

BEFORE THE BOARD OF DENTISTRY  
DEPARTMENT OF LABOR AND INDUSTRY  
STATE OF MONTANA

In the matter of the adoption of NEW )  
RULES I and II, the amendment of )  
ARM 24.138.301, 24.138.402, )  
24.138.406, 24.138.407, 24.138.419, )  
24.138.502, 24.138.503, 24.138.511, )  
24.138.514, 24.138.530, 24.138.906, )  
24.138.2301, 24.138.2703, )  
24.138.2707, 24.138.2710, )  
24.138.2712, 24.138.3003, )  
24.138.3101, 24.138.3221, )  
24.138.3223, 24.138.3225, )  
24.138.3227, and 24.138.3231, and )  
the repeal of ARM 24.138.206, )  
24.138.208, 24.138.306, 24.138.403, )  
24.138.414, 24.138.415, 24.318.416, )  
24.138.417, 24.138.418, 24.138.430, )  
24.138.504, 24.138.505, 24.138.506, )  
24.138.508, 24.138.512, 24.138.513, )  
24.138.525, 24.138.540, 24.138.601, )  
24.138.603, 24.138.2101, )  
24.138.2102, 24.138.2103, )  
24.138.2104, 24.138.2105, )  
24.138.2106, 24.138.2302, )  
24.138.2303, 24.138.2701, )  
24.138.2705, 24.138.2714, )  
24.138.2716, 24.138.2719, )  
24.138.3001, 24.138.3002, )  
24.138.3102, 24.138.3211, )  
24.138.3213, 24.138.3215, )  
24.138.3217, 24.138.3219, and )  
24.138.3229 pertaining to the Board of )  
Dentistry )

NOTICE OF PUBLIC HEARING ON  
PROPOSED ADOPTION,  
AMENDMENT, AND REPEAL

TO: All Concerned Persons

1. On May 21, 2024, at 9:00 a.m., a public hearing will be held via remote conferencing to consider the proposed changes to the above-stated rules. There will be no in-person hearing. Interested parties may access the remote conferencing platform in the following ways:

a. Join Zoom Meeting, <https://mt-gov.zoom.us/j/86083012769>

Meeting ID: 860 8301 2769, Passcode: 366479

-OR-

b. Dial by telephone, +1 406 444 9999 or +1 646 558 8656

Meeting ID: 860 8301 2769, Passcode: 366479

2. The Department of Labor and Industry (department) will make reasonable accommodations for persons with disabilities who wish to participate in this public hearing or need an alternative accessible format of this notice. If you require an accommodation, contact the department no later than 5:00 p.m., on May 14, 2024, to advise us of the nature of the accommodation that you need. Please contact the department at P.O. Box 1728, Helena, Montana 59624-1728; telephone (406) 444-5466; Montana Relay 711; or e-mail laborlegal@mt.gov.

3. GENERAL STATEMENT OF REASONABLE NECESSITY: Consistent with the Red Tape Relief initiative as well as its ongoing obligation to review its own rules, the Board of Dentistry (board) undertakes this rulemaking to simplify, shorten, and clarify its own rules for improved usability by the public.

4. The proposed new rules are as follows:

NEW RULE I APPLICATION FOR LICENSURE (1) Each application for licensure from the board must include:

(a) a completed application form;  
(b) the initial license fee;  
(c) verification of applicable educational requirements;  
(d) proof of a current cardiopulmonary resuscitation (CPR), advanced cardiac life support (ACLS), or pediatric advanced life support (PALS) card. Internet courses will be accepted if a hands-on evaluation of clinical competency is also included; and  
(e) successful completion of the jurisprudence exam with a score of at least 75 percent.

(2) The department will obtain a query from the National Practitioner Data Bank.

(3) An applicant licensed in any other jurisdiction at any time shall cause the other jurisdictions to submit a current verification of licensure directly to the board.

(4) An applicant may voluntarily withdraw their application by written request if the application has not appeared on a board agenda. Application fees are not refundable.

AUTH: 37-1-131, 37-4-205, 37-29-201, MCA

IMP: 37-1-131, 37-4-301, 37-4-401, 37-4-402, 37-29-201, 37-29-303, 37-29-306, MCA

REASON: There is reasonable necessity to adopt NEW RULE I to shorten and simplify the administrative rules. Presently, the board has multiple rules governing license applications. This proposal seeks to simplify the rules by consolidating all such rules into one location, applicable to all license types.

NEW RULE II CONTINUING EDUCATION (1) Licensees must obtain the following continuing education (CE) hours per three-year cycle with a starting date of 2015, prior to renewal:

(a) 60 hours for dentists. If a dentist also holds an anesthesia permit, the dentist must obtain as part of the 60 hours the following anesthesia-specific education:

- (i) 20 hours for deep sedation/general anesthesia; or
- (ii) 12 hours for moderate sedation.

(b) 36 hours for dental hygienists:

(i) three hours of fluoride agents, topical oral anesthetics, or nonsystemic oral antimicrobials for dental hygienists who qualify for limited prescriptive authority under 37-4-401, MCA; and

(ii) 12 additional hours for dental hygienists with a limited access permit.

(c) 36 hours for denturists.

(2) Continuing education requirements do not apply until a licensee's first full year of licensure.

(3) Board/staff will not preapprove CE programs or sponsors. Licensees must select quality programs that:

- (a) contribute to professional knowledge and competence;
- (b) contain significant intellectual or practical content; and
- (c) are germane to the licensed profession.

(4) All licensees shall affirm an understanding of their recurring duty to comply with CE requirements as part of annual license renewal.

(5) Licensees must maintain CE documentation and make the documentation available upon request. Documentation must include:

- (a) licensee name;
- (b) presenter or sponsor;
- (c) course title and/or description of content;
- (d) course date(s); and
- (e) number of CE hours earned.

(6) Licensees found to be in noncompliance with CE requirements may be subject to administrative suspension. Licensees may not apply CE hours used to complete delinquent CE requirements for the next education reporting period.

(7) Any CE hours required by disciplinary order do not apply toward hours required annually.

(8) The department, with respect to any CE audit it performs, shall determine the percentage to audit based on a statistically relevant sampling of the total number of licensees and the compliance rate of past audits.

(9) In addition to the continuing education requirements above, all licensees shall maintain a current cardiopulmonary resuscitation (CPR), advanced cardiac life support (ACLS), or pediatric advanced life support (PALS) card. Internet courses will be accepted if a hands-on evaluation of clinical competency is also included.

(10) One-time credit for first-time preparation and teaching of a program which meets the criteria in (3) qualifies for the number of hours granted to individuals who take the program.

AUTH: 37-1-131, 37-1-319, MCA

IMP: 37-1-131, 37-1-306, MCA

REASON: The board is repealing ARM 24.138.2101, 24.138.2102, 24.138.2103,

24.138.2104, 24.138.2105, and 24.138.2106 and replacing them with this new rule to simplify and standardize with procedures used by all licensing boards. The board is amending the CE standards in (3) to simplify and provide broader guidance as to acceptable CE content and allowing for credit for preparing and teaching programs in (10)

5. The rules as proposed to be amended provide as follows, new matter underlined, deleted matter interlined:

24.138.301 DEFINITIONS For the purposes of this chapter, the following definitions apply:

~~(1) "Advertisement" is any communication made or disseminated to the public in any manner designed to attract public attention to the practice of a dentist who is licensed to practice dentistry in Montana.~~

(1) "Administration is as follows:

(a) "enteral administration" means the agent is absorbed through the gastrointestinal tract or oral mucosa (oral, rectal, or sublingual);

(b) "inhalation administration" means a gaseous or volatile agent is introduced into the lungs and absorbed through the gas/blood interface. Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended;

(c) "parenteral administration" means the agent is absorbed intramuscularly, intravenously, intranasally, submucosally, subcutaneously, or intraosseously;

(d) "transdermal administration" means the agent is absorbed through a patch or by iontophoresis through the skin; and

(e) "transmucosal administration" means the agent is absorbed across the mucosa (intranasal, rectal, or sublingual).

~~(2) "Bait and switch advertising" is an alluring but insincere offer to sell a product or provide a service that the advertiser, in truth, does not intend or want to sell and which is designed to switch the consumer from purchasing the advertised product or service to another product or service, usually at a higher fee or on a basis more advantageous to the advertiser.~~

~~(3) and (4) remain the same but are renumbered (2) and (3).~~

(5)(4) "Direct supervision", for the purpose of ARM 24.138.406, means the provisions of allowable functions by dental hygienists, auxiliaries, or interns with the intent and knowledge of the dentist supervising licensee and while the supervising dentist licensee is on the premises.

~~(6) "Discounted fee" is a fee offered or charged by a person or organization for any dental product or service that is less than the fee the person or organization usually offers or charges for the product or service but does not include products or services explicitly offered free of charge.~~

(7)(5) "General supervision," for the purpose of ARM 24.138.406, means the provision of allowable functions by dental hygienists or auxiliaries provided to a current patient of record, with the intent and knowledge of the licensee dentist

licensed and residing in the state of Montana. The supervising dentist licensee need not be on the premises.

~~(8) "Material fact" is any fact that an ordinary, reasonable, and prudent person would need to know or rely upon in making an informed decision concerning dental care or the selection of a dentist to serve the patient's particular needs.~~

(6) "Inhalation sedation" means the use of nitrous oxide/oxygen in concentrations of up to 70/30 percent to provide mild relaxation and analgesia. Nitrous oxide/oxygen may produce minimal sedation, moderate sedation, deep sedation, or general anesthesia when used in combination with a sedative agent or agents. Inhalation sedation may be used in the pediatric or adult populations.

(7) "Maximum recommended dose" (MRD) means the maximum Food and Drug Administration (FDA)-recommended dose of a drug, as printed in the FDA-approved labeling for unmonitored dose.

