11-15-95, Formerly 59Q-2.0135, Amended 10-31-01, 7-6-05, 12-31-09, 10-10-10, 12-28-11, 8-8-12, 1-27-15.

64B5-2.0144 Licensure Requirements for Dental Hygiene Applicants from Unaccredited Dental Schools or Colleges.

Applicants for licensure as dental hygienists who have graduated from an unaccredited dental school or college may seek licensure in the following manner:

(1) Submit the following: A completed credentials application, Application for Credentials Review for Graduates From Non-Accredited Dental Colleges or Schools, Form DH-MQA 1253, 10/11, and incorporated herein by reference. Application for Credentials Review for Graduates From Non-Accredited Dental Colleges or Schools, Form DH-MQA 1253, 10/11 can be obtained at <http://www.flrules.org/Gateway/reference.asp?No=Ref-01037> or at the Board of Dentistry website at <http://www.doh.state.fl.us/mqa/dentistry>.

(2) An initial credential evaluation is not an approval for licensure; rather, the applicant must comply with all provisions of Chapter 466, F.S.

(3) A certified photocopy of the dental school diploma and a certified translation if the diploma is in a language other than English, which diploma shall be comparable to a D.D.S. or a D.M.D.

(4) Final official transcripts received directly from the schools where post-secondary dental education was received and from the dental school which reflects the applicant's matriculation and graduation dates and degree earned; the transcript shall be authenticated by the official school stamp or seal as well as the signature of an authorized school official and shall be accompanied with a certified translation if the documents are in a language other than English.

(5) Proof which establishes successful completion of 4 academic years of post-secondary dental education. Proof of the 4 years of required education shall include a report from an Education Credential Evaluators (ECE) approved evaluating service, which evaluation includes a year by year evaluation of the applicant's credentials. Said report shall not be conclusive, but shall only be advisory to the Board.

(6) Any graduate of a foreign dental college or school not accredited or approved in accordance with Section 466.007(2)(b), F.S., and not accredited in accordance with Section 466.006(2)(b), F.S., who seeks licensure as a dental hygienist pursuant to Section 466.007(2)(b)2., F.S., but is unable to supply proper educational credentials due to the political or other conditions of the country in which the education was received, shall submit any and all documents which would tend to support the applicant's claim of proper credentials and shall submit with the application.

(a) A written statement which shall include:

1. A complete chronological account of all schools attended during the candidate's entire education, including dates of attendance and graduation, the addresses of all schools attended;

2. A description of all dental school courses which the applicant successfully completed;

(b) At least five (5) written statements concerning the applicant's dental education from persons who are directly acquainted with the candidate's educational credentials. If the applicant relies on these written statements to establish qualifications for licensure, then at least three (3) of the written statements must be from dentists who are not related to the applicant;

(c) Any applicant who provides false information to the Florida Board of Dentistry on his or her licensure application and/or written statements as required by this rule will be referred for criminal prosecution pursuant to Section 456.067, F.S.

(d) Unless the Board is otherwise satisfied that the credentials required by subsections (3) through (5) above cannot be obtained, the Board will not accept such other evidence as described in this section until the applicant has demonstrated to the Board that he or she has made a reasonable attempt to obtain the credentials.

(7) Proof received directly from the American Dental Association, that the National Board of Dental Examiners Written Examination has been successfully completed, or that the National Board of Dental Hygiene Examination has been successfully completed.

(8) If the applicant's name has changed since initiation of dental education, a certified copy of the legal document changing the name or an affidavit sworn before a notary public or other person authorized to administer oaths that the person named in credentials submitted and the applicant are the same person.

(9) Two 2 inch by 2 inch photographs of the applicant which are suitable for identification.

