

NOTICE OF TEXT [Authority G.S. 150B-21.2(c)]

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Notice with a scheduled hearing

Notice without a scheduled hearing

. Rule-Mak	ing Agency: Boo	ard of Dental Exam	iners
. Link to ag	ency website pu	rsuant to G.S. 150	OB-19.1(c): www.ncdentalboard.org
. Proposed	Action Check	the appropriate b	ox(es) and list <u>rule citation(s)</u> beside proposed action:
ADOPTI	ON: 21 NCAC 1	16Q .01030105, .0	0702
AMEND	MENT: 21 NCA	AC 16Q .0202, .0302	2, .0405, .0703
REPEAL	:		
READOP	TION <u>with</u> sub	stantive changes:	
] READOP	TION <u>without</u> s	substantive change	es:
REPEAL	through READ	OPTION:	
. Proposed	effective date: 0	5/01/2022	
. Is a publi If yes:	c hearing plann	ed? Yes	
II yes.	Date	Time	Location
	02/03/2022	6:30 p.m.	2000 Perimeter Park Drive, Suite 160, Morrisville, NC 27560
. If no pub	lic hearing is scl	neduled, provide in	nstructions on how to demand a public hearing:

7. Explain Reason For Proposed Rule(s):

- 21 NCAC 16Q .0103 is proposed to address the practice requirements for a permit holder to administer general anesthesia, moderate conscious sedation, and moderate pediatric conscious sedation.
- 21 NCAC 16Q .0104 is proposed to address requirements for facility inspections and evaluations.
- 21 NCAC 16Q .0105 is proposed to set out requirements related to dedicated sedation monitoring and sedation providers.
- 21 NCAC 16Q .0202 is proposed for amendment to set out modified requirements for a general anesthesia permit applicant or holder.
- 21 NCAC 16Q .0302 is proposed for amendment to set out modified requirements for a moderate conscious sedation permit applicant or holder.
- 21 NCAC 16Q .0405 is proposed for amendment to set out modified requirements for a moderate pediatric conscious sedation permit applicant or holder.
- 21 NCAC 16Q .0702 is proposed to address adverse event tracking.
- 21 NCAC 16Q .0703 is proposed for amendment to change requirements for adverse occurrence reporting.
- 8. Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit written objections to the Rules Review Commission. If the Rules Review Commission receives written and signed objections in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive those objections by mail, delivery service, hand delivery, or email. If you have any further questions concerning the submission of objections to the Commission, please call a Commission staff attorney at 984-236-1850.

Rule(s) is automatically subject to legislative review. Cite statutory reference:

9.	The person	ı to whom	written	comments	may be	submitted	on the	propose	d rule(s):

Name: **Bobby White**

Address: 2000 Perimeter Park Drive, Suite 160

Morrisville, NC 27560

Phone (optional): Fax (optional): EMail (optional)

10. Comment Period Ends: 03/04/2022

11. Fiscal impact. Does any rule or combination of rules in this notice create an economic impact? Check all that apply.

12. Rule-ma	king Coordinator:	13. The Agency formally proposed the text of this rule(s) on
Name:	Dauna L. Bartley 919-283-1390 dauna@brockerlawfirm.com	Date: 11/12/2021
Agency con	tact, if any:	
Name: Phone: Email:		

1	21 NCAC 16Q .0103 is pr	oposed for adoptic	on as follows:				
2							
3	21 NCAC 16Q .0103	EQUIPMENT,	PERSONNEL,	AND	CLINICAL	REQUIREMENTS	ТО
4		ADMINISTER A	ANESTHESIA OI	R MODI	ERATE SEDA	ΓΙΟΝ	
5	(a) Before administering	general anesthesia	, moderate conscio	us sedati	on, or moderate	pediatric conscious se	edation
6	("anesthesia or moderate s	sedation"), or supe	ervising a CRNA to	o adminis	ster or RN emp	oyed to deliver anesth	<u>iesia or</u>
7	moderate sedation, a denti	ist shall hold an ur	nexpired permit iss	ued by tl	ne Board in acc	ordance with this Sub-	chapter
8	permitting the dentist to ac	Iminister that leve	l of sedation.				
9	(b) Before performing sed	ation procedures i	n a facility other th	an a hosp	ital or credentia	led surgery center, the	permit
10	holder shall ensure that the	Board has been no	otified that the pern	nit holder	intends to adm	inister anesthesia or me	<u>oderate</u>
11	sedation at the facility and	d shall ensure that	the facility has pa	ssed a fa	cility inspection	by the Board in acco	ordance
12	with this Subchapter.						
13	(c) The permit holder shall	l ensure that the fac	cility where the sed	ation pro	cedure is to be p	erformed meets the fol	lowing
14	requirements at the time o	f the procedure:					
15	(1) The peri	nit holder shall en	sure the facility is	equipped	with the follow	ring:	
16	(A)	an operatory of s	ize and design to p	permit ac	cess of emerger	ncy equipment and per	<u>rsonnel</u>
17		and to permit eme	ergency manageme	ent;			
18	<u>(B)</u>	a CPR board or	dental chair with	out enha	ncements suital	ole for providing eme	rgency
19		treatment;					
20	<u>(C)</u>	lighting as necess	sary for specific pro	ocedures	and back-up lig	<u>hting;</u>	
21	<u>(D)</u>	suction equipmen	nt as necessary for	specific	procedures, inc	uding non-electrical b	ack-up
22		suction;					
23	<u>(E)</u>	positive pressure	oxygen delivery s	ystem, ir	ncluding full fa	ce masks for small, m	edium,
24		and large patient	s, and back-up E-o	cylinder	portable oxyger	tank apart from the	central
25		system;					
26	<u>(F)</u>	small, medium, a	nd large oral and n	asal airw	ays;		
27	<u>(G)</u>	a blood pressure	monitoring device;				
28	<u>(H)</u>	an EKG monitor;					
29	<u>(I)</u>	a pulse oximeter;					
30	<u>(J)</u>	an automatic exte	ernal defibrillator (A	<u> 4ED);</u>			
31	<u>(K)</u>	a capnograph;					
32	<u>(L)</u>	a thermometer;					
33	<u>(M)</u>	vascular access se	et-up as necessary f	for specif	ic procedures, in	ncluding hardware and	fluids;
34	<u>(N)</u>	a laryngoscope w	ith working batteri	es;			
35	<u>(O)</u>	_	s and advanced air	-	ces;		
36	<u>(P)</u>	tonsillar suction y	with back-up suction	on;			
37	(Q)	syringes as neces	sary for specific pr	ocedures	; and		