(8) "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 function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. When the intent is minimal sedation for adults, the appropriate dose of a single enteral drug is no more than the MRD of a drug that can be prescribed for unmonitored home use.

(9) "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 a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. The drugs and/or techniques used for moderate sedation should render the unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing is obtained may result in a greater alteration of the state of consciousness than intended. A patient whose only response is reflex withdrawal from a painful stimulus is not in a state of moderate sedation.

~~(9) "Prophylaxis" is a preventative and therapeutic dental health treatment process by which gingival irritants, including any existing combination of calculus deposits, plaque, material alba, accretions, and stains are removed supragingivally and/or subgingivally from the natural and restored surfaces of teeth by a method or methods, which may include scaling, root planing, and subgingival curettage, that are most suitable for the patient, by an appropriately licensed dentist or licensed dental hygienist.~~

~~(10) "Retired or nonpracticing dentist or dental hygienist" is a person who has surrendered or not renewed the individual's license for nondisciplinary reasons and has ceased to practice the individual's profession for remuneration.~~

~~(11) "Volunteer licensee" is a dentist or dental hygienist licensed according to rule to provide dental healthcare related diagnosis, care, or treatment without receiving or expecting to receive compensation or any other form of remuneration.~~

(10) "Supplemental dosing" means a single additional dose of the initial dose of the initial drug necessary for prolonged procedures under minimal sedation. The supplemental dose should not exceed one-half of the initial total dose and should not

be administered until the dentist has determined that one clinical half-life of the initial dose has passed. The total aggregate dose must not exceed one and a half times the MRD on the day of administration.

(11) "Trained healthcare professional" means a person who serves as an anesthesia monitor in a dental office. Such person shall maintain current certification in the American Heart Association's Basic Life Support for Healthcare Providers or its equivalent, shall be trained in monitoring patient vital signs, and shall be competent in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. (The term "competent" as used in these rules means displaying special skill or knowledge derived from training and experience).

AUTH: 37-1-131, 37-4-205, 37-4-340, 37-4-511, 37-29-201, MCA

IMP: 37-1-131, 37-4-101, 37-4-205, 37-4-340, 37-4-408, 37-29-201, MCA

REASON: The board is combining definition sections for ease of reference and understanding. The board is repealing definitions in (1), (2), (6), (8), (10) and (11) as those are commonly understood terms and do not require defining. The board is amending the definitions of direct and general supervision to account for supervision of hygienists as described throughout the chapter along with denturist direct supervision of interns. The board has also inserted the definitions that previously existed in the anesthesia definition section. Additionally, the board determined it is reasonably necessary to repeal the definition of prophylaxis in stricken (9). The term, as defined in current rule, can be inconsistent with insurance billing codes utilized by licensees under their allowed scopes. Authorizing and Implementing citations are being updated to include the new definitions.

24.138.402 FEE SCHEDULE (1) through (15) remain the same.

<u>(16) Deep sedation/ general anesthesia permit application fee</u>	<u>200</u>
<u>(17) Deep sedation/general anesthesia permit renewal fee</u>	<u>25</u>
<u>(18) Moderate sedation permit application fee</u>	<u>200</u>
<u>(19) Moderate sedation permit renewal fee</u>	<u>25</u>
<u>(20) Initial anesthesia permit inspection fee</u>	<u>200</u>
<u>(21) Anesthesia permit reinspection fee</u>	<u>150</u>

(16) remains the same but is renumbered (22).

(23) The Board of Dentistry adopts and incorporates by reference the fee abatement rule of the Department of Labor and Industry found at ARM 24.101.301.

AUTH: 37-1-134, 37-4-205, 37-4-340, 37-4-341, 37-4-405, 37-29-201, MCA

IMP: 17-2-302, 17-2-303, 37-1-134, 37-1-141, 37-4-301, 37-4-340, 37-4-341, 37-4-402, 37-4-405, 37-4-511, 37-29-303, MCA

REASON: The board is combining fee rules for easier locating by licensees. Fees for anesthesia permits have been moved into this rule from ARM 24.138.3215, which has been proposed for repeal. The board is also moving the fee abatement rule provision into the fee rule for easier locating and understanding by licensees and the public.

24.138.406 FUNCTIONS FOR DENTAL AUXILIARIES AND AUXILIARIES WHO HOLD DENTAL ASSISTANT CERTIFICATION (1) Dental auxiliaries ~~may~~ as defined in 37-4-408(1), MCA, may work under the direct supervision of a licensed dentist per ARM 24.138.301 if the auxiliary:

- (a) remains the same.
- (b) was instructed and trained by a licensed dentist; ~~or~~
- ~~(c) was instructed and trained in a board-approved continuing education course.~~

~~(2) A certified dental assistant may work under the general supervision of a licensed dentist per ARM 24.138.301.~~

~~(3)~~(2) A dental auxiliary ~~working under the direct supervision of a licensed dentist per ARM 24.138.301~~ may perform the following dental procedures including, but not limited to:

(a) making radiographic exposures as prescribed by the supervising dentist ~~as referenced in (12) only if the auxiliary:~~

(i) has graduated from an accredited program of dental assisting, dental hygiene, or dentistry accredited by the Commission on Dental Accreditation or its successor; or

(ii) has been certified in dental radiology as a result of military experience; or

(iii) has successfully completed a board-approved radiology written examination;

(b) through (m) remain the same.

(n) placing pit and fissure sealants; ~~and~~

(o) digital capture of dental images;

~~(p)~~(p) coronal polishing; and

(q) sodium bicarbonate air polishing.

~~(4) A certified dental assistant working under the general supervision of a licensed dentist per ARM 24.138.301 is prohibited from performing the following functions:~~

~~(a) initiating, adjusting, and monitoring nitrous oxide flow for a patient who has been prescribed and administered nitrous oxide by a licensed dentist;~~

~~(b) applying silver diamine fluoride agents;~~

~~(c) placing and removing rubber dams;~~

~~(d) placing and removing matrices;~~

~~(e) polishing amalgam restorations; and~~

~~(f) applying topical anesthetic agents.~~

(3) Dental auxiliaries performing any intraoral procedure must be under the direct supervision of a licensed dentist.

~~(5)~~(4) A certified dental assistant as defined in 37-4-408(2), MCA, working under the general supervision of a licensed dentist may:

(a) place pit and fissure sealants following an in-person comprehensive oral examination or periodic examination within the preceding 30 days;

(b) perform other intraoral procedures not requiring direct supervision; and

(c) expose radiographs.

~~(6)~~(5) Dental auxiliaries performing any intraoral procedure must be under the direct supervision of a licensed dentist, ~~except that a certified dental assistant~~

~~may work under the general supervision of a licensed dentist. A certified dental assistant may work under general supervision but may not perform the following tasks unless under direct supervision:~~

~~(a) initiating, adjusting, and monitoring nitrous oxide flow for a patient who has been prescribed and administered nitrous oxide;~~

~~(b) applying silver diamine fluoride agents;~~

~~(c) placing and removing rubber dams;~~

~~(d) placing and removing matrices;~~

~~(e) polishing amalgam restorations; and~~

~~(f) applying topical anesthetic agents.~~

~~(7)(6) No In addition to the prohibitions in 37-4-401, MCA, no dentist shall allow any dental auxiliary, including certified dental assistants, to perform the following:~~

~~(a) diagnosis and treatment planning as per 37-4-401, MCA;~~

~~(b) cutting hard or soft tissue or extracting teeth;~~

~~(c) prescribing any drugs as per 37-4-401, MCA;~~

~~(d) through (j) remain the same but are renumbered (a) through (g).~~

~~(k)(h) periodontal probing; or~~

~~(l)(i) metal based air polishing; or~~

~~(m) prophylaxis as defined in ARM 24.138.301.~~

~~(8) Dentists shall not delegate to dental auxiliaries any duties or responsibilities regarding patient care that cannot be delegated to dental auxiliaries under 37-4-408, MCA, and board rules.~~

~~(9)(7) The assignment of tasks and procedures to dental auxiliaries, including certified dental assistants, shall not relieve the dentist from liability for all treatment rendered the patient.~~

~~(10) A dentist shall not employ, supervise or otherwise use more dental auxiliaries than the dentist can reasonably supervise in keeping with the dentist's ethical and professional responsibilities.~~

~~(11) The employing dentist shall verify that a dental auxiliary's qualifications comply with the statutes and rules of the board.~~

~~(12)(8) A dentist licensed to use or direct the use of an x-ray producing device must ensure that the radiation source under the dentist's jurisdiction control is used only by individuals competent to use it, as per ARM 37.14.1003. Only a licensed dentist may prescribe radiation dosage and exposure. Proof of current certification must be readily available for review by the public or the board upon request.~~

~~(a) A dental auxiliary, under the direct supervision of a licensed dentist, may expose radiographs only if the auxiliary:~~

~~(i) has graduated from an accredited program of dental assisting, dental hygiene, or dentistry accredited by the Commission on Dental Accreditation or its successor; or~~

~~(ii) has been certified in dental radiology as a result of military experience; or~~

~~(iii) has successfully completed a board-approved radiology written examination.~~

~~(b) A certified dental assistant may expose radiographs under the general supervision of a licensed dentist.~~



~~(c) For dental auxiliaries beginning work in Montana after January 1, 2016, radiology certification from other states will no longer be accepted, with the exception of a board approved written examination. Dental auxiliaries who acquired radiology certification in other states and were employed as dental auxiliaries in Montana prior to January 1, 2016, will be grandfathered.~~

~~(13) Proof of current certification must be readily available for review by the public or the board upon request.~~

AUTH: 37-4-205, 37-4-408, MCA

IMP: 37-4-408, MCA

REASON: The board is amending this rule to repeal language duplicative of statute in (7)(a), (b), (c), and (8) and to reorganize the rule for better readability and clarity. The board has moved supervision requirements under (10) and (11) to its unprofessional conduct rule. The board is clarifying that metal based polishing is prohibited under (6), but adding that sodium bicarbonate based polishing is allowed with direct supervision under (2). Additionally, (6)(m) is being stricken since the board is proposing to repeal a specific definition of prophylaxis (see REASON in ARM 24.138.301).

