CHAPTER 15

Dentists, Dental Hygienists, and Dental Technicians

ARTICLE 1

General Provisions

Editor’s Note

2014 Act No. 222, Section 4, eff January 1, 2015, provides as follows:

“SECTION 4. Sections 40‑15‑10 through 40‑15‑380 of the 1976 Code are designated as Article 1, entitled ‘General Provisions’”.

**SECTION 40‑15‑10.** State Board of Dentistry created.

 The practice of dentistry and dental hygiene and the performance of dental technological work, as hereinafter defined, shall be under the supervision of a board to be known as the South Carolina State Board of Dentistry. The term “board” as used in this chapter shall mean the South Carolina State Board of Dentistry unless otherwise specified.

HISTORY: 1962 Code Section 56‑636.1; 1968 (55) 2502.

**SECTION 40‑15‑20.** Membership of board; appointment, terms, elections, vacancies, and removal.

 (A) There is created the State Board of Dentistry (board) to be composed of eleven members, one of whom shall be a lay member from the State at large, one of whom shall be a dentist from the State at large, one of whom shall be a dental hygienist from the State at large, one of whom shall be a dental hygienist from the State at large nominated pursuant to subsection (C) and seven of whom shall be dentists representing each congressional district. Dentists shall be licensed, practicing dentists and residents of the State and of the congressional district which they represent. The dental hygienists shall be licensed, practicing dental hygienists and residents of the State. The terms of the members shall be for six years and until successors are appointed and qualify. No member shall be allowed successive terms of office.

 (B) The dentist at large, a dental hygienist at large and lay member shall be appointed by the Governor. All appointments to the board of the seven members of the board representing the congressional districts shall be made upon the recommendation of the board, which recommendation shall be based upon an annual election conducted by the board. This election shall be conducted on a rotating basis in the seven congressional districts in numerical order so that each year the licensed dentists residing in the subject district shall elect from among themselves a member of the board. The board at its regular annual meeting shall certify in writing to the Governor the name of the person winning the election and the name of the person the nominee replaces on the board. The Governor may reject any or all of the nominees upon satisfactory showing as to the unfitness of those rejected. If the Governor declines to appoint any of such nominees so submitted, additional nominees shall be submitted in the same manner. Vacancies shall be filled in a like manner by appointment by the Governor for the unexpired portion of the term.

 (C) The board shall conduct an election to nominate a dental hygienist when such seat shall be vacant. This election shall provide for participation by all dental hygienists currently licensed and residing in South Carolina. The name of the nominee shall be forwarded to the Governor for appointment. The Governor may reject the nominee upon satisfactory showing as to the unfitness of the nominee. If the Governor declines to appoint any nominee so submitted, additional nominees shall be submitted in the same manner. Vacancies shall be filled in a like manner by appointment by the Governor for the unexpired portion of the term. No person shall be eligible for appointment who has a financial interest or serves as an officer in a business organized under the laws of this State to sell dental supplies, equipment, or appurtenances or who is officially connected with a school of dentistry or dental hygiene.

 (D) Vacancies shall be filled in a like manner by appointment by the Governor for the unexpired portion of the term.

 (E) All members of the board have full voting rights except that the lay member is exempt from voting on examinations for licensure and the dental hygienists are exempt from voting on examination for licensure for dentists.

 (F) The Governor may remove any member of the board who has been guilty of continued neglect of his duties or who is found to be incompetent, unprofessional, or dishonorable. No member shall be removed without first giving him an opportunity to refute the charges filed against him. He shall be given a copy of the charges at the time they are filed.

HISTORY: 1962 Code Section 56‑636.2; 1952 Code Sections 56‑511, 56‑512; 1942 Code Sections 5196, 5214, 5216; 1932 Code Sections 5196, 5214, 5216; 1922 (32) 844; 1934 (38) 1458; 1936 (39) 1364; 1938 (40) 1555; 1946 (44) 1553; 1964 (53) 2145; 1968 (55) 2502; 1981 Act No. 117, Sections 2, 3; 1982 Act No. 432, Section 1; 1988 Act No. 439, Section 2; 2012 Act No. 222, Section 4, eff June 7, 2012.

Editor’s Note

2012 Act No. 222, Section 15, provides as follows:

“SECTION 15. Notwithstanding any other provision of law to the contrary, any person elected or appointed to serve, or serving, as a member of any board, commission, or committee to represent a congressional district, whose residency is transferred to another district by a change in the composition of the district, may serve, or continue to serve, the term of office for which he was elected or appointed; however, the appointing or electing authority shall appoint or elect an additional member on that board, commission, or committee from the district which loses a resident member on it as a result of the transfer to serve until the term of the transferred member expires. When a vacancy occurs in the district to which a member has been transferred, the vacancy must not be filled until the full term of the transferred member expires.”

Effect of Amendment

The 2012 amendment rewrote the section.

**SECTION 40‑15‑30.** Meetings of Board; officers; quorum; minutes.

 The board shall hold at least one annual meeting, which shall be held between the fifteenth day of May and the fifteenth day of July each year. Each year the board shall elect a president and a vice‑president from its membership and a secretary who shall not be required to be a dentist. The terms of such offices shall be for one year and until their successors are elected. Special meetings of the board may be called by the president or any three members of the board, at any time, upon giving five days written notice to the members thereof. Written notice may be waived by unanimous consent by the members. A majority of the board shall constitute a quorum for the transaction of all business coming before the board and all proceedings of the board shall be recorded in a permanently bound minute book.

HISTORY: 1962 Code Section 56‑636.3; 1952 Code Section 56‑514; 1942 Code Section 5197; 1932 Code Section 5197; 1922 (32) 844; 1964 (53) 2145; 1968 (55) 2502.

**SECTION 40‑15‑40.** Rules and regulations of board; committees; employees; expenses; examinations; records.

 The board shall adopt rules and regulations not inconsistent with this chapter for its own organization and for the practice of dentistry and dental hygiene and the performance of dental technological work in this State, and for carrying out the provisions of this chapter, and may amend, modify and repeal any rules and regulations from time to time. The Director of the Department of Labor, Licensing, and Regulation, pursuant to Section 40‑73‑15, shall appoint such committees, special examiners, agents and employees as he may deem necessary or proper to carry out the provisions of this chapter, the expense thereof to be charged and paid as other expenditures of the board. The board shall hold at least one examination in each year for persons who desire to become licensed dentists or dental hygienists or registered dental technicians. A secretary shall keep a full record of all proceedings of the board, and a complete registry of all licensed dentists, licensed dental hygienists and registered dental technicians. A transcript of any entry in such record or registry certified by the secretary shall be competent evidence.

HISTORY: 1962 Code Section 56‑636.4; 1968 (55) 2502; 1993 Act No. 181, Section 880.

**SECTION 40‑15‑50.** Bond and salary of Executive Director; per diem and mileage for board members; disposition of monies received by board; transfer of excess funds.

 The executive director must be bonded in an amount as the Director of the Department of Labor, Licensing, and Regulation may fix for the faithful discharge of his duties as custodian of the monies paid to the board. He shall receive the salary as appropriated by the Director of the Department of Labor, Licensing, and Regulation. Each of the board members shall receive for each day actually engaged in the duties of his office per diem, mileage, and subsistence at the rate established by law for boards, commissions, and committees. All fees received by the board become the property of the state general fund and must be deposited to the account of the State Treasurer. The expenditures of the board must be from state appropriations. All fines must be deposited into a special account to be held by the State Treasurer for the purpose of the payment of administrative costs upon the approval of the Department of Administration. At any time the balance in the special account exceeds twenty thousand dollars, all funds in excess of that amount must be remitted to the general fund.

HISTORY: 1962 Code Section 56‑636.5; 1952 Code Sections 56‑515, 56‑517, 56‑520, 56‑521, 56‑523; 1942 Code Sections 5197, 5215, 5216, 5217; 1932 Code Sections 5197, 5215, 5216, 5217; 1922 (32) 844; 1936 (39) 1364; 1938 (40) 1555; 1943 (43) 208; 1946 (44) 1553; 1951 (47) 506; 1956 (49) 1841; 1968 (55) 2502; 1987 Act No. 170, Part II, Section 26; 1993 Act No. 181, Section 881.

Code Commissioner’s Note

At the direction of the Code Commissioner, references in this section to the offices of the former State Budget and Control Board, Office of the Governor, or other agencies, were changed to reflect the transfer of them to the Department of Administration or other entities, pursuant to the directive of the South Carolina Restructuring Act, 2014 Act No. 121, Section 5(D)(1), effective July 1, 2015.

**SECTION 40‑15‑60.** Immunity of board members, officers, and employees for official acts; seal.

 No member of the board, or its director, its committees, special examiners, agents, and employees shall be held liable for acts performed in the course of official duties except where actual malice is shown. The board shall have a seal and the impression thereof shall be attached to official documents as requested and approved.

HISTORY: 1962 Code Section 56‑636.6; 1952 Code Sections 56‑518, 56‑522; 1942 Code Sections 5195, 5213; 1932 Code Sections 5195, 5213; 1922 (32) 844; 1968 (55) 2502; 1982 Act No. 432, Section 2.

**SECTION 40‑15‑70.** “Practice of dentistry” defined.

 A person is practicing dentistry who:

 (1) uses the word “dentist”, “dental surgeon”, or the letters “D.D.S.”, “D.M.D.”, or other letters or titles in connection with his name which in any way represents him as engaging in the practice of dentistry or in the administration of any dental health program; or

 (2) for a fee or other consideration:

 (a) shall profess or indicate in any manner that he can or will attempt to perform dental procedures in the oral cavity and associated adjacent structures; or

 (b) shall diagnose or treat or profess to diagnose or treat any diseases or lesions or conditions of the oral cavity and associated adjacent structures; or

 (c) shall extract teeth, correct malpositions of the teeth or jaws, or take impressions, or construct, supply, repair, reline, or duplicate artificial teeth as substitutes for natural teeth, or adjust such substitutes, or do any practice included in the curricula of dental colleges accredited by the Commission on Dental Accreditation, or administer or prescribe drugs or therapy utilized in the treatment of dental or oral diseases, or shall use X ray for dental treatment or dental diagnostic purposes, or shall administer anesthetics, local or general, for dental procedures; or

 (d) shall teach or profess to teach any phase of dental practice or related procedures.

HISTORY: 1962 Code Section 56‑636.7; 1952 Code Section 56‑532; 1942 Code Section 5194; 1932 Code Section 5194; 1922 (32) 844; 1968 (55) 2502; 1986 Act No. 363, Section 1.

**SECTION 40‑15‑80.** Practicing dental hygiene.

 (A) Any person is considered to be practicing dental hygiene who engages in those clinical procedures primarily concerned with the performance of preventive dental services not constituting the practice of dentistry, including removing all hard and soft deposits and stains from the surfaces of human teeth, root planing, performing clinical examination of teeth and surrounding tissues, and charting of oral conditions for diagnosis by a dentist, and performing such other procedures as may be delegated by regulations of the board.

 (B) In school settings, licensed dental hygienists may apply topical fluoride and may perform the application of sealants and oral prophylaxis under general supervision, with written permission of the student’s parent or guardian.

