
**REGULATIONS ADOPTED BY THE
MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS**

Title 30: Professions and Occupations

Part 2301: Regulations Adopted by the Mississippi State Board of Dental Examiners

Part 2301, Chapter 1:

Rule 1.29: BOARD REGULATION NUMBER 29—ADMINISTRATION OF ANESTHESIA

REPEALED.

2.0

1. A Provisional Teaching License shall authorize the licensee to perform only the following:

(a) instruction; and

(b) the performance of dentistry or dental hygiene adjunct to instruction; and

(c) participation in intramural practice plans, subject to the limitations set forth in Section 2 of this Regulation; and

(d) nonmechanical consultation with Federal or State agencies, whether for a fee or not.

2. A Provisional Teaching License may be awarded by the Board if the applicant meets the following criteria:

(a) the applicant is a graduate of a fully accredited dental or dental hygiene school in the United States, or, if the applicant is a graduate of a foreign country dental or dental hygiene school, the applicant is or has been licensed to practice dentistry or dental hygiene in such foreign country wherein the applicant graduated; and

(b) the applicant is currently certified by the Joint Commission on National Dental Examinations; and

(c) the applicant has not failed the Mississippi dental or dental hygiene licensure examination; and

(d) the applicant is recommended for such licensure by the Dean of the institution at which the applicant is to teach; and

(e) the applicant accurately completes the appropriate application for licensure, submits to an interview before the Board, and successfully completes a jurisprudence examination prior to beginning employment with the institution at which the applicant is to teach.

3. A Provisional Teaching License may be renewed according to the renewal schedule stipulated in Rule 1.37--Board Regulation 37 provided that the licensee continues to be employed in a teaching capacity by the institution and remits the applicable renewal fee.

4. Provisional Teaching Licenses may be awarded to full-time or part-time faculty.

C. Provisional Fellowship License

1. A Provisional Fellowship License shall authorize the applicant to perform only dentistry or dental hygiene adjunct to the applicant's participation in any Board-approved fellowship program.

2. A Provisional Fellowship License does not entitle the applicant to practice dentistry or dental hygiene in any manner whatsoever outside the scope and responsibilities of the applicant's participation in any Board-approved fellowship program, and any attempt to do so would be grounds for revocation of such license to practice dentistry or dental hygiene in the State of Mississippi.

3. A Provisional Fellowship License may be awarded by the Board if the applicant meets the following criteria:

(a) the applicant is a graduate of a fully accredited dental or dental hygiene school; and

(b) the applicant is certified by the Joint Commission on National Dental Examinations; and

(c) the applicant is licensed to practice dentistry or dental hygiene in at least one state in the United States; and

(d) the applicant has not failed the Mississippi dental or dental hygiene licensure examination; and

(e) the applicant is recommended for such licensure by the institution at which the applicant is to participate in the Board-approved fellowship program; and

(f) the applicant accurately completes the appropriate application for licensure, submits to an interview before the Board, and successfully completes a jurisprudence examination prior to the actual commencement of participation in the Board-approved fellowship program.

4. A Provisional Fellowship License shall be valid only for one year and must be renewed immediately following issuance according to the renewal schedule stipulated in Rule 1.37-Board Regulation 37.

5. Provisional Fellowship Licenses shall be awarded only to full-time participants in any Board-approved fellowship program.

D. Provisional Military License

1. A Provisional Military License may be awarded to lawfully recognized non-active duty military personnel whose active duty status has changed within the twelve (12) month period prior to applying for licensure, and shall authorize the applicant to practice dentistry or dental hygiene in the State of Mississippi pursuant to the following conditions:

(a) the Provisional Military License shall be valid for a maximum of twenty-four (24) months from the date of issuance; and

(b) if upon expiration of twenty-four (24) months from the date of issuance of the Provisional Military License, the applicant has failed to secure a permanent Mississippi license, the Provisional Military License shall be voided.

2. A Provisional Military License may be awarded by the Board if the applicant meets the following criteria:

(a) the applicant is a graduate of a fully accredited dental or dental hygiene school in the United States, or, if the applicant is a graduate of a foreign country dental or dental hygiene school, the applicant is or has been licensed to practice dentistry or dental hygiene in such foreign country wherein the applicant graduated; and

(b) the applicant is currently certified by the Joint Commission on National Dental Examinations; and

(c) the applicant while on active duty is licensed to practice pursuant to that license for a minimum of two (2) of the five (5) years preceding the date of his/her application, and provides proof that he/she would otherwise qualify for full dental or dental hygiene licensure in the State of Mississippi either by examination or credentials; and

(d) the applicant has not failed the Mississippi dental or dental hygiene licensure examination; and

(e) the applicant provides a certified copy of official orders releasing the applicant from active duty military service within the twelve (12) month period prior to requesting licensure in the State of Mississippi; and

(f) the applicant accurately completes the appropriate application for licensure, submits to an interview before the Board, and successfully completes a jurisprudence examination prior to being approved by the Board for licensure.

3. Upon issuance, a Provisional Military License must be renewed in accordance with the renewal schedule stipulated in Board Regulation 37, and the applicant must remit the applicable renewal fee.

4. Provisional Military Licenses may be awarded to full-time or part-time dental and dental hygiene school faculty, as well as private sector practitioners.

E. Provisional Military Spouse License

1. A Provisional Military Spouse License may be awarded to lawfully recognized spouses of active duty military personnel assigned to a duty station in the State of Mississippi or elsewhere, and shall authorize the applicant to practice dentistry or dental hygiene in the State of Mississippi pursuant to the following conditions:

(a) the Provisional Military Spouse License shall be valid for a maximum of twenty-four (24) months from the date of issuance; and

(b) if upon expiration of twenty-four (24) months from the date of issuance of the Provisional Military Spouse License, the applicant has failed to secure a permanent Mississippi license, the Provisional Military Spouse License shall be voided.

2. A Provisional Military Spouse License may be awarded by the Board if the applicant meets the following criteria:

(a) the applicant is a graduate of a fully accredited dental or dental hygiene school in the United States, or, if the applicant is a graduate of a foreign country dental or dental hygiene school, the applicant is or has been licensed to practice dentistry or dental hygiene in such foreign country wherein the applicant graduated; and

(b) the applicant is currently certified by the Joint Commission on National Dental Examinations; and

(c) the applicant while on active duty is licensed to practice pursuant to that license for a minimum of two (2) of the five (5) years preceding the date of his/her application, and provides proof that he/she would otherwise qualify for full dental or dental hygiene licensure in the State of Mississippi either by examination or credentials; and

(d) the applicant has not failed the Mississippi dental or dental hygiene licensure examination; and

(e) the applicant provides a certified copy of a certificate of marriage that he/she is lawfully married to a member of the armed forces of the United States who is on active duty; and

(f) the applicant provides a certified copy of official active duty military orders wherein the applicant's spouse is assigned to a duty station in the State of Mississippi or elsewhere; and

(g) the applicant accurately completes the appropriate application for licensure, submits to an interview before the Board, and successfully completes a jurisprudence examination prior to being approved by the Board for licensure.

3. Upon issuance, a Provisional Military Spouse License must be renewed in accordance with the renewal schedule stipulated in Board Regulation 37, and the applicant must remit the applicable renewal fee.

4. Provisional Military Spouse Licenses may be awarded to full-time or part-time dental and dental hygiene school faculty, as well as private sector practitioners.

F. Volunteer/Limited Temporary License

1. Licensure of out-of-state volunteer dentists and dental hygienists without examination.

The Board may issue a Volunteer, Limited Temporary License to a nonresident dentist or dental hygienist, without examination, to qualified individuals who are volunteering to provide charitable and gratuitous dental services in charitable clinics (whether stationary, portable, or mobile) if the applicant:

- a. Has graduated from a dental or dental hygiene program or school accredited by the commission on dental accreditation;
- b. Is currently licensed in another state as an actively practicing dentist or dental hygienist;
- c. Is in good standing and does not have a disciplinary action pending in another state; and
- d. Applicant provides affidavit from current state board of practice that applicant has current license in good standing; and,
- e. Applicant will provide a copy of current CPR card; and,
- f. Has completed the MS Application for Volunteer/Limited Temporary License.
- g. The applicant agrees to render services on a gratuitous basis with no revenue of any kind to be derived whatsoever from the provision of dental services within the State of Mississippi. Sponsoring organizations may provide housing and meals but no reimbursement to the provider or the dental team for provision of dental services.

2. The Board shall issue a Volunteer/Limited Temporary License within 30-days of receipt of the completed application that demonstrates that the applicant meets the requirements of this section. A Volunteer/Limited Temporary license may be renewed annually at no cost with each application year to begin on January 1.

3. A Volunteer/Limited Temporary License is not intended as a means to allow an applicant to practice in this state before a permanent license is granted or as a means to obtain a permanent license when the applicant does not otherwise meet the requirements for permanent licensure.
4. The Board may adopt rules to implement this section, including but not limited to rules to:
 - a. establish the scope of practice for a dentist or dental hygienist practicing with a Volunteer/Limited Temporary License; and
 - b. establish a further limitation on the number of days a dentist or dental hygienist may practice with a Volunteer/Limited Temporary License during any application year.
5. The holder of a Volunteer/Limited Temporary License shall be subject to Mississippi laws and rules and regulatory authority of the Mississippi State Board of Dental Examiners.

2. Limitations on Intramural Practice.

The policy of the State of Mississippi, as enacted by the Legislature in the Mississippi Dental Practice Act, is that only those persons who have taken and passed licensure examinations approved by this Board or who have been duly licensed to practice by credentials should be permitted to practice dentistry or dental hygiene in exchange for compensation from members of the public. As previously noted, faculty members who hold Provisional Licenses shall be allowed to participate in intramural practice programs at their respective institutions; however, faculty members who hold Provisional Teaching Licenses shall be allowed only a maximum of one year from the date of licensure to participate in intramural practice programs at their respective institutions. After the expiration of one year, faculty members who hold Provisional Teaching Licenses who do not wish to apply for full licensure shall be required to apply for and receive a Provisional License and provide proof of licensure in at least one state in the United States to continue to participate in the intramural practice programs at their respective institutions.

3. The Types of Specialty Licensure.

The Board herein adopts the currently recognized dental specialties as defined by the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) and as recognized by the American Dental Association (ADA). These dental specialties and their corresponding definitions are as follows:

A. Dental Anesthesiology. Dental Anesthesiology is the specialty of dentistry and discipline of anesthesiology encompassing the art and science of managing pain, anxiety, and overall patient health during dental, oral, maxillofacial and adjunctive surgical or diagnostic procedures throughout the entire perioperative period. The specialty is dedicated to promoting patient safety

as well as access to care for all dental patients, including the very young and patients with special health care needs. (Adopted March 2019, American Dental Association)

B. Dental Public Health. Dental public health is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis. (Adopted May 1976, American Dental Association.)

C. Endodontics. Endodontics is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions. (Adopted December 1983, American Dental Association.)

D. Oral and Maxillofacial Pathology. Oral pathology is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations. (Adopted May 1991, American Dental Association.)

E. Oral and Maxillofacial Radiology. Oral and maxillofacial radiology is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region. (Adopted April 2001, American Dental Association.)

F. Oral and Maxillofacial Surgery. Oral and maxillofacial surgery is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial region. (Adopted October 1990, American Dental Association.)

G. Oral Medicine. Oral Medicine is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region. (Adopted September 2020, American Dental Association)

H. Orofacial Pain. Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidence-based understanding of the underlying

pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care. (Adopted September 2020, American Dental Association)

I. Orthodontics and Dentofacial Orthopedics. Orthodontics and dentofacial orthopedics is the dental specialty that includes the diagnosis, prevention, interception, and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures. (Adopted April 2003, American Dental Association.)

J. Pediatric Dentistry. Pediatric dentistry is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs. (Adopted 1995, American Dental Association.)

K. Periodontics. Periodontics is that specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and aesthetics of these structures and tissues. (Adopted December 1992, American Dental Association.)

L. Prosthodontics. Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes. (Adopted April 2003, American Dental Association.)

History: *Regulation Seven adopted by the Mississippi State Board of Dental Examiners March 28, 1974; amended June 5, 1977; amended March 10, 1978; amended September 1, 1979; amended June 7, 1984; amended November 6, 1987; amended September 25, 1992; amended June 7, 1994; amended December 2, 1994; amended May 28, 1997; amended November 3, 2000; amended September 14, 2001; amended September 13, 2002; amended May 9, 2003; amended April 14, 2006; amended August 10, 2012; amended January 31, 2020; amended June 16, 2021.*

Source: Miss. Code Ann. § 73-9-19.

Rule 1.9 BOARD REGULATION NUMBER 9--DEFINITION OF FULL-TIME FACULTY

Full-time faculty or full-time teaching is defined as those in full-time employment by a college, university, institution or organization which is recognized and approved by the Board for the purpose of teaching and by those who devote at least 32 hours per week to such endeavor.

History: *Regulation Nine adopted by the Mississippi State Board of Dental Examiners prior to 1975; amended June 7, 1984; amended September 25, 1992.*

Source: Miss. Code Ann. § 73-9-19.

Rule 1.11 BOARD REGULATION NUMBER 11

History: *Regulation Eleven adopted by the Mississippi State Board of Dental Examiners prior to 1975; rescinded in lieu of amendments to the Mississippi Dental Practice Act on July 9, 1983.*

Source: Miss. Code Ann. § 73-9-19.

RULE 1.13 BOARD REGULATION NUMBER 13--SUPERVISION AND DELEGATION OF DUTIES TO AUXILIARY PERSONNEL

Purpose: Pursuant to the provisions of Miss. Code Ann. §§ 73-9-3(i), 73-9-5(2), and 73-9-13, to define the type of supervision required for dental auxiliaries and to further determine procedures which require the professional judgment and skill of a dentist and which, as such, may not be delegated to auxiliary personnel.

1. Supervision of Dental Auxiliaries
 - A. Direct Supervision...
 - B. General Supervision...

2. Delegation of Duties to Dental Auxiliaries

The Board has determined that the following procedures may not be delegated to dental auxiliary personnel.

- A. ...
- B. ...
- C. ...
- D. ...
- E. ...
- F. ...
- G. ...

- H. Injections of drugs, medication, or anesthetics by those not authorized by Mississippi law and Rule 1.30 – Board Regulation 30 to administer such agents; except, a Mississippi licensed dental hygienist may administer local anesthetics under the supervision of a Mississippi licensed dentist physically on the premises, upon meeting the following conditions:
 1. The dental hygienist successfully completes an ADA CODA-accredited course in the administration of local anesthesia which includes didactic and clinical components covering block and infiltration techniques.
 2. The dental hygienist successfully completes an examination in local anesthesia administered by CDCA-WREB-CITA, or its successor

examination, or other substantially equivalent state or regional examination as determined by the Board.

3. The dental hygienist submits a complete application to the Board for certification to administer local anesthesia with payment of a \$50.00 initial certification fee. Renewal of the certification shall occur on a biennial basis concurrent with license renewal and shall be subject to the same conditions for renewal in Rule 1.37 – Board Regulation 37, subsection “1”. The fee for renewal shall be \$25.00.
4. The Board issues the dental hygienist a certification to administer local anesthesia upon verification of the dental hygienist’s compliance with subsections “1” through “3” above.
5. Administration of local anesthesia by the dental hygienist shall be documented in the patient’s record and include the following:
 - a. Name and amount of local anesthesia administered.
 - b. Date and time that local anesthesia was administered.
 - c. Name of the dental hygienist that administered the local anesthesia.

The authorization of the dental hygienist to administer local anesthesia shall not be interpreted to expand and/or amend the dental hygienist’s scope of practice defined in Miss. Code Ann. § 73-9-5.

- I. ...
- J. ...
- K. ...

History: Regulation Thirteen adopted by the Mississippi State Board of Dental Examiners on September 9, 1976; amended December 17, 1976; amended April 27, 1977; amended September 4, 1988; amended September 25, 1992; amended June 1, 1993; amended July 30, 1993; amended March 8, 1996; amended September 18, 1998; amended October 22, 1999; amended November 3, 2000; amended September 13, 2002; amended November 3, 2006; amended June 22, 2007; amended October 19, 2007; amended August 19, 2011; amended January 13, 2023.

Source: Miss. Code Ann. §§ 73-9-13, 17

Rule 1.14 BOARD REGULATION NUMBER 14--CANDIDATE PARTICIPATION IN LICENSURE EXAMINATION

Purpose: To provide standards and policies for candidates who participate in Board-approved licensure examinations and subsequently make application for licensure by examination to the Board.

1. Applicability

This regulation applies to all applicants for licensure to practice dentistry or dental hygiene in the State of Mississippi by examination.

2. Duty to Obtain License

- A. Any dentist or dental hygienist desiring to practice in this State must first obtain a license to do so by contacting the Mississippi State Board of Dental Examiners at its current address.
- B. When an inquiry concerning licensure is received, an application eliciting certain pertinent information is sent to the applicant. References submitted on the application are queried, as well as the school(s) of graduation, the American Dental Association (ADA) or American Dental Hygienists' Association (ADHA), other states in which the applicant may be licensed, and facilities/clinics where the applicant has practiced.
- C. An applicant who is participating in or who has participated in an impaired professionals/disabled dentist program as approved by the Board must document a two-year period of abstinence from any abusive use of mood-altering drugs, which shall include, but not be limited to, alcohol and all substances listed in Schedules I through V of the Uniform Controlled Substances Law, Mississippi Code (1972) Annotated, from the date of completion of the program before the applicant is eligible for a permanent license to practice dentistry/dental hygiene in the State of Mississippi.
- D. Prior to the issuance or reinstatement of a dental or dental hygiene license, any dentist or dental hygienist who has not actively practiced his/her profession for the time period stipulated in Rule 1.49--Regulation 49 shall be required to participate in a Board-approved clinical skills assessment program to assure post-licensure competency.

3. Licensure by Examination

- A. To qualify for consideration of a license by examination, an applicant shall fulfill, at a minimum, those requirements stipulated by Miss. Code Ann. § 73-9-23, provided that the Board reserves its right to deny licensure if that individual fails to meet all requirements for licensure subsequent to successful completion of a Board-approved licensure examination, as hereinafter defined.
- B. All candidates applying for licensure by examination also shall be required to successfully complete a Mississippi jurisprudence examination based upon the laws and regulations currently adopted by the Board, such examination to be completed within ninety (90) days from the date the candidate makes application to the Board for a license by examination. No license shall be issued to any candidate

who does not successfully complete a Mississippi jurisprudence examination.

4. Licensure Examinations Approved by the Board

- A. For the purpose of licensure by examination, the Board may from time-to-time recognize clinical licensure examinations administered by other state and regional testing agencies (hereinafter referred to as “Board-approved licensure examination”). The Board shall maintain an up-to-date list of all Board-approved licensure examinations by state and/or regional testing authority, which list also shall include the dates of initial acceptance of such Board-approved licensure examinations. Furthermore, this list may be made available on the Board’s Internet web site.
- B. Effective January 1, 2014, dental and dental hygiene candidates applying for licensure by examination who have successfully completed a Board-approved licensure examination which does not contain a written/computerized comprehensive examination on applied clinical diagnosis and treatment planning, aside from the written/computerized examinations administered by the Joint Commission on National Dental Examinations, will be required to successfully complete the American Board of Dental Examiners (ADEX) computerized/written comprehensive examination on applied clinical diagnosis and treatment planning prior to applying for licensure by examination in the State of Mississippi. The time period for successfully completing the ADEX computerized/written examination will coincide with the time period stipulated in item 4.C. of this Regulation for dental and dental hygiene candidates to apply for licensure by examination based upon successful completion of a Board-approved licensure examination.
- C. Candidates who successfully complete a Board-approved licensure examination shall have a maximum of five (5) years from the date of successful completion of a Board-approved licensure examination to make application for licensure by examination in the State of Mississippi. Furthermore, after the expiration of one (1) year from the date of their successful completion of a Board-approved licensure examination, candidates shall be required to show proof of actively practicing their profession for a minimum of ninety (90) days per year prior to making application for licensure by examination.

