

OCCUPATIONS CODE
TITLE 3. HEALTH PROFESSIONS
SUBTITLE D. DENTISTRY
CHAPTER 258. PRACTICE BY DENTIST

SUBCHAPTER A. DELEGATION BY DENTIST

Sec. 258.001. IMPERMISSIBLE DELEGATIONS. A dentist may not delegate:

(1) an act to an individual who, by board order, is prohibited from performing the act;

(2) any of the following acts to a person not licensed as a dentist or dental hygienist:

(A) the removal of calculus, deposits, or accretions from the natural and restored surfaces of exposed human teeth and restorations in the human mouth;

(B) root planing or the smoothing and polishing of roughened root surfaces or exposed human teeth; or

(C) any other act the delegation of which is prohibited by board rule;

(3) any of the following acts to a person not licensed as a dentist:

(A) comprehensive examination or diagnosis and treatment planning;

(B) a surgical or cutting procedure on hard or soft tissue;

(C) the prescription of a drug, medication, or work authorization;

(D) the taking of an impression for a final restoration, appliance, or prosthesis;

(E) the making of an intraoral occlusal adjustment;

(F) direct pulp capping, pulpotomy, or any other endodontic procedure;

(G) the final placement and intraoral adjustment of a fixed or removable appliance; or

(H) the placement of any final restoration;

(4) the authority to an individual to administer a local anesthetic agent, inhalation sedative agent, parenteral sedative agent, or general anesthetic agent, including as a teledentistry dental service as that term is defined by Section [111.001](#), if the individual is not licensed as:

(A) a dentist with a permit issued by the board for the procedure being performed, if a permit is required;

(B) a certified registered nurse anesthetist licensed by the Texas Board of Nursing, only if the delegating dentist holds a permit issued by the board for the procedure being performed, if a permit is required; or

(C) a physician anesthesiologist licensed by the Texas Medical Board; or

(5) the authority to a dental hygienist to administer a local anesthetic agent unless:

(A) the dental hygienist:

(i) administers the local anesthetic agent by infiltration for purposes of a procedure the dental hygienist is authorized to perform;

(ii) has passed a board-approved certification examination relating to the administration of a local anesthetic agent;

(iii) either:

(a) has completed a board-approved course of study designed to train dental hygienists to administer a local anesthetic agent by infiltration; or

(b) during the preceding year, was authorized to administer a local anesthetic agent by:

(1) a branch of the United States armed forces; or

(2) another state with clinical and didactic education requirements substantially equivalent to the requirements of a course approved by the board under Sub-subparagraph (a); and

(iv) complies with any applicable rules adopted by the board establishing minimum standards for the administration of a local anesthetic agent;

(B) the delegating dentist is physically present in the facility where the procedure is occurring and is continuously aware of the patient's physical status and well-being; and

(C) the patient to whom the local anesthetic agent is administered is:

(i) at least 18 years of age; and

(ii) not sedated, or is sedated using only nitrous oxide-oxygen inhalation.

Added by Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

Amended by:

Acts 2007, 80th Leg., R.S., Ch. 889 (H.B. 2426), Sec. 37, eff. September 1, 2007.

Acts 2021, 87th Leg., R.S., Ch. 811 (H.B. 2056), Sec. 14, eff. September 1, 2021.

Acts 2023, 88th Leg., R.S., Ch. 868 (H.B. 3824), Sec. 1, eff. September 1, 2023.

Sec. 258.002. DELEGATION TO DENTAL ASSISTANT. (a) A licensed dentist may delegate to a qualified and trained dental assistant acting under the dentist's general or direct supervision any dental act that a reasonable and prudent dentist would find is within the scope of sound dental judgment to delegate if:

(1) in the opinion of the delegating dentist, the act:

(A) can be properly and safely performed by the person to whom the dental act is delegated; and

(B) is performed in a customary manner and is not in violation of this subtitle or any other statute;

(2) the person to whom the dental act is delegated does not represent to the public that the person is authorized to practice dentistry; and

(3) the person to whom the dental act is delegated is registered under Chapter 265, if registration is required to perform the act.

(b) Repealed by Acts 2009, 81st Leg., R.S., Ch. 476, Sec. 8(1), eff. September 1, 2009.