 (C) In hospitals, nursing homes, long term care facilities, rural and community clinics, health facilities operated by federal, state, county, or local governments, hospices, education institutions accredited by the Commission on Dental Accreditation that give instruction in dental hygiene, and in bona fide charitable institutions, licensed dental hygienists may apply topical fluoride and perform the application of sealants and oral prophylaxis under general supervision. Treatment may not occur in these settings unless medical emergency care is available within the facility.

 (D) Licensed dental hygienists may provide oral hygiene instruction and counseling, perform oral screenings, and provide nutrition and dietary counseling without prior authorization.

 (E) Upon certification by the board and when under the direct supervision of a practicing dentist, a licensed dental hygienist may administer local infiltration anesthesia.

 (F) This section is not intended to establish independent dental hygiene practice.

 (G) No person other than a licensed dentist or dental hygienist may use the title “dental hygienist”, present themselves as being a dental hygienist, or perform oral prophylaxis. This does not preclude an expanded duty dental assistant from polishing restorations and supra‑gingival tooth structure. Dental hygienists practicing under general supervision must maintain professional liability insurance.

HISTORY: 1962 Code Section 56‑636.8; 1952 Code Section 56‑553; 1942 Code Section 5200; 1932 Code Section 5200; 1922 (32) 844; 1968 (55) 2502; 1988 Act No. 439, Section 3; 1995 Act No. 106, Section 1; 1995 Act No. 110, Section 1; 2000 Act No. 298, Section 1.

**SECTION 40‑15‑82.** Procedures prohibited from delegation to dental hygienists.

 The following functions and procedures must not be delegated to dental hygienists:

 (1) dental examinations, dental diagnoses, and dental treatment planning;

 (2) cutting or performing surgical procedures on hard and soft tissues;

 (3) performing restorative, prosthetic, and orthodontic procedures and other procedures that require professional education and skill of the dentist;

 (4) performing any intra‑oral procedure that would affect the function or efficiency of an appliance which, when worn by the patient, would come in direct contact with hard or soft tissue;

 (5) placing and carving permanent type restorations in or on teeth;

 (6) making impressions and jaw relation records, other than study casts and opposing casts, that will be issued for construction of dental appliances, other than bleaching trays;

 (7) making any and all corrections of malformation of teeth or the jaws;

 (8) making decisions concerning drugs and their dosages and writing prescriptions or work authorizations, except pursuant to standing orders;

 (9) administering general anesthesia or nitrous oxide analgesia;

 (10) administering local anesthesia other than under direct supervision.

HISTORY: 2003 Act No. 45, Section 1.

**SECTION 40‑15‑83.** Patient recordkeeping requirements; penalty.

 (A) Dentists shall retain their patient records for at least five years. These minimum recordkeeping periods begin to run from the last date of treatment. After these minimum recordkeeping periods, the records may be destroyed. If a dentist is employed by a corporation or another dentist, the corporation or employing dentist is responsible for maintaining the patient records for a period of five years. The practicing dentist shall have access to these patient records during that period. However, a dentist who works in a nonprofit dental clinic operated solely for the benefit of poor and indigent persons is not required to maintain records for patients seen in that setting. The owner or operator of a nonprofit dental clinic, for at least five years, shall retain patient records for persons treated at the clinic.

 (B) A clinic, corporation, or dentist violating subsection (A) is subject to a civil penalty, to be imposed by the board, of up to ten thousand dollars for each violation.

HISTORY: 2000 Act No. 267, Section 2.

**SECTION 40‑15‑85.** Definitions.

 For purposes of this chapter:

 (1) “Analgesia” means the diminution or elimination of pain with full consciousness maintained by the patient.

 (2) “Deep sedation” means a drug‑induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. Reflex withdrawal from a painful stimulus is not considered a purposeful response. The ability to independently maintain ventilator function may be impaired. Patients may require assistance in maintaining patients’ airways. Spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

 (3) “Direct supervision” means that a dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before the dismissal of the patient, evaluates the performance of the auxiliary. This requirement does not mandate that a dentist be present at all times, but he or she must be on the premises actually involved in supervision and control.

 (4) “Enteral” means a route of administration that includes any technique in which the agent is absorbed through the gastrointestinal tract or oral mucosa.

 (5) “General anesthesia” means a drug‑induced loss of consciousness during which patients are not aroused, even by painful stimulation. The ability to independently maintain ventilatory functions is often impaired. Patients often require assistance in maintaining patients’ airways; positive pressure ventilation may be required because of depressed spontaneous ventilation or drug‑induced depression of neuromuscular function. Cardiovascular function may be impaired.

 (a) Because sedation and general anesthesia are on a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiologic consequences for patients whose level of sedation becomes deeper than initially intended.

 (b) For all levels of sedation, the practitioner must have the training, skills, drugs, and equipment to identify and manage such an occurrence until either assistance arrives or the patient returns to the intended level of sedation without airway or cardiovascular complications.

 (6) “General supervision” means that a licensed dentist or the South Carolina Department of Health and Environmental Control’s public health dentist has authorized the procedures to be performed but does not require that a dentist be present when the procedures are performed.

 (7) “Inhalation” means a route of administration in which a gaseous or volatile agent introduced into the lungs and whose primary effect is due to absorption through the interface of gas and blood.

 (8) “Local anesthesia” means the elimination of sensation, especially pain, in one part of the body by the topical application or regional as applies to dental, oral, or maxillofacial injection of a drug.

 (9) “Minimal sedation” means a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive functions and coordination may be modestly impaired, ventilator and cardiovascular functions are unaffected.

 (a) When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the maximum recommended dose of a drug that can be prescribed for unmonitored home use.

 (b) The use of preoperative sedatives for children under thirteen years of age before arrival in the dental office, except in extraordinary situations, must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals.

 (c) Children under thirteen years of age may become moderately sedated despite the intended level of minimal sedation; should this occur, the guidelines for moderate sedation apply.

 (d) For children under thirteen years of age, the board supports the American Dental Association’s stance that supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry’s “Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures”.

 (e) Nitrous oxide, oxygen, or both, may be used in combination with a single enteral drug in minimal sedation.

 (f) Nitrous oxide, oxygen, or both, when used in combination with a sedative agent may produce minimal, moderate, or deep sedation/general anesthesia.

 (10) “Moderate sedation” means a drug‑induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain patients’ airways, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

 (11) “Oral prophylaxis” means the removal of any and all hard and soft deposits, accretions, toxins, and stain from any natural or restored surfaces of teeth or prosthetic devices by scaling and polishing as a preventive measure for the control of local irritational factors.

 (12) “Parenteral” means a route of administration in which the drug bypasses the gastrointestinal tract.

 (13) “Titration” means the administration of moderate or greater sedation. The term means administration of incremental doses of a drug until a desired effect is reached. Knowledge of each drug’s time of onset, peak response, and duration of action is essential to avoid oversedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation, one must know whether the previous dose has taken full effect before administering an additional drug increment.

 (14) “Transdermal” means a route of administration in which the drug is administered by patch or iontophoreis through skin.

 (15) “Transmucosal” means a route of administration in which the drug is administered across mucosa such as intranasal, sublingual, or rectal.

HISTORY: 1986 Act No. 363, Section 2; 2000 Act No. 298, Section 2; 2003 Act No. 45, Section 2; 2014 Act No. 222 (S.1036), Section 3, eff January 1, 2015.

Effect of Amendment

2014 Act No. 222, Section 2, rewrote the section.

**SECTION 40‑15‑90.** “Dental technological work” defined.

 The term “dental technological work” as used in this chapter is hereby defined as the extra‑oral procedures of constructing, making, altering or repairing, relining or duplicating of dental prosthetic or orthodontic appliances. The persons performing dental technological work, other than dentists, shall be referred to as dental technicians.

HISTORY: 1962 Code Section 56‑636.9; 1952 Code Section 56‑622; 1946 (44) 2569; 1968 (55) 2502.

**SECTION 40‑15‑95.** “Orthodontic technological work” defined.

 The term “orthodontic technological work” as used in this chapter is hereby defined as the extra‑oral procedures of constructing, making, altering, repairing, or duplicating of orthodontic appliances. The persons performing orthodontic technological work, other than dentists, shall be referred to as orthodontic technicians. For the purposes of this chapter references to dental technicians or dental technological work include orthodontic technicians and orthodontic technological work unless specific reference is made to orthodontic technicians or orthodontic technological work.

HISTORY: 1986 Act No. 363, Section 3.

**SECTION 40‑15‑100.** Unlawful to practice dentistry without license.

 It shall be unlawful for any person to engage in the practice of dentistry in this State without a license from the board, except as otherwise provided in this chapter.

HISTORY: 1962 Code Section 56‑636.10; 1952 Code Section 56‑531; 1942 Code Section 5193; 1932 Code Section 5193; 1922 (32) 844; 1968 (55) 2502.

**SECTION 40‑15‑102.** “Authorized” defined; general supervision restrictions; billing for services of hygienists.

 (A) “Authorized” means the supervising dentist in a private office setting has personally approved the procedures to be performed and is responsible for the care provided to the patient.

 (B) In a private dental office setting, a dental hygienist may only perform the following functions under general supervision:

 (1) oral prophylaxis and assessment;

 (2) fluoride treatment;

 (3) oral hygiene instruction and education;

 (4) exposure and process of radiographs as directed by standard office protocol.

 (C) A dentist in a private office setting may authorize general supervision only upon meeting the following criteria:

 (1) a new patient of record must be clinically examined by the authorizing dentist during the initial visit;

 (2) an appointed patient must be examined by the authorizing dentist at a minimum of twelve‑month intervals.

 (3) an appointed patient must be notified in advance of the appointment that he or she will be treated by the dental hygienist under general supervision without the authorizing dentist being present or being examined by the authorizing dentist.

 (D) A dentist authorizing treatment by a dental hygienist in school settings or nursing home settings is subject to the general supervision restrictions provided for in this section unless the dentist or dental hygienist is working in a public health setting with the Department of Health and Environmental Control, as provided for in Section 40‑15‑110.

 (E) A dentist billing for services for treatment provided by a dental hygienist in a public health setting with the Department of Health and Environmental Control as provided for in Section 40‑15‑110, is the provider of services and is clinically responsible for the care and treatment of the patient.

HISTORY: 2003 Act No. 45, Section 3.

**SECTION 40‑15‑105.** Administration of certain anesthetic by dental hygienist or dental assistant.

 Upon certification, as provided by the board in regulation, and when under direct supervision of a licensed dentist, a dental hygienist or an expanded duty dental assistant is authorized to monitor nitrous oxide inhalation conscious sedation (dental analgesia).

HISTORY: 1995 Act No. 109, Section 1; 2001 Act No. 11, Section 1.