1		(R) tourniquet and tape.
2	(2)	The permit holder shall ensure all monitoring and other equipment in the facility receives preventive
3		maintenance no less frequently than once per year, including safety and function checks per the
4		manufacturers' recommendations. The permit holder shall maintain documentation of all preventive
5		maintenance performed, and shall ensure equipment is replaced upon its expiration or as clinically
6		required.
7	(3)	The permit holder shall ensure the following unexpired drugs are maintained in the facility and are
8		accessible from the operatory and recovery rooms:
9		(A) epinephrine;
10		(B) atropine;
11		(C) an antiarrhythmic;
12		(D) an antihistamine;
13		(E) an antihypertensive;
14		(F) a bronchodilator;
15		(G) an antihypoglycemic agent;
16		(H) a vasopressor;
17		(I) a corticosteroid;
18		(J) an anticonvulsant;
19		(K) appropriate reversal agents;
20		(L) nitroglycerine;
21		(M) an antiemetic; and
22		(N) dextrose.
23	(4)	The permit holder shall maintain written emergency and patient discharge protocols accessible from
24		the operatory and recovery rooms. The written emergency manual shall include a protocol for
25		activation of emergency management services for life-threatening complications along with the
26		information set out in Rule .0101(17) of this Section.
27	(5)	The permit holder shall satisfy any additional facility requirements applicable to the level of the
28		permit, as set out in Rule .0202, .0206, .0302, or .0405 of this Subchapter.
29	(d) The permit h	holder shall ensure that the following staffing, education, and training requirements are met prior to
30	performing a sed	lation procedure:
31	(1)	The permit holder shall provide training to familiarize all auxiliaries in the treatment of clinical
32		emergencies including those set out in Rule .0702(d) of this Subchapter, and shall review and
33		practice responding to clinical emergencies with all auxiliaries as a team and in person every six
34		months.
35	(2)	All auxiliaries in the facility shall be BLS certified.
36	<u>(3)</u>	Unless the permit holder is dedicated to patient care and monitoring regarding anesthesia or
37		moderate sedation throughout the sedation procedure and is not performing the surgery or other

1		dental procedure, the permit holder shall ensure that an auxiliary meeting the education and training
2		requirements of this Subchapter is dedicated to patient monitoring and recording anesthesia or
3		sedation data throughout the sedation procedure.
4	<u>(4)</u>	The permit holder and any auxiliary dedicated to patient monitoring shall complete a training course
5		every two years offered by a Board-approved continuing education course sponsor as set out in 21
6		NCAC 16R .0202, which the permit holder may apply toward fulfillment of the continuing
7		education required each calendar year for license renewal, that includes the following topics:
8		(A) patient assessment and selection;
9		(B) appropriate medications and dosages, including those for moderate conscious sedation;
10		(C) proper patient monitoring;
1		(D) effective airway management; and
12		(E) recognizing, diagnosing, and effectively managing medical emergencies.
13	(5)	The permit holder shall complete one hour of continuing education on substance abuse issues each
14		calendar year, which the permit holder may apply toward fulfillment of the continuing education
15		required for license renewal.
16	(6)	The permit holder shall satisfy any additional staffing, education, and training requirements
17		applicable to the level of the permit, as set out in Rule .0202, .0302, or .0405 of this Subchapter.
18	(e) Before starti	ng any sedation procedure, the permit holder shall:
19	<u>(1)</u>	evaluate the patient for health risks as follows:
20		(A) a patient who is medically stable and who is ASA I or II shall be evaluated by reviewing
21		the patient's current medical history and medication use; or
22		(B) a patient who is not medically stable or who is ASA III or higher shall be evaluated by the
23		permit holder's consultation with the patient's primary care physician or consulting medical
24		specialist regarding the potential risks posed by the planned dental procedure;
25	<u>(2)</u>	evaluate the patient's food and fluid intake following the ASA guidelines for pre-operative fasting
26		applicable to elective procedures involving the administration of anesthesia or moderate sedation.
27		The ASA guidelines are incorporated by reference, including subsequent amendments and editions,
28		and may be accessed at https://www.asahq.org at no cost; and
29	(3)	perform a "time out" immediately prior to starting the sedation procedure, including verifying:
30		(A) correct patient;
31		(B) correct procedure;
32		(C) correct site;
33		(D) correct medication and dosage based on the patient's pertinent health history, medical
34		conditions, and body mass index;
35		(E) availability of special equipment that may be needed; and
36		(F) necessary documentation in the treatment record as set out in Subparagraphs (h)(2) and (3)
37		of this Rule.

1	(f) During the s	redation procedure:
2	(1)	The permit holder shall not administer or cause to be administered anesthetic or sedative agents in
3		amounts exceeding the manufacturers' maximum recommended dosages.
4	(2)	Prescriptions intended to accomplish procedural sedation, including enteral dosages, shall be
5		administered only under the direct supervision of the permit holder.
6	(3)	When IV sedation is used, IV infusion shall be administered before the start of the procedure and
7		maintained until the patient is ready for discharge.
8	(4)	Capnography shall be used to monitor patients. The permit holder shall ensure the patient's base
9		line vital signs are taken and recorded, including temperature, SPO2, blood pressure, and pulse. The
10		permit holder shall ensure the patient's blood pressure, oxygen saturation, ET CO2, pulse, and
11		respiration rates are monitored continuously and are recorded in intervals of five minutes or less
12		during the procedure. All vital sign information monitored and recorded shall be printed,
13		downloaded, or otherwise retained as part of the sedation record. A permit holder's failure to
14		maintain the vital sign documentation produced by capnograph shall be deemed a failure to monitor
15		the patient as required pursuant to the rules of this Subchapter.
16	(5)	If a patient immobilization device is used, the permit holder shall ensure that:
17		(A) the device is applied to avoid airway obstruction or chest restriction;
18		(B) the patient's head position and respiratory excursions are checked frequently to ensure
19		airway patency;
20		(C) a hand or foot is kept exposed; and
21		(D) the patient is attended at all times.
22	(6)	The permit holder shall satisfy any additional requirements applicable to the level of the permit, as
23		set out in Rule .0202, .0302, or .0405 of this Subchapter.
24	(g) Post-operation	ive monitoring and discharge shall include the following:
25	(1)	The permit holder or an auxiliary under his or her direct supervision shall monitor the patient's post-
26		operative vital signs until the patient is recovered and is ready for discharge from the office.
27		Recovery from anesthesia or moderate sedation shall include documentation of the following:
28		(A) stable cardiovascular function;
29		(B) uncompromised airway patency;
30		(C) patient arousable and protective reflexes intact;
31		(D) state of hydration within normal limits;
32		(E) patient can talk, if applicable;
33		(F) patient can sit unaided, if applicable;
34		(G) patient can ambulate with minimal assistance, if applicable; and
35		(H) for a special needs patient, the pre-sedation level of responsiveness or the level as close as
36		possible for that patient shall be achieved.

