PROPOSED RULE MAKING



CR-102 (July 2022) (Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

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DATE: September 20, 2023

TIME: 8:47 AM

WSR 23-19-088

Agency: Department of	of Health – B	oard of Denturists	
☐ Supplemental Noti	ce to WSR		
☐ Continuance of W	SR		
	ment of Inqu	uiry was filed as WSR <u>22-05-08</u> 4	<u> ;</u> ; or
☐ Expedited Rule Ma	kingPropo	osed notice was filed as WSR	; or
☐ Proposal is exemp	t under RC\	<i>N</i> 34.05.310(4) or 34.05.330(1); or	•
☐ Proposal is exemp			
Title of rule and other abutments and infection		• • • • • • • • • • • • • • • • • • • •	Denturist rules regarding prefabricated implant
set out the requiremen	ts for the pla	cement of prefabricated implant ab	AC 246-812-462 - Prefabricated implant abutments, to outments. The board is also proposing amending the ensure written policies and procedures are maintained.
Hearing location(s):			
Date:	Time:	Location: (be specific)	Comment:
10/25/2023	12:00 p.m.	Physical Location: Department of Health Town Center 2, Room 145 111 Israel Rd SE Tumwater, WA 98501 Participants can also attend by webinar. You must register in advance for this webinar: https://events.gcc.teams.microsoft.com/event/39c2347f-767d-44a8-813d-0771e6a4eb14@11d0e217-264e-400a-8ba0-57dcc127d72d After registering, you will receive a confirmation email containing information about joining the webinar.	The Board of Denturist will hold a hybrid hearing with both the option to attend in-person or virtually.
Date of intended ado		•	
Submit written comm	ents to:	Assis	tance for persons with disabilities:

Name: Vicki Brown Contact Vicki Brown Phone: Address: P.O. Box 47852, Olympia, WA 98504-7852 360-236-4865

Email. https:/	//iortress.wa.gov/don/policyrev	iew rax.	300-230-4902	
Fax: 360-236	6-2901	TTY:	711	
Other:		Email:	vicki.brown@doh.gov	
By (date) 10/18/2	2023	Other:	None	
		By (date) 10/18/2023	
amendments to WA	oposal and its anticipated ef AC 246-812-501 to ensure that quirements for infection prever	a licensed denturist d	evelop and maintain written	infection control policies,
out the requiremen	sing new WAC 246-812-462 re ts that are to be followed in ord ing, repairing, relining, or rebas	der for a licensed denti		
procedures, and re the people of the st	ing proposal: WAC 246-812-5 quirements for infection prever tate of Washington. During an to review to ensure the dentur	ntion and control in der infection control invest	nturist offices to protect the igation, written policies and	health and well-being of procedures are necessary
part on the making, process and require	ned that the placement of an al , placing, constructing, altering ements that must be followed p ing, repairing, or rebasing a de	, reproducing, or repai prior to a licensed dent	ring of a denture. WAC 246	6-812-462 sets out the
Statutory authorit	y for adoption: RCW 18.30.0	065 and 18.130.040		
Statute being imp	lemented: RCW 18.30.005 a	nd RCW 18.30.065		
Is rule necessary	because of a:			
Federal Law	?			\square Yes \boxtimes No
Federal Cou	rt Decision?			\square Yes \boxtimes No
State Court I	Decision?			\square Yes \boxtimes No
If yes, CITATION:				
Agency comments matters: No.	s or recommendations, if any ne	y, as to statutory land	guage, implementation, er	nforcement, and fiscal
	t: □ Private □ Public ⊠ Governt: (person or organization)			
Name of agency p	personnel responsible for:			
	Name	Office Location		Phone
Drafting:	Vicki Brown	111 Israel Road Si	E, Tumwater, WA 98501	360-236-4865
Implementation:	Vicki Brown	111 Israel Road SI	E, Tumwater, WA 98501	360-236-4865
Enforcement:	Vicki Brown	111 Israel Road SI	E, Tumwater, WA 98501	360-236-4865
Is a school distric If yes, insert statem	t fiscal impact statement requent here:	uired under RCW 28.	A.305.135?	□ Yes ⊠ No
The public may Name: Address: Phone: Fax: TTY: Email: Other:	obtain a copy of the school dis	trict fiscal impact state	ement by contacting:	

