

**TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 5 DENTISTRY (DENTISTS, DENTAL HYGIENISTS, ETC.)
PART 17 DENTISTS AND DENTAL HYGIENISTS, COLLABORATIVE PRACTICE**

16.5.17.1 ISSUING AGENCY: New Mexico Board of Dental Health Care.
[16.5.17.1 NMAC - Rp, 16.5.17.1 NMAC, 5/31/2023]

16.5.17.2 SCOPE: The provisions of 16.5.17 NMAC apply to all dentists, dental hygienists and dental assistants who work in a collaborative practice arrangement.
[16.5.17.2 NMAC - Rp, 16.5.17.2 NMAC, 5/31/2023]

16.5.17.3 STATUTORY AUTHORITY: 16.5.17 NMAC is promulgated pursuant to the Dental Health Care Act, Section 61-5A-4 NMSA 1978.
[16.5.17.3 NMAC - Rp, 16.5.17.3 NMAC, 5/31/2023]

16.5.17.4 DURATION: Permanent.
[16.5.17.4 NMAC - Rp, 16.5.17.4 NMAC, 5/31/2023]

16.5.17.5 EFFECTIVE DATE: May 31, 2023, unless a different date is cited at the end of a section.
[16.5.17.5 NMAC - Rp, 16.5.17.5 NMAC, 5/31/2023]

16.5.17.6 OBJECTIVE: To regulate the collaborative practice of dental hygiene in New Mexico.
[16.5.17.6 NMAC - Rp, 16.5.17.6 NMAC, 5/31/2023]

16.5.17.7 DEFINITIONS:

A. “Acting consulting dentist” means a dentist who meets the qualifications of a consulting dentist who agrees to act as the consulting dentist when that dentist will be away from his/her practice for more than two weeks. An approved collaborative agreement shall be signed by the acting consulting dentist and the licensed dental hygienist prior to the consulting dentist leaving.

B. “Collaborative practice agreement” means a written agreement between a dentist who meets the qualifications of 16.5.17.9 NMAC to be a consulting dentist as defined in 16.5.17 NMAC of these rules, and a collaborative practice dental hygienist. This agreement shall follow the format as determined by the board and committee. A new agreement shall be signed and submitted to the board for approval each renewal period.

C. “Collaborative practice of dental hygiene” means the science of the prevention and treatment of oral disease through the provision of educational, assessment, preventive, clinical and other therapeutic services as specified in Subsection B of Section of 61-5A-4 NMSA 1978, in a cooperative working relationship with a consulting dentist but without general supervision, as set forth by the rules jointly established by the board and committee.

D. “Consulting (collaborative) dentist” means a dentist who meets the qualifications specified in 16.5.17.9 NMAC of this rule and who agrees to serve or continues to serve as a patient's dentist of record in collaboration and consultation with the practice dental hygienist as specified in the rules.

E. “Non-participating dentist” is a dentist who does not wish to collaborate with a collaborative practice dental hygienist.

F. “Standard collaborative practice protocols” is the protocol to be used by the collaborative practice dental hygienist to treat a patient, as specified in 16.5.17.13 NMAC of this part.

G. “Verbal prescription or orders” means instructions not communicated in written form, shall be recorded in the patient's record or the protocol agreement by both the collaborative hygienist and the consulting dentist when given.

H. “Written prescription orders” means instructions from the consulting dentist to the collaborative hygienist to perform those allowable treatments requiring diagnosis and treatment plan, subject to the limitations of 16.5.17.12 NMAC of these rules, or directions written to modify the standard collaborative practice protocols, or the collaborative practice agreement.

[16.5.17.7 NMAC - Rp, 16.5.17.7 NMAC, 5/31/2023]

**16.5.17.8 ~~[CERTIFICATION FOR THE COLLABORATIVE PRACTICE OF DENTAL HYGIENE:]~~
CERTIFICATION FOR THE COLLABORATIVE PRACTICE OF DENTAL HYGIENE:** The board, based

on the recommendation of the dental hygienists committee, will certify qualified dental hygienists for collaborative practice.