(10)(a) The Applicants applying for licensure under Section 466.007(2)(b)2., F.S., whose applications do not indicate they have obtained Dental Hygiene clinical education to the level of the clinical experience required by an American Dental Association (ADA) accredited Dental Hygiene program in the areas set forth in paragraph (10)(b) below, who have failed the initial examination, shall be required to obtain remedial coursework in those designated areas that the applicant has not successfully completed that would meet the ADA clinical requirements at an ADA accredited dental or dental hygiene school, before being permitted to re-take

the dental hygiene examination. Such additional coursework shall be obtained from a program accredited by the ADA, only after the applicant satisfies and the Board approves the education and testing requirements of subsections (3) through (9) above. Such additional coursework must be obtained by the applicant and approved by the Board prior to the applicant being allowed to sit for the Dental Hygiene examination.

(b) The accredited clinical coursework referenced in paragraph (a) above shall be in the following areas:

1. Radiology: 15 hours didactic and 10 hours lab/clinical;
2. Prophylaxis Performance: 25 hours didactic and 100 hours clinical;
3. Infection Control: 10 hours didactic and 10 hours clinical;
4. Periodontal Therapy: 20 hours didactic and 30 hours clinical;
5. Pharmacology: 15 hours didactic and 10 hours clinical;
6. Biomedical Sciences: 10 hours didactic;
7. Clinical History Management: 10 hours didactic;
8. Special Patient Care: 5 hours didactic and 10 hours clinical; and
9. Training in cardiopulmonary resuscitation (CPR) at the basic support level, including one-rescuer and two-rescuer CPR for adults, children, and infants; the use of an automatic external defibrillator (AED); and the use of ambu-bags. All such training shall be sufficient for and shall result in current certification or re-certification by the American Heart Association, the American Red Cross or an entity with equivalent requirements.

(c) The additional coursework required by paragraphs (10)(a) and (10)(b) of this rule must be obtained and approved by the Board prior to the applicant being allowed to sit for the Dental Hygiene examination.

(1) Upon approval of the credentials, the applicant shall apply for licensure in the following manner:

(a) Successfully complete the Florida practical or clinical examination developed by the American Board of Dental Examiners, Inc., (ADEX), as specified in Rule 64B5-2.0135, F.A.C., through the North East Regional Board of Dental Examiners, Inc. (NERB); and

(b) Submit a complete application, Dental Hygiene Licensure Application, Form DH-MQA 1210 (Rev. 8/12), incorporated herein by reference. Dental Hygiene Licensure Application, Form DH-MQA 1210 (Rev. 8/12), is available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-02016> on the Department of Health's website at <http://www.doh.state.fl.us/mqa/dentistry>. An applicant is eligible for licensure upon receipt of a completed application, passing scores from the ADEX dental hygiene examination, the National Board Dental Hygiene or National Board Dental Examination, and successful completion of the written laws and rules of Florida regulating the practice of dentistry and dental hygiene. Applicants must comply with all time requirements for passing the examinations as specified in Rule 64B5-2.0135, F.A.C.

Rulemaking Authority 466.004, 466.007 FS. Law Implemented 466.007 FS. History—New 1-18-95, Formerly 59Q-2.0144, Amended 8-19-97, 8-20-97, 5-20-01, 12-21-06, 5-8-08, 4-26-10, 3-18-12, 12-11-12, 12-15-14.

466.023 Dental hygienists; scope and area of practice.—

(1) Except as otherwise provided in s. 466.024, only dental hygienists may be delegated the task of removing calculus deposits, accretions, and stains from exposed surfaces of the teeth and from the gingival sulcus and the task of performing root planing and curettage. In addition, dental hygienists may expose dental X-ray films, apply topical preventive or prophylactic agents, and perform all tasks delegable by the dentist in accordance with s. 466.024. The board by rule shall determine whether such functions shall be performed under the direct, indirect, or general supervision of the dentist.

(2) Dental hygienists may perform their duties:

(a) In the office of a licensed dentist;

(b) In public health programs and institutions of the Department of Children and Family Services, Department of Health, and Department of Juvenile Justice under the general supervision of a licensed dentist;

(c) In a health access setting as defined in s. 466.003; or

(d) Upon a patient of record of a dentist who has issued a prescription for the services of a dental hygienist, which prescription shall be valid for 2 years unless a shorter length of time is designated by the dentist, in:

1. Licensed public and private health facilities;
2. Other public institutions of the state and federal government;
3. Public and private educational institutions;
4. The home of a nonambulatory patient; and
5. Other places in accordance with the rules of the board.