24.138.407 FUNCTIONS FOR DENTAL HYGIENISTS ~~(1) Allowable functions for the dental hygienist practicing under the supervision of a licensed dentist shall include dental procedures as allowed by Title 37, chapter 4, MCA, and board rule, and subject to (2) below, in which:~~

~~(a) the hygienist was instructed and qualified to perform in a school of dental hygiene accredited by the Commission on Dental Accreditation or its successor; or~~

~~(b) the hygienist was instructed and trained by a licensed dentist; or~~

~~(c) the hygienist was instructed and trained in a board acceptable continuing education course; or~~

~~(d) the hygienist is functioning in the capacity of a dental auxiliary as allowed by board rule.~~

~~(2)(1) A In addition to the functions of 37-4-401, MCA, a dental hygienist will be is allowed to perform the following dental auxiliary functions, under general supervision, including, but not limited to: the same functions as a dental auxiliary listed in ARM 24.138.406(2).~~

~~(a) making radiographic exposures, as prescribed by the supervising dentist;~~

~~(b) taking impressions for study or working casts;~~

~~(c) removing sutures and dressings;~~

~~(d) applying topical anesthetic agents;~~

~~(e) providing oral health instruction;~~

~~(f) applying topical fluoride agents;~~

~~(g) removing excess cement from coronal surfaces;~~

~~(h) placing and removing rubber dams;~~

~~(i) placing and removing matrices;~~

~~(j) collecting patient data;~~

~~(k) polishing amalgam restorations;~~

~~(l) placing pit and fissure sealants; and~~

~~(m) coronal polishing.~~

~~(3)(2) A In addition to the non-delegable duties under 37-4-401, MCA, a dental hygienist shall not be allowed to perform the following:~~

~~(a) diagnosis and treatment planning as per 37-4-401, MCA;~~

~~(b) cutting hard or soft tissue (except root planing and soft tissue curettage) or extracting teeth;~~

~~(c) prescribing any drug except fluoride agents, topical oral anesthetic agents, and nonsystemic oral antimicrobials, under the general supervision of a licensed dentist or under public health supervision with a limited access permit, as per 37-4-401, MCA;~~

~~(d)(a) administering or dispensing any drugs other than those allowed under 37-4-401 MCA, without the prior authorization and direct supervision of the supervising dentist. This does not pertain to local anesthetic agents administered by a licensed dental hygienist qualified to administer the agents, topical agents, fluoride agents, topical oral anesthetic agents, nonsystemic oral antimicrobials, or sulcular medicaments;~~

~~(e) through (h) remain the same but are renumbered (b) through (e).~~

~~(4) remains the same but is renumbered (3).~~

~~(5) It shall be the responsibility of the employing dentist to verify that a dental hygienist's qualifications are in compliance with the statutes and rules of the Board of Dentistry.~~

AUTH: 37-1-131, 37-4-205, 37-4-401, 37-4-408, MCA

IMP: 37-1-131, 37-4-401, 37-4-405, 37-4-408, MCA

REASON: The board is amending this rule to repeal language duplicative of statute in (1) and (3). The board is also striking the qualifications of a hygienist from this rule, as those qualifications are set in ARM 24.138.503, and moved the supervision requirements of the dentist to ARM 24.138.2301. The board is further amending the rule to improve readability and organization.

24.138.419 LIMITED PRESCRIPTIVE AUTHORITY – QUALIFICATIONS – ALLOWABLE PERCENTAGES OF TOPICAL AGENTS (1) Education and competency for dental hygiene prescriptive authority will be accomplished by:

~~(a) meeting the requirements of ARM 24.138.407(1)(a) and shall include a completion of a pharmacology course,~~

~~(b) maintaining three credit hours of continuing education each three-year renewal cycle to include courses in:~~

~~(i) fluoride agents;~~

~~(ii) topical oral anesthetics; or~~

~~(iii) nonsystemic oral antimicrobials; and~~

~~(c) meeting the requirements of ARM 24.138.2104.~~

~~(2) The hygienist shall attest they meet the qualifications for limited prescriptive authority on the initial application for licensure and the continuing education requirement on the annual license renewal application.~~

~~(3) remains the same but is renumbered (2).~~

AUTH: 37-1-131, 37-4-205, 37-4-401, MCA  
IMP: 37-1-131, 37-4-401, 37-4-405, MCA

REASON: The board is amending this rule to move continuing education and renewal requirements to those respective rules

24.138.502 INITIAL LICENSURE OF DENTISTS BY EXAMINATION (1) A ~~completed application must include the following~~ Applicants for dentist licensure must have:

(a) ~~an original score card from~~ passed the written examination administered by the Joint Commission on National Dental Examinations or its successor showing the applicant's passage of the written examination ~~administered by the Joint Commission on National Dental Examinations;~~

(b) ~~certification of successful passage of~~ successfully passed a board-approved regional clinical practical examination. Examinations shall be valid for the purpose of initial licensure for a period of five years from the date of successful passage of the examination; and

(c) ~~verification of graduation~~ graduated from a dental school accredited by the American Dental Association Commission on Dental Accreditation, or its successor. ~~Verification must consist of an original dental school transcript and a diploma. The board may accept a letter from the dean of the school of dentistry, program director, or the dean's equivalent attesting to the program of study, and that graduation status was attained to process the application; however, a license will not be issued until the transcript is received in the board office;~~

(d) ~~license verifications from all jurisdictions where the licensee has held or holds a license;~~

(e) ~~a copy of a self query of the National Practitioner Data Bank;~~

(f) ~~a copy of the applicant's current CPR, ACLS, or PALS card;~~

(g) ~~the jurisprudence examination fee; and~~

(h) ~~the application fee.~~

(2) ~~The applicant shall not be physically or mentally impaired by use of addictive drugs, alcohol, or any other drug or substance, or by mental or physical illness which in the determination of the board renders the individual unfit or incapable of practicing dentistry. A board-approved clinical practical exam must include the following components:~~

(a) patient-based or, beginning March 12, 2020, a simulated patient-based operative exam, to include one direct posterior class II composite and any one of the following:

(i) direct posterior class II composite; or

(ii) direct posterior class II amalgam; or

(iii) direct anterior class III composite;

(b) patient-based or, beginning March 12, 2020, a simulated patient-based periodontal exam;

(c) non-patient-based endodontics exam, to include:

(i) anterior access;

(ii) posterior access; and

(iii) obturation of one canal; and

(d) non-patient-based prosthodontics exam.

~~(3) Applicants shall successfully pass the jurisprudence examination with a final grade of at least 75 percent, prior to issuance of a license.~~

~~(4) Application material remains valid for one year from the time it is received in the office.~~

AUTH: 37-1-131, 37-4-205, MCA

IMP: 37-1-131, 37-4-301, 37-4-401, 37-4-402, MCA

REASON: The board is amending this rule to reflect changes in how scores are received from testing entities and to include the requirements of the clinical practical exam, so that all qualifications for licensure as a dentist are in one location. In addition, the board is updating clinical examination components to reflect current examinations. The board has moved standardized application requirements to NEW RULE I.

24.138.503 INITIAL LICENSURE OF DENTAL HYGIENISTS BY EXAMINATION (1) ~~A completed application must include the following: Applicants for dental hygienist licensure must have:~~

~~(a) an original score card from the Joint Commission on National Dental Examinations showing the applicant's passage of the written dental hygiene examination passed the written dental hygiene examination administered by the Joint Commission on National Dental Examinations, or its successor;~~

~~(b) certification of successful passage of successfully passed a board-approved regional clinical practical examination. Examinations shall be valid for the purpose of initial licensure for a period of five years from the date of successful passage of the examination; and~~

~~(c) verification of graduation graduated from a dental hygiene school accredited by the American Dental Association Commission on Dental Accreditation, or its successor. Verification must consist of an original dental hygiene school transcript. The board may accept a letter from the dean of the school of dental hygiene, program director, or dean's equivalent attesting to the program of study, and that graduation status was attained to process the application; however, a license will not be issued until the transcript is received in the board office;~~

~~(d) license verifications from all jurisdictions where the licensee has held or holds a license;~~

~~(e) a copy of a self query of the National Practitioner Data Bank;~~

~~(f) a copy of the applicant's current CPR, ACLS, or PALS card;~~

~~(g) the jurisprudence exam fee; and~~

~~(h) the application fee.~~

~~(2) The applicant shall not be physically or mentally impaired by use of addictive drugs, alcohol, or any other drug or substance, or by mental or physical illness which in the determination of the board renders the individual unfit or incapable of practicing dental hygiene.~~

(2) The patient-based or simulated patient-based clinical practical exam must include the following:

(a) clinical competency and patient competency with the following components:

- (i) pocket depth;
- (ii) recession;
- (iii) calculus detection and removal; and
- (iv) intraoral and extraoral assessment.

~~(3) Applicants must successfully pass the jurisprudence examination with a final grade of at least 75 percent, prior to issuance of a license. A local anesthetic permit applicant shall successfully pass the CDCA-WREB-CITA local anesthesia exam or board-approved local anesthetic exam.~~

~~(4) Application material remains valid for one year from the time it is received in the office.~~

(4) The board may review applications from applicants who have taken a clinical practical examination that does not meet the above criteria as nonroutine for licensure.

