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In accordance with the Administrative Procedures Act, R.I. Gen. Laws Section 42-35-3(a)(1), the following is a concise statement regarding this rulemaking for Dentists, Dental Hygienists, and Dental Assistants (216-RICR-40-05-2).

This amendment to the regulations revises the Authority section, adds anesthesia related standards to the Incorporated Materials section, creates definitions for adult, analgesia, competency, continuous, enteral, immediately available, operating dentist, parenteral, qualified dentist, qualified provider, time oriented anesthesia record, titration, and transdermal, revises the definitions for inhalation, local anesthesia, and minimal sedation, removes superfluous language, revises requirements for administration of anesthesia in dental offices, revises the permitting framework for individuals and facilities, revises personnel requirements for anesthesia, revises equipment requirements for anesthesia, and creates clinical guidelines for anesthesia.

In response to public comment, § 2.1 was revised to include continuing education for DAANCE-certified maxillofacial surgery assistants.

In response to public comment, §§ 2.2(H), 2.13.2(A)(1), (B)(1), (C)(1) have been revised to remove American Dental Association.

In response to public comment, § 2.3(A)(3) was revised to change from Fellows of the American Dental Society of Anesthesiology to Diplomates of the National Dental Board of Anesthesiology or the American Dental Society of Anesthesiology.

In response to public comment, § 2.3(A)(31), the definition for minimal sedation, was revised to a state produced through a pharmacological dosage less than or equal to the U.S. FDA recommended dose, and a repetitive example in § 2.3(A)(31)(d) was removed.

In response to public comment, § 2.3(A)(33) was revised to include the word Director.

In response to public comment, § 2.3(A)(34) was revised to include the term Permit Holder.

In response to public comment, § 2.3(A)(36), which previously defined nitrous oxide analgesia, has been revised to use the term nitrous oxide sedation. This revision to the definition of nitrous oxide sedation has been reflected in the use of that term throughout the regulations.

§ 2.3(A)(49), the definition of Written Collaborative Agreement, was revised to remove a superfluous “and,” consistent with and as a logical outgrowth of the proposed regulations.

In response to public comment, § 2.4.3 was revised to include dental assistants in regard to the use of latex gloves.

In response to public comment, § 2.4.5(A)(1)(a) was revised to replace "medical" with "medical/dental."

In response to public comment, § 2.8.4(D) has been revised to require Advanced Cardiac Life Support instead of Basic Life Support.

In response to public comment, § 2.9.1(B)(1)(b) was revised to clarify the requirements for completion of public health fundamentals courses.

In response to public comment, § 2.9.1(B)(1)(b)(1)(d) was revised to remove "or the Department."

In response to public comment, § 2.9.2(C) was revised to clarify the requirements for dental hygienist licensure for applicants holding such licensure in another state.

In response to public comment, § 2.10.1(D) was revised to correct a misspelling of DAANCE-certified.

In response to public comment, § 2.10.2 was revised to create a new subsection § 2.10.2(C), which cites to the applicable R.I. statute regarding delegable procedures and duties for DAANCE-certified maxillofacial surgery assistants.

In response to public comment, § 2.10.3(A)(5) was revised to clarify the applicability to administering sedative inhalants.

In response to public comment, § 2.10.3(A)(13) was revised to change "activation" to "detailing."

In response to public comment, § 2.11.2(A)(2)(a) has been revised to replace dental anesthesiologist to dentist anesthesiologist.

In response to public comment, §§ 2.11.2(A)(6), 2.13.2(A)(3)(a), (A)(3)(a)(5), (A)(4)(c) through (e), (A)(5)(a), (B)(3)(a)(1), (B)(3)(a)(1)(e), (B)(4)(b) through (c), (B)(5)(b), (C)(4)(b) through (c), (E)(5)(d), and (E)(6)(a) have been revised to change "Qualified Dentist" and "licensed dentist" to "Qualified Dentist or Qualified Provider."

In response to public comment, § 2.11.3 was revised to create requirements for Pediatric Individual Anesthesia Permits for Moderate Sedation as a new § 2.11.3(E), with subsequent section coordinates of § 2.11.3 being revised accordingly to account for the additional section. Additionally, § 2.13.2(E) was revised to remove the requirements under § 2.13.2(E)(1)(d) through (f), and place them in § 2.11.3(E) as, respectively, § 2.11.3(E)(2) through (4).