5. Participation in Licensure Examination

- A. Candidates for licensure to practice dentistry or dental hygiene in the State of Mississippi who fail any part(s) of a Board-approved licensure examination will be required to adhere to all examination guidelines of the testing entity responsible for administering the Board-approved licensure examination. Further, in those instances where the testing entity requires remediation following failure(s) of Board-approved licensure examinations, a candidate for licensure to practice dentistry must take and successfully complete one (1) academic year of

clinical training in an approved dental school before being allowed to take the same Board-approved licensure examination again. In the case of a candidate for licensure to practice dental hygiene, the candidate must take and successfully complete six (6) months of clinical training in an approved dental hygiene school before being allowed to take the same Board-approved licensure examination again.

- B. Candidates who successfully complete a Board-approved dental hygiene licensure examination administered by this Board and who have not yet successfully completed the National Board Dental Hygiene Examinations of the Joint Commission on National Dental Examinations (hereinafter referred to as “National Board”) shall be required to have successfully completed the National Board on or before December 31 of the same year in which they successfully completed a Board-approved dental hygiene licensure examination; otherwise, the Board-approved licensure examination scores for these candidates will expire on January 1, and these candidates shall be required to successfully complete another Board-approved dental hygiene licensure examination in order to become licensed in this State.

- C. Candidates who successfully complete a Board-approved dental licensure examination administered by this Board and who have not yet successfully completed Part II of the National Board Examinations of the Joint Commission on National Dental Examinations (Part II) shall be required to have successfully completed Part II on or before December 31 of the same year in which they successfully completed a Board-approved dental licensure examination; otherwise, the Board-approved licensure examination scores for these candidates shall expire on January 1, and these candidates shall be required to successfully complete another Board-approved dental licensure examination in order to become licensed in this State. However, candidates who are enrolled and actively participating in dental residency programs accredited by the American Dental Association (ADA) during this same time period and who have not successfully completed Part II on or before December 31 of that same year, shall not have their scores voided on January 1, but shall be allowed additional time for the Board to be in receipt of proof of successful completion of Part II, such additional time period not to extend beyond the first day of the date established for the next regularly scheduled Board-approved dental licensure examination. If proof of successful completion of Part II has not been received by the Board on or before the first day of the date established for the next regularly scheduled Board-approved dental licensure examination, the scores for the previous year’s Board-approved dental licensure examination shall expire, and these candidates shall be required to successfully complete another Board-approved dental licensure examination in order to become licensed in this State.

History: Regulation Fourteen adopted by the Mississippi State Board of Dental Examiners on March 10, 1978; amended January 17, 1985; amended January 19, 1990; amended September

13, 1991; amended September 25, 1992; amended January 22, 1999; amended November 21, 2003; amended April 14, 2006; amended May 8, 2009; amended February 1, 2013.

Source: Miss. Code Ann. § 73-9-19.

Rule 1.16 BOARD REGULATION NUMBER 16

History: *Regulation Sixteen adopted by the Mississippi State Board of Dental Examiners January 1, 1980; amended March 22, 1980; rescinded in lieu of amendments to the Mississippi Dental Practice Act on July 9, 1983.*

Source: Miss. Code Ann. § 73-9-19.

Rule 1.18 BOARD REGULATION NUMBER 18

History: *Regulation Eighteen adopted by the Mississippi State Board of Dental Examiners prior to 1981; rescinded in lieu of amendments to the Mississippi Dental Practice Act on July 9, 1983.*

Source: Miss. Code Ann. § 73-9-19.

Rule 1.19 BOARD REGULATION NUMBER 19--MAIL BALLOTS

Pursuant to the provisions in Miss. Code Ann. §§ 73-9-13(n) and 73-9-47, the Board may transact business by mail, without the necessity of actual assembly, provided that a majority of the Board confirms such action in writing. The Board shall conduct no business by mail which by statute is required to be conducted in person by the Board. The Board herein determines that the transaction of Board business by facsimile machine or similar medium is one in the same as transacting Board business by mail, and all such transactions shall be accomplished in the following manner:

1. Upon receipt by the Executive Director of any written motion made by a duly constituted Board member, the Executive Director shall forward, within two (2) days thereafter, a copy of the written motion and ballot to each Board member for action thereon.
2. Each Board member's completed ballot shall be received by the Executive Director within fifteen (15) days after the date that the ballots were postmarked or sent by other medium to the members of the Board, with any ballot received by the Executive Director after that time not to be considered in tabulating the final vote on the motion. The motion and the vote of each Board member by name shall be placed upon the minutes of the Board within twenty (20) days after the date that the ballots were postmarked to the members with the original written motion and individual ballots being separately preserved.

History: *Regulation Nineteen adopted by the Mississippi State Board of Dental Examiners on June 7, 1984; amended September 25, 1992; amended November 3, 2000.*

Source: Miss. Code Ann. § 73-9-19.

Rule 1.21 BOARD REGULATION NUMBER 21

History: *Regulation Twenty-One adopted by the Mississippi State Board of Dental Examiners June 7, 1984; amended November 2, 1984; amended January 17, 1985; amended February 27, 1985; amended December 6, 1991; amended September 25, 1992; rescinded in lieu of revised Regulation Forty-Three on April 21, 1995.*

Source: Miss. Code Ann. § 73-9-19.

Rule 1.23 BOARD REGULATION NUMBER 23--REINSTATEMENT OF VOIDED LICENSES

The reinstatement of licenses which have been stricken from the rolls for failure to pay registration fees for periods in excess of ninety (90) days shall be governed as follows:

1. Where the period of time for which the license has been stricken from the rolls is less than three (3) years, and the applicant has continuously during that time been fully licensed to practice and actually has practiced his profession or specialty in another state, or in the armed forces, reinstatement may be applied for and obtained by submitting the following to the Board:

A. A completed application form with attachments; and

B. Payment of the applicable annual registration fee for each year it has not been paid, plus payment for the year in which reinstatement is sought.

2. Where the period of time for which the licensee has been stricken from the rolls is less than three (3) years, but the applicant has not continuously during that time been fully licensed to practice and actually practicing his profession or specialty in another state, or in the armed forces, reinstatement may be applied for by:

A. Submitting the application and payment provided for in subsection "A" above; and,

B. Appearing personally before the Board to respond to such inquiries as the Board may deem appropriate in determining whether reinstatement is appropriate without subjecting the applicant to examination and other licensing requirements as an original applicant.

C. Where the period of time for which the license has been stricken from the rolls is more than three (3) years, but less than seven (7) years, and the applicant has continuously during that time been fully licensed to practice and actually has practiced his profession or specialty in another state or in the armed forces, reinstatement may be applied for according to the application procedure set forth in subsection "B" above.

D. In all cases other than those set forth above, reinstatement may only be obtained by taking the examination and completing other licensing requirements as an original applicant.

2. At the time the licensee requests licensure reinstatement, the licensee must comply with the requirements for licensure reinstatement set forth in Rule 1.41--Board Regulation 41 and Rule 1.45—Board Regulation 45, which deal with continuing education and Cardio-pulmonary Resuscitation, respectively.

APPLICATION FOR REINSTATEMENT OF MISSISSIPPI LICENSE

1) Name: _____

2) Address: _____

3) Home Phone: _____ 4) Business Phone: _____

5) License Sought to be Reinstated: _____

6) Date of Licensure in Mississippi: _____

7) Date of Loss of Licensure in Mississippi: _____

8) Degrees Obtained, Where, When: _____

9) Licensure in Other States, Where, When: _____

10) The Secretary of the Board in each state in which you are currently licensed and/or which you previously have been licensed must provide this Board with a certified statement of your license status and good standing and/or the reason for your license expiration or revocation.

11) Practice or employment history during time of expiration of Mississippi license; provide names, addresses, and telephone numbers of business associates, dentists worked under, and location of practice:

12) Has your license ever been suspended in any other state since the time of expiration of your Mississippi license? (yes or no) _____

13) If yes, state when and where and for what reason: _____

14) Have you taken and failed any examinations or been denied licensure in any other state? (yes or no) _____

15) If yes, state when and where: _____

16) Why did you allow your Mississippi license to expire and be stricken from the Board's rolls? _____

17) Why do you wish to have your license reinstated? _____

18) The licensee must be current in continuing education and Cardiopulmonary Resuscitation requirements as set forth in Board Regulations 41 and 45, respectively. Copies of proof of compliance must be attached to this application.

I certify that the information provided in this application is true and correct and based upon my own personal knowledge.

Signature of Applicant
STATE OF _____
COUNTY OF _____

SWORN BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS the _____ day of _____, 20____.

NOTARY PUBLIC
My Commission Expires:

History: *Regulation Twenty-Three adopted by the Mississippi State Board of Dental Examiners on August 10, 1984; amended January 17, 1985; amended September 25, 1992; amended March 7, 1997.*

Source: Miss. Code Ann. § 73-9-19.

Rule 1.25 BOARD REGULATION NUMBER 25--RADIOLOGY PERMITS

Purpose: The 1985 Mississippi Dental Practice Act (Miss. Code Ann. ' ' 73-9-1, et. seq., [Supp. 1985]) requires the Mississippi State Board of Dental Examiners to carry out the purposes and provisions of the laws pertaining to the practice of dentistry and dental hygiene in Mississippi. Section 73-9-5 of the Dental Practice Act provides that the Board may prohibit any auxiliary personnel from rendering service that it feels is not in the best interest of public welfare. It is the purpose of this Board regulation to (a) provide for the establishment of minimum standards for the issuance of permits to such persons who are found to be qualified to administer dental radiologic procedures; and (b) ensure that the administration of dental radiologic procedures by dental auxiliaries is consistent with the Board's duty to protect the interest of public welfare.

1. General Provisions:

Anyone other than a licensed dentist who desires to use ionizing radiation procedures in dentistry must obtain a radiology permit from the Board or be exempt as provided below:

- A. Dental hygienists who are currently licensed in the State of Mississippi are considered to have satisfied the requirements of this regulation and will not be required to obtain a radiology permit. Dental hygienists who are not licensed in this State and who have graduated from a dental hygiene program accredited by the American Dental Association Commission on Dental Accreditation (ADA) will be required to apply for a radiology permit; however, these dental hygienists will not be required to successfully complete a Board-approved radiology seminar prior to making application for a radiology permit.
- B. Dental auxiliaries currently certified by the Dental Assisting National Board, Inc. (DANB) will be required to apply for a radiology permit; however, these dental auxiliaries will not be required to successfully complete a Board-approved radiology seminar prior to making application for a radiology permit.
- C. Dental auxiliaries currently certified by the Dental Assisting National Board, Inc. (DANB) and who also are graduates of ADA-accredited dental assisting programs will be required to apply for a radiology permit; however, these dental auxiliaries are considered to have satisfied the requirements of this regulation and will not be required to successfully complete a Board-approved radiology seminar prior to making application for a radiology permit. (See Sections 1.D. and 1.E. for requirements concerning dental auxiliaries who only are graduates of ADA-accredited dental assisting programs.)

- D. Dental auxiliaries not currently certified by DANB who have graduated from ADA-accredited dental assisting programs within twelve (12) months prior to making application for a radiology permit will be required to apply for a radiology permit; however, these dental auxiliaries will not be required to successfully complete a Board-approved radiology seminar prior to making application for a radiology permit.
- E. Dental auxiliaries not currently certified by DANB who have graduated from ADA-accredited dental assisting programs more than twelve (12) months prior to making application for a radiology permit will not be required to successfully complete a Board-approved radiology seminar prior to making application for a radiology permit provided the individual supplies sworn statements from all employers over the past five (5) years, or part thereof depending on the dental auxiliary's date of graduation, certifying as to

- (1) the dental auxiliary's period of employment; and
- (2) whether the dental auxiliary administered radiographs as part of his/her dental assisting duties.

This documentation must be provided with the dental auxiliary's application for a radiology permit; otherwise, the dental auxiliary will be required to successfully complete a Board-approved radiology seminar prior to making application for a radiology permit.

- F. Dental auxiliaries not otherwise qualified to apply for a radiology permit pursuant to Sections 1.A. through 1.E. shall, upon successful completion of a Board-approved radiology seminar, be eligible to make application for a radiology permit.
- G. Dental students, dental hygiene students, and dental assisting students actively enrolled in Mississippi ADA-accredited dental, dental hygiene, or dental assisting programs do not need to make application for a radiology permit to administer radiographs in dental offices or other entities lawfully authorized to provide dental services while attending the above-referenced programs. However, the Board must receive a letter from the dental, dental hygiene, or dental assisting dean or program head certifying as to a student's successful completion of the program's radiology coursework prior to that student administering radiographs in dental offices or other entities lawfully authorized to provide dental services while attending the above-referenced programs.

2. Board-Approved Radiology Seminars and Issuance of Radiology Permits:

- A. All radiology seminars must be approved in advance by the Board and include a clinical component which adequately tests the dental auxiliary's ability to administer radiographs.

- B. All radiology seminars must be a minimum of eight (8) hours in length.
- C. All radiology seminars must include a written examination at the conclusion of the seminar.
- D. To make application for a radiology permit, a dental auxiliary must submit proof of successful completion of a Board-approved radiology seminar and the proper credentials as outlined hereafter to the Board within ninety (90) days following completion of the radiology seminar. If the dental auxiliary does not submit such proof on a timely basis, the dental auxiliary shall be required to receive a passing grade on a radiology examination administered by the Board or attend and successfully complete another Board-approved radiology seminar and afterwards submit the proper credentials within ninety (90) days as outlined hereafter.
- E. To apply for a radiology permit, an applicant must submit the following:
 - 1. Fully completed and signed application for a radiology permit;
 - 2. Certified check or money order to cover the application fee and first year's renewal fee; and
 - 3. Proof of compliance with the appropriate requirements set forth in Section 1.

3. Re-Issuance of Expired Permits:

A person who previously has held a permit to administer radiographs in this state but has not kept the permit current will be required to complete all requirements as set out herein for original applicants.

4. Renewal of Radiology Permits:

- A. The State Board of Dental Examiners shall maintain a compiled list of names and post office addresses for all persons who have applied for and been issued a radiology permit. Every person holding a radiology permit shall promptly keep the Board advised of any change of mailing address, home telephone number, employer, and office telephone number.
- B. Every person who holds a radiology permit shall, together with the required information and specified renewal fee, apply for renewal of such permit in accordance with the renewal requirements stipulated in Rule 1.37--Board Regulation 37. Any permit not renewed by the deadlines set forth in Rule 1.37--Board Regulation 37 will be voided for a failure to re-register.
- C. If the payment of the renewal fee is not received by the Board on or before the deadline stipulated in Rule 1.37--Board Regulation 37, the Board may enact and

enforce a penalty for the delinquent payment of the renewal fee, such penalty to be established by Rule 1.37--Board Regulation 37.

- D. Refer to Rule 1.37--Board Regulation 37 for the current fee schedule for applications for radiology permits, renewal of radiology permits, and penalties for delinquent renewal of radiology permits.

5. Enforcement:

Licensed dentists who allow dental auxiliaries to expose radiographs without complying with this regulation shall be considered in violation of Section 73-9-61 of the Mississippi Code of 1972, Annotated, and may, at the Board's discretion, be subject to license revocation, suspension, or other action thereon.

History: Regulation Twenty-Five adopted by the Mississippi State Board of Dental Examiners June 4, 1985; amended September 13, 1991; amended September 25, 1992; amended December 2, 1994; amended June 12, 1996; amended August 23, 1996; amended October 4, 1996; amended June 27, 1997; amended July 25, 1997; amended August 29, 1997; amended September 26, 1997; amended September 13, 2002; amended November 1, 2002.

Source: Miss. Code Ann. § 73-9-19.

Rule 1.27 BOARD REGULATION NUMBER 27--EXAMINATION REVIEW PROCEDURES

Purpose: To provide standards and policies for a candidate to appeal his/her scores on a Board-approved licensure examination.

Candidates who participate in and subsequently fail to successfully complete a Board-approved licensure examination, such examination as defined in Rule 1.14--Board Regulation 14, will be required to file appeals of those failing scores with the state or regional testing authority responsible for administering the Board-approved licensure examination. Such appeals shall be filed in accordance with the policies and procedures set forth by the state or regional testing authority at the time the Board-approved licensure examination is administered. The decision of the state or regional testing authority administering the Board-approved licensure examination shall be considered final, and no further appeals of such failing scores shall be made to this Board.

History: Regulation Twenty-Seven adopted by the Mississippi State Board of Dental Examiners on June 4, 1987; amended September 25, 1992; amended September 20, 1996; amended January 22, 1999; amended February 9, 2001; amended April 14, 2006.

Source: Miss. Code Ann. § 73-9-19.

Rule 1.29 BOARD REGULATION NUMBER 29--ADMINISTRATION OF ANESTHESIA

Purpose: Pursuant to Miss. Code Ann. § 73-9-13, to promulgate rules for the administration of anesthesia in the dental office to allow dentists to provide patients with the benefits of anxiety and pain control in a safe and efficacious manner.

1. Definitions of Terminology Used Herein

- A. Analgesia - the diminution or elimination of pain.
- B. Anti-Anxiety Sedative - a sedative agent administered in a dosage intended to reduce anxiety without diminishing consciousness or protective reflexes.
- C. Anxiolysis (Minimal Sedation) - pharmacological reduction of anxiety through the administration of a minor psychosedative/tranquilizer, which allows for uninterrupted interactive ability in a totally awake patient with no compromise in the ability to maintain a patent airway continuously and without assistance. The total dosage cannot exceed 1.5 MRD (maximum recommended dosage). Dentists administering anxiolysis (minimal sedation) shall prescribe only a single agent to each patient (no multiple drugs or combination drug regimens). *When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the MRD of a drug that can be prescribed for unmonitored home use.
- D. Behavioral Management - the use of pharmacological or psychological techniques, singly or in combination, to modify behavior to a level that dental treatment can be performed effectively and efficiently.
- E. Clinically Oriented Experiences - clinical patient cases which are presented outside a clinical environment and in an instructional setting, e.g., video presentations.
- F. Clinical Patient Cases - procedures involving live patients either performed or observed in a clinical environment and in an instructional setting.
- G. Combination Inhalation Enteral Anxiolysis - when nitrous-oxide is used in combination with an enteral agent with the intent of achieving anxiolysis only, and the appropriate dosage of agents is administered.
- H. Competent - displaying special skill or knowledge derived from training and experience.
- I. Conscious Sedation (Moderate Sedation) - a minimally depressed level of consciousness beyond anxiolysis that retains the patient's ability to independently

and continuously maintain an airway and respond appropriately to physical stimulation and verbal command, and that is produced by pharmacologic or nonpharmacologic agents, or a combination thereof. In accordance with this particular definition, the drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely (also see definitions for Combination Inhalation Enteral Anxiolysis, Enteral Conscious Sedation, General Anesthesia, and Parenteral Conscious Sedation).