(c) The board by rule shall establish guidelines regarding

the types of dental acts that may be properly or safely delegated by a dentist, including a determination of which delegated dental acts, if any, require competency testing before a person may perform the act.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999. Amended by Acts 2001, 77th Leg., ch. 1470, Sec. 4.01, eff. Sept. 1, 2001; Acts 2003, 78th Leg., ch. 1144, Sec. 1, eff. June 20, 2003.

Amended by:

Acts 2009, 81st Leg., R.S., Ch. 476 (S.B. 455), Sec. 1, eff. September 1, 2009.

Acts 2009, 81st Leg., R.S., Ch. 476 (S.B. 455), Sec. 8(1), eff. September 1, 2009.

Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 18, eff. September 1, 2018.

Sec. 258.003. RESPONSIBILITY OF DELEGATING DENTIST. A delegating dentist is responsible for a dental act performed by the person to whom the dentist delegates the act.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

SUBCHAPTER B. GENERAL PRACTICE PROVISIONS

Sec. 258.051. DENTIST RECORDS. (a) The records of a diagnosis made and treatment performed for and on a dental patient are the property of the dentist performing the dental service.

(b) A dentist's records may not be sold, pledged as collateral, or transferred to any person other than the patient unless the transfer is made in compliance with Subchapter C and board rules.

(c) This section does not prevent the voluntary submission of records to an insurance company to determine benefits when consent for the disclosure has been granted under Section 258.104.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999. Amended by Acts 2001, 77th Leg., ch. 1420, Sec. 14.086(a), eff. Sept. 1, 2001.

Sec. 258.0511. ACCESS TO DENTAL RECORDS. (a) An owner,

shareholder, partner, or executive officer of a clinic or other entity that provides dental services for the public shall designate a license holder as the dental custodian of records to provide records to the board or a dentist who has provided dental treatment and to comply with other law regulating dental patient records.

(a-1) The board by rule shall establish conditions under which the board may temporarily or permanently appoint a person as custodian of a dentist's billing or dental patient records. In adopting rules under this subsection, the board shall consider the death of a dentist, the mental or physical incapacitation of a dentist, and the abandonment of billing or dental patient records by a dentist as conditions for appointment of a custodian.

(b) On demand, the dental custodian of records shall give access to the board and produce for the board all records or other evidence related to the investigation or prosecution of an alleged violation of this subtitle or another law regulating the practice of dentistry in this state.

(c) The board shall adopt rules regarding the designation and duties of a dental custodian of records.

(d) Section [264.101](#) applies to a violation of this section. Added by Acts 2007, 80th Leg., R.S., Ch. 1119 (H.B. [3876](#)), Sec. 1, eff. September 1, 2007.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. [313](#)), Sec. 19, eff. September 1, 2017.

Sec. 258.052. CASE HISTORIES AND PHYSICAL EVALUATIONS. (a) A dentist may take a complete case history and perform a complete physical evaluation that may be used to admit a patient to a hospital for the practice of dentistry if the activity is necessary in the exercise of due care in the practice of dentistry.

(b) A dentist is not automatically entitled to membership on a hospital's medical staff or to exercise clinical privileges at a hospital solely because the dentist is licensed in this state or because the dentist is authorized to take a case history and perform a physical evaluation.

(c) A dentist may not be denied membership on a hospital's

medical staff or the right to the exercise of clinical privileges at a hospital solely because the person is a dentist rather than a physician.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

Sec. 258.053. USE OF CERTAIN DRUGS. (a) In this section, "narcotic drugs," "dangerous drugs," and "controlled substances" have the meanings defined or recognized by federal law or the law of this state.

(b) A dentist may not:

(1) prescribe, provide, obtain, order, administer, possess, dispense, give, or deliver to or for any person a narcotic drug, dangerous drug, or controlled substance:

(A) that is not necessary or required; or

(B) the use or possession of which would promote addiction to the drug or substance; or

(2) aid, abet, or cause another person to engage in an action described by Subdivision (1).

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

Sec. 258.054. USE OF X-RAY EQUIPMENT. (a) A dentist may authorize a qualified person to perform beam calibration and characterization, quality assurance, instrument specification, acceptance testing, shielding design, or protection analysis on radiation-emitting equipment or radiopharmaceuticals for a procedure that involves the diagnosis or treatment of disease or another dental condition in humans.