1	(2)	Before allowing the patient to leave the office, the permit holder shall determine that the patient has
2		met the recovery criteria set out in Subparagraph (g)(1) of this Rule and the following discharge
3		<u>criteria:</u>
4		(A) oxygenation, circulation, activity, skin color, and level of consciousness are stable and have
5		been documented;
6		(B) explanation and documentation of written post-operative instructions have been provided
7		to the patient or a person responsible for the patient at time of discharge; and
8		(C) a person authorized by or responsible for the patient is available to transport the patient
9		after discharge, and for a patient for whom a motor vehicle restraint system is required, an
10		additional responsible individual is available to attend to the patient.
11	(h) The permit h	nolder shall maintain the following in the patient treatment records for 10 years:
12	<u>(1)</u>	the patient's current written medical history including known allergies and previous surgeries;
13	<u>(2)</u>	a pre-operative assessment as set out in Subparagraphs (e)(1) and (2) of this Rule;
14	(3)	consent to the procedure and to the anesthesia or sedation, signed by the patient or guardian,
15		identifying the procedure and its risks and benefits, the level of anesthesia or sedation and its risks
16		and benefits, and the date signed;
17	<u>(4)</u>	a copy or description of any prescription used for sedation, including medication administered
18		enterally, along with the instructions given to the patient or person responsible for the patient;
19	<u>(5)</u>	the anesthesia or sedation record that shall include:
20		(A) the patient's base line vital signs, including temperature, SPO2, blood pressure, and pulse;
21		(B) real-time documentation, in intervals of five minutes or less, of the patient's vital signs
22		including capnography documentation pursuant to Subparagraph (f)(4) of this Rule;
23		(C) documentation of a "time out" as set out in Subparagraph (e)(3) of this Rule;
24		(D) procedure start and end times;
25		(E) gauge of needle and location of IV on the patient, if used;
26		(F) drugs administered during the procedure, including route of administration, dosage,
27		strength, time, and sequence of administration, with separate entries for each increment of
28		medication that is titrated to effect;
29		(G) documentation of the individualized patient effect of administered drugs and the patient's
30		level of consciousness and responsiveness;
31		(H) documentation of complications, morbidity, or adverse events and clinical responses as set
32		out in Rule .0702(d) of this Subchapter, and their treatment; and
33		(I) status of patient upon discharge, including documentation of satisfying the requirements
34		set out in Paragraph (g) of this Rule; and
35	(6)	any additional documentation applicable to the level of the permit, as set out in Rule .0202, .0302,
36		or .0405 of this Subchapter.
37		

1 History Note: Authority G.S. 90-28; 90-30.1; 90-31.1; 90-48; 2 Eff. _______. 3

1 21 NCAC 16Q .0104 is proposed for adoption as follows: 2 3 21 NCAC 16Q .0104 REQUIREMENTS FOR INSPECTIONS AND EVALUATIONS 4 (a) During a facility inspection pursuant to the rules of this Subchapter, for a dentist applying for or holding a permit 5 to administer general anesthesia, moderate conscious sedation, or moderate pediatric conscious sedation, the applicant 6 or permit holder shall demonstrate satisfaction of the requirements set forth in Rule .0103(c) and (d) of this Section. 7 (b) During an evaluation, for a dentist applying for or holding a permit to administer general anesthesia, moderate 8 conscious sedation, or moderate pediatric conscious sedation, the applicant or permit holder shall demonstrate the 9 administration of anesthesia or sedation in accordance with the level of the permit, and shall demonstrate competency 10 including but not limited to the following areas: 11 pre-operative patient evaluation and procedures, including the requirements set forth in Rule 12 .0103(e) of this Section; 13 (2) operative procedures, including the deployment of an intravenous delivery system and the 14 requirements set forth in Rule .0103(f) of this Section; 15 (3) post-operative patient monitoring and discharge, including the requirements set forth in Rule 16 .0103(g) of this Section; and 17 treatment of the clinical emergencies set out in Rule .0702(d) of this Subchapter. (4) 18 (c) During the evaluation, the applicant shall take a written examination on the topics set forth in Paragraph (b) of 19 this Rule. The applicant shall obtain a passing score on the written examination by answering 80 percent of the 20 examination questions correctly. If the applicant fails to obtain a passing score on the written examination, he or she 21 may be re-examined in accordance with Rule .0204(h), .0306(h), or .0408(h) of this Subchapter. 22 (d) The permit holder shall be subject to re-evaluation every five years. Each facility where the permit holder 23 administers anesthesia or sedation shall be subject to a facility inspection upon annual renewal of the permit. 24 25 History Note: Authority G.S. 90-28; 90-30.1; 90-48; 26 *Eff.* ______. 27