However, the dentist issuing such prescription shall remain responsible for the care of such patient. As used in this subsection, “patient of record” means a patient upon whom a dentist has taken a complete medical history, completed a clinical examination, recorded any pathological conditions, and prepared a treatment plan.

(3) Dental hygienists may, without supervision, provide educational programs, faculty or staff training programs, and authorized fluoride rinse programs; apply fluorides; instruct a patient in oral hygiene care; supervise the oral hygiene care of a patient; and perform other services that do not involve diagnosis or treatment of dental conditions and that are approved by rule of the board.

(4) The board by rule may limit the number of dental hygienists or dental assistants to be supervised by a dentist if they perform expanded duties requiring direct or indirect supervision pursuant to the provisions of this chapter. The purpose of the limitation shall be to protect the health and safety of patients and to ensure that procedures which require more than general supervision be adequately supervised. However, the Department of Children and Family Services, Department of Health, Department of Juvenile Justice, and public institutions approved by the board shall not be so limited as to the number of dental hygienists or dental assistants working under the supervision of a licensed dentist.

(5) Dental hygienists may, without supervision, perform dental charting as provided in s. 466.0235.

(6) Dental hygienists are exempt from the provisions of part IV of chapter 468.

(7) A dental hygienist may administer local anesthesia as provided in ss. 466.017 and 466.024.

History.—ss. 1, 3, ch. 79-330; ss. 2, 3, ch. 81-318; ss. 14, 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 36, ch. 95-144; s. 5, ch. 96-281; s. 225, ch. 99-8; s. 1, ch. 2006-149; s. 5, ch. 2011-95; s. 4, ch. 2012-14.

466.0235Dental charting.—

(1)For purposes of this section, the term “dental charting” means a recording of visual observations of clinical conditions of the oral cavity without the use of X rays, laboratory tests, or other diagnostic methods or equipment, except the instruments necessary to record visual restorations, missing teeth, suspicious areas, and periodontal pockets.

¹ (2)A dental hygienist may, without supervision and within the lawful scope of his or her duties as authorized by law, perform dental charting of hard and soft tissues in public and private educational institutions of the state and Federal Government, nursing homes, assisted living and long-term care facilities, community health centers, county health departments, mobile dental or health units, health access settings as defined in s. 466.003, and epidemiological surveys for public health. A dental hygienist may also perform dental charting on a volunteer basis at health fairs.

(3)Each person who receives a dental charting pursuant to this section, or the parent or legal guardian of the person, shall receive and acknowledge a written disclosure form before receiving the dental charting procedure that states that the purpose of the dental charting is to collect data for use by a dentist at a prompt subsequent examination. The disclosure form shall also emphasize that diagnosis of caries, soft tissue disease, oral cancer, temporomandibular joint disease (TMJ), and dentofacial malocclusions can only be completed by a dentist in the context of delivering a comprehensive dental examination.

(4)The board shall approve the content of charting and disclosure forms to be used under this section. Both forms shall emphasize the inherent limitations of dental charting and encourage complete examination by a dentist in rendering a professional diagnosis of the patient’s overall oral health needs.

(5)Dental charting performed under this section is not a substitute for a comprehensive dental examination.

(6)Medical clearance by a physician or dentist is required before a periodontal probe may be used on a person who receives a dental charting.

(7)Nothing in this section shall be construed to permit direct reimbursement for dental charting performed under this section by Medicaid, health insurers, health maintenance organizations, prepaid dental plans, or other third-party payors beyond what is otherwise allowable by law.

(8)All referrals made in conjunction with the provision of dental charting services under this section shall be in strict conformance with federal and state patient referral, anti-kickback, and patient brokering laws.