**SECTION 40‑15‑110.** Exemptions from chapter.

 (A) Nothing in this chapter may be construed to prevent:

 (1) the practice of medicine by a licensed physician or the administration of anesthesia by those persons qualified by law to do so;

 (2) the performance of official duties by commissioned dental or medical officers of the United States Army, Navy, Air Force, Veterans’ Administration, or United States Public Health Service;

 (3) a person from teaching or demonstrating dentistry or related procedures at a dental society meeting or at a dental convention or at an accredited dental college;

 (4) a licensed dentist of another state or country from performing duties in connection with a specific case for which he is called into the State by a dentist licensed in this State;

 (5) dental students from performing dental procedures under the supervision of instructors in any dental school in this State accredited by the commission;

 (6) licensed dental hygienists or registered dental technicians from teaching in programs accredited by the Commission;

 (7) a person from making roentgenograms or X‑ray exposures under the supervision of a licensed dentist or prevents persons licensed to practice dental hygiene from performing an intra‑oral dental hygiene procedure if it is performed under the direction and control of a licensed dentist present on the premises;

 (8) a person from performing dental or orthodontic technological work if:

 (a) the intra‑oral procedures relative to such work are performed by a licensed dentist;

 (b) the work is performed by or under the direction and control of a licensed dentist on his premises, or by or under the direction and control of a registered dental or orthodontic technician present on the premises; however, orthodontic work performed under the direction and control of a registered orthodontic technician is limited to orthodontic technological work; and

 (c) the work is performed pursuant to a properly executed work authorization, as provided for in this chapter, if the work is to be done by or under the direction and control of a registered dental or orthodontic technician.

 (9) a certified or qualified dental assistant or licensed dental hygienist from taking impressions for dental study casts under the direct supervision of a licensed dentist present on the premises;

 (10) a licensed dental hygienist employed within or contracted through the public health system from providing education and primary preventive care that is reversible. Primary preventive care and education are defined as promotion and protection of health to avoid the occurrence of disease through community, school, and individual measures or improvements in lifestyle. These services are to be performed under the direction of the Department of Health and Environmental Control State Dental Coordinator or the department’s designee but do not require that the director or a licensed dentist be present when any public health dental program services are provided. Public health dental program services include oral screenings using a Department of Health and Environmental Control approved screening system, oral prophylaxis, application of topical fluoride including varnish, and the application of dental sealants.

 (B) A dentist licensed in another state teaching in a dental college in this State accredited by the commission is exempt from the licensure requirement unless he engages in the intramural or private practice of dentistry.

 (C) Nothing in this chapter may be construed to require licensure for interns or residents enrolled in an intern or residency training program approved by the commission.

 (D) Unlicensed personnel in a dental office may perform those tasks as authorized by the board and for which minimal training standards and qualifications are established by regulation. All tasks permitted to be performed by other than licensed personnel must be under the direct supervision of a dentist present on the premises and licensed in this State.

 (E) The Department of Health and Environmental Control shall target services in a public health setting to under‑served populations. A public health setting is defined as a hospital, nursing home, long term care facility, rural or community health clinic, health facility operated by federal, state, county, or local governments, hospice, an educational institution, a bona fide charitable institution, or a mobile delivery program operated in one of these settings under the direction of the Department of Health and Environmental Control. Mobile delivery programs are defined as those that are not confined to a single building and can be transported from place to place.

 (F) Dental assistants may perform oral screenings utilizing the Department of Health and Environmental Control approved screening system in school and public health settings under direction of the Department of Health and Environmental Control public health dental program.

 (G) Dental assistants employed within or contracted through the public health system may assist in the delivery of public health dental program services as defined in this section. Program activities are performed under the direction of the Department of Health and Environmental Control State Dental Coordinator or the department’s designee but do not require that the coordinator be present when services are performed.

 (H) Licensed dental hygienists and dental assistants within the public health system may perform other duties authorized by regulations of the State Board of Dentistry.

HISTORY: 1962 Code Section 56‑636.11; 1952 Code Sections 56‑501, 56‑532; 1942 Code Sections 5194, 5218; 1932 Code Sections 5194, 5218; 1922 (32) 844; 1968 (55) 2502; 1986 Act No. 363, Section 4; 1986 Act No. 517, Section 1; 1988 Act No. 493; 2003 Act No. 45, Section 4.

**SECTION 40‑15‑120.** Penalties for practice of dentistry or dental hygiene without license and for performance of dental or orthodontic technological work by unregistered person.

 (A) It is unlawful for a person to:

 (1) practice or attempt or offer to practice dentistry or dental hygiene in the State without having been licensed by the board; or

 (2) practice or attempt or offer to practice dentistry or dental hygiene, or perform dental technological work in the State during any period of suspension or revocation of his license or registration certificate; or

 (3) perform dental technological work without being registered by the board or if unregistered, without performing the work under the direction and control of a registered dental technician present on the premises or under the direction and control of a licensed dentist and on the dentist’s premises; or

 (4) perform orthodontic technological work without being a registered dental or orthodontic technician or if unregistered, without performing the work under the direction or control of a registered dental or orthodontic technician and on the technician’s premises, or under the direction and control of a licensed dentist and on the dentist’s premises.

 (B) A person violating subsection (A) is guilty of a misdemeanor and, upon conviction, must be fined not more than one thousand dollars or imprisoned not more than six months or both. Each day a violation occurs constitutes a separate offense.

HISTORY: 1962 Code Section 56‑636.12; 1952 Code Sections 56‑533, 56‑621, 56‑634; 1942 Code Section 5212; 1932 Code Section 5212; 1922 (32) 844; 1946 (44) 2569; 1968 (55) 2502; 1986 Act No. 363, Section 5; 1996 Act No. 29.

**SECTION 40‑15‑125.** Dental laboratory filling prescription originating in State as performing dental technology work in State; requirements; information to be provided to dentist.

 A dental laboratory is considered to perform dental technological work in this State if the work product is prepared pursuant to a written prescription originating in this State, and in order for a dental laboratory to perform dental technological work that originated in this State:

 (1) the laboratory work must be authorized by a person employed in that laboratory who is registered with the State Board of Dentistry pursuant to Sections 40‑15‑120, 40‑15‑240, and 40‑15‑170;

 (2) the dental technological work must be based on a prescription issued by a dentist licensed and practicing in this State; and

 (3) the laboratory shall return to the dentist who issued the prescription certification of:

 (a) the country of origin where the dental technological work was performed, in whole or in part;

 (b) a list of all materials, including the percentage of each ingredient used in the fabrication of the dental device; and

 (c) the name, address, and certificate number of the person or organization authorized to manufacture the dental device.

HISTORY: 2008 Act No. 295, Section 1.

**SECTION 40‑15‑130.** Advertisement of services; display of name and licensed area of practice; practice under trade names.

 Dentists may advertise their services so long as these public communications are not false, deceptive, or misleading and do not attempt to create any impression, unsupported by fact, of superior skills or qualifications of those who practice thereunder. Licensed dental specialists may announce their specialization and may advertise their services so long as the public communications are not false, deceptive, or misleading.

 Every dentist practicing dentistry under a trade name and every dentist practicing as an employee of another licensed dentist or a partnership or of a professional association shall cause his name and licensed area of practice to be conspicuously displayed and kept so displayed in a conspicuous place at the entrance of the place where the practice is conducted.

 Dentists may practice or continue to practice under trade names so long as the names are not false, deceptive, or misleading and do not attempt to create any impression of superior skills or qualifications of those who practice thereunder.

HISTORY: 1962 Code Section 56‑636.13; 1952 Code Section 56‑570; 1942 Code Section 5209; 1932 Code Section 5209; 1922 (32) 844; 1968 (55) 2502; 1986 Act No. 363, Section 6.

**SECTION 40‑15‑135.** Certain dental services to be performed only by licensed dentist.

 (A) Only a dentist licensed pursuant to this chapter may control the use of dental equipment or material while the equipment or material is being used to provide dental services in a dental office, whether those services are provided by a dentist, a dental hygienist, a dental assistant, or a dental auxiliary.

 (B) No person other than a dentist, licensed pursuant to this chapter may exercise control over:

 (1) the selection of a course of treatment of a patient, the procedures or materials to be used as part of the course of treatment, or the manner in which the course of treatment is carried out by the licensee;

 (2) the patient records of a dentist. However, if the dentist is employed by a corporation or another dentist, the corporation or employing dentist is responsible for keeping the records for a period of five years and the practicing dentist shall have access to those records;

 (3) nothing in this section precludes an insurer or health maintenance organization from requiring pre‑certification or authorization in regard to reimbursement for courses of treatment performed.

 (C) A lease agreement, rental agreement, or other arrangement for the provision of dental equipment or dental materials in a dental office entered into by a licensed dentist with a person who is not a licensed dentist shall contain a provision whereby the dentist expressly maintains complete care, custody, and control of the equipment or material.

 (D) This section does not, in any manner, affect the operation of an accredited teaching institution, a nonprofit dental clinic operated solely for the benefit of poor and indigent persons, or a state or federal operating clinic.

HISTORY: 2000 Act No. 267, Section 1.

**SECTION 40‑15‑140.** Examination of applicants for licenses or registration; issuance of licenses or certificates; reexamination.

 It is the duty of the board to examine (or cause to be examined) all qualified applicants for a license to practice dentistry or dental hygiene or who desire to be registered as dental technicians in this State. No examination is required to be registered as an orthodontic technician. Prior to admittance to the examination or the registration of an orthodontic technician, each applicant shall produce evidence satisfactory to the board that he possesses good moral character. If the board refuses an applicant admission to the examination or registration as an orthodontic technician because of unsuitable moral character the board shall notify the applicant in writing and set forth in detail the reason supporting the board’s decision. An applicant who holds a license or certificate from any jurisdiction shall certify that he has not violated any of the provisions of the Dental Practice Act governing his prior license or practice or operation. In addition, each applicant shall present the following:

 (a) in the case of applicants to practice dentistry or dental hygiene, satisfactory evidence of graduation from a dental college or school of dental hygiene, respectively, accredited by the Commission.

 (b) in the case of applicants who desire to be registered as dental technicians, a high school diploma, or its equivalent, and satisfactory evidence of successful completion of a full two‑year course of study in a school for dental technological work acceptable to the board, or in lieu of the dental school program, the applicant must have performed dental technological work under the direct supervision of a licensed dentist or registered dental technician for a period of at least three years.

 The application must be received by the board not less than forty‑five days before the examination date. An application for registration as an orthodontic technician may be submitted at any time. Each applicant shall pay to the board a fee as prescribed by it by rules and regulations. Each applicant must satisfactorily pass the examination prepared by the board on subjects and operations pertaining to dentistry that are regularly taught in such accredited schools. The examination must be given either orally or in writing, or by requiring a practical demonstration of the applicant’s skill, or by any combination of such methods as the board may in its discretion require. The board shall grade each examination and inform the applicant of the result within a reasonable time after the date thereof. The board shall issue a numbered license to each person who passes the dental or dental hygiene examination and a numbered certificate to each person who passes the dental technician examination and to each applicant to be registered as an orthodontic technician. All examination papers must be retained by the board for two years and upon request be available for inspection by a person examined.

 Dentists and dental hygienists, and dental technicians who are validly licensed or registered in this State as of April 13, 1968, are exempt from reexamination except in instances where application for relicensing or reregistration is made following a period of suspension or revocation of a license or registration certificate, in which instances reexamination is discretionary with the board.