1	21 NCAC 16Q .0105 is proposed for adoption as follows:
2	
3	21 NCAC 16Q .0105 REQUIREMENTS FOR DEDICATED ANESTHESIA AND SEDATIO
4	MONITORING
5	(a) During a sedation procedure involving the administration of general anesthesia, moderate conscious sedation,
6	moderate pediatric conscious sedation, the permit holder performing the surgical or other dental treatment shall utilize
7	either a dedicated sedation provider or a dedicated sedation auxiliary as set out in this Rule. The dedicated sedation
8	provider or dedicated sedation auxiliary shall not perform the surgical or dental treatment or any other dental assisting
9	tasks during the sedation procedure.
10	(b) The permit holder shall utilize a dedicated sedation provider to administer any medication that is contraindicate
11	for administration by the person performing the surgical or other dental treatment, as indicated by either the U.S. Foo
12	and Drug Administration or the manufacturer.
13	(c) For purposes of this Rule, a "dedicated sedation provider" shall mean a practitioner who is dedicated
14	administering the anesthesia or sedation and monitoring the patient's well-being throughout the sedation procedure
15	The dedicated sedation provider shall be:
16	(1) a dentist holding an itinerant (mobile) permit in accordance with Rules .0206, .0304, or .0406 of the
17	Subchapter:
18	(2) a dentist holding a permit in accordance with Rules .0201, .0301, or .0404 of this Subchapter, ar
19	who has satisfied the requirements of Rule .0103(b) of this Section to administer the anesthesia
20	sedation level at the facility where the sedation procedure is performed;
21	(3) an anesthesiologist licensed and practicing in accordance with the rules of the North Carolin
22	Medical Board; or
23	(4) a CRNA licensed and practicing in accordance with the rules of the North Carolina Board
24	Nursing, under the supervision and direction of the permit holder who shall ensure the level sedation
25	administered does not exceed the level of the sedation allowed by the permit holder's permit.
26	(d) For purposes of this Rule, a "dedicated sedation auxiliary" shall mean an auxiliary with an unexpired ACL
27	certification who is dedicated to patient monitoring and recording anesthesia or sedation data throughout the sedation
28	procedure. The dedicated sedation auxiliary shall be:
29	(1) an RN licensed and practicing in accordance with the rules of the North Carolina Board of Nursin
30	<u>or</u>
31	(2) a dental assistant with proof of an unexpired dental anesthesia assistant certification from the Dent
32	Anesthesia Assistant National Certification Examination program offered by the America
33	Association of Oral and Maxillofacial Surgeons, or from another Board-approved dental anesthes
34	assistant certification program. A list of approved programs is available on the Board's website
35	www.ncdentalboard.org.
36	(e) The permit holder shall ensure that each dedicated sedation auxiliary completes the training course set out in Ru
37	.0103 of this Section every two years in addition to the training set out in this Rule.

1	21 NCAC 16Q .0202 is proposed for amendment as follows:
2	
3	21 NCAC 16Q .0202 GENERAL ANESTHESIA EQUIPMENT AND CLINICAL REQUIREMENTS
4	(a) A dentist administering holding or applying for a permit to administer general anesthesia shall ensure that the
5	facility where the general anesthesia is administered meets the following requirements: be subject to the requirements
6	set out in Section .0100 of this Subchapter.
7	(b) In addition to the drugs listed in Rule .0103(c)(3) of this Subchapter, an unexpired neuromuscular blocking agent
8	shall be maintained in the facility and be accessible from the operatory and recovery rooms.
9	(1) The facility shall be equipped with the following:
10	(A) an operatory of size and design to permit access of emergency equipment and personnel
11	and to permit emergency management;
12	(B) a CPR board or dental chair without enhancements, suitable for providing emergency
13	treatment;
14	(C) lighting as necessary for specific procedures and back-up lighting;
15	(D) suction equipment as necessary for specific procedures, including non-electrical back-up
16	suction;
17	(E) positive pressure oxygen delivery system, including full face masks for small, medium,
18	and large patients, and back-up E-cylinder portable oxygen tank apart from the central
19	system;
20	(F) small, medium, and large oral and nasal airways;
21	(G) blood pressure monitoring device;
22	(H) EKG monitor;
23	(I) pulse oximeter;
24	(J) automatic external defibrillator (AED);
25	(K) precordial stethoscope or capnograph;
26	(L) thermometer;
27	(M) vascular access set-up as necessary for specific procedures, including hardware and fluids;
28	(N) laryngoscope with working batteries;
29	(O) intubation forceps and advanced airway devices;
30	(P) tonsillar suction with back-up suction;
31	(Q) syringes as necessary for specific procedures; and
32	(R) tourniquet and tape.
33	(2) The following unexpired drugs shall be maintained in the facility and with access from the operatory
34	and recovery rooms:
35	(A) Epinephrine;
36	(B) Atropine;
37	(C) antiarrhythmic;

1	(D) antihistamine;
2	(E) antihypertensive;
3	(F) bronchodilator;
4	(G) antihypoglycemic agent;
5	(H) vasopressor;
6	(I) corticosteroid;
7	(J) anticonvulsant;
8	(K) muscle relaxant;
9	(L) appropriate reversal agents;
10	(M) nitroglycerine;
11	(N) antiemetic; and
12	(O) Dextrose.
13	(3) The permit holder shall maintain written emergency and patient discharge protocols. The permit
14	holder shall also provide training to familiarize auxiliaries in the treatment of clinical emergencies.
15	(4) The permit holder shall maintain the following records for 10 years:
16	(A) Patient's current written medical history, including a record of known allergies and
17	previous surgeries;
18	(B) Consent to general anesthesia, signed by the patient or guardian, identifying the risks and
19	benefits, level of anesthesia, and date signed;
20	(C) Consent to the procedure, signed by the patient or guardian identifying the risks, benefits
21	and date signed; and
22	(D) Patient base line vital signs, including temperature, SPO2, blood pressure, and pulse.
23	(5) The anesthesia record shall include:
24	(A) base line vital signs, blood pressure (unless patient behavior prevents recording), oxyger
25	saturation, ET CO2 if capnography is utilized, pulse and respiration rates of the patient
26	recorded in real time at 15 minute intervals;
27	(B) procedure start and end times;
28	(C) gauge of needle and location of IV on the patient, if used;
29	(D) status of patient upon discharge; and
30	(E) documentation of complications or morbidity.
31	(6) The facility shall be staffed with at least two BLS certified auxiliaries, one of whom shall be
32	dedicated to patient monitoring and recording general anesthesia or sedation data throughout the
33	sedation procedure. This Subparagraph shall not apply if the dentist permit holder is dedicated to
34	patient care and monitoring regarding general anesthesia or sedation throughout the sedation
35	procedure and is not performing the surgery or other dental procedure.
36	(b) During an inspection or evaluation, the applicant or permit holder shall demonstrate the administration of
37	anesthesia while the evaluator observes, and shall demonstrate competency in the following areas:

1	(1) monitoring of blood pressure, pulse, ET CO2 if capnography is utilized, and respiration;
2	(2) drug dosage and administration;
3	(3) treatment of untoward reactions including respiratory or cardiac depression;
4	(4) sterile technique;
5	(5) use of BLS certified auxiliaries;
6	(6) monitoring of patient during recovery; and
7	(7) sufficiency of patient recovery time.
8	(c) During an inspection or evaluation, the applicant or permit holder shall demonstrate competency in the treatment
9	of the following clinical emergencies:
10	(1) laryngospasm;
11	(2) bronchospasm;
12	(3) emesis and aspiration;
13	(4) respiratory depression and arrest;
14	(5) angina pectoris;
15	(6) myocardial infarction;
16	(7) hypertension and hypotension;
17	(8) syncope;
18	(9) allergic reactions;
19	(10) convulsions;
20	(11) bradycardia;
21	(12) hypoglycemia;
22	(13) cardiac arrest; and
23	(14) airway obstruction.
24	(d) During the evaluation, the permit applicant shall take a written examination on the topics set forth in Paragraphs
25	(b) and (c) of this Rule. The permit applicant must obtain a passing score on the written examination by answering 80
26	percent of the examination questions correctly. If the permit applicant fails to obtain a passing score on the written
27	examination that is administered during the evaluation, he or she may be re-examined in accordance with Rule
28	.0204(h) of this Section.
29	(e) A general anesthesia permit holder shall evaluate a patient for health risks before starting any anesthesia procedure.
30	(f) Post-operative monitoring and discharge shall include the following:
31	(1) the permit holder or a BLS certified auxiliary under his or her direct supervision shall monitor the
32	patient's vital signs throughout the sedation procedure until the patient is recovered as defined by
33	Subparagraph (f)(2) of this Rule and is ready for discharge from the office; and
34	(2) recovery from general anesthesia shall include documentation of the following:
35	(A) cardiovascular function stable;
36	(B) airway patency uncompromised;
37	(C) patient arousable and protective reflexes intact;

1		(D) state of hydration within normal limits;
2		(E) patient can talk, if applicable;
3		(F) patient can sit unaided, if applicable;
4		(G) patient can ambulate, if applicable, with minimal assistance; and
5		(H) for the special needs patient or a patient incapable of the usually expected responses, the
6		pre-sedation level of responsiveness or the level as close as possible for that patient shall
7		be achieved; and
8	(3)	before allowing the patient to leave the office, the dentist shall determine that the patient has met
9		the recovery criteria set out in Subparagraph (f)(2) of this Rule and the following discharge criteria:
10		(A) oxygenation, circulation, activity, skin color, and level of consciousness are stable and have
11		been documented;
12		(B) explanation and documentation of written postoperative instructions have been provided
13		to the patient or a person responsible for the patient at time of discharge; and
14		(C) a person authorized by the patient is available to transport the patient after discharge.
15		
16	History Note:	Authority G.S. 90-28; 90-30.1; 90-48;
17		Eff. February 1, 1990;
18		Amended Eff. June 1, 2017; November 1, 2013; August 1, 2002; August 1, 2000;
19		Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,
20		2018;
21		Amended Eff; February 1, 2019; August 1, 2018.
22		
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I	21 NCAC 16Q .0302 is proposed for amendment as follows:
2	
3	21 NCAC 16Q .0302 MODERATE PARENTERAL AND ENTERAL CONSCIOUS SEDATION
4	CLINICAL REQUIREMENTS AND EQUIPMENT
5	(a) A dentist administering holding or applying for a permit to administer moderate conscious sedation or supervising
6	any CRNA employed to administer or RN employed to deliver moderate conscious sedation shall ensure that the
7	facility where the sedation is administered meets the following requirements: be subject to the requirements set out in
8	Section .0100 of this Subchapter.
9	(b) In addition to the drugs listed in Rule .0103(c)(3) of this Subchapter, an unexpired muscle relaxant shall be
10	maintained in the facility and be accessible from the operatory and recovery rooms.
11	(c) A moderate conscious sedation permit holder shall not use:
12	(1) drugs designed by the manufacturer for use in administering general anesthesia or deep sedation; or
13	(2) drugs contraindicated for use in moderate conscious sedation.
14	(1) The facility shall be equipped with the following:
15	(A) an operatory of size and design to permit access of emergency equipment and personnel
16	and to permit emergency management;
17	(B) a CPR board or a dental chair without enhancements, suitable for providing emergency
18	treatment;
19	(C) lighting as necessary for specific procedures and back-up lighting;
20	(D) suction equipment as necessary for specific procedures, including non-electrical back-up
21	suction;
22	(E) positive pressure oxygen delivery system, including full face masks for small, medium,
23	and large patients and back-up E-cylinder portable oxygen tank apart from the central
24	system;
25	(F) small, medium, and large oral and nasal airways;
26	(G) blood pressure monitoring device;
27	(H) EKG monitor;
28	(I) pulse oximeter;
29	(J) automatic external defibrillator (AED);
30	(K) precordial stethoscope or capnograph;
31	(L) thermometer;
32	(M) vascular access set-up as necessary for specific procedures, including hardware and fluids;
33	(N) laryngoscope with working batteries;
34	(O) intubation forceps and advanced airway devices;
35	(P) tonsillar suction with back-up suction;
36	(Q) syringes as necessary for specific procedures; and
37	(R) tourniquet and tape.

		The following unexpired drugs shall be maintained in the facility and with access from the operatory
2		and recovery rooms:
3		(A) Epinephrine;
4		(B) Atropine;
5		(C) antiarrhythmie;
6		(D) antihistamine;
7		(E) antihypertensive;
8		(F) bronchodilator;
9		(G) antihypoglycemic agent;
10		(H) vasopressor;
11		(I) corticosteroid;
12		(J) anticonvulsant;
13		(K) muscle relaxant;
14		(L) appropriate reversal agents;
15		(M) nitroglycerine;
16		(N) antiemetic; and
17		(O) Dextrose.
18	(3)	The permit holder shall maintain written emergency and patient discharge protocols. The permit
19		holder shall also provide training to familiarize auxiliaries in the treatment of clinical emergencies;
20	(4)	The dentist shall maintain the following records for at least 10 years:
21		(A) patient's current written medical history and pre-operative assessment;
22		(B) drugs administered during the procedure, including route of administration, dosage,
23		strength, time, and sequence of administration; and
24		(C) a sedation record;
25	(5)	The sedation record shall include:
26		(A) base line vital signs, blood pressure (unless patient behavior prevents recording), oxygen
27		saturation, ET CO2 if capnography is utilized, pulse and respiration rates of the patient
28		recorded in real time at 15 minute intervals;
29		(B) procedure start and end times;
30		(C) gauge of needle and location of IV on the patient, if used;
31		(D) status of patient upon discharge;
32		(E) documentation of complications or morbidity; and
33		(F) consent form, signed by the patient or guardian, identifying the procedure, risks and
34		benefits, level of sedation, and date signed; and
35	(6)	The following conditions shall be satisfied during a sedation procedure:
36		(A) The facility shall be staffed with at least two BLS certified auxiliaries, one of whom shall
37		be dedicated to patient monitoring and recording sedation data throughout the sedation