In response to public comment, § 2.11.3(B)(1) has been revised to combine the requirements of the former subsections § 2.11.3(B)(1) and (3).

In response to public comment, § 2.11.3(C)(1) was revised to include the edition year of the referenced document.

In response to public comment, § 2.11.3(C)(2) was revised to replace moderate with minimal.

In response to public comment, § 2.11.3(D) was revised to require current certification in ACLS.

In response to public comment, § 2.11.3(D)(1) was revised to clarify the requirement for training in both enteral and parenteral sedation.

In response to public comment, §§ 2.11.3(E)(1)(a) and (G)(3) have been revised to provide for candidates or diplomates of the American Dental Board of Anesthesiology.

In response to public comment § 2.11.3(F)(1) was revised to clarify the requirement for Board approved simulation courses that use high fidelity human simulation, and the choice of either completion of an advanced training program in anesthesia and related subject, or completion of a post-doctoral training program. Additionally, § 2.11.3(F)(2) was created to require certification in ACLS.

In response to public comment, § 2.11.3(H) was revised to clarify requirements for Portable Individual Anesthesia Permits.

In response to public comment, § 2.11.3(H)(3) was revised to require certification in PALS for Portable Individual Anesthesia Permits.

In response to public comment, § 2.11.4(A)(1)(c) was revised to correct "minimal sedation" to "nitrous oxide sedation."

In response to public comment, § 2.11.4(B)(1) was revised to remove the requirement for successful completion of an on-site office evaluation for minimal sedation facility permits.

In response to public comment, §§ 2.11.4(C)(3) and (D)(3) were revised to clarify the makeup of the office evaluation team approved by the Board of Examiners in Dentistry and the Director of RIDOH.

In response to public comment, § 2.11.4(C)(4) was revised to add "a" before "written agreement."

In response to public comment, § 2.11.4(E) was revised to include a requirement for Facility Host Permits for successful completion of an on-site evaluation.

In response to public comment, § 2.11.9(C)(1)(b) was revised to require that the second staff member involved in administration of moderate sedation must have ACLS and PALS training.

In response to public comment, § 2.11.9(D)(1) was revised to remove Basic Life Support, and require ACLS and PALS certification.

In response to public comment, § 2.11.9(D)(2)(b) was revised to provide for ACLS "and/or" PALS certification/recertification.

In response to public comment, § 2.11.9(D)(2)(c) was revised to include "DAANCE" before assistant.

In response to public comment, § 2.11.9(D)(4) was removed.

In response to public comment, § 2.11.9(D)(5) was revised to implement additional requirements for ACLS, PALS, and/or BLS certification for the three (3) trained individuals required for administration of deep sedation/general anesthesia, and to address concerns with the phrase "experienced in recovery" previously used in § 2.11.9(D)(5)(c).

In response to public comment, § 2.11.9(F)(1)(c) was revised to distinguish ventilation monitoring requirements for minimal vs. deeper levels of sedation.

In response to public comment, §§ 2.11.9(F)(2), 2.13.1(C)(1), and 2.13.1(D)(1) were revised to require age and size appropriate equipment.

In response to public comment, § 2.13.1(A) was revised to include nitrous oxide sedation.

In response to public comment, § 2.13.1(A)(5)(c)(1) was revised to remove ten (10) minutes, consequently requiring monitoring of blood pressure every five (5) minutes).

In response to public comment, § 2.13.1(D) was revised to require equipment necessary to administer positive pressure ventilation.

In response to public comment, § 2.13.1(D)(1)(c) was revised to change capnographer to capnograph.

In response to public comment, § 2.13.1(E)(1)(b) was revised to require calibration in accordance with manufacturer's recommendations.

§ 2.13.2(A)(3)(a)(2) was revised to remove a superfluously repeated "must be," consistent with and as a logical outgrowth of the proposed regulations.

In response to public comment, § 2.13.2(A)(3)(b)(3) was revised to remove "if taken" and require documentation of the reason why continuous monitoring was not possible for any pediatric or special needs patients.

In response to public comment, § 2.13.2(A)(4), regarding recovery and discharge for general anesthesia/deep sedation, has been revised to address the use of pharmacological reversal agents.

