OLR Bill Analysis
sHB 7303 (as amended by House "A")*

AN ACT CONCERNING DENTAL PRACTITIONERS.

SUMMARY

This bill makes various changes to laws on dental professionals. Among other things, it:

1. establishes a one-year clinical residency as a standard requirement for dentist licensure;

2. for dentists completing a practical examination instead of a residency, eliminates examinations with human subjects by July 1, 2021;

3. allows out-of-state dentists meeting certain standards to become licensed here without examination if they have worked for at least one year before the application, rather than five years as is currently required;

4. specifies when DPH may take disciplinary action against dental therapists;

5. allows dentists and dental hygienists to substitute eight hours of volunteer practice at temporary dental clinics for one hour of continuing education, within certain limits;

6. allows dental hygienists to take impressions of teeth for certain purposes under a dentist’s indirect supervision;

7. requires the Public Health Committee chairpersons to convene a working group to advise the committee on Department of Public Health (DPH) licensure of dental therapists; and

8. allows dentists to administer finger-stick diabetes tests to patients who have increased risk of diabetes but who have not
been diagnosed with diabetes.

The bill also makes minor, technical, and conforming changes.

*House Amendment “A” removes provisions from the underlying bill (1) establishing an advanced practice dental therapist designation, but retains provisions on disciplinary action against dental therapists; (2) giving dental assistants more time and an alternate way to pass an infection control requirement; and (3) adding to the procedures that dentists may delegate to certain assistants (see BACKGROUND, Related Bill).

The amendment also (1) requires the working group to advise DPH on licensure, rather than certification, of dental therapists; (2) modifies the group’s membership; and (3) allows the Public Health Committee chairpersons to convene the group without participation of all group members.

EFFECTIVE DATE: January 1, 2020, except the dental therapist working group and diabetes testing provisions take effect July 1, 2019.

§§ 1-3 — DENTIST LICENSURE

Examination and Residency Requirements (§§ 1 & 2)

The bill changes the standard requirements for dentist licensure. Under current law, in addition to education requirements (see below), applicants generally must have passed written and practical (clinical) examinations meeting certain requirements or, instead of the practical examination, completed a one-year graduate residency.

The bill retains the written examination requirement and establishes the one-year residency as a standard requirement. As under current law, (1) the residency program must be accredited by the American Dental Association’s Commission on Dental Accreditation (CODA) or its successor and (2) the State Dental Commission, with DPH’s consent, may accept a clinical or practical examination instead of the residency.

Under the bill, these clinical or practical examinations may not require the use of human subjects, starting by the earlier of (1) July 1,
2021 or (2) the state Dental Commission’s approval of examinations that do not require patient participation.

It also makes related minor and conforming changes.

**Approved Schools (§ 1)**

The bill specifically requires dentist licensure applicants to have graduated from a dental school accredited by CODA or its successor organization. Current law allows the state Dental Commission, with the consent of the DPH commissioner, to determine the schools.

**Dentists Licensed in Other States (§ 3)**

Under specified conditions, the bill allows DPH to issue a license without examination to a dentist licensed in another jurisdiction who has worked continuously as a licensed dentist in an academic or clinical setting outside of Connecticut for at least one year immediately before applying for licensure. Under current law, this applies only if the dentist has been working for five years before applying here.

As under current law, DPH may issue a license in this manner only if the dentist (1) holds a current license in good professional standing issued after examination by another state or territory with licensure standards commensurate with Connecticut’s, except for the practical examination, and (2) is not the subject of a pending disciplinary action or unresolved complaint.

**§§ 4 & 5 — DENTAL THERAPIST DISCIPLINARY ACTION**

sSB 807, as amended by the Senate and passed by both chambers, establishes a dental therapist designation for dental hygienists who meet certain certification, education, and clinical training requirements.

This bill makes it a class D felony to violate any of sSB 807’s provisions on dental therapy. A class D felony is punishable by up to five years in prison, a fine of up to $5,000, or both. Under existing law, it is generally a class D felony to violate the dental hygienist statutes.

The bill allows DPH to take disciplinary action against a dental
therapist who is convicted for such a violation. This is in addition to the existing grounds for DPH disciplinary action against hygienists (e.g., negligent or incompetent professional conduct). By law, disciplinary actions available to DPH include, among other things, (1) revoking or suspending a license, (2) censuring the violator, (3) issuing a letter of reprimand, (4) placing the violator on probationary status, or (5) imposing a civil penalty (CGS § 19a-17).