A. Prerequisite requirements for certification. Each applicant for certification as a collaborative practice dental hygienist shall possess the following qualifications:

- (1) possess a current New Mexico dental hygiene license in good standing;
(2) have been engaged in the active practice of dental hygiene as defined in Subsection B of

Section 61-5A-4 NMSA1978 of the act for not less than:

- (a)** 2400 hours of active practice for the past 18 months; or
(b) a total of 3,000 hours of active practice and has been engaged in active practice for two of the past three years;

(3) meet the educational criteria for licensure in Subsection A of Section 61-5A-13 NMSA 1978 of the act; and

- (4) have 15 hours of continuing education in clinical dental hygiene in the 12 months prior to certification, which includes courses in infection control and **pediatric and adult** medical emergencies.

B. Documentation requirements. Each applicant for certification as a collaborative practice dental hygiene shall submit a completed application, the required fees and following documentation:

- (1) verification of a current active license;

- (2) proof of the active practice of dental hygiene as defined in 16.5.17.8 NMAC of this part; this proof may be in the form of letters from employers, supervisors of dental clinics of one of the uniformed services of the United States, or faculty administrators of accredited schools; if this documentation cannot be obtained, the applicant may request to provide other proof of the required hours to the committee for consideration;

- (3) basic life support (BLS) or cardiac pulmonary resuscitation (CPR): proof of current certification accepted by the American heart association, the American red cross, or the American safety and health institute (ASHI); cannot be a self-study course:

- institute (ASHI), cannot be a self-study course;

(4) proof of 15 hours of continuing education related to the clinical practice of dental hygiene; and

- (5) a copy of a signed collaborative practice agreement between a dental hygienist and a consulting dentist.

C. Renewal requirements. Each dental hygienist certified for collaborative practice shall:

- (1) submit a completed renewal application for certification for collaborative practice, along with the triennial renewal application for their license, accompanied by the required fees as defined in 16.5.18 NMAC;

(2) complete 60 hours of continuing education every triennial renewal period; if the initial certification period is less than three years, the required continuing education will be prorated at 20 hours per full year of certification; 60 hours to include:

- (a) basic life support (BLS) or cardiac pulmonary resuscitation (CPR): proof of current certification accepted by the American heart association, the American red cross, or the American safety and health institute (ASHI); cannot be a self-study course;

- (b) infection control: as further defined in 16.5.1.16 NMAC, a course in infection control techniques and sterilization procedures per renewal period; and

- control techniques and sterilization procedures per rental period, and
(c) medical emergencies: as for new certification defined in Paragraph (4) of Subsection A of 16.5.17.8 NMAC;

- and (3) submit a current list of all consulting dentists to the board with each renewal application;

(4) submit a copy of the signed collaborative pr

[16.5.17.8 NMAC - Rp, 16.5.17.8 NMAC, 5/31/2023; A, XX/XX/2026]

- 16.5.17.9 QUALIFICATIONS FOR CONSULTING DENTISTS:** A consulting dentist shall meet the following qualifications:

 - A. possess a current New Mexico dental license in good standing;
 - B. maintains an active clinical general dentistry or public health practice within the state and within a reasonable referral distance from the collaborative dental hygiene practice as determined by the board upon

recommendation of the dental hygienists committee.

