**16.5.1.29 [NEW] ADVERTISING GUIDELINES FOR ALL LICENSE HOLDERS**

 **(see separate draft)**

**16.5.6.8                 PREREQUISITE REQUIREMENTS FOR GENERAL PRACTICE LICENSE:**  Each applicant for a license to practice dentistry by examination must possess the following qualifications:

                A.            graduated and received a diploma from an accredited dental school as defined in NMSA 61-5A-12 A;

                B.            successfully completed the dental national board examination as defined in NMSA 61-5A-12 A;

                C.            passed a board approved clinical examination, including periodontal and restorative procedures on patients in a clinical setting, ~~approved by the board~~; the results of the clinical examination are valid in New Mexico for a period not to exceed five years:

                                (1)           the applicant shall apply directly to a board accepted examining agent for examination, and

                                (2)           results of the clinical examination must be sent directly to the board office; and

                D.            completed the jurisprudence exam with a score of at least 75 percent; the applicant shall schedule the exam through the board office;

                E.            the board requires a level III background status report from a board designated professional background service for new graduates, and a level II background status report from a board designated professional background service for an applicant who has been in practice with experience; application for this service will be included with other application materials; the applicant will apply and pay fees directly to a board designated professional background service to initiate this service.

[3-14-73, 5-31-95, 9-30-96, 12-15-97; 16.5.6.8 NMAC - Rn & A, 16 NMAC 5.6.8, 06-14-01; A, 3-29-02, A, 07-16-07; A, 07-19-10; A, 01-09-12; A, 07-17-13]

**TITLE 16             OCCUPATIONAL AND PROFESSIONAL LICENSING**

**CHAPTER 5        DENTISTRY (DENTISTS, DENTAL HYGIENISTS, ETC.)**

**PART 14               DENTISTS, ADJUNCTIVE DENTAL SERVICES**

**16.5.14.1               ISSUING AGENCY:**  New Mexico Board of Dental Health Care.

[16.5.14.1 NMAC - N, 07-17-13]

**16.5.14.2               SCOPE:**  The provisions of Part 14 of Chapter 5 apply to all dentists for the administration of adjunctive dental services.

[16.5.14.2 NMAC - N, 07-17-13]

**16.5.14.3               STATUTORY AUTHORITY:**  Part 14 of Chapter 5 is promulgated pursuant to the Dental Health Care Act, NMSA 1978, 61-5A-4 (1996 Repl. Pamp.).

[16.5.14.3 NMAC - N, 07-17-13]

**16.5.14.4               DURATION:**  Permanent.

[16.5.14.4 NMAC - N, 07-17-13]

**16.5.14.5               EFFECTIVE DATE:**  07-17-13, unless a later date is cited at the end of a section.

[16.5.14.5 NMAC - N, 07-17-13]

**16.5.14.6               OBJECTIVE:**  To establish guidelines for the administration of the defined adjunctive dental services in a dental office located in New Mexico.

[16.5.14.6 NMAC - N, 07-17-13]

**16.5.14.7               DEFINITIONS:**

                A.            “Adjunctive dental services” means additional procedures, as recognized by the board,  used for increasing efficiency, safety, outcome, or performance of dental treatment, including, but not limited to, cosmetic procedures or therapies.

                B.            “Botulinum toxin” means a neurotoxin that temporarily reduces muscle contraction.

                C.            “Dermal fillers” means a resorbable substance injected below the skin surface to reduce lines, wrinkles, or facial grooves, and for the purpose of this rule, are for the oral and maxillofacial regions of the body.

 D. “Sleep-related breathing disorders” includes, for the purposes of this section, snoring, upper airway resistance syndrome, and obstructive sleep apnea. These disorders must be diagnosed by a physician.

 E. “Obstructive sleep apnea” means a spectrum of abnormal breathing during sleep that occurs when there is partial or complete collapse of the airway.

 D. “Upper airway resistance syndrome” is a partial collapse of the airway that is an intermediate form of abnormal breathing between snoring and obstructive sleep apnea.

[16.5.14.7 NMAC - N, 07-17-13]

**16.5.14.8               ADMINISTRATION OF BOTULINUM NEUROTOXIN (BOTOX) AND DERMAL FILLERS:**  The board does not issue permits for the administration of botox or dermal fillers.  The board does not regulate dental materials of any type; however, due to the rising utilization of these materials by dentists, the board sets forth the following requirements.

                A.            Before administering botulinum neurotoxin or dermal fillers, in connection with the practice of dentistry as defined in Section 61-5A-4, a dentist must receive satisfactory training at a dental institution accredited by the commission on dental accreditation (CODA) or successfully completed a board approved continuing education course of instruction that includes a minimum of the following:

                                (1)           patient assessment and consultation for botulinum neurotoxin and dermal fillers;

                                (2)           indications and contraindications for these techniques;

                                (3)           safety and risk issues for botulinum neurotoxin/dermal fillers injectable therapy;

                                (4)           proper preparation and delivery techniques for desired outcomes;

                                (5)           enhancing and finishing esthetic dentistry cases with dermal fillers;

                                (6)           botulinum neurotoxin treatment of temporomandibular dysfunction;

                                (7)           knowledge of adverse reactions and management and treatment of possible complications;

                                (8)           patient evaluation of best esthetic and therapeutic outcomes;

                                (9)           integrating botulinum neurotoxin and dermal filler therapy into dental therapeutic and esthetic treatment plans; and

                                (10)         16 hours total, including eight hours minimum live patient hands-on training including diagnosis, treatment planning and proper dosing and delivery of botox and dermal fillers;

                B.            Botulinum neurotoxin and dermal fillers shall only be administered in dental offices using universal precautions as required by the federal centers for disease control.

                C.            All dental auxiliaries are prohibited from administering either botulinum neurotoxin or dermal fillers.

                D.            Continuing education courses shall be approved by the academy of general dentistry (AGD) program approval for continuing education (PACE), American dental association (ADA) continuing education recognition program (CERP) or other dental or medical entities accepted by the board.

**16.4.14.9 [NEW] GUIDELINES FOR DENTISTS TREATING SLEEP-RELATED BREATHING DISORDERS**

A. Dentists treating patients that have been diagnosed by a physician with sleep-related breathing disorders, including, but not limited to, primary snoring, upper airway resistance syndrome or obstructive sleep apnea are to follow these guidelines published by the American dental association, the American academy of dental sleep medicine and American academy of sleep medicine:

 (1) “The role of dentistry in the treatment of sleep-related breathing disorders” (American dental association)

 (2) “Dental sleep medicine standards for screening, treating and managing adults with sleep-related breathing disorders” (American academy of dental sleep medicine)

 (3) “Clinical practice guideline for the treatment of obstructive sleep apnea and snoring with oral appliance therapy: an update for 2015” (Joint statement, American academy of sleep medicine and American academy of dental sleep medicine)

 (4) Any updates to these documents in future

 B. Dentists cannot diagnose sleep related breathing disorders, but are a vital partner in treating these conditions in collaboration with medical colleagues.

[16.5.14.17 NMAC - N, 07-17-13]

**HISTORY OF 16.5.14 NMAC: [RESERVED]**

16.5.10 DENTISTS, CONTINUING EDUCATION REQUIREMENTS

16.5.10.9 (C) Education Requirements

16.5.10.9 COURSES REQUIRED: Continuing education coursework must contribute directly to the practice of dentistry and must comply with the requirements of 16.5.1.15 NMAC of these rules. The following courses are required for license renewal.

A. Proof of current certification in basic life support (BLS) or cardiac pulmonary resuscitation (CPR) accepted by the American heart association, the American red cross, or the American safety and health institute (ASHI), or other board-approved course; cannot be self-study course.

B. Infection control. As further defined in 16.5.1.16 NMAC, a course in infection control techniques and sterilization procedures per renewal period.

C. ~~Education requirements~~: Anesthesia/sedation. Any dentist holding ~~enteral anxiolysis (minimal sedation), CSI, CSII, deep sedation and permit at large (AAL) are required to have a minimum of five hours of continuing education for the permit renewal (every six years) in medical emergencies, air way management, pharmacology, or anesthesia related topics~~. a minimal, moderate or deep sedation/general anesthesia permit is required follow continuing education requirements as set forth in 16.5.15.20 NMAC.

D. Management of pain with controlled substances. Any dentists who holds a Federal drug enforcement administration registration to prescribe controlled substances shall sucessfully (typo) complete three continuing dental or medical education hours, as defined in Part 16.5.57 NMAC, in appropriate courses that shall include:

16.5.10.1

and

1. (1)  an understanding of the pharmacology and risks of controlled substances,
2. (2)  a basic awareness of the problems of abuse, addiction and diversion,
3. (3)  awareness of state and federal regulations for the prescription of controlled substances,
4. (4)  management of the treatment of pain. 64

[5/21/93...9/30/96; 16.5.10.9 NMAC - Rn & A, 16 NMAC 5.10.9, 04/17/06; A, 07/16/07; A, 07/19/10; A, 01/09/12; A, 01-15-15]