

Amendment No.

CHAMBER ACTION

Senate

House

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Representative Steele offered the following:

Amendment (with title amendment)

Remove lines 826-1516 and insert:

(17)~~(13)~~ "Remediable tasks" are those intraoral treatment tasks which are reversible and do not create unalterable changes within the oral cavity or the contiguous structures and which do not cause an increased risk to the patient.

(18)~~(16)~~ "School-based prevention program" means preventive oral health services offered at a school by one of the entities described ~~defined~~ in subsection (13) ~~(15)~~ or by a nonprofit organization that is exempt from federal income

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13 taxation under s. 501(a) of the Internal Revenue Code, and
14 described in s. 501(c)(3) of the Internal Revenue Code.

15 **Section 13. Subsection (2) of section 466.004, Florida**
16 **Statutes, is amended to read:**

17 466.004 Board of Dentistry.—

18 (2) To advise the board, it is the intent of the
19 Legislature that councils be appointed as specified in
20 paragraphs (a)-(d) ~~(a), (b), and (c)~~. The department shall
21 provide administrative support to the councils and shall provide
22 public notice of meetings and agendas ~~agenda~~ of the councils.
23 Councils must ~~shall~~ include at least one board member, who shall
24 serve as chair, ~~the council~~ and must ~~shall~~ include nonboard
25 members. All council members shall be appointed by the board
26 chair. Council members shall be appointed for 4-year terms, and
27 all members are ~~shall be~~ eligible for reimbursement of expenses
28 in the manner of board members.

29 (a) A Council on Dental Hygiene shall be appointed by the
30 board chair and shall include one dental hygienist member of the
31 board, who shall chair the council, one dental member of the
32 board, and three dental hygienists who are actively engaged in
33 the practice of dental hygiene in this state. In making the
34 appointments, the chair shall consider recommendations from the
35 Florida Dental Hygiene Association. The council shall meet at
36 the request of the board chair, a majority of the members of the
37 board, or the council chair; however, the council must meet at

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38 | least three times a year. The council is charged with the
39 | responsibility of and shall meet for the purpose of developing
40 | rules and policies for recommendation to the board, which the
41 | board shall consider, on matters pertaining to that part of
42 | dentistry consisting of educational, preventive, or therapeutic
43 | dental hygiene services; dental hygiene licensure, discipline,
44 | or regulation; and dental hygiene education. Rule and policy
45 | recommendations of the council must ~~shall~~ be considered by the
46 | board at its next regularly scheduled meeting in the same manner
47 | in which it considers rule and policy recommendations from
48 | designated subcommittees of the board. Any rule or policy
49 | proposed by the board pertaining to the specified part of
50 | dentistry identified ~~defined~~ by this subsection must ~~shall~~ be
51 | referred to the council for a recommendation before final action
52 | by the board. The board may take final action on rules
53 | pertaining to the specified part of dentistry identified ~~defined~~
54 | by this subsection without a council recommendation if the
55 | council fails to submit a recommendation in a timely fashion as
56 | prescribed by the board.

57 | (b) A Council on Dental Assisting shall be appointed by
58 | the board chair and shall include one board member who shall
59 | chair the council and three dental assistants who are actively
60 | engaged in dental assisting in this state. The council shall
61 | meet at the request of the board chair or a majority of the
62 | members of the board. The council shall meet for the purpose of

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63 developing recommendations to the board on matters pertaining to
64 that part of dentistry related to dental assisting.

65 (c) Effective 28 months after the first dental therapy
66 license is granted by the board, the board chair shall appoint a
67 Council on Dental Therapy, which must include one board member
68 who shall chair the council and three dental therapists who are
69 actively engaged in the practice of dental therapy in this
70 state. The council shall meet at the request of the board chair,
71 a majority of the members of the board, or the council chair;
72 however, the council shall meet at least three times per year.
73 The council is charged with the responsibility of, and shall
74 meet for the purpose of, developing rules and policies for
75 recommendation to the board on matters pertaining to that part
76 of dentistry consisting of educational, preventive, or
77 therapeutic dental therapy services; dental therapy licensure,
78 discipline, or regulation; and dental therapy education. Rule
79 and policy recommendations of the council must be considered by
80 the board at its next regularly scheduled meeting in the same
81 manner in which it considers rule and policy recommendations
82 from designated subcommittees of the board. Any rule or policy
83 proposed by the board pertaining to the specified part of
84 dentistry identified by this subsection must be referred to the
85 council for a recommendation before final action by the board.
86 The board may take final action on rules pertaining to the
87 specified part of dentistry identified by this subsection

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88 without a council recommendation if the council fails to submit
89 a recommendation in a timely fashion as prescribed by the board.

90 (d)-(e) With the concurrence of the State Surgeon General,
91 the board chair may create and abolish other advisory councils
92 relating to dental subjects, including, but not limited to:
93 examinations, access to dental care, indigent care, nursing home
94 and institutional care, public health, disciplinary guidelines,
95 and other subjects as appropriate. Such councils shall be
96 appointed by the board chair and shall include at least one
97 board member who shall serve as chair.

98 **Section 14. Paragraph (b) of subsection (4) of section**
99 **466.006, Florida Statutes, is amended to read:**

100 466.006 Examination of dentists.—

101 (4) Notwithstanding any other provision of law in chapter
102 456 pertaining to the clinical dental licensure examination or
103 national examinations, to be licensed as a dentist in this
104 state, an applicant must successfully complete both of the
105 following:

106 (b) A practical or clinical examination, which must be the
107 American Dental Licensing Examination produced by the American
108 Board of Dental Examiners, Inc., or its successor entity, if
109 any, which is administered in this state, provided that the
110 board has attained, and continues to maintain thereafter,
111 representation on the board of directors of the American Board
112 of Dental Examiners, the examination development committee of

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113 the American Board of Dental Examiners, and such other
114 committees of the American Board of Dental Examiners as the
115 board deems appropriate by rule to assure that the standards
116 established herein are maintained organizationally.

117 1. As an alternative to such practical or clinical
118 examination, an applicant may submit scores from an American
119 Dental Licensing Examination previously administered in a
120 jurisdiction other than this state after October 1, 2011, and
121 such examination results are recognized as valid for the purpose
122 of licensure in this state. A passing score on the American
123 Dental Licensing Examination administered out of state is the
124 same as the passing score for the American Dental Licensing
125 Examination administered in this state. The applicant must have
126 completed the examination after October 1, 2011. This
127 subparagraph may not be given retroactive application.

128 2. If the date of an applicant's passing American Dental
129 Licensing Examination scores from an examination previously
130 administered in a jurisdiction other than this state under
131 subparagraph 1. is older than 365 days, such scores are
132 nevertheless valid for the purpose of licensure in this state,
133 but only if the applicant demonstrates that all of the following
134 additional standards have been met:

135 a. The applicant completed the American Dental Licensing
136 Examination after October 1, 2011. This sub-subparagraph may not
137 be given retroactive application.

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138 b. The applicant graduated from a dental school accredited
139 by the American Dental Association Commission on Dental
140 Accreditation or its successor entity, if any, or any other
141 dental accrediting organization recognized by the United States
142 Department of Education. Provided, however, if the applicant did
143 not graduate from such a dental school, the applicant may submit
144 proof of having successfully completed a full-time supplemental
145 general dentistry program accredited by the American Dental
146 Association Commission on Dental Accreditation of at least 2
147 consecutive academic years at such accredited sponsoring
148 institution. Such program must provide didactic and clinical
149 education at the level of a D.D.S. or D.M.D. program accredited
150 by the American Dental Association Commission on Dental
151 Accreditation. For purposes of this sub-subparagraph, a
152 supplemental general dentistry program does not include an
153 advanced education program in a dental specialty.

154 c. The applicant currently possesses a valid and active
155 dental license in good standing, with no restriction, which has
156 never been revoked, suspended, restricted, or otherwise
157 disciplined, from another state or territory of the United
158 States, the District of Columbia, or the Commonwealth of Puerto
159 Rico.

160 d. The applicant must disclose to the board during the
161 application process if he or she has been reported to the
162 National Practitioner Data Bank, the Healthcare Integrity and

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163 Protection Data Bank, or the American Association of Dental
164 Boards Clearinghouse. This sub-subparagraph does not apply if
165 the applicant successfully appealed to have his or her name
166 removed from the data banks of these agencies.

167 e.(I)(A) The applicant submits proof of having been
168 consecutively engaged in the full-time practice of dentistry in
169 another state or territory of the United States, the District of
170 Columbia, or the Commonwealth of Puerto Rico in the 5 years
171 immediately preceding the date of application for licensure in
172 this state; or

173 (B) If the applicant has been licensed in another state or
174 territory of the United States, the District of Columbia, or the
175 Commonwealth of Puerto Rico for less than 5 years, the applicant
176 submits proof of having been engaged in the full-time practice
177 of dentistry since the date of his or her initial licensure.

178 (II) As used in this section, "full-time practice" is
179 defined as a minimum of 1,200 hours per year for each year in
180 the consecutive 5-year period or, when applicable, the period
181 since initial licensure, and must include any combination of the
182 following:

183 (A) Active clinical practice of dentistry providing direct
184 patient care.

185 (B) Full-time practice as a faculty member employed by a
186 dental, dental therapy, or dental hygiene school approved by the

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187 board or accredited by the American Dental Association
188 Commission on Dental Accreditation.

189 (C) Full-time practice as a student at a postgraduate
190 dental education program approved by the board or accredited by
191 the American Dental Association Commission on Dental
192 Accreditation.

193 (III) The board shall develop rules to determine what type
194 of proof of full-time practice is required and to recoup the
195 cost to the board of verifying full-time practice under this
196 section. Such proof must, at a minimum, be:

197 (A) Admissible as evidence in an administrative
198 proceeding;

199 (B) Submitted in writing;

200 (C) Further documented by an applicant's annual income tax
201 return filed with the Internal Revenue Service for each year in
202 the preceding 5-year period or, if the applicant has been
203 practicing for less than 5 years, the period since initial
204 licensure; and

205 (D) Specifically found by the board to be both credible
206 and admissible.

207 (IV) The board may excuse applicants from the 1,200-hour
208 requirement in the event of hardship, as defined by the board.

209 f. The applicant submits documentation that he or she has
210 completed, or will complete before he or she is licensed in this

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211 state, continuing education equivalent to this state's
212 requirements for the last full reporting biennium.

213 g. The applicant proves that he or she has never been
214 convicted of, or pled nolo contendere to, regardless of
215 adjudication, any felony or misdemeanor related to the practice
216 of a health care profession in any jurisdiction.

217 h. The applicant has successfully passed a written
218 examination on the laws and rules of this state regulating the
219 practice of dentistry and the computer-based diagnostic skills
220 examination.

221 i. The applicant submits documentation that he or she has
222 successfully completed the applicable examination administered
223 by the Joint Commission on National Dental Examinations or its
224 successor organization.

225 **Section 15. Subsection (1) of section 466.009, Florida**
226 **Statutes, is amended, and subsection (4) is added to that**
227 **section, to read:**

228 466.009 Reexamination.—

229 (1) Any person who fails an examination that is required
230 under s. 466.006, ~~or~~ s. 466.007, or s. 466.0225 may retake the
231 examination.

232 (4) If an applicant for a license to practice dental
233 therapy fails the practical or clinical examination and she or
234 he has failed only one part or procedure of such examination,
235 she or he may be required to retake only that part or procedure

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236 to pass such examination. However, if any such applicant fails
237 more than one part or procedure of any such examination, she or
238 he must be required to retake the entire examination.

239 **Section 16. Section 466.011, Florida Statutes, is amended**
240 **to read:**

241 466.011 Licensure.—The board shall certify for licensure
242 by the department any applicant who satisfies the requirements
243 of s. 466.006, s. 466.0067, ~~or~~ s. 466.007, or s. 466.0225. The
244 board may refuse to certify an applicant who has violated ~~any of~~
245 ~~the provisions of~~ s. 466.026 or s. 466.028.

246 **Section 17. Section 466.0136, Florida Statutes, is created**
247 **to read:**

248 466.0136 Continuing education; dental therapists.—In
249 addition to any other requirements for relicensure for dental
250 therapists specified in this chapter, the board shall require
251 each licensed dental therapist to complete at least 24 hours,
252 but not more than 36 hours, biennially of continuing education
253 in dental subjects in programs approved by the board or in
254 equivalent programs of continuing education. Programs of
255 continuing education approved by the board must be programs of
256 learning which, in the opinion of the board, contribute directly
257 to the dental education of the dental therapist. An individual
258 who is licensed as both a dental therapist and a dental
259 hygienist may use 2 hours of continuing education that is
260 approved for both dental therapy and dental hygiene education to

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261 satisfy both dental therapy and dental hygiene continuing
262 education requirements. The board shall adopt rules and
263 guidelines to administer and enforce this section. The dental
264 therapist shall retain in her or his records any receipts,
265 vouchers, or certificates necessary to document completion of
266 the continuing education. Compliance with the continuing
267 education requirements is mandatory for issuance of the renewal
268 certificate. The board may excuse licensees, as a group or as
269 individuals, from all or part of the continuing education
270 requirements if an unusual circumstance, emergency, or hardship
271 prevents compliance with this section.

272 **Section 18. Subsection (1) of section 466.016, Florida**
273 **Statutes, is amended to read:**

274 466.016 License to be displayed.—

275 (1) Every practitioner of dentistry, dental therapy, or
276 dental hygiene within the meaning of this chapter shall post and
277 keep conspicuously displayed her or his license in the office
278 where ~~wherein~~ she or he practices, in plain sight of the
279 practitioner's patients. Any dentist, dental therapist, or
280 dental hygienist who practices at more than one location must
281 display a copy of her or his license in each office where she or
282 he practices.

283 **Section 19. Section 466.017, Florida Statutes, is amended,**
284 **to read:**

285 466.017 Prescription of drugs; anesthesia.—

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286 (1) A dentist shall have the right to prescribe drugs or
287 medicine, subject to limitations imposed by law; perform
288 surgical operations within the scope of her or his practice and
289 training; administer general or local anesthesia or sedation,
290 subject to limitations imposed by law; and use such appliances
291 as may be necessary to the proper practice of dentistry.

292 (2) Pharmacists licensed pursuant to chapter 465 may fill
293 prescriptions of legally licensed dentists in this state for any
294 drugs necessary for the practice of dentistry.

295 (3) The board shall adopt rules which:

296 (a) Define general anesthesia.

297 (b) Specify which methods of general or local anesthesia
298 or sedation, if any, are limited or prohibited for use by
299 dentists.

300 (c) Establish minimal training, education, experience, or
301 certification for a dentist to use general anesthesia or
302 sedation, which rules may exclude, in the board's discretion,
303 those dentists using general anesthesia or sedation in a
304 competent and effective manner as of the effective date of the
305 rules.

306 (d) Establish further requirements relating to the use of
307 general anesthesia or sedation, including, but not limited to,
308 office equipment and the training of dental assistants, dental
309 therapists, or dental hygienists who work with dentists using
310 general anesthesia or sedation.

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311 (e) Establish an administrative mechanism enabling the
312 board to verify compliance with training, education, experience,
313 equipment, or certification requirements of dentists, dental
314 therapists, dental hygienists, and dental assistants adopted
315 pursuant to this subsection. The board may charge a fee to
316 defray the cost of verifying compliance with requirements
317 adopted pursuant to this paragraph.

318 (4) A dentist, dental therapist, or dental hygienist who
319 administers or employs the use of any form of anesthesia must
320 possess a certification in either basic cardiopulmonary
321 resuscitation for health professionals or advanced cardiac life
322 support approved by the American Heart Association or the
323 American Red Cross or an equivalent agency-sponsored course with
324 recertification every 2 years. Each dental office that ~~which~~
325 uses any form of anesthesia must have immediately available and
326 in good working order such resuscitative equipment, oxygen, and
327 other resuscitative drugs as are specified by rule of the board
328 in order to manage possible adverse reactions.

329 (5) A dental hygienist under the direct supervision of a
330 dentist may administer local anesthesia, including intraoral
331 block anesthesia, soft tissue infiltration anesthesia, or both,
332 to a nonsedated patient who is 18 years of age or older, if the
333 following criteria are met:

334 (a) The dental hygienist has successfully completed a
335 course in the administration of local anesthesia which is

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336 offered by a dental or dental hygiene program accredited by the
337 Commission on Dental Accreditation of the American Dental
338 Association or approved by the board. The course must include a
339 minimum of 30 hours of didactic instruction and 30 hours of
340 clinical experience, and instruction in:

- 341 1. Theory of pain control.
- 342 2. Selection-of-pain-control modalities.
- 343 3. Anatomy.
- 344 4. Neurophysiology.
- 345 5. Pharmacology of local anesthetics.
- 346 6. Pharmacology of vasoconstrictors.
- 347 7. Psychological aspects of pain control.
- 348 8. Systematic complications.
- 349 9. Techniques of maxillary anesthesia.
- 350 10. Techniques of mandibular anesthesia.
- 351 11. Infection control.
- 352 12. Medical emergencies involving local anesthesia.

353 (b) The dental hygienist presents evidence of current
354 certification in basic or advanced cardiac life support.

355 (c) The dental hygienist possesses a valid certificate
356 issued under subsection (8) ~~(6)~~.

357 (6) A dental therapist, under the direct supervision of a
358 dentist may administer local anesthesia, including intraoral
359 block anesthesia, soft tissue infiltration anesthesia, or both,
360 if the following criteria are met:

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361 (a) The dental therapist has successfully completed a
362 course in the administration of local anesthesia that meets the
363 requirements described in paragraph (5) (a).

364 (b) The dental therapist presents evidence of current
365 certification in basic or advanced cardiac life support.

366 (c) The dental therapist possesses a valid certificate
367 issued under subsection (8).

368 (7) A dental therapist providing services in a mobile
369 dental unit may administer local anesthesia, including intraoral
370 block anesthesia, soft tissue infiltration anesthesia, or both,
371 under the general supervision of a dentist, if she or he meets
372 the criteria described in subsection (6).

373 (8)-(6)- Any dental therapist or dental hygienist seeking a
374 certificate to administer local anesthesia must apply to the
375 department, remit an application fee, and submit proof of
376 successful completion of a course in the administration of local
377 anesthesia pursuant to subsection (5). The board shall certify,
378 and the department shall issue a certificate to, any dental
379 therapist or dental hygienist who fulfills the qualifications of
380 subsection (5). The board shall establish a one-time application
381 fee not to exceed \$35. The certificate is not subject to renewal
382 but is part of the dental therapist's or dental hygienist's
383 permanent record and must be prominently displayed at the
384 location where the dental therapist or dental hygienist is
385 authorized to administer local anesthesia. The board shall adopt

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386 rules necessary to administer subsections ~~subsection~~ (5), (6),
387 and (7) and this subsection.

388 ~~(9)-(7)~~ A licensed dentist, or a dental therapist who is
389 authorized by her or his supervising dentist, may operate
390 ~~utilize~~ an X-ray machine, expose dental X-ray films, and
391 interpret or read such films. Notwithstanding ~~The provisions of~~
392 part IV of chapter 468 ~~to the contrary notwithstanding,~~ a
393 licensed dentist, or a dental therapist who is authorized by her
394 or his supervising dentist, may authorize or direct a dental
395 assistant to operate such equipment and expose such films under
396 her or his direction and supervision, pursuant to rules adopted
397 by the board in accordance with s. 466.024 which ensure that the
398 ~~said~~ assistant is competent by reason of training and experience
399 to operate the X-ray ~~said~~ equipment in a safe and efficient
400 manner. The board may charge a fee not to exceed \$35 to defray
401 the cost of verifying compliance with requirements adopted
402 pursuant to this section.

403 ~~(10)-(8)~~ Notwithstanding ~~The provisions of~~ s. 465.0276
404 ~~notwithstanding,~~ a dentist need not register with the board or
405 comply with the continuing education requirements of that
406 section if the dentist confines her or his dispensing activity
407 to the dispensing of fluorides and chlorhexidine ~~chlorhexidine~~
408 rinse solutions; provided that the dentist complies with and is
409 subject to all laws and rules applicable to pharmacists and
410 pharmacies, including, but not limited to, chapters 465, 499,

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411 and 893, and all applicable federal laws and regulations, when
412 dispensing such products.

413 ~~(11)-(9)~~ Any adverse incident that occurs in an office
414 maintained by a dentist must be reported to the department. The
415 required notification to the department must be submitted in
416 writing by certified mail and postmarked within 48 hours after
417 the incident occurs.

418 ~~(12)-(10)~~ A dentist practicing in this state must notify
419 the board in writing by certified mail within 48 hours after any
420 adverse incident that occurs in the dentist's outpatient
421 facility. A complete written report must be filed with the board
422 within 30 days after the incident occurs.

423 ~~(13)-(11)~~ Any certified registered dental hygienist
424 administering local anesthesia must notify the board in writing
425 by registered mail within 48 hours after any adverse incident
426 that was related to or the result of the administration of local
427 anesthesia. A complete written report must be filed with the
428 board within 30 days after the mortality or other adverse
429 incident.

430 (14) A dental therapist must notify the board in writing
431 by registered mail within 48 hours after any adverse incident
432 related to or resulting from the administration of local
433 anesthesia. A complete written report must be filed with the
434 board within 30 days after the mortality or other adverse
435 incident.

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436 ~~(15)-(12)~~ A failure by the dentist, dental therapist, or
437 dental hygienist to timely and completely comply with all the
438 reporting requirements in this section is the basis for
439 disciplinary action by the board pursuant to s. 466.028(1).

440 ~~(16)-(13)~~ The department shall review each adverse incident
441 and determine whether it involved conduct by a health care
442 professional subject to disciplinary action, in which case s.
443 456.073 applies. Disciplinary action, if any, shall be taken by
444 the board under which the health care professional is licensed.

445 ~~(17)-(14)~~ As used in subsections (11)-(16) ~~(9)-(13)~~, the
446 term "adverse incident" means any mortality that occurs during
447 or as the result of a dental procedure, or an incident that
448 results in a temporary or permanent physical or mental injury
449 that requires hospitalization or emergency room treatment of a
450 dental patient which occurs during or as a direct result of the
451 use of general anesthesia, deep sedation, moderate sedation,
452 pediatric moderate sedation, oral sedation, minimal sedation
453 (anxiolysis), nitrous oxide, or local anesthesia.

454 ~~(18)-(15)~~ The board may adopt rules to administer this
455 section.

456 **Section 20. Subsection (1) of section 466.018, Florida**
457 **Statutes, is amended to read:**

458 466.018 Dentist of record; patient records.—

459 (1) Each patient must ~~shall~~ have a dentist of record. The
460 dentist of record shall remain primarily responsible for all

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461 dental treatment on such patient regardless of whether the
462 treatment is rendered by that ~~the~~ dentist or by another dentist,
463 a dental therapist, a dental hygienist, or a dental assistant
464 rendering such treatment in conjunction with, at the direction
465 or request of, or under the supervision of such dentist of
466 record. The dentist of record must ~~shall~~ be identified in the
467 record of the patient. If treatment is rendered by a dentist
468 other than the dentist of record or by a dental hygienist,
469 dental therapist, or dental assistant, the name or initials of
470 such person must ~~shall~~ be placed in the record of the patient.
471 In any disciplinary proceeding brought pursuant to this chapter
472 or chapter 456, it must ~~shall~~ be presumed as a matter of law
473 that treatment was rendered by the dentist of record unless
474 otherwise noted on the patient record pursuant to this section.
475 The dentist of record and any other treating dentist are subject
476 to discipline pursuant to this chapter or chapter 456 for
477 treatment rendered to the patient and performed in violation of
478 such chapter. One of the purposes of this section is to ensure
479 that the responsibility for each patient is assigned to one
480 dentist in a multidentist practice of any nature and to assign
481 primary responsibility to the dentist for treatment rendered by
482 a dental hygienist, dental therapist, or dental assistant under
483 her or his supervision. This section may ~~shall~~ not be construed
484 to assign any responsibility to a dentist of record for
485 treatment rendered pursuant to a proper referral to another

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486 dentist who does not ~~in~~ practice with the dentist of record or
487 to prohibit a patient from voluntarily selecting a new dentist
488 without permission of the dentist of record.

489 **Section 21. Section 466.0225, Florida Statutes, is created**
490 **to read:**

491 466.0225 Examination of dental therapists; licensing.-

492 (1) (a) Any person desiring to be licensed as a dental
493 therapist must apply to the department.

494 (b) Applicants for licensure must also submit to
495 background screening in accordance with s. 456.0135.

496 (2) The department shall issue a license to an applicant
497 who the board certifies meets all of the following criteria:

498 (a) Is 18 years of age or older.

499 (b) Is a graduate of a dental therapy college or school
500 accredited by the American Dental Association Commission on
501 Dental Accreditation or its successor entity, if any, or any
502 other dental therapy accrediting entity recognized by the United
503 States Department of Education. For applicants applying for a
504 dental therapy license before January 1, 2030, the board must
505 approve the applicant's dental therapy education program if the
506 program was administered by a college or school that operates an
507 accredited dental or dental hygiene program and the college or
508 school certifies to the board that the applicant's education
509 substantially conformed to the education standards established

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510 by the American Dental Association Commission on Dental
511 Accreditation or its successor entity.

512 (c) Has successfully completed a dental therapy practical
513 or clinical examination produced by the American Board of Dental
514 Examiners, Inc., or its successor entity, if any, if the board
515 finds that the successor entity's examination meets or exceeds
516 the requirements of this section. If an applicant fails to pass
517 such an examination in three attempts, the applicant is not
518 eligible to retake the examination unless the applicant
519 completes additional education requirements as specified by the
520 board.

521 (d) Has successfully completed a written examination on
522 the laws and rules of this state regulating the practice of
523 dental therapy.

524 (e) Has not been disciplined by a board, except for
525 citation offenses or minor violations.

526 (f) Has not been convicted of or pled nolo contendere to,
527 regardless of adjudication, any felony or misdemeanor related to
528 the practice of a health care profession.

529 (3) An applicant who meets the requirements of this
530 section and who has successfully completed an examination
531 identified in paragraph (2) (c) in a jurisdiction other than this
532 state, or who has successfully completed a comparable
533 examination administered or approved by the licensing authority
534 in a jurisdiction other than this state, shall be licensed to

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535 practice dental therapy in this state if the board determines
536 that the other jurisdiction's examination is substantially
537 similar to those identified in paragraph (2) (c).

538 **Section 22. Section 466.0227, Florida Statutes, is created**
539 **to read:**

540 466.0227 Dental therapists; scope and area of practice.-

541 (1) Except as otherwise provided in this chapter, a dental
542 therapist may perform the dental therapy services specified in
543 subsection (2) under the general supervision of a dentist if
544 providing services in a mobile dental unit and under direct
545 supervision of a dentist in all other service scenarios to the
546 extent authorized by the supervising dentist and provided within
547 the terms of a written collaborative management agreement signed
548 by the dental therapist and the supervising dentist which meets
549 the requirements of subsection (3).

550 (2) The scope of practice of a dental therapist, subject
551 to the terms of a written collaborative management agreement,
552 includes all of the following:

553 (a) Oral evaluation and assessment of dental disease and
554 formulation of an individualized treatment plan.

555 (b) Identification of oral and systemic conditions
556 requiring evaluation or treatment by dentists, physicians, or
557 other health care providers and managing referrals.

558 (c) Comprehensive charting of the oral cavity.

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559 (d) Oral health instruction and disease prevention
560 education, including, but not limited to, nutritional counseling
561 and dietary analysis.

562 (e) Exposure and evaluation of radiographic images.

563 (f) Dental prophylaxis, including, but not limited to,
564 subgingival scaling and polishing procedures.

565 (g) Dispensing and administration via the oral or topical
566 route of nonnarcotic analgesic, anti-inflammatory, and
567 antibiotic medications as prescribed by a licensed health care
568 provider.

569 (h) Application of topical preventive or prophylactic
570 agents, including, but not limited to, fluoride varnish,
571 antimicrobial agents, caries arresting medicaments, and pit and
572 fissure sealants.

573 (i) Pulp vitality testing.

574 (j) Application of desensitizing medications or resins.

575 (k) Fabrication of athletic mouth guards and soft occlusal
576 guards.

577 (l) Changing of periodontal dressings.

578 (m) Administration of local anesthetic and nitrous oxide.

579 (n) Simple extraction of erupted primary teeth.

580 (o) Nonsurgical extraction of periodontally diseased
581 permanent teeth with tooth mobility of +3 to +4 to the extent
582 authorized in the dental therapist's collaborative management
583 agreement, except for the extraction of a tooth that is

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584 unerupted, impacted, or fractured or that needs to be sectioned
585 for removal.

586 (p) Emergency palliative treatment of dental pain limited
587 to the procedures in this subsection.

588 (q) Preparation and placement of direct restoration in
589 primary and permanent teeth.

590 (r) Fabrication and placement of single-tooth temporary
591 crowns.

592 (s) Preparation and placement of preformed crowns on
593 primary teeth.

594 (t) Indirect and direct pulp capping on permanent teeth.

595 (u) Indirect pulp capping on primary teeth.

596 (v) Intraoral suture placement and removal.

597 (w) Minor adjustment and repair of removable prostheses.

598 (x) Placement and removal of space maintainers.

599 (y) Pulpotomy on primary teeth.

600 (z) Tooth reimplantation and stabilization.

601 (aa) Recementing of a permanent crown.

602 (bb) Additional services, treatments, or procedures as the
603 board deems appropriate by rule.

604 (3) Before performing any of the services authorized in
605 subsection (2), a dental therapist must enter into a written
606 collaborative management agreement with a supervising dentist.

607 The agreement must be signed by the dental therapist and the

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608 supervising dentist and must include all of the following
609 information:

610 (a) Practice settings where services may be provided by
611 the dental therapist and the populations to be served by the
612 dental therapist.

613 (b) Any limitations on the services that may be provided
614 by the dental therapist, including the level of supervision
615 required by the supervising dentist. This may include
616 telehealth.

617 (c) Age-specific and procedure-specific practice protocols
618 for the dental therapist, including case selection criteria,
619 assessment guidelines, and imaging frequency.

620 (d) A procedure for creating and maintaining dental
621 records for the patients who are treated by the dental
622 therapist.

623 (e) A plan to manage medical emergencies in each practice
624 setting where the dental therapist provides care.

625 (f) A quality assurance plan for monitoring care provided
626 by the dental therapist, including patient care review, referral
627 follow-up, and a quality assurance chart review.

628 (g) Protocols for the dental therapist to administer and
629 dispense medications, including the specific conditions and
630 circumstances under which the medications are to be dispensed
631 and administered.

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632 (h) Criteria relating to the provision of care by the
633 dental therapist to patients with specific medical conditions or
634 complex medication histories, including requirements for
635 consultation before the initiation of care.

636 (i) Supervision criteria of dental therapists.

637 (j) A plan for the provision of clinical resources and
638 referrals in situations that are beyond the capabilities of the
639 dental therapist.

640 (4) A supervising dentist shall determine the number of
641 hours of practice that a dental therapist must complete under
642 direct or indirect supervision of the supervising dentist before
643 the dental therapist may perform any of the services authorized
644 in subsection (2) under general or direct supervision.

645 (5) A supervising dentist may restrict or limit the dental
646 therapist's practice in the written collaborative management
647 agreement to be less than the full scope of practice for dental
648 therapists which is authorized in subsection (2).

649 (6) A supervising dentist may authorize a dental therapist
650 to provide dental therapy services to a patient before the
651 supervising dentist examines or diagnoses the patient if the
652 authority, conditions, and protocols are established in a
653 written collaborative management agreement and if the patient is
654 subsequently referred to a dentist for any needed additional
655 services that exceed the dental therapist's scope of practice or
656 authorization under the collaborative management agreement.

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657 (7) A supervising dentist must be licensed and practicing
658 in this state. The supervising dentist is responsible for all
659 services authorized and performed by the dental therapist
660 pursuant to the collaborative management agreement and for
661 providing or arranging follow-up services to be provided by a
662 dentist for any additional services that exceed the dental
663 therapist's scope of practice or authorization under the
664 collaborative management agreement.

665 **Section 23. Subsections (8) and (9) are added to section**
666 **466.023, Florida Statutes, to read:**

667 466.023 Dental hygienists; scope and area of practice.—

668 (8) A dental hygienist, under the general supervision of a
669 licensed dentist, may use a dental diode laser for the purpose
670 of bacterial reduction or disinfection of gingival sulcus at
671 settings that preclude hard and soft tissue removal except for
672 incidental gingival curettage, in a manner consistent with the
673 dental hygienist's scope of practice, if the following criteria
674 are met:

675 (a) The dental hygienist has obtained certification for
676 the completion of an interactive didactic and clinical training
677 course that includes laser safety, infection control, patient
678 management, and the operation of specific lasers used in dental
679 practice. The course must consist of a minimum of 12 hours of
680 in-person instruction, including 3 hours of clinical simulation
681 training, and must be obtained through a course provided or

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682 recognized by the Commission on Dental Accreditation of the
683 American Dental Association or an organization approved by the
684 board.

685 (b) The dental hygienist maintains evidence of obtaining
686 the required certification which is prominently displayed at the
687 location where the dental hygienist is authorized to use a
688 dental diode laser.

689 (c) The dental hygienist completes 2 hours of continuing
690 education every 2 years on the use of dental diode lasers in the
691 practice of dental hygiene.

692 (d) The dental hygienist provides evidence of completion
693 of the required certification and continuing education to the
694 board.

695 (e) The supervising dentist has received a minimum of 12
696 hours of education and training on the use of lasers in a dental
697 setting.

698 (f) All lasers are used in accordance with accepted safety
699 guidelines.

700 (9) When using a dental diode laser pursuant to this
701 section, a dental hygienist shall document all of the following
702 information in the patient's record:

703 (a) The type of laser used, including the wavelength of
704 the laser.

705 (b) The settings used, such as pulse or continuous wave,
706 and the power setting.

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- 707 (c) Whether local anesthesia was used.
- 708 (d) The procedure attempted and performed, including
- 709 details as to whether hard or soft tissue was removed.

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T I T L E A M E N D M E N T

714 Remove lines 110-113 and insert:

715 authorizing dental hygienists to use a dental diode

716 laser for specified purposes under certain

717 circumstances; providing requirements for the use of

718 such laser by dental hygienists; amending s. 466.026,

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