 Dental examinations must be given annually by the board and dental hygienist and dental technician examinations must be given semiannually by the board.

HISTORY: 1962 Code Section 56‑636.14; 1952 Code Sections 56‑534 to 56‑537, 56‑551, 56‑627, 56‑628, 56‑631; 1942 Code Sections 5198 to 5200; 1932 Code Sections 5198 to 5200; 1922 (32) 844; 1943 (43) 323; 1946 (44) 2569; 1956 (49) 1841; 1966 (54) 2672; 1968 (55) 2502; 1981 Act No. 117, Section 4; 1986 Act No. 363, Section 7; 1987 Act No. 182 Section 1.

**SECTION 40‑15‑145.** Continuing education for dentists on the prescription of Schedule II, III, and IV controlled substances.

 As part of the biennial continuing education required by the board or pursuant to law, including Regulation 39‑5, South Carolina Code of State Regulations, a dentist authorized pursuant to state and federal law to prescribe controlled substances shall complete at least two hours of continuing education every two years related to approved procedures of prescribing and monitoring controlled substances listed in Schedules II, III, and IV of the schedules provided for in Sections 44‑53‑210, 44‑53‑230, and 44‑53‑250.

HISTORY: 2017 Act No. 91 (H.3824), Section 5, eff May 19, 2017.

**SECTION 40‑15‑150.** Filing false affidavit or diploma; misrepresentation or concealment.

 Any person who, in order to influence action by the board:

 (a) knowingly files a false or forged affidavit with the board;

 (b) files as his own a diploma or license issued to another; or

 (c) in any manner misrepresents or conceals his true name or former place of residence is guilty of a misdemeanor and, upon conviction, must be fined not more than one thousand dollars or imprisoned not more than six months or both.

HISTORY: 1962 Code Section 56‑636.15; 1952 Code Section 56‑569; 1942 Code Section 5208; 1932 Code Section 5208; 1922 (32) 844; 1968 (55) 2502; 1996 Act No. 295, Section 3.

**SECTION 40‑15‑170.** Reregistration; effect of foreign revocations.

 The secretary of the board shall on or about the fifteenth day of October of each year send a reregistration application to the last address furnished the board of each person licensed or registered by the board. The failure to receive the application does not excuse a failure to reregister, as required by this chapter. An annual registration fee, to be set by the board, shall cover fully all costs and is payable by each licensed dentist and dental hygienist and each registered dental technician not later than the thirty‑first of December. In setting the license fees for the year 1987‑88, the board must set the license fees for each classification so that in the aggregate the revenues generated from all license fees for the year will equal one hundred fifteen percent of its total expenditures during the previous year. If reregistration is not completed by the thirty‑first of December, the fee must be doubled. If the licensee or dental technician fails to reregister by the thirty‑first of January of the following year, the secretary of the board shall notify the licensee or dental technician by registered mail at his last known address that failure to reregister by the first of March will result in the license or registration expiring as of the first of March. After the thirty‑first of January, an additional five dollar penalty is added each day until the reregistration fee is paid. Any expired license may be reinstated or any dental technician may be reregistered by taking the licensure or dental technician examination or appearing in person before the board with a satisfactory explanation for the failure to reregister. An orthodontic technician may be reregistered by submitting a completed application or appearing in person before the board with a satisfactory explanation for the failure to reregister. It is the responsibility of each licensee or dental technician to keep the office of the secretary notified of his current mailing address.

 If an individual’s license to practice dentistry or dental hygiene is revoked by another state for cause this shall, in the discretion of the board, constitute grounds for revocation of his South Carolina license. The license of a dentist or dental hygienist who does not either reside or practice in South Carolina for a period of six successive years is considered inactive. The time spent in active service by any person in the armed forces or public health service of the United States or with the Veterans’ Administration is not construed as absence from or failure to practice in the State. Relicensing after an absence of over six years may be made at the discretion of the board upon proof of high professional fitness and moral character.

HISTORY: 1962 Code Section 56‑636.17; 1952 Code Section 56‑568; 1942 Code Section 5205; 1932 Code Section 5205; 1922 (32) 844; 1966 (54) 2672; 1968 (55) 2502; 1986 Act No. 363, Section 8; 1990 Act No. 482, Section 1.

**SECTION 40‑15‑172.** Mobile dental facilities or mobile dental operations; registration; operating requirements.

 (A)(1) An organization or dental practice utilizing a licensed dentist to operate one or more mobile dental facilities or portable dental operations shall register with the board by submitting an application in the form and manner required by the board and shall pay a registration fee, as established by the board in regulation. These fees must be adjusted in accordance with Chapter 1 of Title 40.

 (2) If the ownership of a mobile dental facility or portable dental operation changes, a new registration must be obtained from the board.

 (3) An applicant shall submit proof of registration with the Secretary of State, as may be required by law, authorizing the entity to do business in this State.

 (B) A registrant, in addition to the other requirements of this section, shall ensure that:

 (1) a dentist licensed to practice in this State is responsible at all times for services provided at a mobile dental facility or portable dental operation;

 (2) dental services provided at a mobile dental facility or portable dental operation are provided by persons authorized by law to provide these services;

 (3) each dentist and dental hygienist providing dental services in a mobile dental facility or portable dental operation displays his or her authorization to practice in this State in plain view of patients;

 (4) dental and official records are maintained and available for inspection and copying upon request by the board;

 (5) a confidential written or electronic record is maintained at a central office location or portable dental operation documenting each location where services are provided, including:

 (a) the street address of the service location;

 (b) the dates and times at each service location;

 (c) the dental services provided to each patient by name;

 (6) confidential written or electronic records, maintained in accordance with item (5), are available to the board on request and that costs for providing these records are borne by each mobile dental facility or portable dental operation;

 (7) a written procedure for emergency or follow‑up care for patients treated in the mobile dental facility or portable dental operation is kept where services are being provided and that this procedure includes prior arrangements for emergency or follow‑up treatment in a medical or dental facility, as may be appropriate, located in the area where services are being provided;

 (8) communication devices are available to enable immediate contact with appropriate persons in the event of a medical or dental emergency;

 (9) the mobile dental facility or portable dental operation complies with all applicable federal, state, and local laws, regulations, and ordinances including, but not limited to, those concerning radiographic equipment, flammability, construction, sanitation, zoning, infectious waste management, universal precautions, OSHA guidelines, and federal Centers for Disease Control guidelines, and the registrant possesses all applicable county, state, and city licenses or permits to operate the unit at the location where services are being provided; and that carbon monoxide detection devices are installed and in proper working order in mobile dental facilities only;

 (10) during or at the conclusion of each patient’s visit to the mobile dental facility or portable dental operation, the patient, or patient’s parent or guardian if the patient is a minor, is provided with an information sheet and that if the patient has provided consent to an institutional facility to assist in the patient’s dental health records, the institution is provided with a copy of the information sheet. An institutional facility includes, but is not limited to, a long‑term care facility or school, and that the information sheet includes the following:

 (a) pertinent contact information as provided by this section;

 (b) the name of the dentist and other dental staff who provided services and their license numbers, if applicable;

 (c) a description of the treatment rendered, including billed service codes and, in the instance of fee for service patients, fees associated with treatment and tooth numbers when appropriate;

 (d) a description of any dental needs either observed during a hygienist’s screening or diagnosed during a dentist’s evaluation;

 (e) recommendation that the patient see another dentist if the mobile dental facility or the portable dental operation is unable to provide the follow‑up treatment described in subitem (d);

 (11) patient records are maintained by the registrant in a secure manner and that notice is given to the board not less than thirty days before any transfer of records from the registrant’s possession.

 (C) A violation of a provision of law or regulation regulating the practice of dentistry, dental hygiene, or the operation of mobile dental facilities or portable dental operations may result in disciplinary action as provided in this chapter.

 (D) A person or entity that is not registered with the board in accordance with this section is not entitled to reimbursement or other compensation for any services provided in this State.

 (E) For the purposes of this section “mobile dental facility or portable dental operation” means a facility or operation that is not confined to a single building and that can be transported from place to place.

HISTORY: 2006 Act No. 378, Section 1; 2007 Act No. 39, Section 1.

**SECTION 40‑15‑175.** Restricted instructor’s licenses; limitations; renewal and revocation.

 (A) The State Board of Dentistry may issue a restricted instructor’s license to a dentist who:

 (1) holds a valid license to practice dentistry in another state, country, or territory;

 (2) has met or been approved under the credentialing standards of the Medical University of South Carolina College of Dental Medicine or at a board‑recognized, hospital‑based residency program which must be situated in this State and with which the person is to be affiliated;

 (3) has successfully completed:

 (a) the final two years of a program leading to the doctor of dental surgery degree (D.D.S.) or doctor of dental medicine degree (D.M.D.) at an accredited dental school approved by the board;

 (b) at least a two‑year Commission on Dental Accreditation (CODA) approved advanced education program in a dental specialty recognized by the American Dental Association; or

 (c) has successfully completed at least a two‑year CODA‑approved advanced education program in general dentistry;

 (4) has not been refused a license or had a license revoked in this State or another state, country, or territory;

 (5) passes an examination on jurisprudence as prescribed by the board; and

 (6) is teaching dental medicine in South Carolina full‑time at the Medical University of South Carolina College of Dental Medicine or at a board‑recognized, hospital‑based residency program situated in this State.

 (B) A dentist with a restricted instructor’s license is authorized to practice at or on behalf of the Medical University of South Carolina College of Dental Medicine or at a board‑recognized, hospital‑based residency program situated in this State. The holder of a restricted instructor’s license may practice general dentistry or in his area of specialty, but only in a clinic or office affiliated with the dental school or with a hospital‑based residency program. A restricted instructor’s license issued to a faculty member under this section terminates immediately and automatically, without any further action by the board, if the holder ceases to be a faculty member at the dental school or at a board‑recognized, hospital‑based residency program in this State.

 (C) A restricted instructor’s license must be renewed biennially in accordance with procedures and fees as established by the board in regulation.

 (D) A dentist holding a restricted instructor’s license issued pursuant to this section is subject to the provisions of this chapter and regulations promulgated under this chapter unless otherwise provided for in this section. The board may revoke a restricted instructor’s license for a violation of this chapter or regulations promulgated under this chapter or if the holder fails to supply the board, within ten days of its request, with information as to his or her current status and activities in the teaching program.

HISTORY: 1994 Act No. 507, Section 1; 2008 Act No. 207, Section 1; 2016 Act No. 211 (S.1036), Section 2, eff June 3, 2016.

Effect of Amendment

2016 Act No. 211, Section 2, rewrote the section.

**SECTION 40‑15‑176.** Restricted dental auxiliary instructor’s licenses.

 (A) The State Board of Dentistry may issue a restricted dental auxiliary instructor’s license to a dentist who:

 (1) holds a valid license in another state;

 (2) has not been refused a license or had a license revoked in this State, another state or territory of the United States, or the District of Columbia;

 (3) passes an examination on jurisprudence as prescribed by the board; and

 (4) is teaching dental medicine in South Carolina full‑time at a Commission on Dental Accreditation (CODA) accredited dental auxiliary program at a technical college in this State.