- 16.5.17.10 RESPONSIBILITIES OF A CONSULTING DENTIST:** The consulting dentist shall:
- A. in collaboration with the dental hygienist, provide for the patient's additional needed dental care;
 - B. be available to provide consultation to the collaborative practice dental hygienist;
 - C. make provisions for a qualified acting consulting dentist to act in his/her place should he/she be away from his practice for more than two weeks;
 - D. maintain an appropriate level of contact and communication with the collaborative practice dental hygienist;
 - E. in conjunction with the collaborative practice dental hygienist, be responsible and liable for acts and omissions in the collaborative dental hygiene practice;
 - F. assure that each collaborative practice dental hygienist is duly licensed and certified for collaborative practice by the board of dental health care;
 - G. maintain a separate and distinct collaborative practice agreement with each collaborative practice dental hygienist for whom he/she serves as a consulting dentist;
 - H. provide verbal or written prescriptions to the collaborative practice dental hygienist for those procedures requiring a diagnosis;
 - I. provide verbal or written prescriptions to the collaborative practice dental hygienist when the consulting dentist deems it appropriate to provide exception to the standardized protocols;
 - J. provide a written prescription within seven business days following a verbal prescription or order;
 - K. maintain in the patients record a duplicate of the written prescriptions or orders as described in Subsection H through Subsection J of 16.5.17.10 NMAC;
 - L. provide a written diagnosis and treatment recommendations from the records provided by the collaborative practice dental hygienist to the patient and the hygienist within 30 days of receipt of such records;
 - M. each collaborative agreement will be kept on file by the collaborative practice dental hygienist and the consulting dentist, the basic format of the agreement will be provided with the application by the board.
- [16.5.17.10 NMAC - Rp, 16.5.17.10 NMAC, 5/31/2023]

- 16.5.17.11 RESPONSIBILITIES OF A COLLABORATIVE PRACTICE DENTAL HYGIENIST:** The collaborative practice dental hygienist shall:
- A. refer each patient for a dental examination every 12 months, as well as anyone who may require further dental services, to the patient's consulting dentist or to a dental specialist in [the] case of an emergency;
 - B. in conjunction with the consulting dentist, be responsible and liable for acts and omissions in the collaborative dental hygiene practice;
 - C. assure that each consulting dentist is duly licensed by the board of dental health care; by verification with the board office;
 - D. maintain a collaborative practice agreement with each consulting dentist; and
 - E. maintain an appropriate level of contact and communication with the consulting dentist;
 - F. contact the patient's dentist of record, if not a consulting dentist, prior to treating the patient to give the dentist the option of becoming a consulting dentist;
 - G. offer the patient a choice of the collaborative practice dental hygienist's consulting dentists if the patient's dentist of record chooses to be a non-participating dentist;
 - H. not to perform any treatment if the patient does not have an active consulting dentist on record with the collaborative practice dental hygienist;
 - I. follow the standardized protocol unless modified by the consulting dentist by prescription or order;
 - J. follow the verbal and written prescriptions and orders of the consulting dentist for those treatments requiring a diagnosis;
 - K. forward all records and x-rays, or duplicates, to the consulting dentist within 14 days;
 - L. assure that each consulting dentist meets the requirements of a consulting dentist as stated in 16.5.17.9 NMAC;
 - M. a copy of the collaborative agreement shall be on file with the board office; any changes to this agreement shall be filed with the board office within 60 days.
 - N. the collaborative dental hygienist shall be subject to provisions of 16.5.58 NMAC.
- [16.5.17.11 NMAC - Rp, 16.5.17.11 NMAC, 5/31/2023; A, [XX/XX/2026](#)]