- J. Dental Facility - the office where a permit holder practices dentistry and provides anesthesia/sedation services.
- K. Dental Facility Inspection - an on-site inspection to determine if a dental facility where the applicant proposes to provide anesthesia/sedation is supplied, equipped, staffed and maintained in a condition to support provision of anesthesia/sedation services that meet the minimum standard of care; may be required by the Board prior to the issuance of a sedation/anesthesia permit or any time during the term of the permit.
- L. Direct Supervision - the dentist responsible for the sedation/anesthesia procedure shall be physically present in the office and shall be continuously aware of the patient's physical status and well-being.
- M. Enteral Conscious Sedation - conscious sedation that is achieved by administration of pharmacological agents through the alimentary tract either orally or rectally.
- N. General Anesthesia - the intended controlled state of depressed consciousness produced by pharmacologic agents and accompanied by a partial or complete loss of protective reflexes, including the ability to maintain an airway and respond purposefully to physical stimulation or verbal commands.
- O. Hospital Facility - a "hospital" or "ambulatory surgical facility" as those terms are defined in Miss. Code Ann. § 41-7-173(h).
- P. Immediately Available - on-site in the dental facility and available for immediate use.
- Q. Local Anesthesia - the elimination of sensations, especially pain, in one part of the body by the regional application or injection of a drug.
- R. May - indicates freedom or liberty to follow a reasonable alternative.

- S. Minor Psychosedative/Tranquilizer - pharmacological agent which allows for uninterrupted interactive ability in a patient with no compromise in the ability to maintain a patent airway continuously and without assistance and carry a margin of safety wide enough to render unintended loss of consciousness unlikely.
 - T. Must or Shall - indicates an imperative need or duty or both; an essential or indispensable item; mandatory.
 - U. Nitrous-Oxide Inhalation Anxiolysis - the inhalational use of nitrous oxide for anxiolysis and/or analgesia.
 - V. Parenteral Conscious Sedation - the intravenous, intramuscular, subcutaneous, intranasal, or transdermal administration of pharmacological agents with the intent to obtain a depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal commands.
 - W. Pediatric Clinical Patient Cases - clinical patient cases on patients twelve (12) years of age and under.
 - X. Protective Reflexes - includes the ability to swallow and cough.
 - Y. Special Health Care Needs Patients - persons having a physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs; the condition may be developmental or acquired and may cause limitations in performing daily self-maintenance activities or substantial limitations in a major life activity; and health care for special needs patients is beyond that considered routine and requires specialized knowledge, increased awareness and attention, and accommodation.
 - Z. Vested Adult - a responsible adult who is the legal parent or guardian, or designee of a legal parent or guardian, entrusted with the care of a patient following the administration of anxiolysis, general anesthesia, or conscious sedation.
2. General Guidelines for Using Anesthesia
- A. Any person licensed to practice dentistry in the State of Mississippi shall be authorized to use anesthesia in accordance with the provisions of this section.
 - B. All drugs utilized by licensed dentists for anxiolysis, enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia shall be selected and

utilized in accordance with the drug manufacturer's guidelines as set forth in Food and Drug Administration (hereinafter referred to as "FDA") approved labeling or peer-reviewed scientific literature, including, but not limited to, indications of usage, dosage amounts, and safety requirements for each drug so utilized.

- C. Appropriate safety training and equipment for each drug utilized will be required.
- D. When anesthesia is administered in a dental facility, the following general guidelines apply:
 - 1. A licensed dentist may employ or work in conjunction with a qualified anesthesiologist or Certified Registered Nurse Anesthetist (hereinafter referred to as "CRNA") who practices in an accredited hospital, provided that such anesthesiologist or CRNA remains on the premises of the dental facility until any patient given any level of anesthetic requiring a permit regains consciousness and is discharged.
 - 2. Prior to employing or working in conjunction with an anesthesiologist who administers enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia in a dental facility, the operating dentist must possess a currently valid Board-issued anesthesia permit which is commensurate with the level of anesthesia being administered by the anesthesiologist, and which permit has been issued in accordance with the guidelines hereinafter stipulated.
 - 3. As used in paragraphs 1 and 2 above, "anesthesiologist" includes either a licensed dentist board certified by the American Dental Board of Anesthesiology or a physician board certified by the American Board of Anesthesiologists or American Osteopathic Board of Anesthesiology.
 - 4. _____
 - 2.4. Prior to applying to the Mississippi Board of Nursing (hereinafter "Nursing Board") to enter into a Nursing Board-approved collaborative/consultative relationship with a CRNA which includes protocols/practice guidelines for the administration of enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia by a CRNA, the operating dentist must possess a currently valid Board-issued anesthesia permit which is commensurate with the level of anesthesia being administered by the CRNA, and which permit has been issued in accordance with the guidelines hereinafter stipulated.

E. When anesthesia is administered in a hospital facility, the following general guideline applies:

1. A licensed dentist may employ or work in conjunction with a qualified anesthesiologist or CRNA who practices in an accredited hospital pursuant to the provisions of the "Minimum Standards of Operation for Mississippi Hospitals," as published by the Mississippi State Department of Health, provided that such anesthesiologist or CRNA remains on the premises of the hospital facility until any patient given any level of anesthetic requiring a permit regains consciousness and is discharged. The accredited hospital's department of anesthesia, or in the absence thereof the department of surgery, has the responsibility for establishing general policies and procedures for the administration of anesthesia.

3. Board Permits Not Required For the following, Board permits are not required:

A. Local Anesthesia. All licensed dentists are herein authorized to use local anesthesia.

B. Nitrous-Oxide Inhalation Anxiolysis. A licensed dentist may employ or use nitrous-oxide inhalation anxiolysis on an outpatient basis for dental patients without making application to the Board, provided such dentist satisfies one or more of the following criteria prior to administration of nitrous-oxide inhalation anxiolysis:

1. Completion of not less than a two-day course of training as described in the American Dental Association's (hereinafter referred to as "ADA") "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students," or its equivalent.
2. Completion of training equivalent to that described above while a student in an ADA-accredited undergraduate dental school program.

A licensed dentist may instruct a competent dental auxiliary as to the placement and monitoring of nitrous-oxide inhalation anxiolysis under his/her direct supervision, such supervision as defined in [Rule 1.13](#)—Board Regulation 13.

C. Combination Inhalation Enteral Anxiolysis. A licensed dentist may employ or use combination inhalation enteral anxiolysis on an outpatient basis for dental patients without making application to the Board, i.e., the use of nitrous-oxide in combination with another agent to produce anxiolysis within appropriate dosages.

4. Board Permits Required

For the following, Board permits are required:

- A. Enteral Conscious Sedation. No licensed dentist shall use enteral conscious sedation in his/her office on an outpatient basis for dental patients, unless such dentist possesses a permit of authorization issued by the Board. For example, conscious sedation can be achieved through inhalation agents and/or multiple doses of oral medications. Regardless of the enteral technique utilized, a dentist must have a permit to sedate a patient beyond anxiolysis.
- B. Parenteral Conscious Sedation. No licensed dentist shall use parenteral conscious sedation in his/her office on an outpatient basis for dental patients, unless such dentist possesses a permit of authorization issued by the Board. The issuance of a permit for parenteral conscious sedation shall include the privileges of administering enteral conscious sedation in accordance with the provisions of this section.
- C. General Anesthesia. No licensed dentist shall use general anesthesia in his/her office on an outpatient basis for dental patients, unless such dentist possesses a permit of authorization issued by the Board. The issuance of a permit for general anesthesia shall include the privileges of administering parenteral conscious sedation and enteral conscious sedation in accordance with the provisions of this section.

5. Criteria and Application for Anesthesia Permits

- A. Enteral Conscious Sedation. A permit is required prior to administration of enteral conscious sedation, and in order to receive such permit, the dentist must do the following:
 - 1. Apply on a prescribed application form to the Board;
 - 2. Submit the specified application fee as stipulated in Section 10 of this regulation;
 - 3. Produce evidence of a current Advanced Cardiac Life Support (hereinafter referred to as "ACLS") certificate, or a certificate from a Board-approved course; and
 - 4. Provide evidence of one or more of the following:
 - (a) Completion of formal training, sponsored by or affiliated with a university, teaching hospital, or other program approved by the Board or part of the undergraduate curriculum of an accredited dental school, in the use of enteral conscious sedation, and certification by the institution wherein the training was received to

be competent in the administration of enteral -conscious sedation. Such certification shall specify the type, number of hours, and length of training. For dentists who administer enteral conscious sedation to patients who are twelve (12) years of age or under, or who are thirteen (13) years of age or older and who are deemed to be patients with special health care needs as previously defined, the minimum number of didactic hours shall be fifty (50), with a minimum of twenty-five (25) hours pediatric-specific, and the minimum number of clinical patient cases shall be ten (10), with a minimum of five (5) being pediatric clinical patient cases. For dentists who administer enteral conscious sedation to patients who are thirteen (13) years of age or older and who are not deemed to be patients with special health care needs, the minimum number of didactic hours shall be twenty-two (22) and the minimum number of clinically oriented experiences shall be fifteen (15). The training program must include physical evaluation, enteral conscious sedation, airway management monitoring, and emergency management. The preceding is necessary for recognition of the formal training program. For the purpose of this subsection, training programs in enteral conscious sedation that satisfy the requirements described in Parts I and III of the ADA's "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students" at the time training was commenced, shall be deemed by the Board as approved training programs, wherein the hours of didactic training and the number of clinical patient cases shall be credited to the minimum amounts noted above.

- (b) Completion of an ADA-accredited post-doctoral training program, which affords the comprehensive and appropriate training necessary to administer and manage enteral conscious sedation, commensurate with these guidelines.
- (c) Until June 30, 2005, fulfillment of all requirements for grandfathering concerning administration of enteral conscious sedation by successfully completing an appropriate examination which includes:
 - (i) Demonstration of five (5) or more years of routinely administering enteral conscious sedation immediately prior to making application for an enteral conscious sedation permit;

- (ii) Discussion and review of three (3) cases including anesthetic technique;
- (iii) Review of records; and
- (iv) Demonstration of managing emergencies.

B. Parenteral Conscious Sedation. A permit is required prior to administration of parenteral conscious sedation, and in order to receive such permit, the dentist must do the following:

1. Apply on a prescribed application form to the Board;
2. Submit the specified application fee as stipulated in Section 10 of this regulation;
3. Produce evidence of a current ACLS certificate, or a certificate from a Board-approved course; and
4. Provide evidence of one or more of the following:
 - (a) Completion of formal training, sponsored by or affiliated with a university, teaching hospital, or other program approved by the Board or part of the undergraduate curriculum of an accredited dental school, in the use of parenteral conscious sedation, and certification by the institution wherein the training was received to be competent in the administration of parenteral -conscious sedation. Such certification shall specify the type, number of hours, and length of training. For dentists who administer parenteral conscious sedation to patients who are twelve (12) years of age or under, or who are thirteen (13) years of age or older and deemed to be patients with special health care needs as previously defined, the minimum number of didactic hours shall be sixty (60), with a minimum of twenty-five (25) hours pediatric-specific, and the minimum number of clinical patient cases shall be twenty (20), with a minimum of five (5) being pediatric clinical patient cases. For dentists who administer parenteral conscious sedation to patients who are thirteen (13) years of age or older and who are not deemed to be patients with special health care needs, the minimum number of didactic hours shall be sixty (60), and the minimum number of clinical patient cases shall be twenty (20). The preceding is necessary for recognition of the formal training program. For the purpose of this subsection, training programs in parenteral conscious sedation that satisfy the requirements described in Parts I and III of the ADA's "Guidelines for Teaching Pain Control and Sedation to Dentists and

Dental Students" at the time training was commenced, shall be deemed by the Board as approved training programs, wherein the hours of didactic training and the number of clinical patient cases shall be credited to the minimum amounts noted above.

- (b) Completion of an ADA-accredited post-doctoral training program, which affords the comprehensive and appropriate training necessary to administer and manage parenteral conscious sedation, commensurate with these guidelines.

C. General Anesthesia. A permit is required prior to administration of general anesthesia, and in order to receive such permit, the dentist must do the following:

1. Apply on a prescribed application form to the Board;
2. Submit the specified application fee as stipulated in Section 10 of this regulation;
3. Produce evidence of a current ACLS certificate, or a certificate from a Board-approved course; and
4. Provide evidence of one or more of the following:
 - (a) Completion of an advanced training program in anesthesia and related academic subjects beyond the undergraduate dental curriculum that satisfies the requirements described in Parts I, II, and III of the ADA's "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students" at the time training was commenced.
 - (b) Completion of an ADA-accredited post-doctoral training program, which affords the comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these guidelines.

6. Facilities Wherein Anesthesia Is Administered

- A. All facilities wherein any anesthesia is administered must be properly equipped for the administration of anesthesia and staffed with a supervised team of auxiliary personnel capable of reasonably assisting the dentist with procedures, problems, and emergencies incident thereto. The adequacy of the dental facility and competence of the anesthesia team shall be determined by the Board.

- B. The Board adopts the standards regarding the equipment within a dental facility as set forth by the American Association of Oral and Maxillofacial Surgeons (hereinafter referred to as "AAOMS") in the "Office Anesthesia Evaluation Manual," latest edition, as the standards by which each dentist administering enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia must meet. Certification of offices by AAOMS as meeting the standards adopted constitutes a prima facie showing that the dentist meets the standards. Copies of the ["Office Anesthesia Evaluation Manual"](#) are available from AAOMS at 9700 West Bryn Mawr Avenue, Rosemont, IL 60018-5701.
 - C. Any dentist administering enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia at a dental facility other than that dentist's own office or dental facility must ensure that the proper equipment and personnel as required above are present.
7. Site Visits and Periodic Inspections Pertaining to Enteral Conscious Sedation, Parenteral Conscious Sedation, and/or General Anesthesia Permits
- A. Prior to the issuance of such permits the Board shall conduct an on-site inspection of the dental facility, equipment, and personnel to determine if, in fact, the aforementioned requirements have been met. This evaluation shall be carried out in a manner prescribed by the Board, and the cost thereof shall be included in the anesthesia permit application fee. Evaluations shall be performed by a minimum of two (2) qualified experts, as determined by the Board.
 - B. Any missing or malfunctioning equipment shall be called to the attention of the applicant, and a permit shall not be issued until the Board's experts determine that all equipment is available and properly functioning. If the results of the initial evaluation are deemed unsatisfactory, the applicant may request another review.
 - C. All facilities wherein enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia may be administered shall be inspected at least once every five (5) years beginning from the date of the initial permit, as designated by the Board, to ensure that all equipment is of the appropriate type and in good working order. The Board also shall have the discretion to inspect any dental facility at any time for good cause. Any permitted dentist with missing or malfunctioning equipment shall cease administering anesthesia until his/her dental facility has been properly equipped with the required equipment or until such malfunctioning equipment has been satisfactorily repaired and until such time as the Board is in receipt of proof that the equipment has been repaired to the Board's satisfaction.

8. Advanced Cardiac Life Support and Cardiopulmonary Resuscitation

- A. Any dentist using enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia shall at all times be ACLS certified or hold a certificate from a Board-approved course, and his/her auxiliary personnel must meet the requirements for Cardiopulmonary Resuscitation (hereinafter referred to as "CPR") as set forth in [Rule 1.45](#)—Board Regulation 45.
- B. A dentist utilizing nitrous-oxide inhalation anxiolysis and his/her auxiliary personnel must meet the requirements for CPR as set forth in [Rule 1.45](#)—Board Regulation 45.

9. Renewal of Enteral Conscious Sedation, Parenteral Conscious Sedation, and/or General Anesthesia Permits

- A. Any dentist holding a permit of authorization issued by the Board shall be subject to review, and such permit must be renewed at the same time as the dentist renews his/her Mississippi dental license.
- B. The Board shall, in accordance with its laws, rules, and regulations, together with the appropriate and required information and renewal fee, renew the enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia permit, unless the holder is informed in writing that a re-evaluation of credentials and/or facilities is to be required. In determining whether such re-evaluation is necessary, the Board shall consider such factors as it deems pertinent, including, but not limited to, patient complaints and reports of adverse occurrences.
- C. At the time the dentist renews his/her enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia permit, he/she shall submit proof of current ACLS certification and current CPR certification for all dental auxiliaries who have direct patient care responsibilities.
- D. Certification cards issued by the Board upon renewal of anesthesia permits shall indicate the date wherein the required periodic five (5) year inspection is due to be performed by the Board.

10. Permit Fees

 For the purpose of determining permit fees only, the fees for enteral conscious sedation and/or parenteral conscious sedation permits shall be deemed to be equivalent to those as

set forth in Miss. Code Ann. § 73-9-43 and ~~Rule 1.37~~—Board Regulation 37 for general anesthesia permits.

11. Penalties for Non-Compliance Violating the provisions of this regulation shall subject the dentist to disciplinary action, after a hearing, as provided by the Mississippi laws pertaining to the practice of dentistry.

History: Regulation Twenty-Nine adopted by the Mississippi State Board of Dental Examiners June 4, 1987; amended May 4, 1990; amended September 25, 1992; amended December 4, 1992; amended December 8, 1995; amended February 9, 1996; amended July 21, 2000; amended December 7, 2001; amended March 5, 2004; amended November 19, 2004; amended January 7, 2005; amended December 2, 2005; amended February 24, 2006; amended October 19, 2007; amended May 16, 2008; amended [August 19, 2011](#); amended July 27, 2018.

Cite as 30 Miss. Code. R. § 2301-1.29

Source: Miss. Code Ann. § 73-9-19.

Rule 1.30 BOARD REGULATION NUMBER 30--ADMINISTRATION OF ANESTHESIA

Purpose: Pursuant to Miss. Code Ann. § 73-9-13, to promulgate rules for the administration of anesthesia in the dental office to allow dentists to provide patients with the benefits of anxiety and pain control in a safe and efficacious manner.

1. Definitions of Terminology Used Herein:

- a. ACLS – Advanced Cardiac Life Support endorsed by the American Heart Association or approved by the dental board.
- b. Analgesia - the diminution or elimination of pain.
- c. Anxiolysis - administration of an agent administered in a dosage intended to reduce anxiety without diminishing consciousness or protective reflexes.
- d. Behavioral Guidance - the use of pharmacological or psychological techniques, singly or in combination, to modify behavior to a level that dental treatment can be performed effectively and safely.
- e. BLS-HCP – Basic Life Support at the Health Care Provider Level endorsed by or equivalent to the American Heart Association.

