

# Emergency Procedure Definitions in State Orders and Directives

State	Definition or Criteria
Alabama	<p><b>State Health Officer Order:</b> “‘Emergency medical condition’ is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected by a person’s licensed medical provider to result in placing the health of the person in serious jeopardy or causing serious impairment to bodily functions or serious dysfunction of bodily organs.”</p> <p><b>Board of Dental Examiners guidance:</b> Urgent care includes any patient needs that are urgent, such as:</p> <ul style="list-style-type: none"> <li>• Dental pain (including chronic ulcerative mucosal disease management)</li> <li>• Swelling of gums, face or neck</li> <li>• Signs of infection, such as a draining site</li> <li>• Trauma to face, jaw or teeth, including fractures</li> <li>• Pre- and post-transplant, radiation or bisphosphonate patients with oral symptoms (evaluate by telephone screening first)</li> <li>• Pre-transplant evaluations</li> <li>• Referrals made by physicians or other healthcare providers</li> <li>• Potential malignancy</li> <li>• Broken tooth</li> <li>• Ill-fitting denture</li> <li>• Final crown/bridge cementation if the temporary restoration has broken, is lost or is causing gingival irritation</li> </ul>
Alaska	<p><b>From Executive Order:</b> “Defined by the ADA as ‘health care related to relief of severe dental/oral pain and infection management.’ ”</p>
Arizona	<p><b>From Executive Order:</b> “Means a surgery than can be delayed without undue risk to the current or future health of a patient. A licensed medical professional shall use their best medical judgment in determining whether a surgery is non-essential or elective. In making that decision, the medical professional shall consider the health and age of the patient, especially given the risks of concurrent COVID-19 infection during recovery and the urgency of the surgery. A surgery should not be deem non-essential or elective if it would threaten the patient’s life, threaten permanent dysfunction or impairment of any body part, risk metastasis or progression of staging, or require the patient to remain hospitalized if the surgery was delayed.”</p> <p>Arizona State Board of Dental Examiners references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>

Arkansas	<p><b>From Secretary of Health directive:</b> Urgent dental care treatments, which should be treated as minimally invasively as possible, include the following:</p> <ul style="list-style-type: none"> <li>• Severe dental pain from pulpal inflammation.</li> <li>• Pericoronitis or third molar pain.</li> <li>• Surgical postoperative osteitis or dry socket dressing changes.</li> <li>• Abscess or localized bacterial infection resulting in localized pain and swelling.</li> <li>• Tooth fracture resulting in pain or causing soft-tissue trauma.</li> <li>• Dental trauma with avulsion/luxation.</li> <li>• Dental treatment cementation if the temporary restoration is lost, broken or causing gingival irritation.</li> </ul> <p>Other emergency dental care includes extensive caries or defective restorations causing pain; suture removal; denture adjustments on radiation/oncology patients; denture adjustments or repairs when function impeded; replacing temporary filling on endo access openings in patients experiencing pain; and snipping or adjustments of an orthodontic wire or appliances piercing or ulcerating the oral mucosa.</p>
California	California Dental Association references the ADA's <a href="#">"What Constitutes a Dental Emergency?"</a>
Colorado	<p><b>From Executive Order:</b> "A voluntary or elective surgery or procedure means that the surgery can be delayed for a minimum of three months without undue risk to the current or future health of the patient as determined by the guidelines developed by the hospital, surgical center or other treating medical facility.</p> <p>"B. Surgeries or procedures, whether medical, dental, or veterinary, may proceed if: (1) there is a threat to the patient's life if the surgery or procedure is not performed; (2) there is a threat of permanent dysfunction of an extremity or organ system if the surgery or procedure is not performed; (3) there is a risk of metastasis or progression of staging of a disease or condition if the surgery or procedure is not performed; or (4) there is a risk that the patient's condition will rapidly deteriorate if the surgery or procedure is not performed and there is a threat to life, or to an extremity or organ system, or of permanent dysfunction or disability."</p>
Connecticut	Connecticut State Dental Association references the ADA's <a href="#">"What Constitutes a Dental Emergency?"</a>
Delaware	Delaware State Dental Society references the ADA's <a href="#">"What Constitutes a Dental Emergency?"</a>
Florida	<p><b>From Executive Order:</b> "Medically unnecessary, non-urgent or non-emergency procedure or surgery which, if delayed, does not place a patient's immediate health, safety, or well being at risk, or will, if delayed, not contribute to the worsening of a serious or life-threatening medical condition. [...]"</p> <p>"B. As articulated in the Centers for Medicare and Medicaid Services recommendation, examples of procedures to delay may include, but are not limited to, some endoscopy, most cataract and lens surgeries, non-urgent spine and orthopedic procedures, and cosmetic procedures.</p> <p>"C. As articulated in the Centers for Medicare and Medicaid Services recommendation, permissible procedures include, but may not be limited to, removal of a cancerous tumors, transplants, limb-threatening vascular surgeries, trauma-related procedures, and dental care related to the relief of pain and management of infection."</p>
Georgia	<p><b>From Georgia Dental Association:</b> Emergency dental care may include:</p> <ul style="list-style-type: none"> <li>• Any treatment for pain, swelling or infection</li> <li>• Chipped, cracked and broken teeth</li> <li>• Loose or displaced restorations</li> </ul> <p>Georgia Board of Dentistry references the ADA's <a href="#">"What Constitutes a Dental Emergency?"</a></p>
Hawaii	Hawaii Dental Association references the ADA's <a href="#">"What Constitutes a Dental Emergency?"</a>

