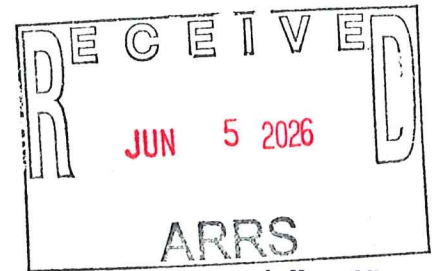




**BOARD OF DENTISTRY**

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**Jeffrey Allen**  
EXECUTIVE DIRECTOR

**Andy Beshear**  
GOVERNOR

June. 04, 2026

Senator Stephen West, Co-Chair  
Representative Derek Lewis, Co-Chair  
c/o Ange Darnell, Regulation Compiler  
Administrative Regulation Review Subcommittee  
Legislative Research Commission, 083  
Capitol Annex  
Frankfort KY 40601

Re: 201 KAR 8:533. Licensure of Dentists

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 8:533, the Board of Dentistry proposes the attached amendment to 201 KAR 8:533.

Sincerely,

Jeffrey Allen, Executive Director  
Kentucky Board of Dentistry  
312 Whittington Pkwy, Ste. 101  
Louisville, KY 40222

Final, 5-29-2026

**SUGGESTED SUBSTITUTE**

**GENERAL GOVERNMENT CABINET  
Kentucky Board of Dentistry**

**201 KAR 8:533. Licensure of dentists.**

RELATES TO: KRS 39A.350-39A.366, 218A.205, 304.40-075, 313.010(9), 313.030, **313.035**, 313.254

STATUTORY AUTHORITY: KRS 218A.205, 313.021(1)(a), (b), (c), 313.035(1), (3), 313.254

CERTIFICATION STATEMENT: This is to certify that this administrative regulation complies with the requirements of 2025 RS HB 6, Section 8.

NECESSITY, FUNCTION, AND CONFORMITY: KRS 313.035 and 218A.205 require the board to promulgate administrative regulations relating to requirements and procedures for the licensure of dentists. This administrative regulation establishes requirements and procedures for licensure of dentists.

Section 1. General Licensure Requirements. An applicant desiring initial licensure in Kentucky as a general dentist shall:

- (1) Understand, read, speak, and write the English language with a comprehension and performance level equal to at least the ninth grade of education, verified by testing as necessary;
- (2) Submit a completed and signed~~[-signed, and notarized]~~ Application for Dental Licensure or online equivalent with an attached applicant photo taken within the past six (6) months;
- (3) Pay the fee required by 201 KAR 8:520;
- (4) Not be subject to disciplinary action pursuant to KRS Chapter 313 that would prevent licensure;
- (5) Complete and pass the board's jurisprudence exam;
- (6) Hold an active certification in cardiopulmonary resuscitation (CPR) or a more comprehensive program which meets or exceeds the American Heart Association Guidelines for CPR and ECC;
- (7) Submit to a nationwide state and federal criminal background check by fingerprint through the Department of Kentucky State Police;
- (8) Provide verification of any license to practice dentistry held previously or currently in any state or other licensing jurisdiction;
- (9) Hold a Doctor of Medicine in Dentistry (DMD) or Doctor of Dental Surgery (DDS) degree from a dental school program~~[-college, or department of a university]~~ accredited by the Commission on Dental Accreditation (CODA);
- (10) Successfully complete the National Board Dental Examination (NBDE) Part I and Part II or the Integrated National Board Dental Examination (INBDE), conducted by the Joint Commission on National Dental Examinations (JCNDE);
- (11) Provide a written explanation for any positive returns on a query of the National Practitioner Data Bank; and
- (12) Complete all additional requirements for one (1) of the following:
  - (a) Licensure by clinical examination;
  - (b) Licensure by credentials; or
  - (c) Licensure by foreign training.

Section 2. Requirements for Licensure by Clinical Examination.

- (1) An individual desiring initial licensure in Kentucky as a general dentist by clinical examination shall:
  - (a) Complete all requirements in Section 1 of this administrative regulation; and
  - (b) Successfully complete all components of one (1) of the following clinical examinations within the five (5) years preceding the filing of the application:
    1. The dental examination of the American Board of Dental Examiners (ADEX) or its predecessor agencies~~[-The examination of the Council of Interstate Testing Agencies (CITA)]~~;

2. The dental examination of the Central Regional Dental Testing Service (CRDTS) or its predecessor agencies; or;  
~~[3.] [The examination of the Commission on Dental Competency Assessments (CDCA);]~~  
~~[4.] [The examination of the States Resources for Testing and Assessments (SRTA);]~~  
~~[5.] [The examination of the Western Regional Examining Board (WREB); or]~~  
~~3.[6.] The Dental Licensure Objective Structured Clinical Examination (DLOSCE) of the JCNDE.~~
- (2) An individual applying more than two (2) years after graduating with a DDS or DMD, shall:
  - (a) Hold a license to practice dentistry in good standing in another state or other **United States[U.S.]** licensing jurisdiction~~[territory of the United States or the District of Columbia];~~ or
  - (b) Complete a continuing education plan approved by the board.
- (3) An applicant who has taken a clinical examination three (3) times and failed to achieve a passing score shall complete a remediation plan approved by the board.

Section 3. Requirements for Licensure by Credentials. An individual desiring initial licensure in Kentucky as a general dentist by credentials shall:

- (1) Complete all requirements in Section 1 of this administrative regulation;
- (2) Successfully complete a state, regional, or national clinical examination used to determine clinical competency in dentistry in another~~[a]~~ state or other **United States[U.S.]** licensing jurisdiction~~[territory of the United States or the District of Columbia];~~ and
- (3) Be licensed and actively practicing dentistry in another~~[a]~~ state or other **United States[U.S.]** licensing jurisdiction~~[territory of the United States or the District of Columbia]~~ for at~~[a]~~ least five (5) of the six (6) years preceding the filing of the application.

Section 4. Requirements for Licensure by International ~~[Foreign]~~ Training.

- (1) An individual desiring initial licensure in Kentucky as a ~~general~~ dentist who is a graduate of a non-CODA accredited dental school program~~[, college, or department of a university]~~ shall:
  - (a) Complete all requirements in Section 1 of this administrative regulation, except for subsection (9);
  - (b) Pass the Test of English as a Foreign Language (TOEFL) administered by the Educational Testing Service with a score of 650 on the paper-based test (PBT) or a score of 116 on the internet-based test (iBT), if English is not the applicant's primary language;
  - (c) Successfully complete two (2) years of postgraduate training in a CODA accredited advanced dental education~~[general dentistry]~~ program;
  - (d) Submit a letter of satisfactory program completion from the program director of each postgraduate training site; and
  - (e) Successfully complete a clinical examination required by Section 2(1)(b) of this administrative regulation within five (5) years preceding the filing of the application.
- (2) An individual applying for dental licensure more than two (2) years after completing a CODA accredited advanced dental education~~[general dentistry]~~ program shall:
  - (a) Hold a license to practice dentistry in good standing in another state or other **United States[U.S.]** licensing jurisdiction~~[territory of the United States or the District of Columbia];~~ or
  - (b) Complete a continuing education plan approved by the board.
- (3) Qualified individuals applying for dental licensure under this section who have completed a **two (2) year**~~two-year~~ Advanced Education in General Dentistry Program (AEGD), General Practice Residency (GPR), or other CODA accredited advanced dental education program in general dentistry shall be issued a general dentist license and shall not practice outside the scope of general dentistry.
- (4) Qualified individuals applying for dental licensure under this section who have completed a CODA accredited advanced dental education program in a dental specialty shall be issued a dental specialist license and shall not practice as a general dentist or in any other capacity outside of the scope of their specialty, except as **established**~~provided for~~ in KRS 313.035(3).

Section 5. Requirements for Student Limited Licensure.

- (1) An individual desiring limited licensure in Kentucky as a student shall:
  - (a) Complete all requirements in Section 1 of this administrative regulation, except for subsections (9) and (10);

- (b) Submit a letter from the dean or program director of a postgraduate, residency, or fellowship program in Kentucky stating that the applicant has been accepted into the program and the expected date of completion;
  - (c) Submit a signed Statement Regarding Student Licensure Limitations; and
  - (d) Submit an official final transcript of the applicant's dental coursework with the degree posted.
- (2) A student limited license holder shall only practice dentistry in conjunction with programs of the dental school where the individual is a student and shall only provide professional services to patients of these programs.
- (3) A student limited license may be renewed in accordance with Section **11[40]** of this administrative regulation, but shall automatically expire if the student graduates from or exits the program.
- (4) A program enrolling a student limited license holder shall notify the board in writing of the date the student graduates from or exits the program.
- (5) Nothing in this section shall prohibit:
- (a) A student from performing a dental procedure under the direct supervision of a competent instructor within the dental school, college, or department of a university or private practice facility approved by the board. The board may authorize a student to practice dentistry within a state or municipal institution, public school, board of health, public clinic, or charitable entity. A fee shall not be accepted by the student beyond the expenses covered by a stipend;
  - (b) A student limited license holder from working under the general supervision of a licensed dentist within the confines of the postgraduate training program; and
  - (c) A volunteer health practitioner from providing services under KRS 39A.350-39A.366.