(b) A dentist's authorization and the performance of authorized activities by a qualified person does not constitute the practice of medical physics under Chapter 602.

(c) A dentist may not authorize a dental assistant, other than a dental assistant described by Section 265.001(d), to make a dental x-ray unless the dental assistant is registered under Chapter 265.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

Amended by:

Acts 2005, 79th Leg., Ch. 810 (S.B. 610), Sec. 5, eff.

September 1, 2005.

Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 20, eff. September 1, 2018.

Sec. 258.055. PRACTICE OF DENTISTRY ON CERTAIN CHILDREN.

(a) The parent or guardian of a child younger than 18 years of age may be present in the treatment room during the child's dental treatment or procedure, unless the dentist determines in the dentist's professional judgment that the presence of the parent or guardian in the treatment room is likely to have an adverse effect on the treatment or the child.

(b) In this section, "parent or guardian" includes a person authorized by law to consent for the medical or dental treatment of a child younger than 18 years of age.

Added by Acts 2013, 83rd Leg., R.S., Ch. 709 (H.B. 3201), Sec. 8, eff. January 1, 2014.

SUBCHAPTER C. DENTAL PRIVILEGE

Sec. 258.101. DEFINITIONS. In this subchapter:

(1) "Dental record" means dental information about a patient:

(A) created or maintained by a dentist; and

(B) relating to the history or treatment of the patient.

(2) "Dentist" means a person licensed to practice dentistry.

(3) "Patient" means a person who consults with a dentist to receive dental care.

(4) "Privilege" means the confidentiality privilege created by this subchapter.

Added by Acts 2001, 77th Leg., ch. 1420, Sec. 14.086(b), eff. Sept. 1, 2001.

Sec. 258.102. SCOPE OF PRIVILEGE. (a) The following information is privileged and may not be disclosed except as provided by this subchapter:

(1) a communication between a dentist and a patient that relates to a professional service provided by the dentist; and

(2) a dental record.

(b) The privilege described by this section applies regardless of when the patient received the professional service from the dentist.

Added by Acts 2001, 77th Leg., ch. 1420, Sec. 14.086(b), eff. Sept. 1, 2001.

Sec. 258.103. HOLDER OF PRIVILEGE. (a) The patient is the holder of the privilege.

(b) The following persons may claim the privilege on the patient's behalf:

(1) a person authorized to act on the patient's behalf;

(2) a dentist acting on the patient's behalf; and

(3) an agent or employee of a person listed in Subdivision (1) or (2).

(c) A person's authority to claim the privilege is presumed in the absence of evidence to the contrary.

Added by Acts 2001, 77th Leg., ch. 1420, Sec. 14.086(b), eff. Sept. 1, 2001.

Sec. 258.104. CONSENT TO DISCLOSURE OF PRIVILEGED INFORMATION. (a) A person may disclose privileged information if the patient consents to the disclosure as provided in this section.

(b) Consent for the release of privileged information must be in writing and be signed by:

(1) the patient;

(2) a parent or legal guardian of the patient, if the patient is a minor;

(3) a legal guardian of the patient, if the patient has been adjudicated incompetent to manage the patient's personal affairs;

(4) an attorney ad litem appointed for the patient, as authorized by:

(A) Chapter 107, Family Code;

(B) Subtitle B, Title 6, Health and Safety Code;

- (C) Subtitle C, Title 7, Health and Safety Code;
- (D) Subtitle D, Title 7, Health and Safety Code;
- (E) Subtitle E, Title 7, Health and Safety Code;
- (F) Chapter [1054](#), Estates Code; or
- (G) any other law; or

(5) a personal representative of the patient, if the patient is deceased.

(c) The consent required under this section must specify:

- (1) the information covered by the release;
- (2) the person to whom the information is to be released; and
- (3) the purpose for the release.

(d) A person may withdraw consent granted under this section by notifying in writing the person who maintains the information. Withdrawal of consent does not affect information disclosed before the written notice of the withdrawal is delivered.

Added by Acts 2001, 77th Leg., ch. 1420, Sec. 14.086(b), eff. Sept. 1, 2001.

Amended by:

Acts 2019, 86th Leg., R.S., Ch. 846 (H.B. [2780](#)), Sec. 11, eff. September 1, 2019.