(5) Local anesthetic certification requires:

(a) education and training regarding the administration of local anesthetic agents as demonstrated by:

(i) successful passage of a board-approved local anesthetic examination, that includes a written and clinical component, within the last five years; or

(ii) proof of completion in coursework and training regarding the administration of local anesthetic agents and written verification that the applicant has practiced administering local anesthetic agents in another jurisdiction within the last five years;

(b) a copy of the applicant's current CPR, ACLS, or PALS card;

(c) payment of appropriate fees; and

(d) copies of any local anesthetic agent authorization(s) held in other states.

AUTH: 37-1-131, 37-4-205, ~~37-4-402~~, MCA

IMP: 37-1-131, 37-4-401, ~~37-4-402~~, MCA

**REASON:** The board is amending this rule to reflect changes in how scores are received from testing entities and to include the requirements of the clinical practical exam, so that all qualifications for licensure as a dental hygienist are in one location. The board has moved standardized application requirements to NEW RULE I. The board is further amending the rule to improve readability and organization.

~~24.138.511 DENTURIST LICENSE REQUIREMENTS LICENSURE OF DENTURISTS (1) Denturist license applicants must submit a completed application, required fees, and documentation that demonstrates have:~~

~~(a) successful passage of successfully passed:~~

~~(i) a board-approved written denturist examination; and~~

~~(ii) a board-approved clinical/practical denturist examination; and~~

~~(iii) the board jurisprudence examination with a grade of at least 75 percent;~~

~~(b) completion of completed formal training of not less than two years:~~

~~(i) at an educational institution accredited by a national or regional accrediting agency recognized by the Montana state Board of Regents; and~~

- ~~(ii) under a curriculum that includes the courses set forth in 37-29-303, MCA;~~
- ~~(c) completion of completed a clinical internship of at least one year, but no more than two years, under the direct supervision of a licensed dentist;~~
- ~~(d) license verification(s) from all jurisdictions where the licensee has held or holds a license;~~
- ~~(e) a current CPR, ACLS, or PALS card; and~~
- ~~(f) a self-query of the National Practitioner Data Bank.~~
- (2) The clinical internship must consist of 2000 clock hours of training and performance as follows:
  - (a) 36 hours minimum in:
    - (i) patient charting;
    - (ii) operatory sanitation;
    - (iii) oral examination;
    - (iv) impressions, preliminary and final (pour models, custom trays);
    - (v) processing (wax up, flask boil out, packing, grind-polish); and
    - (vi) delivery-post adjustment;
  - (b) 12 hours minimum in:
    - (i) bite registrations;
    - (ii) articulations;
    - (iii) set ups; and
    - (iv) try ins;
  - (c) 48 hours minimum in:
    - (i) tooth repairs; and
    - (ii) broken or fractured plates or partials; and
  - (d) 24 units of processed relines (one plate - one unit).

AUTH: 37-1-131, 37-29-201, MCA

IMP: 37-1-131, 37-29-201, 37-29-302, 37-29-303, 37-29-306, MCA

REASON: The board is amending this rule to include the internship requirements, so all qualifications for a dentistry license are in a single rule. The board has moved standard application requirements to NEW RULE I. The board is further amending the rule to improve readability and organization.

24.138.514 CONVERTING FROM INACTIVE LICENSE - CONVERSION TO ACTIVE STATUS ~~(1) Licensees may place their license on inactive status upon written request to the board.~~

~~(2) An inactive status license does not entitle the holder to practice dentistry, dental hygiene, or dentistry in the state of Montana.~~

~~(3) The board may consider a licensee request to convert an inactive status license to active status upon written request to the board if the applicant provides the following:~~

- ~~(a) a completed form;~~
- ~~(b) evidence that the applicant has actively and competently practiced in this or another jurisdiction within the last five years;~~
- ~~(c) license verification from all jurisdictions where the applicant is licensed or has held a license;~~

~~(d) certificates of attendance of continuing education pursuant to ARM 24.138.2105 as follows:~~

- ~~(i) 60 hours of continuing education for a dentist, for the three most current renewal years;~~
- ~~(ii) 36 hours of continuing education for a dental hygienist, for the three most current renewal years; or~~
- ~~(iii) 36 hours of continuing education for a denturist, for the three most current renewal years.~~
- ~~(e) a current CPR, ACLS, or PALS card; and~~
- ~~(f) any other information the board may require for evidence of operative competency.~~

(1) Licenses may be placed on inactive status by paying the appropriate fee and:

- (a) indicating inactive status on the renewal form; or
- (b) informing the board office in writing or e-mail.

(2) Inactive licensees shall:

- (a) renew annually; and
- (b) inform the board of all address/contact changes.
- (3) Inactive status licensees may not practice in Montana.
- (4) To convert from inactive to active, a licensee must submit:

(a) documentation demonstrating completion of all the continuing education hours required in [NEW RULE II] for the most current renewal year;  
(b) license verification from all jurisdictions where the licensee held a license while inactive, including a detailed explanation of all pending or final discipline imposed; and

(4)(c) satisfactory evidence the applicant was not out of active practice for more than five years. If the applicant has been out of practice for longer than five years, the applicant shall also provide evidence of the following proof of:

- ~~(a) completion of:~~
  - (i) completion of a clinical competency course(s) or skills assessment analysis approved by the board; or
  - (ii) passage of a board-approved regional or state examination within the most recent five years; and -
  - (iii) any other information the board may require for evidence of operative competency.

~~(b) a license verification from all jurisdictions where the applicant is licensed or has held a license;~~

~~(c) certificates of attendance of continuing education pursuant to ARM 24.138.2105 as follows:~~

- ~~(i) 60 hours of continuing education for a dentist for the three most current renewal years;~~
- ~~(ii) 36 hours of continuing education for a dental hygienist for the three most current renewal years; or~~
- ~~(iii) 36 hours of continuing education for a denturist for the three most current renewal years.~~
- ~~(d) a current CPR, ACLS, or PALS card; and~~
- ~~(e) any other information the board may require for evidence of operative~~

competency.

~~(5) Applicants shall take the jurisprudence examination if the applicant has not practiced in Montana within the most recent five years.~~

AUTH: 37-1-131, 37-1-319, 37-4-205, 37-29-201, MCA

IMP: 37-1-131, 37-1-319, MCA

REASON: The board is simplifying and streamlining this rule by striking repetitive provisions and simplifying the language. All continuing education (CE) rules have been moved into NEW RULE II that is cited with regard to proof of CE.

24.138.530 LICENSURE OF RETIRED OR NONPRACTICING DENTIST OR DENTAL HYGIENIST FOR VOLUNTEER SERVICE

~~(1) Retired or nonpracticing dentists and dental hygienists~~ Applicants seeking to practice under a volunteer license shall submit a complete application and the following documentation provide:

~~(a) verification of graduation from a dental or dental hygiene school accredited by the American Dental Association Commission on Dental Accreditation (CODA) or its successor;~~

~~(b) verification of licensure from any other state that the applicant is or has been licensed in;~~

~~(c) proof of operative competency by either:~~

~~(i)(a) a verified statement that the applicant has actively and competently practiced~~ verification of current licensure in Montana or another jurisdiction ~~within the last five years; or~~

~~(ii) if the applicant has been out of practice for longer than five years, the applicant shall provide:~~

~~(b) verification of active licensure in Montana or another jurisdiction within the previous five years; or~~

~~(A)(c) proof of completion of a board-approved clinical competency course(s) or skills assessment analysis, or board-approved regional or state examination within the last five years; or~~

~~(B) a board-approved regional or state examination within the most recent five years.~~

~~(d) remains the same.~~

~~(e) a signed statement that the applicant shall not accept any form of remuneration for any dental or dental hygiene services rendered while in possession of the volunteer license;~~

~~(f)(e) provides the name and address of the location(s) where the applicant intends to provide services under a volunteer license to indigent or uninsured patients in underserved or critical need areas;~~

~~(g) and (h) remain the same but are renumbered (f) and (g).~~

~~(2) The board shall review applications submitted by applicants with medically diagnosed mental or physical disabilities on a case by case basis.~~

(2) Dentists and dental hygienists actively licensed in good standing in another state and seeking to practice in Montana under a restricted temporary volunteer license shall:

(a) provide license verifications(s) from all states where currently licensed;



(b) provide the name and address of the location(s) where the applicant intends to provide services; and

(c) provide dental or dental hygiene services only to individuals served by clinics listed in 37-4-103 (6), MCA.

~~(3) Application material remains valid for six months from receipt in the board office. If the application is not completed within six months a new application and fees must be submitted.~~

(3) Temporary volunteer licenses under (2) are valid for 14 days from the date of issuance.

(4) Renewal fees and late fees or a portion of such fees may be waived for eligible persons applying for licensure under this rule after July 1, 2004, upon approval of the board.

~~(5) Volunteer licenses must be renewed by the date set by ARM 24.101.413.~~

AUTH: 37-1-131, 37-4-340, 37-4-341, MCA

IMP: 37-1-131, 37-1-141, 37-4-340, 37-4-341, MCA

REASON: The board is amending this rule after feedback from prospective volunteers that the rule is burdensome and difficult to comply with. The board is amending the rule to allow for easier application of prospective volunteers, and is amending the rule for better readability. The board is also combining temporary volunteer license requirements with retired license requirements to place all requirements for volunteers into one rule.

24.138.906 DENTURIST SCOPE OF PRACTICE – DENTURES OVER IMPLANTS (1) through (4) remain the same.

(5) All partial denture patients shall be referred to a dentist to determine what is needed prior to the denturist starting service.

(6) Denturists must guarantee all new services completed by the denturist. The guarantee starts from the day of final insertion.

AUTH: 37-1-131, 37-29-201, MCA

IMP: 37-1-131, 37-29-102, 37-29-103, 37-29-404, MCA

REASON: The board has combined existing denturist scope of practice rules into a single rule for ease of understanding.

