

**PROSPECTIVE ANALYSIS**

**BOARD OF DENTISTRY**

IDAPA 24.31.01

**RULE 100 SERIES**

**Proposed Rule:** The proposed rule series can be found here: <https://dopl.idaho.gov/wp-content/uploads/2023/12/BOD-Proposed-Rule-Redline.pdf>

**Current Rule:** Same essential elements as proposed rule.

**Legal Authority:** Idaho Code § 54-912 – discretionary

**Define the specific problem the proposed rule is attempting to solve. Can it be solved through non-regulatory means?**

The unlicensed practice of dentistry poses a significant risk of public harm.

**What evidence is there that the rule, as proposed, will solve the problem?**

The rule series provides regulations for the licensing of dentists, dental hygienists, dental therapists, and other oral health professionals.

**Federal Law Comparison (where applicable)**

Summary of Law (include direct link)	How is the proposed Idaho rule more stringent? (if applicable)
N/A	N/A

**State Law Comparison**

State	Summary of Law (include direct link)	How is the proposed Idaho
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		rule stringent? applicable) more (if
<p><b>Alaska</b></p>	<p>AK licenses dentists and dental hygienists, and certifies dental assistants.</p> <p><b>Dentists:</b> Applicants must have graduated from a CODA-accredited dental school; passed the JCNDE National Board Dental Examination; passed the WREB clinical exam in the five years preceding application or completed a CODA-accredited two-year postgraduate dental specialty program or completed a GPR or AEGD; and passed a state-specific jurisprudence exam.</p> <p>AK recognizes dental specialties that have been formally approved by the National Commission on Recognition for Dental Specialties and Certifying Boards. Generally licensed dentists must also graduate from a CODA-accredited predoctoral dental education program and a CODA-accredited advanced dental education program.</p> <p>AK allows licensure by endorsement to dentists licensed out-of-state. Applicants must have graduated from a CODA-accredited dental school; passed the JCNDE national board; passed a clinical exam, whether the PGY-1 or the OSCE or DLOSCE with the CDCA or CITA or CRDTS or SRTA or WREB; passed the state-specific jurisprudence exam; have practiced at least 5,000 hours in the five years preceding the application; and completed 48 hours of CE in the three years preceding the application.</p> <p><b>Dental Hygienists:</b> Applicants must provide evidence that they have completed a CODA-accredited program in dental hygiene of at least two years; passed the JCNDE National Board Dental Hygiene Examination and a state or regional dental hygiene clinical exam; and that they are of good standing. Hygienists licensed in other states that meet the above qualifications may also license by credential. After 4,000 hours of documented clinical practice, a hygienist may also receive an advanced practice permit.</p> <p>Hygienists may reinstate a lapsed license within two years upon payment of a penalty fee, back fees, and proof of continued competence.</p>	<p>N/A</p>

	<p><b>Dental Assistants:</b> Applicants who have completed an approved instructional program may receive a certificate to perform coronal polishing under the direct supervision of a licensed dentist. Applicants who have completed a CODA-accredited course and passed the WREB restorative exam may receive a certificate allowing them to place restorations into a cavity under the direct supervision of a licensed dentist.</p> <p><b>Renewal and CE:</b> Licenses renew biennially. Dentists must complete 32 hours of CE. That requirement includes up to four hours of CPR certification and at least 2 hours of pain management and opioid use for dentists with DEA registrations. Dental hygienists must complete 20 hours of CE, including CPR certification.</p> <p><a href="https://www.commerce.alaska.gov/web/portals/5/pub/DentalStatutes.pdf">https://www.commerce.alaska.gov/web/portals/5/pub/DentalStatutes.pdf</a></p>	
<p><b>Montana</b></p>	<p>MT licenses dentists and dental hygienists, ....</p> <p><b>Dentists:</b> Applicants must have graduated from a CODA-accredited dental school; passed both the JCNDE National Board Dental Examination and a Board-approved clinical examination; and pass the state-specific jurisprudence exam with a 75 or higher. Applicants must possess current certification in CPR, ACLS, or PALS.</p> <p>MT recognizes dental specialties as approved by the National Commission on Recognition for Dental Specialties and Certifying Boards. General dentists must also graduate from a CODA-accredited predoctoral dental education program and a CODA-accredited advanced dental education program.</p> <p>MT also allows licensure by endorsement to dentists licensed out-of-state. Applicants must have graduated from a CODA-accredited dental school; passed the JCNDE national board; passed a clinical exam, whether the CDCA or CITA or CRDTS or SRTA or WREB; passed the state-specific jurisprudence exam; have engaged in the clinical, direct patient care practice of dentistry for at least 3,000 hours in the five years preceding the application; and completed 60 hours of CE in the three years preceding the application.</p>	<p>N/A</p>

	<p><b>Dental Hygienist:</b> Applicants must have graduated from a CODA-accredited dental hygiene school; passed both the JCNDE National Board Dental Hygiene Examination and a Board-approved clinical examination within the last five years; passed the state-specific jurisprudence exam; and possess current CPR, ACLS, or PALS certification. While awaiting exams, hygienists may be issued temporary permits. Hygienists licensed in other jurisdictions may also license by credential on the same bases.</p> <p><b>Denturists:</b> MT also licenses denturists upon successful completion of board-approved written and clinical/practical exams; the state-specific jurisprudence exam; graduation from a two-year course of study; completion of a one – two-year internship under a licensed dentist; and current certification in CPR, ACLS, or PALS.</p> <p><b>Renewal and CE:</b> Licenses renew every three years. Dentists must complete 60 CE hours; dental hygienists 30; denturists 30. This requirement includes CE content in BLS, ACLS, or PALS.</p> <p><a href="https://rules.mt.gov/gateway/ChapterHome.asp?Chapter=24.138">https://rules.mt.gov/gateway/ChapterHome.asp?Chapter=24.138</a></p>	
<p><b>Nevada</b></p>	<p>NV licenses dentists, dental hygienists, and dental therapists.</p> <p><b>Dentists:</b> Applicants must have graduated from a CODA-accredited dental school; passed the JCNDE National Board Dental Examination; passed either a clinical exam approved by the American Board of Dental Examiners, the DLOSCE, or the WREB; and possess a current CPR certification.</p> <p>NV recognizes dental specialties in dental public health, endodontia, oral and maxillofacial pathology, radiology, and surgery, orthodontia, pediatric dentistry, periodontia, and prosthodontia. Specialists must be licensed as general dentists and must graduate from a CODA-accredited predoctoral dental education program and a CODA-accredited advanced dental education program.</p> <p>NV allows licensure by endorsement to dentists licensed out-of-state. Applicants must have graduated from a CODA-accredited dental school; passed the JCNDE national board; passed</p>	<p>N/A</p>

	<p>a clinical exam, whether the CDCA or CITA or WREB; passed the state-specific jurisprudence exam; and have actively practiced dentistry for the five years preceding the application. NV also allows dentists licensed in other jurisdictions to apply for temporary NV licenses and, upon actively practicing in NV on the temporary license for two years, will waive the clinical exam requirement.</p> <p><b>Dental Hygienists:</b> Applicants must have graduated from a CODA-accredited school of dental hygiene; passed the JCNDE National Board Dental Hygiene Exam; passed the WREB exam; and possess a current CPR certification. Hygienists licensed in other states can also apply for licensure by endorsement.</p> <p><b>Dental Therapists:</b> Applicants must have graduated from a CODA-accredited school of dental therapy consisting of at least two years of instruction; passed the applicable national exam from the JCNDE; passed the WREB exam; and possess a current special endorsement to practice public health dental hygiene.</p> <p><b>Renewal and CE:</b> Licenses renew biennially. Dentists must complete 40 CE hours, up to 20 hours of which may be self-study and at least 20 hours of which must be in-person. CE requirement includes courses in CPR, ACLS, or PALS; at least 4 hours in bioterrorism; at least 4 hours in infection control; and 2 hours of opioid prescribing. Dental hygienists must complete 30 CE hours.</p> <p><a href="https://www.leg.state.nv.us/Nrs/NRS-631.html">https://www.leg.state.nv.us/Nrs/NRS-631.html</a>  <a href="https://www.leg.state.nv.us/nac/nac-631.html">https://www.leg.state.nv.us/nac/nac-631.html</a></p>	
<b>Oregon</b>	<p>OR licenses dentists, dental hygienists, and dental therapists.</p> <p><b>Dentists:</b> Applicants must have either graduated from a CODA-accredited school of dentistry or, if graduating from a school outside of the United States and Canada, complete a predoctoral dental program of at least two years; passed either the JCNDE National Board Dental Examination or NDEB of Canada; and passed a Board-administered clinical exam or any other state, regional, or national clinical exam in combination with an OR-specific jurisprudence exam administered by the Board.</p>	N/A

OR recognizes specialties in the fields of dentist anesthesiologist, endodontist, oral and maxillofacial pathology, radiology, and surgery, orofacial pain, orthodontics, pediatric dentistry, periodontics, prosthodontics, and dental public health. Specialists must be licensed as general dentists and must graduate from a CODA-accredited advanced dental education program.

OR also allows licensure by endorsement to dentists licensed out-of-state. Applicants must have graduated from a CODA-accredited dental school; passed either the JCNDE national board exam or passed the NDEB of Canada; passed a clinical exam, whether the CDCA or CITA or CRDTS or SRTA or WREB or Delaware Practical Board exam or DLOSCE; passed the state-specific jurisprudence exam; been engaged in the practice of dentistry for at least 3,500 hours in the five years preceding the application, including teaching dentistry; and completed 40 hours of CE in the two years preceding the application.