16.5.17.12 COLLABORATIVE DENTAL HYGIENE PRACTICE AND LIMITATIONS:

- A. A dental hygienist in a collaborative practice may perform the procedures in a dental hygienist's scope of practice listed in 16.5.29 NMAC without general supervision while the hygienist is in a cooperative working relationship with a consulting dentist, pursuant to rules promulgated by the board and the committee.
- B. A collaborative practice dental hygienist may have more than one consulting dentist.
- C. A dentist shall have a consulting agreement with no more than three collaborative practice dental hygienists. The board may grant exception to this limitation for public health settings on a case-by-case basis.
- D. The collaborative practice dental hygienist may own and manage a dental hygiene practice, or enter into a contractual arrangement, in any location or setting in New Mexico.
- E. The committee, through the board, may take any disciplinary action allowed by the Uniform Licensing Act, against a dental hygienist certified in collaborative practice.
- F. Collaborative dental hygienist can administer local anesthesia under general supervision as defined in 16.5.28.8 NMAC and 16.5.28.12 NMAC.
- G. A collaborative dental hygienist may assess for pit and fissure sealants without a dentist's evaluation as provided in Subsection D of 16.5.29.8 NMAC.
- H. A collaborative dental hygienists may prescribe, administer and dispense topically applied fluoride and topically applied antimicrobials as provided for in 16.5.29.11 NMAC.
- I. Perform dental hygiene focused assessment.
- J. A collaborative practice dental hygienist shall not:
- (1) administer local anesthesia except under the general supervision of a dentist; and only if certified to do so through the committee and ratified by the board;
- (2) administer a drug or medication, except those directly indicated as dental topical therapeutic or preventive agents; other therapeutic agents may only be dispensed if the collaborative practice dental hygienist holds a class C clinic license; any drugs dispensed as a class C clinic (as designated and defined by the New Mexico board of pharmacy) shall be on the specific individual authorization of a dentist;
- (a) all non-controlled substance medications requiring a prescription or order from the dentist may only be dispensed for immediate use in the collaborative practice dental hygienist office, and only on the specific order or protocol from the consulting dentist; a log of these dispensing shall be kept and a copy of this log shall be sent to the corresponding consulting dentist every six months; collaborative practice dental hygienists may not dispense or administer any controlled substance;
- (b) prescription drugs, which are kept in bulk at the collaborative practice dental hygienist's office, to be dispensed or used by the collaborative practice dental hygienist as in 16.5.17.12 NMAC, shall be purchased on an order or prescription by a consulting dentist;
- (3) diagnose dental disease, but may advise the patient of suspected pathology and periodontal status;
- (4) perform oral hygiene procedures on any patient identified as having a significant health risk from the procedures; unless the patients' current health history has been reviewed by the patient's dentist of record or the consulting dentist; or for patients who reside in residential or long term care facilities, the patient's dentist or physician;
- (5) perform treatments requiring the diagnosis of a dentist without a prescription/order from the consulting dentist; such treatments include but are not limited to, root planing, sealant application in presence of cavitation, **[administration of therapeutic agents]** and other services defined in Subsection B of Section 61-5A-4 NMSA 1978 as within the scope of dental hygiene practice but which require a dentists diagnosis;
- (6) modify the standard collaborative practice protocol without a prescription or order from the consulting dentist~~;~~
- (7) ~~take impressions for bleaching trays, deliver bleaching materials or provide systems of home bleaching, or provide instructions to patients on using bleaching materials unless it is authorized on a case-by-case basis by prescription from a consulting dentist;~~
- (8) ~~provide in office bleaching systems unless under indirect supervision of a consulting dentist.~~

K. Effective July 1, 2015, a collaborative practice hygienist who owns a dental practice shall register with the board as a non-dentist owner. No additional license or fee is required for this registration. A collaborative practice hygienist who owns a dental practice must notify the board, in writing, if the dental practice has been sold or has closed.

[16.5.17.12 NMAC - Rp, 16.5.17.12 NMAC, 5/31/2023; A, XX/XX/2026]

16.5.17.13 STANDARD COLLABORATIVE PRACTICE PROTOCOLS: All protocols will include but are not limited to: review of health history charting of existing teeth and restorations, periodontal charting as necessary, and notations of potential pathology. Protocols may be amended upon written order of the consulting dentist. Time intervals for these protocols shall be established in the collaborative practice agreement as provided in Subsection G of 16.5.17.13 NMAC.

A. Protocols for children 12 and under:

- (1) appropriate panoramic or occlusal x rays;
- (2) two bitewing x rays;
- (3) prophylaxis/scaling;
- (4) topical fluoride treatment;
- (5) other radiographs as indicated by consultation with the dentist.