Sec. 258.105. EXCEPTION TO PRIVILEGE FOR CERTAIN PROCEEDINGS. (a) The privilege does not apply in a court or administrative proceeding if the proceeding is:

- (1) brought by the patient against a dentist, including a malpractice, criminal, or license revocation proceeding, and the disclosure is relevant to a claim or defense of the dentist; or
- (2) to collect on a claim for dental services rendered to the patient.

(b) The privilege does not apply to the disclosure of a dental record:

- (1) to the board in a disciplinary investigation or proceeding against a dentist conducted under this subtitle; or
- (2) in a criminal investigation or proceeding against a dentist in which the board is participating or assisting by

providing a record obtained from the dentist.

(c) The board may not reveal the identity of a patient whose dental record is disclosed under Subsection (b).

(d) Privileged information is discoverable in a criminal prosecution if:

(1) the patient is a victim, witness, or defendant;
and

(2) the court in which the prosecution is pending rules, after an in camera review, that the information is relevant for discovery purposes.

(e) Privileged information is admissible in a criminal prosecution if:

(1) the patient is a victim, witness, or defendant;
and

(2) the court in which the prosecution is pending rules, after an in camera review, that the information is relevant.

(f) The privilege does not apply to a grand jury subpoena.
Added by Acts 2001, 77th Leg., ch. 1420, Sec. 14.086(b), eff. Sept. 1, 2001.

Sec. 258.106. EXCEPTION TO PRIVILEGE FOR CERTAIN DISCLOSURES BY DENTIST. (a) The privilege does not apply to the disclosure of information by a dentist to:

(1) a governmental agency, if:

(A) the disclosure is required by another law;
and

(B) the agency agrees to keep confidential the identity of a patient whose dental record is disclosed;

(2) medical or law enforcement personnel, if the dentist determines that it is more likely than not that the following will occur:

(A) imminent physical injury to the patient, the dentist, or others; or

(B) immediate mental or emotional injury to the patient;

(3) a person in relation to a management or financial audit, program evaluation, or research, if the person agrees to

keep confidential the identity of a patient whose dental record is disclosed;

(4) a person involved in the payment or collection of fees for services rendered by a dentist, if necessary; or

(5) another dentist, or a person under the direction of the dentist, who participates in the diagnosis, evaluation, or treatment of the patient.

(b) A person who receives information under Subsection (a)(3) may not disclose a patient's identity in writing.

(c) A record reflecting a charge or specific service provided may be disclosed only when necessary in the collection of fees for a service provided by a dentist, professional association, or other entity qualified to provide or arrange for a service.

Added by Acts 2001, 77th Leg., ch. 1420, Sec. 14.086(b), eff. Sept. 1, 2001.

Sec. 258.107. EXCEPTION TO PRIVILEGE FOR CERTAIN LEGISLATIVE INQUIRIES. A state hospital or state school may disclose a dental record if:

(1) the state hospital or state school created the record;

(2) an inquiry authorized by the legislature requests the information; and

(3) the entity receiving the record agrees not to disclose a patient's identity.

Added by Acts 2001, 77th Leg., ch. 1420, Sec. 14.086(b), eff. Sept. 1, 2001.

Sec. 258.108. LIMIT ON DISCLOSURE. A person who receives privileged information may disclose the information to another person only to the extent consistent with the purpose for which the information was obtained.

Added by Acts 2001, 77th Leg., ch. 1420, Sec. 14.086(b), eff. Sept. 1, 2001.

Sec. 258.109. REQUEST FOR DENTAL RECORD: TIMING; EXCEPTION. (a) If disclosure of a dental record is authorized

under this subchapter, a dentist shall disclose the dental record within a reasonable period after it is requested but not later than:

(1) the 30th day after the date on which it is requested from the dentist; or

(2) a date ordered by a court.

(b) A dentist may refuse to disclose the requested record if the dentist determines that providing the information would be harmful to the physical, mental, or emotional health of the patient, except that requests from the board may not be refused. If the dentist determines that disclosing the record would be harmful, the dentist shall notify the person requesting the record and explain why the information would be harmful. The person requesting the record may challenge in court the dentist's refusal to disclose the record. If the court finds that the dentist made the refusal in bad faith, the court may order the disclosure of the record and award costs and attorney's fees incurred by the person to obtain the information.