**Dental Hygienists:** Applicants must have either graduated from a CODA-accredited school of dental hygiene or, if graduating from a school outside of the United States and Canada, completed at least one year of the CODA-accredited dental hygiene school; passed either the JCNDE National Board Dental Hygiene Examination or NDHCE of Canada; and passed a Board-administered clinical exam or any other state, regional, or national clinical exam in combination with an OR-specific jurisprudence exam administered by the Board. OR also allows licensure by endorsement.

Dental hygienists may receive an Expanded Practice Permit after (a) completing either (1) 2,500 hours of supervised work as a dental hygienist and 40 hours of CE in clinical dental hygiene or public health, or (2) a course of study that includes at least 500 hours of dental hygiene practice on patients; and (b) having current professional liability insurance.

**Dental Therapists:** Applicants must have either graduated from a CODA-accredited school of dental therapy or a Board-approved dental therapy program that includes at least 500 hours of didactic and hands-on clinical dental therapy; and passed a Board-administered clinical exam or any other state, regional, or national clinical exam in combination with an OR-specific jurisprudence exam administered by the Board. OR also allows licensure by endorsement.

	<p><b>Renewal and CE:</b> Licenses renew biennially. Dentists must complete 40 hours of CE, including: healthcare provider BLS or CPR certification; 2 hours of cultural competency; 2 hours of infection control; 3 hours of medical emergencies; 1 hour of pain management; and (if the dentist practices endodontia) 7 hours of dental implants. Dental hygienists must complete 24 hours of CE and Expanded Practice Permit Dental Hygienists must complete 36 hours. Dental therapists also must complete 36 hours.</p> <p><a href="https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=133">https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=133</a></p>	
<p><b>South Dakota</b></p>	<p>SD licenses dentists and dental hygienists, and offers registration to dental assistants wishing to perform expanded functions.</p> <p><b>Dentists:</b> Applicants must graduate from a CODA-accredited school of dentistry; pass the JCNDE National Board Dental Examination; pass, within the five years preceding the application, a clinical competency exam such as the CRDTS or WREB; possess a current CPR certification; and pass a state-specific jurisprudence exam with at least a 70 percent score.</p> <p>SD recognizes dental specialties in dental public health, endodontics, oral and maxillofacial pathology, radiology, and surgery, orthodontics, pediatric dentistry, periodontics, and prosthodontics. Specialists must be licensed as general dentists and must graduate from a CODA-accredited predoctoral dental education program and a CODA-accredited advanced dental education program.</p> <p>SD also allows licensure by endorsement to dentists licensed out-of-state. Applicants must have graduated from a CODA-accredited dental school; passed a JCNDE national exam, whether the CDCA or CITA or CRDTS or SRTA or WREB; passed the state-specific jurisprudence exam; and have actively practiced dentistry for a minimum of 3,000 hours in the five years preceding the application.</p> <p><b>Dental Hygienists:</b> Applicants must graduate from a CODA-accredited dental hygiene program; pass the JCNDE National Board Dental Hygiene Examination; pass a Board-approved patient-based clinical competency examination, such as CRDTS or WREB; pass the</p>	<p>N/A</p>

	<p>state-specific jurisprudence exam with a score of at least 70; and possess a current CPR certification.</p> <p><b>Registered Dental Assistant:</b> During the five years preceding application, applicants must either (1) graduate from a CODA-accredited dental assisting program, (2) possess certification from the Dental Assisting National Board as a CDA, or (3) successfully complete a Board-approved program to receive a registered dental assistant certificate of competency; and possess a current CPR certification.</p> <p><b>Renewal and CE:</b> Dentist and dental hygienist licenses renew annually. Dentists are required to complete 100 hours of CE every five years, at least 70 hours of which must be in-person learning and 50 must be academic, including up to 15 hours of BLS, ACLS, or PALS. Dental hygienists must complete 75 hours of CE every five years, at least 45 of which must be in-person, with up to 20 hours of radiography, 15 hours of nutrition, 10 hours of practice management, and 15 hours of CPR. Registration as a registered dental assistant also renews annually with a 60-hour CE requirement every five years. Of those 60 hours, half must be in-person with up to 15 in nutrition, 10 in practice management, and 15 in CPR. To renew licenses or registrations, dental professionals must keep a current CPR certification.</p> <p><a href="https://sdlegislature.gov/Rules/Administrative/13771">https://sdlegislature.gov/Rules/Administrative/13771</a></p>	
<p><b>Utah</b></p>	<p>UT licenses dentists and dental hygienists.</p> <p><b>Dentists:</b> Applicants must graduate with a doctoral degree in dentistry from a CODA-accredited school of dentistry; pass the JCNDE National Board Dental Examinations; pass any regional clinical exam; and pass a state-specific jurisprudence exam.</p> <p>UT recognizes dental specialties for general dentists who have also completed a recognized specialty post-doctoral program of at least two years. This requires graduation from a CODA-accredited predoctoral dental education program and a CODA-accredited advanced dental education program.</p>	<p>N/A</p>



	<p>UT also allows licensure by endorsement to dentists licensed out-of-state. Applicants must have graduated from a CODA-accredited dental school; passed the JCNDE national board exam; passed a clinical exam, whether the CDCA or CITA or CRDTS or SRTA or WREB; passed the state-specific jurisprudence exam; and have actively practiced dentistry for a minimum of 6,000 hours in the five years preceding the application.</p> <p><b>Dental Hygienists:</b> Applicants must graduate with a certificate or degree in dental hygiene from a CODA-accredited school; pass the JCNDE National Board Dental Hygiene Examination; pass a Board-approved examination consisting of both practical demonstrations and theory of dental hygiene; and pass a state-specific jurisprudence exam. Dental hygienists licensed in other states may apply for licensure by endorsement if they have engaged in at least 2,000 of practice during the two years preceding application.</p> <p><b>Renewal and CE:</b> Licenses renew biennially with a 30-hour CE requirement, whether for a dentist or a dental hygienist. At least 15 of the hours must be live/in-person learning, including 2 hours of controlled substances and 2 hours of ethics. CPR, BLS, ACLS, and PALS hours do not count toward the total required.</p> <p><a href="https://le.utah.gov/xcode/Title58/Chapter69/58-69-P3.html?v=C58-69-P3_1800010118000101">https://le.utah.gov/xcode/Title58/Chapter69/58-69-P3.html?v=C58-69-P3_1800010118000101</a>  <a href="https://adminrules.utah.gov/public/rule/R156-69/Current%20Rules?">https://adminrules.utah.gov/public/rule/R156-69/Current%20Rules?</a></p>	
<p><b>Washington</b></p>	<p>WA licenses dentists, dental hygienists, and expanded function dental auxiliaries; certifies dental anesthesia assistants; and registers other dental assistants.</p> <p><b>Dentists:</b> Applicants must graduate with a DDS or DMD from a CODA-accredited school; pass either the JCNDE National Board Dental Examination or the NDEB of Canada; and either (1) pass a state, regional, or national clinical exam, such as the WREB, CRDTS, CDCA, SRTA, or CITA, or (2) complete a residency program; and pass a state-specific jurisprudence exam administered by the Board. Applicants must also successfully pass a national background check. Pending this background check, dentists (and other dental professionals) may hold a temporary practice permit.</p>	<p>N/A</p>

General dentists may receive recognition as a specialist in dental anesthesiology, dental public health, endodontics, oral and maxillofacial pathology, radiology, or surgery, oral medicine, orofacial pain, orthodontics, pediatric dentistry, periodontics, and prosthodontics. Specialists must have graduated from a CODA-accredited advanced dental education program.

WA also allows licensure by endorsement to dentists licensed out-of-state. Applicants must have graduated from a CODA-accredited dental school; passed either the JCNDE National Board Dental Examination or the NDEB of Canada; passed a clinical exam, whether the CDCA or CITA or CRDTS or SRTA or WREB or DLOSCE or PGY-1; passed the state-specific jurisprudence exam; been actively engaged in the practice of dentistry for at least 20 hours per week during the four consecutive years preceding the application.

**Dental Hygienists:** Applicants must pass the state-specific jurisprudence exam; successfully complete an approved dental hygiene program; pass the JCNDE National Board Dental Hygiene Exam; pass a clinical exam, such as the WREB, CRDTS, or CDCA; and pass a dental hygiene practical exam showing competency in patient evaluation and examination, prophylaxis, local anesthesia, and restorative care. Dental Hygienists licensed in other states can apply for licensure by endorsement.

**Expanded Function Dental Auxiliaries (EFDA):** To obtain an EFDA license, applicants must either possess a full WA license to practice dental hygiene with completion of a course in taking final impressions; or (1)(a) complete a CODA-accredited dental assisting education program, or (b) obtain a certified dental assistant credential from the Dental Assisting National Board, or (c) possess a WA limited license to practice dental hygiene, and (2) complete an EFDA education program that includes supervised didactic, clinical, and laboratory training relevant to the field, and (3) pass written and clinic restoration exams.

