

OHIO GENERAL ASSEMBLY  
JOINT COMMITTEE ON AGENCY RULE REVIEW

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INTERIM DIRECTOR

**R.C. 121.93 Required Report**

- 1) **Date: April 7, 2023**
- 2) **Agency: Ohio State Dental Board**
- 3) **Agency Contact**
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- 4) Provide the number of operations reviews that your agency completed during the governor's recently expired term.

**The Ohio State Dental Board completed one (1) operations review in accordance with R.C. 121.93 during the Governor's recently expired term.**

- 5) List any principles of law or policies described in [R.C. 121.93\(A\)](#) that your agency identified in your operations review(s).

**a) Policy Number J-502. Policy Regarding Ohio State Dental Board Termination of the Dentist-Patient Relationship**

**b) Policy Number J-215. Policy Regarding Remedial Education of Core Competencies for Licensed Dental Hygienists**

**c) Policy Number J-620. Policy Regarding the Disposal of Sharps**

**d) Policy J-210. Policy Regarding Remedial Education of Core Competencies for Licensed Dentists**

**e) Policy B-511. Policy Regarding the Monitoring of Nitrous Oxide-Oxygen (N2O2) Minimal Sedation by Dental Hygienists**

**f) Policy B-503. Policy Regarding Treatment Within the Scope of Dental Hygiene Practice**

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**g) *Policy B-501. Policy Regarding Dental Hygienists Performing Periodontal Maintenance When the Supervising Dentist is Not Present.***

**h) *Policy A-502. Policy Regarding Treatment Within the Scope of Dental Practice***

**i) *Policy A-501. Policy Regarding Oral Conscious Sedation (August 2, 2001)***

**j) *Principle of Law #1: Dental Hygiene Proof of Graduation***

**k) *Principle of Law #2: Graduate of an Unaccredited Dental College***

**l) *Scope of Practice Committee Letters:***

***1) Oral surgeons cannot place temporary restorations, take final impressions, and make casts for implant placement (August 28, 2006)***

***2) Dental hygienists may not perform oral brush biopsies and oral cancer screens (visilite) with the tourmaline blue dye (August 25, 2006)***

***3) Specialty of periodontics does not include lip augmentation procedures (August 25, 2006)***

***4) Application of teeth whitening material at salons (August 25, 2006)***

***5) Whether dental hygienists may administer Oraquix under the direct supervision of a licensed dentist (May 19, 2006)***

***6) Permissibility of duties provided by staff (June 1, 2009)***

***7) Whether dentists may write prescriptions for patients to have sleep studies at dental clinic (August 25, 2006)***

**m) *Memorandum - IV administration (June 17, 2004)***

**n) *Memorandum – Confidentiality of Medical Records in Ohio (Undated)***

**o) *Memorandum – Policy Regarding Patient Records (June 9, 2005)***

**p) *Policy Regarding Abandonment of a Patient (June 12, 2002)***

**q) *Policy Regarding the Winding Down of a Dental Practice When the Owner Passes Away (April 17, 2002)***

**r) *Memorandum – Hepatitis B Vaccine (March 3, 2008)***

**s) *Memorandum – Interpretation of Rule 4715-12-05(B) (April 15, 1998)***

**t) *Letter – Re: Facsimile regarding scope of practice issues (January 26, 1999)***

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u) *Letter (August 27, 1997)*

v) *Letter (October 1, 1997)*

w) *Memorandum – Licensure Procedures for Displaced Dentists and Dental Hygienists of Hurricane Katrina (September 15, 2005)*

x) *Memorandum – Board Position on Renewal/Reinstatement/Retirement Issues (July 13, 1998)*

y) *Memorandum – Dental Management of the HIV-Infected Patient (July 10, 1998)*

z) *Letter – Questions Regarding Employment of a Physician Assistant (March 2, 1999)*

aa) *Memorandum – Renewal for Military Personnel (April 2003)*

bb) *Memorandum – Grandfathering Provisions for Conscious Sedation Permits (October 16, 1998)*

cc) *Policy Regarding the Use of Cone Beam Computerized Tomography Units (CBCT) by Licensed Qualified Dental Personnel (February 27, 2008)*

dd) *Policy Regarding the Use of Restalyn, Botox, and other Derma Fillers by Licensed Dentists (November 7, 2007)*

ee) *Memorandum – Use of Air Abrasion Equipment (November 12, 1998)*

ff) *Memorandum – Etching by Hygienists and EFDAs (September 30, 1997)*

gg) *Memorandum – Dental Hygiene Practice re: Actisite Fibers, Perio-Chips and Retraction Cord (November 13, 1998)*

hh) *Letter (October 7, 1997)*

ii) *Infection Control Manual (September 2016)*

6) Describe your agency's considerations regarding the identified principles of law or policies under [R.C. 121.93\(B\)](#).

**a) Policy Number J-502. Policy Regarding Ohio State Dental Board Termination of the Dentist-Patient Relationship.**

The policy provides, in pertinent part, "It is the position of the Board that the following elements should be satisfied prior to terminating the dentist-patient relationship":

- 1) All efforts should be made to give the patient sufficient notice of termination of dental services. The dentist shall provide written notification and/or

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documentation in the patient's chart of verbal communication with patient, terminating the dental services.

2) All efforts should be made to stabilize the patient's dental condition and not place the patient's dental health in immediate jeopardy.

3) Upon written request, a copy of all records should be made available to the patient or subsequent treating practitioner.

The policy continues, "The Board traditionally has held that if a dentist abandoned the patient, he or she potentially has violated the standard of care for the profession which may be grounds for discipline pursuant to Ohio Revised Code 4715.30."

Currently, R.C. 4715.30(A)(9) permits the Board to subject a licensee to disciplinary action for engaging in "dental care that departs from or fails to conform to accepted standards for the profession, whether or not an injury to a patient results." Accordingly, the policy does not establish a legal regulation or standard that would not exist in its absence.

### ***b) Policy Number J-215. Policy Regarding Remedial Education of Core Competencies for Licensed Dental Hygienists.***

The policy provides in pertinent part, "The Board may require a licensee to complete remedial education if the Board concluded that the licensee's core competency in an area falls below the acceptable standard of care. \* \* \* The Board may require a licensee to complete remedial education through the Board's Quality Intervention Program (QUIP) or through a formal disciplinary action." The policy then details the entities that may provide remedial education to licensees, and details requirements for those entities administering remedial education courses.

"Remedial education" is currently defined in Ohio Adm.Code 4715-3-01 to mean, "a prescribed educational intervention that is designed to restore an identified practice deficiency of a licensee to conformity with the accepted standards of the profession. Remediation includes, but is not limited to, successful demonstration by the licensee that the learned knowledge and skills have been incorporated into the licensee's practice."

