GENERAL GOVERNMENT CABINET
Kentucky Board of Dentistry
(Amendment)

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

RELATES TO: KRS 218A.205(3), 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 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 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 that includes the following topics:

(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

(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 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 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.

JEFFREY ALLEN, Executive Director

APPROVED BY AGENCY: March 12, 2026
FILED WITH LRC: March 13, 2026 at 11:30 a.m.

PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall be held on May 21, 2026 at 12:00 p.m., Eastern Time at the Kentucky Board of Dentistry, 312 Whittington Parkway, Suite 101, Louisville, Kentucky 40222. Individuals interested in being heard at this hearing shall notify this agency in writing by five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through May 31, 2025. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person below.

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.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person:Jeffrey Allen

Subject Headings:Boards & Commissions, Dentistry, Drugs & Medicines, Licensing

(1) Provide a brief summary of:

(a) What this administrative regulation does:
This administrative regulation provides standards for prescribing controlled substances and performing other dental practices.

(b) The necessity of this administrative regulation:
KRS 313.021(1)(a) requires the board to exercise the administrative functions of the Commonwealth in the regulation of dentists.

(c) How this administrative regulation conforms to the content of the authorizing statutes:
This administrative regulation establishes the rules for dentists to administer prescription medications

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:
This administrative regulation establishes requirements for procedures within the dental scope of practice in conformity with its authorizing statute.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation:
The amendment establishes a training requirement for dentists to administer neuromodulators and dermal fillers.

(b) The necessity of the amendment to this administrative regulation:
The amendment is necessary to properly regulate an increasingly popular set of procedures in dentistry.

(c) How the amendment conforms to the content of the authorizing statutes:
This administrative regulation establishes requirements for procedures within the dental scope of practice in conformity with its authorizing statute.

(d) How the amendment will assist in the effective administration of the statutes:
The amendment clarifies the circumstances under which dentists may administer neuromodulators and dermal fillers.

(3) Does this administrative regulation or amendment implement legislation from the previous five years?No.

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:
This administrative regulation would apply to the approximately 3,000 licensed dentists in Kentucky; however, the number of dentists actually performing these procedures is much smaller. It will also affect the patients who receive these procedures.

(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment:

Each dentist who wishes to administer neuromodulators must complete ten hours of training. Each dentist who wishes to administer dermal fillers must also complete ten hours of training. However, the vast majority of those affected by the existing regulation will not be further affected by the proposed revision.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4):

Dentists who wish to administer neuromodulators or dermal fillers will need to pay for a training course. There is no additional cost for dentists who do not wish to administer neuromodulators or dermal fillers

(c) As a result of compliance, what benefits will accrue to the entities identified in question (4):

The administrative regulation will result in a safer patient population and the avoidance of potentially costly violations of applicable law and administrative regulations by licensed dentists.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially:

No additional cost.

(b) On a continuing basis:

No additional cost.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation or this amendment:

Current licensure fees can be used to fund the implementation of this administrative regulation.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment:

Fee amounts are already established in a separate administrative regulation (201 KAR 8:520) and no increase is needed.

(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees:

This administrative regulation does not impact existing fees which are already established in 201 KAR 8:520.

(10) TIERING: Is tiering applied?

No; this administrative regulation impacts all similarly situated entities equally.

FISCAL IMPACT STATEMENT

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation:

. This administrative regulation is authorized by KRS 313.021(1)(c) and KRS 313.040(1).

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act:

This administrative regulation is expressly authorized by KRS 313.040(1).

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions:

The Board of Dentistry is the promulgating agency.

(b) Estimate the following for each affected state unit, part, or division identified in (3)(a):

1. Expenditures:

For the first year:None

For subsequent years:None

2. Revenues:

For the first year:None

For subsequent years:None

3. Cost Savings:

For the first year:None

For subsequent years:None.

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts):

This amendment does not affect any local entities

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:

For the first year:None

For subsequent years:None

2. Revenues:

For the first year:None

For subsequent years:None

3. Cost Savings:

For the first year:None

For subsequent years:None

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a):

None.

(b) Estimate the following for each regulated entity identified in (5)(a):

1. **Expenditures:**

   For the first year:None

   For subsequent years:None

2. **Revenues:**

   For the first year:None

   For subsequent years:None

3. **Cost Savings:**

   For the first year:None

   For subsequent years:None

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a)

(a) Fiscal impact of this administrative regulation:

This administrative regulation does not establish specific fee amounts, which are contained in a separate administrative regulation; however, the revenue generated from dental licensure is approximately $600,000 every fiscal biennium and will not change as a result of this amendment.

(b) Methodology and resources used to reach this conclusion:

Historical budget performance.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a "major economic impact", as defined by KRS 13A.010(14):

This administrative regulation does not directly have a major economic impact as it does not contain specific fee amounts. When administered in conjunction with the current fees established elsewhere, it impacts the dental community by approximately $600,000 per year, primarily from licensure fees.

(b) The methodology and resources used to reach this conclusion:

Historical budget performance.