Introduction

This document contains a list of suggested rules based on rules that have been adopted in various states to define, regulate, or explain the use of telehealth technologies in the provision of dental care. It is intended as a general guide for states or regulatory agencies contemplating rulemaking about tele-dentistry.

Suggested rules

General Policy Statement

The [regulatory agency] recognizes that tele-dentistry offers potential benefits in the provision of dental care. It can help providers of dental care expand the reach of their services to populations of people that face barriers receiving dental care in traditional office and clinic-based systems. It can save providers and patients time and transportation expenses, facilitate monitoring of chronic or pre- or post-care conditions, and lower the overall cost of providing dental care. It can also facilitate reaching certain groups of people early in the disease process, therefore enhancing prevention and early intervention strategies and lowering the cost of neglected dental diseases.

The [regulatory agency] expects and requires that services delivered using telehealth technologies adhere to all existing laws and regulations related to the provision of dental services including those related to supervision of allied oral health personnel, protection of patient confidentiality and privacy and infection control procedures. In addition, the dental
board expects and requires that the same standard of care applies to services delivered in person as to those delivered using telehealth technologies.

**Definitions**

**Asynchronous store and forward**: The transmission of a patient’s medical information from an originating site to the health care provider at a distant site without the presence of the patient.

**Distant site**: A site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

**Originating site**: A site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

**Synchronous interaction**: A real-time interaction between a patient and a health care provider located at a distant site.

**Telehealth**: The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers. (Telehealth includes tele-dentistry)

**Tele-dentistry**: The use of telehealth technologies or methodologies in the delivery of oral health services.

**Specific Rules**

1. Public and private entities that pay for health services must pay for covered oral health services irrespective of whether they are provided using tele-dentistry methodologies or in-person encounters.
2. Public and private entities that pay for health services, must pay for covered oral health services provided using tele-dentistry through whatever payment system the provider of those services participates in.
3. As used in this document, tele-dentistry methodologies include both real-time, synchronous, and store-and-forward, asynchronous interactions.
4. A provider of dental services using tele-dentistry methodologies to deliver dental care must be licensed in the state.
5. Patients receiving dental care using tele-dentistry methodologies must be informed of and provide verbal or written consent to tele-dentistry being used in the provision of care. The patient’s consent must be documented in the patient’s dental record.
6. Patients must be informed about their right to receive interactive communication with the dentist at the distant site upon request and receive the name and contact information for the dentist who will be participating in their care.

7. Dentists may provide comprehensive or periodic examinations using telehealth technologies. Just as it is the case with in-person examinations, the dentist may delegate the collection of records and data including radiographic and photographic images, charting of oral health findings, collection of demographic and health history information, and patient consent. However, it is the dentist’s responsibility to ensure that the information needed to perform a comprehensive or periodic examination is available, determine if additional information is needed, and to evaluate that information and develop a diagnosis and treatment plan.

8. Continuity of care requirements including availability for emergency services, accessibility of records, and availability for ongoing services, must meet the same standards and requirements for services provided using telehealth technologies as for services provided using in person visits.

Additional Considerations

1. The ability to reach groups of people who face barriers to accessing dental services in traditional office or clinic-based practices is enhanced when allied personnel are allowed to engage patients in community sites, collect records as described above, and make those records available for dentist to review, prior to the patient having an established relationship with the dentist.

2. If requirements exist for patients seen by allied personnel in community or public health sites to have periodic examinations by dentists, the ability to provide continuous and ongoing oral health services is enhanced when this requirement can be satisfied through a tele-dentistry examination by the dentist.

3. The ability to lower the incidence and severity of dental disease for groups of people seen in community sites is enhanced when allied personnel in those sites are able to provide preventive and early intervention services in the community sites including, but not limited to, Fluoride Varnish, dental sealants, Silver Diamine Fluoride, and Interim Therapeutic Restorations.