**Dental Anesthesia Assistants:** To be certified, applicants must complete a board-approved education and training course that includes completion of the Dental Anesthesia Assistant National Certification Examination (DAANCE) or the Oral and Maxillofacial Surgery Assistants Course; complete eight hours of didactic training addressing intravenous access, anatomy, technique, and risks and additional hands-on training with at least ten successful intravenous starts; and hold a valid certification in BLS, ACLS, or PALS. Because anesthesia

	<p>assistants practice under the authority of a specialist in oral and maxillofacial surgery or dental anesthesiology, applicants must also provide a copy of the specialist’s general anesthesia permit.</p> <p><b>Renewal and CE:</b> Licenses renew every three years. Dentists must complete 63 hours of CE. This requirement includes 3 hours of opioid prescribing and 3 hours of suicide prevention—both required once—and a maximum of 3 hours of BLS, ACLS, PALS, or emergency management. WA’s dental jurisprudence online exam counts for a maximum of 1 hour toward the CE requirement. Dental hygienists must complete 15 hours of CE annually, including the one-time 3-hour training in suicide prevention. Dental anesthesia assistants must complete 12 hours of relevant CE every three years.</p> <p>Statutes:  <a href="https://app.leg.wa.gov/rcw/default.aspx?Cite=18.32&amp;full=true">https://app.leg.wa.gov/rcw/default.aspx?Cite=18.32&amp;full=true</a>  <a href="https://app.leg.wa.gov/rcw/default.aspx?cite=18.260&amp;full=true">https://app.leg.wa.gov/rcw/default.aspx?cite=18.260&amp;full=true</a>  <a href="https://app.leg.wa.gov/rcw/default.aspx?cite=18.29&amp;full=true">https://app.leg.wa.gov/rcw/default.aspx?cite=18.29&amp;full=true</a>  <a href="https://app.leg.wa.gov/rcw/default.aspx?cite=18.350&amp;full=true">https://app.leg.wa.gov/rcw/default.aspx?cite=18.350&amp;full=true</a></p> <p>Rules:  <a href="https://app.leg.wa.gov/wac/default.aspx?cite=246-815&amp;full=true">https://app.leg.wa.gov/wac/default.aspx?cite=246-815&amp;full=true</a> (dental hygienists)  <a href="https://app.leg.wa.gov/wac/default.aspx?cite=246-817&amp;full=true">https://app.leg.wa.gov/wac/default.aspx?cite=246-817&amp;full=true</a> (dentists)</p>	
<p><b>Wyoming</b></p>	<p>WY licenses dentists and dental hygienists.</p> <p><b>Dentists:</b> Applicants must have graduated from a CODA-accredited school of dentistry; passed the JCNDE National Board Dental Examination; passed a regional clinical exam showing competency in endodontics, fixed prosthetics, periodontics, and restorative dentistry; and be actively certified in BLS.</p> <p>WY recognizes specialty licenses for general dentists who have been certified by a qualifying specialty board and who have graduated from CODA-accredited predoctoral dental education program and a CODA-accredited advanced dental education program.</p>	<p>N/A</p>

WY also allows licensure by endorsement for dentists licensed out-of-state. Applicants must have graduated from a CODA-accredited dental school; passed the JCNDE national board exam; passed a clinical exam, whether the CDCA or CITA or CRDTS or SRTA or WREB; and passed the state-specific jurisprudence exam. Applicants that successfully passed a regional exam without a fixed prosthetics component must have actively practiced dentistry for 5,000 hours in the five years preceding the application or completed a general practice residency, advanced education in general dentistry, or a specialty practice residency. Applicants who have been out of practice for less than 5 years must show active clinical practice of 1,000 hours in the 12 months preceding the application, or successful completion of a regional exam within the past 12 months, or 10 hours of hands-on, clinical CE courses for each year out of practice. Applicants who have been out of practice for more than 5 years must successfully complete a regional exam within 12 months of the application and must complete 10 hours of hands-on, clinical CE courses for each year out of practice.

**Dental Hygienist:** Applicants by examination must have graduated from a CODA-accredited program; passed the JCNDE National Board Dental Hygiene Examination; passed a patient-based clinical exam; and be actively certified in BLS. Applicants by endorsement must meet the same requirements and possess an active license in another jurisdiction. If having practiced for less than 5 years, applicants must show 800 hours of active clinical practice within the preceding 12 months, successful completion of a regional clinical exam within the prior 12 months, or completion of 8 hours of hands-on CE for every year not in practice.

**Renewal and CE:** Licenses renew biennially with a 16-hour CE requirement. Dentists must complete three hours of pain management and opioid prescribing. BLS courses do not count toward the total hours required.

<https://law.justia.com/codes/wyoming/2022/title-33/chapter-15/>  
<https://rules.wyo.gov/Search.aspx?Agency=034>

**If the Idaho proposed rule has a more stringent requirement than the federal government or the reviewed states, describe the evidence base or unique circumstances that justifies the enhanced requirement:**

N/A. The proposed rule is not more restrictive.

**Anticipated impact of the proposed rule on various stakeholders:**

<b>Category</b>	<b>Potential Impact</b>
Fiscal impact to the state General Fund, any dedicated fund, or federal fund	None anticipated.
Impact to Idaho businesses, with special consideration for small businesses	None anticipated.
Impact to any local government in Idaho	None anticipated.

**PROSPECTIVE ANALYSIS**

**BOARD OF DENTISTRY**

IDAPA 24.31.01

**RULE 200 SERIES**

**Proposed Rule:** The proposed rule series can be found here: <https://dopl.idaho.gov/wp-content/uploads/2023/12/BOD-Proposed-Rule-Redline.pdf>

**Current Rule:** Same essential elements as proposed rule.

**Legal Authority:** Idaho Code § 54-912 – discretionary

**Define the specific problem the proposed rule is attempting to solve. Can it be solved through non-regulatory means?**

The practice standards regulating the profession of dentistry and oral healthcare must be defined and this cannot be accomplished through non-regulatory means.

**What evidence is there that the rule, as proposed, will solve the problem?**

The proposed practice standards will regulate the profession of dentistry and oral healthcare in a way that will allow for innovation in the field without sacrificing public safety.

**Federal Law Comparison (where applicable)**

Summary of Law (include direct link)	How is the proposed Idaho rule more stringent? (if applicable)
N/A	N/A

**State Law Comparison**

State	Summary of Law (include direct link)	How is the proposed Idaho rule more stringent (if applicable)
<p><b>Alaska</b></p>	<p>AK has adopted the ADA’s 2018 Principles of Ethics and Code of Professional Conduct, with official advisory opinions, as the ethical standard for dentists. AK adopted the American Dental Hygienists’ Association’s 2018 Code of Ethics for Dental Hygienists as the ethical standard for dental hygienists.</p> <p>The practice of dentistry includes the diagnosis, treatment, operation, correction, or prescription for a disease, lesion, pain, injury, deficiency, deformity, or physical condition, malocclusion or malposition of human teeth, alveolar process, gingiva, maxilla, mandible, or adjacent tissues. Only dentists may perform operations incident to the replacement of teeth; furnish, supply, construct, reproduce, or repair dentures and other appliances; or extract human teeth. Dentists may supervise research for nonprofits. They may practice with other dentists in partnerships, associations, or corporations, and they may supervise assistive personnel. All patient care must conform to the minimum professional standards of dentistry, including that performed by persons acting under the dentist’s supervision.</p> <p>Except for circumstances in which, in the dentist’s professional judgment, a patient needs more than a 7-day supply of opioid prescription medication to treat chronic pain, or the patient cannot reasonably access a practitioner to get a refill of the medication every 7 days, a dentist may only fill 7-day prescriptions for opioids. Dentists may not prescribe more than 60 MMEs a day. Failure to comply with this rule may result in discipline.</p> <p>With the applicable permit, a dentist may administer deep sedation or general anesthesia on any patient, or moderate and minimal sedation on patients younger than 13 years old. No permit is required to administer moderate or minimal sedation on patients older than 13 years; nor to administer local anesthesia, nitrous oxide, or oral medications to achieve sedation in patients older than 13; nor to administer any level of sedation in a hospital. AK has adopted</p>	<p>N/A</p>

the ADA's Guidelines for the Use of Sedation and General Anesthesia by Dentists as its standard for administering deep sedation, general anesthesia, and moderate sedation to patients 13 years and older, and adopted the American Academy of Pediatric Dentistry's Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures as the standard for administering all sedation to patients younger than 13.

Before administering deep sedation, general anesthesia, or moderate sedation on any patient, and minimal sedation on a patient younger than 13, the dentist must obtain informed consent from the patient or the patient's guardian. The dentist must also obtain the patient's medical history. The dentist is not required to perform his own medical examination. If there are any concerns, the dentist must refer the patient to a physician and may rely on the physician's conclusions and diagnoses. Patients younger than 13 may only receive sedating medications at the dentist's facility. When administering sedation to patients younger than 13, the dentist must record all vital statistics; must stop sedation if the patient enters a deeper level of sedation than the dentist's permit; and shall only discharge the patient to a responsible adult after the patient has achieved the requisite levels of consciousness, oxygenation, ventilation, and circulation, and with both written and verbal instructions. Dentists may only perform sedation in facilities that meet Board standards. If a patient dies or experiences complications that require hospitalization or care in an emergency room during sedation, the dentist must report the incident within 48 hours.

Acting under the general supervision of a licensed dentist, dental hygienists may perform preliminary charting and triage to make a hygiene assessment and treatment plan; remove deposits, accretions, and stains from the surface of teeth through scaling and polishing techniques; remove marginal overhangs; use local periodontal agents and perform nonsurgical periodontal therapy; and other services. If certified by the Board, a dental hygienist may administer local anesthetics or administer and monitor nitrous oxide. Dentists may not delegate to hygienists dental diagnoses, comprehensive treatment planning, writing of prescriptions for drugs or appliances, surgical procedures (whether on hard or soft tissue), or any other procedure that requires the professional competence and skill of a dentist.



