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Final Analysis

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Effective date: March 20, 2019; teledentistry prohibitions effective September 20, 2019

ACT SUMMARY

Physician assistants

- Eliminates the physician assistant drug formulary established by the State Medical Board.
- Explicitly prohibits a physician assistant from prescribing a drug in violation of state or federal law.
- Permits a physician assistant to delegate to another person the task of administering a drug, but only if the physician assistant is authorized to prescribe that drug.
- Allows a physician assistant to personally furnish samples of drugs that are not in the physician assistant's physician-delegated prescriptive authority.
- Makes an out-of-state, military, or U.S. Public Health Service physician assistant eligible for licensure if the physician assistant has practiced for at least two years or has passed an examination or assessment or agreed to limits on the extent, scope, or type of practice.
- Exempts a physician assistant with prescriptive authority who has practiced in the military or Public Health Service from the requirement to be supervised on-site by a physician.

- Increases to five (from three) the number of physician assistants a physician may supervise at any one time.
- Reduces to one (from two) the number of pharmacists on the State Medical Board's Physician Assistant Policy Committee and authorizes the Committee to meet by video or teleconference.

Dental assistants, hygienists, and expanded function auxiliaries

- Reduces to one year (from two) and 1,500 hours (from 3,000) the experience required before a dental assistant or expanded function dental auxiliary (EFDA) may provide certain services when the supervising dentist is not physically present.
- Authorizes a dental hygienist or EFDA to perform additional services when a supervising dentist is not physically present.
- Authorizes a dental hygienist or EFDA to apply silver diamine fluoride if the dentist has examined the patient and diagnosed a need for the treatment, and the hygienist or EFDA has completed a relevant Dental Board-approved course.
- Prohibits a dental assistant from applying silver diamine fluoride when the supervising dentist is not physically present.

Teledentistry

- Authorizes teledentistry, defined as the delivery of dental services through use of synchronous, real-time communication, including by a dental hygienist or EFDA pursuant to a dentist's authorization.
- Requires a dentist performing and authorizing teledentistry services to obtain a permit from the Dental Board.
- Specifies requirements a dentist must meet before providing or authorizing teledentistry services.
- Specifies requirements that must be met before a dental hygienist or EFDA may perform teledentistry services as authorized by a dentist.
- Prohibits certain insurers from denying coverage for services delivered through teledentistry.
- Requires the Department of Medicaid to establish standards for Medicaid payments for teledentistry services.

Other dental law changes

- Revises the law governing general anesthesia permits and dental licensing exams.

Dental scholarships

- Requires the development of a proposal to award scholarships to dental students under the Choose Ohio First scholarship program.

Oral Health Access Supervision Program

- Permits a dental hygienist to provide dental hygiene services as part of the Oral Health Access Supervision Program if the hygienist is employed by the same entity as the dentist authorizing those services.

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CONTENT AND OPERATION

Physician assistants

Physician assistant prescriptive authority

Formulary

The act eliminates State Medical Board authority to adopt a physician assistant formulary.¹ Under prior law, the Board formulary was the list of drugs and therapeutic devices from which a supervising physician could select those a physician assistant (PA) was authorized to prescribe. Ohio law refers to this authorization as "physician-delegated prescriptive authority."² (Physician-delegated prescriptive authority is unique to each PA, although PAs in the same practice may be granted the same authority at the physician's discretion.) Because the act eliminates the formulary, it also makes conforming changes to other provisions of law concerning PAs.³

Although the formulary has been eliminated, the act maintains the requirement that the Board adopt rules governing physician-delegated prescriptive authority. It also maintains the law requiring a PA to exercise prescriptive authority only to the extent granted by the supervising physician and to comply with all conditions the physician places on the authority.⁴

Prescriber number; compliance with state and federal law

A PA who holds a valid prescriber number issued by the Medical Board is authorized to prescribe and personally furnish drugs and therapeutic devices in the exercise of physician-delegated prescriptive authority.⁵ The act requires the Medical Board to issue a prescriber number to each PA who is authorized to exercise physician-delegated prescriptive authority under a supervision agreement with a physician (see "**Physician supervision**" below).⁶ It also expressly prohibits a PA from prescribing any drug in violation of state or federal law.⁷

¹ R.C. 4730.39(A)(1) and (C); R.C. 4730.40, repealed.