- f. Clinically Oriented Experiences - clinical patient cases which are presented outside a clinical environment and in an instructional setting, e.g., video presentations.
- g. Combination Inhalation Enteral Anxiolysis (applies to Class 3 permit holders)- when nitrous-oxide is used in combination with an enteral agent with the intent of achieving anxiolysis only, and the appropriate dosage of agents is administered.
- h. Competent - displaying special skill or knowledge derived from training and experience.
- i. CRNA – Certified Registered Nurse Anesthetist.
- j. Critical portion – the anesthesia provider must be present from induction until the patient is recovered to spontaneous ventilations without airway support, SpO2 on room air $\geq 95\%$; pupils equal, round, central, and reactive to light; and awake, alert and responds to verbal commands.
- k. Dental Facility - the office where a permit holder practices dentistry and provides anesthesia/sedation services.
- l. Dental Facility Inspection - an on-site inspection to determine if a dental facility where the applicant proposes to provide anesthesia/sedation is supplied, equipped, staffed and maintained in a condition to support provision of anesthesia/sedation services that meet the minimum standard of care; may be required by the Board prior to the issuance of a sedation/anesthesia permit or any time during the term of the permit.
- m. Direct Supervision – the anesthesia provider to be physically present in the operating room and continuously aware of the patient’s physical status and well-being.
- n. Enteral route – absorption of medication across enteric membranes which line the alimentary canal from the oral cavity, through the digestive tract, ending in the rectum. This route includes medications that are either swallowed, absorbed through the mucosa of the oral cavity, or inserted rectally.
- o. Hospital Facility - a “hospital” or “ambulatory surgical facility” as those terms are defined in Miss. Code Ann. § 41-7-173(h).
- p. Immediately Available - on-site in the dental facility and available for immediate use.
- q. Live Patient Experiences - procedures involving live patients either performed or observed in a clinical environment and in an instructional setting.
- r. Local Anesthesia - the elimination of sensations, especially pain, in one part of the body by the regional application or injection of a drug.

- s. May - indicates freedom or liberty to follow a reasonable alternative.
- t. Mobile anesthesia provider- a dentist anesthesiologist, physician anesthesiologist, CRNA or oral and maxillofacial surgeon who provides anesthesia services in a permitted office that he/she does not operate.
- u. Must or Shall - indicates an imperative need or duty or both; an essential or indispensable item; mandatory.
- v. Nitrous-Oxide Inhalation Anxiolysis - the inhalational use of nitrous oxide for anxiolysis and/or analgesia.
- w. PALS – Pediatric Advanced Life Support endorsed by the American Heart Association or approved by the dental board.
- x. Parenteral route – administration of a drug other than absorption across enteric membranes (outside of the alimentary canal). These methods include intravenous, intramuscular, intranasal, and submucosal administration, among others.
- y. Pediatric – for the purposes of this regulation pediatric is defined as seven (7) years of age or under.
- z. Protective Reflexes - includes the ability to swallow, cough, and protect the airway.
- aa. Surgery Center- Ambulatory surgery center facility licensed by the Mississippi Department of Health

2. Levels of Anesthesia

- a. Minimal Sedation – a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes and ventilatory and cardiovascular functions are unaffected.
- b. Moderate Sedation (Conscious Sedation) – 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.
- c. Deep sedation – a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be

impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

- d. General Anesthesia – a drug-induced loss of consciousness during which patients cannot be aroused, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

3. When anesthesia is administered in a hospital facility or surgery center, the following general guideline applies:

A licensed dentist with no advanced anesthesia permit may employ or work in conjunction with a qualified anesthesiologist or CRNA who is eligible to practice in a licensed hospital or ambulatory surgical facility pursuant to the provisions of the "Minimum Standards of Operation for Mississippi Hospitals" or "Minimum Standards of Operation for Ambulatory Surgical Facilities" as published by the Mississippi State Department of Health. The licensed ambulatory surgical facility or hospital's department of anesthesia, or in the absence thereof the department of surgery, has the responsibility for establishing general policies and procedures for the administration of anesthesia, including a collaborative agreement with the CRNA as specified by nursing board rules and regulations.

4. Advanced Anesthesia Provider Permit Classifications.

- a. Class 1 Permit. Allows for administration of advanced anesthesia by a permit holder in the State of Mississippi with the intent to have the patient placed under deep sedation or general anesthesia. A pediatric endorsement must be obtained to provide anesthesia care for patients that are seven years of age or younger. A class 1 permit covers all levels of sedation permits.
- b. Class 2 Permit. Allows for administration of advanced anesthesia by a permit holder in the State of Mississippi with the intent to have the patient placed under moderate sedation. A pediatric endorsement must be obtained to provide anesthesia care for patients that are seven years of age or younger. Moderate sedation for pediatric patients seven years of age and younger must be administered via an oral, intranasal or intramuscular route. An intravenous route of administration in patients seven years and younger is prohibited, except for class 1 permit holders.

- c. Class 3 Permit. (same as Enteral Sedation) Allows for administration of advanced anesthesia by a permit holder in the State of Mississippi with the intent to have the patient placed under minimal sedation. Parenteral route of administration is not allowed. A pediatric endorsement must be obtained to provide anesthesia care for patients aged 8-12 years old. The dentist must use an anesthetic protocol in which he/she was trained.

5. Class 1 Provider Permit Requirements

a. Providers who are eligible for a Class 1 permit include:

- (1) An **oral and maxillofacial surgeon** who has completed a CODA-accredited residency in oral and maxillofacial surgery.
- (2) A **dentist anesthesiologist** who has completed a CODA-accredited residency in dental anesthesiology.

Note: For graduates of a dental anesthesiology residency program prior to CODA accreditation, the program must have met the requirements of the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry at the Advanced Education Level, in effect at the time of residency completion.

- (3) Maintain ACLS certification

b. Pediatric endorsement requirements – In order to provide anesthesia care for pediatric patients seven years of age and younger, a Class 1 permit holder must:

- (1) Have completed a CODA-accredited residency that has a standard for pediatric anesthesia training and is in compliance with such a standard.
- (2) Maintain PALS certification.

6. Class 2 Provider Permit Requirements

a. Providers who are eligible for a class 2 permit include:

- (1) A **dentist or dental specialist** who has successfully completed a CODA-accredited dental residency that includes comprehensive training in administering moderate sedation.
- (2) A **dentist or dental specialist** who has successfully completed a board-approved continuing education course in the administration and management

of moderate sedation (including a parenteral route). The course shall be board approved, and include:

(a) Sixty (60) hours of didactic instruction including:

- (i) Physical evaluation.
- (ii) Management of sedation and medical emergencies.
- (iii) The importance of, and techniques for, maintaining proper documentation.
- (iv) Monitoring and the use of monitoring equipment.
- (v) Rescuing patients from a deeper level of sedation than intended including managing the airway, intravascular or intraosseous access, and reversal medications.

(b) Individually-managed personal administration of moderate sedation to at least twenty (20) individuals.

(3) Maintain ACLS certification

b. Pediatric endorsement requirements- In order to provide anesthesia care to pediatric patients seven years of age and younger, a Class 2 permit holder must:

- (1) Have completed a CODA-accredited residency that has a standard for pediatric anesthesia training and is in compliance with such a standard.
- (2) OR – In addition to requirements as listed in 6 a (2) above, have completed a board approved level of training specific to sedation of pediatric patients which includes:

(a) Minimum of twenty-two (22) hours of didactic instruction hours on pediatric sedation including:

- (i) Physical evaluation.
- (ii) Management of sedation and medical emergencies.
- (iii) The importance of, and techniques for, maintaining proper documentation.
- (iv) Monitoring and the use of monitoring equipment.
- (v) Rescuing patients from a deeper level of sedation than intended including managing the airway, intravascular or intraosseous access, and reversal medications.

(b) Attendance of a Board approved course, which includes ten (10) live patient experiences for pediatric moderate enteral sedation.

(3) Maintain PALS certification

(4) Moderate sedation for pediatric patients seven years of age and younger must be administered via an oral, intranasal or intramuscular route. Patients must be ASAI or ASAIL. An intravenous route of administration is prohibited. This restriction does not apply to Class 1 providers.

7. Class 3 Permit Requirements

a. Providers who are eligible for a Class 3 permit include:

(1) A **dentist or dental specialist** who has successfully completed a CODA-accredited dental residency that includes comprehensive training in administering minimal sedation. This would include the use of combination agents for anxiolysis.

(2) A **dentist or dental specialist** who has successfully completed a board-approved continuing education training in the administration and management of minimal sedation using combination agents. The training should meet requirements for minimal sedation training which includes:

(a) Twenty-five (25) hours of didactic instruction including:

(i) Physical evaluation.

(ii) Management of sedation and medical emergencies.

(iii) The importance of, and techniques for, maintaining proper documentation.

(iv) Monitoring and the use of monitoring equipment.

(v) Rescuing patients from a deeper level of sedation than intended including managing the airway, intravascular or intraosseous access, and reversal medications.

(b) Twenty (20) clinically-oriented patient experiences.

(3) Maintain ACLS certification

b. Pediatric Endorsement requirements- In order to provide anesthesia care to pediatric patients eight (8) to twelve (12) years of age, a Class 3 permit holder must:

- (1) Have completed a CODA-accredited residency that has a standard for pediatric anesthesia training and is in compliance with such a standard.
- (2) OR – In addition to 7 a (2) above, have completed a board approved level of training specific to sedation of pediatric patients which includes;
 - (a) A minimum of Twenty-two (22) hours of didactic instruction hours on pediatric sedation, and includes:
 - (i) Physical evaluation.
 - (ii) Management of sedation and medical emergencies.
 - (iii) The importance of, and techniques for, maintaining proper documentation.
 - (iv) Monitoring and the use of monitoring equipment.
 - (v) Rescuing patients from a deeper level of sedation than intended including managing the airway, intravascular or intraosseous access, and reversal medications
 - (b) Attendance of a Board approved course, which includes ten (10) live patient experiences for pediatric moderate enteral sedation.
- (3) Maintain ACLS certification.
- (4) Class 3 permit will not allow sedation on any patient seven (7) years of age or younger. Also, patients age eight (8) to age twelve (12) must be ASA I or ASA II.
- (5) The dentist must use an anesthetic protocol in which he/she was trained.

8. A licensed dentist may provide anxiolysis without an advanced anesthesia permit.

a. Permissible examples include:

- (1) Nitrous-Oxide used with the intent for anxiolysis.
- (2) A single enteral agent used with the intent for anxiolysis, not to exceed the MRD.
- (3) Nitrous-oxide in combination with a single enteral agent with the intent for anxiolysis in patients 8 years and above.

b. A dentist without an advanced anesthesia permit is prohibited from:

- (1) The administration of an enteral drug exceeding the maximum recommended dose (MRD) in FDA-approved labeling for unmonitored home use.
- (2) The use of two or more enteral drugs during a single appointment.
- (3) Administering any sedative drug to a pediatric patient (seven (7) years of age or under) other than nitrous oxide.

9. Utilization of Anesthesia Services by Non-Dentist Anesthesia Providers

- a. The licensed dentist who wishes to utilize the services of a non-dentist anesthesia provider shall, (1) complete a non-dentist anesthesia provider application form and (2) notify the Board. In addition, if a licensed dentist wishes to utilize the services of a CRNA, the parties must also enter into a collaboration agreement/protocol as required by the rules and regulations of the Mississippi Board of Nursing.
- b. The application form as noted above, serves to provide the licensed dentist with a vetting/credentialing mechanism. At the same time, the notice to the Board serves to keep the Board advised of where non-dentist anesthesia providers are working and ensure that the licensed dentist is in full compliance with the regulations as promulgated herein.
- c. The dentist who utilizes a physician anesthesiologist or CRNA must possess a Class 1 or Class 2 Anesthesia Permit and have his/her facility permitted to the Class 1 Level.
- d. The licensed dentist shall participate through discussion of, and in agreement with, the anesthesia plan and shall remain physically present and available on the premises during the delivery of anesthesia services for consultation and treatment of emergency medical conditions.
- e. When utilizing the services of a CRNA, the licensed dentist shall insure that the CRNA only sedates to the level of the anesthesia permit held by the licensed dentist. For those Class 2 Anesthesia Permit holders working with a CRNA, the intent of the sedation should be moderate sedation with the understanding that the patient could drift to a deeper level of sedation for a brief period of time. The CRNA will not be limited in type of sedative-hypnotic agent used in order to provide the appropriate level of sedation and analgesia during stimulating portions of the procedure or when there are relevant patient safety concerns. This provision is not intended to limit the CRNA's ability to select and administer medication, including controlled substances, or to apply appropriate medical devices for the delivery of anesthesia services under

the anesthesia plan agreed upon in conjunction with the operating dentist as contemplated by Mississippi Code § 73-15-20.

10. Application for Advanced Anesthesia Permit

- a. The first-time applicant must submit an application for a Class 1, Class 2 or Class 3 permit. The application must include:
 - (1) Certification of training.
 - (a) This will include a copy of the provider's residency/program certificate and a letter from the program director certifying that his/her training meets CODA anesthesia standards.
 - (b) OR evidence of successful passing of a board-approved continuing education course.
 - (2) United States Drug Enforcement Administration (DEA) permit to prescribe and administer controlled substances in the state of Mississippi.
 - (3) Evidence of ACLS and/or PALS certification
 - (4) Notification of any previous disciplinary action related to the practice of anesthesia by a dental or medical board, other regulatory agency or hospital.
- b. An attestation statement must be signed that he/she will only provide sedation/anesthesia in a permitted facility to the level of the facility permit.
- c. If more than two years out from a CODA-approved training program with sedation training standards and/or the clinical practice of anesthesia and wish to obtain a permit, the provider must obtain ten (10) sedation experiences, five (5) of which are personally administered under direct supervision of a board-appointed Class 1 or a Class 2 permit holder.
- d. Grandfathering of existing permit holders:
 - (1) Current general anesthesia permit holder:
 - (a) A provider who currently holds a general anesthesia permit qualifies for a Class 1 permit.
 - (b) A provider who currently holds a general anesthesia permit may acquire a Class 1 pediatric endorsement by attesting to administration of, or involvement in, deep sedation/general anesthesia for at least

twenty (20) pediatric patients during the last two (2) years of clinical practice.

(2) Current parenteral conscious sedation permit holder:

- (a) A provider who currently holds a parenteral conscious sedation permit qualifies for a Class 2 permit.
- (b) A provider who currently holds a parenteral conscious sedation permit that fulfills the requirements for patients who are twelve (12) years of age or under qualifies for a Class 2 permit with a pediatric endorsement after completing a board-approved pediatric sedation course.
- (c) A dentist who has completed a CODA approved pediatric residency and holds a parenteral or enteral sedation permit qualifies for a class 2 permit with a pediatric endorsement.

(3) Current enteral conscious sedation permit holders:

- (a) A provider who currently holds an enteral conscious sedation permit qualifies for a Class 3 permit.
- (b) A provider who currently holds an enteral conscious sedation permit that fulfills the requirements for patients who are twelve (12) years of age or under qualifies for a Class 3 permit with a pediatric endorsement.
- (c) The dentist must use an anesthetic protocol in which he/she was trained.

11. Renewal of Advanced Anesthesia Permit

- a. An advanced anesthesia permit must be renewed biennially.
- b. The provider must demonstrate currency by providing:
 - (1) A copy of current ACLS and/or PALS certification.
 - (2) Continuing education training over the past two years.
 - (3) Attest to administration of, or involvement in, twenty (20) cases of deep sedation/general anesthesia (Class 1 permit) or moderate sedation (Class 2 permit) during the last two (2) years of clinical practice.

- (4) If renewing a pediatric endorsement, attest to administration of, or involvement in, sedation/anesthesia consistent with the permit level for twenty (20) pediatric patients.

12. Continued Competency

- a. To maintain an advanced anesthesia permit, an anesthesia provider shall participate in at least eight (8) hours of continuing education every two (2) years in any of the following areas (Class 1 permit holders must obtain a minimum of half of the required CE hours in general anesthesia):
 - (1) General anesthesia.
 - (2) Moderate sedation.
 - (3) Physical evaluation.
 - (4) Medical and sedation/general anesthesia emergencies or urgencies.
 - (5) Monitoring and use of monitoring equipment.
 - (6) Pharmacology of drugs and non-drug substances used in general anesthesia or sedation.
- b. The oral and maxillofacial surgeon auxiliary staff whose primary responsibility is to monitor the patient must complete a board approved CE course every two years.
- c. BLS-HCP, ACLS, and PALS do NOT count toward the sedation/anesthesia continuing education requirements.
- d. A facility must provide emergency management training in the form of drills or simulation for providers and their staff on a quarterly basis. This training must be documented and available for review at on-site evaluations.
- e. Every six years, providers must complete a simulation continuing education course as approved by the board.

13. Class 1 Deep Sedation/General Anesthesia Staffing Requirements

- a. For patients eight (8) years of age and older undergoing deep sedation/general anesthesia, a minimum of three (3) persons must be present with the patient during the critical portion of the procedure:

- (1) The Class I anesthesia permit holder, OR a physician anesthesiologist OR CRNA who has a collaborative agreement with the operating dentist.
 - (2) The operating dentist with at least a class 2 permit and current certification in ACLS. However, the operating dentist must have a class 1 permit if utilizing a CRNA.
 - (3) A third person having current certification in BLS-HCP.
 - (4) If the operating dentist is also the Class 1 anesthesia permit holder (i.e. oral and maxillofacial surgeon), there must be a qualified auxiliary staff whose primary responsibility is to monitor the patient during the procedure. The auxiliary must have current certification in a board-approved training program for such a role and have current certification in ACLS.
- b. For pediatric patients seven (7) years of age and younger, a minimum three (3) persons must be present with the patient during the critical portion of the procedure:
- (1) The Class I anesthesia permit holder who has current certification in PALS OR a physician anesthesiologist OR CRNA who has a collaborative agreement with the operating dentist.
 - (2) The operating dentist with at least a class 2 permit with a pediatric endorsement and current certification in PALS. However, the operating dentist must have a class 1 permit if utilizing a CRNA.
 - (3) A third person having current certification in BLS-HCP.
 - (4) If the operating dentist is also the Class 1 anesthesia permit holder (i.e., oral and maxillofacial surgeon), there must be a qualified auxiliary staff whose primary responsibility is to monitor the patient during the procedure. The auxiliary must have current certification in a board-approved training program for such a role and have current certification in PALS.
- c. For pediatric patients seven (7) years of age or under, a PALS-certified provider must recover the patient until he/she meets criteria for discharge using a recognized pediatric discharge scoring system. i.e. the Pediatric Post-Discharging Scoring System.

14. Class 2 Moderate Sedation Staffing Requirements

- a. For patients eight (8) years of age and older, a minimum of two (2) persons must be present during the critical portion of the procedure:

- (1) Class 2 anesthesia permit holder, OR a physician anesthesiologist OR CRNA who has a collaborative agreement with the operating dentist.
 - (2) The second person must have current certification in BLS-HCP.
- b. For pediatric patients seven (7) years of age or under, a minimum of two (2) persons must be present during the critical portion of the procedure:
 - (1) Class 2 anesthesia permit holder who has a pediatric endorsement, OR a physician anesthesiologist OR CRNA who has a collaborative agreement with the operating dentist.
 - (2) The second person must have current certification in BLS-HCP.
- c. For pediatric patients seven (7) years of age or under, a PALS-certified provider must recover the patient until he/she meets criteria for discharge using a recognized pediatric discharge scoring system. i.e. the Pediatric Post-Discharging Scoring System.