	<p>An advanced practice dental hygienist may, without supervision, promote oral health and provide disease prevention and oral health education; remove deposits, accretions, and stains through scaling and polishing; apply silver diamine fluoride, varnishes, and sealants; remove marginal overhangs; perform preliminary charting and triage for dental hygiene assessments and treatment plans; expose and develop x-rays; use local periodontal agents and perform nonsurgical periodontal therapy; screen for oral cancer; prescribe fluoride and chlorhexidine or other antibacterial rinses; and, if certified, administer local anesthetics. These services may be rendered to residents of senior care centers; mental healthcare residential programs; correctional centers; students enrolled in a school, or beneficiaries of the SNAP program who are unable to access dental treatment. Advanced practice dental hygienists must maintain liability insurance, must provide patients or their guardians with a written recommendation that they be examined by a dentist for comprehensive oral healthcare, and must provide assistance in obtaining a referral to a dentist.</p> <p>Providing indirect supervision, a dentist may delegate to a dental assistant the exposure and development of x-rays and the application of topical preventive agents or sealants. Providing direct supervision, a dentist may delegate coronal polishing of teeth and the placement of a restoration into a cavity. Providing supervision, an advanced practice dental hygienist may also delegate to dental assistants the exposure and development of x-rays and the application of topical preventive agents or sealants.</p> <p><a href="https://www.commerce.alaska.gov/web/portals/5/pub/DentalStatutes.pdf">https://www.commerce.alaska.gov/web/portals/5/pub/DentalStatutes.pdf</a></p>	
<b>Montana</b>	<p>Dentistry is the performance of any dental operations, oral surgery, or dental service; the management of a place where dental services are performed; furnishing, supplying, constructing, repairing, etc., a prosthetic denture, bridge, or other appliance; placing or adjusting an appliance in a human mouth; diagnosing and treating any disease, pain, deformity, injury, etc., of “human teeth, jaws, or adjacent structures”; extracting human teeth or correcting malpositions of teeth or the jaw; interpreting or reading dental roentgenograms; administering anesthetics in connection with a dental operation; engaging in any practice included in the curricula of recognized dental colleges; and using titles associated with dentistry or advertising the ability to perform any of the above. MT provides detailed rules</p>	N/A

on advertising, including advertising fees for services. Dental screenings are specifically exempted from the practice of dentistry.

A dentist may engage outside services for the construction, reproduction, or repair of bridges, crowns, dentures, and other appliances with a written work order. MT delineates the several details that must be included on the work order and requires the dentist to maintain copies for inspection for at least 2 years from its issuance.

All licensed dentists, dental hygienists, and denturists must maintain current certification in CPR, ACLS, or PALS. Internet courses in CPR, ACLS, and PALS can be accepted only if a hands-on evaluation of clinical competency is included. Licensees also must comply with the provisions of the CDC's 2003 Guidelines for Infection Control, which were adopted and incorporated by MT. Licensees must also display their current licenses.

Dentists may employ dental hygienists and other dental auxiliaries to assist in their practices. To perform dental hygiene, the hygienists must be trained and qualified either by completing a CODA-accredited course of study, by the licensed dentist, or through a board-accepted CE course. Dental hygienists generally must practice under the general supervision of a licensed dentist, either in a dental practice or in a public health facility. Dental hygienists may give instruction in oral health without the supervision of a dentist.

Under the supervision of a licensed dentist, in addition to all tasks authorized to a dental auxiliary, a dental hygienist may perform services that are educational, therapeutic, prophylactic, or preventive such as removal of deposits and stains from teeth, polishing restorations, root planing, placing sealants, oral cancer screening, and exposing radiographs. Hygienists certified by the board may also administer local anesthetic agents when authorized by a licensed dentist. They may prescribe fluoride agents, topical oral anesthetic agents, and nonsystemic oral antimicrobials, so long as they are not controlled substances. Dentists may not delegate to hygienists other prescriptions; diagnosis and treatment planning; surgical procedures on hard and soft tissues (other than root planing or subgingival curettage); restorative, prosthetic, or orthodontic procedures; or work authorizations.

Dental hygienists may not perform diagnosis and treatment planning; cutting hard or soft tissues (except for root planing and soft tissue curettage) or extracting teeth; prescribing or administering any drugs other than those listed above; placing, carving, or condensing any permanent restorations; taking final impressions; and bonding or cementing fixed prosthesis or orthodontic appliances.

Dental hygienists practicing under public health supervision must also obtain a limited access permit from the board. In their practice, they must gather and review a patient's current medical history. With the limited access permit, they may perform additional services for patients who, due to age, infirmity, disability, or financial constraints are unable to receive regular dental care. They do not need prior authorization by a dentist or other healthcare professional to perform these services. But if the patient has severe systemic diseases, they must consult with a dentist or other healthcare professional. And for any care outside of the scope of their authorized practice, they must provide a referral to a licensed dentist. They also must maintain proper dental records.

Dental hygienists may also have limited prescriptive authority. To obtain that authority, they must meet specific board requirements, including completion of a pharmacology course and maintaining 3 CE hours in fluoride agents, topical oral anesthetics, or nonsystemic oral antimicrobials. MT places specific limits on the allowable percentages of prescribed agents.

Dental auxiliaries are defined as any person other than a hygienist that assists or is employed by a licensed dentist. Dentists may not delegate any prophylaxis or any duty prohibited to dental hygienists. Certified dental assistants may practice under the general supervision of the dentist; all other assistants, if performing intraoral tasks, must be directly supervised by the dentist. Auxiliaries must be trained, either through a dental assisting program, but the licensed dentist, or through a board-approved CE course. Under direct supervision, auxiliaries may expose x-rays (if trained and certified in radiology); initiate, adjust, and monitor nitrous oxide flows; take impressions for working casts; remove sutures; apply topical anesthetics and fluoride treatments; provide oral health instruction; remove excess cement; place and remove rubber dams, matrices, and temporary restorations; collect patient data; polish amalgam restorations; place pit and fissure sealants; and coronal polishing.

Under general supervision, certified dental assistants may not initiate, adjust, or monitor nitrous oxide flow; apply silver diamine fluoride agents; place and remove rubber dams or matrices; polish amalgam restorations; or apply topical anesthetic agents. And no auxiliary may perform diagnosis and treatment planning; cut hard or soft tissues or extract teeth; prescribe or administer any drugs; administer intravenous or intramuscular injections; place, carve, or condense any permanent restoration; take final impressions; bond or cement fixed prosthesis or orthodontic appliances; place sulcular medical or therapeutic materials; or perform periodontal probing, air polishing, or prophylaxis.

Delegating tasks to dental hygienists or auxiliaries does not relieve the licensed dentist from liability for all treatment rendered to the patient.

MT defines unprofessional conduct for dentists as continuing to practice dentistry with a suspended, revoked, or lapsed (due to nonrenewal) license; administering or prescribing controlled substances outside of the course of a legitimate practice; being convicted of any federal or state crime regarding dispensing controlled substances; failure to maintain sanitary conditions in a dental office; taking money to cure an incurable disease, injury, or condition; testifying in court on a contingency witness-fee basis; failing to supervise dental auxiliaries and dental hygienists; violating the regulations on administering anesthesia; failure to comply with board orders; recording coronal polishing, without inspection and removal of any supragingival and subgingival calculus, as an oral prophylaxis; acts of sexual abuse, misconduct, or exploitation (whether or not related to the licensee's practice of dentistry); failing to adhere to board rules on disposing of infectious waste or bloodborne pathogen regulation; as a generalist, failing to seek needed consultations with experts; as an expert, failing to return patients to the general dentist; splitting fees; employing more dental hygienists or auxiliaries than the dentist can reasonably supervise or delegating functions and responsibilities prohibited to hygienists and auxiliaries; failing to provide emergency care; failing to assure that only competent individuals use x-rays; failing to safeguard patient records; and fraudulent or misleading advertising.

MT defines unprofessional conduct for dental hygienists as continuing to practice without a valid license; administering topical agents in violation of board rules; being convicted of a federal or state offense for unlawfully using controlled substances; failure to maintain

sanitary conditions in a dental office; extracting teeth or performing other dental treatments unless authorized by a licensed dentist; obtaining a fee after claiming that an incurable disease could be cured; testifying in court on a contingency fee basis; failing to monitor the actions of dental auxiliaries in the hygienist's employ; violating regulations concerning anesthesia; failure to comply with board orders; representing coronal polishing, by itself, as an oral prophylaxis; any act of sexual abuse, misconduct, or exploitation; failing to follow board rules on the disposal of infectious waste or bloodborne pathogen regulations; splitting fees; failing to seek consultations; and failing to safeguard patient records and patient confidentiality.

Regarding deep sedation or general anesthesia, MT provides by law:

- (1) A person engaged in the practice of dentistry or oral surgery may not conduct any dental or surgical procedure upon another person under deep sedation or general anesthesia unless the vital signs of the patient are continually monitored by another trained healthcare professional.
- (2) The facility in which deep sedation or general anesthesia is to be administered as part of a dental or surgical procedure must be equipped with proper drugs and equipment to safely administer anesthetic agents, to monitor the well-being of the patient under deep sedation or general anesthesia, and to treat the complications that may arise from deep sedation or general anesthesia.