In response to public comment, §§ 2.11.9(F)(1)(f), 2.13.2(A)(4)(a), 2.13.2(E)(3)(e), and 2.13.2(E)(5)(a) were revised to require immediate availability of required equipment in both the discharge area and operatory. Additionally, § 2.13.2(E)(3)(e) was revised to reference American Academy of Pediatric Dentistry guidelines.

In response to public comment, § 2.13.2(E)(2) was revised to create requirements for patient history, evaluation, and pre-operative evaluation and preparation pursuant to § 2.13.2(B)(1) and (2). Subsequent section coordinates of § 2.13.2(E) were revised accordingly to account for the additional section.

In response to public comment, § 2.15.1(A)(3) and (4) were revised to indicate that they are subsections of § 2.15.1(A)(2), with the new coordinates § 2.15.1(A)(2)(a) and (b), respectively.

During public comment, it was stated that DAANCE-certified individuals are not required to be Advanced Cardiac Life Support ("ACLS") certified. After review, RIDOH has determined that, while DAANCE certification does allow for either certification in Basic Life Support or CPR, § 2.8.2(A)(5) of the regulations does require that DAANCE-certified maxillofacial surgery assistants be certified in ACLS, therefore further revisions are not required in response to public comment.

During public comment, it was stated that § 2.8.2 contained insufficient educational requirements for licensure of DAANCE-certified maxillofacial surgery assistants. After review, RIDOH has determined that the requirements in § 2.8.2 for completion of an approved program for DAANCE accredited by the American Association of Oral and Maxillofacial Surgeons ("AAOMS"), certification as a dental anesthesia assistant by AAOMS, and certification in Advanced Cardiac Life Support, are sufficient educational requirements for DAANCE-certified maxillofacial surgery assistants and do not require further revisions in response to public comment.

During public comment, it was suggested that § 2.11.3(F) be revised to implement minimum case experience requirements for pediatric anesthesia permits. RIDOH has determined that this suggested revision will not be implemented because such minimum case limits are encompassed by a residency in pediatric dentistry.

During public comment, it was suggested that § 2.11.9(D)(2)(j) be revised to require continuous monitoring. RIDOH has determined that this suggested revision will not be implemented because § 2.11.9(D)(2)(i) already requires continuous monitoring during the peri-operative stage of sedation.

During public comment, it was suggested that § 2.11.9(F)(1)(c) be revised to require both auscultation of breath sounds and monitoring of end-tidal CO2. RIDOH has determined that this suggested revision will not be implemented, in order to allow for flexibility in how dentists will monitor ventilation by auscultation of breath sounds or monitoring of end-tidal CO2.

During public comment, it was suggested that § 2.13.2(A)(4)(d) be revised to require determination and documentation that the patient has been returned to their pre-sedation state of consciousness. RIDOH has determined that this suggested revision will not be implemented because a return to a full pre-sedation state of consciousness could take several hours, which could unduly hamper dental operations, and the requirements for determination and documentation of stability of oxygenation, ventilation, and circulation are sufficiently protective for patients.

During public comment, it was suggested that individuals providing a level of sedation should be trained to rescue in the next deepest level (e.g. a minimal sedation certified individual should be able to rescue from moderate sedation). RIDOH will not be implementing this suggested revision because requirements for rescue, as stated in § 2.11.1(D) and (E), are sufficient to ensure patient safety.

During public comment, it was suggested that the regulations be revised to require a separate fully trained anesthesia provider for children having general anesthesia/deep sedation. RIDOH has determined that this suggested revision will not be implemented because the requirements of § 2.11.3(G) provides for updated qualifications for individuals permitted to perform general anesthesia/deep sedation on pediatric patients.

During public comment, it was suggested that § 2.3(A)(2) be revised to make the definition of adult mean a person aged nineteen (19) or older, consequently making the age of children eighteen (18) or younger. RIDOH has determined that this suggested revision will not be implemented because the definition of adult as persons thirteen (13) years of age or older is sourced from the American Academy of Pediatrics, specifically Pediatrics Volume 140, #3, September 2017.