24.138.2301 UNPROFESSIONAL CONDUCT FOR DENTISTS (1) For the purposes of implementing the provisions of 37-1-316, MCA, the board further defines "unprofessional conduct" ~~for dentists~~ as follows:

(a) Continuing to practice ~~dentistry~~ when the licensee's license has been suspended, revoked, or is not currently renewed.

(b) and (c) remain the same.

(d) ~~Failure~~ Failing to maintain an office~~(s)~~ in sanitary conditions consistent with current accepted sterilization and disinfection protocols for treatment rooms, sterilization and laboratory areas, or operating under unsanitary conditions after a warning from the board.

~~(e) Obtaining a fee or other compensation, either directly or indirectly by the representation that a manifestly incurable disease, injury or condition of a person can be cured.~~

(f) remains the same but is renumbered (e).

~~(g)(f) Failing to supervise and monitor the actions of all dental auxiliaries, and dental hygienists, and dentist interns in regard to patient care.~~

(h) remains the same but is renumbered (g).

~~(i)(h) Failure Failing to respond to correspondence from the board, or to comply with final orders of the board.~~

~~(j)(i) Representing or recording as an oral prophylaxis, coronal polishing by itself, as oral prophylaxis without an appropriately licensed dentist or licensed dental hygienist inspecting for and removing any supragingival and subgingival calculus and gingival irritants deemed necessary for removal by an appropriately licensed dentist or licensed dental hygienist.~~

(k) through (m) remain the same but are renumbered (j) through (l).

~~(n) Failing to seek consultation with those licensees or other health care professionals who have special skills, knowledge, and experience whenever needed to safeguard the welfare of the patient.~~

~~(o)(m) Failing to return a patient, if a specialist or consulting dentist, unless the patient expressly reveals a different preference, to the referring dentists, or if none, to the dentists of record for future care Failing to return a patient to the referring licensee or licensee of record, unless the patient requests otherwise.~~

(p) through (r) remain the same but are renumbered (n) through (p).

~~(s)(q) Employing, supervising, or otherwise using more dental hygienists or dental auxiliaries than the dentist can reasonably supervise in keeping with the dentist's ethical and professional responsibilities.~~

~~(t)(r) Failing to assure that the radiation source under the dentist's jurisdiction control is used only by individuals competent to use it.~~

(u) remains the same but is renumbered (s).

~~(v)(t) Knowingly suppressing, omitting, or concealing any material fact or law without which an advertisement would be deceptive or misleading Using advertising matter that contains misstatements, falsehoods, misrepresentations, or wording that may in any way reflect against a fellow licensee or other licensed health care provider.~~

~~(u) Knowingly suppressing, omitting, or concealing any fact or law without which the advertisement would be deceptive or misleading.~~

~~(v) Failing to adequately maintain complete records of each patient~~

~~(w) Administering, dispensing, or prescribing approved topical agents in violation of board rules.~~

~~(x) Extracting teeth or performing dental treatment upon the written or verbal prescription of someone other than a licensed dentist.~~

~~(y) Failing to comply with a monitoring agreement entered into with the board's professional assistance program.~~

~~(z) Failing to comply with the provisions of the Guidelines for Infection Control in Dental Health-Care Settings, 2003.~~

~~(aa) Failing to pass an anesthesia permit inspection under ARM 24.138.3227.~~

AUTH: 37-1-319, 37-4-205, 37-4-408, 37-29-201, 75-10-1006, MCA  
IMP: 37-1-316, 37-1-319, 37-4-101, 37-4-405, 37-4-408, 37-29-402, 37-29-403, 75-10-1006, MCA

REASON: The board is combining all unprofessional conduct rules into one rule, so as not to repeat identical provisions or duplicate statute. The board is further moving advertising, infection control, infectious waste, and bloodborne pathogen requirements into the unprofessional conduct rules. The board is adding (aa) to clarify failing an anesthesia permit inspection due to lack of compliance with those regulations is unprofessional conduct. Finally, the board is cleaning up outdated language for ease of understanding.

24.138.2703 RESPONSIBILITIES OF BOARD APPROVED REHABILITATION PROFESSIONAL ASSISTANCE PROGRAM (1) ~~The board approved rehabilitation professional assistance program (program) as set forth in 37-4-311 and 37-4-312, MCA, shall fulfill terms to be set by contract with the board to include, but not limited to the following:~~

(a) provide two tracks for assistance of licensees or license applicants under the board's jurisdiction:

(i) and (ii) remain the same.

(b) provide recommendations to the licensees or license applicants for appropriate evaluation and treatment facilities;

(c) recommend to the board terms and conditions of treatment, rehabilitation, and monitoring of licensees or license applicants known to the board; and

(d) remains the same.

(2) Upon the discharge of a participant from the program, the program shall report to the board the discharge of the participant, and if applicable, provide to the board:

(a) verification of the participant's satisfactory completion of monitoring and program requirements as appropriate for public safety;

(b) verification of the participant's completion of board final order terms and conditions with recommendation of the program for discharge; and/or

(c) notification that the participant is transferring to another jurisdiction.

(2) and (3) remain the same but are renumbered (3) and (4).

AUTH: 37-1-131, 37-4-205, 37-29-201, MCA

IMP: 37-1-131, 37-1-312, 37-4-311, 37-4-312, 37-4-313, 37-4-314, MCA

REASON: The board is amending this rule to include the responsibilities of the assistance program to manage intake, monitoring, and discharge, as well as the reporting to the board requirements. These requirements were previously contained in multiple rules, so the board is combining for ease of understanding and repealing the extraneous rules.

24.138.2707 PROTOCOL FOR SELF-REPORTING TO A BOARD APPROVED REHABILITATION MEDICAL ASSISTANCE PROGRAM (1) and (2)

remain the same.

~~(3) The program shall notify and disclose to the board the identity of a licensee participating in the program, along with providing to the board all relevant facts and documentation, when any of the following occur:~~

- ~~(a) the participant engages in actionable behavior as described in 37-4-312, MCA;~~
- ~~(b) the participant is noncompliant with the aftercare monitoring contract; or~~
- ~~(c) there are creditable allegations that patient safety or public harm is at risk by the participant's continued practice.~~
- (4) remains the same but is renumbered (3).

AUTH: 37-1-131, 37-4-205, 37-29-201, MCA

IMP: 37-1-131, 37-1-312, 37-4-311, 37-4-312, 37-4-313, 37-4-314, MCA

REASON: The board is amending this rule to repeal unnecessary sections that repeat 37-4-312, MCA.

24.138.2710 PROTOCOL FOR DISCIPLINARY TRACK (1) All licensees or license applicants under the jurisdiction of the board who participate in the program ~~as defined in 37-4-311, MCA,~~ under the disciplinary track shall be reported to the board by name.

(2) Licensees or license applicants are admitted to the disciplinary track through one or more of the following:

- (a) remains the same.
- (b) as a result of a sanction imposed by a board final order;
- ~~(c) as a result of noncompliance with the licensee or license applicants' aftercare contract with the program; or~~
- ~~(d) as determined by the board and/or program.~~

(3) The program shall also report licensees who have discharged from the program.

AUTH: 37-1-131, 37-4-205, 37-29-201, MCA

IMP: 37-1-131, 37-1-312, 37-4-311, 37-4-312, 37-4-313, 37-4-314, MCA

REASON: The board is striking (2)(c) and (d) as a requirement to participate in the disciplinary track is a sanction, which can only be imposed after a board final order—either as a disciplinary action or as a licensing decision.

24.138.2712 PROTOCOL FOR NONDISCIPLINARY TRACK (1) A licensee or license applicant under the jurisdiction of the board who participates in the program ~~as defined in 37-4-311 and 37-4-312, MCA,~~ under the nondisciplinary track shall be reported to the board by participant number.

(2) and (3) remain the same.

AUTH: 37-1-131, 37-4-205, 37-29-201, MCA

IMP: 37-1-131, 37-1-312, 37-4-311, 37-4-312, 37-4-313, 37-4-314, MCA

REASON: The board is striking the unnecessary reference to statute contained in this rule.

24.138.3003 ADVERTISING RECORDS AND RESPONSIBILITY (1) Each ~~dentist~~ licensee who is a principal partner, or officer of a firm or entity identified in any advertisement, is jointly and severally responsible for the form and content of any advertisement. This provision also shall include any licensed professional employees acting as an agent of such firm or entity.

(2) All advertisements are presumed to have been approved by the ~~dentist~~ licensee named therein.

~~(3) A recording of every advertisement communicated by electronic media and a copy of every advertisement communicated by print media, as well as a copy of any other form of advertisement, indicating the date, place and duration of the advertisement shall be retained by the dentist for a period of two years from the last date of broadcast or publication and shall be made available to the board or its representative upon request.~~

~~(4) When placing advertising, the dentist must possess such information which, when produced, would substantiate the truthfulness of any assertion or representation of material fact made in the advertisement.~~

(3) A Montana licensed dentist listing or advertising the dentist's services under any specialty practice dental category in ARM 24.138.3101 must clearly disclose within the licensee's individual advertisement that the services are provided by a general dentist.

(4) Licensees must maintain records of advertising, including a copy of the advertisement, for a period of two years after publication.

AUTH: 37-4-205, MCA

IMP: 37-4-205, MCA

REASON: The board is amending this rule to remove unnecessary wording, and to repeal provisions that duplicate ARM 24.138.2301.