² See R.C. Chapter 4730., in general.

³ R.C. 4730.06, 4730.203(C)(2), 4730.38(B), and 4730.42(A)(1).

⁴ R.C. 4730.39(A) and (B) and 4730.41(B).

⁵ R.C. 4730.41(A).

⁶ R.C. 4730.15(D).

⁷ R.C. 4730.41(C).



Delegation of drug administration

Under continuing law, a PA may delegate administration of a drug if certain requirements are met.⁸ The act repeals a provision requiring the Medical Board to establish standards and procedures for the delegation of drug administration by PAs.⁹

Since the act eliminates the Medical Board's authority to adopt the PA formulary, it also eliminates the requirement that the drug delegated be one included on the formulary. However, the act specifies that the PA must be authorized to prescribe the delegated drug.¹⁰

Authority to personally furnish samples

Continuing law permits a PA – under certain conditions – to personally furnish samples of drugs and therapeutic devices if they are included in the PA's physician-delegated prescriptive authority. ("Personally furnish" means the distribution of drugs and devices by a prescriber to patients for use outside the prescriber's practice setting.¹¹) The act removes the requirement that the drugs and devices be in the PA's physician-delegated prescriptive authority.¹²

Out-of-state, military, and U.S. Public Health Service PAs

Ohio licensure

Under prior law, a PA who had practiced for at least three consecutive years in another jurisdiction or the U.S. armed forces or Public Health Service Commissioned Corps was eligible for a license to practice in Ohio. Three years of practice served as an alternative to the general requirement that an applicant for licensure hold either (1) a master's or higher degree from a program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or (2) a degree, other than a master's or higher, from an ARC-PA accredited program *and* a master's or higher degree in a course of study with clinical relevance to PA practice from a program accredited by a regional or specialized and professional accrediting agency recognized by the Council for Higher Education Accreditation.¹³

⁸ R.C. 4730.203(C).

⁹ R.C. 4730.39(A).

¹⁰ R.C. 4730.203(C).

¹¹ Ohio Administrative Code 4729-5-01.

¹² R.C. 4730.43(A).

¹³ R.C. 4730.11.



The act eliminates this three-year alternative and instead allows an out-of-state, military, or Public Health Service applicant to obtain licensure in Ohio by presenting evidence of either:

--Having practiced as a PA for at least two years immediately preceding the application date; or

--Passing an oral or written examination or assessment demonstrating fitness to practice; obtaining additional training and passing an examination or assessment on completion of the training; or agreeing to limits on the extent, scope, or type of practice.¹⁴

First 500 hours of prescriptive authority

Under continuing law, a PA must exercise the first 500 hours of physician-delegated prescriptive authority under the on-site supervision of a physician. Exempt from this requirement are PAs who, before seeking Ohio licensure, practiced with prescriptive authority in another jurisdiction for at least 1,000 hours. The act extends this exemption to PAs who, before seeking licensure in Ohio, also practiced with prescriptive authority for at least 1,000 hours, but did so in the military or Public Health Service.¹⁵

In the case of a military or Public Health Service PA who does not meet the minimum 1,000 hours of experience and must instead satisfy the on-site supervision requirement, the act specifies that such a PA may meet this requirement if supervised by any licensed physician, including an out-of-state physician. A record of these hours must be kept by the PA's supervising physician.¹⁶

Physician supervision

Under continuing law, each PA and supervising physician must enter into a supervision agreement.¹⁷ The agreement outlines the responsibilities of both parties and establishes the terms of the PA's practice. Prior law limited to three the number of PAs that a physician could supervise at any one time. The act increases that number to five.¹⁸

¹⁴ R.C. 4730.11(C)(1) and (3).

¹⁵ R.C. 4730.44(B) and (C).

¹⁶ R.C. 4730.44(B) and (D).

¹⁷ R.C. 4730.19, not in the act.