(c) In disclosing a dental record under this section, a dentist shall redact privileged information about another person.

(d) A dentist may charge a reasonable fee for providing a dental record under this section. For purposes of this subsection, a fee established under Section [241.154](#), Health and Safety Code, is a reasonable fee.

Added by Acts 2001, 77th Leg., ch. 1420, Sec. 14.086(b), eff. Sept. 1, 2001.

SUBCHAPTER D. ADMINISTRATION OF ANESTHESIA

Sec. 258.151. DEFINITIONS. In this subchapter:

(1) "High-risk patient" means a patient who has a level 3 or 4 classification according to the American Society of Anesthesiologists Physical Status Classification System.

(2) "Pediatric patient" means a patient younger than 13 years of age.

Added by Acts 2001, 77th Leg., ch. 349, Sec. 1, eff. Sept. 1, 2001.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. [313](#)), Sec. 22, eff.

September 1, 2017.

Sec. 258.152. APPLICABILITY. Rules adopted by the board under this subchapter do not apply to:

(1) the regional injection of an anesthetic to reduce or eliminate sensation, especially pain, in one part of the body; or

(2) the administration of anxiolytics and analgesics that are not being used in conjunction with the administration of nitrous oxide and that are administered in doses that do not have the probability of placing the dental patient at risk for loss of the dental patient's life-preserving protective reflexes.

Added by Acts 2001, 77th Leg., ch. 349, Sec. 1, eff. Sept. 1, 2001.

Sec. 258.153. RULES. (a) The board shall adopt rules to administer this subchapter, including rules to establish the minimum standards for the administration of anesthesia by a dentist.

(b) The rules must be designed to protect the health, safety, and welfare of the public and must include requirements relating to:

(1) for each type of permit held, the methods that may be used to administer an anesthetic and the anesthetic agents that may be used;

(2) dental patient evaluation, diagnosis, counseling, and preparation;

(3) dental patient monitoring to be performed and equipment to be used during a procedure and during postprocedure monitoring;

(4) emergency procedures, drugs, and equipment, including education, training, and certification of personnel, as appropriate, and including protocols for transfers to a hospital;

(5) the documentation necessary to demonstrate compliance with this subchapter;

(6) the period in which protocols or procedures covered by rules of the board shall be reviewed, updated, or amended; and

(7) the minimum components required to be included in a preoperative checklist to be used before administering anesthesia to a patient and retained in the patient's dental record.

Added by Acts 2001, 77th Leg., ch. 349, Sec. 1, eff. Sept. 1, 2001.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 23, eff. September 1, 2017.

Sec. 258.154. COMPLIANCE WITH ANESTHESIA RULES. (a) A dentist who practices dentistry in this state and who administers anesthesia or performs a procedure for which anesthesia is administered shall comply with the rules adopted under this subchapter.

(b) The board may require a dentist to submit and comply with a corrective action plan to remedy or address any current or potential deficiencies with the dentist's administration of anesthesia in accordance with this subtitle or rules of the board.

Added by Acts 2001, 77th Leg., ch. 349, Sec. 1, eff. Sept. 1, 2001.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 23, eff. September 1, 2017.

Sec. 258.155. PERMIT REQUIRED. (a) The board shall issue permits to administer anesthesia in the following categories based on the extent to which the intended procedure will alter the patient's mental status and the method of anesthetic delivery:

- (1) nitrous oxide;
- (2) level 1: minimal sedation;
- (3) level 2: moderate sedation (enteral administration);
- (4) level 3: moderate sedation (parenteral administration); and
- (5) level 4: deep sedation or general anesthesia.

(b) A dentist may not administer anesthesia unless the dentist obtains the appropriate permit issued under this section.

(c) The board shall set and impose a fee for issuance of a permit in an amount designed to recover the costs of regulating a

permit holder under this subchapter.

(d) The board shall coordinate the times at which a permit must be renewed with the times at which a dentist's license must be renewed under Chapter 257 so that the times of registration, payment, notice, and imposition of penalties for late payment are similar and provide a minimum of administrative burden to the board and to dentists.

Added by Acts 2001, 77th Leg., ch. 349, Sec. 1, eff. Sept. 1, 2001.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 23, eff. March 1, 2018.