 (B) A dentist with a restricted dental auxiliary instructor’s license is authorized to practice at or on behalf of a CODA‑accredited technical college. The holder of a restricted dental auxiliary instructor’s license may practice general dentistry or in his or her area of specialty, but only in a clinic or office affiliated with a dental auxiliary program of a technical college. A restricted dental auxiliary instructor’s license issued to a faculty member under this section terminates immediately and automatically, without any further action by the board, if the holder ceases to be a faculty member at a dental auxiliary program of a technical college.

 (C) A restricted dental auxiliary instructor’s license must be renewed biennially in accordance with procedures and fees as established by the board in regulation.

 (D) A dentist holding a restricted dental auxiliary instructor’s license issued pursuant to this section is subject to the provisions of this chapter and regulations promulgated pursuant to this chapter unless otherwise provided for in this section. The board may revoke a restricted dental auxiliary instructor’s license for a violation of this chapter or regulations promulgated pursuant to this chapter or if the holder fails to supply the board, within ten days of its request, with information as to his or her current status and activities in the teaching program.

HISTORY: 2016 Act No. 211 (S.1036), Section 1, eff June 3, 2016.

**SECTION 40‑15‑177.** Restricted volunteer license for certain dentists and dental hygienists.

 (A) The State Board of Dentistry may issue a restricted volunteer license to a dentist or dental hygienist who:

 (1) has held the corresponding license in another state as a licensee in good standing;

 (2) has passed an examination as prescribed by the board;

 (3) has not failed the state’s corresponding clinical examination within the past five years;

 (4) must have at least five years of clinical practice in the field for which they are seeking the license.

 (B) A person holding a restricted volunteer license under this section:

 (1) must only practice in clinics prescribed by the board in regulation;

 (2) only treat patients who have no insurance or who are not eligible for financial assistance for dental treatment;

 (3) may not receive remuneration directly or indirectly for providing dental or dental hygiene services.

 (C) A dentist with a restricted volunteer license issued under this section only may practice dentistry and perform dental procedures if:

 (1) a dentist with an unrestricted license is available on the premises; or

 (2) the dentist reviews every thirty days with a local licensed dentist in good standing the cases of all patients treated during the thirty‑day period.

 (D) A dental hygienist only may practice dental hygiene pursuant to this chapter and regulations promulgated under this chapter for dental hygienists and only under the direct supervision of a licensed dentist.

 (E) A license issued under this section must be renewed annually in accordance with continuing education requirements and procedures as may be established by the board in regulation.

 (F) A dentist or dental hygienist holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter and regulations promulgated under this chapter unless otherwise provided for in this section.

HISTORY: 1994 Act No. 507, Section 2.

**SECTION 40‑15‑180.** Complaint to board against dentist, dental hygienist, or dental technician; investigation; accusation; notice; hearing; confidentiality of proceedings; privileged communications.

 (1) The board shall receive complaints by any person against a licensed dentist or dental hygienist, or against a registered dental technician, and shall require the same to be submitted to it in the form of an affidavit. Upon receipt of a complaint, the director, or such other person as the president may designate, shall investigate the allegations of the complaint and make a report to the board concerning his investigation. If the board shall then desire to proceed further it may, in its discretion, file a formal accusation charging the dentist, dental hygienist, or dental technician with a violation of a provision of this chapter. The accusation shall be signed by the president or vice‑president on behalf of the board. When the accusation is filed, and the board shall set a date for a hearing thereon, the director of the board shall notify the accused in writing, not less than thirty days prior to the hearing date, of the date fixed for the hearing and a true copy of the accusation shall be attached to the notice. The accused may appear and show cause why his license should not be suspended or revoked. The accused shall have the right to be confronted with and to cross‑examine the witnesses against him and shall have the right to counsel. In instances where a board member has made the initial investigation of a complaint, he shall not sit with the board at the hearing of such complaint.

 (2) Such notice shall be sent to the accused by registered mail, return receipt requested, directed to his last mailing address furnished the board. The post office registration receipt signed by the accused, his agent, or a responsible member of his household or office staff, or, if not accepted by the person to whom addressed, the postal authorities’ stamp thereon showing the same “Refused”, shall be prima facie evidence of service of such notice.

 (3) All investigations and proceedings undertaken under the provisions of this chapter shall be confidential.

 (4) Every communication, whether oral or written, made by or on behalf of any complainant to the board or its agents, or any hearing panel or member thereon, pursuant to this act whether by way of complaint or testimony, shall be privileged, and no action or proceeding, civil or criminal, shall lie against any such person, firm, or corporation by or on whose behalf such communication shall have been made, by reason thereof.

HISTORY: 1962 Code Section 56‑636.18; 1952 Code Sections 56‑519, 56‑575, 56‑576, 56‑633; 1942 Code Sections 5195, 5211; 1932 Code Sections 5195, 5211; 1922 (32) 844; 1946 (44) 2569; 1968 (55) 2502; 1982 Act No. 432, Section 3.

**SECTION 40‑15‑185.** Administration of oaths; subpoena power.

 For the purpose of any investigation or proceeding under the provisions of this chapter, the board or any person designated by it may administer oaths and affirmations, subpoena witnesses, take evidence, and require the production of any documents or records which the board deems relevant to the inquiry. In the case of contumacy by or the refusal to obey a subpoena issued to any person, an administrative law judge as provided under Article 5 of Chapter 23 of Title 1, upon application of the board, may issue an order requiring the person to appear before the board or the person designated by it and produce documentary evidence and give other evidence concerning the matter under inquiry.

HISTORY: 1982 Act No. 432, Section 5; 1993 Act No. 181, Section 882.

**SECTION 40‑15‑190.** Grounds for discipline of dentist, dental hygienist, or dental technician.

 (A) Misconduct which constitutes grounds for revocation, suspension, probation, reprimand, or other restriction of a license or certificate or a limitation or other discipline of a dentist, dental hygienist, or dental technician occurs when the holder of a license or certificate:

 (1) has made a false, fraudulent, or forged statement or document or committed a fraudulent, deceitful, or dishonest act in connection with a licensure or registration requirement;

 (2) has been convicted of a felony or other crime involving moral turpitude or controlled substances; forfeiture of bond or a plea of nolo contendere is equivalent to a conviction;

 (3) is unable to practice dentistry or dental hygiene or to perform dental technological work with reasonable skill and safety to patients by reason of physical illness or disability, mental illness, or the illness of alcoholism or substance abuse;

 (4) has employed or permitted an unlicensed or unregistered person to practice dentistry or dental hygiene or to perform dental technological work except as permitted under this chapter;

 (5) has published, circulated, or made public in any manner, directly or indirectly, a false, fraudulent, deceptive, or misleading statement as to the skill or methods or practice of a dentist, dental hygienist, or dental technician;

 (6) has instructed, advised, or required a patient to deal directly with an organization or individual performing dental technological work;

 (7) has failed to provide and maintain reasonable sanitary facilities or conditions;

 (8) has failed to provide adequate radiation safeguards;

 (9) has violated the principles of ethics in the practice of dentistry as promulgated in the regulations of the State Board of Dentistry;

 (10) has practiced fraud or deceit in the practice of dentistry or dental hygiene or in the performance of any dental technological work;

 (11) has represented the care being rendered to a patient or the performance of dental technological work or the fees being charged for providing the care or work in a false or misleading manner;

 (12) has used a false, fraudulent, deceptive, or misleading statement in a document including, but not limited to, claims for reimbursement from third parties connected with the practice of dentistry, dental hygiene, or dental technological work;

 (13) has obtained a fee which is charged or a reimbursement from third parties or has assisted in obtaining the fees or reimbursement through dishonesty or under false or fraudulent circumstances;

 (14) has failed to meet the standards of care in the practice of dentistry or dental hygiene or the performance of dental technological work;

 (15) has violated any provision of this chapter regulating the practice of dentistry, dental hygiene, or dental technological work or the regulations promulgated by the board;

 (16) has committed an act which would constitute battery upon a patient;

 (17) has solicited or accepted dental technological work directly from the general public;

 (18) has engaged in fraud, deceit, or misrepresentation in dealings with licensed dentists;

 (19) has dispensed, prescribed, administered, or obtained drugs for any use or in any regimen other than one appropriate for the practice of dentistry.

 (B) In investigating misconduct based upon subsection (A)(3), the board upon reasonable grounds may:

 (1) require a licensee, registrant, or applicant to submit to a mental or physical examination by physicians designated by the board. The results of an examination are admissible in a hearing before the board, notwithstanding a claim of privilege under any other provision of law. A person who accepts the privilege of practicing dentistry or dental hygiene or performing dental technology in this State or who files an application for a license to practice dentistry or dental hygiene or to register as a dental technician in this State is deemed to have consented to submit to a mental or physical examination and to have waived all objections to the admissibility of the results in a hearing before the board upon the grounds of privileged communication. If a licensee, registrant, or applicant fails to submit to an examination when properly directed to do so by the board, unless the failure was due to circumstances beyond the person’s control, the board shall enter an order automatically suspending or denying the license or registration pending compliance and further order of the board. A licensee, registrant, or applicant who is prohibited from practicing dentistry or dental hygiene or performing dental technological work under this subsection must be afforded at reasonable intervals an opportunity to demonstrate to the board the ability to resume or begin the practice of dentistry or dental hygiene or performing dental technological work with reasonable skill and safety to patients;

 (2) obtain records specifically relating to the mental or physical condition of a licensee, registrant, or applicant that is the subject of an investigation authorized by item (1), and these records are admissible in a hearing before the board, notwithstanding any other provision of law. A person who accepts the privilege of practicing dentistry or dental hygiene or performing dental technological work in this State or files an application to practice dentistry or dental hygiene or to perform dental technological work in this State is deemed to have consented to the board obtaining these records and to have waived all objections to the admissibility of these records in a hearing before the board upon the grounds of a privileged communication. If a licensee, registrant, or applicant refuses to sign a written consent for the board to obtain these records when properly requested by the board, unless the failure was due to circumstances beyond the person’s control, the board shall enter an order automatically suspending or denying the license or registration pending compliance and further order of the board. A licensee, registrant, or applicant who is prohibited from practicing dentistry or dental hygiene or performing dental technological work under this subsection must be afforded at reasonable intervals an opportunity to demonstrate to the board the ability to resume or begin the practice of dentistry or dental hygiene or performing dental technological work with reasonable skill and safety to patients.

HISTORY: 1962 Code Section 56‑636.19; 1952 Code Sections 56‑571 to 56‑573, 56‑632; 1942 Code Sections 5200, 5210; 1932 Code Sections 5200, 5210; 1922 (32) 844; 1936 (39) 1361; 1946 (44) 2569; 1968 (55) 2502; 1986 Act No. 363, Section 9; 1996 Act No. 274, Section 1.