(9)A dental hygienist performing dental charting without supervision shall not be deemed to have created either a patient of record or a medical record.

History.—s. 2, ch. 2006-149; s. 6, ch. 2011-95.

¹Note.—Section 21, ch. 2011-95, provides that “[e]xcept as otherwise specifically provided in this act, this act shall take effect upon becoming a law, and shall not apply retroactively.”

466.024 Delegation of duties; expanded functions.—

(1) A dentist may not delegate irremediable tasks to a dental hygienist or dental assistant, except as provided by law. A dentist may delegate remediable tasks to a dental hygienist or dental assistant when such tasks pose no risk to the patient. A dentist may only delegate remediable tasks so defined by law or rule of the board. The board by rule shall designate which tasks are remediable and delegable, except that the following are by law found to be remediable and delegable:

- (a) Taking impressions for study casts but not for the purpose of fabricating any intraoral restorations or orthodontic appliance.
- (b) Placing periodontal dressings.
- (c) Removing periodontal or surgical dressings.
- (d) Removing sutures.
- (e) Placing or removing rubber dams.
- (f) Placing or removing matrices.
- (g) Placing or removing temporary restorations.
- (h) Applying cavity liners, varnishes, or bases.
- (i) Polishing amalgam restorations.
- (j) Polishing clinical crowns of the teeth for the purpose of removing stains but not changing the existing contour of the tooth.
- (k) Obtaining bacteriological cytological specimens not involving cutting of the tissue.
- (l) Administering local anesthesia pursuant to s. 466.017(5).

This subsection does not limit delegable tasks to those specified herein.

(2) A dental hygienist licensed in this state may perform the following remediable tasks in a health access setting as defined in s. 466.003 without the physical presence, prior examination, or authorization of a dentist:

- (a) Perform dental charting as defined in s. 466.0235 and as provided by rule.
- (b) Measure and record a patient's blood pressure rate, pulse rate, respiration rate, and oral temperature.
- (c) Record a patient's case history.
- (d) Apply topical fluorides, including fluoride varnishes, which are approved by the American Dental Association or the Food and Drug Administration.
- (e) Apply dental sealants.
- (f) Remove calculus deposits, accretions, and stains from exposed surfaces of the teeth and from tooth surfaces within the gingival sulcus.

1. A dentist licensed under this chapter or a physician licensed under chapter 458 or chapter 459 must give medical clearance before a dental hygienist removes calculus deposits, accretions, and stains from exposed surfaces of the teeth or from tooth surfaces within the gingival sulcus.

2. A dentist shall conduct a dental examination on a patient within 13 months after a dental hygienist removes the patient's calculus deposits, accretions, and stains from exposed surfaces of the teeth or from tooth surfaces within the gingival sulcus. Additional oral hygiene services may not be performed under this paragraph without a clinical examination by a dentist who is licensed under this chapter.

This subsection does not authorize a dental hygienist to perform root planing or gingival curettage without supervision by a dentist.

(3) For all remediable tasks listed in subsection (2), the following disclaimer must be provided to the patient in writing before any procedure is performed:

(a)The services being offered are not a substitute for a comprehensive dental exam by a dentist.

(b)The diagnosis of caries, soft tissue disease, oral cancer, temporomandibular joint disease (TMJ), and dentofacial malocclusions will be completed only by a dentist in the context of delivering a comprehensive dental exam.

(4)This section does not prevent a program operated by one of the health access settings as defined in s. 466.003 or a nonprofit organization that is exempt from federal income taxation under s. 501(a) of the Internal Revenue Code and described in s. 501(c)(3) of the Internal Revenue Code from billing and obtaining reimbursement for the services described in this section which are provided by a dental hygienist or from making or maintaining any records pursuant to s. 456.057 necessary to obtain reimbursement.

(5)A dental hygienist who performs, without supervision, the remediable tasks listed in subsection (2) shall:

(a)Provide a dental referral in strict compliance with federal and state patient referral, anti-kickback, and patient brokering laws.

