
Health Care & Wellness Committee

HB 2226

Brief Description: Concerning dental practitioners.

Sponsors: Representatives Cody, Kenney, Darneille, Jinkins, McCoy, Moscoso, Green, Santos, Pettigrew, Hasegawa and Appleton.

<p>Brief Summary of Bill</p> <ul style="list-style-type: none">• Creates new credentials for dental practitioners and dental hygiene practitioners.
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Hearing Date: 1/19/12

Staff: Jim Morishima (786-7191).

Background:

Dental Personnel in Washington.

Washington currently has a variety of credentialed providers who provide assistance to licensed dentists. For example:

- Dental hygienists remove deposits and stains from the surfaces of teeth, apply topical preventive or prophylactic agents, polish and smooth restorations, perform root planing and soft tissue curettage, and other operations and services delegated to them by a dentist. In order to be licensed, dental hygienists must complete an educational program, pass an examination, and fulfill continuing education requirements.
- Dental assistants are authorized to perform patient care and laboratory duties as authorized by the Dental Quality Assurance Council (DQAC) in rule. Dental assistants must register with the DQAC.
- Expanded function dental auxiliaries may perform the duties of a dental assistant and may also perform coronal polishing, give fluoride treatments, apply sealants, place dental x-ray film and expose and develop the films, give the patient oral health instruction, place and carve direct restorations, and take final impressions. In order to be licensed, an expanded function dental auxiliary must complete a dental assistant education program

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and an expanded function dental auxiliary education program approved by the DQAC and pass an examination.

Mid-Level Dental Providers In Other States.

Other states have established mid-level dental providers who are authorized to provide a wide range of services. For example:

- Minnesota: In Minnesota, dental therapists and advanced dental therapists are authorized to perform a variety of tasks under the supervision of a dentist, including the administration of certain legend drugs and certain types of extractions. Dental therapists must possess a bachelor's or master's degree and pass an examination. Advanced dental therapists must possess a master's degree, complete additional training, and pass an additional examination. Dental therapists and advanced dental therapists are limited to practicing in settings that serve low-income, uninsured, and underserved populations.
- Alaska: In Alaska, dental health aide therapists are authorized provide a variety of services pursuant to an agreement with a supervising dentist, including fillings, preventive services, and uncomplicated extractions. A dental health aide therapist must have a high school education, complete a two-year educational/clinical program, and a preceptorship of at least 400 hours with a supervising dentist.

Summary of Bill:

Two new professions are created: dental practitioners and dental hygiene practitioners. Dental practitioners and dental hygiene practitioners must meet the following qualifications for licensure by the DQAC:

- dental practitioners:
 - possession of a high school education;
 - completion of a dental health aide therapist education program; and
 - completion of a preceptorship of at least 400 hours under the supervision of a dentist.
- dental hygiene practitioners:
 - possession of a license in good standing as a dental hygienist;
 - completion of a post-baccalaureate advanced dental hygiene therapy education program at an institution accredited by the American Dental Association or other national accreditation organization;
 - completion of 250 hours of advanced dental therapy clinical practice under the supervision of a dentist; and
 - passage of an examination.

Dental practitioners and dental hygiene practitioners may perform the following services and procedures:

- oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;
- preliminary charting of the oral cavity;
- making radiographs;
- mechanical polishing;
- application of topical preventative or prophylactic agents, including fluoride varnishes and pit and fissure sealants;

- pulp vitality testing;
- application of desensitizing medication or resin;
- fabrication of athletic mouth guards;
- placement of temporary restorations;
- fabrication of soft occlusal guards;
- tissue conditioning and soft reline;
- atraumatic restorative therapy;
- dressing changes;
- tooth reimplantation;
- administration of local anesthetic;
- administration of nitrous oxide;
- emergency palliative treatment of dental pain;
- the placement and removal of space maintainers;
- cavity preparation;
- restoration of primary and permanent teeth;
- placement of temporary crowns;
- preparation and placement of preformed crowns;
- pulpotomies on primary teeth;
- indirect and direct pulp capping on primary and permanent teeth;
- stabilization of reimplanted teeth;
- extractions of primary teeth;
- suture removal;
- brush biopsies;
- repair of defective prosthetic devices;
- recementing of permanent crowns;
- oral evaluation and assessment of dental disease and the formulation of an individualized treatment plan;
- the supervision of expanded function dental auxiliaries and dental assistants. A dental therapist or advanced dental therapist may supervise no more than a total of four expanded function dental auxiliaries and dental assistants in any one practice setting. A dental therapist or advanced dental therapist may not supervise an expanded function dental auxiliary or dental assistant with respect to tasks that the dental therapist is not authorized to perform;
- nonsurgical extractions of periodontally diseased permanent teeth with tooth mobility of plus 3 to plus 4 if the teeth are not unerupted, are not impacted, are not fractured, and do not need to be sectioned for removal; and
- the dispensation and administration of the following drugs: analgesics, anti-inflammatories, preventive medicaments, and antibiotics.

Dental practitioners and dental hygiene practitioners must practice pursuant to a written practice plan contract with a dentist. The contract must specify:

- practice settings;
- limitations on the services or procedures that are provided;
- age and procedure-specific practice protocols;
- procedures for creating and maintaining dental records;
- a plan to manage medical emergencies;
- a quality assurance plan;
- protocols for the administering and dispensing medications;

- criteria for serving patients with specific medication conditions or complex medical histories;
- specific protocols for situations in which the needs of the patient exceed the dental practitioner's or dental hygiene practitioner's scope of practice or capabilities; and
- for a dental practitioner only, the services and procedures that may be provided.

A collaborating dentist must make arrangements for the provision of advanced procedures and services needed by the patient or any treatment that exceeds the dental practitioner's or dental hygiene practitioner's scope of practice or capabilities. The collaborating dentist must also ensure that he or she, or another dentist, is available for consultations.

A dental practitioner may only provide services and procedures under the off-site supervision of the collaborating dentist, who must accept responsibility for all of the services and procedures provided by the dental practitioner. A collaborating dentist who knowingly allows a dental practitioner to perform services or procedures that are not authorized in the collaborative agreement, or any dental practitioner who performs such service or procedures, commits unprofessional conduct for purposes of the Uniform Disciplinary Act.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: This bill takes effect 90 days after adjournment of the session in which the bill is passed, except for sections 1 through 17 relating to the creation of the new credential for dental practitioners and dental hygiene practitioners, which take effect on January 1, 2013