During public comment, concern was expressed at the possibility of DAANCE assistants being able to administer drugs such as Propofol and fentanyl. However, after review, RIDOH has determined that such administration is controlled by R.I. Gen. Laws § 5-31.1-31(e)(3), which requires such administration be conducted under direct visual supervision of a dentist. Accordingly, further revisions to drug administration requirements for DAANCE assistants are not required in response to public comment.

During public comment, it was suggested that the requirements for Facility Host Permits under § 2.11.4(E) be removed. RIDOH has determined that this suggested revision will not be implemented because such permits are required for the purposes of tracking and assurance of the maintenance of patient safety in such facilities.

During public comment, concern was expressed with the limitation on direct visual supervision to oral and maxillofacial surgeons. After review, RIDOH has determined that this limitation is sourced from R.I. Gen. Laws § 5-31.1-31(d)(4), and RIDOH does not have the authority to extend direct visual supervision beyond the limits imposed by statute. Accordingly, further revisions to requirements for direct visual supervision cannot be implemented in response to public comment.

During public comment, it was suggested that the practice of certified maxillofacial surgery assisting be defined. RIDOH has determined that this suggested revision will not be implemented because other dental specialties are not defined in the regulations, and R.I. Gen. Laws § 5-31.1-31 clearly sets forth the scope of service provided by DAANCE assistants.

During public comment, concern was expressed with requirements for inspections conducted under the regulations. After review, RIDOH has determined that the requirements for inspections stated in § 2.11.7, and the process for contesting administrative actions taken by RIDOH (which may result from deficiencies found during inspections) stated in RIDOH's regulations for Practices and Procedures Before the Rhode Island Department of Health (216-RICR-10-05-4) provide for adequate checks and balances on the outcomes of inspections. Accordingly, further revisions to requirements for inspections are not warranted in response to public comment.

During public comment, objections were raised to requirements in § 2.11.4(C)(4) for written agreements with hospitals to provide for acceptance of emergency patients. RIDOH has determined that this suggested revision will not be implemented because the regulations must set minimum standards for the provision of patient safety, and the requirement for dental facilities to have emergency care agreements with hospitals is essential to ensuring patient safety.

During public comment, it was suggested that nitrous oxide systems be required to have appropriate Pin Index Safety Systems or Diameter Index Safety Systems. RIDOH has determined that this suggested revision will not be implemented because it is already substantially provided for by the equipment requirements stated in § 2.13.1(A) and (B).

During public comment, it was suggested that the materials incorporated by reference in § 2.2 should be updated to their 2018 versions. RIDOH has determined that this suggested revision will not be implemented because the versions of documents incorporated by reference have been determined to be the most recent and effective versions of these materials.

During public comment, it was suggested that that the definition of advisory consultants provided under § 2.3(A)(3) be revised to include sedation/anesthesia professionals. RIDOH has determined that this suggested revision will not be implemented because § 2.3(A)(3) already provides for advisory consultants being Diplomates of the National Dental Board of Anesthesiology or the American Dental Society of Anesthesiology.

During public comment, it was suggested that § 2.3(A)(9), the definition for DAANCE-certified maxillofacial surgery assistant, be removed in its entirety. RIDOH has determined that this suggested revision will not be implemented because this definition is substantially established by statute, and underpins the framework for dental anesthesia permitting created under the regulations.

During public comment, concern was expressed regarding the limitations on the practice of maxillofacial surgery assisting, particularly the potential for limitation on the practice of other anesthesia professionals. RIDOH has determined that the limitations noted are established by R.I. Gen. Laws § 5-31.1-31, and RIDOH does not have the authority to override those limitations via regulatory revisions.

During public comment, it was suggested the regulations be revised to require that patients and/or patients' parents/guardians be provided informed consent regarding their choices of anesthesia provider and the qualifications of the DAANCE assistant who may assist in oral surgery. RIDOH has determined that this suggested revision will not be implemented because the applicable dental anesthesia permit held by the operating dentist/provider will be sufficient to ensure their qualifications to perform the applicable level of dental anesthesia pursuant to that permit, and dentists/providers holding the same level of dental anesthesia permit are accorded the same level of qualifications for the purpose of being provided the permit.

During public comment, it was suggested that § 2.11.2(A)(2) be revised to include equipment requirements for Portable Individual Anesthesia Permits. RIDOH has determined that this suggested revision will not be implemented because equipment requirements for all levels of anesthesia are stated in § 2.13.1.

