

# SENATE BILL REPORT

## SB 5224

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As of January 30, 2017

**Title:** An act relating to increasing access to oral health care.

**Brief Description:** Establishing the practice of dental therapy.

**Sponsors:** Senators Frockt, Rivers, McCoy, Hasegawa, Keiser and Saldaña.

**Brief History:**

**Committee Activity:** Health Care: 1/30/17.

**Brief Summary of Bill**

- Authorizes the practice of dental therapy in Washington.
- Provides licensure and scope of practice requirements for dental therapists.
- Authorizes tribes to license and utilize dental health aide therapists in Washington.
- Increases the size of the dental quality assurance commission.

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### SENATE COMMITTEE ON HEALTH CARE

**Staff:** Evan Klein (786-7483)

**Background:** Dentistry Practice in Washington. Dentists practicing in Washington State must be licensed by the Dental Quality Assurance Commission (DQAC). Licensed Dentists may:

- diagnose, treat, remove stains and concretions from teeth, operate or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the teeth, alveolar process, gums, or jaw;
- furnish, supply, construct, reproduce, or repair any prosthetic denture, bridge, appliance, or other structure to be worn in the mouth;
- x-ray teeth, the alveolar process, maxilla, mandible or adjacent soft tissues;
- perform any dental or oral and maxillofacial surgery; and
- may prescribe or dispense any legend drug or controlled substance necessary in the practice of dentistry.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

Other Dental Professions in Washington. Washington also registers dental assistants, and licenses expanded function dental auxiliaries and dental hygienists. Each profession has a gradually increasing scope of practice. Dental hygienists have the most expansive scope for a non-dentist practicing in Washington. Dental hygienists may:

- remove deposits and stains from the surfaces of the teeth;
- apply topical preventive or prophylactic agents;
- polish and smooth restorations;
- perform root planing and soft-tissue curettage; and
- perform other dental operations and services delegated to them by a licensed dentist.

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

- 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.
- In Alaska, dental health aide therapists are authorized to 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.

Commission on Dental Accreditation. The Commission on Dental Accreditation (CODA) is recognized by the U.S. Department of Education as the sole agency to accredit dental and dental-related education programs at the post-secondary level. CODA accredits dental schools and programs including advanced dental education programs and allied dental education programs. In February, 2015, CODA adopted accreditation standards for dental therapy education programs.

**Summary of Bill:** Licensure. No person may practice dental therapy or represent themselves as a dental therapist (DT) without first being licensed by the Department of Health (DOH). To attain a DT license, a person must:

- pay applicable fees;
- submit an application;
- complete a preceptorship of at least 400 hours under supervision of a dentist;
- pass an approved exam; and
- successfully complete a DT program that is accredited by the commission on dental accreditation.

DT Practice. The DT scope of practice is specifically prescribed. A DT may also dispense and orally administer nonnarcotic analgesics, anti-inflammatories, preventive agents and antibiotics. A DT may only practice pursuant to a written practice plan contract with a dentist. The contract must at a minimum contain:

- practice settings where services may be provided;
- any limitations on services;
- practice protocols;
- procedures for creating and maintaining dental records;
- an emergency management plan;
- a quality assurance plan;
- protocols for administering and dispensing medications; and
- protocols for handling patients with complex medical histories and patients requiring treatment that exceeds a DTs scope.

A DT may only practice in certain dental settings:

- federally qualified health centers;
- clinics operated by schools of dentistry or dental hygiene;
- clinics operated by tribal health programs or urban Indian organizations; and
- any other practice setting where at least 35 percent of the patients are Medicaid enrollees, have a medical disability, or have an annual income below 133 percent of the federal poverty level.

DTs may supervise dental assistants and expanded function dental auxiliaries.

Tribal Dental Health Aide Therapists. Tribal Dental Health Aide Therapists (DHATs) are authorized to practice in Washington, in settings operated by an Indian health program or an urban Indian organization. DOH must convene a workgroup to develop and recommend criteria for establishing a pathway for licensed DHATs to become a licensed DT.

Dental Quality Assurance Commission. DQAC is increased from 16 to 18 members, with the two new members being licensed DTs.

**Appropriation:** None.

**Fiscal Note:** Available.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** The bill contains several effective dates. Please refer to the bill.

**Staff Summary of Public Testimony:** PRO: This bill is a safe way to integrate the mid-level provider into the dental workforce. All of the states have approached this mid-level credential a little differently, but this level of provider is working to expand dental access and dental care. This bill also allows dentists to practice at the top of their credential. Mid-level providers do not need to be the only way to address dental access issues, but it is one way. Children who do not receive oral healthcare are at risk of health complications throughout life. Over half of Washington's children do not receive oral healthcare. Dental therapists have been working in the United States for over a decade. Dental therapists are a safe, cost effective way of addressing dental access issues. CODA established standards in 2015, which outline the training requirements for dental therapists. The dental schools use the training requirements established by CODA and design a curriculum. Dental therapists will take the same exams as dentists for the DT procedures that overlap with dentists.

CON: The dental association believes that dental therapists lack the training to handle the complex cases they may see. Washington has a very strong safety net for children, and translating these services to adults is doable without DTs. There are a number of dentists and clinics that are providing care to children who need services. Expanding the ABCD program to adult dental would be a better way to address any dental access issues. Dentistry is a process of dynamic diagnosis. Dentists are continuously diagnosing throughout treatment. Dental auxiliaries and support practitioners rely on a dentist's training. There is capacity for dentists to currently see more kids without the need for a new profession. Medicaid populations also often include more difficult cases to handle.

**Persons Testifying:** PRO: Senator David Frockt, Prime Sponsor; Cecilia Baca, Washington Dental Hygienists Association; Tatsuko Go Hollo, Health Policy Director, Children's Alliance.

CON: Carrie Tellefson, Washington State Dental Association; Christopher Herzog, Children's Choice Pediatric Dentistry; Yoni Ahdut, dentist.

**Persons Signed In To Testify But Not Testifying:** Dr. Frank Catalanotto, Professor at Department of Community Dentistry, Behavioral Sciences University of Florida.