#### Section 6. Requirements for Faculty Limited Licensure.

- (1) An individual desiring limited licensure in Kentucky as a faculty member shall:
- (a) Complete all requirements in Section 1 of this administrative regulation with the exception of subsections (9) and (10);
  - (b) Submit a letter from the dean or program director of a Kentucky dental school stating that the applicant has received a faculty appointment;
  - (c) Submit a signed Statement Regarding Faculty Licensure Limitations; and
  - (d) Submit an official final transcript of the applicant's dental coursework with the degree posted.
- (2) A faculty limited license holder shall only practice dentistry in conjunction with programs of the dental school where the individual is a faculty member and shall only provide professional services to patients of these programs.
- (3) A faculty limited license may be renewed in accordance with Section **11[40]** of this administrative regulation, but shall automatically expire if the licensee leaves their faculty position.
- (4) A program employing a faculty limited license holder shall notify the board in writing of the date the licensee leaves his or her faculty position.

#### Section 7. Requirements for Charitable Limited Dental Licensure.

- (1) An individual desiring limited licensure in Kentucky to provide charitable dental services shall:
- (a) Understand, read, speak, and write the English language with a comprehension and performance level equal to at least the ninth grade of education, verified by testing as necessary;
  - (b) Submit a completed and signed [~~signed, and notarized~~] Application for Charitable Limited Licensure with an attached applicant photo taken within the past six (6) months;
  - (c) Pay the fee required by 201 KAR 8:520;
  - (d) Not be subject to disciplinary action pursuant to KRS Chapter 313 that would prevent licensure;
  - (e) Hold a license to practice dentistry in good standing in another state or other United States[U.S.] licensing jurisdiction [~~territory of the United States or the District of Columbia~~]; and
  - (f) Provide a written explanation for any positive returns on a query of the National Practitioner Data Bank.
- (2) A charitable limited dental license holder shall:
- (a) Work only with charitable entities registered with the Cabinet for Health and Family Services that have met the requirements of KRS 313.254 and 201 KAR 8:581;

- (b) Only perform procedures allowed by KRS 313.254(4) and (5) which shall be completed within the duration of the charitable event;
- (c) Not prescribe any medications while practicing in Kentucky;
- (d) Be eligible for the provisions of medical malpractice insurance procured under KRS 304.40-075; and
- (e) Perform these duties without expectation of compensation or charge to the individual, and without payment or reimbursement by any governmental agency or insurer.

Section 8. Requirements for Specialty Licensure. An individual desiring initial licensure as a dental specialist in Kentucky as defined by KRS 313.010(9) shall:

- (1) Submit a completed and signed [~~signed, and notarized~~] Application for Specialty Dental Licensure or online equivalent with an attached applicant photo taken within the past six (6) months;
- (2) Pay the fee required by 201 KAR 8:520;
- (3) Hold an active Kentucky license to practice general dentistry prior to being issued a specialty license, except as established [~~provided for~~] in Section 4(4) of this administrative regulation; and
- (4) Successfully complete a CODA accredited advanced dental education [~~graduate or postgraduate~~] specialty program after graduating from a dental school.

Section 9. Continuing Education Requirements.

- (1) A Kentucky licensed dentist shall complete thirty (30) hours of continuing education during the two (2) year licensure period defined by KRS 313.030(2), except in the following cases:
  - (a) A licensee who was issued a new or reinstated license in the second year of the current biennial license period shall only complete one-half (1/2) the required hours for that period;
  - (b) A licensee who graduated in the first year of the current biennial license period shall only complete one-half (1/2) the required hours for that period;
  - (c) A licensee who graduated in the second year of the current biennial license period shall not be required to complete continuing education hours for that period;
  - (d) A charitable limited license holder shall not be required to complete continuing education hours; [~~or~~]
  - (e) A licensee may be granted a medical hardship waiver or deferment if the written request is submitted to and approved by the board; or [~~or~~]
  - (f) A licensee may be granted a limited practice waiver as established [~~provided for~~] in Section 10 of this administrative regulation.
- (2) Acceptable continuing education content shall include:
  - (a) Competency in treating patients who are medically compromised or who experience medical emergencies during the course of dental treatment;
  - (b) Pharmaceutical products and proper use protocols of medications;
  - (c) Competence to diagnose oral pathology;
  - (d) Awareness of currently accepted methods of infection control;
  - (e) Basic medical and scientific subjects;
  - (f) Clinical and technological subjects;
  - (g) Patient management, safety, and oral healthcare;
  - (h) Mass casualty or mass immunization situations;
  - (i) Clinical dentistry performed on a charitable or volunteer basis;
  - (j) Business operations and best practices; and
  - (k) Dental association or society business meetings.
- (3) The thirty (30) hours of continuing education shall include:
  - (a) A minimum of ten (10) hours taken in a live, interactive presentation format;
  - (b) A maximum of ten (10) hours that meet the requirements of subsection (2)(i) - (k) of this section; **[and]**
  - (c) A minimum of three (3) hours in the use of the Kentucky All Schedule Prescription Electronic Reporting System (KASPER), pain management, or addiction disorders; [~~and~~]
  - (d) A minimum of one-half (1/2) hour in Pediatric Abusive Head Trauma (PAHT) or Child Abuse and Neglect (CAN); and

**(e) A minimum of one (1) hour on the recognition and prevention of pediatric ingestion or inhalation of controlled substances.**

- (4) Dentists who hold a board-issued sedation permit shall also meet the continuing education requirements of 201 KAR 8:550, Section 8.
- (5) All continuing education hours shall be documented by a certificate of completion or attendance bearing:
  - (a) A signature or other verification of the provider;
  - (b) The name of the licensee in attendance;
  - (c) The title of the course or meeting attended or completed;
  - (d) The date of attendance or completion;
  - (e) The number of hours earned; and
  - (f) Evidence of the method of delivery if the course was taken in a live interactive presentation format.
- (6) The licensee shall be responsible for obtaining the qualifying documentation of continuing education from the provider or sponsoring organization and to retain those documents for a minimum of five (5) years.
- (7) During the license renewal process, licensees shall attest to their compliance with the requirements of this section.
- (8) Licensees shall be subject to audit of their compliance with the requirements of this section.

**Section 10. Limited Practice Continuing Education Waivers**

- (1) A licensee who has practiced in Kentucky for at least twenty (20) years and desires to continue practicing only in a relief or emergency capacity may receive a limited practice waiver of their general continuing education requirements if the *written* request is submitted to and approved by the board.**
- (2) A licensee who has been granted a limited practice waiver shall:**
  - (a) Not be required to complete continuing education hours if practicing for not more than thirty (30) days in a calendar year;**
  - (b) Only complete one-half (1/2) the continuing education hours if practicing more than thirty (30) days, but not more than ninety (90) days in a calendar year; or**
  - (c) Complete the full thirty (30) hours of continuing education if practicing for more than ninety (90) days in a calendar year.**
- (3)(a) A limited practice waiver shall:**
  - 1. a. [(a)] Be issued for a single *two (2) year [two-year]* cycle per licensee; and**
  - b. [may] Not be repeated; and**
  - 2. [(b)] Apply to general continuing education requirements only.**
- (b) Licensees shall still be required to complete all required hours for CPR certification and sedation permits beyond general licensure.**

**Section 11. Renewal of a Dental License.**

- (1) All dental licenses issued by the board shall expire on December 31 of odd-numbered years and shall be renewed to remain active. A licensee desiring renewal of an active general, specialty, student limited, or faculty limited dental license shall:
  - (a) Submit a completed and signed Application for Renewal of Dental Licensure or online equivalent;
  - (b) Pay the fee required by 201 KAR 8:520;
  - (c) Maintain an active certification in CPR or a more comprehensive program that meets or exceeds the American Heart Association Guidelines for CPR and ECC; and
  - (d) Meet the continuing education requirements in Section 9 of this administrative regulation.
- (2) A licensee who has not actively practiced dentistry in the two (2) years preceding the filing of the renewal application shall complete a continuing education plan approved by the board prior to resuming the active practice of dentistry.
- (3) A licensee desiring renewal of a charitable limited dental license shall repeat the initial licensure process required by Section 7 of this administrative regulation.

**Section 12. [~~Section 11.~~] Retirement of a Dental License.**

- (1) A licensee desiring to no longer hold an active dental license in Kentucky shall submit a completed and signed Retirement of License Form or online equivalent.
- (2) Upon receipt of this form, the board shall send written confirmation of retirement to the address provided.
- (3) A licensee shall not retire a license that has pending disciplinary action against it.
- (4) A license that is not properly retired or renewed shall be considered expired for reinstatement purposes.

Section 13.~~[Section 12.]~~ Reinstatement of a Dental License.

