

Resolution No.	13	New <input checked="" type="checkbox"/>	Substitute <input type="checkbox"/>	Amendment <input type="checkbox"/>
Submitted By:	CDEL			
Date Submitted:	April 11, 2025	Reference Committee <input checked="" type="checkbox"/>	Direct to House <input type="checkbox"/>	
Total Financial Implication:	\$ none			
Amount One-time	\$ none	Amount On-going	\$ none	

Modification of Dental Scope of Practice

Background: In May 2024, the New York State Education Department issued the following guidance related to the use of injectable fillers by dentists:

NYS Education Law does not specify modalities of practice and does not limit the practice of dentistry to any specific methods of treatment. As a result, Education Law does not prohibit a NY State licensed dentist from using botulinum toxin type A or dermal fillers in the oral and maxillofacial area consistent with Section 6601, as long as it is related to restoring and maintaining dental health. For example: a dentist who is completing orthognathic surgery to correct a jaw discrepancy, and wishes to do an allograft of the chin, or to administer filling materials such as Botox or Restylane, would be considered to be within the scope, if trained. However, to administer these regimens as stand-alone procedures for esthetics or facial recontouring without parallel dental reconstructive work on either the teeth themselves or jaws is not within scope. [emphasis added]

This proposal to expand the scope of practice to permit dentists to administer injectable fillers, including botulinum toxin (Botox®) and hyaluronic acid-based products (e.g., Restylane®), within the maxillofacial region reflects the evolving nature of dental practice and the critical role dentists play in comprehensive oral and facial care, including esthetics.

Dentists receive extensive education and clinical training in head and neck anatomy, facial musculature, pharmacology, and the management of injections in anatomically complex regions. This foundational expertise positions them as competent providers for procedures involving the perioral and facial areas, both from a functional and esthetic standpoint.

Injectable agents such as Botox® and dermal fillers have well-established therapeutic applications in dentistry, including the management of temporomandibular joint disorders (TMD), bruxism, myofascial pain, and orofacial dystonia. In addition, esthetic use—such as correction of perioral asymmetries, lip augmentation, and reduction of dynamic facial lines—can be a natural extension of treatment planning, particularly in practices focused on prosthodontics, orthodontics, and cosmetic dentistry.

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36 Allowing qualified dentists to perform these procedures under appropriate training and
37 regulatory frameworks would enhance patient access to safe, evidence-based care
38 while maintaining high professional standards. It would also bring regulatory alignment
39 with jurisdictions that already recognize this aspect of dental scope and support the
40 profession's ability to respond to patient needs in a modern, integrated healthcare
41 environment.

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43 This measure seeks to affirm the role of dentistry in the provision of injectable therapies
44 within the dentist's area of clinical expertise and supports the continued advancement of
45 the profession in serving both therapeutic and esthetic patient outcomes.

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47 Accordingly, the following resolution is submitted for consideration:

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49 **13. Resolved**, that NYSDA supports modifying the scope of practice to allow
50 dentists to administer injectable pharmacologics for cosmetic and/or functional
51 enhancement of the maxillofacial region; and be it further

52 **Resolved**, that a dentist may administer an injectable pharmacologic only after
53 having completed a Board-approved postdoctoral continuing education course
54 that includes but is not limited to the following elements:

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- biochemistry of injectables;
 - neurophysiology of injectables;
 - all relevant head and neck anatomy;
 - dosing ranges;
 - reconstitution of neurotoxins and proper product handling and storage;
 - patient assessment;
 - prevention, recognition, and management of adverse events; and
 - review of informed consent protocols

64 the intent of which is to provide sufficient knowledge and skill for a dentist to
65 safely and effectively administer injectable pharmacologics in the maxillofacial
66 region.

67 **Board Comments:** The Board urges defeat of this resolution and urges the adoption of this
68 substitute resolution to include the term oral. Dentists are already highly skilled in administering
69 injections in the oral cavity and with some additional training should be eligible to administer
70 pharmacologics for cosmetic or functional purposes in the oral and maxillofacial region.

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73 **BOARD RECOMMENDATION: VOTE NO**

name	yes	no	abstai n	abse nt	name	yes	no	abstai n	abse nt	name	yes	no	abstai n	abse nt
Casper-Klock		X			Greenberg		x			Korkosz		X		
Cuomo		X			Hills		x			Miller		X		
Demas		X			Jackson		x			Rothas		X		
Edwards		X			Jacobo		x			Samuels		X		
Gamache		X			Jonke		x			Scharoff		X		
Giordano		x								Stacy		X		
										Res #13				

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