Sec. 258.1551. PERMIT QUALIFICATIONS. (a) The board by rule shall establish the qualifications to obtain each permit described by Section 258.155, including the education and training required to obtain the permit.

(b) The rules adopted under Subsection (a) must require an applicant for a level 2, level 3, or level 4 permit to complete training on:

(1) pre-procedural patient evaluation, including the evaluation of a patient's airway and physical status as classified by the American Society of Anesthesiologists;

(2) the continuous monitoring of a patient's level of sedation during the administration of anesthesia; and

(3) the management of emergency situations.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 24, eff. September 1, 2017.

Sec. 258.1552. JURISPRUDENCE EXAMINATION. (a) The board shall develop and administer an online jurisprudence examination to determine a permit holder's knowledge of this subchapter, board rules, and other applicable laws of this state relating to the administration of anesthesia.

(b) A permit holder must pass the online jurisprudence examination developed by the board once every five years.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 24, eff. September 1, 2017.

Sec. 258.1553. PORTABILITY OF ANESTHESIA SERVICES. The board by rule shall require a dentist who applies for the issuance or renewal of a permit under this subchapter to include in the application a statement indicating whether the dentist provides or will provide a permitted anesthesia service in more than one location.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 24, eff. September 1, 2017.

Sec. 258.1554. ADMINISTRATION OF ANESTHESIA TO CERTAIN PATIENTS. (a) A permit holder under this subchapter may not administer anesthesia under a level 2, level 3, or level 4 permit to a pediatric or high-risk patient unless the permit holder has:

(1) demonstrated to the satisfaction of the board that the permit holder has advanced didactic and clinical training; and

(2) obtained authorization from the board under this section.

(b) The board by rule may establish limitations on the administration of anesthesia by a permit holder to a pediatric or high-risk patient.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 24, eff. March 1, 2018.

Sec. 258.1555. CAPNOGRAPHY REQUIRED FOR CERTAIN ANESTHESIA SERVICES. A permit holder who is administering anesthesia for which a level 4 permit is required shall use capnography during the administration of anesthesia.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 24, eff. September 1, 2017.

Sec. 258.1556. MINIMUM EMERGENCY PREPAREDNESS STANDARDS. (a) The board shall adopt rules to establish minimum emergency preparedness standards and requirements for the administration of anesthesia under a permit issued under this subchapter. The rules must require a permit holder to:

(1) have available at any time the permit holder

administers anesthesia:

(A) an adequate and unexpired supply of drugs and anesthetic agents necessary for the safe administration of anesthesia; and

(B) an automated external defibrillator, as defined by Section 779.001, Health and Safety Code;

(2) conduct periodic inspections of the permit holder's equipment in the manner and on the schedule determined by the board;

(3) maintain and make available to the board on request an equipment readiness log; and

(4) develop and annually update written policies, procedures, and training requirements, specific to the permit holder's equipment and drugs, for responding to emergency situations involving anesthesia.

(b) Rules adopted under Subsection (a)(4) must require a holder of a level 2, level 3, or level 4 permit to develop policies and procedures that include:

(1) advanced cardiac life support rescue protocols;

(2) advanced airway management techniques; and

(3) if the permit holder is authorized to administer anesthesia to pediatric patients, pediatric advanced life support rescue protocols.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 24, eff. September 1, 2017.

Sec. 258.1557. EMERGENCY PREPAREDNESS PROTOCOLS. (a) A permit holder shall develop emergency preparedness protocols, specific to the permit holder's practice setting, that establish a plan for the management of medical emergencies in each practice setting in which the dentist administers anesthesia.

(b) The board shall adopt rules prescribing the content that a permit holder must include in the emergency preparedness protocols developed under Subsection (a). The rules must require a permit holder to include in the permit holder's emergency preparedness protocols the written policies, procedures, and training requirements described by Section 258.1556(a)(4).

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 24, eff. September 1, 2017.

Sec. 258.156. INSPECTIONS. (a) Except as provided by Subsection (h), the board may conduct inspections of a dentist who applies for or holds a permit issued under this subchapter as necessary to enforce this subchapter, including inspections of an office site, equipment, a facility, and any document of the dentist. During an inspection under this section, the board may evaluate a dentist's competency in the administration of anesthesia.