- (1) A former licensee desiring reinstatement of an expired or properly retired dental license in Kentucky shall:
  - (a) Submit a completed and signed~~[, signed, and notarized]~~ Application to Reinstate Dental or Dental Hygiene Licensure or online equivalent with an attached applicant photo taken within the past six (6) months;
  - (b) Pay the fee required by 201 KAR 8:520;
  - (c) Hold an active certification in CPR or a more comprehensive program that meets or exceeds the American Heart Association Guidelines for CPR and ECC;
  - (d) Provide verification of any license to practice dentistry obtained in any state or other licensing jurisdiction since the applicant was first licensed in Kentucky;
  - (e) Submit to a nationwide state and federal criminal background check by fingerprint through the Department of Kentucky State Police; and
  - (f) Provide a written explanation for any positive returns on a query of the National Practitioner Data Bank.
- (2) An applicant who has not actively practiced dentistry in the two (2) years preceding the filing of the reinstatement application shall complete a continuing education plan approved by the board prior to resuming the active practice of dentistry.
- (3) A former licensee who applies to reinstate an expired license that was not properly retired shall be subject to:
  - (a) The expired license reinstatement penalties in 201 KAR 8:520 if applying less than two (2) years from when the license was last active; or
  - (b) The same reinstatement fees as a properly retired license if applying more than two (2) years from when the license was last active.

Section 14.~~[Section 13.]~~ Verification of Licensure. An individual desiring an official verification of a dental license held currently or previously in Kentucky shall:

- (1) Submit a completed and signed~~[and completed]~~ Verification of Licensure or Registration Form or online equivalent; and
- (2) Pay the fee required by 201 KAR 8:520.

Section 15.~~[Section 14.]~~ Issuance of Initial Licensure. Upon an applicant's completion of all requirements for dental licensure within six (6) months of the date the application was received, the board shall:

- (1) Issue a license in sequential numerical order; or
- (2) Deny licensure due to a violation of KRS Chapter 313 or 201 KAR Chapter 8.

Section 16.~~[Section 15.]~~ Incorporation by Reference.

- (1) The following material is incorporated by reference:
  - (a) "Application for Charitable Limited Licensure", January 2024;
  - (b) "Application for Dental Licensure", January 2024;
  - (c) "Application for Renewal of Dental Licensure", January 2024;
  - (d) "Application for Specialty Dental Licensure", January 2024;
  - (e) "Application to Reinstate Dental or Dental Hygiene Licensure", January 2024;
  - (f) "Retirement of License Form", January 2024;
  - (g) "Statement Regarding Faculty Licensure Limitations", January 2024;
  - (h) "Statement Regarding Student Licensure Limitations", January 2024;

- (i) "Verification of Licensure or Registration Form", January 2024; and
  - (j) "2020 American Heart Association Guidelines for CPR and ECC", 2020.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Dentistry, 312 Whittington Parkway, Suite 101, Louisville, Kentucky 40222, Monday through Friday, 8 a.m. through 4:30 p.m. This material is also available on the board's website[~~Web site~~] at <http://dentistry.ky.gov>.

CONTACT PERSON: Jeff Allen, Executive Director, Kentucky Board of Dentistry, 312 Whittington Parkway, Suite 101, Louisville, Kentucky 40222, phone (502) 429-7280, fax (502) 429-7282, email [jeffrey.allen@ky.gov](mailto:jeffrey.allen@ky.gov).



## BOARD OF DENTISTRY

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**Andy Beshear**  
GOVERNOR

**Jeffrey Allen**  
EXECUTIVE DIRECTOR

June. 04, 2026

Senator Stephen West, Co-Chair  
Representative Derek Lewis, Co-Chair  
c/o Ange Darnell, Regulation Compiler  
Administrative Regulation Review Subcommittee  
Legislative Research Commission, 083  
Capitol Annex  
Frankfort KY 40601

Re: 201 KAR 8:540. Dental practices and prescription writing

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 8:540, the Board of Dentistry proposes the attached amendment to 201 KAR 8:540.

Sincerely,

Jeffrey Allen, Executive Director  
Kentucky Board of Dentistry  
312 Whittington Pkwy, Ste. 101  
Louisville, KY 40222

Final, 6-3-2026

**SUGGESTED SUBSTITUTE**

**GENERAL GOVERNMENT CABINET  
Kentucky Board of Dentistry**

**201 KAR 8:540. Dental practices and prescription writing.**

RELATES TO: KRS 218A.172, 218A.182, 218A.202, 218A.205(3), 313.035, 313.060, 313.085, 422.317, 42 U.S.C. 300ee-2 note

STATUTORY AUTHORITY: KRS 218A.205(3), 313.060(1)

CERTIFICATION STATEMENT: This is to certify that this administrative regulation complies with the requirements of 2025 RS HB 6, Section 8.

NECESSITY, FUNCTION, AND CONFORMITY: KRS 313.060(1) requires the board to promulgate administrative regulations relating to dental practices that shall include minimal requirements for documentation and Centers for Disease Control and Prevention compliance. 42 U.S.C. 300ee-2 note requires each state to institute the guidelines issued by the United States Centers for Disease Control and Prevention or guidelines that are equivalent to those promulgated by the Centers for Disease Control and Prevention concerning recommendations for preventing the transmission of the human immunodeficiency virus and the hepatitis B virus during exposure-prone invasive procedures. KRS 218A.205(3)(a) and (b) require the board, in consultation with the Kentucky Office of Drug Control Policy, to establish mandatory prescribing and dispensing standards related to controlled substances. This administrative regulation establishes requirements for preventing the transmission of the human immunodeficiency virus and the hepatitis B virus during exposure-prone invasive procedures and includes minimal requirements for documentation and Centers for Disease Control and Prevention compliance. This administrative regulation also establishes mandatory prescribing and dispensing standards related to controlled substances.

Section 1. Applicability. A dentist who is authorized to prescribe, dispense or administer a controlled substance shall comply with the standards of acceptable and prevailing dental practice for prescribing, dispensing or administering a controlled substance established in this administrative regulation.

Section 2. Professional Standards for Documentation of Dental Patients.

(1) Each patient's dental records shall be kept by the dentist for a minimum of:

- (a) Seven (7) years from the date of the patient's last treatment;
- (b) Seven (7) years after the patient's eighteenth birthday, if the patient was seen as a minor; or
- (c) Two (2) years following the patient's death.

(2) Each dentist shall comply with KRS 422.317 regarding the release of patient records.

(3) The dentist shall keep accurate, readily accessible, and complete records which include:

- (a) The patient's name;
- (b) The patient's date of birth;
- (c) The patient's medical history and documentation of the physical exam of the oral and perioral tissues;
- (d) The date of treatment;
- (e) The areas to be treated;
- (f) The material used in treatment;
- (g) Local or general anesthetic used, route of administration, and the amount;
- (h) Sedation medications used, the amount, monitoring techniques, and the names of qualified personnel that monitor the patient;
- (i) Diagnostic, therapeutic, and laboratory results, if any;
- (j) The findings and recommendations of the dentist and a description of each evaluation or consultation, if any;

- (k) Treatment objectives;
  - (l) Any and all treatments performed and provided;
  - (m) All medications, including date, type, dosage, and quantity prescribed or dispensed; and
  - (n) Any post treatment instructions.
- (4) Prior to prescribing or administering a Schedule II or III controlled substance, the dentist shall obtain the signature of the patient or a legal guardian on a consent form authorizing the treatment plan, including the use of controlled substances.

### Section 3. Prescribing and Administration of Controlled Substances.

- (1) In accordance with KRS 313.035, a dentist may prescribe, dispense, and administer any non-controlled drug necessary within the scope of the dentist's practice if the dentist is licensed pursuant to KRS Chapter 313.
- (2) In accordance with KRS 313.035, a dentist may administer and prescribe controlled substances necessary within the scope of the dentist's practice if the dentist:
- (a) Has obtained a registration from the Drug Enforcement Administration; ~~and~~
  - (b) Complies with KRS 218A.202 regarding the use of ~~Has enrolled with and utilizes~~ the Kentucky All Schedule Prescription Electronic Reporting System (KASPER); ~~and as required by KRS 218A.202.~~
  - (c) Complies with KRS 218A.182 regarding the electronic prescribing of controlled substances.
- (3) A dentist shall not compound any scheduled drugs or dispense controlled substances for use by the patient outside the office setting.
- (4) A dentist shall obtain and document all relevant information in a patient's medical and dental records in a legible manner and in sufficient detail to enable the board to determine whether the dentist is conforming to professional standards.
- (5) Prior to the initial prescribing or administration of a Schedule II or III controlled substance, each dentist shall:
- (a) Obtain and review a KASPER report for the twelve (12) month period immediately preceding the patient encounter and appropriately utilize that data in the evaluation and treatment of the patient.
  - (b) Document relevant information in the patient's record;
  - (c) Consider the available information to determine if it is medically appropriate and safe to administer or prescribe a controlled substance;
  - (d) Obtain a complete medical history and conduct a physical examination of the oral or maxillofacial area of the patient and document the information in the patient's medical record;
  - (e) Make a written treatment plan stating the objectives of the treatment and further diagnostic examinations required;
  - (f) Discuss the risks and benefits of the use of controlled substances with the patient, the patient's parent if the patient is an unemancipated minor child, or the patient's legal guardian or health care surrogate, including the risk of tolerance and drug dependence; and
  - (g) Obtain written consent for the treatment.
- (6) Pursuant to KRS 218A.172, the requirements set forth within this section shall not apply when prescribing or administering a controlled substance:
- (a) As part of the patient's hospice or end of life treatment;
  - (b) To a patient admitted to a licensed hospital as an inpatient, or observation patient, during and as part of a normal and expected part of the patient's course of care at that hospital.
  - (c) For the treatment of pain associated with cancer or with the treatment of cancer;
  - (d) As necessary to treat a patient in an emergency situation; or
  - (e) To a patient admitted to a long-term care facility.
- (7) A dentist shall not issue a prescription for more than a three (3) day supply of a Schedule II or III controlled substance to treat pain as an acute medical condition unless the following conditions have been met:
- (a) The dentist, in his or her professional judgment, believes that more than a three (3) day supply of a Schedule II or III controlled substance is medically necessary to treat the patient's pain as an acute medical condition;