MT has an anesthesia committee to advise on policies and procedures regarding sedation regulations. Members serve at the pleasure of the board. These regulations provide that, before performing any level of sedation, dentists must meet the requirements for moderate and deep sedation if the probable level of depression may be more than minimal. Before performing moderate sedation, deep sedation, or general anesthesia, the licensed dentist must hold the corresponding permit, renewed annually. To obtain a deep sedation or general anesthesia permit, the dentist must complete a CODA-accredited residency in oral and maxillofacial surgery (4 years) or advanced dental anesthesiology (2 years). To maintain the permit, the dentist must show 20 hours of CE every 3 years in deep sedation. To obtain either a moderated or a deep sedation permit, the dentist must also present evidence of successful completion of an ACLS course within three years of application. Any web-based course must include a hands-on lab or megacode portion of training. Before administering or employing

any agent which has a narrow margin for maintaining consciousness, the dentist must hold a valid deep sedation permit.

Before administering drugs to achieve a state of moderate sedation, a dentist must receive formal training in moderate sedation techniques from an institution, organization, or training course. To be competent in moderate sedation, the dentist must attend a minimum of 60 hours of instruction plus management of at least 20 dental patients, by the intravenous route, per participant. The dentist must furnish evidence of completing the training. To maintain the moderate sedation permit, the dentist must complete 12 hours of CE every 3 years in sedation.

A dentist must complete a 14-hour course on inhalation sedation before he or she may use nitrous oxide on a patient, unless the dentist can show evidence of competence through alternative training or experience. The dentist must complete a 16-hour training course, with a clinical component, before administering enteral minimal and/or combination inhalation sedation. The course must include treatment of a compromised airway and other life-threatening emergencies. Nitrous oxide may only be used with a single drug for minimal sedation.

By rule, MT provides delineated monitoring standards for patients undergoing deep, moderate, or minimal sedation. In deep sedation, these include continuous monitoring of vital signs (preoperative, intraoperative, and postoperative); pre- and intraoperative electrocardiac monitoring; respiratory rate; etc. FDA-approved medical devices must be used to monitor blood pressure during the sedation procedure. Similar standards apply to moderate sedation. For minimal sedation, dentists must take vital signs before administering nitrous oxide, and there must always be someone present to provide direct observation of the patient while under minimal sedation.

During dental procedures with any level of sedation, the office must be staffed by personnel who are capable of handling procedures, problems, and emergency incidents, and who have successfully completed the AHA's BLS course. With deep sedation, in addition to the dentist and dental assistant, there must be at least one additional person present to monitor patient vital signs. The person must be either a physician anesthesiologist, a CNA, a qualified dentist, an oral or maxillofacial surgeon, or a trained healthcare professional. With moderate

	<p>sedation, in addition to the dentist (who has successfully completed an ACLS course), there must be one additional person present to monitor the patient who has successfully completed the AHA's BLS course.</p> <p>Facilities must meet specified equipment standards and pass inspections at least once every five years. If a dentist performs sedation in multiple offices, only one office needs to be inspected, and the dentist can attest that the remaining offices meet the same standards.</p> <p>Dentists must submit a written report of any adverse occurrences involving any level of sedation within 7 days of the incident. An adverse occurrence is an injury resulting in temporary or permanent physical or mental disability or a death.</p> <p><a href="https://leg.mt.gov/bills/mca/title_0370/chapter_0040/parts_index.html">https://leg.mt.gov/bills/mca/title_0370/chapter_0040/parts_index.html</a>  <a href="https://rules.mt.gov/gateway/ChapterHome.asp?Chapter=24%2E138">https://rules.mt.gov/gateway/ChapterHome.asp?Chapter=24%2E138</a></p>	
<p><b>Nevada</b></p>	<p>The practice of dentistry includes evaluations and diagnoses, prognoses, and treatment of any disease, disorder, condition, lesion of the oral cavity, maxillofacial area, or adjacent structures, including their impact on the human body; tooth extractions; correcting malpositions of teeth or jaws; taking impressions of teeth, mouth, or gums; supplying, placing, or altering artificial teeth; administering medications, including prescriptions, for the treatment of oral diseases; teeth-whitening; using x-rays for diagnostic purposes; or advertising the ability to do any of the above. Dentists licensed in other states may treat Nevada patients (1) if they had been treating them previously; (2) as part of CE; or (3) when working under the supervision of a NV-licensed dentist.</p> <p>NV does not place any special restrictions on dentists administering local anesthesia, nitrous oxide-oxygen (so long as the delivery system guarantees an O2 concentration of at least 25%), or the dispensing of oral medications to relieve anxiety or pain (so long as the medications are not combined with any method of sedation, including nitrous oxide-oxygen). NV requires specific permits to administer general anesthesia or deep sedation, moderate sedation, or moderate sedation on minor-children patients. NV also requires the dentist to obtain a certificate of site-approval before administering these levels of sedation in-office.</p>	<p>N/A</p>

Before administering any level of sedation, the dentist must review the patient's medical history and receive the patient's informed consent (or the consent of a guardian)—in writing. The dentist also must “maintain a properly equipped facility for the administration of the anesthesia or sedation which is staffed with supervised auxiliary personnel who are capable of reasonably handling procedures, problems, and emergencies incident thereto.” All auxiliaries must be certified in basic CPR.

To obtain a moderate sedation permit for patients 13 years or older, the dentist must either (a) complete a 60 (or more) hour board-approved course of study dedicated exclusively to the administration of moderate sedation, and successfully administer moderate sedation to 20 (or more) patients, or (b) complete a CODA-approved specialty training program that is the equivalent, together with a valid ACLS certificate or completion of a board-approved course on medical emergencies and airway management.

To obtain a moderate sedation permit for minor-children, the dentist must either (a) complete a 60 (or more) hour board-approved course on administering moderate sedation to children, and successfully administer moderate sedation to at least 25 minor patients, or (b) complete a CODA-approved course with equivalent training and education requirements, and maintain a valid PALS certificate or complete a board-approved course on medical emergencies and airway management.

To obtain a general anesthesia permit, the dentist must (1) complete an ACLS course from the American Heart Association (or similar board-approved course), and (2)(a) complete a board-approved advanced training program in anesthesiology, or (b) complete a CODA-approved graduate program in oral and maxillofacial surgery or dental anesthesiology. Dentists possessing a general anesthesia permit may administer general anesthesia, deep sedation, or moderate sedation on a patient of any age.

All permits must be renewed annually or biennially and are subject to board review at any time. Before issuing the first permit, the board requires an inspection of the dentist's facility, equipment, personnel, patient records, etc., and an evaluation of the procedures used by each permit-holding (or seeking) dentist in the office. Continuing inspections follow at least once



every five years, with 60 days notice from the board. NV delineates specific standards for office equipment, patient records, medications, and ability to respond to specific emergencies (e.g., laryngospasm, bronchospasm, angina, myocardial infarction, hypo- or hypertension, syncope etc.), Dentists must also demonstrate sedation administration, including patient observation, and proper responses to simulated emergencies. If an applicant fails the inspection, he or she may request a re-evaluation, but no more than once a year. Inspectors must also meet specific qualifications, set by the board.

Permit holders must complete at least 6 hours of CE specifically related to their level of permit every 2 years. NV also allows for temporary 90-day sedation permits. If death, or any injuries requiring hospitalization, occurs to a patient during anesthesia or sedation, that must be reported to the board. Failure to file such a report will result in revocation of the sedation permit.

Finally, hygienists may administer local anesthesia and sedation can also be performed by CNAs except, because facilities are part of the permit, sedation cannot be performed in the dental office if the dentist does not hold a sedation permit—even by the CNA. It can only be “rendered within a facility for which a permit is held as required by NV statute.”

NV comprehensively addresses unprofessional conduct, which includes: Practicing dentistry without a valid license, employing unlicensed persons to practice dentistry, aiding in the unlicensed practice of dentistry; giving demonstrations of dentistry outside of the dentist’s office (as in, in any public place that is not the office); dividing fees for referrals; working in an association with, or being employed to practice dentistry by, unlicensed persons or people otherwise engage in illegal dental practices; practicing under the name of a retired dentist; participating in a dental plan that limits patients’ rights to choose their dentist (this can result in discipline short of revocation); committing malpractice or being professionally incompetent; any encumbrance on a license to practice dentistry in another state due to discipline there; administering controlled substances when not required to treat a patient’s condition; having AUD or SUD to an extent sufficient to render the dentist unsafe to practice; convictions for felonies or misdemeanors that relate to the practice of dentistry; fraud, whether in dental operations, advertisements, or in obtaining a license; failure to comply with board rules and orders; performing a pelvic exam; claiming to practice with superiority over

other dentists; failure to pay license fees; failure to make patient records available for inspection; and failure to pay child support. And, notwithstanding the comprehensive nature of the list, NV notes that the list is incomplete and the board is not restricted “from holding that other or similar acts constitute unprofessional ... conduct.”

Dentists may not delegate the following to dental auxiliaries: dental diagnosis and treatment planning; prescription of drugs or medications; authorize the use of restorative, prosthodontic, or orthodontic appliances; surgery on hard or soft tissues within the oral cavity; administration of general anesthesia, deep sedation, or moderate sedation; or the performance of any other task outside of the auxiliary’s scope of practice.

Dental hygienists generally may only perform the services authorized by a licensed dentist, and only to patients of the dentist who authorized the service. Dental hygienists must practice in the office of a licensed dentist; in a clinic at a school if an HHS or Division of Public and Behavioral Health employee, at another state institution if employed by that institution, or at a hospital clinic; or in an accredited school of dental hygiene. Once a dentist has authorized the work, the dentist is not required to be present during the performing of the service.

Dental therapists may also only practice under the authorization of a licensed dentist with a written practice agreement (with protocols specified in statute) and, until the dental therapist has met specific practice hours (500 for dentists licensed out of state, 1,000 for licensed dental hygienists, or 1,500 otherwise), under the direct supervision of the authorizing dentist. Dental therapists may provide services to patients before they have been seen by a dentist, so long as the authorizing dentist has given written authorization and standing protocols for services. Dental therapists may only practice in a hospital, rural health clinic, federally qualified health center, outpatient tribal health programs, school-based health centers, or other clinic settings in which patients are enrolled in HHS health care programs, have medical disabilities or chronic conditions that create barriers to receiving dental care, or lack dental insurance coverage and have a household income below 200 percent of the federal poverty limit.

In accordance with the written practice agreement, dental therapists may expose x-rays; conduct oral health assessments; develop dental hygiene care plans; take certain impressions;

	<p>remove stains, deposits, and accretions from the surface of teeth; smooth teeth; perform subgingival curettage; remove sutures; place or remove a periodontal pack; remove excess cement from appliances, or recement appliances, crowns, and bridges (but nonpermanent); place temporary restorations; administer local intraoral chemotherapeutic agents; and apply sealants. Dentists may also authorize dental therapists to identify oral and systemic conditions that require dental treatment; provide oral health instruction; administer nonnarcotic, anti-inflammatory, or antibiotic topical medicines; test pulp; apply resin; fabricate mouth guards; change dressings; prepare and place direct restorations; fabricate and place temporary crowns; apply sutures; adjust or repair removable prostheses; place or remove spacers; and nonsurgical tooth extractions. For everything else, the dental therapist must refer the patient to the authorizing dentist for follow up care (or an alternate is the authorizing dentist is unable to provide the follow up care).</p> <p>Dental therapists may not prescribe controlled substances listed in schedules II through V.</p> <p>Dental therapists may supervise other dental auxiliaries, if permitted in the authorization agreement. But dentists may only maintain authorization agreements with up to four full-time equivalent dental therapists.</p> <p><a href="https://www.leg.state.nv.us/Nrs/NRS-631.html">https://www.leg.state.nv.us/Nrs/NRS-631.html</a>  <a href="https://www.leg.state.nv.us/nac/nac-631.html">https://www.leg.state.nv.us/nac/nac-631.html</a></p>	
<b>South Dakota</b>	<p>All licensees may only perform dental services within the scope of their relevant education, training, and experience. Only licensed dentists may practice dentistry. Dentists are exclusively responsible for the diagnosis and treatment planning of conditions of the oral cavity and adjacent tissues and structures; the use of degrees or titles representing the licensee as a dentist; the prescription of drugs and medications; the delegation to and supervision of dental hygienists and other auxiliaries, and the quality of patient care, including that provided by dental auxiliaries; use of x-rays; performance of dental procedures and operations; removal of stains or accretions from teeth; any clinical procedure or operation taught in dental school; or any other irreversible dental procedure. The same applies to dentists practicing through teledentistry.</p>	N/A

With board approval, dentists may form dental business entities, but only licensed dentists may serve as directors, managers, members, partners, or shareholders of those entities. For any changes in ownership or corporate structure, the dentist(s) must provide the board with 30 days notice. Dental offices must be clean and sanitary and must remain in compliance with the Guidelines for Infection Control in Dental Health Care Settings, 2003, promulgated by the CDC. Licenses of all dentists practicing in any clinic must be posted in plain sight of patients.

SD defines unprofessional conduct broadly, including providing false or fraudulent material in an application or illegally obtaining a license; engaging in fraud during the dentist's pre-license education or during his or her professional services; conviction of a felony or other crime if arising out of the practice of dentistry, violation of the practice act or board rules, or engaging in lewd or immoral conduct when delivering dental care to a patient; performing dental services unauthorized by the board; permitting professional incompetence by auxiliaries; employing unlicensed persons to practice, or allowing an auxiliary to practice beyond the scope of his or her license; failing to maintain a safe and sanitary dental clinic; failing to maintain adequate patient records, falsifying records; false advertising; dividing fees; being disciplined by another state; failing to report discipline by another state or any criminal conviction; engaging in sexual conduct with a patient or sexual harassment generally; providing services that are inappropriate or unnecessary; prescribing drugs in a way that poses a danger to the public; having an addiction that affects the licensee's ability to practice dentistry; continuing to practice after sustaining a physical or mental disability that endangers patient well-being; any other conduct that endangers the health or well-being of patients or the public.

In addition to being misconduct, the unauthorized practice of dentistry; false and fraudulent advertising; selling dental appliances (like dentures) without a license; and dividing fees are also criminalized.

Dentists may advertise specialty services, but only in recognized specialty areas for which they have completed postdoctoral training. Dentists may also operate mobile dental offices with board authorization.

With almost a score of pages of regulations, SD has opted for specificity on anesthesia and sedation requirements. Dentists may not administer general anesthesia and deep sedation, moderate sedation, or nitrous oxide sedation until he or she has obtained the respective required permit. Dentists who administer sedation are required to apply the current standard of care.

To obtain a general anesthesia and deep sedation permit, the dentist must have successfully completed an advanced residency in oral and maxillofacial surgery or dental anesthesiology. If that residency was completed more than 12 months before receiving the permit, the dentist must also have either held an equivalent permit in another state and have completed at least 50 general anesthesia/deep sedation cases in the prior 12 months, or undergo board review of his or her training and submit to supplemental training and education; shall meet all requirements for inspection and equipment; and must possess current certification in ACLS and, if administering general anesthesia to minor children, PALS.

Dentists must also be proficient in airway management and advanced cardiac life support, be capable of providing intravenous access, and continuously evaluate blood pressure, pulse, respiration, etc. Even with the permit, a dentist may only administer general anesthesia or deep sedation in the presence and with the assistance of at least two individuals who hold a permit to monitor sedated patients. Possession of a general anesthesia and deep sedation permit incorporates the authority of a moderate sedation permit, a nitrous oxide sedation permit, and a host permit.

To obtain a moderate sedation permit, a dentist must successfully complete a board-approved moderate sedation permit within 12 months prior to the application. Otherwise, the dentist must either have held an equivalent permit in another state together with 12 sedation cases completed in the past 12 months, or undergo board-review of his or her training and experience and complete all board-ordered supplemental training and education; shall meet all requirements for inspection and equipment; and must possess current ACLS certification.

The requirements of the board-approved moderate sedation course include satisfying all objectives and content from Part 5 of the Guidelines for Teaching Pain Control and Sedation to Dentists; a minimum of 60 hours of didactic instruction; administration of moderate

parenteral intravenous sedation to at least 20 live patients; and clinical experience in airway management and establishing intravenous access. The course director must be qualified by experience and training to administer deep sedation. The clinical participant-faculty ratio cannot be more than 4-1. Students must be able to evaluate the performance of instructors. The course must allow for additional clinical experience if the student has not yet achieved competency by the end of the course. And the course director must certify the competency of all graduates. The board may also accept equivalent training or experience accepted by other jurisdictions.

Dentists must be proficient in airway management and ACLS; capable of providing intravenous access; and shall continuously evaluate the patient's vitals. A dentist with a moderate sedation permit may not administer general anesthesia, and may only administer moderate sedation in the presence of at least one individual who holds a permit to monitor patients under general anesthesia, deep sedation, or moderate sedation. A dentist must first successfully complete an accredited advanced dental education residency program in PALS before he or she can administer moderate sedation to a minor child. Dentists must maintain a margin of safety to ensure that the patient does not approach deep sedation and must be capable of rescue. Possession of a moderate sedation permit incorporates the authority of the nitrous oxide sedation and host permits.

A dentists may utilize the services of another licensed anesthesia provider for the dental patients. If the sedation occurs at a licensed ambulatory surgery center or hospital, no permit is required. If the services occur at the dental office, the dentist must have a written agreement with the licensed provider that outlines roles and responsibilities and requires the licensed anesthesiologist collaborate with the dentist on patient selection; be continuously present during the administration of the anesthetic; remain with the patient until he or she can communicate effectively; only transfer care of the patient to an individual who holds a permit to monitor patients under sedation; and remain on the premises until the patient is fully recovered. The dentist must further notify the board of the location where the sedation services will be provided; ensure the availability of auxiliaries certified in BLS; verify that the office meets all inspection and equipment requirements; ensure that the anesthesia provider is licensed and competent and does not administer anesthesia without at least one

additional individual (not including the dentist) present to monitor the patient; and the dentist must still hold a sedation permit.

To obtain a nitrous oxide sedation and analgesia permit, the licensee must be certified in BLS, and have successfully completed a board-approved course that meets the objectives and content of the respective Guidelines for Teaching Pain Control and Sedation. If the course was completed more than 13 months prior to the application, the dentist must show that he or she has legally administered nitrous oxide during the prior three years and attest that he or she is currently clinically proficient. Dentists “must use equipment with fail-safe features, a 30-percent-minimum oxygen flow, and a scavenger system” to administer nitrous oxide. For patients older than 12, the dentist may administer nitrous oxide with a single enteral drug to achieve minimal sedation. Dental hygienists and registered dental assistants may also obtain nitrous oxide sedation and analgesia permits and administer the same following the same regulations.

Dental hygienists may also obtain a permit to administer local anesthesia to patients on an outpatient basis, under the direct supervision of a dentist. Hygienists must be certified in BLS and have successfully completed a board-approved educational course on local anesthesia.

Dental auxiliaries may obtain a permit to monitor patients under general anesthesia, deep sedation, or moderate sedation (while under the direct supervision of a dentist who holds a permit to administer the relative level of sedation). To obtain the permit, the auxiliary must be certified in BLS and have successfully completed an eight-hour board-approved course in anesthetic assisting either within 13 months of the application or, if more than 13 months, with having legally monitored patients receiving anesthetic drugs for the past two years and a dentist’s evaluation attesting to the auxiliary’s competence.