The Board's Quality Intervention Program is currently governed R.C. 4715.03(A)(4), R.C. 4715.031 and Ohio Adm.Code 4715-40-01 through Ohio Adm.Code 4715-40-01. Ohio Adm.Code 4715-40-06 regulates the "Requirements for education provider(s) offering remediation for the quality intervention program (QUIP).

R.C. 4715.30(C)(2)(c) permits the Board to take the disciplinary action against a licensee requiring the licensee to "[c]ontinue or renew professional education until a satisfactory degree of knowledge or clinical competency has been attained in specified areas." Accordingly, the policy does not establish a legal regulation or standard that would not exist in its absence.

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### **c) Policy Number J-620. Policy Regarding the Disposal of Sharps**

The policy provides in pertinent part, “Infection Sharps: All infectious sharps must be placed in a sharps container. Each sharps container must meet the OSHA standards for sharps containers.”

1. All used disposable syringes and needles, scalpel blades, and other sharp items should be placed in appropriate puncture-resistant containers located close to the area where they are used. When these containers are full and ready for disposal, these containers must be able to be securely closed.
2. Sharps containers must be clearly labeled with a biohazard symbol and clearly labeled as containing contaminated sharps.

The policy also requires “small generators” (i.e., practices producing 50 pounds or less of infectious waste per month) to maintain a monthly log of the amount of infectious waste generated each calendar month.

Currently, Ohio Adm.Code 4715-20-03 regulates the disposal of sharps, and provides, “All sharps items must be disposed of in containers specifically designed and manufactured for the management and/or disposal of sharps in accordance with the requirements established by board policy. Accordingly, the policy does not establish a legal regulation or standard that would not exist in its absence.

### **d) Policy J-210. Policy Regarding Remedial Education of Core Competencies for Licensed Dentists**

The policy clarifies the Board’s position regarding acceptable remedial education providers whose core competency is determined to be below the standard of care of the profession.

The policy provides in pertinent part, “The Board may require a licensee to complete remedial education if the Board concluded that the licensee’s core competency in an area falls below the acceptable standard of care. \* \* \* The Board may require a licensee to complete remedial education through the Board’s Quality Intervention Program (QUIP) or through a formal disciplinary action.” The policy then details the entities that may provide remedial education to licensees, and also details requirements for those entities administering remedial education courses.

Currently, “Remedial education” is defined in Ohio Adm.Code 4715-3-01 to mean, “a prescribed educational intervention that is designed to restore an identified practice deficiency of a licensee to conformity with the accepted standards of the profession. Remediation includes, but is not limited to, successful demonstration by the licensee that the learned knowledge and skills have been incorporated into the licensee's practice.”

The Board’s Quality Intervention Program is currently governed R.C. 4715.03(A)(4), R.C. 4715.031 and Ohio Adm.Code 4715-40-01 through Ohio Adm.Code 4715-40-01. Ohio Adm.Code 4715-40-

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06 regulates the “Requirements for education provider(s) offering remediation for the quality intervention program (QUIP).

R.C. 4715.30(C)(2)(c) permits the Board to take the disciplinary action against a licensee requiring the licensee to “[c]ontinue or renew professional education until a satisfactory degree of knowledge or clinical competency has been attained in specified areas.” Accordingly, the policy does not establish a legal regulation or standard that would not exist in its absence.

### ***e) Policy B-511. Policy Regarding the Monitoring of Nitrous Oxide-Oxygen (N2O2) Minimal Sedation by Dental Hygienists***

The policy clarifies the Board’s position regarding the monitoring of nitrous oxide-oxygen minimal sedation by dental hygienists. Permissible practices of dental hygienists is codified in Ohio Adm.Code 4715-9-01. Section (A)(3) permits a dental hygienist to monitor nitrous oxide-oxygen if certain requirements are satisfied. The Board clarified the meaning of “modified” to mean “watch or check on.” The policy continues, “Once the licensed dentist has initiated and administered the nitrous oxide, the trained dental auxiliary is to monitor the [nitrous oxide-oxygen] and advise or warn the dentist if something is wrong. The dentist is the one responsible for adjusting levels, etc. The only thing a dental auxiliary can do short of monitoring[] is remove the nitrous oxide delivery apparatus from the patient in an emergency.”

Currently, Ohio Adm.Code 4715-9-01(A)(2) and (3) regulate the administration of nitrous oxide-oxygen by dental hygienists and contain detailed requirements for the administration and monitoring of nitrous oxide-oxygen. Accordingly, the policy does not establish a legal regulation or standard that would not exist in its absence.

### ***f) Policy B-503. Policy Regarding Treatment Within the Scope of Dental Hygiene Practice***

The policy clarifies the meaning of “standard of care” within the scope of dental hygiene procedures. The policy further interprets several existing regulations, including R.C. 4715.01 (Dentists – dental hygienist definitions); R.C. 4715.23 (Practice Limitation); and Ohio Adm.Code 4715-9-01 (Permissible practices of a dental hygienist). The policy defines the profession of dental hygiene as adopted by the American Dental Association, and advises that the definition, in conjunction with existing regulations, aids the Board’s determination of the scope of dental hygiene practice.

Currently, R.C. 4715.30(A)(9) permits the Board to subject a licensee to disciplinary action for engaging in “dental care that departs from or fails to conform to accepted standards for the profession, whether or not an injury to a patient results.” Accordingly, the policy does not establish a legal regulation or standard that would not exist in its absence.

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### ***g) Policy B-501. Policy Regarding Dental Hygienists Performing Periodontal Maintenance When the Supervising Dentist is Not Present.***

The purpose of the policy is to address inquiries related to the provision of periodontal maintenance when a supervising dentist is not present. The policy interprets several existing regulations, including R.C. 4715.22 (Supervision of license dentist); Ohio Adm.Code 4715-9-01 (Permissible practices of dental hygienist); and Ohio Adm.Code 4715-9-05 (Practice when the dentist is not physically present).

The policy provides, “The performance of periodontal maintenance...is permissible on a patient when the supervising dentist is not present, as long as there is compliance with [] Ohio Administrative Code 4715-9-05. The supervising dentist must have evaluated the patient within the past year, and prescribed the periodontal maintenance as part of ongoing care for the patient.”