¹⁸ R.C. 4730.21(B).



Physician Assistant Policy Committee

The act reduces to one (from two) the number of pharmacists who serve on the Medical Board's Physician Assistant Policy Committee.¹⁹ It also removes the requirement that the Committee meet at least four times annually, and instead, requires it to meet "as necessary."²⁰ Among other duties, the Committee develops and revises policy and procedures for physician-delegated prescriptive authority for PAs.²¹

The act also authorizes the Medical Board to permit meetings of the Committee to use videoconferencing, teleconferencing, or both, if the following conditions are met:²²

--The meeting location is open and accessible to the public;

--Each member is permitted to choose whether to attend in person or through use of the meeting's videoconferencing or teleconferencing;

--Any meeting-related materials available before the meeting are sent to each member by email, facsimile, or U.S. mail, or are hand-delivered;

--If interactive videoconferencing is used, there is a clear video and audio connection that enables all participants at the meeting location to see and hear each member;

--If teleconferencing is used, there is a clear audio connection that enables all participants at the meeting location to hear each member;

--A roll call is recorded for each vote taken; and

--The meeting minutes specify for each member whether the member attended by videoconference, teleconference, or in person.

Dental assistants, hygienists, and expanded function auxiliaries

The act modifies the law governing the authority of a dental assistant, dental hygienist, or expanded function dental auxiliary (EFDA) to provide services, in particular, when a supervising dentist is not physically present at the location where the

¹⁹ R.C. 4730.05(A)(4).

²⁰ R.C. 4730.05(F).

²¹ R.C. 4730.06.

²² R.C. 4730.05(G).



assistant, hygienist, or EFDA is to provide services. In general, a licensed dentist must be physically present when such services are performed. Under prior law, however, the assistant, hygienist, or EFDA could provide specified services without a supervising dentist present under certain conditions. The act maintains this authority but revises some of the conditions.

Dental assistant services

The act modifies three of the conditions that a certified dental assistant must meet to be authorized to provide services when a supervising dentist is not present:

--Eliminates the requirement that the supervising dentist have examined the patient not more than one year before the services are provided;

--Reduces the practice experience required to one year and 1,500 hours, from two years and 3,000 hours; and

--Excludes silver diamine fluoride from the types of desensitizing agents that a dental assistant may apply.²³

With respect to the application of pit and fissure sealants without a supervising dentist physically present, under the act, the dentist is no longer required to have completed and evaluated a medical and dental history of the patient within one year before application and to have determined that the patient is medically stable. But, the act maintains all other conditions governing the application of pit and fissure sealants by certified dental assistants in those circumstances.²⁴

Dental hygienist services

The act expands the services a dental hygienist is authorized to perform (1) when the supervising dentist is not physically present and (2) regardless of whether the dentist has examined the patient.

Under continuing law, a dental hygienist who is employed by a supervising dentist, another dentist or entity associated with the supervising dentist, or certain government entities may apply fluoride varnish and desensitizing agents and discuss general nonmedical nutrition information when a supervising dentist is not physically present. The act generally maintains this authority and adds to it the following services: (1) applying disclosing solutions, (2) applying pit and fissure sealants, (3) recementing temporary crowns or recementing crowns with temporary cement, (4) conducting caries

²³ R.C. 4715.39(D).

²⁴ R.C. 4715.39(E).



susceptibility testing, and (5) providing instruction on oral hygiene home care, including the use of toothbrushes and dental floss.²⁵

With respect to silver diamine fluoride, the act authorizes a dental hygienist to apply it if a licensed dentist has examined the patient and diagnosed the need for the treatment, the dental hygienist has completed a related course approved by the Dental Board, and the dentist assigns this task to the hygienist.²⁶

Regarding all other dental hygiene services, continuing law limits the provision of those services when a supervising dentist is not physically present to not more than 15 consecutive business days and establishes certain requirements that must be met.²⁷

Continuing law also permits the provision of dental hygiene services when a supervising dentist is not physically present if the services are provided as part of a Dental Board-approved dental hygiene program. A dentist's examination and diagnosis are required before most services may be performed by the hygienist, except for the placement of pit and fissure sealants. The act adds that an examination is not required for the application of fluoride varnish.²⁸

The supervision requirements discussed above do not apply when a dental hygienist is practicing in accordance with the act's teledentistry provisions (see "**Teledentistry**," below).²⁹

EFDA services

Like the dental hygienist provisions discussed above, the act permits an EFDA to perform certain services (1) when a supervising dentist is not physically present and (2) regardless of whether the dentist has examined the patient.