(b) The dentist has documented in the patient's dental record the acute medical condition and lack of alternative treatment options which justifies deviation from the three (3) day supply limit established in this subsection; and

(c) The patient and the dentist have attested by signature in the patient's dental record that alternative pain relief methods using non-opioid medications were explained to the patient and that the patient understands the risk of dependency when prescribed more than a three (3) day supply of a Schedule II or III controlled substance. This may occur:

1. During, and in addition to, the patient's original consultation and consent process as described in subsection (5) of this section; or

2. As part of a follow-up consultation after the initial three (3) day supply has been prescribed.

(d) A dentist licensed in Kentucky shall not act to avoid the three (3) day supply limit established in subsection (4) of this section by prescribing or administering a Schedule II or III controlled substance to a patient on consecutive or multiple occasions.

(8) A dentist may provide one (1) refill within thirty (30) days of the initial prescription for the same controlled substance for the same amount or less or prescribe a lower schedule drug for the same amount without a clinical reevaluation of the patient by the dentist.

(9) A patient who requires additional prescriptions for a controlled substance shall be clinically reevaluated by the dentist, and the provisions of this section for the prescription of controlled substances shall be followed. If the course of treatment extends beyond three (3) months, the dentist shall obtain and review a new KASPER report. The dentist shall provide any new information about the treatment and modify or terminate treatment as appropriate.

(10) Any violation of this section shall be considered a violation of KRS 218A.205(3), ~~KRS~~ 313.060, and ~~KRS~~ 313.085, and shall constitute a legal basis for disciplinary action pursuant to KRS 313.035.

#### Section 4. Penalties for Controlled Substances Violations~~[and Investigations]~~.

(1) A licensee convicted of a felony offense related to a controlled substance shall, at a minimum, be banned from prescribing or dispensing a controlled substance.

(2) A licensee convicted of a misdemeanor offense relating to the prescribing of a controlled substance shall, at a minimum, have a five (5) year ban from prescribing or dispensing a controlled substance.

(3) A licensee disciplined by a licensing board of another state relating to the improper, inappropriate, or illegal prescribing or dispensing of controlled substances shall, at a minimum, have the same disciplinary action imposed by this state or the disciplinary action prescribed in subsection (1) or (2) of this section, whichever is greater.

(4) A licensee who is disciplined in another state or territory for an act or omission which would constitute a violation of ~~[Section 4 of ]~~this section~~[administrative regulation]~~ and fails to notify the board in writing of the disciplinary action within thirty (30) days of the finalization of the action shall be subject to a fine of \$1,000 for each failure to report.

(5) If a licensee has been convicted of or has entered a plea of guilt, an Alford plea, or a plea for nolo contendere to any felony offense relating to a controlled substance; has successfully participated in and completed a diversion program; and whose case has been dismissed and the record of that offense expunged; the board may, in its discretion, reinstate the licensee's prescribing and dispensing privileges contingent upon the licensee entering into an agreed order with terms and conditions deemed necessary by the board to implement a minimum five (5) year period of probation.

(6) The board may privately admonish a licensee who fails to register for an account with the Kentucky All Schedule Prescription Electronic Reporting System or who fails to meet the requirements of this administrative regulation. If a licensee is privately admonished by the board under this subsection, the licensee shall be given no more than thirty (30) days to become compliant after which time the dentist may be fined up to \$10,000 for failure to be registered with KASPER. A licensee who fails to utilize KASPER prior to prescribing a controlled substance may be fined up to \$250 per incident by the board.

(7) The Law Enforcement Committee of the Board shall produce a charging decision on the complaint within 120 days of the receipt of the complaint, unless:

(a) An investigation pertaining to the prescribing or dispensing of a controlled substance make it impossible to timely present the grievance to the designated review committee, person, or Law Enforcement Committee; or

(b) The board holds a complaint pertaining to the prescribing or dispensing of a controlled substance in abeyance to permit a law enforcement agency, upon the agency's request, to perform or complete an investigation.

(c) If a charging decision is not produced within 120 days of the date of receipt of the complaint under this subsection, the investigative report shall plainly state the circumstances pursuant to paragraphs (a) and (b) of this subsection that prevented the timely production of the charging decision.

#### Section 5. Administration of Neuromodulators and Dermal Fillers.

(1) A licensed dentist who desires to administer neuromodulators shall/:

~~(a)~~ complete ~~at least~~~~a minimum of~~ ten (10) hours of training in a board-approved course that includes a minimum of six (6) hours of didactic and four (4) hours of clinical training ~~in~~~~that includes~~ ~~the following topics~~:

~~(a)~~~~(b)~~ The use of neuromodulators that are derived from Clostridium botulinum or that are biosimilar to or the bioequivalent of such a neuromodulator in the treatment of temporomandibular joint disorder and myofascial pain syndrome; and

~~(b)~~~~(c)~~ The use of neuromodulators that are derived from Clostridium botulinum that are biosimilar to or the bioequivalent of such a neuromodulator for dental and facial esthetics.

(2) A licensed dentist who desires to administer dermal fillers shall/: complete ~~at least~~~~a minimum of~~ ten (10) hours of training in a board-approved course that includes a minimum of six (6) hours of didactic and four (4) hours of clinical training.

(3) The course completion certificate for any training received pursuant to this section shall be maintained by the dentist and made available to the board upon request.

(4) Any licensed dentist who has administered neuromodulators or dermal fillers prior to **June 30, 2026**~~this administrative regulation~~ shall have until December 31, 2027 to comply with this section.

#### Section 6. Infection Control Compliance.

(1) Each licensed dentist in the Commonwealth of Kentucky shall:

(a) Adhere to the standard precautions outlined in the Guidelines for Infection Control in Dental Health-Care Settings published by the Centers for Disease Control and Prevention; and

(b) Ensure that any person under the direction, control, supervision, or employment of a licensee whose activities involve contact with patients, teeth, blood, body fluids, saliva, instruments, equipment, appliances, or intra-oral devices adheres with those same standard precautions.

(2) If the board becomes aware of a violation or a reliable allegation of a violation of this section which may pose imminent public risk, ~~the~~~~The~~ board or its designee shall perform an infection control inspection of ~~the~~~~a~~ dental practice or office utilizing the Infection Control Inspection Checklist~~, if the board and its staff become aware of a violation, or a reliable allegation of a violation,~~ of the Guidelines for Infection Control in Dental Health-Care Settings or a more comprehensive standard~~which may pose imminent public risk~~.

(3)

(a) Any dentist who is found deficient upon an initial infection control inspection shall have thirty (30) days to be in compliance with the guidelines and submit a written plan of correction to the board.

(b) The dentist may receive a second inspection after the thirty (30) days have passed and may be required to pay reasonable expenses to the board or its designee to conduct the inspection, not to exceed the amount of the fine required for failure of a second inspection~~[pursuant to this chapter]~~.

(c) If the dentist fails the second inspection, he or she shall be immediately temporarily suspended pursuant to KRS 313.085 until proof of compliance is provided to the board and the dentist pays the fine~~[as prescribed in this chapter]~~.

(4) Any licensed dentist, licensed dental hygienist, or dental assistant who performs invasive procedures may seek counsel from the board if he or she tests seropositive for the human immunodeficiency virus,~~[~~ or the] hepatitis B virus, or other bloodborne pathogen.

(5) Upon the request of a licensee or registrant, the executive director of the board or designee shall convene a confidential expert review panel to offer counsel regarding under what circumstances, if any, the individual may continue to perform invasive procedures.

Section 7.~~[Section 6.]~~ Termination of a Patient-Doctor Relationship. In order for a licensed dentist to terminate the patient-doctor relationship, the dentist shall:

- (1) Provide written notice to the patient of the termination;
- (2) Provide emergency treatment for the patient for thirty (30) days from the date of termination; and
- (3) Retain a copy of the letter of termination in the patient records.

Section 8.~~[Section 7.]~~ Incorporation by Reference.