Currently, Ohio Adm.Code 4715-9-01(B)(2) permits a dental hygienist to perform periodontal maintenance, including “Periodontal scaling, root planing, and soft tissue curettage.” Ohio Adm.Code 4715-9-05 permits a dental hygienist to provide dental hygiene services—including periodontal services—when a dentist is not physically present, subject to the requirements set forth in the rule. Accordingly, the policy does not establish a legal regulation or standard that would not exist in its absence.

### ***h) Policy A-502. Policy Regarding Treatment Within the Scope of Dental Practice***

The policy clarifies the meaning of “standard of care” regarding the development of technologies and techniques dentists may utilize and their relationship to scope of practice within the area of dentistry. The policy further interprets several existing regulations, including R.C. 4715.01 (Dentists – dental hygienist definitions); R.C. 4715.10 (Application for license); and Ohio Adm.Code 4715-5-01.1 (Requirements for initial licensure for dentists). The policy defines the definition of dentistry as adopted by the American Dental Association, and advises that the definition, in conjunction with existing regulations, aids the Board’s determination of the scope of dental hygiene practice.

Currently, R.C. 4715.30(A)(9) permits the Board to subject a licensee to disciplinary action for engaging in “dental care that departs from or fails to conform to accepted standards for the profession, whether or not an injury to a patient results.” Accordingly, the policy does not establish a legal regulation or standard that would not exist in its absence.

### ***i) Policy A-501. Policy Regarding Oral Conscious Sedation (August 2, 2001)***

The policy clarifies the Board’s position regarding the safe use of Halcion and Triazolam in the administration of oral conscious sedation for licensed dentists who do not hold conscious sedation permits. The policy interprets several existing regulations, including R.C. 4715.09 (Use of General Anesthesia and Deep Sedation); R.C. 4715.13 (Fees for Licenses or Permits); Ohio Adm.Code 4715-5-05 (Use of General Anesthesia and Deep Sedation); and Ohio Adm.Code 4715-

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5-07 (Use of Conscious Sedation); and Ohio Adm.Code 4715-3-01 (Definitions). The policy applies the definitions of “conscious sedation” “oral titration” as defined in Ohio Adm.Code 4715-3-01 with respect to the administration of Halcion and Triazolam. The Board’s position with respect to the administration of these drugs is that each drug may only be prescribed in a “SINGLE DOSE ONLY” for dentists who do not hold an anesthesia/sedation permit with the Board. Further, the use of these drugs may not be utilized for oral titration. Accordingly, the policy does not establish a legal regulation or standard that would not exist in its absence.

### **j) Principle of Law #1: Dental Hygiene Proof of Graduation**

R.C. 4715.21 requires applicants, *inter alia*, to submit evidence in the form of “a diploma or certificate of graduation from an accredited dental hygiene school.” The Ohio State Dental Board requires one of the following official, certified documents: (1) official transcripts; (2) Certificate of Dental Hygiene/Dental College Form; and (3) School Certification Letter.

The Board has reasonably interpreted “certificate of graduation” by accepting either (1) official transcripts; (2) completed Certificate of Dental Hygiene/Dental College Form; or (3) School Certification Letter. Accordingly, the principle of law does not establish a legal regulation or standard that would not exist in its absence.

### **k) Principle of Law #2: Graduate of an Unaccredited Dental College**

Ohio Adm.Code 4715-18-01 requires a graduate from an unaccredited dental college to successfully complete at least two years’ clinical training from in one of the following:

- (a) A General practice residency (GPR) program from an accredited institution; or
- (b) An Advanced education in general dentistry (AEGD) program from an accredited institution.

The Board has permitted graduates from unaccredited dental colleges who have not completed one of the requirements indicated above to obtain a dental license if the applicant completed training from an accredited dental college that is specific to a specialty area (e.g., endodontics). The applicant must demonstrate they were enrolled in the program prior to March 31, 2019.

The Board has determined the principle of law may have a general and uniform application and establishes a legal regulation or standard that would not exist in its absence.

### **l)(1) Scope of Practice Committee Letter: Oral surgeons cannot place temporary restorations, take final impressions, and make casts for implant placement (August 28, 2006)**

In response to a question posed by Dr. Jon Bradrick, DDS, the Board’s Scope of Practice Committee interpreted Ohio Adm.Code 4715-5-04(B)(2) in determining whether an oral and maxillofacial surgeons can place abutments, place a temporary crown restoration, take final impressions, and make casts pursuant to Ohio Adm.Code 4715-5-04(B)(2).



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In a letter dated August 28, 2006, the Board interpreted Ohio Adm.Code 4715-5-04(B)(2) in determining that oral surgeons cannot place temporary restorations, take final impressions, and make casts for implant placement, as such procedures are outside the scope of oral and maxillofacial surgery.

Currently, R.C. 4715.30(A)(9) permits the Board to subject a licensee to disciplinary action for engaging in “dental care that departs from or fails to conform to accepted standards for the profession, whether or not an injury to a patient results.” Accordingly, the letter does not establish a legal regulation or standard that would not exist in its absence.

***1)(2) Scope of Practice Committee Letter: Dental hygienists may not perform oral brush biopsies and oral cancer screens (visilite) with the tourmaline blue dye (August 25, 2006)***

In response to a question presented by Karen Lavenda, RDH, the Board’s Scope of Practice Committee took the position that oral brush biopsies and oral cancer screenings are not within the scope of practice for dental hygienists. Therefore, these duties cannot be performed by dental hygienists. Finally, dental hygienists are not permitted to tell patients the results of these kinds of tests.

Currently, R.C. 4715.30(A)(9) permits the Board to subject a licensee to disciplinary action for engaging in “dental care that departs from or fails to conform to accepted standards for the profession, whether or not an injury to a patient results.” Accordingly, the letter does not establish a legal regulation or standard that would not exist in its absence.

***1)(3) Scope of Practice Committee Letter: Specialty of periodontics does not include lip augmentation procedures (August 25, 2006)***

In response to a question presented by Constantin F. Farah, DDS, MSD, the Board’s Scope of Practice Committee took the position that the specialty of periodontics does not include lip augmentation procedures. The committee recognized the Board is required to enforce limitations on the scope of practice of specialists as set forth in the Dental Practice Act.

Currently, R.C. 4715.30(A)(9) permits the Board to subject a licensee to disciplinary action for engaging in “dental care that departs from or fails to conform to accepted standards for the profession, whether or not an injury to a patient results.” Accordingly, the letter does not establish a legal regulation or standard that would not exist in its absence.

***1)(4) Scope of Practice Committee Letter: Application of teeth whitening material at salons (August 25, 2006)***

In response to a question presented by Frank R. Recker & Associates, Co., LPA, the Board’s Scope of Practice determined that so long as a customer applies teeth whitening material to their own teeth, and no one else places their hands in the customer’s mouth, the customer can basically do anything they want to their own mouth/teeth. Accordingly, the letter does not establish a legal regulation or standard that would not exist in its absence.