24.138.3101 GENERAL STANDARDS FOR SPECIALTIES ~~(1) The following are included within the standards of the National Commission on Recognition for Dental Specialties and Certifying Boards for determining what dentists have the education experience and other appropriate requirements for announcing specialization and limitation of practice:~~

~~(a)(1) The Any specialty area(s) of dental practice and an appropriate certifying boards must be approved by the National Commission on Recognition for of Dental Specialties and Certifying Boards. The specialty areas of dental practice approved by the National Commission on Recognition of Dental Specialties and Certifying Boards and the designation for ethical specialty announcement limitation of practice are:~~

~~(a) dental public health;~~

~~(b) endodontics;~~

~~(c) oral pathology;~~

~~(d) oral and maxillofacial surgery;~~

- (e) orthodontic dentofacial orthopedics;
- (f) pedodontics (dentistry for children);
- (g) periodontics;
- (h) prosthodontics;
- (i) oral and maxillofacial radiology;
- (j) oral medicine; and
- (k) dental anesthesiology.

(b) remains the same but is renumbered (2).

~~(c) The practice carried on by dentists who announce as specialists shall be limited exclusively to the specialty area(s) of dental practice announced by the dentist.~~

(3) A licensee shall not advertise using the terms "specialist" or "specializing" unless the licensee has met the board standards for specialization as set forth in this rule.

(4) A licensee who possesses a verifiable combination of education and experience is not prohibited from including in the licensee's practice one or more branches of dentistry listed in (1).

AUTH: 37-4-205, MCA

IMP: 37-4-205, 37-4-301, MCA

REASON: The board is combining ARM 24.138.3101 and 24.138.3102 to include all specialty requirements in a single rule. The board is repealing the requirement that specialists may only practice in the area of specialty as overregulation. Specialists receive the same training as dentists and are qualified to perform the same work.

24.138.3221 MINIMUM QUALIFYING STANDARDS ~~(1) With respect to deep sedation/general anesthesia, no dentist shall be permitted to administer deep sedation/general anesthesia during a dental procedure or dental surgical procedure, unless and until he or she satisfies the qualifications set forth in 37-4-511, MCA.~~

~~(a) No dentist shall be permitted to administer deep sedation/general anesthesia until he or she has satisfactorily completed residencies~~

(1) A Montana licensed dentist must possess a permit to administer moderate sedation or deep sedation/general anesthesia.

(2) All requirements for the use of moderate sedation or deep sedation/general anesthesia apply, regardless of the agent used or the route of administration, when the intended or probable effect is a level of depression greater than minimal sedation.

(3) A deep sedation/general anesthesia permit is required to administer or employ any agent(s) which has a narrow margin for maintaining consciousness, including, but not limited to, ultrashort-acting barbiturates, including, but not limited to, sodium methohexital, thiopental, propofol, ketamine, etomidate, and similarly acting drugs, or quantity of agent(s), or technique(s), or any combination, thereof, that would possibly render a patient deeply sedated or generally anesthetized.

(4) All applicants for deep sedation/general anesthesia permits must have:

(a) completed a residency accredited by the Commission on Dental Accreditation in one of the following areas:

(i) remains the same.

(ii) a minimum of two years in an advanced general dentistry education program in dental anesthesiology; and

(b) completed an advanced course in cardiac life support within two years of the date of permit application. Web-based courses must include a hands-on lab or megacode portion of training.

~~(2) Dentists providing moderate sedation or deep sedation/general anesthesia must present evidence of successful completion of an advanced course in cardiac life support within the three most recent years. Web-based courses must include a hands-on lab or megacode portion of training.~~

~~(3) With respect to moderate sedation, no dentist shall administer drugs to achieve the state known as moderate sedation during a dental procedure or a dental surgical procedure, unless the dentist has received formal training in moderate sedation techniques from an institution, organization, or training course. If training for moderate sedation is through continuing education, proof of course content must accompany the initial application in the form of a course outline or syllabus. A minimum of 60 hours of instruction plus management of at least 20 dental patients, by the intravenous route, per participant, are required to achieve competency in moderate sedation techniques. The dentist must furnish evidence of having completed this training.~~

~~(a) All requirements for the use of moderate sedation or deep sedation/general anesthesia will apply as indicated, regardless of the agent used or the route of administration, when the intended or probable effect is a level of depression greater than minimal sedation.~~

(5) All applicants for moderate sedation permits must have:

(a) received formal training in moderate sedation techniques from an institution, organization, or training course. If training for moderate sedation is through continuing education, proof of course content must accompany the initial application in the form of a course outline or syllabus; and

(b) a minimum of 60 hours of instruction plus management of at least 20 dental patients, by the intravenous route.

~~(4)(6) With respect to inhalation sedation, no dentist shall use nitrous oxide/oxygen on a patient before completing Applicants seeking to use inhalation sedation must:~~

~~(a) complete a course of instruction of a minimum of 14 hours, including a clinical component. This course of instruction may be completed as part of the predoctoral dental education program or in a postdoctoral continuing education competency course; or~~

~~(a) A dentist who practices dentistry in Montana who can provide satisfactory evidence of~~

~~(b) demonstrate competence and skill in administering nitrous oxide/oxygen sedation by virtue of experience and/or comparable alternative training shall be presumed by the Montana Board of Dentistry to have appropriate credentials for the use of nitrous oxide/oxygen sedation.~~

~~(5)(7) In order to administer enteral minimal and/or combination inhalation sedation the dentist Applicants seeking to administer enteral minimal and/or combination inhalation sedation must complete a minimum of 16 hours of training,~~

including a clinical component. Training must include the treatment of a compromised airway and other life-threatening emergencies. The course may be completed in a predoctoral dental education curriculum or in a postdoctoral continuing education competency course.

(a) and (b) remain the same.

~~(6) No dentist shall administer or employ any agent(s) which has a narrow margin for maintaining consciousness, including, but not limited to, ultrashort-acting barbiturates, including, but not limited to, sodium methohexital, thiopental, propofol, ketamine, etomidate, and similarly acting drugs, or quantity of agent(s), or technique(s), or any combination, thereof, that would possibly render a patient deeply sedated or generally anesthetized, unless he or she holds a valid deep sedation/general anesthesia permit issued by the board.~~

(8) Applicants who meet all requirements for a moderate sedation or deep sedation/general permit with the exception of having passed an initial inspection may be issued a temporary permit to administer moderate sedation or deep sedation/general prior to the initial inspection.

AUTH: 37-1-131, 37-4-205, MCA

IMP: 37-1-131, 37-4-101, 37-4-511, MCA

REASON: The board is amending this rule to remove unnecessary words. The board is also putting all requirements for each level of permit together for ease of understanding by licensees and the public. Language regarding the process for the temporary permit that is issued prior to initial inspection has been moved from the repealed ARM 24.138.3219 to (8). The board is requiring that the cardiac life support training in new (4)(b) have been completed within the last two years instead of three in order to ensure current training and standards for patient safety.

24.138.3223 MINIMUM MONITORING STANDARDS (1) Minimum standards for monitoring ~~patients for deep sedation/general anesthesia~~ patients shall include the following:

(a) remains the same.

(b) intraoperative:

(i) through (iii) remain the same.

(iv) ~~an~~ continuously running intravenous line;

(v) through (2) remain the same.

(3) Minimum standards for monitoring minimal sedation patients shall include the following:

(a) ~~pre-op~~ preoperative:

(i) through (b) remain the same.

(4) During dental procedures, the facility During dental procedures that require deep sedation/general anesthesia as described in (1) or moderate sedation as described in (2), the procedure must be staffed attended by supervised monitoring personnel, all of whom are capable of handling procedures, problems, and emergency incidents, and have successfully completed the American Heart Association's Basic Life Support for Healthcare Providers, or its equivalent. qualified individuals as listed below:



(a) ~~With respect to a~~ When administering deep sedation/general anesthesia facility, in addition to the dentist permit holder and ~~dental assistant~~ an auxiliary, there must be at least one person present to monitor vital signs during the procedure.

That person must be:

(i) through (v) remain the same.

(b) ~~When moderate sedation is used, the dentist shall be qualified and permitted to administer the drugs and appropriately monitor the patient, and have successfully completed a course in advanced cardiac life support. In addition to the dentist,~~ When administering moderate sedation, in addition to the permit holder at least one other person on staff and present ~~in the office~~ must ~~have successfully completed the American Heart Association Basic Life Support for Healthcare Providers, or its equivalent~~ be a trained healthcare professional.

AUTH: 37-1-131, 37-4-205, 37-4-408, MCA

IMP: 37-1-131, 37-4-101, 37-4-205, 37-4-408, 37-4-511, MCA

REASON: This rule is being clarified to more accurately reflect that the board licenses people, not facilities, and it is those individual licensees who are held accountable under the board's regulations. It has also been amended to remove redundant language and for simplicity and better readability.

24.138.3225 FACILITY EQUIPMENT STANDARDS (1) A permit holder performing deep sedation/general anesthesia facility ~~under these rules~~ must contain maintain a minimum of equipment, supplies, and drugs onsite, including, but not limited to, the following:

(a) through (k) remain the same.

(2) A permit holder performing moderate sedation facility ~~under these rules~~ must ~~contain~~ maintain a minimum of equipment, supplies, and drugs onsite, including, but not limited to, the following:

(a) through (e) remain the same.

(f) defibrillator;

(f) through (h) remain the same but are renumbered (g) through (i).

(3) A ~~facility in which~~ licensed dentist administering nitrous oxide/oxygen is ~~used~~ must ~~contain~~ maintain a minimum of equipment and supplies onsite appropriate to meet emergencies.

AUTH: 37-1-131, 37-4-205, MCA

IMP: 37-1-131, 37-4-101, 37-4-511, MCA

REASON: This rule is being clarified to more accurately reflect that the board licenses people, not facilities, and it is those individual licensees who are held accountable under the board's regulations. The requirement for licensees providing moderate sedation to also have an electrocardiac monitor and defibrillator is necessary as the patient could potentially slip into deep sedation and a defibrillator could be necessary, just as it is with deep anesthesia/general anesthesia.

