

~~[(ii)] 8. [A health] HEALTH facility licensed by the Department of Health and Mental Hygiene;~~

~~9. SENIOR ASSISTED HOUSING PROGRAM LICENSED BY THE STATE OFFICE ON AGING; OR~~

~~[(iii)] 10. [A facility] FACILITY providing medical care to the poor, elderly, or handicapped that is owned and operated by:~~

~~[1.] A. The State or a local government; or~~

~~[2.] B. A bona fide charitable organization[-; or].~~

~~[(iv)] Any other setting authorized under regulations adopted by the Board.~~

~~(2) The Board may grant a waiver under paragraph (2) of this subsection if:~~

~~(i) The facility requesting the waiver has submitted a written application;~~

~~(ii) The facility requesting the waiver has submitted a medical emergency plan of action at the time of application; and~~

~~(iii) The Board finds that:~~

~~1. Good cause exists to justify the granting of the waiver;~~

~~2. Adequate facilities and equipment, including portable equipment where appropriate and appropriate armamentarium, are available for the appropriate delivery of dental hygiene services; and~~

~~3. Adequate safeguards are present to protect the patient's health and safety.~~

~~(4) (i) The Board, upon written request or its own motion, may conduct a public informational meeting on any waiver application.~~

~~(ii) The Board shall maintain records of all waiver applications and the criteria and basis for its action on each application.~~

~~[(iii)] (2) (f) A DENTIST SHALL MAINTAIN IN DENTAL OFFICE RECORDS A LETTER OF AGREEMENT IF THE DENTIST PERMITS A DENTAL HYGIENIST TO PERFORM ORAL HEALTH SERVICES WITHIN THE SCOPE OF PRACTICE OF A DENTAL HYGIENIST WHEN THE DENTIST IS NOT PRESENT.~~

~~(H) THE DENTIST SHALL PROVIDE TO THE DENTAL HYGIENIST A COPY OF THE LETTER.~~

~~(HH) THE LETTER SHALL BE SIGNED BY EACH DENTIST AND DENTAL HYGIENIST WHO WORKS IN THE DENTAL OFFICE.~~