1	procedure. This Subparagraph shall not apply if the dentist permit holder is dedicated to
2	patient care and monitoring regarding sedation throughout the sedation procedure and is
3	not performing the surgery or other dental procedure; and
4	(B) If IV sedation is used, IV infusion shall be administered before the start of the procedure
5	and maintained until the patient is ready for discharge.
6	(b) During an inspection or evaluation, the applicant or permit holder shall demonstrate the administration of moderate
7	conscious sedation on a patient, including the deployment of an intravenous delivery system, while the evaluator
8	observes. During the demonstration, the applicant or permit holder shall demonstrate competency in the following
9	areas:
10	(1) monitoring blood pressure, pulse, ET CO2 if capnography is utilized, and respiration;
11	(2) drug dosage and administration;
12	(3) treatment of untoward reactions including respiratory or cardiac depression if applicable;
13	(4) sterile technique;
14	(5) use of BLS certified auxiliaries;
15	(6) monitoring of patient during recovery; and
16	(7) sufficiency of patient recovery time.
17	(c) During an inspection or evaluation, the applicant or permit holder shall demonstrate competency to the evaluator
18	in the treatment of the following clinical emergencies:
19	(1) laryngospasm;
20	(2) bronchospasm;
21	(3) emesis and aspiration;
22	(4) respiratory depression and arrest;
23	(5) angina pectoris;
24	(6) myocardial infarction;
25	(7) hypertension and hypotension;
26	(8) allergic reactions;
27	(9) convulsions;
28	(10) syncope;
29	(11) bradycardia;
30	(12) hypoglycemia;
31	(13) cardiac arrest; and
32	(14) airway obstruction.
33	(d) During the evaluation, the permit applicant shall take a written examination on the topics set forth in Paragraphs
34	(b) and (c) of this Rule. The permit applicant must obtain a passing score on the written examination by answering 80
35	percent of the examination questions correctly. If the permit applicant fails to obtain a passing score on the written
36	examination that is administered during the evaluation, he or she may be re-examined in accordance with Rule
37	.0306(h) of this Section.

1	(e) A moderate conscious sedation permit holder shall evaluate a patient for health risks before starting any sedation			
2	procedure as follows:			
3	(1)	a patient who is medically stable and who is ASA I or II shall be evaluated by reviewing the patient's		
4		current medical history and medication use or;		
5	(2)	a patient who is not medically stable or who is ASA III or higher shall be evaluated by a consultation		
6		with the patient's primary care physician or consulting medical specialist regarding the potential		
7		risks posed by the procedure.		
8	(f) Post-operati	ve monitoring and discharge:		
9	(1)	the permit holder or a BLS certified auxiliary under his or her direct supervision shall monitor the		
10		patient's vital signs throughout the sedation procedure until the patient is recovered as defined in		
11		Subparagraph (f)(2) of this Rule and is ready for discharge from the office.		
12	(2)	recovery from moderate conscious sedation shall include documentation of the following:		
13		(A) cardiovascular function stable;		
14		(B) airway patency uncompromised;		
15		(C) patient arousable and protective reflexes intact;		
16		(D) state of hydration within normal limits;		
17		(E) patient can talk, if applicable;		
18		(F) patient can sit unaided, if applicable;		
19		(G) patient can ambulate, if applicable, with minimal assistance; and		
20		(H) for the special needs patient or patient incapable of the usually expected responses, the pre-		
21		sedation level of responsiveness or the level as close as possible for that patient shall be		
22		achieved.		
23	(3)	before allowing the patient to leave the office, the dentist shall determine that the patient has met		
24		the recovery criteria set out in Subparagraph (f)(2) of this Rule and the following discharge criteria:		
25		(A) oxygenation, circulation, activity, skin color, and level of consciousness are stable, and		
26		have been documented;		
27		(B) explanation and documentation of written postoperative instructions have been provided		
28		to the patient or a person responsible for the patient at the time of discharge; and		
29		(C) a person authorized by the patient is available to transport the patient after discharge.		
30				
31	History Note:	Authority G.S. 90-28; 90-30.1; 90-48;		
32		Eff. February 1, 1990;		
33		Amended Eff. August 1, 2002; August 1, 2000;		
34		Temporary Amendment Eff. December 11, 2002;		
35		Amended Eff. June 1, 2017; November 1, 2013; July 1, 2010; July 3, 2008; August 1, 2004;		
36		Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,		
37		2018;		