(1) The following material is incorporated by reference:

(a) "Guidelines for Infection Control in Dental Health-Care Settings", December 2003, or the latest version issued by the Centers for Disease Control on Infection Control in Dental Health Care Setting; and

(b) "Infection Control Inspection Checklist", July 2010.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Dentistry, 312 Whittington Parkway, Suite 101, Louisville, Kentucky 40222, Monday through Friday, 8 a.m. through 4:30 p.m. This material is also available on the board's website~~[Web site]~~ at <http://dentistry.ky.gov>.

CONTACT PERSON: Jeff Allen, Executive Director, Kentucky Board of Dentistry, 312 Whittington Parkway, Suite 101, Louisville, Kentucky 40222, phone (502) 429-7280, fax (502) 429-7282, email [jeffrey.allen@ky.gov](mailto:jeffrey.allen@ky.gov).



**Andy Beshear**  
GOVERNOR

**BOARD OF DENTISTRY**

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**Jeffrey Allen**  
EXECUTIVE DIRECTOR

June. 04, 2026

Senator Stephen West, Co-Chair  
Representative Derek Lewis, Co-Chair  
c/o Ange Darnell, Regulation Compiler  
Administrative Regulation Review Subcommittee  
Legislative Research Commission, 083  
Capitol Annex  
Frankfort KY 40601

Re: 201 KAR 8:550. Anesthesia and sedation related to dentistry

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 201 KAR 8:550, the Board of Dentistry proposes the attached amendment to 201 KAR 8:550.

Sincerely,

Jeffrey Allen, Executive Director  
Kentucky Board of Dentistry  
312 Whittington Pkwy, Ste. 101  
Louisville, KY 40222

Final, 5-29-2026

**SUGGESTED SUBSTITUTE**

**GENERAL GOVERNMENT CABINET  
Kentucky Board of Dentistry**

**201 KAR 8:550. Anesthesia and sedation related to dentistry.**

RELATES TO: KRS 313.035, 313.060

STATUTORY AUTHORITY: KRS 313.035(1)

CERTIFICATION STATEMENT: This is to certify that this administrative regulation complies with the requirements of 2025 RS HB 6, Section 8.

NECESSITY, FUNCTION, AND CONFORMITY: KRS 313.035(1) requires the board to promulgate administrative regulations related to anesthesia and sedation permits. The administration of local anesthesia, sedation, and general anesthesia is an integral part of dentistry and the foundation of pain control. This administrative regulation establishes requirements for permits to perform sedation or anesthesia associated with dentistry.

Section 1. Definitions.

- (1) "ADA" means the American Dental Association.
- (2) "Analgesia" means the diminution or elimination of pain.
- (3) "ASA" means American Society of Anesthesiologists.
- (4) "Continual" means repeated regularly and frequently in steady succession.
- (5) "Continuous" means prolonged without any interruption.
- (6) "Deep sedation" means 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 could be impaired. The patient might require assistance in maintaining a patent airway, and spontaneous ventilation could be inadequate. Cardiovascular function is usually maintained.
- (7) "Enteral" means a technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa (oral, rectal, or sublingual).
- (8) "General anesthesia" means a drug-induced loss of consciousness during which a patient is not arousable, 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 could be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function might be impaired.
- (9) "Immediately available" means onsite at the facility and available for immediate use.
- (10) "Local anesthesia" means the elimination or diminution of sensation, especially pain, in one (1) part of the body by the topical application or regional injection of a drug.
- (11) "Maximum Recommended Dose" or "MRD" means the maximum FDA-recommended dose of a drug for minimal sedation, as printed in FDA-approved labeling for unmonitored home use.
- (12) "Minimal sedation" means a minimally depressed level of consciousness produced by a pharmacological method that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination might be modestly impaired, ventilatory and cardiovascular functions are unaffected.
- (13) "Moderate sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Intervention is not required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. This term includes the enteral administration of drugs exceeding the maximum recommended dose during a single appointment.
- (14) "Nitrous oxide sedation" or "N<sub>2</sub>O sedation" means a technique of inhalation sedation with nitrous oxide and oxygen.

- (15) "Operating dentist" means a licensed dentist with primary responsibility for providing dental care during a procedure.
- (16) "Pediatric patient" means a patient twelve (12) years of age or younger.
- (17) "Qualified anesthesia provider" means a licensed anesthesiologist, Certified Registered Nurse Anesthetist, or dentist with an applicable sedation permit.
- (18) "Qualified dentist" means a licensed dentist with an applicable sedation permit.
- (19) "Time-oriented anesthesia record" means documentation at appropriate time intervals of drugs administered, doses of drugs administered, and physiologic patient data obtained during patient monitoring.
- (20) "Trained individual" means personnel with an active certification in Basic Life Support for Healthcare Providers, who has been trained in monitoring EKG's, pulse oximetry, blood pressures, airway management, and capnography. Training, whether formal or internal, is documented in employee records.

## Section 2. Scope and Applicability.

- (1) The board shall be committed to the safe and effective use of sedation and anesthesia by licensed, educated, and trained dentists.
- (2) Because large doses of local anesthetics, especially in combination with sedative agents, carry the risk of central nervous system depression, each licensed dentist shall be aware of the maximum, safe dosage limits for each patient.
- (3) Level of sedation shall be independent of the route of administration. Moderate or deep sedation, or general anesthesia, may be achieved via any route of administration.
- (4) Because sedation and general anesthesia are a continuum and it is not always possible to predict how an individual patient will respond, each licensed dentist intending to produce a given level of sedation shall be able to diagnose and manage the physiologic consequences for patients whose level of sedation becomes deeper than initially intended. For all levels of sedation, the qualified dentist shall have the training, skills, drugs, and equipment to identify and manage such an occurrence until either:
- (a) Assistance arrives; or
  - (b) The patient returns to the intended level of sedation without airway or cardiovascular complications.
- (5) Because new indications, agents, and techniques lead to changes in anesthesia and sedation practices, the board shall evaluate changes for safety, efficacy, and to what extent changes become accepted practice within the profession of dentistry.

## Section 3. Nitrous Oxide Sedation.

- (1) Nitrous oxide sedation may be used by a Kentucky-licensed dentist without a sedation permit or by a Kentucky-licensed dental hygienist who is registered to deliver nitrous oxide analgesia under the direct supervision of a dentist pursuant to KRS 313.060(10).
- (2) Equipment used in the administration of nitrous oxide sedation shall have functional safeguard measures that:
- (a) Limit the minimum oxygen concentration to thirty (30) percent; and
  - (b) Provide for scavenger elimination of nitrous oxide gas.
- (3) The dentist shall:
- (a) Ensure that a patient receiving nitrous oxide is constantly monitored; and
  - (b) Be present in the office while nitrous oxide is being used.
- (4) A Kentucky-registered dental assistant shall not independently administer nitrous oxide sedation, but may initiate nitrous oxide sedation if the dentist is in the office and gives the dental assistant specific instructions regarding the mode of administration and the titration, rate, and dosage of the anesthetic agent.

## Section 4. Minimal Sedation.

- (1) A sedation permit shall not be required for a Kentucky-licensed dentist to provide minimal sedation.
- (2) A patient whose only response is reflex withdrawal from repeated painful stimuli shall not be considered to be in a state of minimal sedation.

(3) The enteral administration of drugs exceeding the maximum recommended dose during a single appointment is considered to be moderate sedation, and Section 5 of this administrative regulation shall apply.

(4) Nitrous oxide, if used in combination with a sedative agent, may be considered to produce minimal, moderate, or deep sedation, or general anesthesia.

(5) If more than one (1) drug is administered enterally to achieve the desired sedation effect, with or without the concomitant use of nitrous oxide, Section 5 of this administrative regulation shall apply.

(6) A dentist who administers minimal sedation shall do so within a sufficient margin of safety to avoid an unintended loss of consciousness. The use of the MRD to guide dosing for minimal sedation is intended to create this margin of safety.

(7) If minimal sedation is administered to a patient who is taking another substance known to increase the sedative effects on the patient, Section 5 of this administrative regulation shall apply.

(8) An operating dentist shall not be required to complete additional training to administer minimal sedation.

(9) The administration of minimal sedation by another dentist or qualified anesthesia provider shall require the operating dentist to maintain current certification in Basic Life Support for Healthcare Providers.

(10) Clinical guidelines.

(a) Patient history and evaluation. Patients considered for minimal sedation shall be evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals who are in the patient physical status classification of (ASA I, II) as established in the ASA Physical Status Classification System, this evaluation shall consist of a review of the patient's current medical history and medication use. In addition, patients with significant medical considerations who are in the patient physical status classification of (ASA III, IV) as established in the ASA Physical Status Classification System shall, unless otherwise documented by the provider, require consideration of a consultation with their treating physician prior to being administered minimal sedation.

(b) Pre-operative evaluation and preparation.

1. The patient or the patient's parent, legal guardian, or caregiver[,] shall be advised regarding the planned procedure and any other anticipated possible procedures associated with the delivery of any sedative agents. Informed consent for the proposed sedation shall be obtained in writing prior to its administration.

2. Adequate oxygen supply and the equipment necessary to deliver oxygen under positive pressure shall be determined prior to the administration of minimal sedation.