During public comment, it was suggested that §§ 2.13.2(A)(2)(c) and (3)(a)(6) be revised to require continuous temperature monitoring during general anesthesia. RIDOH has determined that this suggested revision will not be implemented because the other monitoring requirements stated in §§ 2.13.2(A)(2) and (3)(a) are sufficient to provide for patient safety, and allows dentists to determine if continual temperature monitoring is clinically appropriate for particular patients.

During public comment, objections were raised to the limitation on pediatric dentists providing services to patients older than 21 who are not Special Health Care Needs patients. After review, RIDOH has determined that providing such services requires an Individual Anesthesia Individual Permit for Moderate Sedation, and further revisions to the regulations are not required in response to public comment.

During public comment, it was suggested that the requirement for ECG monitoring for pediatric minimal/moderate sedation under § 2.13.2(E)(3)(e)(2) be removed. RIDOH has determined that this suggested revision will not be implemented because ECG is essential for ensuring child safety, because respiratory distress can lead to cardiac depression which is detectable with ECG.

During public comment, it was suggested that the prohibitions against false advertising provided under § 2.15.1. RIDOH has determined that this suggested revision will not be implemented because the prohibition against advertising which is intended or has a tendency to deceive the public is essential to preventing misrepresentation of certification, and maintain the public's ability to fairly perceive the credentials of their chosen dental professionals.

During public comment, it was suggested that § 2.10.3(A)(11), regarding non-delegable duties, be revised to allow delegation of radiograph exposure. RIDOH has determined that the suggested revision will not be implemented because this section does not exclude delegation of radiograph exposure if the delegate has successfully completed a course in dental radiography from a Commission on Dental Accreditation accredited institution.

During public comment, it was suggested that § 2.3(A) be revised to remove the definitions for Mobile Dental Facility, Mobile Dental Facility or Portable Dental Operation Director, Mobile Dental Facility or Portable Dental Operation Permit Holder, and Portable Dental Operation. RIDOH has determined that these suggested revisions will not be implemented because such facilities/permit holders operate in this state, and it is important to have definitions for such.

During public comment, it was suggested that § 2.11.2(A)(2)(a) be revised to change "trained Dentist Anesthesiologist" to "a dentist who has successfully completed CODA-approved Dental Anesthesia Residency." RIDOH has determined that this suggested revision will not be implemented because there are practicing dentist anesthesiologists who received their training prior to CODA-approved residencies existed, and the existing requirement for a trained Dentist Anesthesiologist is sufficient to provide for patient care.

During public comment, it was suggested that Body Mass Index (BMI) be added to the list of baseline vital signs required to be collected under § 2.13.2(A)(2)(c). RIDOH has determined that this suggested revision will not be implemented because body weight and height, which are the substantial components required for calculating BMI, are already required to be collected under § 2.13.2(A)(2)(c).

During public comment, concern was raised that board eligibility/diplomacy from the American Board of Pediatric Dentistry did not confer competency, and it was suggested that dental program directors should be required to make a declaration of competency. RIDOH has determined that this suggested revision will not be implemented because the licensure of applicants, based on the educational, facility, equipment, and inspection requirements stated in the regulations, are sufficient to confer a designation of competency.

During public comment, it was suggested that § 2.10.3(A)(11) be revised to require successful passage of the Dental Assisting National Board examination or any other exam approved by the Board of Examiners in Dentistry. RIDOH has determined that this suggested revision will not be implemented because the current requirement for successful completion of a course in dental radiography offered by a CODA-accredited educational institution is sufficient to provide for patient safety.

During public comment, it was suggested that § 2.3(A) should be revised to clarify the definitions of Qualified Dentist and Qualified Provider and give examples. RIDOH has determined that this suggested revision will not be implemented because, after review, it has determined that the definitions for Qualified Dentist and Qualified Provider in, respectively, §§ 2.3(A)(42) and (43), are sufficiently clear for the purposes of the regulations, and the qualifications and scopes of service of such are elucidated in applicable provisions of the regulations.

During public comment, it was suggested that § 2.11.3(F)(1)(a) be revised to remove "advanced training program in anesthesia." RIDOH has determined that this suggested revision will not be implemented because the removal of this phrase from the section would render it inoperable, and completion of advanced training programs in anesthesia and related subjects is a sufficient option for Individual Anesthesia Permits in General Anesthesia/Deep Sedation.

