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SUBSTITUTE HOUSE BILL 1298

State of Washington 60th Legislature 2007 Regular Session

By House Committee on Health Care & Wellness (originally sponsored by Representatives Green, Campbell, Cody, Morrell, Moeller and Conway)

READ FIRST TIME 02/27/07.

- 1 AN ACT Relating to dental hygiene; amending RCW 18.29.056 and
- 2 18.29.220; adding a new section to chapter 18.29 RCW; and creating a
- 3 new section.

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- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 5 **Sec. 1.** RCW 18.29.056 and 1997 c 37 s 2 are each amended to read 6 as follows:
 - (1)(a) Subject to section 3 of this act and (c) of this subsection, dental hygienists licensed under this chapter with two years' practical clinical experience with a licensed dentist within the preceding five years may be employed or retained by health care facilities to perform authorized dental hygiene operations and services without dental supervision, limited to removal of deposits and stains from the the teeth, application of topical surfaces of preventive or prophylactic agents, polishing and smoothing restorations, and performance of root planing and soft-tissue curettage, but shall not perform injections of anesthetic agents, administration of nitrous oxide, or diagnosis for dental treatment.
- 18 (b) The performance of dental hygiene operations and services in

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health care facilities shall be limited to patients, students, and
residents of the facilities.

- (c) A dental hygienist employed or retained to perform services under this section in a senior center must, before providing services:
- (i) Enter into a written practice arrangement plan, approved by the department, with a dentist licensed in this state, under which the dentist will provide off-site supervision of the dental services provided. This agreement does not create an obligation for the dentist to accept referrals of patients receiving services under the program;
- (ii) Collect data on the patients treated by dental hygienists under the program, including age, treatments rendered, insurance coverage, if any, and patient referral to dentists. This data must be made available to the department of health on request; and
- (iii) Obtain information from the patient's primary health care provider about any health conditions of the patient that would be relevant to the provision of preventive dental care. The information may be obtained by the dental hygienist's direct contact with the provider or through a written document from the provider that the patient presents to the dental hygienist.
- (d) For dental planning and dental treatment, dental hygienists shall refer patients to licensed dentists.
 - (2) For the purposes of this section((τ)):
- (a) "Health care facilities" are limited to hospitals; nursing homes; home health agencies; group homes serving the elderly, ((handicapped)) individuals with disabilities, and juveniles; state-operated institutions under the jurisdiction of the department of social and health services or the department of corrections; and federal, state, and local public health facilities, state or federally funded community and migrant health centers, and tribal clinics. <u>Until July 1, 2009</u>, "health care facilities" also include senior centers.
- 31 (b) "Senior center" means a multipurpose community facility
 32 operated and maintained by a nonprofit organization or local government
 33 for the organization and provision of a broad spectrum of health,
 34 social, nutritional, and educational services and recreational
 35 activities for persons sixty years of age or older.
- **Sec. 2.** RCW 18.29.220 and 2001 c 93 s 3 are each amended to read 37 as follows:

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((\(\frac{(1)}{1}\))) For low-income, rural, and other at-risk populations and in coordination with local public health jurisdictions and local oral health coalitions, a dental hygienist licensed in this state ((\(\frac{as-of}{April 19, 2001}\))) may assess for and apply sealants and apply fluoride varnishes, and may remove deposits and stains from the surfaces of teeth, in community-based sealant programs carried out in schools:

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- (1) Without attending the department's school sealant endorsement program((-)) if the dental hygienist was licensed as of April 19, 2001; or
- (2) ((For low income, rural, and other at risk populations and in coordination with local public health jurisdictions and local oral health coalitions,)) If the dental hygienist((s who are)) is school sealant endorsed under RCW 43.70.650 ((may assess for and apply sealants and fluoride varnishes in community based sealant programs carried out in schools)).
- NEW SECTION. Sec. 3. A new section is added to chapter 18.29 RCW to read as follows:
 - A dental hygienist participating in a program under RCW 18.29.056 that involves providing services at senior centers, as defined in RCW 18.29.056, or under RCW 18.29.220 that involves removing deposits and stains from the surfaces of teeth in a community-based sealant program must:
 - (1) Provide the patient or, if the patient is a minor, the parent or legal guardian of the patient, if reasonably available, with written information that includes at least the following:
 - (a) A notice that the treatment being given under the program is not a comprehensive oral health care service, but is provided as a preventive service only; and
 - (b) A recommendation that the patient should be examined by a licensed dentist for comprehensive oral health care services; and
- 32 (2) Assist the patient in obtaining a referral for further dental 32 planning and treatment, including providing a written description of 33 methods and sources by which a patient may obtain a referral, if 34 needed, to a dentist, and a list of licensed dentists in the community.
- 35 <u>NEW SECTION.</u> **Sec. 4.** The secretary of health, in consultation

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with representatives of dental hygienists, shall provide a report to the appropriate committees of the legislature by December 1, 2008, that:

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- (1) Provides a summary of the information about patients receiving dental services in senior centers that is collected under RCW 18.29.056(1)(c)(ii), and describing the dental health outcomes, including both positive impacts on dental health and adverse incidents, if any, related to the services these patients receive under the program; and
- 10 (2) Makes recommendations, as appropriate, with regard to the 11 services that could be appropriately provided in senior centers by 12 dental hygienists.

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