3. The patient shall be physically examined prior to the administration of minimal sedation. Baseline vital signs including body weight, height, blood pressure, and pulse rate shall be obtained unless rendered impractical by the nature of the patient, procedure, or equipment. Body temperature shall be measured if clinically indicated.

4. Preoperative dietary restrictions shall be considered based on the sedative technique prescribed.

5. The patient or the patient's parent, legal guardian, or caregiver, shall be given preoperative verbal and written instructions regarding the patient's sedation and procedure.

(c) Personnel and equipment requirements.

1. Personnel. All clinical staff participating in the care of a minimally sedated patient shall be certified in Basic Life Support for Healthcare Providers.

2. Equipment.

a. A positive-pressure oxygen delivery system suitable for the patient being treated shall be immediately available.

b. All equipment shall be examined for proper performance prior to each administration of sedation.

c. If inhalation equipment is used, it shall have a fail-safe system that shall be examined and calibrated and a functioning device that shall prohibit the delivery of less than thirty (30) percent oxygen, or a calibrated and functioning in-line oxygen analyzer with audible alarm.

d. A scavenging system shall be used if gases other than oxygen or air are delivered to a patient.

3. Monitoring and documentation.

a. Monitoring. The dentist or a trained individual chosen by the dentist, shall remain in the treatment room during active dental treatment to monitor the patient continuously until the patient meets the

criteria for discharge to the recovery area. The following shall be monitored unless precluded or invalidated by the nature of the patient:

- (i) Consciousness. The patient's level of sedation and responsiveness to verbal commands shall be continually assessed;
- (ii) Oxygenation. Oxygen saturation by pulse oximetry shall be continually evaluated;
- (iii) Ventilation. The patient's chest excursions shall be monitored and respirations shall be verified; and
- (iv) Circulation. Blood pressure and heart rate shall be evaluated pre-operatively and postoperatively.

b. Documentation. A sedative record shall be maintained for each patient to whom sedation is administered. The sedative record shall include the names of all drugs administered including local anesthetics, the time administered, the route of administration, dosages, and monitored physiological parameters.

#### 4. Recovery and discharge.

a. Oxygen and suction equipment shall be immediately available if a separate recovery area is utilized.

b. The dentist or a trained individual chosen by the dentist shall monitor the patient during recovery until the patient is ready for discharge.

c. The dentist shall examine the patient and document the patient's level of consciousness, oxygenation, ventilation, and circulation prior to discharge.

d. The patient, parent, escort, legal guardian, or caregiver shall be given post-operative verbal and written instructions prior to or upon discharge.

#### (d) Emergency management.

1. If a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist shall stop the dental procedure until the patient is returned to the intended level of sedation.

2. The operating dentist shall be responsible for the sedative management, adequacy of the facility and staff, equipment, protocols, and diagnosis and treatment of emergencies related to the administration of minimal sedation and patient rescue.

### Section 5. Moderate Sedation.

(1) A Moderate Sedation Permit issued by the board shall be required for a Kentucky-licensed dentist to administer moderate sedation.

(2) A dentist who administers moderate sedation shall do so within a sufficient margin of safety to avoid an unintended loss of consciousness.

(3) A qualified dentist shall be aware that repeated dosing of an agent before the effects of previous dosing can be fully appreciated could result in a greater alteration of the state of consciousness than intended. A dentist who administers moderate sedation shall refrain from administering an additional drug increment before the previous dose has taken full effect.

(4) A patient whose only response is reflex withdrawal from a painful stimulus shall not be considered to be in a state of moderate sedation.

(5) To qualify for a Moderate Sedation Permit, a dentist shall:

(a) Submit completed and signed Application for Sedation or Anesthesia Permit or online equivalent;

(b) Pay the fee required by 201 KAR 8:520; and

(c) Provide documentation that the dentist meets the educational requirements of subsections (6)(a) and (b) of this section.

(6) Education requirements for moderate sedation.

(a) To administer moderate sedation to an adult patient, a dentist shall have current certifications in Basic Life Support for Healthcare Providers and Advanced Cardiac Life Support, and complete:

- 1. A comprehensive training program in moderate sedation that complies with the requirements established in the Moderate Sedation section of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced; or

2. An advanced education program accredited by the Commission on Dental Accreditation that provides comprehensive training necessary to administer and manage moderate sedation commensurate with this administrative regulation.

(b) To administer moderate sedation to a pediatric patient, a dentist shall have successfully completed:

1. An advanced education program accredited by the Commission on Dental Accreditation that provides comprehensive training necessary to administer and manage moderate sedation commensurate with this administrative regulation; and

2. Current certifications in Basic Life Support for Healthcare Providers and Pediatric Advanced Life Support.

(c) If authorizing a third-party qualified anesthesia provider to administer moderate sedation to an adult patient, the operating dentist shall confirm that at least two (2) members of the onsite care team maintain current certifications in Basic Life Support for Healthcare Providers and Advanced Cardiac Life Support.

(d) If authorizing a third-party qualified anesthesia provider to administer moderate sedation to a pediatric patient, the operating dentist shall confirm that at least two (2) members of the onsite care team maintain current certifications in Basic Life Support for Healthcare Providers and Pediatric Advanced Life Support.

**~~[(e) Any valid moderate sedation permits issued prior to this administrative regulation shall have until December 31, 2023 to comply with subsection (6)(a)1. and 2. of this section.]~~**

(7) Clinical guidelines; patient history and evaluation.

(a) Patients considered for moderate sedation shall be evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals who are in the patient physical status classification of (ASA I, II) as established in the ASA Physical Status Classification System, this evaluation shall consist of a review of the patient's current medical history, medication use, body mass index, airway evaluation, and ASA status.

(b) Patients with significant medical considerations who are in the patient physical status classification of (ASA III, IV) as established in the ASA Physical Status Classification System shall, unless otherwise documented by the provider, require consideration of a consultation with their treating physician prior to being administered moderate sedation.

(8) Pre-operative evaluation and preparation.

(a) The patient or the patient's parent, legal guardian, or caregiver, shall be advised regarding the planned procedure and any other anticipated possible procedures associated with the delivery of any sedative agents. Informed consent for the proposed sedation shall be obtained in writing prior to its administration.

(b) Adequate oxygen supply and the equipment necessary to deliver oxygen under positive pressure shall be determined prior to the administration of moderate sedation.

(c) The patient shall be physically examined prior to the administration of minimal sedation. Baseline vital signs including body weight, height, blood pressure, and pulse rate shall be obtained unless rendered impractical by the nature of the patient, procedure, or equipment. Body temperature shall be measured if clinically indicated.

(d) Preoperative dietary restrictions shall be considered based on the sedative technique prescribed.

(e) The patient or the patient's parent, legal guardian, or caregiver, shall be given preoperative verbal and written instructions regarding the patient's sedation and procedure, including pre-operative fasting instructions based on the ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists.

(9) Personnel and equipment requirements.

(a) Personnel. All clinical staff participating in the care of a moderately sedated patient shall be certified in Basic Life Support for Healthcare Providers.

(b) Equipment.

1. A positive-pressure oxygen delivery system suitable for the patient being treated shall be immediately available.

2. All equipment shall be examined for proper performance prior to each administration of sedation.

3. If inhalation equipment is used, it shall have a fail-safe system that shall be examined and calibrated and a functioning device that shall prohibit the delivery of less than thirty (30) percent oxygen, or a calibrated and functioning in-line oxygen analyzer with audible alarm.

4. A scavenging system shall be used if gases other than oxygen or air are delivered to a patient.
5. Equipment necessary to establish intravascular or intraosseous access and a defibrillator or automated external defibrillator shall be immediately available until the patient meets discharge criteria.

(10) Monitoring and documentation.

(a) Monitoring.

1. If leaving the room, a qualified dentist shall have at least one (1) month of general anesthesia training and shall select a trained individual to continuously monitor the patient; or
2. A qualified anesthesia provider shall remain in the treatment room during active treatment until the patient meets the criteria for discharge to the recovery area.

(b) The following shall be monitored:

1. Consciousness. The patient's level of sedation and responsiveness to verbal commands shall be continually assessed;
2. Oxygenation. Oxygen saturation by pulse oximetry shall be continually evaluated;
3. Ventilation: The qualified anesthesia provider shall be responsible for the observation of ventilation and breathing by monitoring end tidal CO<sub>2</sub> unless precluded or invalidated by the nature of the patient. In addition, ventilation shall be monitored by continual observation of qualitative signs, which may include auscultation of breath sounds with a precordial or pretracheal stethoscope, or observation of chest excursions;
4. Circulation. The qualified anesthesia provider shall continually evaluate blood pressure and heart rate unless invalidated by the nature of the patient and noted in the time-oriented anesthesia record; and
5. The patient's pulse oximetry, heart rate, end tidal CO<sub>2</sub>, blood pressure, and level of consciousness shall be monitored continually and recorded at least every five (5) minutes.

(c) Documentation. A sedative record shall be maintained for each patient to whom sedation is administered. The sedation record shall include the names of all drugs administered including local anesthetics, the time administered, the route of administration, dosages, and monitored physiological parameters.