B. Protocols for teenagers:

- (1) appropriate panoramic or full mouth radiographs;
- (2) two or four bitewing x rays;
- (3) prophylaxis/scaling;
- (4) topical fluoride treatment;
- (5) other radiographs as indicated by consultation with the dentist.

C. Protocols for adults:

- (1) full mouth or panoramic radiograph;
- (2) bitewing radiographs annually;
- (3) complete periodontal charting;
- (4) prophylaxis/scaling or gross debridement and consultation with the consulting dentist if periodontal assessment suggests periodontal involvement.

D. All other procedures not listed in the protocols shall require a prescription from the consulting dentist as stated in Subsections H and N of 16.5.17.10 NMAC.

E. Guidelines for patient release forms, to include a disclaimer signed by the patient or legal guardian that the dental hygiene services rendered do not preclude the need for routine examinations by a dentist.

F. Both the consulting dentist and the collaborative practice dental hygienist shall sign a copy of this or amended protocol and keep on file.

G. Changes to practice protocol and agreements shall be prescribed in writing by the consulting dentist and recorded by both the consulting dentist and the collaborative practice dental hygienist.]

A. Protocols shall include, but are not limited to, those applicable to individuals under the age of 18:

- (1) radiograph selection and frequency should be based on individual clinical need and evidence-based risk assessment following ALARA principles;
- (2) clinical assessment of extraoral/intraoral structures;
- (3) intraoral/extratotal cancer screening;
- (4) age appropriate periodontal assessment;
- (5) assessment and application of pit and fissure sealants;
- (6) topical fluoride and other topical therapeutic and preventive agents.

B. Protocols shall include, but are not limited to, those applicable to adults:

- (1) radiographic selection and frequency should be based on individual clinical need and evidence-based risk assessment following ALARA principles;
- (2) clinical assessment of extraoral/intraoral structures;
- (3) oral cancer screening;
- (4) prophylaxis/scaling or gross debridement;
- (5) complete periodontal charting and assessment;
- (6) topical fluoride and other topical therapeutic and preventive agents.

C. All other procedures not listed in the protocols or the collaborative practice agreement shall require a prescription from the consulting dentist as stated in Subsections H of 16.5.17.10 NMAC.

D. Guidelines for patient release forms, to include a disclaimer signed by the patient or legal guardian that the dental hygiene services rendered do not preclude the need for routine examinations by a dentist.

E. Both the consulting dentist and the collaborative practice dental hygienist shall sign a copy of this or amended protocol and keep on file.

F. Changes to practice protocol and agreements shall be prescribed in writing by the consulting dentist and recorded by both the consulting dentist and the collaborative practice dental hygienist.

[16.5.17.13 NMAC - Rp, 16.5.17.13 NMAC, 5/31/2023; A, XX/XX/2026]

16.5.17.14 DENTAL ASSISTANTS IN COLLABORATIVE DENTAL HYGIENE PRACTICE:
Collaborative practice dental hygienists may work with and supervise dental assistants, including dental assistants certified to perform functions as defined in 16.5.39 NMAC of these rules.
[16.5.17.14 NMAC - Rp, 16.5.17.14 NMAC, 5/31/2023]

HISTORY OF 16.5.17 NMAC:

Pre-NMAC History: None.

History of Repealed Material:

16.5.17 NMAC, Dentists and Dental Hygienists, Collaborative Practice, filed 12/1/2000 Repealed effective 5/31/2023.

Other History:

16 NMAC 5.17, Dentists and Dental Hygienists, Collaborative Practice, filed 1/28/2000;
16 NMAC 5.17, Dentists and Dental Hygienists, Collaborative Practice, filed 1/28/2000 - renumbered, reformatted and amended to 16.5.17 NMAC, Dentists and Dental Hygienists, Collaborative Practice, effective 2/14/2000.
16.5.17 NMAC, Dentists and Dental Hygienists, Collaborative Practice, filed 12/1/2000 Replaced by 16.5.17 NMAC, Dentists and Dental Hygienists, Collaborative Practice, effective 5/31/2023.