24.138.3227 ONSITE INSPECTION OF PERMIT HOLDERS FACILITIES

(1) Each facility ~~where moderate sedation or deep sedation/general anesthesia permit holder is to be provided~~ shall be inspected initially, and at intervals not to exceed five years, by a qualified inspector appointed by the board. Any ~~dentist permit holder~~ whose facility is to be inspected shall be notified at least 30 days prior to the inspection, or sooner if mutually agreed. The name of the inspector shall be provided to the dentist.

(2) The onsite inspection shall include ~~a test of the applicant and the applicant's staff on their abilities to recognize;~~

(a) demonstration of:

(i) recognition and manage management of complications likely to occur, considering the techniques being used. Early recognition of complications will be emphasized. The facility must be inspected for;

(ii) knowledge of respective roles in normal operating procedures and in various emergency situations; and

(iii) proficiency in handling emergency situations;

(b) the presence of drugs and equipment appropriate for the level of sedation or anesthesia to be provided. Monitoring assistants shall be examined for their knowledge of their respective roles in normal operating procedures and in various emergency situations. ; and

(c) The inspector shall evaluate office staff in proficiency in handling emergency procedures and evaluate evaluation of the accuracy of anesthesia record-keeping.

(3) ~~If the inspector finds deficiencies present in the inspected office, the facility shall be given 30 days to address the deficiencies. If, at the completion of this 30-day period, the deficiencies have not adequately been rectified, the board will limit the practitioner's permit to apply moderate sedation or deep sedation/general anesthesia only in qualifying facilities. If the inspector identifies violations, the permit holder may be subject to disciplinary action by the board.~~

~~(4) If serious life-threatening deficiencies are found by the inspector, the board will immediately limit the practitioner's permit by refusing to permit the administration of moderate sedation or deep sedation/general anesthesia on the premises.~~

~~(5)~~(4) An individual A licensee who provides anesthesia at multiple facilities must be inspected at one facility only. The individual licensee must state attest all facilities are compliant for the equipment requirements.

~~(6) Five-year reinspections may be performed by one inspector, unless the dentist being inspected, or board, requests two inspectors. Reinspections for moderate sedation permits may be performed by dentists holding a moderate sedation permit or a deep sedation/general anesthesia permit. For deep sedation/general anesthesia permits, reinspections must be performed by another dentist holding a deep sedation/general anesthesia permit.~~

AUTH: 37-1-131, 37-4-205, MCA

IMP: 37-1-131, 37-4-101, 37-4-511, MCA

REASON: The board is amending this rule for clearer wording and indication of expectations of licensees and to align with the disciplinary authority of the board.

Further, the board is amending language to reflect that the board licenses individuals, not the facilities where licensees practice.

24.138.3231 REPORTING ADVERSE OCCURRENCES (1) All actively licensed dentists engaged in the practice of dentistry in Montana must submit written reports to the board within seven days of any incident, injury, ~~or death~~ resulting in temporary or permanent physical or mental disability, or death involving the application of ~~minimal sedation, moderate sedation, deep sedation, general anesthesia, or nitrous oxide/oxygen sedation, administered alone or in conjunction with another oral agent, or anesthesia~~ to any dental patient for whom said dentist, or any other dentist, has rendered any dental or medical service during dental services. Routine hospitalization to guard against postoperative complications or for patient comfort need not be reported where complications do not, ~~thereafter,~~ result in injury or death, ~~as hereinbefore set forth.~~

(2) The report required by this rule shall include, but not be limited to, the following information:

(a) through (h) remain the same.

AUTH: 37-1-131, 37-4-205, MCA

IMP: 37-1-131, 37-4-101, 37-4-511, MCA

REASON: The board is amending this rule to remove extra words for easier reading by licensees and the public.

6. The rules proposed to be repealed are as follows:

24.138.206 DENTAL HYGIENIST COMMITTEE

AUTH: 37-4-205, MCA

IMP: 37-4-205, MCA

REASON: The board is striking requirements for this standing committee as unnecessary. The board has authority to convene committees when needed to assist the board in conducting its business.

24.138.208 DENTURIST COMMITTEE

AUTH: 37-29-201, MCA

IMP: 37-29-201, MCA

REASON: The board is striking requirements for this standing committee as unnecessary. The board has authority to convene committees when needed to assist the board in conducting its business.

24.138.306 TEETH WHITENING

AUTH: 37-1-131, 37-4-205, MCA

IMP: 37-1-131, 37-4-101, MCA

REASON: The board is repealing this rule, as the Legislature sets the scope of practice of dentistry.

24.138.403 MANDATORY CERTIFICATION

AUTH: 37-1-131, 37-4-205, 37-29-201, MCA

IMP: 37-1-131, 37-1-321, 37-29-201, 37-29-401, MCA

REASON: The board determined it is reasonable to combine the ongoing requirement for life saving certification with the ongoing requirement for continuing education. The two rules can be combined for standardization and reduction purposes.

24.138.414 DISPLAY OF LICENSES

AUTH: 37-4-205, 37-29-201, MCA

IMP: 37-4-205, 37-4-326, 37-29-201, MCA

REASON: The board is repealing this rule as unnecessary since the board does not license practices or facilities, only practitioners. The public can use the online license lookup system to view the current license status of any individual twenty-four hours a day.

24.138.415 NINETY-DAY GUARANTEE REQUIRED BY DENTURISTS

AUTH: 37-29-201, MCA

IMP: 37-29-404, MCA

REASON: The board is repealing this rule and moving it to ARM 24.138.906 so that all denturist provisions are in the same rule for ease of readability and understanding.

24.138.416 PRIOR REFERRAL FOR PARTIAL DENTURES

AUTH: 37-1-131, 37-29-201, MCA

IMP: 37-29-403, MCA

REASON: The board is repealing this rule and moving it to ARM 24.138.906 so that all denturist provisions are in the same rule for ease of readability and understanding.

24.138.417 DENTAL SCREENINGS

AUTH: 37-1-131, 37-4-205, MCA

IMP: 37-4-101, 37-4-205, 37-4-401, MCA

REASON: The board is repealing this rule as unnecessary. Board staff does not currently receive questions about whether dental health screenings constitute the practice of dentistry and does not anticipate an increase in complaints related to dental health screenings.

24.138.418 INFECTION CONTROL

AUTH: 37-1-131, 75-10-1006, MCA  
IMP: 37-1-131, 75-10-1005, MCA

REASON: The board moved this requirement to its unprofessional conduct rule for ease of readability.

24.138.430 FEE ABATEMENT

AUTH: 37-1-131, 37-4-205, 37-29-201, MCA  
IMP: 17-2-302, 17-2-303, 37-1-134, MCA

REASON: The board is moving this rule into ARM 24.138.301 so all fee-related information is contained in the same rule.

24.138.504 APPROVED CLINICAL EXAM CRITERIA FOR DENTISTS AND DENTAL HYGIENISTS

AUTH: 37-1-131, 37-4-205, 37-4-402, MCA  
IMP: 37-1-131, 37-4-301, 37-4-402, MCA

REASON: The board is repealing this rule as unnecessary and covered by ARM 24.138.502 and 24.138.503.

24.138.505 DENTIST LICENSURE BY CREDENTIALS

AUTH: 37-1-131, 37-4-205, MCA  
IMP: 37-1-131, 37-1-304, 37-4-301, MCA

REASON: The board is repealing this rule as unnecessary and has moved all application requirements into NEW RULE I. It is reasonably necessary to remove language that unnecessarily duplicates statutory provisions as well as processes that are addressed in standardized application procedures for all boards.

24.138.506 DENTAL HYGIENIST LICENSURE BY CREDENTIALS

AUTH: 37-1-131, 37-4-205, MCA  
IMP: 37-1-131, 37-1-304, MCA

REASON: The board is combining all application rules into NEW RULE I for ease of

understanding. It is reasonably necessary to remove language that unnecessarily duplicates statutory provisions as well as processes that are addressed in standardized application procedures for all boards.

24.138.508 DENTAL HYGIENE LOCAL ANESTHETIC AGENT CERTIFICATION

AUTH: 37-1-131, 37-4-205, 37-4-402, MCA  
IMP: 37-1-131, 37-4-401, 37-4-402, MCA

REASON: The board is moving all qualifications for dental hygienists into one rule for readability and ease of finding information.

24.138.512 DENTURIST INTERNSHIP

AUTH: 37-1-131, 37-29-201, MCA  
IMP: 37-1-131, 37-29-201, 37-29-302, 37-29-303, MCA

REASON: The board combined the internship requirements with the requirements for licensure as a denturist for ease of reading and understanding.

24.138.513 DENTAL HYGIENISTS – TEMPORARY PRACTICE PERMITS

AUTH: 37-1-131, 37-1-319, 37-4-205, MCA  
IMP: 37-1-131, 37-1-305, 37-1-319, 37-4-402, MCA

REASON: The board is repealing this rule as duplicative of 37-1-305, MCA.

24.138.525 REACTIVATION OF AN EXPIRED LICENSE

AUTH: 37-1-131, 37-1-141, 37-4-205, 37-29-201, MCA  
IMP: 37-1-131, 37-1-141, MCA

REASON: The board is repealing this rule to standardize reactivation of expired licenses with the process under ARM 24.101.408.

24.138.540 MILITARY TRAINING OR EXPERIENCE

AUTH: 37-1-145, MCA  
IMP: 37-1-145, MCA

REASON: Reasonable necessity exists to repeal this rule, effective October 1, 2023, at the earliest, due to House Bill 583 (2023). That legislation amends 37-1-145, MCA, and eliminates the requirement for adoption by the board of a specific military training rule, setting forth specific obligations for the board to accept military experience for granting licensure. As such, the need for this rule is obsolete.