As is already the case for violations of existing dental hygienist laws, the bill provides that if an unlicensed hygienist violates SB 807’s dental therapist provisions with the employer’s knowledge, it is deemed a violation by the employer.

§ 6 — DENTISTS’ CONTINUING EDUCATION

The bill allows dentists to substitute eight hours of volunteer practice at a temporary dental clinic for one contact hour of continuing education, up to a maximum of 10 hours in a two-year period. Under the bill, a “temporary dental clinic” provides dental care services at no cost to uninsured or underinsured persons and operates for no more than 72 consecutive hours.

Existing law similarly allows dentists to substitute eight hours of volunteer practice at other public health facilities for one contact hour of continuing education, up to the same maximum. By law, dentists generally must complete 25 contact hours of continuing education every two years, starting with their second license renewal.

§§ 7-9 — DENTAL HYGIENISTS

Scope of Practice (§ 7)

The bill allows dental hygienists to take alginate impressions of teeth, under a dentist’s indirect supervision, for use in study models, orthodontic appliances, whitening trays, mouth guards, and fabrication of temporary crowns.

Practice at Temporary Clinics (§ 7)

The bill permits dental hygienists with two years of experience to practice without a dentist’s general supervision at a temporary dental
clinic (see CGS § 20-126l(b)). It does so by adding such clinics to the definition of “public health facility” for this purpose.

As is already the case for such practice at other public health facilities, the bill requires hygienists practicing at temporary clinics to refer to a dentist any patients with needs outside of the hygienist’s scope of practice (CGS § 20-126l(f)).

**Continuing Education (§ 8)**

Under existing law, a dental hygienist may substitute eight hours of volunteer practice at a public health facility for one hour of continuing education, up to a maximum of five hours in a two-year period (CGS § 20-126l(g)). The bill extends this to volunteer practice at temporary clinics.

The bill also removes current law’s four-hour limit on the number of contact hours of continuing education that hygienists may earn through online or distance learning programs.

**Dental Hygienist Students (§ 9)**

The bill specifies that state law does not prohibit students in dental hygiene programs from performing dental hygiene work as a required component of the program. This applies as long as the work is unpaid and the student (1) performs the work under the direct supervision of a dentist or dental hygienist and (2) does not hold himself or herself out as a licensed dental hygienist.

**§ 10 — DENTAL THERAPY WORKING GROUP**

The bill requires the Public Health Committee chairpersons to convene a working group to advise the committee on the licensure of dental therapists by DPH.

The group’s membership must include:

1. the committee chairpersons or their designees;
2. the DPH commissioner or her designee;
3. representatives of the Connecticut State Dental Association,
including at least one dentist and one dental hygienist;

4. a dental therapist certified in another state; and

5. the president of the Board of Regents for Higher Education, or the president’s designee.

The group also must include one representative each from:

1. CODA:

2. the Joint Commission on National Dental Examinations,

3. the Community Health Center Association of Connecticut,

4. the Connecticut Oral Health Initiative,

5. the Connecticut Association of School Based Health Centers,

6. the Connecticut Public Health Association,

7. the Connecticut Dental Health Partnership, and

8. the Community Health Center, Inc.

The working group may also include other members of the Public Health Committee.

The bill specifically allows the Public Health Committee chairs to convene the working group without the participation of any individual or representative required as set forth above.

Under the bill, the working group must evaluate and make recommendations on dental therapists’ scope of practice and the educational and training requirements needed to become licensed as a dental therapist. The group must report its findings and recommendations to the committee by January 1, 2020.

§ 11 — DENTISTS TESTING FOR DIABETES

Under certain conditions, the bill allows dentists, during an office visit or before a procedure, to administer an in-office point-of-service
test to a patient to measure the patient’s HbA1c percentage with a finger-stick measurement tool. “HbA1c percentage” is the proportion of hemoglobin to which glucose is attached and measures the average circulating blood glucose level over the previous two- to three-month period.

Under the bill, a dentist may administer this test for patients who are at increased risk of diabetes but who are not already diagnosed with diabetes. The dentist may do so only with the patient’s consent.

The bill specifies that it does not violate the standard of care for a dentist to not administer such a test. It allows the DPH commissioner to adopt implementing regulations.

BACKGROUND

Related Bill

sSB 807 (File 57), as amended by the Senate and passed by both chambers, (1) establishes a dental therapist designation for dental hygienists who meet certain requirements; (2) gives dental assistants more time to pass an infection control examination and allows for an alternate way to meet the requirement; and (3) adds to the list of procedures that dentists may delegate to expanded function dental assistants.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 23  Nay 1  (04/01/2019)