**SECTION 40‑15‑200.** Disciplinary action by board; judicial review.

 If the board is satisfied that the dentist, dental hygienist, or dental technician is guilty of an offense charged in the formal accusation provided for in this chapter, it may revoke or suspend the license or the registration certificate, reprimand the dentist, dental hygienist, or dental technician publicly or privately, or take other reasonable action short of revocation or suspension including, but not limited to, probation or requiring the person to undertake additional professional training subject to the direction and approval of the board, psychiatric evaluations, controlled substance restrictions, institutional practice under supervision, and other actions considered appropriate by the board. In addition to or instead of actions taken by the board affecting the license of a licensee or the registration certificate of a registrant, when it is established that the licensee or registrant has violated this chapter or any regulation promulgated by the board, the board may require the licensee or registrant to pay a civil penalty of up to ten thousand dollars and the costs of the disciplinary action. All penalties must be remitted to the general fund.

 Any decision by the board to revoke, suspend, or otherwise restrict or limit a license or registration certificate or otherwise discipline a licensee or holder of a registration certificate must be by majority vote of the members of the board eligible to participate and is subject to review by an administrative law judge as provided under Article 5 of Chapter 23 of Title 1 upon petition filed by the licensee or holder of a registration certificate with the court and a copy thereof served upon the director of the board within thirty days from the date of delivery of the board’s decision to the licensee or holder of the registration certificate. The review is governed by Chapter 23 of Title 1.

HISTORY: 1962 Code Section 56‑636.20; 1952 Code Section 56‑577; 1942 Code Section 5211; 1932 Code Section 5211; 1922 (32) 844; 1968 (55) 2502; 1982 Act No. 432, Section 4; 1986 Act No. 363, Section 10; 1993 Act No. 181, Section 883; 1996 Act No. 295, Section 5.

**SECTION 40‑15‑210.** Appeal from suspension or revocation.

 The person whose license or registration certificate has been suspended or revoked may, within thirty days, appeal from the action of the board in suspending or revoking the same to an administrative law judge as provided under Article 5 of Chapter 23 of Title 1. The board shall certify to an administrative law judge as provided under Article 5 of Chapter 23 of Title 1 for its consideration a record of the hearing before the board.

HISTORY: 1962 Code Section 56‑636.21; 1968 (55) 2502; 1974 (58) 2626; 1986 Act No. 363, Section 11; 1993 Act No. 181, Section 884.

**SECTION 40‑15‑212.** Unlawful dentistry, dental hygiene, or dental technological work; aiding and abetting; penalties.

 A person who practices dentistry or dental hygiene or performs dental technological work, in violation of this chapter or who aids or abets a person in violating this chapter, upon conviction, must be fined not more than one thousand dollars or imprisoned for not more than two years, or both. Each day a violation occurs constitutes a separate offense.

HISTORY: 1996 Act No. 295, Section 1.

**SECTION 40‑15‑215.** Publication of final orders of board; public record of limitation or surrender of license; confidentiality of other information.

 Any final order of the board finding that a dentist, dental hygienist, or dental technician is guilty of any offense charged in a formal accusation is public knowledge except for a final order dismissing the accusation or determining that a private reprimand is in order or unless stayed by an administrative law judge as provided under Article 5 of Chapter 23 of Title 1 or the board. Any final order which is made public may be mailed to local and state dental associations and all hospitals in which the respondent has staff privileges, to states where the dentist, dental hygienist, or dental technician has a license or certificate as known to the board, or to any other agency the board considers appropriate. If a license or certificate is voluntarily limited or surrendered by the holder, a public record of the existence and duration of the limitation or surrender must be maintained by the board, and no further distribution of the information may be made. All information, investigations, and proceedings concerning the circumstances underlying an action by the holder of the license or certificate is privileged and confidential.

HISTORY: 1986 Act No. 363, Section 12; 1993 Act No. 181, Section 885.

**SECTION 40‑15‑220.** License to practice specialty.

 A special license shall be required for the practice of each special area of dentistry recognized by the American Dental Association, in order for a dentist to hold himself out to the public as limiting his practice to, being a specialist in, or giving special attention to any special area of dentistry. No dentist shall announce or hold himself out to the public as limiting his practice to, or as being a specialist in or giving special attention to, any special area of dentistry without first having obtained a special license therefor from the board as herein provided. The volume of business performed in any limited area of dentistry and the restriction of a licensed dentist’s activity to any one or more limited areas of dentistry shall not in themselves constitute a holding out to the public that the dentist is a specialist.

HISTORY: 1962 Code Section 56‑636.22; 1952 Code Section 56‑601; 1945 (44) 363; 1968 (55) 2502.

**SECTION 40‑15‑230.** Applicant for license to practice specialty must be licensed to practice dentistry.

 Before an applicant can be licensed to practice a specialty, he must first have been licensed to practice dentistry in the State.

HISTORY: 1962 Code Section 56‑636.23; 1952 Code Section 56‑602; 1945 (44) 363; 1968 (55) 2502.

**SECTION 40‑15‑240.** Application for license to practice specialty.

 Every person who desires to obtain a license to practice a specialty of dentistry shall apply therefor to the board in writing and upon blanks prepared and furnished for the purpose not less than forty‑five days before the board meets.

HISTORY: 1962 Code Section 56‑636.25; 1962 Code Section 56‑605; 1952 Code Section 56‑605; 1945 (44) 363; 1968 (55) 2502.

**SECTION 40‑15‑250.** Examinations for licensing as specialists.

 Examinations for licensing as specialists are held annually or as the board may determine. The examinations must be theoretical and practical. The theoretical examinations shall include subjects represented in that recognized special area of dentistry in which the applicant desires to specialize. The examination must be given either orally or in writing, or by requiring a practical demonstration of the applicant’s skill, or by any combination of the methods as the board may require. The fee for the examinations and special license is prescribed in the regulations of the board. Any applicant who fails to pass the examination may apply for a subsequent examination, in which case he shall pay to the secretary a fee prescribed in the regulations of the board for each subsequent examination. A diplomate of a national certifying board recognized by the American Dental Association may be granted a specialty license without examination by the board after satisfactory completion of the application and submission of fees applicable to other applicants. A dentist now holding a valid South Carolina specialty license is not required to be reexamined for that specialty license after April 13, 1968.

HISTORY: 1962 Code Section 56‑636.26; 1952 Code Sections 56‑606, 56‑607; 1945 (44) 363; 1966 (54) 2672; 1968 (55) 2502; 1986 Act No. 363, Section 13.

**SECTION 40‑15‑260.** Issuance, recording, and reregistration of license to practice speciality.

 The board, upon satisfactory proof that the applicant has satisfied the then current educational requirements as set forth by the American Dental Association for ethical announcement of a practice limited to that specialty and has complied with all requirements of the board, may issue a license to such a dentist authorizing him to hold himself out or announce to the public that he is a specialist in, limits his practice to, or gives special attention to such recognized special area of the dental profession. Such special license shall be reregistered in the same manner as provided in this chapter for a license to practice dentistry.

HISTORY: 1962 Code Section 56‑636.24; 1952 Code Section 56‑604; 1945 (44) 363; 1968 (55) 2502; 1981 Act No. 117, Section 5.

**SECTION 40‑15‑265.** Intern or resident authorized to provide treatment under supervision.

 An intern or a resident enrolled in an oral surgery training program at an accredited institution of higher education is authorized to treat conditions required by the training program under the supervision of a licensed physician or licensed dentist. This treatment may include prescribing appropriate drugs or services, as provided by law, under the supervision of a licensed physician or licensed dentist. A pharmacist licensed in this State may fill a prescription issued by an intern or resident during the course of a training program provided in this section.

HISTORY: 2011 Act No. 35, Section 1, eff June 7, 2011.

**SECTION 40‑15‑270.** Reciprocity for dentists and dental hygienists licensed in other states.

 The board may grant licenses to licensees of other states who are members of regional testing services of which the board is also a member without further examination and may make all necessary regulations and agreements for the reciprocal recognition of licenses issued by other states.

HISTORY: 1962 Code Section 56‑636.27; 1952 Code Section 56‑561; 1942 Code Section 5206; 1932 Code Section 5206; 1922 (32) 844; 1966 (54) 2672; 1968 (55) 2502; 1981 Act No. 117, Section 6.

**SECTION 40‑15‑275.** License by credentials; requirements.

 (A) The board may issue a license by credentials to an applicant who has been licensed to practice dentistry in any state or territory of the United States if the applicant complies with the provisions of Regulation 39‑1 B. and produces evidence satisfactory to the board that the applicant has:

 (1) satisfactorily passed a state or regional clinical board examination approved by the board and a jurisprudence examination on the laws of this State and regulations as they relate to the practice of dentistry as approved by the board and administered in the English language;

 (2) a current license to practice dentistry issued by another state or United States territory that is not revoked, suspended, or restricted;

 (3) been actively practicing dentistry for a minimum of five years immediately preceding the date of application. “Actively practicing” means working a minimum of twelve hundred hours a year in a private practice or public health or military clinical setting or the combination of twelve hundred hours a year of clinical instructing at a Commission on Dental Accreditation approved dental school and private practice;

 (4) completed seventy hours of continuing education over the past five years;

 (5) not been the subject of any final or pending disciplinary action in the military or in any state or territory in which the applicant has held any other professional license;

 (6) no felony convictions and no other criminal convictions that would affect the applicant’s ability to render competent dental care;

 (7) signed a release allowing the disclosure of information from the National Practitioner Data Bank and the verification of registration status with the federal Drug Enforcement Administration;

 (8) agreed to submit to substance abuse testing if requested by the board;

 (9) agreed, upon request of the board, to provide proof that the applicant has no physical or psychological impairment that would adversely affect his or her ability to practice dentistry with reasonable skill and safety.

 (B) The board may conduct examinations and interviews to test the qualifications of an applicant and may require additional information to ascertain the applicant’s ability to render competent dental care including, but not limited to, requiring substance abuse testing or proof that no physical or psychological impairment exists that would adversely affect the applicant’s ability to practice dentistry with reasonable skill and safety. The board may refuse to issue a license by credentials to an applicant who the board determines is unfit to practice dentistry.

 (C) If a licensee has not established an active practice in this State within two years of receiving a license by credentials, the license is automatically revoked.

 (D) In order to provide the means of carrying out and enforcing the provisions of this section and the duties of the board, the board is authorized to charge and collect fees as established in regulation.

HISTORY: 2005 Act No. 92, Section 1.

**SECTION 40‑15‑280.** “Prescription” defined; form and contents of prescription.

 “Prescription” means a written order for dental technological work which has been issued by a licensed dentist. A prescription must be in a form prescribed by the board in regulation and must contain:

 (1) the name, address, and certificate number of the individual or organization to do the work;

 (2) identification of the patient by name or number;

 (3) the date on which the authorization was written;

 (4) a description of the work to be done, with diagrams, if necessary;

 (5) a specification of the type and quality of materials to be used;

 (6) the dentist’s signature, complete address, and state license number.

HISTORY: 1962 Code Section 56‑636.28; 1968 (55) 2502; 2008 Act No. 295, Section 2.

**SECTION 40‑15‑290.** Work authorization required for work performed off dentist’s premises; retention of copy; effect of failure to write and retain.