15. Class 3 Minimal Conscious Sedation Staffing Requirements

- a. For adult patients thirteen (13) years of age and older, a minimum of two (2) persons must be present during the critical portion of the procedure:
 - (1) Class 3 anesthesia permit holder who has current certification in ACLS.
 - (2) the second person must have current certification in BLS-HCP.
- b. For pediatric patients ages 8-12 a minimum of two (2) persons must be present during the critical portion of the procedure:
 - (1) Class 3 anesthesia permit holder who has a pediatric endorsement and current certification in ACLS.
 - (2) The second person must have current certification in BLS-HCP.

16. Facility Permitting

- a. The dental office in which advanced anesthesia is being provided must be permitted by the board.
- b. The facility must be adequately staffed and equipped for the provision of sedation and/or general anesthesia. The dentist who operates the facility and mobile anesthesia provider (if applicable) will be responsible for ensuring appropriate assistant staffing

- and training, monitoring equipment, emergency equipment and drugs, backup lighting, and electrical sources are in place.
- c. The permit type an office obtains is based on the level of anesthesia the office has been certified to provide.
 - (1) Class 1 Deep Sedation/General Anesthesia Facility Permit.
 - (2) Class 2 Moderate Sedation Facility Permit.
 - (3) Class 3 Minimal Sedation Facility Permit.
 - d. The facility must successfully pass an onsite inspection in order to be permitted.
 - e. An onsite evaluation must be successfully completed every six (6) years for the advanced anesthesia permit to be renewed.
 - f. The inspection form used by examiners for the onsite evaluation will be available for the dentist(s) whose office is being evaluated to review beforehand. The facility must be continually maintained to the level of permitting for all procedures utilizing anesthesia (i.e. Class 1, Class 2 or Class 3) as listed in the Facility Inspection Form.
 - g. A mobile anesthesia provider may bring his/her own equipment and drugs necessary to provide anesthesia and emergency care into a permitted facility as long as it is maintained per manufacturer requirements. However, this must be in addition, not substitution, for facility required equipment and drugs.
 - h. A mobile anesthesia provider can only provide services for a Class 1 or Class 2 permit holder. The facility he/she provides care in has to have a class 1 permit.
 - i. A Class 3 permit holder can only have sedation provided to the level of Class 3 sedation.
 - j. An onsite review of the office by a Board representative can occur at any time to certify compliance with facility requirements. The Board shall consider such factors as it deems pertinent, including, but not limited to, patient complaints and reports of adverse occurrences.
 - k. The facility must continually meet standards of care set forth by organizations such as American Society of Dental Anesthesiologists (ASDA), American Academy of Pediatric Dentists (AAPD) or American Association of Oral and Maxillofacial Surgeons (AAOMS). The AAMOS Office Anesthesia Evaluation Manual, most current edition, serves as a resource.

- l. Monitoring equipment must be checked and calibrated in accordance with the manufacturer's recommendations and documented on a yearly basis.
- m. Controlled pharmaceuticals should be secured and maintained on site in accordance with state and federal guidelines.
 - (1) Medications utilized in the dental office for moderate sedation, deep sedation, and/or general anesthesia shall be utilized in accordance with the drug manufacturer's guidelines as set forth in either FDA-approved labeling, common protocols, or peer-reviewed scientific literature.
- n. Grandfathering facilities-
 - (1) Current facilities in which sedation/anesthesia is provided must submit an attestation certifying compliance with staff credentials and continuing education, monitoring equipment, monitor calibration, emergency drugs and equipment, emergency preparedness training, and proper security and maintenance of controlled pharmaceuticals.
 - (2) Facilities have two (2) years to undergo the full initial evaluation.

17. Onsite Facility Inspection

- a. The facility inspection is aimed at ensuring there is a safe environment for provision of minimal sedation, moderate sedation, deep sedation, and/or general anesthesia. The facility must demonstrate:
 - (1) Provision of equipment necessary to provide general anesthesia (Class 1), moderate sedation (Class 2), or minimal sedation (Class 3).
 - (2) Provision of emergency drugs and equipment necessary for general anesthesia (Class 1), moderate sedation (Class 2), or minimal sedation (Class 3).
 - (3) Provision of an appropriate back up suction and power source for operation of monitors, lighting, and visualization of the patient.
 - (4) Provision of adequate staffing and their training for the management of emergencies.
 - (5) Appropriate documentation of the anesthetic experience in patient records.
 - (6) Proper documentation of the use of controlled substances, including an inventory log that complies with state and federal requirements indicating the receipt, administration, dispensing, and destruction of controlled substances.

- (7) Proper staff training and readiness for the management of anesthetic emergencies.
- b. The onsite evaluation team shall consist of at least two (2) people for the initial facility evaluation and at least one (1) person for subsequent renewal evaluations as follows:
 - (1) Class 1 Facility will be evaluated by Class 1 permit holders only.
 - (2) Class 2 Facility and Class 3 Facility will be evaluated by Class 2 permit holders (except for the initial evaluation where there must be one Class 1 permit holder).
 - (3) The operator of a facility or the evaluator have the right to request re-assignment if there is a conflict of interest.
 - c. The onsite inspection shall include the following:
 - (1) Evaluation of the facility.
 - (2) Review of at least ten (10) charts in order to assess for proper documentation.
 - (3) Review of documentation of office staff emergency simulation training
 - d. If the board is unable to schedule a facility evaluation within 30 days of a provider being issued a provider permit, a provisional facility permit can be issued by the board if the permitted provider attests to the facility meeting regulation requirements for the level of anesthesia being provided.
 - e. The evaluation team selected by the Board shall recommend one of the following:
 - (1) Pass: Successful completion of the onsite evaluation.
 - (2) Conditional Approval: For failing to have appropriate drugs or equipment, proper documentation of controlled substances, or proper record keeping. The provider must submit proof of correcting the deficiencies before full approval is issued.
 - (3) Not pass: This category is reserved for deficiencies that are judged to potentially be a patient safety concern. The provider will be notified by the board of necessary corrective action. Until that corrective action is taken, the provider shall not allow the provision of any form of sedation or general anesthesia in his/her dental facility.
 - f. Should an anesthesia permit holder disagree with the evaluation team's recommendation of Conditional Approval or Not Pass, the permit holder can request

a review by the Anesthesia Advisory Panel. If a positive resolution cannot be achieved, the aggrieved permit holder may then submit an appeal with the Board.

- g. All "Not Pass" recommendations will be reported to the Board.

18. Renewal of Facility Permit

- a. The facility permit must be renewed by completing a biennial attestation form and by an on-site evaluation every six (6) years.
- b. The biennial facility attestation must certify compliance with staff credentials and continuing education, monitoring equipment, monitor calibration, emergency drugs and equipment, emergency preparedness training, and proper security and maintenance of controlled pharmaceuticals.
- c. Every facility will undergo an onsite inspection at least once every six (6) years beginning from the date of the initial permit to ensure the facility maintains appropriate practice standards.
- d. An onsite inspection of the facility by a board representative can occur at any time to certify compliance with facility requirements. The Board shall consider such factors as it deems pertinent, including, but not limited to, patient complaints and reports of adverse occurrences.
- e. If the facility gets a "Conditional Approval" for failing to have appropriate drugs or equipment, proper documentation of controlled substances, or proper record keeping, the provider must submit proof of correcting the deficiencies before full approval is issued.
- f. If the facility gets a "Not Pass" for deficiencies that are judged to potentially be a patient safety concern, the provider must submit proof of correcting the deficiencies and may be subject to another on-site evaluation before full approval is issued.

19. Patient Selection Considerations

- a. American Society of Anesthesiologists (ASA) classification should be considered in determining if a patient is appropriate to treat in an office setting. Providers should follow guidelines put forth by ASA and other governing bodies such as ADA, AAOMS, ASDA, and AAPD.

- b. Appropriate medical and dental indications must exist before placing a patient under a deep sedation or general anesthetic, especially pediatric patients.

20. Reports of Adverse Occurrence

- a. If a death or adverse sedation/general anesthesia incident requiring an admission to a hospital occurs in a dental facility during the administration of or recovery from any level of sedation/general anesthesia, the permitted dentist anesthesia provider shall submit a complete report of the incident to the Board within ten (10) days of the occurrence including the name of the physician anesthesiologist or CRNA if applicable.

21. Penalty for Non-Compliance

- a. Violation of the provisions of this regulation may subject the permitted dentist anesthesia provider to disciplinary action, after a hearing, as provided by the Mississippi laws pertaining to the practice of dentistry.
- b. If a physician anesthesiologist or CRNA is involved, the Board will shall report non-compliance to the Medical or Nursing Board.
- c. In addition to the above, if non-compliance with this regulation by any permitted dentist or facility is such that continued operation may result in immediate harm to the public, the Dental Board retains the right to issue a cease and desist letter to the permit holder and/or seek injunctive relief as provided by law.

22. Anesthesia Advisory Committee

- a. The board will appoint permit holders to the anesthesia advisory committee whose responsibilities include:
 - (1) Review the content of Regulation 30, on-site evaluation forms, collaborate agreement forms and other documents pertaining to Regulation 30 annually for compliance with latest national standards (ASA, ADA, ASDA, etc.).
 - (2) Review and make recommendations to the board regarding training/educational programs for providers and staff.
 - (3) Make recommendations to the board regarding any changes necessary for compliance with Regulation 30.

- (4) Upon request, answer questions from the board regarding standards of care.
- b. The committee will consist of at least three (3) Class 1 permit holders, two (2) Class 2 permit holders and one (1) Class 3 permit holders. The committee should be broadly represented by specialty and general dentist permit holders and may include physician anesthesiologists and CRNAs. Members will commit to serve a two (2) year term and may be reappointed if eligible.
- c. A chair will be appointed to oversee the activities of the committee. He/she will commit to serve a two (2) year term and may be reappointed if eligible.
Responsibilities include:
 - (1) Overseeing activities of the committee.
 - (2) Act as a liaison between the committee, board, and executive director.
 - (3) Delegate responsibilities to committee members as appropriate.

Regulation Thirty adopted by the Mississippi State Board of Dental Examiners May 19, 2020.

Rule 1.31 BOARD REGULATION NUMBER 31--REPORT OF MORBIDITY OR MORTALITY

All dentists in the State of Mississippi must submit a complete report within a period of thirty (30) days to the Mississippi State Board of Dental Examiners of any mortality or other incident occurring in the outpatient facilities of such dentists which results in permanent physical or mental injury to a patient during, or as a direct result of dental procedures or anesthesia or sedation.

History: Regulation Thirty-One adopted by the Mississippi State Board of Dental Examiners on June 4, 1987; amended September 25, 1992.

Source: Miss. Code Ann. § 73-9-19.

Rule 1.33 BOARD REGULATION NUMBER 33--PUBLIC RECORDS ACCESS

It shall be the stated policy of the State Board of Dental Examiners that the terms, conditions, and mandates contained in the Mississippi Public Records Act of 1983, Miss. Code Ann. § 25-61-1 et. seq., shall be strictly observed.

The following procedures shall be implemented and complied with by any individual exercising his or her right to inspect, copy or mechanically reproduce or obtain a reproduction of any public record held and controlled by the Mississippi State Board of Dental Examiners, to-wit (except where prohibited by the Federal Privacy Act):

1. A person requesting any public record held or controlled by the State Board of Dental Examiners may do so either in writing or in person. The request shall be clear and concise and shall include only one subject matter.
2. The request shall be addressed to the Mississippi State Board of Dental Examiners, Suite 100, 600 East Amite Street, Jackson, Mississippi, 39201-2801.
3. Any such request for records or the reproduction of records shall be acted upon within fourteen (14) working days computed from the date of receipt of the request. Denial shall contain the specific reason for the denial. Copies of all denials shall be maintained on file by the Board for not less than three (3) years from the date denial is made.
4. Access to non-exempt records will be allowed during regular business hours.
5. If any public record which is held to be exempt from disclosure contains material which is not exempt, the Board shall separate the exempt material and make the non-exempt material available for examination and/or copying.
6. When fees are appropriate, the fees must be paid prior to the Board's compliance with the request. Only cash, money orders and cashier's checks will be accepted in payment for fees.
7. Records furnished to the Board by third parties, which are not public bodies, as defined in the Public Records Access Act, will not be released until notice to the third parties has been given. The record shall be released in fourteen (14) days unless the third party obtains a court order protecting the records as confidential.
8. The Executive Director of the State Board of Dental Examiners or his/her designee has the authority to specify the mode, manner, time and place of access.
9. Costs:
 - A. Any person who desires copies of public record as defined herein but does not officially represent a public body shall be charged twenty-five cents (\$.25) per mechanically reproduced copy. Copies of pages printed on both sides (front and back) shall be considered as two pages. This fee is for the cost of searching, reviewing and duplicating the public record. However, if the searching, reviewing or duplicating of documents or the separating of non-exempt material from documents, etc. containing exempt material requires more than one quarter hour of work, then the requesting party shall be charged for the work time above one quarter hour, in addition to a mechanical reproduction charge of twenty-five cents (\$.25) per page for any copies desired. The charge for the hour shall be based upon the hourly salary of the person at the Board, qualified and available to do the job.
 - B. In the event the public record is available in computer files and can be obtained

through computer use, then the requesting party may pay the charge for the computer including programming time and actual computer time, as well as any other costs incurred. This charge will be determined by the Board.

- C. Mailing costs calculated at the applicable United States Postal Service rates shall be charged where appropriate. The cost of mailing a notice to third parties via certified mail, return receipt requested, shall be charged to persons requesting the public records.

History: *Regulation Thirty-Three adopted by the Mississippi State Board of Dental Examiners on August 18, 1989; amended September 25, 1992; amended September 20, 1996.*

Source: Miss. Code Ann. § 73-9-19.

Rule 1.35 BOARD REGULATION NUMBER 35--MAINTENANCE OF CONTROLLED SUBSTANCES, RECORDS, AND INVENTORY

1. Authority:

The 1983 Mississippi Dental Practice Act, Miss. Code Ann., § 73-9-1, et. seq. (Supp. 1983), requires the Mississippi State Board of Dental Examiners (hereinafter the "Board") to carry out the purposes and provisions of the laws pertaining to the practice of dentistry in Mississippi. Pursuant to Miss. Code Ann. § 73-9-53 (Supp. 1983), legally licensed and registered dentists may write prescriptions for any drugs to be used in the practice of dentistry. Where dentists administer, dispense or prescribe a narcotic drug, or other drug having addiction-forming or addiction-sustaining liability other than in the course of legitimate professional practice, Miss. Code Ann. § 73-9-61 (Supp. 1983) provides for revocation or suspension of a license or a monetary penalty.

The responsibility for regulating the legitimate drug traffic among dentists has been placed upon the Mississippi Board of Dental Examiners by Miss. Code Ann. § 41-29-159 (Supp. 1990); and, in order to fulfill this duty, the Board must adopt rules and regulations providing for the reasonable regulation of drug prescriptions, dispensing, and inventories by dentists.

2. Construction and Purpose:

The abuse of drugs, which is a problem in every aspect of our lives in today's world, has also made its impact in the dental profession. The Board is cognizant of the increase in prescriptions, dispensation, and administration of narcotic drugs outside the course of legitimate professional practice.

The Board feels the burden of providing for the health, safety, and welfare of the public. The Board also recognizes that it is legally responsible for the regulation of the legitimate drug traffic among dentists. To carry out this duty, the Board is compelled to impose reasonable restrictions regarding the prescriptions, dispensing, and physical handling of controlled substances.

3. Definitions:

A. **Controlled Substances.** Controlled substances shall be the controlled substances in Schedule I, II, III, IV and V which are found at Mississippi Code Annotated Sections 41-29-113, 41-29-115, 41-29-117, 41-29-119, and 41-29-121, respectively. The definition of controlled substances shall include any amendments hereafter made to these sections.

B. **Dispensing Record.** A dispensing record shall be a bound volume or volumes containing only the information required in Part 4., Section B. of this Regulation.

C. *Mississippi Prescription Monitoring Program.* This is the program established and maintained by the Mississippi Board of Pharmacy for the purpose of monitoring the prescribing and appropriate use of certain controlled substances and specified drugs within the State of Mississippi. The Mississippi Board of Pharmacy has been charged with defining the scope, authority, and purpose of the Mississippi Prescription Monitoring Program or its successor.

4. General Provisions:

Beginning December 1, 1991, every dentist licensed by the Mississippi State Board of Dental Examiners shall be required to maintain an accurate inventory and separate dispensing record of all controlled substances dispensed in their offices. The inventory shall account for all controlled substances obtained or received by the dentist's office or the dentist regardless of whether the said controlled substances were purchased or obtained at no cost.

A. The receipt of inventory shall reflect in every case the following information:

1. the date of receipt of the controlled substance;
2. the name and address of the person or business from whom the controlled substance was received;
3. the name of the controlled substance received;
4. the strength of the controlled substance received;
5. the quantity of the controlled substance received.

B. The dispensing records shall contain the following information.

1. the name of the controlled substance dispensed or administered;
2. the date the controlled substance was dispensed or administered;
3. the method by which the controlled substance was dispensed (i.e., administered in office or released to patient);

4. the strength of the controlled substance dispensed or administered;
5. the quantity of the controlled substance dispensed or administered;
6. the name of the patient to whom the controlled substance was dispensed;
7. the address of the patient to whom the controlled substance was dispensed;
8. the identity of staff member who dispensed or administered the controlled substance to said patient.

C. Patient medication records shall include a reference to the corresponding entry made in the dispensing records.

D. If breakage or wastage of a controlled substance occurs, the amount of the wastage must be recorded and the disposal of the wastage shall be witnessed by at least two (2) staff members.

E. The inventory and separate dispensing record required by this rule shall be kept in the office of the dentist for a period of five (5) years from the date the controlled substances are dispensed and shall be made available for inspection by agents of the Mississippi State Board of Dental Examiners or any law enforcement agency.

F. Failure to maintain and make available the inventory and separate dispensing record required by this rule shall be considered a failure to maintain effective control against diversion of controlled substances into other than legitimate dental channels and shall subject the Mississippi licensed dentist to disciplinary action.

G. Whenever any dentist desires or is required to dispose of any controlled substances located in his office; he shall do so in accordance with the procedure for the disposing of controlled substances established by the United States Department of Justice, Drug Enforcement Administration or pursuant to any rules or regulations promulgated by that agency.

5. General Provisions Regarding Schedule II Medications:

A. No Schedule II medications shall be prescribed or dispensed for acute noncancer pain for more than seven (7) days.

B. Prior to prescribing, administering, or dispensing greater than a one (1) day supply of Schedule II medications, every dentist licensed by the Mississippi State Board of Dental Examiners shall be required to query the Mississippi Prescription Monitoring Program, as heretofore defined, to determine the patient's current prescription status.

C. The patient's treatment record shall include a reference that the dentist conducted a query of the Mississippi Prescription Monitoring Program prior to prescribing, administering, or dispensing greater than a one (1) day supply of any Schedule II medications.

D. Every licensed dentist who prescribes, administers, or dispenses any controlled substance within the State of Mississippi, or who proposes to engage in the prescribing, administering, or dispensing of any controlled substance within the State of Mississippi shall be required to complete the continuing education outlined in Board Regulation 41 regarding the prescribing of opioids.

E. During the conduct of any investigation undertaken by the Board, its staff, or its members, a query of the Mississippi Prescription Monitoring Program shall be conducted to ensure compliance with this Regulation.

F. Failure to comply with the aforementioned requirements shall subject the Mississippi licensed dentist to disciplinary action.