During public comment, it was suggested that § 2.11.4(A)(1) be revised to replace "said applicant" with "confirm applicant." RIDOH has determined that this suggested revision will not be implemented because the suggested revision was found to not substantially affect the impact of this section, and was therefore not necessary to include.

During public comment, concerns were expressed regarding the removal of language regarding hearings from § 2.15.1(D). RIDOH has determined that this language was removed because it was reiterative of language in § 2.15.2, regarding rules governing practices and procedures, and further revisions are not required in response to public comment.

During public comment, it was suggested that § 2.11.3(F) should be revised to remove the requirement for a Board approved simulation course that uses high fidelity human simulation for Individual Anesthesia Permits in General Anesthesia/Deep Sedation. RIDOH has determined that this suggested revision will not be implemented because it believes that the requirement for high fidelity human simulation courses is necessary to ensure applicants have the appropriate competency for administration of general anesthesia/deep sedation.

During public comment, it was suggested that the regulations be revised to allow ACLS/PALS certification to count towards continuing education requirements. RIDOH has determined that this suggested revision will not be implemented because certifications required as part of licensure are not typically counted towards continuing education, and continuing education is meant to expose licensees to additional information that they would not necessarily acquire in the certifications/training obtained for regular licensure.

During public comment, it was suggested that § 2.3(A)(44)(b) be revised to remove the word "such." RIDOH had determined that this suggested revision will not be implemented because the term "such" is used to indicate a reference to procedures/duties authorized by the dentist, and the removal of "such" would unnecessarily truncate this section and would not aid in clarifying its intent.

During public comment, it was suggested that § 2.3(A)(39), the definition for Portable Dental Operation, be revised to remove the word "non" from before facility. RIDOH has determined that this suggested revision will not be implemented because it is appropriate to designate Portable Dental Operations as non-facilities, as they do not constitute a facility, and the designation of facility is applied to the definition for Mobile Dental Facility in § 2.3(A)(32).

During public comment, it was suggested that § 2.4.7(A)(2) be revised to include "US CODA or Canadian" before dental school. RIDOH has determined that this suggested revision will not be implemented because the accepted schools are stipulated in other provisions of the regulations, and additional clarification is not required in this section.

During public comment, it was suggested that § 2.4.7(A)(4) be revised to change "dental examination organizations" to "equivalent dental examination." RIDOH has determined that this suggested revision will not be implemented because the revision does not further clarify the requirements of this section, which are further elucidated in § 2.5(A)(1)(c).

During public comment, it was suggested that §§ 2.4.7(A)(5) and 2.7.3(A)(5) be revised to require verification of good standing in other states where a licensee is licensed (where applicable) for the immediate past five (5) years. RIDOH has determined that these suggested revisions will not be implemented because the current requirement for verification of current good standing in another state where an applicant is licensed is sufficient information for the purposes of verification.

During public comment, it was suggested that §§ 2.5(A)(1)(c), 2.7.3(A)(4), 2.7.4(B)(4), 2.9.2(C)(3) be revised to include "equivalent examination" and/or "equivalent clinical exam." RIDOH has determined that these suggested revisions will not be implemented because the suggested additions do not further clarify the referenced sections of the regulations, and the language of these entire sections provides for sufficient equivalency of referenced exams.

During public comment, it was suggested that § 2.7.2(A)(3) be revised to state "equivalent designated agency" in place of the current language of "designated agency." RIDOH has determined that this suggested revision will not be implemented because including the term "equivalent" does not aid in clarifying the intent of this section.

During public comment, it was suggested that §§ 2.7.3(A)(2) and 2.9.2(C)(2) be revised to include "CODA" before "program of dental hygiene." RIDOH has determined that this suggested revision will not be implemented because the types of accepted dental hygiene programs are already stated in other sections of the regulations, and this suggested revision is unnecessary.

During public comment, it was suggested that § 2.9.1(B)(1)(b)(1)(d) be revised to remove "or by a program approved by the Board or the Department." RIDOH has determined that this suggested revision will not be implemented because this language allows the Board of Examiners in Dentistry and RIDOH the latitude to designate acceptable programs beyond those provided by the Commission on Dental Accreditation.

