



This Bill Analysis reflects the contents of the bill as it was presented in committee.

HOUSE BILL 144: Teledentistry/RDH Admin. Local Anesthetic.

2021-2022 General Assembly

Committee:	House Health. If favorable, re-refer to Insurance. If favorable, re-refer to Rules, Calendar, and Operations of the House	Date:	March 5, 2021
Introduced by:	Rep. Lambeth	Prepared by:	Jason Moran-Bates Committee Staff
Analysis of:	First Edition		

OVERVIEW: House Bill 144 would establish standards for teledentistry and allow dental hygienists to administer local anesthetics while under the direct supervision of a licensed dentist.

[As introduced, this bill was identical to S146, as introduced by Sen. Perry, which is currently in Senate Rules and Operations of the Senate.]

CURRENT LAW: Under current law, dental hygienists may not administer local anesthetic, and there are currently no statutory standards for teledentistry.

BILL ANALYSIS:

Section 1.(a) would amend the practice of dentistry in G.S. 90-29(b) to permit dental hygienists to administer local anesthetics and to allow dentists to engage in teledentistry.

Section 1.(b) would create a new section in the Dental Practice Act (Article 2 of Chapter 90) establishing standards for the practice of teledentistry. The new section would do the following:

- Create definitions for "authorized person," "licensed dental hygienist," "licensee," "practice of teledentistry," and "supervision."
- Allow teledentistry services to be offered by a licensed dentist or a dental hygienist under the supervision of a licensed dentist, define the location where services are provided, permit transmission of data related to dental care, and require licensees to provide all teledentistry services in accordance with the normal dental standards of care.
- Require licenses to (i) confirm the patient's identity, (ii) authenticate the patient's health history, (iii) disclose their credentials, (iv) inform the patient of the risks of teledentistry, (v) inform the patient that not all conditions may be appropriate for teledental care, and (vi) and provide the patient the contact information for the North Carolina State Board of Dental Examiners (Board) as part of obtaining informed consent for treatment. A record of this informed consent would have to be maintained in the patient's records.
- Ensure that all records and data transmissions conform to HIPAA requirements.
- Maintain the same records retention standards as are required for in-person care.
- Require licensees to comply with all North Carolina Controlled Substance Reporting System requirements.

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Section 1.(c) would allow the Board to take disciplinary action against licensees who allow fee-splitting in the provision of teledentistry services or who limit a patient's ability to file a grievance with any appropriate oversight body.

Section 2.(a) would amend the definition of "dental hygiene" in G.S. 90-221(a) to include a dental hygienist's administration of local anesthetics by means of infiltration and block techniques while under the direct supervision of a licensed dentist.

Section 2.(b) would add a definition for "direct supervision" to G.S. 90-221.

Section 2.(c) would require programs training dental hygienists to administer local anesthetics to include at least 16 classroom hours and 14 clinical hours. The faculty to student ratio must be no more than 1:5, and students must receive a score of at least 80% in order to successfully complete the course.

Section 2.(d) would allow the Board to license dental hygienists to administer local anesthetic if they (i) provide evidence of required education, training, and clinical qualifications, (ii) have been practicing dental hygiene for at least 2 years, and (iii) have completed the required education and have administered at least 12 block injections and 12 infiltration injections. Hygienists who are licensed to administer local anesthetic would be required to maintain current CPR training and complete two hours of continuing education each year.

Section 3 would allow the Board to adopt temporary rules necessary to implement the provisions of the bill.

EFFECTIVE DATE: Section 2 of the bill would be effective October 1, 2021, and apply to licenses granted on or after that date. The remainder of the bill would be effective when it becomes law.