(11) Recovery and discharge.

(a) Oxygen and suction equipment shall be immediately available if a separate recovery area is utilized.

(b) When active treatment concludes and the patient recovers to a minimally sedated level, the qualified anesthesia provider or a trained individual chosen by the qualified anesthesia provider shall remain with and continue to monitor the patient until the patient is discharged from the facility. The qualified anesthesia provider shall not leave the facility until the patient is discharged.

(c) The qualified anesthesia provider or a trained individual chosen by the qualified anesthesia provider shall continually monitor the patient's blood pressure, heart rate, oxygenation, and level of consciousness during recovery.

(d) The qualified anesthesia provider shall determine and document the patient's level of consciousness, oxygenation, ventilation, and circulation prior to discharge.

(e) The patient, parent, escort, legal guardian, or caregiver shall be given post-operative verbal and written instructions prior to or upon discharge.

(f) Because re-sedation could occur after the effects of a reversal agent have waned, if a pharmacological reversal agent is administered before the patient's discharge criteria have been met, the patient's escort shall be notified of the risk of re-sedation.

(12) Emergency management.

(a) If a patient enters a deeper level of sedation than the qualified anesthesia provider is qualified to provide, the procedure shall stop until the patient is returned to the intended level of sedation.

(b) The qualified anesthesia provider shall be responsible for the sedative management, adequacy of the facility and staff, equipment, protocols, and diagnosis and treatment of emergencies related to the administration of moderate sedation and patient rescue.

Section 6. Deep Sedation and General Anesthesia.

- (1) A Deep Sedation and General Anesthesia Permit issued by the board shall be required for a Kentucky-licensed dentist to administer deep sedation and general anesthesia.
- (2) To qualify for a deep sedation and general anesthesia permit, a dentist shall:
  - (a) Submit a completed and signed Application for Sedation or Anesthesia Permit or online equivalent;
  - (b) Pay the fee required by 201 KAR 8:520; and
  - (c) Provide documentation that the dentist meets the educational requirements of subsection (3)(a) of this section.
- (3) Education requirements.
  - (a) To administer deep sedation or general anesthesia, a dentist shall have successfully completed:
    1. An advanced education program accredited by the Commission on Dental Accreditation, which provides comprehensive training necessary to administer and manage deep sedation or general anesthesia; and
    2. Current certifications in:
      - a. Basic Life Support for Healthcare Providers;
      - b. Advanced Cardiac Life Support if administering sedation to adult patients; and
      - c. Pediatric Advanced Life Support if administering sedation to pediatric patients.
  - (b) If authorizing a third-party qualified anesthesia provider to administer deep sedation or general anesthesia, the operating dentist shall confirm that at least two (2) members of the onsite care team maintain current certifications in:
    1. Basic Life Support for Healthcare Providers;
    2. Advanced Cardiac Life Support if sedation is administered to adult patients; and
    3. Pediatric Advanced Life Support if sedation is administered to pediatric patients.
- (4) Clinical guidelines; for patient history and evaluation. Each patient considered for deep sedation or general anesthesia shall be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals who are in the patient physical status classification of (ASA I, II) as established in the ASA Physical Status Classification System, this evaluation shall consist of a review of the patient's current medical history, medication use, body mass index, airway evaluation, nothing by mouth status, and ASA status. In addition, patients with significant medical considerations who are in the patient physical status classification of (ASA III, IV) as established in the ASA Physical Status Classification System shall, unless otherwise documented by the provider, require consideration of a consultation with their treating physician prior to being administered deep sedation or general anesthesia.
- (5) Pre-operative evaluation and preparation.
  - (a) The patient or the patient's parent, legal guardian, or caregiver, shall be advised regarding the planned procedure and any other anticipated possible procedures associated with the delivery of any sedative agents. Informed consent for the proposed sedation shall be obtained in writing prior to its administration.
  - (b) Adequate oxygen supply and the equipment necessary to deliver oxygen under positive pressure shall be confirmed prior to the administration of deep sedation or general anesthesia.
  - (c) The patient shall be physically examined prior to the administration of deep sedation or general anesthesia. Baseline vital signs including body weight, height, blood pressure, blood oxygen saturation, and pulse rate shall be obtained unless rendered impractical by the nature of the patient, procedure, or equipment. Body temperature shall be measured if clinically indicated.
  - (d) The patient or the patient's parent, legal guardian, or caregiver, shall be given preoperative verbal and written instructions regarding the patient's sedation and procedure, including pre-operative fasting instructions based on the ASA Summary of Fasting and Pharmacologic Recommendations contained within Appendix 1 of the ASA Practice Guidelines for Preoperative Fasting and the Use of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration: Application to Healthy Patients Undergoing Elective Procedures.
  - (e) An intravenous line shall be established and secured throughout the procedure, except for patients with special needs pursuant to subsection (9) of this section.
- (6) Personnel and equipment requirements.

(a) Personnel. All clinical staff participating in the care of a deeply sedated patient or a patient who has been administered general anesthesia shall be certified in Basic Life Support for Healthcare Providers.

(b) A minimum of three (3) individuals shall be present while a patient is being treated with deep sedation or general anesthesia. If a pediatric patient is being treated with deep sedation or general anesthesia, in addition to the operating dentist, a separate qualified anesthesia provider shall manage the patient's anesthesia unless the anesthesia is performed by an oral and maxillofacial surgeon.

(c) Equipment.

1. A positive-pressure oxygen delivery system suitable for the patient being treated shall be immediately available.

2. All equipment shall be examined for proper performance prior to each administration of sedation.

3. If inhalation equipment is used, it shall have a fail-safe system that shall be examined and calibrated and a functioning device that shall prohibit the delivery of less than thirty (30) percent oxygen, or a calibrated and functioning in-line oxygen analyzer with audible alarm.

4. A scavenging system shall be used if gases other than oxygen or air are delivered to a patient.

5. Equipment necessary to establish intravenous access and to monitor end tidal CO<sub>2</sub> and auscultation of breath sounds shall be immediately available.

6. Resuscitation medications, a defibrillator, equipment, and drugs necessary to provide advanced airway management and advanced cardiac life support shall be immediately available.

(7) Monitoring and documentation.

(a) Monitoring.

1. If leaving the room, a qualified dentist shall have at least one (1) month of general anesthesia training and shall select a trained individual to continuously monitor the patient; or

2. A qualified anesthesia provider shall remain in the treatment room during active treatment until the patient meets the criteria for discharge to the recovery area. The following shall be monitored:

3. Oxygenation. Oxygen saturation by pulse oximetry shall be continually evaluated;

4. Ventilation. For an intubated patient, end-tidal CO<sub>2</sub> shall be continually monitored and evaluated. For a non-intubated patient, end-tidal CO<sub>2</sub> shall be continually monitored and evaluated unless precluded or invalidated by the nature of the patient. In addition, ventilation shall be monitored by continual observation of qualitative signs, which may include auscultation of breath sounds with a precordial or pretracheal stethoscope, or observation of chest excursions;

5. Circulation. The qualified anesthesia provider shall continually evaluate heart rate and rhythm by ECG throughout the procedure, as well as the patient's pulse rate by pulse oximetry;

6. Temperature. A device capable of measuring body temperature shall be readily available during the administration of deep sedation or general anesthesia. Equipment necessary to continually monitor body temperature shall be available and used if triggering agents associated with malignant hyperthermia are administered; and

7. The patient's pulse oximetry, heart rate, end tidal CO<sub>2</sub>, blood pressure, and level of consciousness shall be monitored continually and recorded at least every five (5) minutes.

(b) Documentation. A sedative record shall be maintained for each patient to whom sedation is administered. The sedative record shall include the names of all drugs administered, including local anesthetics, the time administered, the route of administration, dosages, and monitored physiological parameters.

(8) Recovery and discharge.

(a) Oxygen and suction equipment shall be immediately available if a separate recovery area is utilized.

(b) When active treatment concludes and the patient recovers to a minimally sedated level, the qualified anesthesia provider or a trained individual chosen by the qualified anesthesia provider shall remain with and continue to monitor the patient until the patient is discharged from the facility. The qualified anesthesia provider shall not leave the facility until the patient is discharged.

(c) The qualified anesthesia provider or a trained individual chosen by the qualified anesthesia provider shall continually monitor the patient's blood pressure, heart rate, oxygenation, and level of consciousness during recovery.

(d) The qualified anesthesia provider shall determine and document the patient's level of consciousness, oxygenation, ventilation, and circulation prior to discharge.

(e) The patient, parent, escort, legal guardian, or caregiver shall be given post-operative verbal and written instructions prior to or upon discharge.

(9) Patients with special needs.

(a) Because many dental patients undergoing deep sedation or general anesthesia are mentally or physically challenged, it is not always possible to administer a comprehensive physical examination or appropriate laboratory tests prior to sedation. In this circumstance, the dentist responsible for administering the deep sedation or general anesthesia shall document the reasons preventing the examination of the patient in the patient's medical record.

(b) Deep sedation or general anesthesia may be administered without first establishing an indwelling intravenous line if the establishment of intravenous access after deep sedation or general anesthesia is rendered necessary because of poor patient cooperation.