(b) The board shall conduct an inspection with respect to a dentist who holds a level 2, level 3, or level 4 permit not later than the first anniversary of the date the permit is issued.

(c) The board by rule shall adopt a risk-based inspection policy for conducting inspections under this section. The policy must require the board to take into consideration any previous disciplinary action taken against a permit holder for an anesthesia-related violation when determining whether an inspection is necessary.

(d) The board may contract with another state agency or qualified person to conduct these inspections.

(e) The board is not required to give notice before conducting an inspection under this section.

(f) The board shall maintain records of inspections conducted under this section.

(g) The board by rule may establish education and training requirements for inspectors who conduct inspections under this section.

(h) The board may not conduct an inspection under this section with respect to a dentist who administers anesthesia exclusively in a state-licensed hospital or state-licensed ambulatory surgical center. The board may by rule except from inspection under this section a dentist who administers anesthesia exclusively in any other facility that is subject to inspection by the Department of State Health Services or an accrediting body under state law. The board retains all other authority provided by

this subtitle over a dentist described by this subsection.

Added by Acts 2001, 77th Leg., ch. 349, Sec. 1, eff. Sept. 1, 2001.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 25, eff. March 1, 2018.

Sec. 258.157. REQUESTS FOR INSPECTION AND ADVISORY OPINION.

(a) The board may consider a request by a dentist for an on-site inspection. The board may, in its discretion and on payment of a fee in an amount established by the board, conduct the inspection and issue an advisory opinion.

(b) An advisory opinion issued by the board under this section is not binding on the board, and the board, except as provided by Subsection (c), may take any action under this subtitle in relation to the situation addressed by the advisory opinion that the board considers appropriate.

(c) A dentist who requests and relies on an advisory opinion of the board may use the opinion as mitigating evidence in an action or proceeding to impose an administrative or civil penalty under this subtitle. The board or court, as appropriate, shall take proof of reliance on an advisory opinion into consideration and mitigate the imposition of administrative or civil penalties accordingly.

Added by Acts 2001, 77th Leg., ch. 349, Sec. 1, eff. Sept. 1, 2001.

SUBCHAPTER E. ADVISORY COMMITTEE ON DENTAL ANESTHESIA

Sec. 258.201. DEFINITION. In this subchapter, "health care provider" means a person who provides services under a license, certificate, registration, or other authority issued by this state or another state to diagnose, prevent, alleviate, or cure a human illness or injury.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 26, eff. September 1, 2017.

Sec. 258.202. ADVISORY COMMITTEE. (a) The board shall establish an advisory committee to analyze and report on data and associated trends concerning anesthesia-related deaths or

incidents as provided by this subchapter. The advisory committee consists of six members appointed by the board in the manner provided by Section 258.203 and must include:

- (1) a general dentist;
- (2) a dentist anesthesiologist;
- (3) an oral and maxillofacial surgeon;
- (4) a pediatric dentist;
- (5) a physician anesthesiologist; and
- (6) a periodontist.

(b) In appointing members to the advisory committee, the board shall maintain a balanced representation of general dentists and specialists to ensure the advisory committee has expertise with respect to each permit category.

(c) A board member may not serve as a member of the advisory committee. A former board member may not be appointed to the advisory committee until the second anniversary of the expiration of the member's term on the board.

(d) Chapter 2110, Government Code, does not apply to the size, composition, or duration of the advisory committee.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 26, eff. September 1, 2017.

Sec. 258.203. APPLICATION PROCESS; APPOINTMENT OF COMMITTEE MEMBERS. (a) The board by rule shall develop and implement a process by which a person may apply to be appointed to the advisory committee and shall post the application and information regarding the application process on the board's Internet website.

(b) The presiding officer of the board shall review each application received and nominate for appointment to the advisory committee persons who meet the requirements of Section 258.202. A person nominated under this subsection may not be appointed to the advisory committee except on the affirmative vote of at least seven members of the board.

(c) The presiding officer of the board shall designate one of the nominated members as presiding officer of the advisory committee, subject to approval of the board.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 26,

eff. September 1, 2017.

Sec. 258.204. TERMS; VACANCIES. The board by rule shall establish:

(1) the length of a term of a member of the advisory committee and the staggering of the terms of the members; and

(2) the manner in which a vacancy occurring during a member's term is filled.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 26, eff. September 1, 2017.