Dentists may delegate medication injection through intravenous sites to auxiliaries if (1) the hygienist or other auxiliary holds a permit to monitor patients; (2) the hygienist or other auxiliary has successfully passed the Dental Anesthesia Assistant National Certification Examination and is currently certified; (3) the supervising dentist holds a current permit to administer deep sedation or moderate sedation; (4) the supervising dentist draws up the medications that will be used; (5) the auxiliary is operating under the personal, direct visual

supervision of the supervising dentist; and (6) the supervising dentist authorizes the procedure by verbal command. The hygienist or other auxiliary may start the intravenous line if he or she has taken a board-approved anesthesia assisting course and received intravenous line training.

Dentists may, without a permit, administer minimal sedation through oral drugs and medications to patients 12 years or older.

Before administering general anesthesia, deep sedation, or moderate sedation, the dentist must ensure that a written emergency response protocol is in place. Dentists must notify the board within 72 hours of any death or incident that results in temporary or permanent physical or mental injury requiring medical treatment arising from the administration of sedation. Failure to comply with the reporting requirement will result in automatic suspension of the anesthesia permit.

Dentists may use the services of dental auxiliaries, but are responsible for the acts of those auxiliaries when engaged in assistance. The licensed dentist must supervise all acts performed by auxiliaries.

Under the general supervision of a dentist, or in a collaborative practice agreement, a dental hygienist may perform diagnostic, therapeutic, or preventive dental services, so long as a dentist provides an oral health review of the patient and the diagnoses are not final; preliminary examination of the oral cavity and surrounding structures, including periodontal screenings; complete prophylaxis; place sealants; polish restorations; and all other services allowed by a dental assistant. Hygienists typically work in dental offices, but with a collaborative practice agreement, they may also work in a school, nursing facility, through a state-administered program, etc. Collaborative practice agreements must meet specific delineated requirements.

Dental technicians can work in either commercial dental laboratories or under the supervision of a dentist. If working for a lab, the dental tech may only provide prosthetic appliances, materials, or devices to patients on a dentist's work order. Technicians may not provide intra-oral services to patients.



	<p>Under supervision, either by a dentist or dental hygienist, dental assistants may perform intraoral services, including making impressions; creating or delivering vacuum-formed orthodontic retainers; taking photographs; cutting broken wires; removing or replacing bands, ligature ties, wires, or elastic orthodontic separators; recementing existing restorations; take vital signs; and address infection control. Dental assistants may not place sealants or retraction materials; fabricate provisional restorations; adjust dentures; use rotary hand instruments intraorally; or any other duty outside of their relevant education, training, and experience.</p> <p>Under the direct supervision of a dentist, registered dental assistants may perform expanded functions, excluding any irreversible procedures; cutting of tissue; using lasers that could alter, cut, burn, or damage tissue; placing final restorations intraorally; scaling or periodontal probing; injecting medications or administering nitrous oxide; applying x-rays; or establishing final diagnoses for patients.</p> <p>Dental assistants, registered or not, must be familiar with OSHA’s communication and bloodborne pathogen standards, as well as the CDC’s guidelines for infection control.</p> <p>SD also has specific rules on radiographic imaging, delineating equipment standards for dental x-ray machines, annual licensing by the Department of Health, and requiring specific personal protection devices and incident reporting. Registered dental radiographers, qualified through a board-approved training program or by endorsement, can apply x-radiation to human teeth and supporting structures, but only for diagnostic purposes.</p> <p><a href="https://sdlegislature.gov/Statutes/36-6A">https://sdlegislature.gov/Statutes/36-6A</a>  <a href="https://sdlegislature.gov/Statutes/47-12">https://sdlegislature.gov/Statutes/47-12</a>  <a href="https://sdlegislature.gov/Rules/Administrative/20:43">https://sdlegislature.gov/Rules/Administrative/20:43</a>  <a href="https://sdlegislature.gov/Rules/Administrative/44:03:01">https://sdlegislature.gov/Rules/Administrative/44:03:01</a></p>	
<b>Utah</b>	<p>In UT, the practice of dentistry is confined to those acts (1) that are permitted in law and (2) in which the dentist is competent by his or her education, training, and experience. Dentistry can be performed in a traditional setting or through teledentistry, but the standard</p>	N/A

of dental care is the same in either. This means that, while a dentist may collaborate with hygienists and other assistive personnel, within the scopes of their relative practices, those auxiliaries cannot carry out any duties through teledentistry that would require in-person supervision of a dentist, nor may a dentist conduct an examination through teledentistry if the standard of care would require an exam in a traditional setting. When using teledentistry, the dentist must also provide protocols for technology failures and emergency situations.

While dentists can only engage in the practice of dentistry as individual licensees, they may still operate as a business proprietor, be employed by another person, be a partner in a lawfully organized partnership, professional corporation, LLC, or another business organization. However the licensee chooses to deliver dental services, he or she may not permit an unlicensed person (or someone otherwise not competent) to direct, participate in, or interfere with the licensee's practice of dentistry. Nor may licensees refer patients to clinical labs or healthcare facilities in which they have a personal interest.

To practice sedation, a dentist must comply with the standards and possess the knowledge, skills, education, and training required by the ADA, Pediatric Sedation, AAOMS, and ASA as applicable. UT requires permits to perform anesthesia or analgesia. There are four permits: (a) local anesthesia permit; (b) minimal sedation permit; (c) moderate sedation permit; and (d) deep sedation/general anesthesia permit.

Dentists with local anesthesia permits may administer or supervise the administration of local anesthesia or nitrous oxide. To qualify for the permit, the dentist must hold a current CPR or BLS certification and document training in administering nitrous oxide.

Dentists with a minimal sedation permit may exercise the privileges of a local anesthesia permit and may administer (or supervise) minimal sedation through nitrous oxide-oxygen, with or without enteral medication. To qualify for the permit, the dentist must hold a current BCLS-BLD certification; hold a current UT CS registration and DEA registration in good standing; and document both training and continuing education in the administration of nitrous oxide, and training and continuing education in pharmacological methods of minimal sedation.

Dentists with the moderate sedation permit may exercise the above privileges and administer (or supervise) moderate sedation. When doing so, the dentist must monitor the patient's pulse and CO2 levels and have at least one ACLS or PALS-trained assistant present. To qualify for the permit, the dentist must hold a current ACLS or PALS certification (for pediatric dentistry, just a PALS certification); hold a current UT CS and DEA registration in good standing; and complete comprehensive pre- or post-doctoral training in the administration of moderate sedation, including at least 60 hours of didactic education and experience with 20 sedation cases; and complete continuing education in moderate sedation.

Dentists with deep sedation/general anesthesia permits may exercise all the above privileges and administer (or supervise) deep sedation or general anesthesia, while also monitoring pulse and CO2 levels, and having at least one ACLS or PALS-trained assistant present. To qualify for the permit, the dentist must hold a current ACLS or PALS certification (for pediatric dentistry, just PALS); hold a current UT CS and DEA registration in good standing; and complete at least a one-year full-time program of advanced postdoctoral training in administering deep sedation and general anesthesia that conforms to the ADA or Pediatric Sedation Guidelines and the ASA or AAOMS standards.

Dentists may administer Botox after completing eight hours of training that includes hands-on experience and instruction in TMJ dysfunction, infection control, and Botox risk factors.

UT provides for its own definition of unprofessional conduct, which includes failing to provide continuous observation of patients undergoing any level of sedation; failing to keep proper dental records; engaging in false or fraudulent advertising; failing to maintain current certification as required by their respective anesthesia permits; engaging in unethical billing practices; self-prescribing controlled substances; or failing to report adverse incidents with anesthesia.

Dental hygienists may only practice (1) at a school of dental hygiene; (2) for a public health agency; (3) under the supervision of a licensed dentist; or (4) under a written collaborative practice agreement with a licensed dentist who is available in person, by phone, or by some other means of electronic communication, so long as the hygienist does not practice beyond his or her scope. That scope includes standard teeth-cleaning, polishing, and oral hygiene,

	<p>and can include laser bleaching and laser periodontal debridement. Dental hygienists may also be issued a local anesthesia permit.</p> <p>Dentists may also employ unlicensed individuals as assistants, so long as they do not render definitive diagnoses; place or polish restorative materials; extract teeth; remove stains or deposits; introduce nitrous oxide to a patient; remove bonded materials from teeth; take jaw or oral impressions; correct malposition or malocclusion of teeth; perform sub-gingival instrumentation; or provide injections of any substance. Assistants must possess current CPR or BCLS certification.</p> <p><a href="https://le.utah.gov/xcode/Title58/Chapter69/58-69-P8.html?v=C58-69-P8_1800010118000101">https://le.utah.gov/xcode/Title58/Chapter69/58-69-P8.html?v=C58-69-P8_1800010118000101</a>  <a href="https://adminrules.utah.gov/public/rule/R156-69/Current%20Rules?">https://adminrules.utah.gov/public/rule/R156-69/Current%20Rules?</a></p>	
<p><b>Wyoming</b></p>	<p>The practice of dentistry is defined as performing, attempting, advertising, or instructing the performance of any dental operation, oral surgery, or dental service, whether for money or not; managing a place of dental operations or oral surgery; furnishing, supplying, or advertising any prosthetic, including dentures; diagnosing, prescribing for, or treating any disease, pain, injury, etc., of human teeth, jaws, or adjacent structures; extracting teeth or correcting malpositions of teeth or jaw; reading dental radiographs; administering anesthetics; using the title of dentist, DDS, DMD, etc.; or engaging in the practices included in the curriculum of an approved college of dentistry.</p> <p>Dental lab techs are allowed to construct or repair dental prosthetics and orthodontic appliances upon the board-approved work order of a licensed dentist, so long as the dentist takes the impressions for the work and the appliances are returned to the dentist upon whose work order they were constructed. WY has many specific requirements for an approved work order, and the lab or tech receiving the work order must retain the original, and the dentist a copy, for at least two years.</p> <p>The practice of dentistry occurs where the patient is located. With a valid dentist-patient relationship, dentists may practice teledentistry, consistent with the prevailing standard of care. Before engaging in teledentistry, the dentist must verify the patient's location, disclose</p>	<p>N/A</p>

his or her credentials as a dentist, obtain written consent for services from the requesting patient and the patient's medical/dental history, have security measures in place to protect privacy and loss of information due to technical failures, determine if the condition is appropriate for teledentistry and, if so, what follow up care may be needed. Dentists may also practice from satellite offices, so long as each maintains the appropriate standard of care.