<b>Idaho</b>	Idaho State Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a>
<b>Illinois</b>	<p><b>Illinois Department of Public Health guidance:</b> “Elective” is defined as those procedures that are pre-planned by both the patient and the physician that are advantageous to the patient but are NOT urgent or emergent. Physicians should use their medical judgement to determine the need for surgery.</p> <p>Illinois State Dental Society references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
<b>Indiana</b>	<p><b>Executive Order:</b> Not defined.</p> <p>Indiana Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
<b>Iowa</b>	<p><b>From Executive Order:</b> A nonessential surgery or procedure is one that can be delayed without undue risk to the current or future health of a patient, considering all appropriate factors including, but not limited to any: (1) threat to the patient’s life if the surgery or procedure is not performed; (2) threat of permanent dysfunction of an extremity or organ system; (3) risk of metastasis or progression of staging; and (4) risk of rapidly worsening to severe symptoms.</p> <p><b>Iowa Dental Board</b> states elective procedures may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Any cosmetic or esthetic procedures, such as veneers, teeth bleaching or cosmetic bonding.</li> <li>• All routine hygiene appointments.</li> <li>• Any orthodontic procedures, not including those that relieve pain and infection or restore oral function or are trauma-related.</li> <li>• Initiation of any crowns, bridges or dentures that do not address or prevent pain or restore normal oral functioning.</li> <li>• Any periodontal plastic surgery.</li> <li>• Extraction of asymptomatic non-carious teeth.</li> <li>• Recall visits for periodontally healthy patients.</li> <li>• Delay all appointments for high-risk patients, including ASA 2 and 3 patients, unless it is an emergency.</li> </ul> <p>Iowa Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
<b>Kansas</b>	<p>Kansas Department of Health and Environment (KDHE), Kansas Dental Board and Kansas Dental Association reference the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p> <p><b>From the KDHE statement:</b> “‘Non-essential procedure’ means a dental procedure that is not an emergency or trauma-related procedures where postponement would significantly impact the health, safety, and welfare of the patient as determine by a licensed dental professional. At a minimum: any cosmetic or aesthetic procedures (such as veneers, teeth bleaching, or cosmetic bonding); any routine hygiene appointments; any orthodontic procedures that do not relieve pain or infection, do not restore oral function, or are not trauma-related; initiation of any crowns, bridges, or dentures that do not relieve pain or infection, do not restore oral function, or are not trauma-related; any periodontal plastic surgery; any extractions of asymptomatic noncarious teeth; and any recall visits for periodontally healthy patients.”</p>



