
Health Care & Wellness Committee

HB 2321

Brief Description: Concerning mid-level dental professionals.

Sponsors: Representatives Cody, Walsh, Jinkins, Green, Pettigrew, Fitzgibbon, Roberts and Pollet.

<p style="text-align: center;">Brief Summary of Bill</p> <ul style="list-style-type: none">• Creates two new professions: licensed dental practitioners and licensed dental hygiene practitioners.

Hearing Date: 1/20/14

Staff: Alexa Silver (786-7190).

Background:

Dental Personnel in Washington.

Washington currently has a variety of credentialed providers who assist 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 perform other operations and services delegated to them by a dentist. To be licensed, dental hygienists must complete an educational program, pass an examination, and fulfill continuing education requirements.
- Dental assistants perform patient care and laboratory duties as authorized by the Dental Quality Assurance Commission (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. To be licensed, an expanded

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function dental auxiliary must complete a dental assistant education program and an expanded function dental auxiliary education program approved by the DQAC and pass an examination.

- Dental anesthesia assistants perform duties related to dental anesthesia under the supervision of an oral and maxillofacial surgeon or dental anesthesiologist. To be certified, a dental anesthesia assistant must complete a training course, complete a course in basic life support and cardiac pulmonary resuscitation, and provide the permit of the oral and maxillofacial surgeon or dental anesthesiologist where the dental anesthesia assistant will be performing his or her services.

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.

In Minnesota, dental therapists and advanced dental therapists 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.

In Alaska, dental health aide therapists 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 complete a preceptorship of at least 400 hours with a supervising dentist.

Summary of Bill:

Two new dental professions are created: dental practitioners and dental hygiene practitioners.

Qualifications.

To be licensed by the Dental Quality Assurance Commission (DQAC), a dental practitioner must have a high school education, complete a dental health aide therapist education program, complete a preceptorship of at least 400 hours under the supervision of a dentist, pass an examination, and pay any applicable fees. A dental hygiene practitioner must possess a license in good standing as a dental hygienist, complete a post-baccalaureate advanced dental hygiene therapy education program at an institution accredited by the American Dental Association or other national accreditation organization, complete 250 hours of advanced dental therapy clinical practice under the supervision of a dentist, pass an examination, and pay any applicable fees.

Scope of Practice.

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;
- re-cementing of permanent crowns;
- oral evaluation and assessment of dental disease and the formulation of individualized treatment plans; and
- non-surgical 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.

Within the parameters of a written practice plan with a dentist, a dental practitioner or dental hygiene practitioner may dispense and orally administer the following types of drugs and sample drugs: non-narcotic analgesics; anti-inflammatories; preventive agents; and antibiotics. They may not dispense or administer narcotic drugs. The practice plan may further limit the drugs the dental practitioner or dental hygiene practitioner may dispense.

Both dental practitioners and dental hygiene practitioners may supervise up to four expanded function dental auxiliaries and dental assistants in a single practice setting. However, a dental practitioner or dental hygiene practitioner may not supervise tasks that he or she is not authorized to perform.

Dental hygiene practitioners may also perform any service within the scope of practice of licensed dental hygienists.

Practice Plan Contract and Off-Site Supervision.

Dental practitioners and dental hygiene practitioners must practice pursuant to a written practice plan contract with a dentist. The contract must be signed and maintained by both the contracting dentist and the dental practitioner or dental hygiene practitioner, be submitted to the Department of Health (Department) annually, and be made available at the practice of the dental practitioner or dental hygiene practitioner. The contract must specify:

- practice settings;
- any limitations on services or procedures;
- 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 administering and dispensing medications;
- criteria for serving patients with specific medical 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 contracting 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 contracting dentist must also ensure that he or she or another dentist is available for instant communication during treatment. A dentist may enter into a practice plan contract with no more than a total of five dental practitioners and dental hygiene practitioners at any one time.

A dental practitioner or dental hygiene practitioner may only provide services and procedures under the off-site supervision of the contracting dentist, who must accept responsibility for all of the services and procedures provided by the dental practitioner. A contracting 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 (UDA).

Practice Settings.

Dental practitioners and dental hygiene practitioners may only practice in the following settings:

- federally qualified health centers;
- clinics operated by accredited schools of dentistry or dental hygiene;
- clinics operated by a tribal health program or an urban Indian organization; or
- any other practice setting where at least 35 percent of the total patient base consists of patients who:
 - are enrolled in a Washington Medicaid program;
 - have a medical disability or chronic condition that creates a significant barrier to dental care; or
 - do not have dental coverage and have an annual income of less than 133 percent of the federal poverty level.

Discipline.

The DQAC is the disciplining authority for dental practitioners and dental hygiene practitioners. The UDA governs their discipline, as well as unlicensed practice and the issuance and denial of licenses. The Department and the DQAC must adopt any rules necessary to administer the bill.

Report to the Legislature.

The American Dental Association and the Washington State Dental Association are encouraged to consult with stakeholders, including dentists, dental hygienists, and patient advocates, to study programs in the state that use volunteer dentists and oral surgeons to provide specialty care dental services, including tooth extractions and root canals, to low-income adults and children. The study should include an investigation into expansion of volunteer specialty care dental services into underserved areas and methods to finance these programs. The results should be reported to the Legislature by January 1, 2015.

Appropriation: None.

Fiscal Note: Requested on January 15, 2014.

Effective Date: This bill takes effect 90 days after adjournment of the session in which the bill is passed, except for sections 1 through 12, 14, and 16 through 21, which take effect January 1, 2015, and except for sections 13 and 15 adding dental practitioner and dental hygiene practitioners to the UDA and the definition of "practitioner" for purposes of sunrise reviews, which take effect July 1, 2016.