 A dentist ordering dental technological work to be performed off his premises shall issue therefor a work authorization. A copy of each work authorization shall be retained in a file by the issuing dentist for a period of at least three years. The work authorization copy shall be available for inspection by the board, or its duly authorized agents, on the premises during such period. Any dentist who fails to write and retain the above written work authorization or refuses to allow the board, or its duly authorized agents, to inspect the same, will be subject to the revocation or suspension of his license as herein provided.

HISTORY: 1962 Code Section 56‑636.29; 1968 (55) 2502.

**SECTION 40‑15‑300.** Possession of prosthetic or orthodontic model, impression, or appliance unlawful without work authorization.

 No person other than a licensed dentist, a student in an accredited dental school, or the recipient patient shall have in his possession any prosthetic or orthodontic model, impression, or appliance on which dental technological work has been, is being, or will be performed without having in his possession a properly executed written work authorization therefor. The board has authority to inspect the premises of any person licensed or registered by the board to insure compliance with this section. Nothing in this section precludes a certified or qualified dental assistant or licensed dental hygienist from taking impressions for dental study casts under the direct supervision of a licensed dentist present on the premises.

HISTORY: 1962 Code Section 56‑636.30; 1968 (55) 2502; 1986 Act No. 363, Section 14.

**SECTION 40‑15‑310.** Subwork authorizations for subcontractors.

 If the person receiving a written work authorization from a licensed dentist engages another person to perform some of the dental technological work relative to such work authorization, he shall furnish a written subwork authorization with respect thereto. The subcontractor shall retain the subwork authorization and the issuer thereof shall retain a duplicate copy, attached to the work authorization received from a licensed dentist, for inspection by the board, or its duly authorized agents, on the premises for a period of three years.

HISTORY: 1962 Code Section 56‑636.31; 1968 (55) 2502.

**SECTION 40‑15‑320.** Possession of prosthetic or orthodontic model, impression, or appliance without work authorization as prima facie evidence of violation.

 Any dental prosthetic or orthodontic model, impression, or appliance in the possession of any person other than a dentist, a student at an accredited dental school, or recipient patient without a written work authorization and corresponding number or identification on the model, impression, or appliance must be impounded by the board and is prima facie evidence of violation of this chapter.

 Nothing in this section precludes a certified or qualified dental assistant or licensed dental hygienist from taking impressions for dental study casts under the direct supervision of a licensed dentist present on the premises.

HISTORY: 1962 Code Section 56‑636.32; 1968 (55) 2502; 1986 Act No. 363, Section 15.

**SECTION 40‑15‑330.** Return of appliance upon completion of dental technological work; retention of work authorization.

 Upon completion of the dental technological work, the appliance shall be returned to the dentist by whom ordered or his office, the name or number of the written work authorization accompanying the invoice. Each work authorization or copy thereof shall be retained and filed by the person doing the dental technological work for a period of at least three years. The work authorization or copy thereof shall be available for inspection by the board, or its duly authorized agents, on the premises during such period.

HISTORY: 1962 Code Section 56‑636.33; 1968 (55) 2502.

**SECTION 40‑15‑340.** Penalties for violations relating to work authorizations and for accepting dental technological work from general public.

 (A) A person violating the provisions of this chapter relating to work authorizations is guilty of a misdemeanor and, upon conviction, must be fined not more than one thousand dollars or imprisoned not more than six months or both. Each day a violation occurs constitutes a separate offense.

 (B) A person, other than a licensed dentist, who accepts dental technological work from the general public is considered to be practicing dentistry without a license and is subject to the penalties provided for in this chapter.

 (C) The provisions of this chapter relating to work authorizations have no application where dental technological work is performed by or under the direction and control of a licensed dentist and on the licensed dentist’s premises.

HISTORY: 1962 Code Section 56‑636.34; 1968 (55) 2502; 1996 Act No. 295, Section 4.

**SECTION 40‑15‑360.** Pharmacists permitted to fill prescriptions of licensed dentists.

 Licensed pharmacists of this State may fill prescriptions of licensed dentists in this State for any drug to be used in dental practice.

HISTORY: 1962 Code Section 56‑636.36; 1952 Code Section 56‑502; 1942 Code Section 5219; 1932 Code Section 5219; 1922 (32) 844; 1968 (55) 2502.

**SECTION 40‑15‑370.** Injunctions; Office of Attorney General as representative of board.

 The board may, in its own name, maintain a suit for an injunction against any person violating any provision of this chapter. The suit shall be commenced and prosecuted before an administrative law judge as provided under Article 5 of Chapter 23 of Title 1 in the same manner as other suits in equity. An injunction may be issued without proof of actual damage sustained by any person. An injunction shall not relieve a person from criminal prosecution for violation of any provision of this chapter. The Office of the Attorney General of South Carolina shall, if requested by the board, represent the board in connection with legal proceedings undertaken pursuant to this chapter.

HISTORY: 1962 Code Section 56‑636.37; 1968 (55) 2502; 1993 Act No. 181, Section 886.

**SECTION 40‑15‑380.** Jurisdiction of Administrative Law Court to enjoin violators of chapter.

 An administrative law judge as provided under Article 5 of Chapter 23 of Title 1 of this State is hereby vested with jurisdiction and power to enjoin any person violating this chapter in a proceeding brought by the board or by any citizen of this State.

HISTORY: 1962 Code Section 56‑636.38; 1968 (55) 2502; 1993 Act No. 181, Section 887.

ARTICLE 3

Dental Sedation Act

Editor’s Note

2014 Act No. 222, Section 1, provides as follows:

“SECTION 1. This act must be known and may be cited as the ‘Dental Sedation Act’”.

**SECTION 40‑15‑400.** Permits; applications; fees.

 (A) For purposes of this section, “current” means the certification course has been taken within two years. Other life support certifications approved by the board may be accepted.

 (B)(1) A permit is not required for local anesthesia, nitrous oxide/oxygen, minimal sedation, or any combination thereof, where the patient has a depressed level of consciousness but is able to independently and continually maintain an airway with unaffected ventilatory and cardiovascular function and respond normally to tactile and verbal stimulation.

 (2) A dentist who is not administering anesthesia, but is providing anesthesia in his dental office, must conform to the requirements of this chapter except subsections (C)(1), (D)(1), (E)(1), and (E)(2) of this section.

 (3) The administration of sedation or anesthesia, or both, in a dentist’s office by a licensed physician shall be administered pursuant to Chapter 47, Title 40. The administration of sedation or anesthesia, or both, in the dentist’s office by a licensed Certified Registered Nurse Anesthetist shall be administered pursuant to Chapter 33, Title 40.

 (C) To provide moderate enteral sedation, a dentist must first submit an application with an initial fee to the board with documentation of:

 (1) completion of predoctoral, postdoctoral, or continuing education conscious sedation training in an accredited program to include twenty‑four hours of didactic instruction and ten cases commensurate with each intended route of administration; and

 (2) applicable life support training, which must be:

 (a) advanced cardiac life support (ACLS) certification that is current if treating adults and children; or

 (b) pediatric advanced life support (PALS) certification that is current if treating only children.

 (D) To provide moderate parenteral sedation, a dentist must first submit an application with an initial fee to the board with documentation of:

 (1) completion of predoctoral, postdoctoral, or continuing education conscious sedation training in an accredited program to include sixty hours of didactic instruction and twenty cases commensurate with each intended route of administration; and

 (2) applicable life support training, which must be:

 (a) advanced cardiac life support (ACLS) certification that is current if treating adults and children; or

 (b) pediatric advanced life support (PALS) certification that is current if treating only children.

 (E) To provide deep sedation/general anesthesia, a dentist must first submit an application with an initial fee to the board with documentation of:

 (1) completion of one year of advanced training in anesthesiology and related academic subjects or complete an oral and maxillofacial surgery residency program, or be a Diplomate of the American Board of Oral and Maxillofacial Surgery; provided, however, that the training must include sixty hours of didactic instruction and twenty cases commensurate with each intended route of administration;

 (2) sixty hours of pediatric didactic training and twenty cases commensurate with each intended route of administration for children under thirteen years of age in order to provide pediatric deep sedation/general anesthesia; and

 (3) applicable life support training, which must be:

 (a) advanced cardiac life support (ACLS) certification that is current if treating adults and children; or

 (b) pediatric advanced life support (PALS) certification that is current if treating only children.

 (F) To provide deep sedation/general anesthesia, the applicant may pursue an advanced education route by means of various residencies, a specific oral and maxillofacial surgery residency, or may become a Diplomate of the American Board of Oral and Maxillofacial Surgery.

 (G) Permit fees must be remitted biennially with the dental license renewal. These fees initially must be determined by the board pursuant to Section 40‑1‑50(D).

HISTORY: 2014 Act No. 222 (S.1036), Section 2, eff January 1, 2015.

**SECTION 40‑15‑410.** Requirements for sedation permit.

 (A) The applicant for a sedation permit must submit verification to the board that the applicant’s facilities meet the requirements of this section.

 (B) The board must determine the qualifications of a facility inspector and biennially inspect each facility. All costs and expenses of the board and department incurred in performing these inspections must be paid exclusively with revenue from permit fees received pursuant to Section 40‑15‑400(G). The department may not conduct these inspections until sufficient funding from the receipt of these fees exist.

 (C) To offer minimal sedation, a facility must have available:

 (1) with respect to equipment:

 (a) a positive‑pressure oxygen delivery system suitable for the patient being treated;

 (b) when inhalation equipment is used, it must have a fail‑safe system that is appropriately checked and calibrated, and also must have either:

 (i) a functioning device that prohibits the delivery of less than thirty percent oxygen; or

 (ii) an appropriately calibrated and functioning in‑line oxygen analyzer with audible alarm; and

 (c) an appropriate scavenging system must be available if gases other than oxygen or air are used; and

 (2) with respect to preoperative preparation:

 (a) the patient, parent, guardian, or caregiver must be advised regarding the procedure associated with the delivery of any sedative agents and informed consent for the proposed sedation must be obtained;

 (b) the availability of an adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be determined;

 (c) baseline vital signs must be obtained unless the patient’s behavior prohibits the determination;

 (d) a focused physical evaluation must be performed as considered appropriate;

 (e) preoperative dietary restrictions must be considered based on the sedative techniques prescribed; and

 (f) preoperative verbal and written instructions must be given to the patient, parent, escort, guardian, or caregiver.