<p><b>Kentucky</b></p>	<p><b><i>Cabinet for Health and Family Services (CHFS) directive:</i></b> “Procedures that in the opinion of a physician the delay will not cause harm to the patient or negatively affect the patient’s life expectancy.”</p> <p><b><i>Follow-up CHFS statement:</i></b></p> <p>“a. Emergent – Any healthcare service that, were it not provided, is at high risk of resulting in serious and/or irreparable harm to a patient if not provided within 2 hours.</p> <p>“b. Urgent – Any healthcare service that, were it not provided, is at high risk of resulting in serious and/or irreparable harm to a patient if not provided within 24 hours to 30 days.</p> <p>“c. Non-Urgent – Any healthcare service that, were it not provided, is unlikely to result in any serious and/or irreparable harm to a patient if not provided for more than 30 days. (For example, chiropractic medicine.)”</p> <p>Kentucky Board of Dentistry and Kentucky Dental Association reference the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
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<p><b>Louisiana</b></p>	<p><b>Board of Dentistry guidance:</b> Dental emergencies are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:</p> <ul style="list-style-type: none"> <li>• Uncontrolled bleeding</li> <li>• Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient’s airway</li> <li>• Trauma involving facial bones, potentially compromising the patient’s airway</li> </ul> <p>Urgent dental care focuses on the management of conditions that require immediate attention to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible.</p> <ul style="list-style-type: none"> <li>• Severe dental pain from pulpal inflammation</li> <li>• Pericoronitis or third-molar pain</li> <li>• Surgical post-operative osteitis, dry socket dressing changes</li> <li>• Abscess, or localized bacterial infection resulting in localized pain and swelling.</li> <li>• Tooth fracture resulting in pain or causing soft tissue trauma</li> <li>• Dental trauma with avulsion/luxation</li> <li>• Dental treatment required prior to critical medical procedures</li> <li>• Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation</li> </ul> <p>Other urgent dental care:</p> <ul style="list-style-type: none"> <li>• Extensive dental caries or defective restorations causing pain <ul style="list-style-type: none"> <li>○ Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)</li> </ul> </li> <li>• Suture removal</li> <li>• Denture adjustment on radiation/oncology patients</li> <li>• Denture adjustments or repairs when function impeded</li> <li>• Replacing temporary filling on endo access openings in patients experiencing pain</li> <li>• Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa</li> </ul> <p>2. NON-ESSENTIAL (Dental non-emergency procedures)</p> <p>Routine or non-urgent dental procedures include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Initial or periodic oral examinations and recall visits, including routine radiographs</li> <li>• Routine dental cleaning and preventive therapies</li> <li>• Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma)</li> <li>• Extraction of asymptomatic teeth</li> <li>• Restorative dentistry including treatment of asymptomatic carious lesions</li> <li>• Aesthetic dental procedures</li> </ul>
<p><b>Maine</b></p>	<p><b>Executive Order:</b> Not defined. Maine Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
<p><b>Maryland</b></p>	<p>Maryland Department of Health developed a <a href="#">Surgical Procedure Flowchart</a> to determine surgical need.</p>
<p><b>Massachusetts</b></p>	<p>Not defined in Executive Order or by Massachusetts Dental Society.</p>



Michigan	<p><b>From Executive Order:</b> “‘Non-essential procedure’ means a medical or dental procedure that is not necessary to address a medical emergency or to preserve the health and safety of a patient, as determined by a licensed medical provider. [...]”</p> <p>“A plan for a covered facility that performs dental procedures must postpone, at a minimum: any cosmetic or aesthetic procedures (such as veneers, teeth bleaching, or cosmetic bonding); any routine hygiene appointments; any orthodontic procedures that do not relieve pain or infection, do not restore oral function, or are not trauma-related; initiation of any crowns, bridges, or dentures that do not relieve pain or infection, do not restore oral function, or are not trauma-related; any periodontal plastic surgery; any extractions of asymptomatic non-carious teeth; and any recall visits for periodontally healthy patients. If a covered facility that performs dental procedures chooses to remain open, its plan must exclude from postponement emergency or trauma-related procedures where postponement would significantly impact the health, safety, and welfare of the patient.”</p>
Minnesota	<p><b>From Executive Order:</b> A non-essential surgery or procedure is a surgery or procedure that can be delayed without undue risk to the current or future health of a patient. Examples of criteria to consider in making this determination include:</p> <ol style="list-style-type: none"> <li>a. Threat to the patient’s life if surgery or procedure is not performed.</li> <li>b. Threat of permanent dysfunction of an extremity or organ system, including teeth and jaws.</li> <li>c. Risk of metastasis or progression of staging.</li> </ol>
Mississippi	<p><b>Mississippi State Department of Health alert:</b> Not defined. Mississippi Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
Missouri	<p>Missouri Board of Dentistry references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
Montana	<p>No mandate, directive or recommendation currently in place.</p>
Nebraska	<p><b>From the Directed Health Measure Order 2020-003:</b> “For the purposes of this Order, this means a surgery or procedure that is scheduled in advance because it does not involve a medical emergency. Surgeries or procedures that must be done to preserve the patient’s life or physical health, but do not need to be performed immediately, are allowed by a case-by-case determination of the medical provider.”</p> <p><b>From Board of Dentistry statement:</b> “There has been some discussion about what constitutes routine dental care and what constitutes emergent/essential dental care. A table is included below, but one simple way to define essential/emergency care is that if the patient was being scheduled more than 24-48 hours out, then it would be considered routine dental care. Short postoperative follow-up appointments to remove sutures or insure the absence of post op infections could also be considered essential. Obviously, if the patient is in pain we should all make provisions to see the patient as soon as possible and treat as necessary.”</p>
Nevada	<p>Nevada Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
New Hampshire	<p>New Hampshire Dental Society references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
New Jersey	<p><b>From Executive Order:</b> “An ‘elective’ surgery or invasive procedure, for purposes of this Order, is defined as any surgery or invasive procedure that can be delayed without undue risk to the current or future health of the patient as determined by the patient’s treating physician or dentist. [...] 2. Providers planning or determining whether to perform surgery and invasive procedures in their offices must also consider any possible post-operation complications that may place additional stress on local hospitals that do not have the capacity to accept transfers and need to coordinate any possible postoperation admissions with local hospitals prior to performing surgeries or invasive procedures. Ambulatory surgery centers are to coordinate any possible post-surgery admissions with local hospitals prior to performing any surgery or invasive procedure.”</p>