Is a cost	-benefit a	nalysis required under RCW 34.05.328	?	
⊠ Ye	es: A p	oreliminary cost-benefit analysis may be o	btained	by contacting:
	Name:	Vicki Brown		
	Address:	Department of Health PO Box 47852		
		Olympia, WA 98504-7852		
	Phone:	360-236-4865		
	Fax:	360-236-2901		
	TTY:	711		
	Email:	vicki.brown@doh.wa.gov		
	Other:			
□ No		ease explain:		
Note: Th	e <u>Governo</u>			Statement <u>e (ORIA)</u> provides support in completing this part.
		f exemptions:		
				requirements of the Regulatory Fairness Act (see sult the exemption guide published by ORIA. Please
		ny applicable exemption(s):	115, 60115	uit the <u>exemption guide published by OKIA</u> . Please
☐ This i	rule propos	sal, or portions of the proposal, is exempt	under R	CW 19.85.061 because this rule making is being
				ations. Please cite the specific federal statute or
		is being adopted to conform or comply wi	th, and c	describe the consequences to the state if the rule is not
adopted.	and descrip	otion:		
			_	
				e the agency has completed the pilot rule process defined
-		before filing the notice of this proposed re		
	ruie propos by a refere		unaer tn	ne provisions of RCW 15.65.570(2) because it was
	•	sal, or portions of the proposal, is exempt	under R	CW 19.85 025(3). Check all that apply:
				· · ·
		34.05.310 (4)(b)		RCW 34.05.310 (4)(e)
_	•	nal government operations)	_	(Dictated by statute)
		<u>34.05.310</u> (4)(c)		RCW 34.05.310 (4)(f)
	•	poration by reference)		(Set or adjust fees)
	· · · · · · · · · · · · · · · · · · ·	<u>34.05.310</u> (4)(d)		RCW 34.05.310 (4)(g)
	(Corre	ect or clarify language)		((i) Relating to agency hearings; or (ii) process
				requirements for applying to an agency for a license
				or permit)
				CW 19.85.025(4) (does not affect small businesses).
		sal, or portions of the proposal, is exempt		
		the above exemption(s) applies to the proposition and maintain their credentials.	oposed i	rule: The proposed rules establish requirements for
		ptions: Check one.		
			tions ide	ntified above apply to all portions of the rule proposal.
☐ The r	ule propos	al is partially exempt (complete section 3)). The ex	remptions identified above apply to portions of the rule
		···		(consider using this template from ORIA):
□ The r	ule propos	al is not exempt (complete section 3). No	exempt	ions were identified above.
(3) Smal	l business	s economic impact statement: Complet	e this se	ction if any portion is not exempt.
If any po on busin		proposed rule is not exempt , does it imp	ose mo	re-than-minor costs (as defined by RCW 19.85.020(2))
		efly summarize the agency's minor cost a	nalveie s	and how the agency determined the proposed rule did
□ No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs.				
□ Ye	es Ca	lculations show the rule proposal likely im	•	nore-than-minor cost to businesses and a small business business economic impact statement here:
	•			·

	The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:				
	Name:				
	Address:				
	Phone:				
	Fax:				
	TTY:				
	Email:				
	Other:				
Data	Cantarah an AA 2000	Signature:			
Date:	September 14, 2023	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Name:	Trina Crawford	Irina Crawford			

Title:

Executive Director, Board of Denturists

NEW SECTION

WAC 246-812-462 Prefabricated implant abutments. A licensed denturist, prior to placing an abutment on an implant for the purpose of fabricating, repairing, relining, or rebasing a denture, must have documented proof that a licensed dentist has examined the patient clinically. The documented proof from the licensed dentist must include a report that the implant is sufficiently osseointegrated, the surrounding soft tissues are stable and healthy, and provide a documented diagnosis that the implant is ready to restore. The abutment seat shall be verified by radiographic assessment by a licensed dentist prior to delivery of the denture.

AMENDATORY SECTION (Amending WSR 98-20-068, filed 10/2/98, effective 11/2/98)

WAC 246-812-501 Purpose. The purpose of WAC 246-812-501 through 246-812-520 is to establish that a licensed denturist must have written policies, procedures, and requirements for infection prevention and control in denturist offices to protect the health and well-being of the people of the state of Washington. For purposes of infection control, all denturist staff members and all patients shall be considered potential carriers of communicable diseases. Infection control procedures are required to prevent disease transmission from patient to denturist and staff, denturist and staff to patient, and from patient to patient. Every denturist is required to comply with the applicable standard of care in effect at the time of treatment. At a minimum, the denturist must comply with the requirements defined in WAC 246-812-520.

[1] OTS-4569.1