24.138.601 RESTRICTED TEMPORARY LICENSURE OF NONRESIDENT VOLUNTEER DENTISTS AND DENTAL HYGIENISTS

AUTH: 37-1-131, 37-4-205, 37-4-341, MCA

IMP: 37-1-131, 37-1-141, 37-4-341, MCA

REASON: The board is repealing this rule as unnecessary and containing similar information as ARM 24.138.530. The board has combined the two rules so that volunteer license information is contained in a single rule.

24.138.603 SCOPE OF TREATMENT FOR TEMPORARY VOLUNTEER LICENSE

AUTH: 37-1-131, 37-4-205, 37-4-341, MCA

IMP: 37-1-131, 37-4-341, MCA

REASON: The board has combined its rules regarding volunteer licensing into one rule.

24.138.2101 DEFINITION OF CONTINUING EDUCATION

AUTH: 37-1-319, 37-4-205, 37-29-201, MCA

IMP: 37-1-306, 37-1-319, MCA

24.138.2102 SUBJECT MATTER ACCEPTABLE FOR DENTIST AND DENTAL HYGIENIST CONTINUING EDUCATION

AUTH: 37-1-319, 37-4-205, 37-4-401, MCA

IMP: 37-1-306, 37-1-319, 37-4-401, MCA

24.138.2103 SUBJECT MATTER ACCEPTABLE FOR DENTURIST CONTINUING EDUCATION

AUTH: 37-1-319, 37-29-201, MCA

IMP: 37-1-306, 37-29-306, MCA

24.138.2104 REQUIREMENTS AND RESTRICTIONS

AUTH: 37-1-319, 37-4-205, 37-4-401, 37-29-201, MCA

IMP: 37-1-306, 37-1-319, 37-4-401, MCA

24.138.2105 CONTINUING EDUCATION – AUDIT

AUTH: 37-1-131, 37-1-319, MCA

IMP: 37-1-131, 37-1-306, 37-1-319, 37-1-321, MCA

24.138.2106 EXEMPTIONS AND EXCEPTIONS

AUTH: 37-1-319, MCA  
IMP: 37-1-306, 37-1-319, MCA

REASON: The board is repealing all continuing education rules and moving the requirements into NEW RULE II. The board is simplifying and streamlining continuing education requirements to standardize them with other licensing boards. The board believes its licensees can select quality continuing education without the board's rules being overly specific. The board is striking the provision on random audits as it unnecessarily duplicates the statutory provisions of 37-1-306, MCA.

24.138.2302 UNPROFESSIONAL CONDUCT FOR DENTURISTS

AUTH: 37-1-136, 37-1-319, 37-29-201, 75-10-1006, MCA  
IMP: 37-1-316, 37-1-319, 37-29-402, 37-29-403, 75-10-1006, MCA

24.138.2303 UNPROFESSIONAL CONDUCT FOR DENTAL HYGIENISTS

AUTH: 37-1-319, 37-4-205, 37-4-408, 75-10-1006, MCA  
IMP: 37-1-316, 37-1-319, 37-4-405, 37-4-408, 75-10-1006, MCA

24.138.2701 REHABILITATION PROGRAM PURPOSE

AUTH: 37-1-131, 37-4-205, 37-29-201, MCA  
IMP: 37-1-131, 37-1-312, 37-4-311, 37-4-312, 37-4-313, 37-4-314, MCA

REASON: The board is repealing this rule as unnecessary repetition of 37-4-312, MCA.

24.138.2705 REPORTING OF SUSPECTED IMPAIRMENT

AUTH: 37-1-131, 37-4-205, 37-29-201, MCA  
IMP: 37-1-131, 37-1-312, 37-4-311, 37-4-312, 37-4-313, 37-4-314, MCA

REASON: The board is repealing this rule as unnecessary repetition of 37-4-312, MCA.

24.138.2714 REPORTING TO THE BOARD

AUTH: 37-1-131, 37-4-205, 37-29-201, MCA  
IMP: 37-1-131, 37-1-312, 37-4-311, 37-4-312, 37-4-313, 37-4-314, MCA

REASON: The board is repealing this rule as unnecessary, as the reporting requirements are in ARM 24.138.2710 and 24.138.2712, and are covered by the contract.

24.138.2716 DISCHARGE REQUIREMENTS



AUTH: 37-1-131, 37-4-205, 37-29-201, MCA  
IMP: 37-1-131, 37-1-312, 37-4-311, 37-4-312, 37-4-313, 37-4-314, MCA

REASON: The board is repealing this rule as unnecessary after moving the discharge reporting requirements to ARM 24.138.2703, which already contained the program's reporting requirements to the board.

24.138.2719 RELAPSE

AUTH: 37-1-131, 37-4-205, 37-29-201, MCA  
IMP: 37-1-131, 37-1-312, 37-4-311, 37-4-312, 37-4-313, 37-4-314, MCA

REASON: The board is repealing this rule as unnecessary. The assistance program's contract requires monitoring of licensees. Spelling out the requirements for the handling of relapses takes away from the professional judgment of the monitoring program and does not allow for individual circumstances of the monitored licensees.

24.138.3001 ADVERTISING FEE INFORMATION

AUTH: 37-4-205, MCA  
IMP: 37-4-205, MCA

REASON: The board is repealing advertising rules as being overly regulatory. The board has included the necessary provisions governing the conduct of advertising in ARM 24.138.2301.

24.138.3002 ADVERTISING CONTENT

AUTH: 37-4-205, MCA  
IMP: 37-4-205, MCA

REASON: The board is repealing advertising rules as being overly regulatory. The board has included the necessary provisions governing the conduct of advertising in ARM 24.138.2301.

24.138.3102 SPECIALTY ADVERTISING

AUTH: 37-4-205, MCA  
IMP: 37-4-205, MCA

REASON: The board is repealing this rule as unnecessary. Advertising provisions are covered in ARM 24.138.2301 and 24.138.3003, and this rule largely repeats information contained in ARM 24.138.3101.

24.138.3211 DEFINITIONS RELATED TO ANESTHESIA

AUTH: 37-1-131, 37-4-205, MCA  
IMP: 37-4-101, 37-4-511, MCA

REASON: Reasonable necessity exists to repeal this rule as part of the effort to simplify and shorten the administrative rules. Presently, the board has multiple definitions rules. This proposal consolidates those definitions into a single rule for ease of use by the public.

24.138.3213 EFFECT OF 2011 STATUTE AND RULE AMENDMENTS ON CURRENTLY ISSUED ANESTHESIA PERMITS

AUTH: 37-1-131, 37-4-205, MCA  
IMP: 37-4-101, 37-4-511, MCA

REASON: The board is repealing this rule as all permits previously obtained under this rule have been converted, and any new applicants for anesthesia permits are required to demonstrate they meet the qualifications in ARM 24.138.3221.

24.138.3215 ANESTHESIA FEE SCHEDULE

AUTH: 37-1-131, 37-4-205, MCA  
IMP: 37-1-134, 37-4-101, 37-4-511, MCA

REASON: Reasonable necessity exists to repeal this rule as part of the effort to simplify and shorten the administrative rules. Presently, the board has multiple fee rules. This proposal consolidates those definitions into a single rule for ease of use by the public.

24.138.3217 PRACTICE OF ANESTHESIA

AUTH: 37-1-131, 37-4-205, MCA  
IMP: 37-1-131, 37-4-101, 37-4-511, MCA

REASON: The board is repealing this rule as unnecessary. The requirement to hold a permit to administer anesthesia is covered in ARM 24.138.3221.

24.138.3219 PERMIT REQUIRED FOR ADMINISTRATION OF ANESTHESIA

AUTH: 37-1-131, 37-4-205, MCA  
IMP: 37-1-131, 37-4-101, 37-4-511, MCA

REASON: The board is repealing this rule as unnecessary. The requirement to hold a permit is covered in ARM 24.138.3221.

24.138.3229 ANESTHESIA CONTINUING EDUCATION

AUTH: 37-1-131, 37-1-319, MCA  
IMP: 37-1-131, 37-1-306, 37-1-319, 37-1-321, MCA

REASON: Reasonable necessity exists to repeal this rule as part of the effort to simplify and shorten the administrative rules. Presently, the board has multiple continuing education rules. This proposal consolidates those requirements into a single rule for ease of use by the public.

7. Concerned persons may present their data, views, or arguments at the hearing. Written data, views, or arguments may also be submitted at [dli.mt.gov/rules](http://dli.mt.gov/rules) or P.O. Box 1728, Helena, Montana 59624. Comments must be received no later than 5:00 p.m., May 24, 2024.

8. An electronic copy of this notice of public hearing is available at [dli.mt.gov/rules](http://dli.mt.gov/rules) and [sosmt.gov/ARM/register](http://sosmt.gov/ARM/register).

9. The agency maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by the agency. Persons wishing to have their name added to the list may sign up at [dli.mt.gov/rules](http://dli.mt.gov/rules) or by sending a letter to P.O. Box 1728, Helena, Montana 59624 and indicating the program or programs about which they wish to receive notices.

10. The bill sponsor contact requirements of 2-4-302, MCA, do not apply.

11. Pursuant to 2-4-111, MCA, the agency has determined that the rule changes proposed in this notice will not have a significant and direct impact upon small businesses.

12. Department staff has been designated to preside over and conduct this hearing.

BOARD OF DENTISTRY  
ALLEN CASTEEL, LD, CHAIR

/s/ QUINLAN L. O'CONNOR  
Quinlan L. O'Connor  
Rule Reviewer

/s/ SARAH SWANSON  
Sarah Swanson, Commissioner  
DEPARTMENT OF LABOR AND INDUSTRY

Certified to the Secretary of State April 16, 2024.