<b>New Mexico</b>	<p><b>From Executive Order:</b> “For purposes of this Order, ‘non-essential health care services, procedures, and surgeries’ include those which can be delayed for three (3) months without undue risk to the patient’s health. Examples of criteria to consider in distinguishing between essential and non-essential actions include: (a) threat to a patient’s life; (b) threat of permanent dysfunction of an extremity, including teeth, jaws, and eyes; (c) risk of metastasis or progression of staging; (d) prenatal and postnatal care; and (e) any other factors that will conserve medical resources without creating an undue risk of permanent harm to patients.</p> <p>“3. This Order’s prohibition on non-essential health care services, procedures, and surgeries is not meant to apply to: (a) the provision of emergency medical care or any actions necessary to provide treatment to patients with emergency or urgent medical needs; (b) any surgery or treatment that if not performed would result in a serious condition of a patient worsening (e.g. removing a cancerous tumor or a surgery intended to manage an infection); and (c) the full suite of family planning services.”</p>
<b>New York</b>	<p><b>Executive Order:</b> Not defined.</p> <p>New York State Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
<b>North Carolina</b>	<p><b>From Department of Health and Human Services (DHHS) statement:</b> “Elective and non-urgent procedures and surgeries are defined as any procedure or surgery that if not done within the next 4 weeks would not cause harm to the patient.”</p> <p>DHHS statement references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
<b>North Dakota</b>	<p>North Dakota Board of Dental Examiners references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
<b>Ohio</b>	<p><b>Guidance from Dental Board:</b> Examples of elective procedures are considered:</p> <ul style="list-style-type: none"> <li>• Any cosmetic or aesthetic procedures, such as veneers, teeth bleaching, or cosmetic bonding</li> <li>• All routine hygiene appointments</li> <li>• Any orthodontic procedures not including those that relieve pain and infection or restore oral function or are trauma-related</li> <li>• Initiation of any crowns, bridges, or dentures that do not address or prevent pain or restore normal oral functioning</li> <li>• Any periodontal plastic surgery</li> <li>• Extraction of asymptomatic non-carious teeth</li> <li>• Recall visits for periodontally healthy patients</li> </ul>
<b>Oklahoma</b>	<p><b>Executive Order:</b> Not defined.</p> <p>Oklahoma Board of Dentistry references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
<b>Oregon</b>	<p><b>From Executive Order:</b> b. A procedure or surgery is exempt from the limitations set forth in paragraph l(a) of this Executive Order if a three-month delay in the procedure or surgery would put the patient at risk of irreversible harm. Criteria for determining whether irreversible harm exists include but are not limited to: (1) threat to the patient’s life; (2) threat of irreversible harm to the patient’s physical or mental health; (3) threat of permanent dysfunction of an extremity or organ system; (4) risk of metastasis or progression of staging; and (5) risk of rapidly worsening to severe symptoms (time sensitive).</p>
<b>Pennsylvania</b>	<p><b>From Department of Health guidance:</b> Example of emergency care: uncontrolled bleeding, facial swelling, abscess, pain, trauma, etc.</p>
<b>Rhode Island</b>	<p>Rhode Island Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
<b>South Carolina</b>	<p>South Carolina Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>

South Dakota	<p><b>Executive Order:</b> Not defined.</p> <p>South Dakota Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
Tennessee	<p><b>From Executive Order:</b> Non-emergency dental or oral procedures include hygiene visits, cosmetic procedures and other elective procedures. Emergency procedures for patients with acute dental or oral needs may still be performed, including treatment for pain, swelling, trauma or an abscess.</p> <p><b>Department of Health commissioner guidance:</b> “If left untreated, some dental infections can lead to life-threatening conditions. This recommendation does not limit dentists from seeing patients that they determine to have a condition needing emergency procedures such as acute dental or oral needs, including treatment for pain, swelling, trauma, or an abscess. Emergency procedures should be evaluated on a case-by-case basis to determine the appropriate and necessary timing of in-person treatment.”</p> <p>Tennessee Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
Texas	<p><b>From Executive Order:</b> “Not immediately medically necessary to correct a serious medical condition of, or to preserve the life of, a patient who without immediate performance of the surgery or procedure would be at risk for serious adverse medical consequences or death, as determined by the patient’s physician; PROVIDED, however, that this prohibition shall not apply to any procedure that, if performed in accordance with the commonly accepted standard of clinical practice, would not deplete the hospital capacity or the personal protective equipment needed to cope with the COVID-19 disaster.”</p> <p>Texas Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
Utah	<p><b>Executive Order:</b> Not defined.</p> <p>Utah Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
Vermont	<p><b>Executive Order:</b> Not defined.</p> <p><b>Department of Health guidance:</b> Defines an elective dental procedure as “one that is chosen (elected) by the patient or the dental health care provider and that is advantageous to the patient; the procedure is seen as beneficial but not absolutely essential at that time, as opposed to dental emergencies or urgent dental care.” It further defines <a href="#">dental emergencies and urgent dental care</a>.</p> <p>Vermont State Dental Society references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
Virginia	<p><b>From Executive Order:</b> Non-urgent surgical care is “procedures and surgeries that require PPE, which if delayed, are not anticipated to cause harm to the patient by negatively affecting the patient’s health outcomes, or leading to disability or death.”</p> <p>Virginia Department of Health and Virginia Dental Association reference the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>



<p><b>Washington</b></p>	<p><b>From Executive Order:</b> Non-urgent surgeries are “surgeries that, if delayed, are not anticipated to cause harm to the patient within the next three months, with exceptions. [...]”</p> <p>“EXCEPTION: The above prohibition does not apply to the full suite of family planning services and procedures or to treatment for patients with emergency/urgent needs (examples of the latter include, but are not limited to, people with heart attacks, strokes, or motor vehicle accidents). Hospitals and ambulatory surgical facilities may perform any surgery that if delayed or canceled would result in the patient’s condition worsening (for example, removal of a serious cancerous tumor or dental care related to the relief of pain and management of infection).”</p> <p><b>Dental Quality Assurance Commission:</b> Defines dental emergency as “dental care related to the relief of pain and management of infection.” <a href="#">Additional guidance</a> issued on April 2.</p> <p>Washington State Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
<p><b>West Virginia</b></p>	<p><b>From Executive Order:</b> “The term ‘elective’ includes medical procedures that are not immediately medically necessary to preserve the patient’s life or long-term health, except that procedures that cannot be postpone without compromising the patient’s long-term health, procedures that cannot be performed consistent with other law at a later date, or procedures that are religiously mandated shall not be considered ‘elective.’”</p> <p><b>From Department of Health and Human Resources order:</b> “3. To assist licensed healthcare professionals in the exercise of their judgment, the following guidelines are offered:</p> <ol style="list-style-type: none"> <li>a. Emergent – Any healthcare service that, were it not provided, is at high risk of resulting in serious or irreparable harm, or both, to a patient if not provided within 24 hours.</li> <li>b. Urgent – Any healthcare service that, were it not provided, is at high risk of resulting in serious or irreparable harm, or both, to a patient if not provided within 24 hours to 30 days.</li> <li>c. Non-urgent – Any healthcare service that, were it not provided, is unlikely to result in any serious or irreparable harm, or both, to a patient if not provided for more than 30 days. (For example, chiropractic medicine.)”</li> </ol> <p><b>From Board of Dentistry guidance:</b> “For clarification, examples of NON-EMERGENT procedures include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Initial or periodic examination</li> <li>• Dental hygiene and preventative therapy</li> <li>• Orthodontic procedures other than those that address acute issues</li> <li>• Extraction or restorative procedures of asymptomatic teeth</li> <li>• Cosmetic procedures</li> <li>• Initiation of crown, fixed or removal partial denture or complete denture procedures</li> </ul>
<p><b>Wisconsin</b></p>	<p>Not defined in Department of Health Services guidance.</p> <p>Wisconsin Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>
<p><b>Wyoming</b></p>	<p>Wyoming Dental Association references the ADA’s <a href="#">“What Constitutes a Dental Emergency?”</a></p>

