

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

DEPARTMENT/AGENCY Arkansas Department of Health
DIVISION Office of Oral Health
DIVISION DIRECTOR Carol Amerine
CONTACT PERSON Robert Brech
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NAME OF PRESENTER AT COMMITTEE MEETING Robert Brech
PRESENTER E-MAIL robert.brech@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

1. What is the short title of this rule? Fluoride Varnish

2. What is the subject of the proposed rule? The application of fluoride varnish by health care professionals.

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes No
If yes, please provide the federal rule, regulation, and/or statute citation.

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes No

If yes, what is the effective date of the emergency rule? _____

When does the emergency rule expire? _____

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes No

5. Is this a new rule? Yes No

If yes, please provide a brief summary explaining the regulation.

Summary is attached.

Does this repeal an existing rule? Yes No

If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes No

If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

6. Cite the state law that grants the authority for this proposed rule?

If codified, please give Arkansas Code citation.

Act 90 of 2011, § 2

7. What is the purpose of this proposed rule? Why is it necessary?

To enhance the dental health of children in Arkansas. The rule allows for the application of fluoride varnish to children under the age of 19 by health care professionals in settings outside a dentist office.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

www.healthy.arkansas.gov

9. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: June 15, 2012

Time: 10:00 am

Place: Media Room of the Arkansas Department of Health, 4815 West Markham, Little Rock,

Arkansas

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

June 15, 2012

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

September 1, 2012

12. Do you expect this rule to be controversial? Yes No

If yes, please explain.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Arkansas Dental Association - For

Arkansas Medical Society - For

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Department of Health
DIVISION Office of Oral Health
PERSON COMPLETING THIS STATEMENT Robert Brech
TELEPHONE NO. 501.661.2297 **FAX NO.** 501.661.2357 **EMAIL:** robert.brech@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Fluoride Varnish

1. Does this proposed, amended, or repealed rule have a financial impact? Yes No
2. Does this proposed, amended, or repealed rule affect small businesses? Yes No
If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

<u>Current Fiscal Year</u>	<u>Next Fiscal Year</u>
General Revenue _____	General Revenue _____
Federal Funds _____	Federal Funds _____
Cash Funds _____	Cash Funds _____
Special Revenue _____	Special Revenue _____
Other (Identify) _____	Other (Identify) _____
Total _____	Total _____

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

<u>Current Fiscal Year</u>	<u>Next Fiscal Year</u>
\$ <u>0</u>	\$ <u>0</u>

6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

<u>Current Fiscal Year</u>	<u>Next Fiscal Year</u>
no additional	no additional
\$ <u>cost</u>	\$ <u>cost</u>

Brief Summary of Proposed Rules Pertaining to Fluoride Varnish

The proposed rules are being promulgated pursuant to Act 90 of 2011. A public hearing is scheduled for June 15, 2012. The purpose of the rule is to enhance the dental health of children in Arkansas. The rule provides for the following:

1. Fluoride varnish can be applied to children under the age of 19 by health care professionals in settings outside a dentist office;
2. Under this rule, fluoride varnish can be applied when the child is unable to establish a dental home;
3. The Department of Health shall approve training courses on dental caries risk assessment and fluoride varnish application; and
4. A minimum of one hour of continuing medical education shall be completed for any professional applying fluoride varnish.

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RULES AND REGULATIONS PERTAINING TO FLUORIDE VARNISH

SECTION I. AUTHORITY

The following Rules and Regulations Pertaining to Fluoride Varnish are duly adopted and promulgated by the Arkansas Board of Health pursuant to the authority expressly conferred by the laws of the State of Arkansas including Ark. Code Ann. § 17-82-110.

SECTION II. PURPOSE

To enhance the dental health of the children of Arkansas by promulgating rules providing for the application of fluoride varnish by physicians, nurses, and other health care professionals who have completed training on dental caries risk assessment and fluoride varnish application.

SECTION III. DEFINITIONS

For the purposes of these Rules, the following words and phrases when used herein shall be construed as follows:

1. "Child" means an individual under the age of 19.
2. "Department" means the Arkansas Department of Health.
3. "Fluoride Varnish" means a topical resin containing fluoride that is thinly applied to the tooth surface and used as a preventive treatment for caries.
4. "Office of Oral Health" means the Office of Oral Health of the Arkansas Department of Health.
5. "Physician Supervision" means overseeing the activities of and accepting responsibility for the medical services rendered by the nurse or other licensed health care professional.

SECTION IV. SPECIFIC REQUIREMENTS

1. The application of fluoride varnish by the physicians, nurses, and other health care professionals is appropriate for patients with significant risk of dental caries who are unable to establish a dental home.
2. Physicians should encourage that every child have a dental home established by one year of age.
3. Collaborative relationships with local dentists should be established to optimize the availability of a dental home.
4. The Office of Oral Health shall approve training courses on dental caries risk assessment and fluoride varnish application. It shall maintain a list of approved programs and publish the list on the Department website.

5. Courses approved by the Office of Oral Health will contain, at a minimum, information relating to:

- a. The etiology of early childhood caries (ECC);
- b. How to assess a child's risk of developing ECC;
- c. How to perform an appropriate oral examination on small children;
- d. How to recognize the various stages of ECC;
- e. The effects, sources, benefits, and safe use of fluoride; the benefits and indications for fluoride varnish;
- f. How to apply fluoride varnish;
- g. Strategies for a successful office-based fluoride varnish program;
- h. How to advise parents on caries prevention; and
- i. Describe when to arrange a dental referral.

6. A minimum of one hour of continuing medical education shall be completed for any professional applying fluoride varnish.

7. The physician will keep a certificate of completion on file.

8. The Office of Oral Health will keep appropriate records.

SECTION V. SEVERABILITY

If any provision of these rules or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of these rules which can give effect without the invalid provisions or applications, and to this end the provisions hereto are declared severable.

SECTION VI. REPEAL

All rules and parts of rules in conflict herewith are hereby repealed.

CERTIFICATION

This will certify that the foregoing Rules and Regulations for _____ were adopted by the Arkansas Board of Health at a regular session of the Board held in (city, state) on the ____ day of _____, 201__.

Secretary
Arkansas Board of Health