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### ***1)(5) Scope of Practice Committee Letter: Whether dental hygienists may administer Oraquix under the direct supervision of a licensed dentist (May 19, 2006)***

In response to an inquiry by John D. Mahilo, DDS, the Board's Scope of Practice Committee determined that a licensed dental hygienist may administer Oraquix under the direct supervision of a licensed dentist.

Currently, R.C. 4715.231 and Ohio Adm.Code 4715-9-01.1 regulates the administration of local anesthesia. R.C. 4715.231 provides, "Under the direct supervision of a dentist, a dental hygienist may administer intraoral block and infiltration local anesthesia to a patient..." if the dental hygienist meets the requirements set forth in the statute. Accordingly, the letter does not establish a legal regulation or standard that would not exist in its absence.

### ***1)(6) Scope of Practice Committee Letter: Permissibility of duties provided by staff (June 1, 2009)***

In response to an inquiry by Larry J. Sangrik, DDS, the Board's Scope of Practice Committee determined that it cannot determine whether any member of the dental team by take a standard blood glucose test on a patient, due to the practice of dentistry involving many facts and circumstances that differ with each patient, along with the physical and mental status of each patient seeking dental treatment.

Currently, the practice of dentistry is defined in R.C. 4715.01(A). Currently, R.C. 4715.30(A)(9) permits the Board to subject a licensee to disciplinary action for engaging in "dental care that departs from or fails to conform to accepted standards for the profession, whether or not an injury to a patient results." Accordingly, the letter does not establish a legal regulation or standard that would not exist in its absence.

### ***1)(7) Scope of Practice Committee Letter: 7) Whether dentists may write prescriptions for patients to have sleep studies at dental clinic (August 25, 2006)***

In response to an inquiry by Jerry A. O'Ryan, RT, RRT, RCP, the Board's Scope of Practice Committee determined that, while dentists may refer patients for sleep diagnostic tests, dentists may not write prescriptions for patients to have sleep studies done at dental clinics.

The Board explained, "The Committee agreed that a referral by a dentist and a prescription written by a dentist are two very different things...a prescription contemplates that the results of the study will go back to the dentist, and this involves potential medical diagnoses, which is not appropriate. Only licensed physicians should be involved with prescriptions for medical, as opposed to, dental conditions."

Currently, the practice of dentistry is defined in R.C. 4715.01(A). Currently, R.C. 4715.30(A)(9) permits the Board to subject a licensee to disciplinary action for engaging in "dental care that departs from or fails to conform to accepted standards for the profession, whether or not an injury to a patient results." Accordingly, the letter does not establish a legal regulation or standard that would not exist in its absence.

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### **m) Memorandum - IV administration (June 17, 2004)**

In response to a question, “Who can start an IV in the dental office?” the Board responded that qualified personnel, such as an RN, LPN, or CRNA, who are properly trained to start an IV can assist the qualified dentist under supervision and begin an IV for anesthesia/sedation administration. The Board interpreted Ohio Adm.Code 4715-5-05(F) and Ohio Adm.Code 4715-5-07(I). The Board clarified that beginning an IV is separate from the administration of drugs used in general anesthesia and/or sedation via the IV. The administration of drugs used in general anesthesia and/or sedation via an IV must only be performed by the supervising dentist or CRNA under supervision of the dentist.

Currently, Ohio Adm.Code 4715-5-05(F) provides, “A dentist holding a general anesthesia permit may supervise a certified registered nurse anesthetist for any anesthetic procedure for which the dentist is qualified.” Ohio Adm.Code 4715-5-07(I) provides, “A dentist holding a valid conscious sedation permit may supervise a certified registered nurse anesthetist only for conscious sedation procedures for which the dentist is qualified.” Accordingly, the memorandum does not establish a legal regulation or standard that would not exist in its absence.

### **n) Memorandum – Confidentiality of Medical Records in Ohio (Undated)**

#### Duty to Retain Records

The Board issued a memorandum to address pertinent issues involving medical records, confidentiality, and disclosure of such records under Ohio Law (e.g., R.C. 3701.74). The Board acknowledged that Ohio law does not directly address a dentist’s responsibility for retaining medical records, but cited applicable regulations, including Ohio Adm.Code 3701-83-11(E), R.C. 2305.11(B), and R.C. 2305.16.

Based on the above-mentioned law, the Board recommended that dentists maintain patient records for at least seven (7) years. The memorandum also cited guidance issued by the American Medical Association (AMA) and American Dental Association (ADA) regarding the release of dental records to the patient or their representative or subsequent treatment providers.

#### Ownership of and Access to Medical Records

The Dental Practice Act does not directly address maintaining medical records; However, under Ohio law, the Board referenced a dentist’s duty to provide patient records to a patient, upon written request by the patient as set forth in R.C. 3701.74(C), and provided guidance from the American Dental Association (ADA) regarding the safeguard and release of dental records.

Currently, prevailing Ohio law governs the release of dental records. R.C. 3701.74 governs the release of medical records to a patient or patient’s representative. R.C. 3701.74(A)(8) defines “medical record” to mean “data in any form that pertains to a patient's medical history, diagnosis, prognosis, or medical condition and that is generated and maintained by a health care provider in the process of the patient's health care treatment.”

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R.C. 3701.74(A)(5) defines “health care provider” to mean “a hospital, ambulatory care facility, long-term care facility, pharmacy, emergency facility, or health care practitioner.”

R.C. 3701.74(A)(4)(a) defines “health care practitioner” to include “A dentist or dental hygienist licensed under Chapter 4715. of the Revised Code.”

Finally, R.C. 3701.74(B) governs the release of medical records to a patient or subsequent treatment provider. Accordingly, the memorandum does not establish a legal regulation or standard that would not exist in its absence.

### ***o) Memorandum – Policy Regarding Patient Records (June 9, 2005)***

The Board amended its *Policy Regarding Patient Records* to clarify the Board’s position regarding the ownership and release of patient records. While the Dental Practice Act does not specifically address the issue of ownership and release of patient records, the policy informs stakeholders of relevant Ohio law. Based on this information, the Board’s position is that “a dentist must release a copy of the patient record upon request of the patient or the patient’s parent/legal guardian. Failure to do so could be a potential violation of the standard of care for the profession, which is grounds for discipline pursuant to Ohio Revised Code 4715.30.

Currently, prevailing Ohio law governs the release of dental records. R.C. 3701.74 governs the release of medical records to a patient or patient’s representative. R.C. 3701.74(A)(8) defines “medical record” to mean “data in any form that pertains to a patient's medical history, diagnosis, prognosis, or medical condition and that is generated and maintained by a health care provider in the process of the patient's health care treatment.”

R.C. 3701.74(A)(5) defines “health care provider” to mean “a hospital, ambulatory care facility, long-term care facility, pharmacy, emergency facility, or health care practitioner.”

R.C. 3701.74(A)(4)(a) defines “health care practitioner” to include “A dentist or dental hygienist licensed under Chapter 4715. of the Revised Code.”

Finally, R.C. 3701.74(B) governs the release of medical records to a patient or subsequent treatment provider. Accordingly, the memorandum does not establish a legal regulation or standard that would not exist in its absence.

### ***p) Policy Regarding Abandonment of a Patient (June 12, 2002)***

The policy clarifies the Board’s position regarding what constitutes abandonment of a patient and the ramifications of this conduct.

The Dental Practice Act does not explicitly address the issue of abandonment of a patient; however, the Board has traditionally taken the position that abandonment of a patient violates the standard of care for the profession, which constitutes a violation of R.C. 4715.30)(A)(9).

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The policy sets forth the criteria that may be considered in making a determination of patient abandonment.

Currently, R.C. 4715.30(A)(9) permits the Board to subject a licensee to disciplinary action for engaging in “dental care that departs from or fails to conform to accepted standards for the profession, whether or not an injury to a patient results.” Accordingly, the policy does not establish a legal regulation or standard that would not exist in its absence.

### **q) Policy Regarding the Winding Down of a Dental Practice When the Owner Passes Away (April 17, 2002)**

The policy sets forth the Board’s position after a dentist-owner passes away, R.C. 4715.01 requires a dentist to own, operate, or manage a dental practice. Technically, a dental office cannot operate once the owner-dentist passes away. Cognizant of the challenges attendant with the passing of an owner-dentist., the Board advises, “...if patient care is to continue, a temporary dentist should be [employed], if none are currently employed. The dentist shall then have the responsibility of providing patient care, managing the patients and supervising dental hygienists and other dental personnel.”

The policy permits a 90-day grace period following the death of an owner-dentist for the dental practice to be sold or closed. “If the practice is to close, efforts must be taken to notify patients, refer patients if necessary, and take care of the records that currently exist in the dental office. After 90 days have elapsed, the Board will begin its inquiry into any practice here the owner dentist has passed away, and the practice is being maintained by the family or the estate.”

Currently, R.C. 4715.01 defines the practice of dentistry as “Any person shall be regarded as practicing dentistry, who is a manager, proprietor, operator, or conductor of a place for performing dental operations... Whoever having a license to practice dentistry or dental hygiene enters the employment of, or enters into any of the arrangements described in this section with, an unlicensed manager, proprietor, operator, or conductor, or who is determined mentally incompetent by a court of competent jurisdiction, or is committed by a court having jurisdiction for treatment of mental illness, may have his license suspended or revoked by the state dental board.” Additionally, R.C. 4715.30(A)(11) permits the Board to take disciplinary action for a “violation of any provision of this chapter or any rule adopted thereunder.” Accordingly, the policy does not establish a legal regulation or standard that would not exist in its absence.

### **r) Memorandum – Hepatitis B Vaccine (March 3, 2008)**

The memorandum sets forth a schedule of vaccination doses for the Hepatitis B vaccination that should be used in review applications, wherein an applicant must provide evidence of hepatitis B vaccination.

Currently, Ohio Adm.Code 4715-20-01(A) provides, "All dentists and dental health care workers must show evidence of immunity to or immunization against the hepatitis B virus as specified by board guidelines. Such immunization must begin prior to patient contact. Medical

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documentation must be maintained in the dental facility for each dentist and dental health care worker providing care in that facility. This medical documentation must be made available immediately upon request by an authorized agent of the state dental board.” Accordingly, the memorandum does not establish a legal regulation or standard that would not exist in its absence.

### **s) Memorandum – Interpretation of Rule 4715-12-05(B) (April 15, 1998)**

The memorandum addresses the continuing education requirements offered to dental x-ray machine operators. Ohio Adm.Code 4715-12-05 has been subsequently amended several times since the release of this memorandum, which includes detailed continuing requirements for dental x-ray machine operators. Accordingly, the memorandum does not establish a legal regulation or standard that would not exist in its absence.

### **t) Letter – Re: Facsimile regarding scope of practice issues (January 26, 1999)**

The letter to Barry Ross, DDS answers two questions related to whether expanded function dental auxiliaries may polish restorations with high-speed hand pieces and whether dental hygienists may perform power bleaching on patients involving the application of a “power gel” that is cured with light.

The Board interpreted Ohio Adm.Code 4715-9-01 in addressing these questions.

Currently, Ohio Adm.Code 4715-11-04.2 sets forth the education and training requirements for individuals to obtain registration as an EFDA. Ohio Adm.Code 4715-11-04.2(A)(2)(r) requires education training that includes training in “[n]on-metallic restorative material finishing and polishing utilizing both low and high speed handpieces.” Additionally, Ohio Adm.Code 4715-9-01(B)(4) permits dental hygienists to perform “Bleaching of teeth (excluding procedures that utilize light amplification by stimulated emission of radiation (LASER) technologies).” Accordingly, the letter does not establish a legal regulation or standard that would not exist in its absence.

### **u) Letter (August 27, 1997)**

The letter to Judith Lee Maneely, RDH, MBA addresses a request to interpret R.C. 4715.22 concerning supervision of dental hygienists by the supervising dentist. To assist in interpreting the statute, the letter directs the requestor to Ohio Adm.Code 4715-3-01(A), which provides a definition for the word “supervision.”

Currently, Ohio Adm.Code 4715-3-01 defines “supervision” to mean, “acts are deemed to be under the supervision of a licensed dentist when performed in a dental facility wherein a licensed dentist is physically present at all times during the performance of such acts and such acts are performed pursuant to his or her order, control and full professional responsibility. Such acts shall be performed only after examination and diagnosis by said dentist and in accordance with said dentist's treatment plan for the procedure to be performed by the licensed dental hygienist, certified assistant, expanded function dental auxiliary, and/or dental x-ray machine operator.

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This definition is subject to the exceptions noted in sections 4715.22, 4715.39, 4715.56, and 4715.64 of the Revised Code.” Accordingly, the letter does not establish a legal regulation or standard that would not exist in its absence.

### **v) Letter (October 1, 1997)**

The letter to Judith Lee Maneely, RDH, MBA addresses a follow up request for further clarification regarding R.C. 4715.22 and Ohio Adm.Code 4715-3-01, as applied in an educational setting. The Board further clarified the meaning of “supervision.”

Currently, Ohio Adm.Code 4715-3-01 defines “supervision” to mean, “acts are deemed to be under the supervision of a licensed dentist when performed in a dental facility wherein a licensed dentist is physically present at all times during the performance of such acts and such acts are performed pursuant to his or her order, control and full professional responsibility. Such acts shall be performed only after examination and diagnosis by said dentist and in accordance with said dentist's treatment plan for the procedure to be performed by the licensed dental hygienist, certified assistant, expanded function dental auxiliary, and/or dental x-ray machine operator. This definition is subject to the exceptions noted in sections 4715.22, 4715.39, 4715.56, and 4715.64 of the Revised Code.” Accordingly, the letter does not establish a legal regulation or standard that would not exist in its absence.

### **w) Memorandum – Licensure Procedures for Displaced Dentists and Dental Hygienists of Hurricane Katrina (September 15, 2005)**

The purpose of the memorandum is to outline application procedures to obtain an expedited license to practice as a dentist or dental hygienist due to displacement as a result of Hurricane Katrina.

### **x) Memorandum – Board Position on Renewal/Reinstatement/Retirement Issues (July 13, 1998)**

The purpose of the memorandum is to clarify the Board’s position regarding applications for renewal/reinstatement:

Licensees required to renew by January 1<sup>st</sup> who fail to renew are automatically suspended. They may renew their license within six months (i.e., June 30<sup>th</sup>) if the licensees remit a late fee and show proof of completing all required continuing education (CE) hours.

Licensees request to reinstate their license may do so by filing an application. If the time period is greater than one year after the license expires, the applicant is required to appear before the Board prior to reinstatement.

Currently, the Dental Practice Act regulates the renewal of licenses based on license type. *See, e.g.*, R.C. 4715.14 (dentists); R.C. 4715.24 (dental hygienists); R.C. 4715.242 (reinstatement); R.C. 4715.53 (dental x-ray machine operators); R.C. 4715.63 (expiration and renewal of expanded

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function dental auxiliary registration). Accordingly, the memorandum does not establish a legal regulation or standard that would not exist in its absence.

### **y) Memorandum – Dental Management of the HIV-Infected Patient (July 10, 1998)**

The memorandum sets forth the Board’s position related to the standard of care/dental management of a dental patient infected with the HIV-virus. The memorandum includes guidance from the ADA related to treating HIV-infected patients, factors to consider when evaluating an HIV-infected patient, including health history (e.g., extraoral head and neck assessment, examination of oral soft tissue, examination of gingival/periodontal conditions; examination of natural teeth and existing restorations); ethical considerations; duty to treat; scope of duty; and obtaining and using information about a patient’s HIV status.

The memorandum directs Board staff to refer questions related to the proper treatment of an HIV-infected patient to the provider’s personal attorney.

Currently, R.C. 4715.30(A)(9) permits the Board to subject a licensee to disciplinary action for engaging in “dental care that departs from or fails to conform to accepted standards for the profession, whether or not an injury to a patient results.” Accordingly, the policy does not establish a legal regulation or standard that would not exist in its absence.

### **z) Letter – Questions Regarding Employment of a Physician Assistant (March 2, 1999)**

The letter to Jon R. Ewig, DDS answers the question—whether an oral and maxillofacial surgeon may employ a physician’s assistant at his dental practice. The letter provides the requestor with application Ohio law related to the employment of a physician’s assistant, which is regulated by the State Medical Board of Ohio. Based upon the plain and unambiguous language of the law, R.C. 4730.02(B) and (C), the Board’s position is that the employment of a physician’s assistant at an oral and maxillofacial surgery practice is not in accordance with Ohio law.

Currently, R.C. 4730.02(B) provides, “No person shall practice as a physician assistant without the supervision, control, and direction of a physician.” R.C. 4730.02(C) provides, “No person shall practice as a physician assistant without having entered into a supervision agreement with a supervising physician under section 4730.19 of the Revised Code.” Accordingly, the letter does not establish a legal regulation or standard that would not exist in its absence.

### **aa) Memorandum – Renewal for Military Personnel (April 2003)**

The purpose of the memorandum is to clarify the renewal procedures for dentists scheduled to renew their license, but who have been called to active duty in any of the military services because of Operation Iraqi Freedom.

The Board advises it will consider alternatives, including extending deadlines for renewal and/or waiving late fees on a case-by-case basis.



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Currently, Ohio Adm.Code 4715-14-01 through Ohio Adm.Code address licensure of military personnel. Effective September 12, 2016, Ohio Adm.Code 4715-14-03 addresses the extension of license requirements for military service members that have been called to active duty. Accordingly, the memorandum does not establish a legal regulation or standard that would not exist in its absence.

### ***bb) Memorandum – Grandfathering Provisions for Conscious Sedation Permits (October 16, 1998)***

The purpose of the memorandum is to clarify the implementation of new administrative rules governing conscious sedation permits. Ohio Adm.Code 4715-5-07 was amended to set forth requirements to obtain a conscious sedation permit. Questions were received as to whether the new rule contains any “grandfathering” provisions for dentist who have been actively premedicating their pediatric patients but do not have a conscious sedation permit, but are not required to have a permit.

The answer is yes. The memorandum cites the applicable grandfathering provisions.

Currently, Ohio Adm.Code 4715-5-07(F) provides, “The Ohio state dental board may grant a permit authorizing the administration of conscious sedation to those Ohio licensed dentists who do not meet the qualifications outlined in paragraphs (B)(1) and (B)(2) of this rule, but who have provided conscious sedation in a safe, competent, ethical and effective manner, and who have moved to Ohio within the six months preceding his or her application, provided such dentist meets the requirements of paragraphs (B)(4), (B)(5) and (B)(6) of this rule.” Accordingly, the memorandum does not establish a legal regulation or standard that would not exist in its absence.

### ***cc) Policy Regarding the Use of Cone Beam Computerized Tomography Units (CBCT) by Licensed Qualified Dental Personnel (February 27, 2008)***

The purpose of the policy is to clarify the Board’s position regarding the cone beam computerized tomography unit (CBCT) and its use by licensed, qualified dental personnel.

The policy interprets R.C. 4715.51 and R.C. 4773.01 as applied to the use of CBCT by licensed qualified dental personnel.

The policy states, “It is the position of the Board that the CBCT unit is a machine that is used in the scope of practice of dentistry...It is the position of the Board that the CBCT unit is a standard diagnostic, radiologic procedure for the purpose of contributing to the provision of dental care to a dental patient...It is the position of the Board that a certified dental assistant radiographer can operate the CBCT unit just like any other dental x-ray machine.” Accordingly, the policy does not establish a legal regulation or standard that would not exist in its absence.

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### **dd) Policy Regarding the Use of Restalyn, Botox, and other Derma Fillers by Licensed Dentists (November 7, 2007)**

The purpose of the policy is to clarify the Board's position regarding the use of Botox, Restalyn, and other Derma-Fillers, by licensed dentists in the State of Ohio.

The Board determined that the use of these materials and agents can be considered within the scope of practice for the profession of dentistry. However, these treatments are limited to use only in the oral and maxillofacial areas.

Currently, the practice of dentistry is defined in R.C. 4730.01(A). Additionally, R.C. 4715.30(A)(9) permits the Board to subject a licensee to disciplinary action for engaging in "dental care that departs from or fails to conform to accepted standards for the profession, whether or not an injury to a patient results." Accordingly, the policy does not establish a legal regulation or standard that would not exist in its absence.

### **ee) Memorandum – Use of Air Abrasion Equipment (November 12, 1998)**

The purpose of the memorandum is to answer the question, "Can a dental hygienist use air abrasion equipment in the course of practice?"

The Board determined, "Air abrasion equipment is used primarily to prepare teeth and many dentists do micro-restorations with this equipment. Although it removes decay and arguably, on the lowest setting, it could be used to clean teeth, the potential to do irreparable harm to the teeth and the patient is great. Therefore, only dentists are permitted to use this equipment.

Currently, the Dental Practice Act includes all permissible duties for dental auxiliary staff, including dental hygienists. See, e.g., Ohio Adm.Code 4715-9-01 (Permissible practices for dental hygienists); Ohio Adm.Code 4715-12-01 (Permissible practices of a dental x-ray machine operator). Additionally, the Board has disseminated a *Consolidated Auxiliaries Matrix*, which details the permissible activities for each dental auxiliary (e.g., dental hygienists, EFDAs, etc.). Accordingly, the memorandum does not establish a legal regulation or standard that would not exist in its absence.

### **ff) Memorandum – Etching by Hygienists and EFDAs (September 30, 1997)**

The purpose of the memorandum is to answer the question, "Can a dental hygienist and/or an expanded function dental assistant (EFDA) acid etch teeth prior to the placing of sealants on the teeth?"

The Board interpreted Ohio Adm.Code 4715-11-02(B) and Ohio Adm.Code 4715-3-01 to determine that "etching is permissible under the rules for both hygienists and EFDAs. Furthermore, both hygienists and EFDAs are trained in their respective educational programs to acid etch teeth prior to applying sealants."

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Currently, the Dental Practice Act includes all permissible duties for dental auxiliary staff, including dental hygienists. *See, e.g.,* Ohio Adm.Code 4715-9-01 (Permissible practices for dental hygienists); Ohio Adm.Code 4715-12-01 (Permissible practices of a dental x-ray machine operator). Additionally, the Board has disseminated a *Consolidated Auxiliaries Matrix*, which details the permissible activities for each dental auxiliary (e.g., dental hygienists, EFDAs, etc.). Accordingly, the memorandum does not establish a legal regulation or standard that would not exist in its absence.

### **gg) Memorandum – Dental Hygiene Practice re: Actisite Fibers, Perio-Chips and Retraction Cord (November 13, 1998)**

The purpose of the memorandum is to answer the question, “Can a dental hygienist use actisite fibers, Perio-Chips and Retraction Cord” in practice?”

The Board answered two questions:

“Can a dental hygienist use actisite fibers and perio-chips in practice?”

The Board answered, that while the Dental Practice Act does not allow for dental hygienists to place actisite fibers or perio-chips as part of the scope of practice of dental hygiene, the Board was in the process of amending Ohio Adm.Code 4715-9-03 to include the permissible practice of a dental hygienist to include “sulcular placement of prescribed materials.” The Board opined, “Once this change becomes effective, it will be the Board’s position that actisite fibers and perio-chips fall within that definition and will become part of the dental hygienist’s scope of practice. This should occur in early 1999.”

“Can a dental hygienist, EFDA or dental assistant place retraction cord in practice?”

The Board answered, “No. The Board’s position with respect to dental auxiliaries placing retraction cord is based on the fact that retraction cord is used to hold tissue away from the tooth...”

Currently, the Dental Practice Act includes all permissible duties for dental auxiliary staff, including dental hygienists. *See, e.g.,* Ohio Adm.Code 4715-9-01 (Permissible practices for dental hygienists); Ohio Adm.Code 4715-12-01 (Permissible practices of a dental x-ray machine operator). Additionally, the Board has disseminated a *Consolidated Auxiliaries Matrix*, which details the permissible activities for each dental auxiliary (e.g., dental hygienists, EFDAs, etc.). Accordingly, the memorandum does not establish a legal regulation or standard that would not exist in its absence.

### **hh) Letter (October 7, 1997)**

The letter to Allen L. Black, DDS answers the following questions:

1. Under the Dental Practice Act, can a dental hygienist apply a topical anesthetic with a Q-tip before doing deep root planning?

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2. Under the Dental Practice Act, can a dental hygienist apply a “denta-patch,” which is a lidocaine patch placed on the gums to numb prior to root planning, etc. being performed?

The Board answered the questions through interpretation of Ohio Adm.Code 4715-9-01 and answered, “Since your questions both involve the application of topical anesthetics by a dental hygienist, the answer to your questions is that a hygienist may apply a topical anesthetic with a Q-tip prior to deep root planning, and a hygienist may also apply a “denta-patch” prior to any procedure he/she is allowed to perform.

Currently, the Dental Practice Act includes all permissible duties for dental auxiliary staff, including dental hygienists. *See, e.g.*, Ohio Adm.Code 4715-9-01 (Permissible practices for dental hygienists); Ohio Adm.Code 4715-12-01 (Permissible practices of a dental x-ray machine operator). Additionally, the Board has disseminated a *Consolidated Auxiliaries Matrix*, which details the permissible activities for each dental auxiliary (e.g., dental hygienists, EFDAs, etc.). Accordingly, the letter does not establish a legal regulation or standard that would not exist in its absence.

**ii) Infection Control Manual (September 2016)**

The manual provides guidance to licensees in the application of Dental Practice Act regulations, including Ohio Adm.Code 4715-20-01 (Patient and Personnel Protection), Ohio Adm.Code 4715-20-02 (Sterilization and Disinfection), and Ohio Adm.Code 4715-20-03 (Disposal of Sharps). The manual also provides additional resources, including guidelines from the Department of Health and Human Services Centers for Disease Control.

R.C. 4715.03(C)(2) requires the Ohio State Dental Board to adopt rules related to disinfection and sterilization of equipment. Ohio Adm.Code section 4715-20 sets forth the rules established by the Board to implement R.C. 4715.03. Accordingly, the manual does not establish a legal regulation or standard that would not exist in its absence.

- 7) List any principles of law or policies for which your agency determined rulemaking is indicated or for which your agency has commenced the rulemaking process under [R.C. 121.93\(C\)](#).

**a) Policy Number J-502. Policy Regarding Ohio State Dental Board Termination of the Dentist-Patient Relationship. No rulemaking is indicated.**

**b) Policy Number J-215. Policy Regarding Remedial Education of Core Competencies for Licensed Dental Hygienists. No rulemaking is indicated.**

**c) Policy Number J-620. Policy Regarding the Disposal of Sharps. No rulemaking is indicated.**

**d) Policy J-210. Policy Regarding Remedial Education of Core Competencies for Licensed Dentists. No rulemaking is indicated.**

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e) *Policy B-511. Policy Regarding the Monitoring of Nitrous Oxide-Oxygen (N2O2) Minimal Sedation by Dental Hygienists.* No rulemaking is indicated.

f) *Policy B-503. Policy Regarding Treatment Within the Scope of Dental Hygiene Practice.* No rulemaking is indicated.

g) *Policy B-501. Policy Regarding Dental Hygienists Performing Periodontal Maintenance When the Supervising Dentist is Not Present.* No rulemaking is indicated.

h) *Policy A-502. Policy Regarding Treatment Within the Scope of Dental Practice.* No rulemaking is indicated.

i) *Policy A-501. Policy Regarding Oral Conscious Sedation (August 2, 2001).* Rulemaking is indicated. The Board has initiated amending Ohio Adm.Code 4715-5-05 and Ohio Adm.Code 4715-5-07.

j) *Principle of Law #1: Dental Hygiene Proof of Graduation.* No rulemaking is indicated.

k) *Principle of Law #2: Graduate of an Unaccredited Dental College.* In accordance with R.C. 121.93(C), this Principle of Law will be presented to the Board's Law and Rule Committee for consideration. If rulemaking is indicated in accordance with R.C. 121.93, the Board will commence the rule-making process as soon as it is reasonably feasible to do so, but not later than the date that is six months after the determination was made.

l)(1) *Scope of Practice Committee Letter: Oral surgeons cannot place temporary restorations, take final impressions, and make casts for implant placement (August 28, 2006).* No rulemaking is indicated.

l)(2) *Scope of Practice Committee Letter: Dental hygienists may not perform oral brush biopsies and oral cancer screens (visilite) with the tourmaline blue dye (August 25, 2006).* No rulemaking is indicated.

l)(3) *Scope of Practice Committee Letter: Specialty of periodontics does not include lip augmentation procedures (August 25, 2006).* No rulemaking is indicated.

l)(4) *Scope of Practice Committee Letter: Application of teeth whitening material at salons (August 25, 2006).* No rulemaking is indicated.

l)(5) *Scope of Practice Committee Letter: Whether dental hygienists may administer Oraquix under the direct supervision of a licensed dentist (May 19, 2006).* No rulemaking is indicated.

l)(6) *Scope of Practice Committee Letter: Permissibility of duties provided by staff (June 1, 2009).* No rulemaking is indicated.

l)(7) *Scope of Practice Committee Letter: 7) Whether dentists may write prescriptions for patients to have sleep studies at dental clinic (August 25, 2006).* No rulemaking is indicated.

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- m) *Memorandum - IV administration (June 17, 2004)*. No rulemaking is indicated.
- n) *Memorandum – Confidentiality of Medical Records in Ohio*. No rulemaking is indicated.
- o) *Memorandum – Policy Regarding Patient Records (June 9, 2005)*. No rulemaking is indicated.
- p) *Policy Regarding Abandonment of a Patient (June 12, 2002)*. No rulemaking is indicated.
- q) *Policy Regarding the Winding Down of a Dental Practice When the Owner Passes Away (April 17, 2002)*. No rulemaking is indicated.
- r) *Memorandum – Hepatitis B Vaccine (March 3, 2008)*. No rulemaking is indicated.
- s) *Memorandum – Interpretation of Rule 4715-12-05(B) (April 15, 1998)*. No rulemaking is indicated.
- t) *Letter – Re: Facsimile regarding scope of practice issues (January 26, 1999)*. No rulemaking is indicated.
- u) *Letter (August 27, 1997)*. No rulemaking is indicated.
- v) *Letter (October 1, 1997)*. No rulemaking is indicated.
- w) *Memorandum – Licensure Procedures for Displaced Dentists and Dental Hygienists of Hurricane Katrina (September 15, 2005)*. No rulemaking is indicated.
- x) *Memorandum – Board Position on Renewal/Reinstatement/Retirement Issues (July 13, 1998)*. No rulemaking is indicated.
- y) *Memorandum – Dental Management of the HIV-Infected Patient (July 10, 1998)*. No rulemaking is indicated. The issues addressed in this memorandum were resolved in the matter of *Bragdon v. Abbott*, a United States Supreme Court case.
- z) *Letter – Questions Regarding Employment of a Physician Assistant (March 2, 1999)*. No rulemaking is indicated.
- aa) *Memorandum – Renewal for Military Personnel (April 2003)*. No rulemaking is indicated.
- bb) *Memorandum – Grandfathering Provisions for Conscious Sedation Permits (October 16, 1998)*. No rulemaking is indicated.
- cc) *Policy Regarding the Use of Cone Beam Computerized Tomography Units (CBCT) by Licensed Qualified Dental Personnel (February 27, 2008)*. No rulemaking is indicated.
- dd) *Policy Regarding the Use of Restalyn, Botox, and other Derma Fillers by Licensed Dentists (November 7, 2007)*. No rulemaking is indicated.

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ee) *Memorandum – Use of Air Abrasion Equipment (November 12, 1998)*. No rulemaking is indicated.

ff) *Memorandum – Etching by Hygienists and EFDAs (September 30, 1997)*. No rulemaking is indicated.

gg) *Memorandum – Dental Hygiene Practice re: Actisite Fibers, Perio-Chips and Retraction Cord (November 13, 1998)*. No rulemaking is indicated.

hh) *Letter (October 7, 1997)*. No rulemaking is indicated.

ii) *Infection Control Manual (September 2016)*. No rulemaking is indicated.