6. Registration with the Mississippi Prescription Monitoring Program: Effective July 1, 2017, every dentist licensed by the Mississippi State Board of Dental Examiners who prescribes, administers, or dispenses any controlled substance within the State of Mississippi, or who proposes to engage in the prescribing, administering, or dispensing of any controlled substance within the State of Mississippi, must be registered with the Mississippi Prescription Monitoring Program (PMP), such program as heretofore defined. Once registered with the PMP, Mississippi licensed dentists shall adhere to all guidelines, protocols, and restrictions adopted by the PMP. Failure to do so shall subject the Mississippi licensed dentist to disciplinary action.

History: Regulation Thirty-Five adopted by the Mississippi State Board of Dental Examiners October 25, 1991; amended September 25, 1992; amended June 7, 1994; amended February 7, 1997; amended February 22, 2019.

Source: Miss. Code Ann. § 73-9-19.

Rule 1.37 BOARD REGULATION NUMBER 37--LICENSE RENEWAL AND FEE SCHEDULE

Pursuant to the provisions in Miss. Code Ann. §§ 73-9-13, 73-9-19, and 73-9-43, the Board shall establish procedures for the renewal of all licenses and permits issued by the Board and collect in advance all fees as provided for in this Regulation and as currently established by the Board:

1. Renewal of Licenses and Permits Issued by the Board

All licenses and permits issued by the Board shall be renewed on a biennial basis sixty (60) days prior to November 1. Beginning with the 2005 renewal period, dentists will be renewed for the biennial period 2005-2007 and each subsequent biennial renewal period thereafter. For the 2005 renewal period, dental hygienists and radiology permit holders will be renewed for 2005-2006, and beginning with the 2006 renewal period, these licensees and permit holders will be renewed for the biennial period 2006-2008 and each subsequent biennial renewal period thereafter. A two-month penalty phase shall be effective November 1 for licenses and permits not renewed on or before October 31, and any licenses and permits not renewed on or before December 31 shall

be voided on January 1 for a failure to renew.

The payment of the renewal fee by any dentist or dental hygienist who receives a Mississippi license by credentials, or by any dental assistant who receives a Mississippi radiology permit, within the ninety-day (90-day) period prior to September 1, shall satisfy the renewal fee requirements for the renewal period during which licensure or permit status was granted and for the upcoming renewal period beginning September 1 of that current year. The payment of the renewal fee for impaired licensees is mandatory for all currently licensed dentists and dental hygienists.

2. Current Board Fees

Application for dental license by examination	\$250.00
Application for dental license by credentials	\$2,500.00
Application for dental specialty license	\$300.00
Application for dental institutional, teaching, or provisional license	\$25.00
Application for dental hygiene license by examination	\$150.00
Application for dental hygiene license by credentials	\$750.00
Application for dental hygiene institutional, teaching, or provisional license	\$25.00
Application for class 1 anesthesia permit	\$300.00
Application for class 2 anesthesia permit	\$300.00
Application for class 3 anesthesia permit	\$300.00
Application for dental hygienist certification to administer local anesthesia	\$50.00
Application for radiology permit	\$60.00
Application for a mobile/portable dental facility	\$300.00
Annual dental license renewal	\$200.00
Annual dental specialty license renewal	\$125.00
Annual dental institutional, teaching, or provisional license renewal	\$200.00
Annual dental hygiene license renewal	\$100.00
Annual dental hygiene institutional, teaching, or provisional license renewal	\$100.00

Annual class 1 anesthesia permit renewal	\$150.00
Annual class 2 anesthesia permit renewal	\$150.00
Annual class 3 anesthesia permit renewal	\$150.00
Annual dental hygienist certification to administer local anesthesia renewal	\$12.50
Annual radiology permit renewal	\$30.00
Penalty for delinquent renewal of dental licenses; dental specialty licenses; and dental institutional, teaching, and provisional licenses	
November 1 - November 30 (plus renewal fee)	\$50.00
December 1 - December 31 (plus renewal fee)	\$100.00
Penalty for delinquent renewal of dental hygiene licenses and dental hygiene institutional, teaching, and provisional licenses	
November 1 - November 30 (plus renewal fee)	\$25.00
December 1 - December 31 (plus renewal fee)	\$50.00
Penalty for delinquent renewal of radiology permits	
November 1 - November 30 (plus renewal fee)	\$20.00
December 1 - December 31 (plus renewal fee)	\$40.00
Annual impaired practitioner renewal fee	\$25.00
Mobile/portable dental facility follow-up site visit fee	\$150.00
Penalty for non-notification of change of address	\$10.00
Penalty for duplicate renewal forms and certification cards	\$10.00
Duplicate or replacement license or permit	\$20.00
Certified copy of license or permit	\$20.00
Certification of licensure status	\$20.00
Handling fee for non-sufficient funds check	\$50.00
Requests for database information	
Labels and printouts	\$125.00
Diskettes	\$150.00
Radiology examinations administered in Board's office	\$25.00
Dental and dental hygiene licensure examination manuals	\$15.00
Dental and dental hygiene licensure by examination and credentials packets	\$10.00

Laws and/or regulations	
One copy.....	\$10.00
Additional copies (per copy)	
.....	\$5.00
Disciplinary action orders (per copy)	
.....	\$5.00
Newsletters (per copy).....	\$2.50

History: Board Regulation Thirty-Seven adopted by the Mississippi State Board of Dental Examiners on September 25, 1992; amended December 8, 1995; amended October 4, 1996; amended May 27, 1997; amended January 23, 1998; amended May 29, 1998; amended May 12, 2000; amended November 3, 2000; amended July 19, 2002; amended May 18, 2003; amended August 5, 2005; amended February 24, 2006; amended June 16, 2006; amended May 13, 2011. Source: Miss. Code Ann. § 73-9-19; amended July 16, 2021; amended January 14, 2022.

Source: Miss. Code Ann. §§ 73-9-13, 17

Rule 1.39 BOARD REGULATION NUMBER 39--INFECTION CONTROL

Purpose: To provide standards and policies for infection control within the clinical facilities and for preventing the transmission of Human Immunodeficiency Virus and Hepatitis B Virus to patients.

In accordance with Miss. Code Ann. § 41-34-3, the Mississippi State Board of Dental Examiners hereby establishes the following regulations for protecting the public from the transmission of Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) in the practice of dentistry.

All professionals licensed by the Mississippi State Board of Dental Examiners must meet or exceed the current Recommended Infection-Control Practices for Dentistry as published by the federal Centers for Disease Control and Prevention. It is the responsibility of all licensed dentists to ensure that their auxiliary staff who may be exposed to blood and other body fluids are familiar with and adhere to the aforementioned recommendations.

Pursuant to authority granted in Miss. Code Ann. § 73-9-13, any member of the Board of Dental Examiners, its agents, investigators, and employees, upon reasonable cause as defined below, may enter any dental office, clinic, or dental laboratory during regular office hours to inspect all records, equipment, and facilities for the purpose of determining whether a licensee is in compliance with this regulation. During said inspection, representatives of the Board may conduct tests of all appliances and equipment to ensure proper sterilization and disinfection capabilities and to remove for inspection and testing any and all items deemed necessary, including, but not limited to, the following:

1. All sterilization or disinfection instruments (hot and cold), including, but not limited to, autoclaves and sterile containers.

2. Medical and surgical instruments used for dental purposes, including, but not limited to, forceps, scalpels, bone chisels, scalers, burrs, aspirators, mirrors, amalgam condensers, syringes, needles, blades, etc.
3. All sterilization chemicals, including, but not limited to, disinfectants, liquid germicides, antimicrobial surgical hand scrub, soaps, bleaches, and tuberculocidal hospital disinfectants.
4. Single-use disposable instruments, including, but not limited to, prophylaxis angles, prophylaxis cups, brushes, saliva ejectors, high-speed air evacuators, and airway syringes.
5. Solid waste disposal bags or other containers for disposal.
6. Laboratory material, dental appliances, or other items that may be used in the mouth, including, but not limited to, impressions, bite registrations, fixed and removable prostheses, and orthodontic appliances.
7. Equipment and other appliances used for protection of dental health care workers, including, but not limited to, medical gloves (latex and/or vinyl), face shields, surgical masks, or protective eyewear.
8. Operatory equipment not otherwise specified above.
9. Biohazard records/logs and infection control policy or protocols.
10. Patient records reflecting sterile procedures, if any used, and existence of infection(s).

Prior to any inspection, the Board shall make a determination that reasonable cause exists to conduct said inspection based upon either complaints or information received from reliable sources. Whether reasonable cause exists shall be determined by the Executive Director and President of the Board, and documentation of that determination shall be provided to the dentist, dental clinic, office, or laboratory before entry for inspection as provided herein.

History: Regulation Thirty-Nine adopted by the Mississippi State Board of Dental Examiners on September 25, 1992; amended August 27, 1993; amended February 9, 1996; amended August 29, 1997.

Source: Miss. Code Ann. § 73-9-19.

Rule 1.41 BOARD REGULATION NUMBER 41--CONTINUING EDUCATION

Purpose: To Establish Continuing Education Requirements of Dentists and Dental Hygienists.

1. Continuing Dental Education (CDE) requirements will be effective on July 1, 1993 immediately following adoption of this regulation by the Mississippi State Board of Dental Examiners, and the continuing education period shall be from January 1 through December 31 of each year effective January 1, 2014.

2. Every licensed dentist shall be required to have forty (40) hours documented, approved continuing education. Every year thereafter, each licensed dentist shall have forty (40) hours of continuing education for the previous two (2) consecutive years. Approved CDE shall consist of courses approved by the American Dental Association (ADA), Academy of General Dentistry (AGD), Mississippi Dental Association (MDA), Mississippi Dental Society (MDS), National Dental Association (NDA), or other courses or activities specifically approved by the Board for CDE credit. No more than four (4) hours per year on the subject of CPR (Cardiopulmonary Resuscitation) shall be allowed toward the two-year, forty-hour requirement, and dentists successfully completing an eight-hour, two-year CPR certification course are allowed to use four (4) hours each year, of the total eight (8) hours, toward fulfilling the two-year, forty-hour CDE requirement. Furthermore, licensees successfully completing a 16-hour Advanced Cardiac Life Support (ACLS) course may use eight (8) hours each year, of the total sixteen (16) hours, toward fulfilling the two-year, forty-hour CDE requirement, and licensees successfully completing an 8-hour ACLS course, a Board-approved general anesthesia review course, or an equivalent Board-approved course, may use four (4) hours each year, of the total eight (8) hours, toward fulfilling the two-year, forty-hour CDE requirement. Finally, dentists may attend courses offered and approved by any of the additional organizations listed in Section 3 of this Regulation and use such attendance as a means of fulfilling continuing education requirements.

3. Every licensed dental hygienist shall be required to have twenty (20) hours documented, approved continuing education. Every year thereafter, each licensed dental hygienist shall have twenty (20) hours of continuing education for the previous two (2) consecutive years. Approved CDE for dental hygienists shall consist of courses approved by the Mississippi Dental Hygienists' Association (MDHA), American Dental Hygienists' Association (ADHA), MDA, MDS, AGD, ADA, NDA, or other courses or activities specifically approved by the Board for CDE credit. No more than four (4) hours per year on the subject of CPR (Cardiopulmonary Resuscitation) shall be allowed toward the two-year, twenty-hour requirement, and dental hygienists successfully completing an eight-hour, two-year CPR certification course are allowed to use four (4) hours each year, of the total eight (8) hours, toward fulfilling the two-year, twenty-hour CDE requirement. Furthermore, licensees successfully completing a 16-hour Advanced Cardiac Life Support (ACLS) course may use eight (8) hours each year, of the total sixteen (16) hours, toward fulfilling the two-year, twenty-hour CDE requirement, and licensees successfully completing an 8-hour ACLS course, a Board-approved general anesthesia review course, or an equivalent Board-approved course, may use four (4) hours each year, of the total eight (8) hours, toward fulfilling the two-year, twenty-hour CDE requirement.

4. To fulfill the forty (40) required continuing education hours during the two-year reporting period, licensed dentists shall obtain a minimum of twenty (20) hours of clinical continuing education. To fulfill the twenty (20) required continuing education hours during the two-year reporting period, licensed dental hygienists shall obtain a minimum of ten (10) hours of clinical

continuing education. Clinical continuing education is defined as personal attendance at clinical courses pertaining to the actual delivery of dental services to patients.

5. Every dentist who prescribes, administers, or dispenses any controlled substance within the State of Mississippi, or who proposes to engage in the prescribing, administering, or dispensing of any controlled substance within the State of Mississippi, shall be required to obtain three (3) hours of continuing education every two (2) years regarding the prescription of opioids. Such continuing education shall be considered clinical continuing education and shall be exempt from the personal attendance requirement as heretofore required for clinical continuing education courses. In other words, as an alternative to personally attending courses regarding the prescription of opioids, dentists also may obtain this required clinical continuing education through Internet webinars and computer-based, video, audio, reading and/or correspondence/home study courses, and dentists must ensure compliance with the post-study examination requirements set forth in Section 7.

6. In addition to the providers listed in Sections 2 and 3 above, ADA-accredited dental, dental hygiene, and dental assisting teaching institutions may offer programs, seminars, or courses for dentists and dental hygienists as a means of fulfilling continuing education requirements. Prior to offering dental and dental hygiene continuing education programs, seminars, or courses, these institutions must request approval or sponsorship from the providers listed in Sections 2 and 3 above, or from the Board on a course-by-course basis. Approval or sponsorship of these programs, seminars, or courses must be clearly noted on seminar, program, or course brochures and all certificates of completion.

7. Continuing education credit will be given for computer-based courses, video courses, audio courses, reading, and/or correspondence/home study courses on a limited basis. All such above-enumerated courses shall be sponsored/approved by any one or more of those organizations listed in Sections 2 and 3 above, or licensed dentists and dental hygienists may obtain prior Board approval of any such courses on a course-by-course basis. In fulfilling the required continuing education hours set forth in Sections 2 and 3 for licensed dentists and dental hygienists, a maximum of twenty-five percent (25%) of the required coursework may be computer-based, video, audio, reading and/or correspondence/home study courses per two-year continuing education reporting period. Furthermore, a post-study examination must be a part of any of the above-enumerated courses, and licensed dentists and dental hygienists shall ensure they successfully complete and retain a copy of such post-study examination and any other documentation stipulated by Section 10. Provided the course directly relates to the practices of dentistry or dental hygiene, attendance at approved Continuing Medical Education (CME) courses may be used to satisfy the minimum continuing education requirements of Sections 2 and 3 above. Continuing education credit will be given for attendance at the business sessions of state and district meetings for those providers listed in Sections 2 and 3 above.

8. Instructors of Continuing Education Courses only shall receive one-time credit for a course, and shall receive the same credit for the course as participants.

9. Unless otherwise ordered by the Board, continuing education hours required by disciplinary order shall not be used to satisfy the continuing education requirements for license renewal.

10. A record of courses taken, the date, location, number of hours for such course, and certificates of attendance/successful course completion shall be kept by the dentist or hygienist for a minimum of three (3) years from the date of attendance and shall be made available for review at any time by any member of the Board or by any designated agent of the Board. Further, when a Board member or any designated agent thereof shall conduct any authorized investigation, any and all continuing education records will be reviewed and/or audited by such Board member or authorized agent during the course of the investigation. Finally, when any licensee is noticed to appear before the Board to show cause why that licensee's dental or dental hygiene license should not be suspended, revoked, or have other action taken against it, that licensee is required to present proof of compliance with this Regulation.

11. Each dentist or dental hygienist shall certify on the annual renewal form his or her compliance with the continuing education requirements stipulated herein.

12. False certification of the number of hours completed, or the failure to attend and complete the required amount of CDE shall subject the dentist or hygienist to disciplinary action, including revocation of license.

13. The following disciplinary actions will be taken against dentists and dental hygienists not meeting the requirements set forth in item number 11 above:

First Offense: Five Hundred and No/100 Dollars (\$500.00) fine.

Second Offense: One Thousand and No/100 Dollars (\$1,000.00) fine plus a thirty (30) day suspension of license.

Third Offense: Five Thousand and No/100 Dollars (\$5,000.00) fine plus a six (6) month suspension of license.

14. Any dentist or dental hygienist requesting a change from inactive to active status is not required to meet the continuing education or cardiopulmonary resuscitation requirements for the reporting period during which that dentist or dental hygienist was inactive. However, any dentist or dental hygienist requesting active status must, within the previous twelve (12) months prior to requesting active status, be current in cardiopulmonary resuscitation and have acquired twenty (20) and ten (10) hours of continuing education, respectively.

15. Any dentist or dental hygienist requesting reinstatement of a license which was voided for a failure to re-register or which was revoked must, within the previous twelve (12) months prior to requesting licensure reinstatement, be current in cardiopulmonary resuscitation and have acquired twenty (20) and ten (10) hours of continuing education, respectively.

16. The continuing education requirements outlined herein do not pertain to radiology courses/seminars or the mandatory radiologic safety courses and continuing education as required by Miss Code Ann. §§ 41-58-1, 41-58-3, and 41-58-5, and all radiology course offerings require such prior approval as that delineated in Rule 1.25--Board Regulation 25.

History: Regulation Forty-One adopted by the Mississippi State Board of Dental Examiners December 4, 1992; amended February 5, 1993; amended August 27, 1993; amended July 29, 1994; amended April 21, 1995; amended September 22, 1995; amended December 8, 1995; amended February 9, 1996; amended August 23, 1996; amended November 8, 1996; amended March 7, 1997; amended September 18, 1998; amended August 6, 2004; amended November 19, 2004; amended May 18, 2012; amended February 1, 2013; amended October 16, 2015; amended November 10, 2017.

Source: Miss. Code Ann. § 73-9-19.

Rule 1.43 BOARD REGULATION NUMBER 43—ADVERTISING

Purpose: The purpose of this regulation is to ensure that the public has access to information which provides a sufficient basis upon which to make an informed selection of dentists, while also ensuring that the public is protected from false or misleading advertisements which would detract from a fair and rational selection process. Accordingly, the Board shall adopt rules which shall regulate the manner of such advertising in keeping with the provisions hereof.

1. For the purposes of Miss. Code Ann. § 73-9-61, advertising shall include any information communicated in a manner designed to attract public attention to the practice of the licensee.
2. A dentist may provide information regarding himself or herself, his or her practice, and fixed fees associated with dental services in various forms of public communications. The responsibility for the form and content of an advertisement offering services or goods by a dentist shall be jointly and severally that of each professional who is a principal, partner, officer, or associate of the firm or entity identified in the advertisement.
3. All advertisements shall contain the full name and degree of the practitioner who will provide services. If services are referenced in the advertisement, the advertisement shall state either general practice or general dentistry, or the American Dental Association recognized specialty that the practitioner practices immediately following the name and degree of the practitioner. The word “family” may be substituted for the word “general.”
4. The Board may require a dentist to substantiate the truthfulness of any assertion or representation of material fact set forth in an advertisement. At the time an advertisement is placed, the dentist must then possess and rely upon information which, when produced, would substantiate the truthfulness of any assertion or representation of material fact set forth in such advertisement. The failure to possess and rely upon such information at the time the advertisement is placed, as well as the failure to provide such factual substantiation to support a representation or assertion when requested by the Board, shall be deemed unprofessional conduct as set forth in Miss. Code Ann. § 73-9-61(1)(1).
5. A video and/or audio tape of every advertisement communicated by electronic media or copies of printed advertisements shall be retained by the dentist for a period of two (2) years and be made available for review upon request by the Board or its designee.