 (D)(1) In a facility offering minimal sedation under this chapter:

 (a) a qualified dentist or an appropriately trained individual, at the discretion of the dentist, must continuously assess the patient’s level of consciousness and remain in the operatory during active dental treatment to monitor the patient continuously until the patient meets the criteria for discharge to the recovery area. The appropriately trained individual must be familiar with monitoring techniques and equipment. Monitoring must include:

 (i) continuous evaluation of the color of mucosa, skin, or blood;

 (ii) required oxygen saturation by pulse oximetry;

 (iii) continuous observation of chest excursions by the dentist, an appropriately trained individual, or both;

 (iv) continuous verification of respiration by the dentist, an appropriately trained individual, or both;

 (v) preoperative, intraoperative, and postoperative evaluation of blood pressure and heart rate as necessary, unless the patient is unable to tolerate the monitoring;

 (vi) maintenance of an appropriate sedative record, including the names of all drugs administered, including local anesthetics, dosages, and monitored physiological parameters;

 (vii) immediate availability of oxygen and suction equipment if a separate recovery area is used;

 (viii) monitoring of the patient during recovery by a qualified dentist or appropriately trained clinical staff until the patient is ready for discharge by the dentist;

 (ix) determination and documentation by the qualified dentist of the patient’s satisfactory level of consciousness, oxygenation, ventilation, and circulation before discharge;

 (x) provision of postoperative verbal and written instructions to the patient, parent, escort, guardian, or caregiver; and

 (xi) cessation of the dental procedure if a patient enters a deeper level of sedation than the dentist is qualified to provide, until the patient returns to the intended level of sedation;

 (b) a qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis, and treatment of emergencies related to the administration of minimal sedation and providing the equipment and protocols for patient rescue; and

 (c) for children under thirteen years of age, the board supports the American Dental Association’s stance that supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry “Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures”.

 (E) To offer moderate sedation, a facility must have available:

 (1) with respect to equipment:

 (a) a positive‑pressure oxygen delivery system suitable for the patient being treated;

 (b) when inhalation equipment is used, it must have a fail‑safe system that is appropriately checked and calibrated, and also must have either:

 (i) a functioning device that prohibits the delivery of less than thirty percent oxygen; or

 (ii) an appropriately calibrated and functioning in‑line oxygen analyzer with audible alarm;

 (c) an appropriate scavenging system must be available if gases other than oxygen or air are used; and

 (d) equipment necessary to establish intravenous access; and

 (2) with respect to preoperative preparation:

 (a) the patient, parent, guardian, or caregiver must be advised regarding the procedure associated with the delivery of any sedative agents and informed consent for the proposed sedation must be obtained;

 (b) the availability of an adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be determined;

 (c) baseline vital signs must be obtained unless the patient’s behavior prohibits the determination;

 (d) a focused physical evaluation must be performed as considered appropriate;

 (e) preoperative dietary restrictions must be considered based on the sedative techniques prescribed; and

 (f) preoperative verbal and written instructions must be given to the patient, parent, escort, guardian, or caregiver.

 (F)(1) In a facility offering moderate sedation under this chapter:

 (a) a qualified dentist or an appropriately trained individual, at the discretion of the dentist, must remain in the operatory during active dental treatment to monitor the patient continuously until the patient meets the criteria for discharge to the recovery area. The appropriately trained individual must be familiar with monitoring techniques and equipment. Monitoring must include:

 (i) continuous assessment of level of consciousness, such as responsiveness to verbal commands;

 (ii) continuous evaluation of color of mucosa, skin, or blood and oxygen saturation by pulse oximetry;

 (iii) continuous observation by the dentist of chest excursions and ventilation monitoring, which can be accomplished by auscultation of breath sounds, monitoring end‑tidal CO2, or by verbal communication with the patient;

 (iv) continuous evaluation of blood pressure and heart rate if tolerable by the patient and if noted in the time‑oriented anesthesia record;

 (v) continuous EKG monitoring for patients with significant cardiovascular disease;

 (vi) maintenance of an appropriate time‑oriented anesthetic record, including the names of all drugs, dosages, and their administration times, including local anesthetics, dosages, and monitored physiological parameters;

 (vii) continuous documentation of pulse oximetry, heart rate, respiratory rate, blood pressure, and level of consciousness; and

 (viii) cessation of the dental procedure if a patient enters a deeper level of sedation than the dentist is qualified to provide, until the patient returns to the intended level of sedation;

 (2) a qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation, and providing the equipment, drugs, and protocol for patient rescue; and

 (3) for children under thirteen years of age, the board supports the American Dental Association’s stance that supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry “Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures”.

 (G) To offer deep sedation/general anesthesia, a facility must have:

 (1) with respect to equipment:

 (a) a positive‑pressure oxygen delivery system suitable for the patient being treated;

 (b) when inhalation equipment is used, it must have a fail‑safe system that is appropriately checked and calibrated. The equipment also must have either:

 (i) a functioning device that prohibits the delivery of less than thirty percent oxygen; or

 (ii) an appropriately calibrated and functioning in‑line oxygen analyzer with audible alarm;

 (c) an appropriated scavenging system must be available if gases other than oxygen or air are used;

 (d) equipment necessary to establish intravenous access;

 (e) equipment and drugs necessary to provide advanced airway management;

 (f) advanced cardiac life support and reversal agents, if applicable;

 (g) a capnograph must be used and an inspired agent analysis monitor should be considered if volatile anesthetic agents are used;

 (h) resuscitation medications and an appropriate defibrillator must be immediately available;

 (i) EKG for deep sedation/general anesthesia; and

 (j) a chair or operating table that allows for CPR to be performed on the patient; and

 (2) with respect to preoperative preparation:

 (a) the patient, parent, guardian, or caregiver must be advised regarding the procedure associated with the delivery of any sedative agents and informed consent for the proposed sedation must be obtained;

 (b) availability of adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be determined;

 (c) baseline vital signs must be obtained unless the patient’s behavior prohibits the determination;

 (d) a focused physical evaluation must be performed as considered appropriate;

 (e) preoperative dietary restrictions must be considered based on the sedative techniques prescribed;

 (f) preoperative verbal and written instructions must be given to the patient, parent, escort, guardian, or caregiver; and

 (g) an intravenous line, which is secured throughout the procedure, must be established except as provided in subsection (I).

 (H) In a facility offering deep sedation/general anesthesia under this chapter:

 (1) a dentist or an appropriately trained individual, in the discretion of the dentist, must remain in the operatory during active dental treatment to monitor the patient continuously until the patient meets the criteria for discharge to the recovery area. The appropriately trained individual must be familiar with monitoring techniques and equipment. Monitoring must include:

 (a) continuous evaluation of color of mucosa, skin, or blood and oxygen saturation by pulse oximetry;

 (b) continuous monitoring and evaluation of:

 (i) end‑tidal CO2 for an intubated patient; and

 (ii) breath sounds by means of auscultation, end‑tidal CO2, or both for a nonintubated patient;

 (c) continuous monitoring and evaluation of respiration rate;

 (d) continuous evaluation of heart rate and rhythm by means of EKG throughout the procedure, as well as pulse rate by means of pulse oximetry and blood pressure;

 (e) ready availability of a device capable of measuring body temperature during the administration of deep sedation/general anesthesia;

 (f) availability and use of equipment to continuously monitor body temperature whenever triggering agents associated with malignant hyperthermia are administered;

 (g) maintenance of an appropriate time‑oriented anesthetic record, including the names of all drugs, dosages, and their administration times, including local anesthetics and monitored physiological parameters; and

 (h) continuous recording of:

 (i) pulse oximetry and end‑tidal CO2 measurements, if taken;

 (ii) heart rate;

 (iii) respiratory rate; and

 (iv) blood pressure;

 (2) when a mental or physical challenge precludes a dental patient from having a comprehensive physical examination or appropriate laboratory tests before undergoing deep sedation/general anesthesia, the dentist responsible for administering that anesthesia should document the reasons preventing the recommended preoperative management; and

 (3) use of deep sedation/general anesthesia without establishing an indwelling intravenous line may be warranted in selected circumstances, including very brief procedures or the establishment of intravenous access after deep sedation/general anesthesia has been induced because of poor patient cooperation.

 (I) A facility inspection is not required for the administration of anesthesia at those hospitals, dental schools, and other dental settings approved by the Joint Commission on Accreditation of Healthcare Organizations or the Commission on Dental Accreditation.

HISTORY: 2014 Act No. 222 (S.1036), Section 2, eff January 1, 2015.

**SECTION 40‑15‑420.** Staff must be certified in cardiopulmonary resuscitation and the basic life support level; training; continuing education.

 (A) All dental staff who provide direct, hands‑on patient care must be certified in cardiopulmonary resuscitation and the basic life support level by a board‑approved training course. The certification must have been received in the immediately preceding two years.

 (B) The operating dentist shall provide training for staff with hands‑on patient care commensurate with the level and mode of sedation administered. This training must be documented and available for inspection by the department upon request.

 (C) The dentist must include four hours in pharmacology, anesthesia, emergency medicine, or sedation every two years as part of the continuing educational requirements of this chapter.

HISTORY: 2014 Act No. 222 (S.1036), Section 2, eff January 1, 2015.

**SECTION 40‑15‑430.** Presence of trained personnel required; recovery and discharge.

 (A) For minimal sedation and moderate sedation, at least one person trained in Basic Life Support for Healthcare Providers must be present in addition to the dentist.

 (B) For deep sedation/general anesthesia, at least two support personnel adequately trained in Basic Life Support for Healthcare Providers must be present in addition to the dentist. If the same individual administering the deep sedation/general anesthesia is performing the dental procedure, one of the additional appropriately trained team members must be designated for patient monitoring.

 (C) During recovery and discharge the dentist must determine and document whether the patient:

 (1) has stable vital signs, is mentally alert, and has stable levels of oxygenation, ventilation, circulation, and temperature;

 (2) has a minimum of one adequately trained support personnel who must be present with the patient;

 (3) is fully recovered from anesthetic drugs before discharged to the care of a responsible adult available to provide assisted care to the patient;

 (4) support personnel assists the patient into the vehicle transporting him from the facility; and

 (5) written postoperative instructions are given to and are reviewed with the patient and the adult responsible for the patient.

HISTORY: 2014 Act No. 222 (S.1036), Section 2, eff January 1, 2015.

**SECTION 40‑15‑440.** Written notification of changes.

 A dentist shall give written notice to the board at least thirty days before he may relocate, add to, or significantly change a facility where procedures under this chapter are performed.

HISTORY: 2014 Act No. 222 (S.1036), Section 2, eff January 1, 2015.

**SECTION 40‑15‑450.** Patient records; health records.

 (A) A dentist shall:

 (1) maintain timely, legible, accurate, and complete patient records; and

 (2) timely provide these records to the patient, another dentist, or a designated medical professional in response to a lawful request for the records by the patient or his legal representative or designee.

 (B) A dental practice must have a procedure for initiating and maintaining a health record for every patient evaluated or treated. For procedures requiring patient consent, there must be an informed consent documented in the patient record.

 (C) The health record of a patient required under subsection (B) must include appropriate information to:

 (1) identify the patient, support the diagnosis, and justify the treatment;

 (2) identify the procedure code or suitable narrative description of the procedure; and

 (3) document the outcome and required follow‑up care.

 (D) If moderate sedation or deep sedation/general anesthesia is provided, the health record of a patient also must include documentation of:

 (1) patient weight;

 (2) type of anesthesia used;

 (3) type and dosage of drugs administered, if any;

 (4) fluid administered, if any;

 (5) a record of vital signs monitoring;

 (6) patient level of consciousness during the procedure;

 (7) duration of the procedure;

 (8) complications related to the procedure or anesthesia, if any; and

 (9) time‑oriented anesthesia record.

HISTORY: 2014 Act No. 222 (S.1036), Section 2, eff January 1, 2015.