Dentists may prescribe opioids after conducting a medical and dental history to determine what medications the patient is already using, potential drug interactions, and history of drug abuse. Dentists are required to use the PDMP to promote appropriate use of controlled substances and must discuss with patients their responsibility to prevent the misuse and abuse of opioids. Dentists are further required to consider treatments that will prevent relapse or opioid misuse including using nonsteroidal anti-inflammatory analgesics for acute pain and multimodal pain strategies. Dentists should also coordinate with other specialists when prescribing opioids. Dentists who prescribe in good faith cannot be held responsible for a patient's misuse of opioids.

Dentists are required within 30 days to report any morbidity, mortality, or other incident that results in temporary or permanent injury to a patient requiring hospitalization. And WY provides specific requirements and standards for the inspections of x-ray machines, including the education, training, and qualifications of the inspectors.

Dentists may perform sedation only under the following circumstances: For all levels of sedation, the dentist must have the training, skills, drugs, and equipment necessary to identify and manage an emergency occurrence until either assistance arrives or the patient returns to the intended level of sedation without pulmonary or cardiovascular complications. Licensees are responsible for managing all aspects of sedation. WY recognizes that sedation is a continuum and it is not always possible to predict how an individual patient will respond to anesthesia; local anesthetics are cardiac depressants, so particular attention must be paid to dosage in children. Children generally should not be given preoperative sedatives prior to arrival at the dental office. Before performing any sedation, patients must be properly evaluated. During sedation, the dentist must be able to diagnose the level of a patient's sedation and rescue a patient from a level deeper than intended, including providing the

appropriate cardiopulmonary support. So, if the intended level of sedation is minimal, the dentist must be able to rescue from moderate sedation, etc.

Dentists may administer minimal sedation through an enteral route without a permit, but must have adequate equipment with fail-safe features and demonstrate competency by completing a CODA-recognized or Board-approved program in minimal sedation. WY lists specific equipment required to perform minimal sedation and requires specific documentation of every administration of minimal sedation. Dental personnel must also be BLS certified. Anytime nitrous oxide is administered, the patient must be continuously monitored by dental personnel. Nitrous oxide may be administered in combination with a single enteral drug, but if it produces more than minimal sedation, a permit is required.

Before administering moderate sedation, deep sedation, or general anesthesia, a dentist must obtain a sedation permit. To obtain a moderate sedation permit, the dentist must have current certification in ACLS or PALS; demonstrate recent competency in administering moderate sedation by completing either a specialty residency or general residency as part of a training course that includes 60 hours of didactic instruction, 20 solo intubations, 20 moderate sedation cases, physical diagnosis, and advance airways and emergency management; or submit proof of administering moderate, deep, or general anesthesia/sedation in another jurisdiction in at least 40 moderate sedation cases. Applicants will be subjected to the review of a sedation inspector and be expected to demonstrate expertise in several specific simulated emergency situations.

To obtain a deep sedation or general anesthesia permit, the dentist must have a current certification in ACLS or PALS and demonstrate recent competency or training in administering deep sedation or general anesthesia through the completing of a CODA-approved specialty residency that includes training in sedation, or completion of a CODA-approved post-doctoral training program with comprehensive training in administering and managing deep sedation or general anesthesia. Applicants will be subjected to the same review of a sedation inspector and be expected to demonstrate the same emergency expertise.

To renew a sedation permit, dentists must show that they continue to have current certification in ACLS or PALS, and must complete 16 hours of continuing education courses

in sedation, which must include emergency and airway management training with a hands-on component.

WY also specifies office equipment requirements and documentation requirements each time these higher levels of sedation are administered. All personnel must be BLS certified. During moderate sedation, at least one additional dental personnel must be present; during deep sedation or general anesthesia, at least two other dental personnel must be present, at least one of whom must be experienced in patient monitoring. Dentists may delegate patient monitoring to qualified dental personnel. Dentists will be subject to discipline for administering moderate (or more) sedation without a permit, or for administering deep sedation or general anesthesia with only a moderate sedation permit.

WY has adopted its own code of ethics for dentists, centered on five principles: (1) Patient Autonomy, meaning that dentists have a duty to treat the patient according to the patient's desires, within the bounds of acceptable treatment, and to protect patient privacy; (2) "Nonmaleficence," meaning the dentist must protect the patient from harm; (3) Beneficence, meaning the dentist has the duty to act for the benefit of others, primarily through the competent and timely delivery of dental care; (4) Justice, meaning that dentists must be fair in how they treat patients, colleagues, and society in general; (5) Veracity, meaning that dentists must be honest and trustworthy in their dealings with others, including in advertising, communicating with patients, and billing. In addition to complying with the state code of ethics, licensees must also comply with the ADA's Principles of Ethics and Code of Professional Conduct, the ADHA's Bylaws and Code of Ethics, and the CDC's Summary of Infection Prevention Practices in Dental Settings.

WY also governs the use of dental auxiliaries, including dental hygienists and other dental assistants, by rule. As a general rule, auxiliaries may not perform irreversible procedures.

Dental hygienists must work under the supervision of a licensed dentist, whether in a private office, in the armed forces, or in a public institution or health setting. They are to encourage oral health and, with a collaboration agreement, may perform community dental health services consisting of prophylaxis, topical fluoride applications, oral health education, and dental screenings. Under general supervision, hygienists may perform all functions of a

dental assistant; root plane, scale, and polish teeth; polish amalgams and composites; screen for disease; place temporary fillings (without drilling); place, expose, and process x-rays; place sealants; and apply subgingival anesthetic (if they hold a local anesthetic expanded duties permit). Under direct supervision, hygienists may prepare, place, and remove periodontal packs; remove overhanging margins; treat dry sockets and pericoronitis; and perform teeth whitening and other expanded dental duties. Dental hygienists who qualify and possess an expanded duties permit may also administer local anesthetics; administer and monitor nitrous oxide/oxygen; use lasers to provide soft tissue therapy (but not to cut or remove hard tissue or tooth structure).

Dentists may also employ dental assistants, who may be trained by the dentist or by a board-approved program. Under general supervision, assistants may take vitals; instruct patients about proper dental hygiene; process x-rays; fabricate and cement temporary crowns; replace ligature wires or place elastic ties, or remove either; place and remove orthodontic separators; remove broken bands, brackets, etc., in emergency situations; and place and expose x-ray image receptors under dentists' orders. Under indirect supervision, they may take impressions; apply topical medications; mix dental materials; insert arch wires; and (with appropriate permit) expose x-rays. Under direct supervision, they may remove sutures; assist in operative and surgical procedures; place and remove rubber dams and matrices; remove excess cement from tooth surfaces; prepare and remove periodontal packs; polish the surfaces of teeth (but only with a rubber cup); perform whitening procedures; place and remove orthodontic appliances; take impressions for retainers; remove direct bond attachments; place pit and fissure sealants (with appropriate permit); and treat diagnosed dry socket. Dental assistants may not remove tooth structure; diagnose for treatment; take final impressions or deliver a permanent prosthesis; use high speed handpiece intraorally, without exception, or low speed handpieces, except for coronal polishing; or perform any procedure billed as a dental prophylaxis.

WY has also adopted its own code of ethics for dental auxiliaries, requiring them to provide oral healthcare using their highest professional knowledge, judgment, and ability; serve all without discrimination; keep patient confidentiality; use every opportunity to educate the public about oral health; maintain professional competence through continuing education;



	<p>maintain high standards of personal conduct; and comply with the provisions of the ADHA Code of Ethics or Dental Assisting National Board's Code of Professional Conduct.</p> <p><a href="https://law.justia.com/codes/wyoming/2022/title-33/chapter-15/">https://law.justia.com/codes/wyoming/2022/title-33/chapter-15/</a>  <a href="https://rules.wyo.gov/Search.aspx?Agency=034">https://rules.wyo.gov/Search.aspx?Agency=034</a></p>	
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**If the Idaho proposed rule has a more stringent requirement than the federal government or the reviewed states, describe the evidence base or unique circumstances that justifies the enhanced requirement:**

N/A. The proposed rule series is not more restrictive.

**Anticipated impact of the proposed rule on various stakeholders:**

Category	Potential Impact
Fiscal impact to the state General Fund, any dedicated fund, or federal fund	None anticipated.
Impact to Idaho businesses, with special consideration for small businesses	None anticipated.
Impact to any local government in Idaho	None anticipated.