6. Advertising that references a fee or fees, or a service for no fee, must clearly define the professional service being offered in the advertisement. Such advertised offers shall be presumed to include everything ordinarily required for such a service. No additional fees may be charged unless the advertisement includes the following disclaimer: **Additional fees may be incurred in individual cases.**

7. No advertisement by a licensed dentist shall contain any false, fraudulent, misleading, or deceptive statement or claim. The following acts or omissions in the context of advertising by any licensee shall constitute unprofessional conduct as set forth in Miss. Code Ann. § 73-9-61(1)(l), and subject the licensee to disciplinary action:

- A. Contains misrepresentations of fact.
- B. Misleads or deceive, or is likely to mislead or deceive, because in context the advertisement makes only a partial disclosure of relevant facts.
- C. Contains laudatory statements about the dentist or group of dentists.
- D. Creates, or is likely to create, false and unjustified expectations of favorable results.
- E. Relates to the quality of dental services provided as compared to other available dental services.
- F. Appeals, or is likely to appeal, primarily to a layperson's fears.
- G. Contains other representations or implications that in reasonable probability will cause an ordinary, prudent person to misunderstand or to be deceived.
- H. Communicates personal identifiable facts, data, or information about a patient without first obtaining the patient's consent.
- I. Fails to disclose the fact of giving compensation or anything of value to representatives of the press, radio, television or other communicative medium (e.g., newspapers or telephone directories) in anticipation of or in return for any advertisement, unless the nature, format, or medium of such advertisement make the fact of compensation apparent.
- J. Directly or indirectly offers, gives, or agrees to receive any fee or other consideration to or from a third party for the referral of a patient in connection with the performance of professional services.

History: Regulation Forty-Three adopted by the Mississippi State Board of Dental Examiners on February 5, 1993; amended April 21, 1995; amended May 30, 1995; amended March 8, 1996; amended December 6, 1996; amended March 7, 1997; amended August 27, 1999; amended

November 3, 2000; amended July 20, 2001; amended December 6, 2002; amended December 2, 2005; rescinded December 2, 2005 amendment on February 24, 2006.

Source: Miss. Code Ann. § 73-9-19.

Rule 1.45 BOARD REGULATION NUMBER 45 CARDIOPULMONARY RESUSCITATION

Purpose: To establish Cardiopulmonary Resuscitation requirements for dentists, dental hygienists, and all other dental auxiliary personnel.

1. Cardiopulmonary Resuscitation (CPR) requirements will be effective on July 1, 1994, and reporting will be incorporated with the annual registration to be submitted July 1, 1995. Refer to Rule 1.41--Board Regulation 41 concerning reporting requirements.

2. Effective July 1, 2012, all dental offices in the State of Mississippi shall be required to have a minimum of one (1) properly functioning Automated External Defibrillator (AED), or equivalent defibrillator, on the premises of each dental office. Each AED, or equivalent defibrillator, shall be maintained in a properly functioning capacity at all times. Proof of the availability of a properly functioning AED, or equivalent defibrillator, shall be made available for review at any time by any member of the Board or by any designated agent of the Board.

3. All dentists and dental hygienists licensed by the State of Mississippi and holding active licenses shall be currently certified in Cardiopulmonary Resuscitation. Further, all auxiliary personnel involved in direct patient care must be certified in Cardiopulmonary Resuscitation. All auxiliaries must be certified in CPR within one hundred eighty (180) days of employment.

4. Proof of certification shall be maintained by the dentist or dental hygienist for the time period specified in Rule 1.41--Board Regulation 41 and shall be made available for review at any time by any member of the Board or by any designated agent of the Board. When a Board member or any designated agent thereof shall conduct any authorized investigation, any and all proof of certification in Cardiopulmonary Resuscitation will be reviewed and/or audited by such Board member or authorized agent during the course of the investigation. Finally, when any licensee is noticed to appear before the Board to show cause why that licensee's dental or dental hygiene license should not be suspended, revoked, or have other action taken against it, that licensee is required to present proof of compliance with this Regulation.

5. False certification of CPR courses or failure to comply with this Regulation shall subject the dentist or dental hygienist to disciplinary action, including revocation of license. Fines will be assessed for failure to comply with this Regulation. Fines assessed herein will correspond to those fines enumerated in Rule 1.45--Board Regulation 41 for non-compliance with continuing education requirements.

6. Participation in approved Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), American Heart Association (AHA), or American Red Cross (ARC) courses may be used to fulfill the requirements of this Regulation. All other equivalent courses

shall be approved by the Board on a case-by-case basis; however, in no instance shall any course be approved by the Board that does not contain a hands-on mannequin component.

7. Any dentist or dental hygienist requesting a change from inactive to active status is not required to meet the CPR requirements for the reporting period during which that dentist or dental hygienist was inactive. However, any dentist or dental hygienist requesting active status must, within the previous twelve (12) months prior to requesting active status, be certified in Cardiopulmonary Resuscitation.

8. Any dentist or dental hygienist requesting reinstatement of a license which was voided for a failure to re-register or which was revoked must, within the previous twelve (12) months prior to requesting licensure reinstatement, be certified in Cardiopulmonary Resuscitation.

History: Regulation Forty-Five adopted by the Mississippi State Board of Dental Examiners February 4, 1994; amended July 29, 1994; amended May 29, 1995; amended December 8, 1995; amended February 7, 1997; amended March 7, 1997; amended May 8, 2009; amended August 6, 2010.

Source: Miss. Code Ann. § 73-9-19.

Rule 1.47 BOARD REGULATION NUMBER 47--LICENSURE BY CREDENTIALS

Purpose: To establish additional standards for licensure by credentials not included in Miss. Code Ann. § 73-9-24.

1. The Mississippi State Board of Dental Examiners has determined that a dentist or dental hygienist must practice a minimum of ninety (90) days per year from the date the application for licensure by credentials is received by the Board to be considered as actively practicing for the past five (5) years, pursuant to Miss. Code Ann. § 73-9-24(1)(b).

2. The Mississippi State Board of Dental Examiners has determined that an approved residency program may be used toward fulfilling the minimum five-year, active practice requirement stipulated by Miss. Code Ann. § 73-9-24(1)(b).

Regulation Forty-Seven adopted by the Mississippi State Board of Dental Examiners May 6, 1994; amended September 9, 1994; amended December 8, 1995; amended March 8, 1996; amended August 23, 1996; amended January 23, 1998; amended November 3, 2000; amended August 10, 2012; amended January 31, 2020.

Source: Miss. Code Ann. § 73-9-19.

Rule 1.49 BOARD REGULATION NUMBER 49--ACTIVE STATUS.

Purpose: To define what constitutes actively practicing three (3) months in the State of Mississippi pursuant to Miss. Code Ann. § 73-9-19 & 5; and to set forth the other information which may be required by the Board when considering eligibility of a dentist or dental hygienist

on the “inactive” list for registration on the “active” list pursuant to Miss. Code Ann. § 73-9-19 & 8.

1. Miss. Code Ann. § 73-9-19 & 5 stipulates that dentists and dental hygienists must actively practice their respective professions for at least three (3) months of the immediately preceding license renewal period to be considered in active practice.
2. Since the Board collects renewal fees for dentists and dental hygienists on a biennial basis, the Board has defined a biennial collection cycle as consisting of two (2) consecutive one-year license renewal periods.
3. The Mississippi State Board of Dental Examiners has defined three (3) months to mean that a dentist or dental hygienist must actively practice dentistry or dental hygiene in the State of Mississippi a minimum of one (1) day per month for any three (3) months during the preceding license renewal period to remain on active status with the Board. Otherwise, dentists and dental hygienists will be listed as inactive.
4. As noted in Miss. Code Ann. § 73-9-19 & 4, dentists and dental hygienists actively practicing in another state at a veterans hospital, federal government facility, or residency graduate school program at the time of renewal shall be listed as active.
5. When a dentist or dental hygienist, registered on the “inactive” list, seeks return to the “active” list, the Board, in addition to the written application required by § 73-9-19, may request other information as deemed necessary on an individual basis. If the dentist or dental hygienist has not practiced dentistry or dental hygiene for a period of three (3) or more years preceding the request for registration on the active list, the Board may require the applicant to submit to a clinical competency assessment administered either by the Board or other institution capable of administering such an assessment. The length and areas of testing shall be left to the discretion of the Board, and determined based on the individual needs and circumstances of each applicant. Clinical competency assessments will be administered two (2) times each year:

A. during the annual licensure examinations; and

B. during the month of December on a date to be determined on an annual basis.

All costs attributable to the assessment shall be the responsibility of the applicant.

History: Regulation Forty-Nine adopted by the Mississippi State Board of Dental Examiners on March 8, 1996; amended May 12, 2000; amended September 13, 2002; amended February 28, 2003; amended November 10, 2017.

Source: Miss. Code Ann. § 73-9-19.

Rule 1.51 BOARD REGULATION NUMBER 51--RESCINDED

History: *Regulation Fifty-One adopted by the Mississippi State Board of Dental Examiners March 8, 1996; rescinded November 3, 2000 in lieu of similar language being incorporated into Miss. Code Ann. § 73-9-61(1)(d).*

Source: Miss. Code Ann. § 73-9-19.

Rule 1.53 BOARD REGULATION NUMBER 53--PATIENT RECORDS

Purpose: To determine appropriate patient recordkeeping guidelines for licensed dentists.

Licensed dentists shall be required to maintain for a minimum of seven (7) years from the date of last treatment, a copy, or retrievable copy, of patient records including, at a minimum, the date(s) and type(s) of treatment; health history; any and all medications prescribed, dispensed, and/or administered; any and all radiographs administered; and/or other laboratory results. The inability and/or failure to produce such records when so requested by the Mississippi State Board of Dental Examiners shall be considered a violation of this Regulation, and the licensee may be subject to formal disciplinary action by the Board. Furthermore, patients who request copies of their records shall be provided such copies at no cost to the patient or, at a maximum, only the cost the dentist incurs in reproducing these records for the patient.

History: *Regulation Fifty-Three adopted by the Mississippi State Board of Dental Examiners March 8, 1996.*

Source: Miss. Code Ann. § 73-9-19.

Rule 1.55 BOARD REGULATION NUMBER 55--TRADE NAMES AND CORPORATE PRACTICE

Purpose: To establish a policy as to trade names and the corporate practice of dentistry in Mississippi.

1. **Name of Dental Facility**

Since the name under which a dentist conducts his or her practice may be a factor in the selection process of the patient, and use of a trade name or an assumed name that is false or misleading in any material respect is unethical, a dentist may practice in a dental facility which uses any of the following names:

- A. The name of the dentist as it appears on his or her license and renewal certificate;
 or
- B. The name of a dentist who employs him or her and practices in the same facility;
 or

- C. A partnership name composed of the name(s) of one or more dentists practicing in the same facility; or
- D. A corporate name composed of the name(s) of one or more of the dentists practicing as employees of the corporation in the same facility; or
- E. A corporate or trade name, if the conditions set forth in subsection 2 of this Regulation are fulfilled.

2. **Corporate or Trade Name**

Dentists licensed in the State of Mississippi who practice as individuals, partnerships, professional corporations, associations, or other group practices may use a corporate or trade name for the facility in which they conduct their practice if the following conditions are met:

- A. Each corporate or trade name shall be registered with the Board by any licensed dentist(s), who must be associated with the dental facility and who shall assume responsibility for compliance with the section. Each corporate or trade name must be approved by the Board prior to the use of the name. Names which in the judgment of the Board are false, misleading, or deceptive will be prohibited.
- B. Each corporate or trade name must list the family name(s) of the applying and responsible dentist(s).
- C. It is the obligation of each licensed dentist who works in a facility that utilizes a corporate or trade name to notify the Board in writing of the same.
- D. All advertisements including, but not limited to, signage, printed advertisements, and letterheads shall contain the name, as it appears on his or her license and renewal certificate, degree (D.M.D. or D.D.S.), and, if qualified, a specialty recognized by the American Dental Association of at least one licensed dentist who is associated with the dental facility and who shall, in conjunction with the licensed dentist referred to in subsection A., assume responsibility for the advertisement.
- E. In the entrance or reception area of the dental office, a chart or directory listing the names of all dentists practicing at that particular location shall be kept at all times prominently and conspicuously displayed.
- F. The names of all dentists who practice under the corporate or trade name shall be maintained in the records of the dental facility for five (5) years following the departure of any individual from the practice.
- G. Corporate or trade names previously approved and registered with the Board will be considered as being in compliance with these Rules and Regulations.

- H. A dentist may practice in a predominantly medical facility that uses a corporate or trade name.

3. **Name of Record**

Subsequent to the administration of dental service, the dentist of record shall place his or her name in the record of the patient following a description of the service rendered. If the treatment is rendered by a dentist other than the dentist of record or by a dental hygienist, the name of that person shall be placed in the record of the patient. For advertising purposes only, use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one (1) year. However, subsequent to the administration of dental service, it is not necessary for a dentist of record who is a sole practitioner to place his or her name in the record of the patient following a description of the service rendered.

4. **Approval or Rejection of a Corporate Name/Trade Name**

A. The Mississippi State Board of Dental Examiners shall notify the party submitting a proposed corporate name/trade name within sixty (60) days after submission as to the approval or rejection of the proposed name.

B. If the proposed name is rejected, the party submitting the name shall have fifteen (15) days from receipt of the notice of the rejection to request an appearance before the Board for reconsideration of the Board's rejection. The Board shall notify the party seeking reconsideration of a rejected corporate name/trade name of its decision within thirty (30) days after the party's appearance before the Board.

5. **Corporate Practice**

Due to the increased interest in the area of managed care and integrated health care systems, the Mississippi State Board of Dental Examiners has considered its policy as to the corporate practice of dentistry. After due consideration, it is the policy of this Board not to concern itself with the form or type of business arrangements entered into by a licensee, provided certain prerequisites are met, to-wit:

- A. The dentist employed or associated with the entity is licensed by this Board.
- B. The method and manner of patient treatment and the means by which patients are treated are left to the sole and absolute discretion of the licensed dentist. The provision of dental services and the exercise of sound dental judgment at all times shall be exercised solely at the discretion of the licensed dentist, and he/she shall not be subject to any influence, direct or indirect, to the contrary.
- C. The manner of billing and the amount of fees and expenses charged a patient for dental services rendered shall be left solely to the discretion of the licensed dentist.

- D. At no time shall a dentist enter into any agreement or arrangement whereby consideration or compensation is received as an inducement for the referral of patients or for the referral of dental services or supplies.
- E. Licensed dentists shall have the sole responsibility for approval of any and all public communications or advertisements, and these communications and/or advertisements must be in full compliance at all times with the requirements set forth in Rule 1.43--Board Regulation 43.
- F. Pursuant to Miss. Code Ann. ' 79-10-31, shareholders of a professional corporation which renders dental services shall only be licensed dentists.

History: *Regulation Fifty-Five adopted by the Mississippi State Board of Dental Examiners March 8, 1996; amended December 6, 2002.*

Source: Miss. Code Ann. § 73-9-19.

Rule 1.57 BOARD REGULATION NUMBER 57--CONSULTATIVE OR OPERATIVE TREATMENT BY DENTISTS NOT LICENSED IN MISSISSIPPI

Purpose: To define a licensed Mississippi dentist's responsibilities when, pursuant to Miss. Code Ann. § 73-9-3(e), a licensed dentist from outside the State of Mississippi is called into Mississippi for consultative or operative purposes.

1. Whenever a licensed Mississippi dentist determines it necessary to secure the services of a dentist not licensed by this State who must enter Mississippi to provide consultative or operative treatment, the Mississippi dentist must submit a written request for Board approval. Approval of such requests will be determined on a case-by-case basis and according to the required documentation provided to the Board.
2. Such request must denote the reasons for the consultative or operative treatment; the name, license number, and brief practice history of the dentist licensed outside the State of Mississippi; a certificate of good standing from the state wherein the dentist licensed outside the State of Mississippi is currently practicing; evidence from the insurance carrier of malpractice insurance coverage while practicing in Mississippi; and the maximum amount of time the dentist licensed outside the State of Mississippi will be providing consultative or operative services for the benefit of the licensed Mississippi dentist.
3. The licensed Mississippi dentist must assume full and complete responsibility for any and all patient care and treatment provided by the dentist licensed outside the State of Mississippi while such dentist is treating the patient(s) of the licensed Mississippi dentist, and a sworn affidavit to this effect must accompany the request for Board approval.
4. If during the course of patient care and treatment it is determined that an extension of time is required for the dentist licensed outside the State of Mississippi, a written request must be submitted forthwith to the Board stating the reasons for such an extension of time. However,

unless prior Board approval has been received, at no time shall the dentist licensed outside the State of Mississippi provide patient care and treatment beyond the maximum amount of time initially requested by the licensed Mississippi dentist; otherwise, the licensed Mississippi dentist may be subject to disciplinary action by the Board.

5. The Board shall set a period of time for which permission for the consultative or operative treatment shall be in effect.

History: Regulation Fifty-Seven adopted by the Mississippi State Board of Dental Examiners March 8, 1996; amended September 13, 2002.

Source: Miss. Code Ann. § 73-9-19.

Rule 1.59 BOARD REGULATION NUMBER 59--LICENSURE OF INDIVIDUALS PERFORMING DENTAL UTILIZATION REVIEW

Purpose: To stipulate Mississippi licensure requirements for individuals performing dental utilization review.

Any program of utilization review with regard to dental care services provided in this State shall comply with the following:

1. No determination adverse to a patient or to any dental provider shall be made on any question relating to the necessity or justification for dental care services without prior evaluation and concurrence in the adverse determination by a dentist licensed to practice in Mississippi. The reviewing dentist who made the adverse determination shall discuss the reasons for any adverse determination with the affected dentist provider, if the provider so requests. The reviewing dentist shall comply with this request within fourteen (14) calendar days of being notified of a request. An adverse determination by a reviewing dentist shall not be grounds for any disciplinary action against the dentist by the Mississippi State Board of Dental Examiners.

2. Any determination regarding dental care services rendered or to be rendered to a patient which may result in a denial of third-party reimbursement or a denial of pre-certification for that service shall include the evaluation, findings, and concurrence of a reviewing dentist trained in the relevant specialty or sub-specialty, if requested by the patient's dentist, to make a final determination that care rendered or to be rendered was, is, or may be inappropriate.

3. The requirement in this section that a reviewing dentist who makes the evaluation and concurrence in the adverse determination must be licensed to practice in Mississippi shall not apply to the Comprehensive Health Insurance Risk Pool Association or its policyholders.

History: Regulation Fifty-Nine adopted by the Mississippi State Board of Dental Examiners December 8, 2000.

Source: Miss. Code Ann. § 73-9-19.

Rule 1.61 BOARD REGULATION NUMBER 61--MOBILE DENTAL FACILITIES

Purpose: To establish requirements for licensees operating mobile dental facilities within the State of Mississippi, all pursuant to Miss. Code Ann. § 73-9-13.

1. Applicability

This regulation applies to the Operator of a mobile dental facility dental operation.