(10) Emergency management. The qualified anesthesia provider shall be responsible for the sedative management, adequacy of the facility and staff, equipment, protocols, and diagnosis and treatment of emergencies related to the administration of patient rescue and deep sedation or general anesthesia.

Section 7. Multiple Application Levels. A dentist with the required education and training to provide more than one (1) level of sedation may mark all levels of qualification on the Application for Sedation or Anesthesia Permit without paying additional application fees.

Section 8. Renewal of a Sedation or Anesthesia Permit.

(1) A qualified dentist applying for renewal of an active permit to administer moderate sedation, or deep sedation or general anesthesia shall:

(a) Submit a completed and signed[an] Application for Renewal of Sedation or Anesthesia Permit or online equivalent;

(b) Pay the fee required by 201 KAR 8:520;

(c) Complete at least four (4) hours of clinical continuing education related to sedation or anesthesia in a live, interactive[classroom] setting during the two (2) year term of the permit; and

(d) Maintain Advanced Cardiac Life Support or Pediatric Advanced Life Support certification as required by Sections 5 and 6 of this administrative regulation.

(2) The continuing education requirements of this section shall be in addition to the license renewal requirements of 201 KAR ~~8:533~~[8:532].

(3) Unless properly renewed, each permit issued under this administrative regulation shall expire on December 31 of odd-number years.

Section 9. Location Requirement. A dentist holding a permit in accordance with this administrative regulation shall advise the board of the name and address of each facility where the dentist intends to or has ceased to administer anesthesia and sedation by submitting the completed and signed Sedation or Anesthesia Permit Location Notification Form or online equivalent within ten (10) business days of the change.

Section 10. Facility Certificates.

(1) The owner or operator of a facility shall obtain an Anesthesia or Sedation Facility Certificate from the board for any location at which a dentist holding a sedation or general anesthesia permit provides moderate sedation, deep sedation, or general anesthesia. A facility certificate shall not be required for minimal sedation or nitrous oxide sedation alone.

(2) A facility certificate shall also be required if a dentist allows an independently practicing qualified anesthesia provider to administer sedation or general anesthesia in a dental office.

(3) A facility owner or operator desiring to obtain an Anesthesia or Sedation Facility Certificate shall:

(a) Submit a completed and signed[an] Application for Sedation or Anesthesia Facility Certificate or online equivalent; and

(b) Pay the fee required by 201 KAR 8:520.

- (4) The owner or operator of a facility shall not allow an individual to administer anesthesia or sedation unless the individual is permitted to do so as established by this administrative regulation.
- (5) The owner or operator of a facility shall maintain for at least seven (7) years, for inspection by the board, the name and license number of each dentist or independently practicing qualified anesthesia provider who has administered anesthesia or moderate sedation at that location.
- (6) The owner or operator of a facility shall ensure that the facility remains equipped and staffed for the duration of time that moderate sedation, deep sedation, or general anesthesia is provided at the facility.
- (7) The owner or operator of a facility shall ensure that the facility has nonexpired emergency and sedation medications.

#### Section 11. Renewal of Facility Certificate.

- (1) All active facility certificates shall expire on December 31 of odd-numbered years.
- (2) To renew a facility certificate, the owner or operator shall:
  - (a) Submit a completed and signed Application for Renewal of Sedation or Anesthesia Facility Certificate or online equivalent; and
  - (b) Pay the fee required by 201 KAR 8:520.

#### Section 12. Facility Criteria.

- (1) To qualify for a facility certificate, the owner or operator of a facility shall attest in the completed and signed Application for Sedation or Anesthesia Facility Certificate or online equivalent that the facility has:
  - (a) An oxygen and gas delivery system with fail-safe backup;
  - (b) A safety indexed gas system;
  - (c) A suction and backup system;
  - (d) An auxiliary lighting system;
  - (e) An operating room to include:
    1. At a minimum, ten (10) feet by eight (8) feet or eighty (80) square feet in size;
    2. An operating primary light source and secondary portable back-up source, unless a backup generator is available; and
    3. Accessibility by emergency medical staff;
  - (f) A recovery area, including oxygen, suction, and electronic monitoring, which may be a part of the operating room;
  - (g) Preoperative medical history and physical evaluation form; and
  - (h) Anesthesia and monitoring equipment checked to ensure working order and calibration, if applicable.
- (2) The following shall be maintained in working order by the facility or by the qualified individual administering sedation or anesthesia at or on behalf of the facility:
  - (a) Drugs for each procedure, all of which shall be unexpired, including reversal agents and emergency medications;
  - (b) Devices to maintain an airway with positive pressure ventilation;
  - (c) Anesthesia records, including monitoring and discharge records;
  - (d) Monitoring equipment, including pulse oximeter, blood pressure monitor, and end tidal CO2 monitor. An electrocardiogram (EKG) shall be required for facilities providing deep sedation or general anesthesia;
  - (e) Defibrillator or automated external defibrillator (AED); and
  - (f) Precordial stethoscope or pretracheal stethoscope for deep sedation or general anesthesia in pediatric patients.

#### Section 13. Morbidity and Mortality Incident Reports.

- (1) A dentist shall report to the board, in writing, any death caused by, ~~or~~ resulting from, or in any way associated with the administration of minimal sedation, moderate sedation, deep sedation, or general anesthesia within seven (7) days after the death.
- (2) A dentist shall report to the board, in writing, any incident that occurred at a facility operating under a Sedation or Anesthesia Facility permit that resulted in hospital inpatient admission or emergency room

visit caused by, ~~or~~ resulting from, or in any way associated with the administration of minimal sedation, moderate sedation, deep sedation, or general anesthesia within thirty (30) days after the hospitalization or emergency room visit.

(3) The written report to the board required in subsections (1) and (2) of this section shall include:

- (a) The date of the incident;
  - (b) The name, age, and address of the patient;
  - (c) The patient's original complete dental records;
  - (d) The name and permit number of the dentist and the name and address of all other persons present during the incident;
  - (e) The address where the incident took place;
  - (f) The preoperative physical condition of the patient;
  - (g) The type of anesthesia and dosages of drugs administered to the patient;
  - (h) The techniques used in administering the drugs;
  - (i) Any adverse occurrence including:
    1. The patient's signs and symptoms;
    2. The treatment instituted in response to adverse occurrences;
    3. The patient's response to the treatment; and
    4. The patient's condition on termination of any procedures undertaken; and
  - (j) A narrative description of the incident including approximate times and evolution of symptoms.
- (4) The duties established in this section shall apply to every dentist who administers any type of sedation or anesthesia.

Section 14. Registered Dental Assistant Duties while Working with Sedation Permit Holders. A registered dental assistant working with a qualified dentist administering sedation or anesthesia in accordance with this administrative regulation may, under direct supervision:

- (1) Apply noninvasive monitors on the patient;
- (2) Perform continuous observation of patients and noninvasive monitors appropriate to the level of sedation, during the pre-operative, intra-operative, and post-operative (recovery) phases of treatment;
- (3) Report monitoring parameters at pre-determined intervals, and if changes in monitored parameters occur;
- (4) Record vital sign measurements in the sedation record;
- (5) Establish and remove intravenous lines if the registered dental assistant has completed training in intravenous access;
- (6) Assist in the management of a patient emergency; and
- (7) Administer medications into an existing intravenous line upon the verbal order and direct supervision of a qualified dentist in accordance with this administrative regulation.

Section 15. Administration by Qualified Anesthesia Provider.

- (1) An operating dentist may authorize the administration of sedation or anesthesia by a qualified anesthesia provider.
- (2) The administration of anesthesia or sedation by an individual established in subsection (1) of this section shall:
  - (a) Comply with the requirements of this administrative regulation; and
  - (b) Not require board review prior to the administration of sedation or anesthesia.
- (3) Nothing in this section shall preclude a dentist from working with a qualified anesthesia provider to provide care in an ambulatory care center or hospital.

Section 16. Incorporation by Reference.

- (1) The following material is incorporated by reference:
  - (a) "Application for Sedation or Anesthesia Permit", January 2024~~[March 2020]~~;
  - (b) "Application for Sedation or Anesthesia Facility Certificate", January 2024~~[March 2020]~~;
  - (c) "Sedation or Anesthesia Permit Location Notification Form", January 2024~~[March 2020]~~;
  - (d) "ASA Physical Status Classification System", December 2020;

- (e) "ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students", October 2016;
  - (f) "ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists", October 2016;
  - (g) "ASA Practice Guidelines for Preoperative Fasting and the Use of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration: Application to Healthy Patients Undergoing Elective Procedures", March 2017;
  - (h) "Application for Renewal of Sedation or Anesthesia Permit", March 2020; and
  - (i) "Application for Renewal of Sedation or Anesthesia Facility Certificate", January 2024~~[March 2020]~~.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Dentistry, 312 Whittington Parkway, Suite 101, Louisville, Kentucky 40222, Monday through Friday 8 a.m. through 4:30 p.m. This material is also available on the board's website~~[Web site]~~ at <http://dentistry.ky.gov>.

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