Sec. 258.205. MEETINGS. The advisory committee is subject to Chapter 551, Government Code, except that the advisory committee may conduct a closed meeting to review confidential investigative files provided by the board under Section 258.206.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 26, eff. September 1, 2017.

Sec. 258.206. COMPILATION AND ANALYSIS OF INFORMATION.

(a) The board shall identify complaints resolved by the board that involve anesthesia-related deaths or incidents and compile confidential, de-identified information derived from the investigative files on each complaint identified under this subsection.

(b) The board shall provide information compiled under Subsection (a) to the advisory committee. The advisory committee shall analyze the information compiled under Subsection (a) to identify any trends and submit a report to the board at least annually on:

(1) the advisory committee's findings; and

(2) any recommendations for changes to board rules or this subtitle based on the advisory committee's analysis.

(c) On request of the advisory committee, the board may provide confidential, de-identified investigative files for review by the advisory committee.

(d) The data provided to the advisory committee under this section may not include identifying information of a patient or

health care provider, including:

(1) the name, address, or date of birth of the patient or a member of the patient's family; or

(2) the name or specific location of a health care provider that treated the patient.

(e) The board shall post on the board's Internet website any recommendations or findings reported by the advisory committee.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 26, eff. September 1, 2017.

Sec. 258.207. COUNSEL FOR ADVISORY COMMITTEE. The board shall designate an attorney employed by the board to:

(1) act as counsel and provide legal advice to the advisory committee; and

(2) be present during the advisory committee's meetings and deliberations.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 26, eff. September 1, 2017.

Sec. 258.208. CONFIDENTIALITY; PRIVILEGE. (a) Any information pertaining to the investigation of an anesthesia-related death or incident is confidential.

(b) Confidential information that is acquired by the board and that includes identifying information of an individual or health care provider is privileged and may not be disclosed to any person. Information that may not be disclosed under this subsection includes:

(1) the name and address of a patient or a member of the patient's family; and

(2) the identity of a health care provider that provided any services to the patient or a member of the patient's family.

(c) Advisory committee work product or information obtained or provided by the board under this subchapter is confidential. This subsection does not prevent the advisory committee or board from releasing information described by Subsection (d) or (e).

(d) Information is not confidential under this section if the information is:

(1) general information that cannot be connected with any specific individual, case, or health care provider; and

(2) presented as aggregate statistical information that describes a single data point.

(e) The advisory committee may publish statistical studies and research reports based on information that is confidential under this section, provided that the information:

(1) is published in the aggregate;

(2) does not identify a patient or the patient's family;

(3) does not include any information that could be used to identify a patient or the patient's family; and

(4) does not identify a health care provider.

(f) The board shall adopt and implement practices and procedures to ensure that information that is confidential under this section is not disclosed in violation of this section.

(g) Information that is confidential under this section is excepted from disclosure under Chapter 552, Government Code, as provided by Section 552.101 of that chapter.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 26, eff. September 1, 2017.

Sec. 258.209. SUBPOENA AND DISCOVERY. Advisory committee work product or information that is confidential under Section 258.208 is privileged, is not subject to subpoena or discovery, and may not be introduced into evidence in any administrative, civil, or criminal proceeding against a patient, a member of the family of a patient, or a health care provider.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 26, eff. September 1, 2017.

Sec. 258.210. IMMUNITY. (a) A member of the advisory committee or a person employed by the board or acting in an advisory capacity to the advisory committee and who provides information, counsel, or services to the advisory committee is not liable for

damages for an action taken within the scope of the functions of the advisory committee.

(b) Subsection (a) does not apply if the person acts with malice or without the reasonable belief that the action is warranted by the facts known to the person.

(c) This section does not provide immunity to a person described by Subsection (a) for a violation of a state or federal law or rule relating to the privacy of health information or the transmission of health information, including the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191) and rules adopted under that Act.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 26, eff. September 1, 2017.

Sec. 258.211. FUNDING. The board may accept gifts and grants from any source to fund the duties of the board and the advisory committee under this subchapter.

Added by Acts 2017, 85th Leg., R.S., Ch. 295 (S.B. 313), Sec. 26, eff. September 1, 2017.