2. Exemptions

a. Mobile dental facilities operated by agencies of the State of Mississippi which do not charge or collect any fees whatsoever for services provided are exempt from the requirements of this regulation.

b. Mobile dental facilities contracted, operated, or deployed by the Federal or State military armed forces to provide dental services/treatment solely to Federal or State active duty military personnel, including military reservists, exclusively within the confines of the military base, armory, or installation within the State of Mississippi, are exempt from the requirements of this regulation. As used herein, the terms “military personnel” and “military reservists” do not include spouses and dependents.

3. Definitions As used herein, the following terms shall have the meanings specified:

a. “Mobile dental facility” means any self-contained facility in which dentistry will be practiced, which may be moved, towed, or transported from one location to another. This includes, but is not limited to, a van or mobile home in which treatment will be provided.

b. “Operator” means the person or persons currently licensed to practice dentistry in the State of Mississippi who is providing the patient’s treatment while on the mobile dental facility. The Operator shall be present and held completely responsible for the quality of patient care at all times when clinical services are rendered.

c. “Owner” means an individual or corporate entity who has registered a mobile dental facility with the Board pursuant to the registration requirements of this regulation.

d. “Mobile dentistry” is defined as the delivery of dental services to patients of all ages in facilities not considered traditional land-based dental clinics, such facilities as heretofore defined. The Board herein references its current definition of dentistry as set forth in Miss. Code Ann. § 73-9-3, et. al., and all pertinent regulations regarding the provision of dental services to patients. Operators providing mobile dentistry are expected to adhere to the same ethics, laws, and regulations governing the provision of dental services to patients as would be expected of dentists providing the same dental services to patients in land-based dental clinics. Furthermore, any deviation from the standard of care in the provision of both mobile dentistry and land-based dentistry shall be considered a violation of the Board’s laws and regulations and subject to disciplinary action by this Board.

4. Registration

a. In order to operate a mobile dental facility, the Operator must be an individual who is authorized to practice dentistry under the laws and regulations of this State, and must possess a current mobile dental office registration issued by the Board.

b. To become registered, the Operator must:

- (1) Complete an application in the form and manner required by the Board.
- (2) Pay an initial application fee, such fee as stipulated in Board Regulation 37.
- (3) Provide the Board with evidence of compliance with the requirements of this regulation.
- (4) With the registrant's initial application to the Board, submit proof from the Mississippi State Board of Health that licensee's radiographic equipment has been approved.

5. Office Physical Address and Telephone Number

- a. The Operator of a mobile dental facility shall maintain an official business or mailing address of record (hereinafter "official office address"), which shall not be a post office box and which shall be filed with the Board.
- b. The Operator of a mobile dental facility shall maintain an official telephone number of record, which shall be filed with the Board. Furthermore, the telephone number for the mobile dental facility must have 911 capability.
- c. The Board shall be notified within thirty (30) days of any change in the address or telephone number of record.
- d. All written or printed documents available from or issued by the mobile dental facility shall contain the official office address and telephone number of record for the mobile dental facility.
- e. All mobile dental facilities shall provide a written list to the state board of dental examiners outlining addresses associated with each service location, or locations the Operator plans to provide services from each mobile facility.
- f. When not in transit, all dental and official records shall be maintained at the official office address.

6. Written Procedures, Communication Facilities, Conformity with Requirements, and Driver Requirements

The Operator of a mobile dental facility shall ensure the following:

- a. There is a written procedure for emergency follow-up care for patients treated in the mobile dental facility, and such procedure includes arrangements for treatment in a dental facility that is established in the area where services were provided.
- b. With the registrant's initial application, the Board must be provided a list of names of dentists to whom the Operator of the mobile dental facility will refer patients for follow-up care, subject to the patient's right to choose another dental care provider. This list shall contain the dentist's full name, physical office address, telephone number, and an attached statement from each dentist so listed indicating that the dentist will be responsible for follow-up care. The list shall be updated when changes are made insofar as follow-up care dentists are concerned within 30-days. A dentist who agrees to provide follow-up care must be practicing and located in a land based dental office which provides dental services either in the county wherein the mobile dental facility provides services, or in an adjacent county to the location wherein such services are being provided. The dentist who agrees to provide follow-up care can also be the Operator provided that there is a qualifying mobile facility.
- c. The mobile dental facility has communication facilities that will enable the Operator thereof to contact necessary parties in the event of a medical or dental emergency. The mobile dental facility must have communication capabilities to be directly reached at the mobile facilities. This direct line shall be listed and viewable with ease for the public and

MSBDE to contact at any time deemed necessary by MSBDE or a representative of MSBDE. This direct line cannot be associated with a switchboard that is maintained by a land-based clinic, or satellite location. The communication facilities must enable the patient or the parent or guardian of the patient treated to contact the Operator for emergency care, follow-up care, or information about treatment received. The provider who renders follow-up care must also be able to contact the Operator and receive treatment information, including radiographs.

d. The mobile dental facility and the dental procedures performed comply with the laws and regulations of the State.

e. No services are performed on minors without a signed consent form from the parent or guardian, which indicates:

(1) if the minor already has a dentist, the parent or guardian should continue to arrange dental care through that provider; and

(2) how the treatment of the child by the mobile dental facility may affect the future benefits that the child may receive under private insurance, Medicaid; or the Children's Health Insurance Program (CHIP).

f. A mobile dental facility that accepts a patient and provides preventive treatment, including prophylaxis, radiographs, and fluoride, but does not follow-up with treatment when such treatment is clearly indicated, is considered to be abandoning the patient. Arrangements must be made for treatment services by either the Operator or other licensee who agrees to provide follow-up care. If such arrangements are not made, the Operator will be construed to have committed unprofessional conduct pursuant to Miss. Code Ann. § 73-9-61 and shall be subject to disciplinary action by this Board.

7. Physical Requirements and Inspection for Mobile Dental Facility

a. The Operator shall ensure that the mobile dental facility has the following:

(1) Ready access to a ramp or lift;

(2) A properly functioning sterilization system;

(3) Ready access to an adequate supply of potable water, including hot water;

(4) Ready access to toilet facilities; and

(5) A covered galvanized, stainless steel, or other noncorrosive container for deposit of refuse and waste materials.

(6) Medical waste disposal consistent with CDC guidelines.

b. All procedures must be in compliance with the current Recommended Infection-Control Practices for Dentistry as published by the federal Centers for Disease Control and Prevention (CDC).

c. The mobile dental facility shall be inspected by a Board member or a staff evaluator prior to receiving approval to operate by the Board, and the fee for such inspection shall be included in the initial application fee for a mobile dental facility.

d. Once approved the mobile dental facility shall be subject to periodic, unannounced audits by any Board member or a staff evaluator. Furthermore, a fee shall be assessed for these periodic, unannounced audits, such fee as stipulated in Board Regulation 37.

8. Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses

a. The Operator of a mobile dental facility shall identify and advise the Board in writing within thirty (30) days of any personnel change relative to all licensed dentists, and

licensed dental hygienists, and all radiology permit holders associated with the mobile dental facility by providing the full name, address, telephone numbers, and license numbers, where applicable.

b. The Operator shall advise the Board in writing within thirty (30) days of any change in the written procedure for emergency follow-up care for patients treated in the mobile dental facility, including arrangements for treatment in a dental facility which is permanently established in the area. The permanent dental facility shall be identified in the written procedure.

c. Each dentist and dental hygienist providing dental services in the mobile dental facility shall prominently display his or her Mississippi dental or dental hygienist license in plain view of patients.

9. Identification of Location of Services

a. Each Operator of a mobile dental facility shall maintain a written or electronic record detailing for each location where services are provided:

- (1) the street address of the service location;
- (2) the dates of each session;
- (3) the number of patients served; and
- (4) the types of dental services provided and quantity of each service provided.

b. The written or electronic record shall be made available to the Board or its representative within ten (10) days of a request.

c. Each mobile dental facility must possess all applicable county and city licenses or permits to operate at each location.

10. Licensed Dentist in Charge

A mobile dental facility shall at all times be in the charge of a dentist currently licensed to practice dentistry in the State of Mississippi. The treating dentist currently licensed to practice dentistry in the State of Mississippi shall be present and held completely responsible for the quality of patient care at all times when clinical services are rendered.

11. Information for Patients

a. During or at the conclusion of each patient's visit to the mobile dental facility, the patient shall be provided with an information sheet. If the patient has provided consent to an institutional facility to access the patient's dental health records, the institution shall also be provided with a copy of the information sheet. An institutional facility includes, but is not limited to, a long-term care facility or school.

b. The information sheet as required herein shall include the following:

- (1) Pertinent contact information as required by this regulation;
- (2) The name of the dentist and other dental staff who provided services;
- (3) A description of the treatment rendered, including billed service codes and fees associated with treatment, and tooth numbers when appropriate; and
- (4) If necessary, referral information to another dentist as required by this regulation.
- (5) A written process to obtain radiographs.

12. Cessation of Operation

a. Upon cessation of operation by the mobile dental facility, the Operator shall notify the Board within thirty (30) days of the last day of operation in writing of the final disposition of patient records and charts.

b. If the mobile dental facility is sold, a new registration application must be filed with the Board.

c. The Operator shall make reasonable arrangements with the active patients of the mobile dental facility for the transfer of the patient's records, including radiographs or copies thereof, to the succeeding practitioner or, at the written request of the patient, to the patient.

d. As used in this section, "active patient" applies and refers to a person whom the mobile dental facility has examined, treated, cared for, or otherwise consulted with during the two-year (2) year period prior to discontinuation of practice, or moving from or leaving the community.

Regulation Sixty-One adopted by the Mississippi State Board of Dental Examiners on February 25, 2005; amended May 6, 2005; amended August 7, 2009; amended May 13, 2011; amended February 3, 2012; amended April 5, 2019.

Source: Miss. Code Ann. § 73-9-19.

Rule 1.62 BOARD REGULATION NUMBER 62--PORTABLE DENTAL OPERATIONS

Purpose: To establish requirements for licensees operating portable dental operations within the State of Mississippi, all pursuant to Miss. Code Ann. § 73-9-13.

1. Applicability

This regulation applies to the Operator of a portable dental operation who:

a. provides dental services.

2. Exemptions

a. Portable dental operations operated by agencies of the State of Mississippi which do not charge or collect any fees whatsoever for services provided are exempt from the requirements of this regulation.

b. Portable dental operations contracted, operated, or deployed by the Federal or State military armed forces to provide dental services/treatment solely to Federal or State active duty military personnel, including military reservists, exclusively within the confines of the military base, armory, or installation within the State of Mississippi, are exempt from the requirements of this regulation. As used herein, the terms "military personnel" and "military reservists" do not include spouses and dependents.

3. Definitions as used herein, the following terms shall have the meanings specified:

a. "Portable dental operation" is defined as any nonfacility in which dental equipment, utilized in the practice of dentistry, is transported to and utilized on a temporary basis at an out of office location, including, but not limited to: (A) Other dentist offices; (B) patient's homes; (C) schools; (D) nursing homes; or (E) other institutions.

b. "Operator means the person licensed to practice dentistry in the State of Mississippi who has registered a portable dental operation with the Board pursuant to the registration requirements of this regulation.

c. "Owner" means an individual or corporate entity who has registered a portable dental operation with the Board pursuant to the registration requirements of this regulation.

d. “Portable dentistry” is defined as the delivery of dental services to patients of all ages in facilities not considered traditional land-based dental clinics, such facilities as heretofore defined. The Board herein references its current definition of dentistry as set forth in Miss. Code Ann. § 73-9-3, et. al., and all pertinent regulations regarding the provision of dental services to patients. Operators providing portable dentistry are expected to adhere to the same ethics, laws, and regulations governing the provision of dental services to patients as would be expected of dentists providing the same dental services to patients in land-based dental clinics. Furthermore, any deviation from the standard of care in the provision of portable dentistry and land-based dentistry shall be considered a violation of the Board’s laws and regulations and subject to disciplinary action by this Board.

4. Registration

a. In order to operate a portable dental operation, the Operator must be an individual who is authorized to practice dentistry under the laws and regulations of this State, and must possess a current portable dental permit registration issued by the Board.

b. To become registered, the Operator must:

(1) Complete an application in the form and manner required by the Board.

(2) Pay an initial application fee, such fee as stipulated in Board Regulation 37.

(3) Provide the Board with evidence of compliance with the requirements of this regulation.

(4) With the registrant’s initial application to the Board, submit proof from the Mississippi State Board of Health that licensee’s radiographic equipment has been approved.

5. Office Physical Address and Telephone Number

a. The Operator and the owner of a portable dental operation shall maintain an official business or mailing address of record (hereinafter “official office address”), which shall not be a post office box and which shall be filed with the Board.

b. The Operator and the owner of a portable dental operation shall maintain an official telephone number of record, which shall be filed with the Board. Furthermore, the telephone number for the portable dental operation must have 911 capability.

c. The Board shall be notified within thirty (30) days of any change in the address or telephone number of record.

d. All written or printed documents available from or issued by the portable dental operation shall contain the official office address and telephone number of record for the portable dental operation.

e. When not in transit, all dental and official records shall be maintained at the official office address.

6. Written Procedures, Communication Facilities, and Conformity with Requirements.

The Operator of a portable dental operation shall ensure the following:

a. There is a written procedure for emergency follow-up care for patients treated in the portable dental operation, and such procedure includes arrangements for treatment in a dental facility that is established in the area where services were provided.

b. With the registrant's initial application, the Board must be provided a list of names of dentists to whom the Operator of the portable dental operation will refer patients for follow-up care, subject to the patient's right to choose another dental care provider. This list shall contain the dentist's full name, physical office address, telephone number, and an attached statement from each dentist so listed indicating that the dentist will be responsible for follow-up care. The list shall be updated when changes are made insofar as follow-up care dentists are concerned. A dentist who agrees to provide follow-up care must be practicing and located in a land based dental office which provides dental services in the county wherein the portable dental operation provides services, or in an adjacent county to the location wherein such services are being provided. The dentist who agrees to provide follow-up care can also be the operator.

c. The portable dental operation has communication facilities that will enable the Operator thereof to contact necessary parties in the event of a medical or dental emergency. The communication facilities must enable the patient or the parent or guardian of the patient treated to contact the Operator for emergency care, follow-up care, or information about treatment received. The provider who renders follow-up care must also be able to contact the Operator and receive treatment information, including radiographs.

d. The portable dental operation and the dental procedures performed comply with the laws and regulations of the State.

e. In addition to written report being sent home with the patient, the portable operation will communicate with the guardian, informing him/her of the necessary treatment needed for that child. The portable operation will assist in the referral and appointment process to the dentist who agreed to treat these patients. Additionally, specific information will be detailed on how to obtain radiographs for the referred dentist.

f. No services are performed on minors without a signed consent form from the parent or guardian, which indicates:

(1) if the minor already has a dentist, the parent or guardian should continue to arrange dental care through that provider; and

(2) How the treatment of the child by the portable dental operation may affect the future benefits that the child may receive under private insurance, Medicaid; or the Children's Health Insurance Program (CHIP).

(3) The informed consent will be signed for each patient explaining the anticipated procedures to be performed.

g. A portable dental operation that accepts a patient and provides preventive treatment, including prophylaxis, radiographs, and fluoride, but does not follow-up with treatment when such treatment is clearly indicated, is considered to be abandoning the patient. Arrangements must be made for treatment services by either the Operator or other licensee who agrees to provide follow-up care. If such arrangements are not made, the Operator will be construed to have committed unprofessional conduct pursuant to Miss. Code Ann. § 73-9-61 and shall be subject to disciplinary action by this Board.

7. Physical Requirements and Inspection for Portable Dental Operation

a. The Operator shall ensure that the portable dental operation has the following:

(1) Ready access to a ramp or lift;

(2) A properly functioning sterilization system;

(3) Ready access to an adequate supply of potable water, including hot water;

(4) Ready access to toilet facilities; and

(5) A covered galvanized, stainless steel, or other noncorrosive container for deposit of refuse and waste materials.

(6) Medical waste disposal consistent with CDC guidelines.

b. All procedures must be in compliance with the current Recommended Infection-Control Practices for Dentistry as published by the federal Centers for Disease Control and Prevention (CDC).

c. The portable dental operation shall be inspected by a Board member or a staff evaluator prior to receiving approval to operate by the Board, and the fee for such inspection shall be included in the initial application fee for a portable dental operation.

d. Once approved the portable dental operation shall be subject to periodic, unannounced audits by any Board member or a staff evaluator. Furthermore, a fee shall be assessed only for follow-up inspections of a failed inspection.

8. Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses

- a. The Operator of a portable dental operation shall identify and advise the Board in writing within thirty (30) days of any personnel change relative to all licensed dentists, licensed dental hygienists and radiology permit holders associated with the portable dental operation by providing the full name, address, telephone numbers, and license numbers, where applicable.
- b. The Operator shall advise the Board in writing within thirty (30) days of any change in the written procedure for emergency follow-up care for patients treated in the portable dental operation, including arrangements for treatment in a dental facility which is established in the area. The dental facility shall be identified in the written procedure.
- c. Each dentist and dental hygienist providing dental services in the portable dental operation shall prominently display his or her Mississippi dental or dental hygienist license in plain view of patients.

9. Identification of Location of Services

- a. Each Operator of a portable dental operation shall maintain a written or electronic record detailing for each location where services are provided:
 - (1) the street address of the service location;
 - (2) the dates of each session;
 - (3) the number of patients served; and
 - (4) the types of dental services provided and quantity of each service provided.
- b. The written or electronic record shall be made available to the Board or its representative within ten (10) days of a request.
- c. Each portable dental operation must possess all applicable county and city licenses or permits to operate at each location.

10. Licensed Dentist in Charge

A portable dental operation shall at all times be in the charge of a dentist currently licensed to practice dentistry in the State of Mississippi. The treating dentist currently licensed to practice dentistry in the State of Mississippi shall be present and held completely responsible for the quality of patient care at all times when clinical services are rendered.

11. Information for Patients

- a. During or at the conclusion of each patient's visit to the portable dental operation, the patient shall be provided with an information sheet. If the patient has provided consent to an institutional facility to access the patient's dental health records, the institution shall also be provided with a copy of the information sheet. An institutional facility includes, but is not limited to, a long-term care facility or school.
- b. The information sheet as required herein shall include the following:

- (1) Pertinent contact information as required by this regulation;
- (2) The name of the dentist and other dental staff who provided services;
- (3) A description of the treatment rendered, including billed service codes and fees associated with treatment, and tooth numbers when appropriate; and
- (4) If necessary, referral information to another dentist as required by this regulation.
- (5) A written process to obtain radiographs.

12. Cessation of Operation

- a. Upon cessation of operation of a portable dental operation, the Operator shall notify the Board within thirty (30) days of the last day of operation in writing of the final disposition of patient records and charts.
- b. If the portable dental operation is sold, a new registration application must be filed with the Board.
- c. The Operator shall make reasonable arrangements with the active patients of the portable dental operation for the transfer of the patient's records, including radiographs or copies thereof, to the succeeding practitioner or, at the written request of the patient, to the patient.
- d. As used in this section, "active patient" applies and refers to a person whom the portable dental operation has examined, treated, cared for, or otherwise consulted with during the two-year (2) year period prior to discontinuation of practice, or moving from or leaving the community.

Regulation Sixty-One adopted by the Mississippi State Board of Dental Examiners on September 20, 2019.

Source: Miss. Code Ann. § 73-9-19.