1	21 NCAC 16Q .0405 is p	roposed for amend	ment as follows:			
2						
3	21 NCAC 16Q .0405	MODERATE	PEDIATRIC	CONSCIOUS	SEDATION	CLINICAL
4		_	ITS AND EQUIPN			
5	(a) A dentist administering		-		-	
6	ensure that the facility			neets the following	<u>requirements:</u> <u>be</u>	subject to the
7	requirements set out in Se		*			
8	(b) In addition to the di			•	-	elaxant shall be
9	maintained in the facility		-	•		
10	(c) In addition to the re	•		•	<u>*</u>	-
11	manual shall include assignment	gnments to be perfo	ormed in the event	of emergency by a B	LS-certified auxil	iary with PALS
12	or comparable training.					
13	(d) In addition to the req		• •	•	<u>*</u>	
14	that patients who have		•			
15	responsiveness, breathing			eriods before operative	ve procedures by the	ne permit holder
16	or an auxiliary dedicated	•				
17		(e) In addition to the requirements set out in Rule .0103(h) of this Subchapter, the permit holder shall maintain				
18	•	documentation of pre-sedation instructions and information provided to the patient or person responsible for the				onsible for the
19	patient, which shall inclu-					
20	•	ves of the sedation;				
21	•			g and after sedation;		
22		•	•	ient transported in a	a car seat regardi	ng patient head
23	•	n to avoid airway o				
24	(4) a 24-ho	our telephone numb	er for the permit he	older or his or her BI	S-certified auxili	aries; and
25	(5) instruct	tions on limitations	of activities and di	etary precautions.		
26	(f) A moderate pediatric		_			
27	. , , , , , , , , , , , , , , , , , , ,	<u> </u>		n administering gene		eep sedation; or
28	(2) drugs c	ontraindicated for u	use in moderate per	diatric conscious sed	ation.	
29	(1) The fac	cility shall be equip	ped with the follow	ving:		
30	(A)	an operatory of s	ize and design to p	permit access of emo	ergency equipmen	t and personnel
31		and to permit eme	e rgency manageme	ent;		
32	(B)	a CPR board or	a dental chair with	nout enhancements,	suitable for provid	ding emergency
33		treatment;				
34	(C)	lighting as necess	sary for specific pro	ocedures and back-up	o lighting;	
35	(D) —	-suction equipmer	nt as necessary for	specific procedures,	including non-ele	ectrical back-up
36		suction;				

1		(E) positive pressure oxygen delivery system, including full face masks for small, medium,
2		and large patients and back-up E-cylinder portable oxygen tank apart from the central
3		system;
4		(F) small, medium, and large oral and nasal airways;
5		(G) blood pressure monitoring device;
6		(H) EKG monitor;
7		(I) pulse oximeter;
8		(J) automatic external defibrillator (AED);
9		(K) precordial stethoscope or capnograph;
10		(L) thermometer;
11		(M) vascular access set-up as necessary for specific procedures, including hardware and fluids;
12		(N) laryngoscope with working batteries;
13		(O) intubation forceps and advanced airway devices;
14		(P) tonsillar suction with back-up suction;
15		(Q) syringes as necessary for specific procedures; and
16		(R) tourniquet and tape.
17	(2)	The following unexpired drugs shall be maintained in the facility and with access from the operatory
18		and recovery rooms:
19		(A) Epinephrine;
20		(B) Atropine;
21		(C) antiarrhythmic;
22		(D) antihistamine;
23		(E) antihypertensive;
24		(F) bronchodilator;
25		(G) antihypoglycemic agent;
26		(H) vasopressor;
27		(I) corticosteroid;
28		(J) anticonvulsant;
29		(K) muscle relaxant;
30		(L) appropriate reversal agents;
31		(M) nitroglycerine;
32		(N) antiemetic; and
33		(O) Dextrose.
34	(3)	The permit holder shall maintain written emergency and patient discharge protocols. The permit
35	(-)	holder shall also provide training to familiarize auxiliaries in the treatment of clinical emergencies;
36	(4)	The following records are maintained for at least 10 years:
37	(.)	(A) patient's current written medical history and pre-operative assessment;
		() P turner metalan motor, and pre operative appearant,

1	(B) drugs administered during the procedure, including route of administration, dosage,
2	strength, time, and sequence of administration;
3	(C) a sedation record; and
4	(D) a consent form, signed by the patient or a guardian, identifying the procedure, risks and
5	benefits, level of sedation, and date signed;
6	(5) The sedation record shall include:
7	(A) base line vital signs, blood pressure (unless patient behavior prevents recording), oxygen
8	saturation, ET CO2 if capnography is utilized, pulse and respiration rates of the patient
9	recorded in real time at 15 minute intervals;
10	(B) procedure start and end times;
11	(C) gauge of needle and location of IV on the patient, if used;
12	(D) status of patient upon discharge; and
13	(E) documentation of complications or morbidity; and
14	(6) The following conditions shall be satisfied during a sedation procedure:
15	(A) the facility shall be staffed with at least two BLS certified auxiliaries, one of whom shall
16	be dedicated to patient monitoring and recording sedation data throughout the sedation
17	procedure. This Subparagraph shall not apply if the dentist permit holder is dedicated to
18	patient care and monitoring regarding sedation throughout the sedation procedure and is
19	not performing the surgery or other dental procedure; and
20	(B) when IV sedation is used, IV infusion shall be administered before the commencement of
21	the procedure and maintained until the patient is ready for discharge.
22	(b) During an inspection or evaluation, applicants and permit holders who use intravenous sedation shall demonstrate
23	the administration of moderate pediatric conscious sedation on a live patient, including the deployment of an
24	intravenous delivery system, while the evaluator observes. Applicants and permit holders who do not use IV sedation
25	shall describe the proper deployment of an intravascular delivery system to the evaluator and shall demonstrate the
26	administration of moderate pediatric conscious sedation on a live patient while the evaluator observes.
27	(c) During the demonstration, all applicants and permit holders shall demonstrate competency in the following areas:
28	(1) monitoring blood pressure, pulse, and respiration;
29	(2) drug dosage and administration;
30	(3) treatment of untoward reactions including respiratory or cardiac depression if applicable;
31	(4) sterile technique;
32	(5) use of BLS certified auxiliaries;
33	(6) monitoring of patient during recovery; and
34	(7) sufficiency of patient recovery time.
35	(d) During an inspection or evaluation, the applicant or permit holder shall demonstrate competency in the treatment
36	of the following clinical emergencies:
37	(1) laryngospasm;