Under prior law, an EFDA could perform the majority of authorized services without a supervising dentist present if the services were provided for not more than 15 consecutive business days and certain requirements were met.³⁰ Under the act, the only requirement is that the EFDA be employed by the supervising dentist, another dentist

²⁵ R.C. 4715.22(E).

²⁶ R.C. 4715.23.

²⁷ R.C. 4715.22(C).

²⁸ R.C. 4715.22(D)(3)(b).

²⁹ R.C. 4715.22(A)(1).

³⁰ R.C. 4715.64.

or entity associated with the supervising dentist, or certain government entities. The authorized services are:

(1) Recementation of temporary crowns or recementation of crowns with temporary cement;

(2) Application of topical fluoride;

(3) Application of fluoride varnish;

(4) Application of disclosing solutions;

(5) Application of desensitizing agents, except for silver diamine fluoride, which is subject to the requirements in (8), below;

(6) Caries susceptibility testing;

(7) Instruction on oral hygiene home care, including the use of toothbrushes and dental floss; and

(8) Application of silver diamine fluoride, but only after an EFDA's supervising dentist has examined the patient and diagnosed the need for the treatment and the EFDA has completed a related course approved by the Dental Board.³¹

The act generally maintains prior law allowing an EFDA to perform, for not more than 15 consecutive business days, the application of pit and fissure sealants when a supervising dentist is not physically present, except as follows:

--It reduces the amount of experience required to one year and 1,500 hours, from two years and 3,000 hours. The experience may come from practicing as an EFDA or dental assistant.

--It removes a requirement that the supervising dentist must have examined the patient not more than one year prior to the date the EFDA is providing the services.³²

In the case of pit and fissure sealants applied as part of certain school, local board of health, or dental association programs, the act removes a requirement that the supervising dentist have examined the patient not more than one year prior to the date

³¹ R.C. 4715.64(A) and (E).

³² R.C. 4715.64(C).

the EFDA applies the sealants. All other requirements governing the application of pit and fissure sealants under those circumstances are maintained by the act.³³

The act provides that the supervision requirements in continuing law do not apply when an EFDA is practicing in accordance with the act's teledentistry provisions, which are discussed below.³⁴

Teledentistry

The act authorizes teledentistry, defined as the delivery of dental services through the use of synchronous, real-time communication and the delivery of services by a dental hygienist or EFDA pursuant to a dentist's authorization. "Synchronous, real-time communication" is a live, two-way interaction between a patient and dentist conducted through audiovisual technology.³⁵

Dental services provided by a dentist

A dentist who holds a current, valid teledentistry permit is an "authorizing dentist" under the act (see "**Teledentistry permit**," below)³⁶ and may do either of the following without examining a patient in person:

--Authorize a dental hygienist or EFDA to perform certain services at a location where a dentist is not physically present;

--Prescribe a drug that is not a controlled substance for a patient who is at a location where a dentist is not physically present.³⁷

However, before teledentistry services may be provided, the following are required:

(1) The authorizing dentist must prepare a written authorization that includes the authorizing dentist's name and permit number, the name of the dental hygienist or EFDA performing services, the patient's name, the location where services are to be provided, the authorization's date, a statement signed by the dental hygienist or EFDA

³³ R.C. 4715.64(D).

³⁴ R.C. 4715.64(A) and (B).

³⁵ R.C. 4715.43(A).

³⁶ R.C. 4715.43(A)(1).

³⁷ R.C. 4715.431(A).

agreeing to comply with written protocols and orders established by the authorizing dentist, and any other information the dentist considers appropriate;

(2) The patient must be informed of certain information regarding teledentistry, the patient must consent to the provision of services through teledentistry, and the consent must be documented in the patient's record;

(3) The authorizing dentist must establish the patient's identity and physical location through synchronous, real-time communication;

(4) The authorizing dentist must provide dental services through teledentistry only as are appropriate for the patient and in accordance with appropriate standards of care;

(5) The authorizing dentist must establish a diagnosis and treatment plan and document it in the patient's record;

(6) The authorizing dentist must specify the services the dental hygienist or EFDA is authorized to provide; and

(7) The dental hygienist or EFDA must be employed by or under contract with the authorizing dentist, the authorizing dentist's employer, or certain business entities associated with the authorizing dentist.³⁸

With respect to patient consent as described in (2), above, if the services to be provided are the placement of interim therapeutic restorations or the application of silver diamine fluoride, the consent must meet requirements established by the Dental Board in rules.³⁹

The act specifies that an authorizing dentist retains responsibility for ensuring the safety and quality of services provided to patients through teledentistry. The services must be consistent with in-person services, and those involved with providing services through teledentistry must abide by laws addressing the privacy and security of patient information.⁴⁰

³⁸ R.C. 4715.431(B).

³⁹ R.C. 4715.431(B)(2)(c).

⁴⁰ R.C. 4715.431(C).

An authorizing dentist cannot have more than a total of three dental hygienists or EFDAs working under the dentist's authorization at any one time.⁴¹

Services provided by a dental hygienist or EFDA

If authorized by an authorizing dentist, a dental hygienist or EFDA may perform certain services at a location where a dentist is not physically present if the requirements discussed below are met. The services an EFDA may perform are:

- (1) Application of pit and fissure sealants;
- (2) Recementation of temporary crowns or recementation of crowns with temporary cement;
- (3) Application of topical fluoride;
- (4) Application of fluoride varnish;
- (5) Application of disclosing solutions;
- (6) Application of desensitizing agents;
- (7) Caries susceptibility testing;
- (8) Instruction on oral hygiene home care, including the use of toothbrushes and dental floss; and
- (9) Additional procedures authorized by the Dental Board in rules.⁴²

A dental hygienist is generally authorized to perform "dental hygiene services," which are defined as the prophylactic, preventive, and other procedures that dentists are authorized under continuing law to assign to dental hygienists, except that the following are specifically excluded: procedures while the patient is anesthetized, definitive root planing, definitive subgingival curettage, the administration of local anesthesia, and any other procedures identified by the Dental Board in rules.⁴³

If authorized to do so by an authorizing dentist, both dental hygienists and EFDAs also may place interim therapeutic restorations and apply silver diamine fluoride if the requirements discussed below are met and the hygienist or EDFA

⁴¹ R.C. 4715.431(D).

⁴² R.C. 4715.431(F)(1) and 4715.64(A).

⁴³ R.C. 4715.43(A)(2) and 4715.431(E)(1).

completes a Dental Board-approved course in the proper placement of the restorations or the fluoride, as applicable.⁴⁴ An "interim therapeutic restoration" is a direct provisional restoration placed to stabilize a tooth until further treatment by a licensed dentist. It includes the removal of debris, other than carious or noncarious tooth structure, from the carious lesion using air or water irrigation.⁴⁵

If authorized to do so by an authorizing dentist, and if the requirements discussed below are met, the act also permits an EFDA with a valid dental x-ray machine operator certificate to perform standard, diagnostic radiologic procedures.⁴⁶

To be authorized to perform the services discussed above, a dental hygienist or EFDA must meet some of the same requirements of continuing law that apply when a hygienist or EFDA is performing services when a supervising dentist is not physically present. The requirements are the following:

(1) At least one year and a minimum of 1,500 hours of practice experience as a dental hygienist or EFDA, as applicable;

(2) Completion of a course on the identification and prevention of potential medical emergencies;

(3) A skills evaluation by the authorizing dentist; and

(4) Compliance with written protocols or standing orders established by the authorizing dentist, including those established for emergencies.⁴⁷

List of locations

At the request of the Dental Board, an authorizing dentist and a dental hygienist or EFDA who has been authorized to perform services in accordance with the act's teledentistry provisions must make available to the Board a list of all the locations where a hygienist or EFDA has provided services through teledentistry, the locations where such services are expected to be provided in the future, or both.⁴⁸

⁴⁴ R.C. 4715.431(E)(2) and (3) and (F)(2) and (3).

⁴⁵ R.C. 4715.43(A)(3).

⁴⁶ R.C. 4715.431(F)(4) and 4715.56.

⁴⁷ R.C. 4715.431(E)(1) and (F)(1).

⁴⁸ R.C. 4715.434.



Prohibitions

The act establishes the following prohibitions, effective September 20, 2019:⁴⁹

--It prohibits any person from providing teledentistry services unless the person is a dental hygienist or EFDA who provides services in accordance with the act or is a dentist who holds a current, valid teledentistry permit.⁵⁰

--It prohibits a person from authorizing a dental hygienist or EFDA to provide teledentistry services unless the person is an authorizing dentist and the services will be provided in accordance with the act.⁵¹

--It prohibits a dentist from authorizing a dental hygienist or EFDA to diagnose a patient's oral health care status and a hygienist or EFDA from diagnosing a patient's oral health care status as part of the services provided under the act's teledentistry provisions.⁵²

The act further provides that its teledentistry provisions do not authorize any activity prohibited under the laws governing the practice of dental hygiene or any activity otherwise prohibited by the Dental Law or rules adopted by the Dental Board.⁵³

Teledentistry permit

Issuance

A dentist who seeks to provide dental services through teledentistry must apply to the Dental Board for a permit and pay an application fee of \$20. The act directs the Board to establish in rule the requirements that the applicant must satisfy before the Board will issue a permit. The Board must do so if the dentist is in good standing and satisfies all of those requirements.⁵⁴

Renewal

A teledentistry permit expires on December 31 in the first odd-numbered year after it was issued. The Board must renew the permit if the dentist submits a complete

⁴⁹ Section 3.

⁵⁰ R.C. 4715.435(A).

⁵¹ R.C. 4715.435(B).

⁵² R.C. 4715.435(C).

⁵³ R.C. 4715.437.

⁵⁴ R.C. 4715.43(B).



application, pays a \$20 renewal fee, and verifies the locations where teledentistry services have been provided since the permit was most recently issued or renewed.⁵⁵

Suspension and revocation

In accordance with the Administrative Procedure Act, the Dental Board may suspend or revoke a teledentistry permit if the holder fails to comply with the act's provisions or rules adopted by the Board.⁵⁶

Insurance and Medicaid coverage

Generally, the act prohibits an insurer from denying coverage for any services provided to an insured through teledentistry if the services would be covered when delivered other than through teledentistry. The coverage that may not be excluded is subject to all terms, conditions, restrictions, exclusions, and limitations that apply to other coverage for services performed by participating and nonparticipating providers. Each of the following insurers is subject to the act:

- (1) A multiple employer welfare arrangement that is created under continuing law and operates a group self-insurance program;⁵⁷
- (2) An individual or group health insuring corporation policy or agreement;⁵⁸
- (3) An individual or group policy of sickness and accident insurance or public employee benefit plan.⁵⁹

The act does not apply to health insurance coverage provided by self-insured employers, because the federal Employee Retirement Income Security Act of 1974⁶⁰ generally prevents self-insured companies from being required to comply with state laws regarding employee benefit plans.

The Department of Medicaid must establish standards for Medicaid payments for services provided through teledentistry. The standards must provide coverage for

⁵⁵ R.C. 4715.432.

⁵⁶ R.C. 4715.433 and R.C. Chapter 119., not in the act.

⁵⁷ R.C. 1739.05.

⁵⁸ R.C. 1751.90.

⁵⁹ R.C. 3923.90.

⁶⁰ 29 U.S.C. 1001, *et seq.*

services to the same extent that they would be covered by Medicaid if provided without the use of teledentistry.⁶¹

Rules

The Dental Board must adopt rules it considers necessary to implement the act's teledentistry provisions. The rules must be adopted in accordance with the Administrative Procedure Act and include (1) requirements for issuing a teledentistry permit, (2) approval of courses in the placement of interim therapeutic restorations and application of silver diamine fluoride, and (3) requirements for obtaining informed consent for the placement of interim therapeutic restorations or the application of silver diamine fluoride when the patient is not examined by a dentist and the services are provided under a teledentistry permit. The rules may specify procedures a dental hygienist is not permitted to perform under the act's teledentistry provisions.⁶²

Other changes to the Dental Law

Conscious sedation and general anesthesia permits

To reflect terminology used in Dental Board rules,⁶³ the act replaces the phrase "conscious intravenous sedation" in the Dental Law with "conscious sedation."⁶⁴ Accordingly, a conscious intravenous sedation permit issued by the Board is now called a conscious sedation permit.

Prior law established a fee for a general anesthesia permit, but made no other reference to the permit. The act maintains the fee, but also explicitly prohibits a dentist from employing or using general anesthesia unless the dentist possesses a valid general anesthesia permit issued by the Dental Board.⁶⁵ With respect to the required permit, the Board must adopt rules establishing eligibility criteria, application and renewal procedures, and safety standards for applicants.⁶⁶ In adopting the rules, the Board must comply with the Administrative Procedure Act.

⁶¹ R.C. 5164.951.

⁶² R.C. 4715.436.

⁶³ Ohio Administrative Code 4715-3-01 and 4715-5-07.

⁶⁴ R.C. 2925.01, 4715.03, 4715.09, and 4715.13.

⁶⁵ R.C. 4715.09(F).

⁶⁶ R.C. 4715.03(G).



Dental license exam

Under the act, two additional regional testing agencies may administer the dental license exam: the Commission on Dental Competency Assessments and the Council of Interstate Testing Agencies, Inc. Applicants who take an examination administered by a regional testing agency must receive a passing score on the exam as a whole, as determined by the administering agency. This replaces a provision under prior law requiring a passing score on each component of the exam.⁶⁷

Ohio First Scholarship Program

The act requires a proposal to be developed to create a primary care dental student component for the existing Choose Ohio First scholarship program.⁶⁸ If created, the component will annually award scholarships to dental students who both:

--Commit to practice dentistry for at least four years in an area designated as a dental health resource shortage area; and

--Accept Medicaid recipients as patients.⁶⁹

The deans of the Ohio State University College of Dentistry and Case Western Reserve University School of Dental Medicine are required to jointly develop the proposal. They must consider including provisions to (1) establish a scholarship fund sufficient to annually award up to eight dental student scholarships and (2) specify that a scholarship may be provided to a dental student for not more than four years.⁷⁰

The deans must submit the proposal to the Chancellor of Higher Education by January 1, 2020. The Chancellor must then decide whether to implement the component.⁷¹

Oral Health Access Supervision Program

Established in 2010, the Oral Health Access Supervision Program allows a dentist holding an oral health supervision permit issued by the Dental Board to authorize a qualified dental hygienist to provide dental hygiene services in certain facilities when a

⁶⁷ R.C. 4715.10(D) and 4715.11(A).

⁶⁸ R.C. 3333.61, not in the act.

⁶⁹ R.C. 3333.614(D).

⁷⁰ R.C. 3333.614(A) and (B).

⁷¹ R.C. 3333.614(C).



dentist is not present.⁷² To be authorized to provide those services, the hygienist must hold a Board-issued permit to practice under the oral health supervision of a dentist and be employed by the authorizing dentist, another dentist affiliated with the authorizing dentist, or a government entity. Under the act, the hygienist also may be employed by an entity that employs the authorizing dentist.⁷³

HISTORY

ACTION	DATE
Introduced	02-20-18
Reported, S. Health, Human Services & Medicaid	06-26-18
Passed Senate (31-0)	09-25-18
Reported, H. Health	12-12-18
Passed House (86-1)	12-13-18
Senate concurred in House amendments (31-0)	12-13-18

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⁷² R.C. 4715.361, not in the act, and 4715.365.

⁷³ R.C. 4715.365(A)(6).