(b)Encourage the establishment of a dental home.

(c)Maintain professional malpractice insurance coverage that has minimum limits of \$100,000 per occurrence and \$300,000 in the aggregate through the employing health access setting or individual policy.

(6)Notwithstanding subsection (1) or subsection (2), a dentist may delegate the tasks of gingival curettage and root planing to a dental hygienist but not to a dental assistant.

(7)All other remediable tasks shall be performed under the direct, indirect, or general supervision of a dentist, as determined by rule of the board, and after such formal or on-the-job training by the dental hygienist or dental assistant as the board by rule may require. The board by rule may establish a certification process for expanded-duty dental assistants, establishing such training or experience criteria or examinations as it deems necessary and specifying which tasks may be delegable only to such assistants. If the board does establish such a certification process, the department shall implement the application process for such certification and administer any examinations required.

(8)Notwithstanding subsection (1) or subsection (2), a dentist may not delegate to anyone other than another licensed dentist:

(a)Any prescription of drugs or medications requiring the written order or prescription of a licensed dentist or physician.

(b)Any diagnosis for treatment or treatment planning.

(9)Notwithstanding any other provision of law, a dentist is primarily responsible for all procedures delegated by her or him.

(10)A dental assistant may not perform an intraoral procedure except after such formal or on-the-job training as the board by rule shall prescribe.

History.—ss. 1, 3, ch. 79-330; ss. 13, 15, 25, 28, 30, 34, 62, ch. 80-406; ss. 2, 3, ch. 81-318; s. 2, ch. 85-156; ss. 15, 23, 24, ch. 86-291; s. 60, ch. 91-137; s. 7, ch. 91-156; s. 4, ch. 91-429; s. 259, ch. 97-103; s. 7, ch. 2011-95; s. 5, ch. 2012-14.

64B5-16.001 Definitions of Remediable Tasks and Supervision Levels.

(1) Remediable tasks, also referred to as expanded functions of dental assistants, are those intra-oral tasks which do not create unalterable changes in the oral cavity or contiguous structures, are reversible and do not expose a patient to increased risks. The use of a laser or laser device of any type is not a remediable task.

(2) A dentist may delegate a remediable task to dental hygienists, and dental assistants so long as delegation of the task poses no increased risk to the patient and the requirements of training and supervision set out in Chapter 64B5-16, F.A.C., are met.

(3) Remediable tasks are those specified in Section 466.024, F.S., and those designated as such by the Board. The Board hereby designates the tasks listed in Chapter 64B5-16, F.A.C., as remediable tasks.

(4) Direct supervision requires that a licensed dentist examine the patient, diagnose a condition to be treated, authorize the procedure to be performed, be on the premises while the procedure is performed, and approve the work performed prior to the patient's departure from the premises.

(5) Indirect supervision requires that a licensed dentist examine the patient, diagnose a condition to be treated, authorize the procedure to be performed, and be on the premises while the procedure is performed.

(6) General supervision requires that a licensed dentist examine the patient, diagnose a condition to be treated, and authorize the procedure to be performed.

(7) Any authorization for remediable tasks to be performed under general supervision is valid for a maximum of 13 months; after which, no further treatment under general supervision can be performed without another clinical exam by a Florida licensed dentist.

(8) Any tasks delegable to dental assistants will be delegable to dental hygienists under the same supervision level, unless otherwise stated in the rules.

Rulemaking Authority 466.004(4), 466.024(1), (3) FS. Law Implemented 466.024, 466.003(11), (12) FS. History—New 4-30-80, Amended 8-20-80, 1-28-81, 3-4-81, 10-8-85, Formerly 21G-16.01, Amended 6-30-86, 12-31-86, 7-5-87, 2-21-88, 1-18-89, Formerly 21G-16.001, Amended 3-30-94, Formerly 61F5-16.001, Amended 4-6-97, Formerly 59Q-16.001, Amended 1-6-99, 10-29-00, 2-5-09.