

Bills Submitted by the Board of Dental Practice: LD 25, LD 26, LD 76

SUMMARY OF BILLS:

LD 25 authorizes the Board of Dental Practice to consider the educational equivalent of a doctoral degree in dentistry in determining the educational qualifications of an applicant for a resident dentist license who graduated from a dental program that was not accredited by the American Dental Association Commission on Dental Accreditation. It requires an applicant for a resident dentist license to pass only a jurisprudence examination and it adds a requirement that the provision of dental services by a dental resident be provided in a board-approved setting.

LD 26 authorizes within a dentist's scope of practice the use of botulinum toxins or dermal fillers when supported by a patient's diagnosed dental condition or as a part of a patient's dental treatment plan. It also adds additional grounds the Board of Dental Practice may consider when taking disciplinary action against a dentist to include administering botulinum toxins or dermal fillers to a patient for a nondental condition or treatment. The bill places into statute the limitations on a dentist's administering botulinum toxins or dermal fillers that were in former Board of Dental Practice rule Chapter 9.

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SUMMARY OF BILLS (cont'd):

LD 76 implements the recommendations of the Board of Dental Practice that were included in the report required by Public Law 2019, chapter 388. The bill makes the following changes:

1. It makes changes to the definitions of "direct supervision" and "general supervision" and makes corresponding changes to the activities that may be performed under direct or general supervision by a person licensed by the Board of Dental Practice.
2. It makes changes to provisions governing the delegation authority of dentists to unlicensed persons and to persons licensed by the Board of Dental Practice.
3. It adds a definition of "teledentistry" and authorizes oral health care services and procedures to be provided through teledentistry in accordance with rules adopted by the Board of Dental Practice.

TESTIMONY: Written testimony on can be found [here](#).

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ISSUES FOR CONSIDERATION:

LD 25:

- As drafted, the bill is an emergency so would take effect when signed by the Governor if enacted with 2/3 vote of House and Senate

LD 26:

- [Technical amendment](#) submitted by sponsor on behalf of Board of Dental Practice to clarify that the language is not intended to restrict the existing practice of oral surgeons.
- [Written testimony](#) submitted by Northeastern Society of Plastic Surgeons (NESPS) and the American Society of Plastic Surgeons (ASPS) suggested amending bill further to prohibit use of Botox for cosmetic purposes and to remove reference to dental treatment plan
- As drafted, the bill is an emergency so would take effect when signed by the Governor if enacted with 2/3 vote of House and Senate

LD 76:

- [Technical amendment](#) submitted by sponsor on behalf of Board of Dental Practice to retain the authority for a dental hygienist to apply desensitizing agents to teeth and to apply fluoride to control caries in teeth under the general supervision of a dentist.
- Representatives of dental hygienists objected to changes related to removal of specific list of activities that may be delegated to unlicensed persons; to maintain direct supervision for activities of expanded function dental assistants and to remove changes related to supragingival polishing; and to changes related to removal of certain activities that are now listed as within scope of practice for dental hygienists. The Board of Dental Practice provided [additional information](#) following hearing in response to concerns raised

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ISSUES FOR CONSIDERATION (cont'd):

LD 76:

- As drafted, the bill is an emergency so would take effect when signed by the Governor if enacted with 2/3 vote of House and Senate

FISCAL INFORMATION:

Any additional costs to the Board of Dental Practice, affiliated with the Department of Professional and Financial Regulation, to implement the requirements of these bills can be absorbed within existing budgeted resources