During public comment, it was suggested that § 2.9.3(A)(6)(f) be revised to replace "or dental school clinic(s) located within a reasonable geographic distance from the patient's home and with whom" with "contact the MDO Director or PDO Director." RIDOH has determined that this suggested revision will not be implemented because replacing referral to an applicable dental school with referral to a Mobile Dental Operation or Portable Dental Operation is insufficient to assure continuity of dental care for patients.

During public comment, it was suggested that § 2.9.3(B) be revised to allow for providing emergency dental treatment or appropriate referral. RIDOH has determined that this suggested

revision will not be implemented because these requirements are already provided for in § 2.9.3(C).

During public comment, it was suggested that § 2.10.3(A)(15) be revised to remove temporary wire ligation as a non-delegable procedure. RIDOH has determined that this suggested revision will not be implemented because wire ligation should remain as a procedure/duty carried out by a licensed dentist.

During public comment, it was suggested that § 2.11.1(C) be revised to change "where appropriate" to "when appropriate." RIDOH has determined that this suggested revision will not be implemented because it does not provide further clarification for this section, and the suggested phrase is substantially equivalent to the existing language.

During public comment, it was suggested that § 2.11.3(C)(3) be revised to include "or CERP or PACE approved." RIDOH has determined that this suggested revision will not be implemented because at this time it believes CODA is the sole accreditation body appropriate to designate advanced education programs necessary to administer and manage minimal sedation pursuant to the regulations.

During public comment, it was suggested that § 2.11.3(C)(5), regarding completion of a respiratory rescue course employing high fidelity human manikins, be removed in its entirety. RIDOH has determined that this suggested revision will not be implemented because it believes that the requirement for high fidelity human simulation courses is necessary to ensure applicants have the appropriate competency for administration of minimal sedation.

During public comment, it was suggested that §§ 2.11.3(D)(2) and (F)(1)(c) be revised to include "or equivalent." RIDOH has determined that this suggested revision because at this time there is no acceptable equivalent to the high fidelity human simulations required under these sections, and if such equivalents do arise at a future date it will warrant revision of the regulations to comprehensively address such options.

During public comment, it was suggested that §§ 2.11.4(C)(3)(b) and 2.11.7(A) be revised to include "calibrated" before consultant and advisory consultant. RIDOH has determined that these suggested revisions will not be implemented because they do not provide further clarification for the intent of this sections, and could generate confusion as to the exact meaning of the term "calibrated."

During public comment, it was suggested that § 2.11.9(D)(7) and (8) be revised to include PALS certification requirements. RIDOH has determined that these revisions will not be implemented because the regulations already provide for appropriate PALS certification under the Pediatric Anesthesia Permit requirements stated in other sections.

During public comment, it was suggested that § 2.4.6(A)(3) be revised to remove "or its designated agency and approved by the Board," and replace it with "or Canadian dental school." RIDOH has determined that this suggested revision will not be implemented because this section already requires schools of dentistry accredited by the American Dental Association Commission on Dental Accreditation, which provides accreditation for both United States and Canadian dentistry schools, and RIDOH accepts Canadian applications for licensure without remediation.

During public comment, it was suggested that § 2.5(A)(1)(c) be revised to include the Western Regional Examination Board ("WREB") exam as an acceptable examination for licensure. RIDOH has determined that this suggested revision will not be implemented because § 2.5(A)(1)(c)(1) allows for successful passage of an examination approved by the Board of Examiners in Dentistry, which could include WREB's exam if so determined by the Board.

During public comment, it was suggested that Automated External Defibrillators ("AEDs") be required for administration of local anesthesia. RIDOH has determined that this suggested revision will not be implemented because the cost of requiring AEDs for administration of local anesthesia could be prohibitive to regulated entities, and further community review and public comment is required to appropriately consider such requirements prior to their implementation.

In the development of this rule, consideration was given to: 1) alternative approaches; 2) overlap or duplication with other statutory and regulatory provisions; and 3) significant economic impact on small business. No alternative approach, duplication, or overlap was identified based on available information. RIDOH has determined that the benefits of this rule justify its costs.

RIDOH remains dedicated to maintaining a dialogue via the community review process with stakeholders affected by these regulations and the Board of Examiners in Dentistry in order to obtain and consider their input for future iterations of the regulations.