1	(2) bronchospasm;
2	(3) emesis and aspiration;
3	(4) respiratory depression and arrest;
4	(5) angina pectoris;
5	(6) myocardial infarction;
6	(7) hypertension and hypotension;
7	(8) allergic reactions;
8	(9) convulsions;
9	(10) syncope;
10	(11) bradycardia;
11	(12) hypoglycemia;
12	(13) cardiac arrest; and
13	(14) airway obstruction.
14	(e) During the evaluation, the permit applicant shall take a written examination on the topics set forth in Paragraphs
15	(c) and (d) of this Rule. The permit applicant must obtain a passing score on the written examination by answering 80
16	percent of the examination questions correctly. If the permit applicant fails to obtain a passing score on the written
17	examination that is administered during the evaluation, he or she may be re-examined in accordance with Rule
18	.0408(h) of this Section.
19	(f) A moderate pediatric conscious sedation permit holder shall evaluate patients for health risks before starting any
20	sedation procedure as follows:
21	(1) a patient who is medically stable and who is ASA I or II shall be evaluated by reviewing the patient's
22	current medical history and medication use; or
23	(2) a patient who is not medically stable or who is ASA III or higher shall be evaluated by a consultation
24	with the patient's primary care physician or consulting medical specialist regarding the potential
25	risks posed by the procedure.
26	(g) Patient monitoring:
27	(1) Patients who have been administered moderate pediatric conscious sedation shall be monitored for
28	alertness, responsiveness, breathing, and skin coloration during waiting periods before operative
29	procedures.
30	(2) The permit holder or a BLS certified auxiliary under his or her direct supervision shall monitor the
31	patient's vital signs throughout the sedation procedure until the patient is recovered as defined in
32	Subparagraph (g)(3) of this Rule and is ready for discharge from the office.
33	(3) Recovery from moderate pediatric conscious sedation shall include documentation of the following:
34	(A) cardiovascular function stable;
35	(B) airway patency uncompromised;
36	(C) patient arousable and protective reflexes intact;
37	(D) state of hydration within normal limits;

1		(E) patient can talk, if applicable;
2		(F) patient can sit unaided, if applicable;
3		(G) patient can ambulate, if applicable, with minimal assistance; and
4		(H) for the special needs patient or a patient incapable of the usually expected responses, the
5		pre-sedation level of responsiveness or the level as close as possible for that patient shall
6		be achieved.
7	(4)	Before allowing the patient to leave the office, the dentist shall determine that the patient has me
8		the recovery criteria set out in Subparagraph (g)(3) of this Rule and the following discharge criteria
9		(A) oxygenation, circulation, activity, skin color, and level of consciousness are stable, and
10		have been documented;
11		(B) explanation and documentation of written postoperative instructions have been provided
12		to a person responsible for the patient at time of discharge; and
13		(C) a person responsible for the patient is available to transport the patient after discharge, and
14		for the patient for whom a motor vehicle restraint system is required, an additional
15		responsible individual is available to attend to the patient.
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17	History Note:	Authority G.S. 90-28; 90-30.1; 90-48;
18		Eff. June 1, 2017;
19		Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9
20		2018;
21		Amended Eff; February 1, 2019; August 1, 2018.
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2 3 21 NCAC 16Q .0702 TRACKING OF ADVERSE EVENTS 4 (a) A dentist who holds a permit to administer general anesthesia or sedation shall maintain an adverse event record, 5 separate from patient treatment records, in which the permit holder tracks all adverse events during sedation 6 procedures, including the permit holder's interventions to respond to each adverse event. 7 (b) On a quarterly basis, the permit holder shall examine all adverse events for assessment of risk reduction, including 8 modification of procedures or equipment, or completion of relevant training or continuing education by the permit 9 holder and all auxiliaries involved in sedation procedures. 10 (c) Each adverse event and risk reduction assessment shall be documented and maintained in the permit holder's 11 adverse event record for 10 years. The permit holder's adverse event record shall be made available during a Board 12 conducted facility inspection or evaluation. 13 (d) For purposes of this Rule, the term "adverse event" shall include the following clinical emergencies: 14 (1) airway obstruction; 15 (2) allergic reactions; 16 (3) angina pectoris; 17 (4) apnea; 18 bradycardia; (5) 19 bronchospasm; (6) 20 (7) cardiac arrest; 21 convulsions; (8) 22 (9)emesis and aspiration; 23 (10)hypertensive crisis, including rise in blood pressure to 180/120 mm Hg or higher; 24 (11)hypoglycemia; 25 (12)hypotension, including drop in blood pressure to 90/60 mm Hg or lower; 26 (13)hypoventilation and respiratory arrest; 27 (14)hypoxemia and hypoxia; 28 (15)laryngospasm; 29 (16)myocardial infarction; and 30 (17)syncope. 31 32 History Note: Authority G.S. 90-28; 90-30.1; 90-48; 33 <u>Eff</u>. _____.

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21 NCAC 16Q .0702 is proposed for adoption as follows:

2 3 21 NCAC 16Q .0703 REPORTS OF ADVERSE OCCURRENCES 4 (a) A dentist who holds a permit to administer general anesthesia or sedation shall report to the Board within 72 hours 5 after each adverse occurrence related to the administration of general anesthesia or sedation that results in the death 6 of a patient if the patient dies or has permanent organic brain dysfunction within 24 hours of after the procedure. 7 administration of general anesthesia or sedation. Sedation permit Permit holders shall cease administration of general 8 anesthesia or sedation until the Board has investigated the death or permanent organic brain dysfunction and approved 9 resumption of permit privileges. General anesthesia permit holders shall cease administration of general anesthesia 10 and sedation until the Board has reviewed the incident report and approved resumption of permit privileges. 11 (b) A dentist who holds a permit to administer general anesthesia or sedation shall report to the Board within 30 days 12 after each adverse occurrence related to if the patient is admitted to a hospital for a medical emergency or physical 13 injury within 24 hours after the administration of general anesthesia or sedation.sedation that results in permanent 14 organic brain dysfunction of a patient occurring within 24 hours of the procedure or that results in physical injury or 15 severe medical emergencies, causing hospitalization of a patient occurring within 24 hours of the procedure. 16 (c) The adverse occurrence report shall be in writing and shall include the following: 17 dentist's name, license number and permit number; (1) 18 (2) date and time of the occurrence; 19 (3) facility where the occurrence took place; 20 **(4)** name and address of the patient; 21 (5) surgical procedure involved; 22 (6) type and dosage of sedation or anesthesia utilized in the procedure; 23 **(7)** circumstances involved in the occurrence; and 24 (8)anesthesia records. 25 (d) Upon receipt of any such report, report submitted pursuant to this Rule, the Board shall investigate and shall take 26 disciplinary action if the evidence demonstrates that a licensee has violated the Dental Practice Act set forth in Article 27 2 of G.S. Chapter 90 of the General Statutes or the Board's rules of this Chapter. 28 29 Authority G.S. 90-28; 90-30.1; 90-41; 90-48; History Note: 30 Eff. April 1, 2016; 31 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 32 2018.2018; 33 Amended Eff. ______. 34

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21 NCAC 16Q .0703 is proposed for amendment as follows: