
OLR Bill Analysis

sSB 807 (File 57, as amended by Senate "A")*

AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR REVISIONS TO THE PUBLIC HEALTH STATUTES.

SUMMARY

This bill makes changes to various public health-related statutes. It:

1. establishes a dental therapist designation for dental hygienists who meet certain certification, education, clinical training, and examination requirements; requires such therapists to work pursuant to a collaborative agreement with a dentist; and limits their practice to public health settings (§ 501);
2. gives dental assistants more time to pass an infection control examination, and allows for an alternate way to meet the requirement through a competency assessment (§ 13);
3. adds to the list of procedures that dentists may delegate to expanded function dental assistants (§ 13);
4. extends by one year, until January 1, 2020, the reporting deadline for the task force on the needs of and services for adults with intellectual disability (§ 12); and
5. makes various technical changes.

*Senate Amendment "A" adds the provisions on (1) dental therapists, (2) a dental assistant infection control competency assessment as an alternative to the national board examination, and (3) allowable procedures for expanded function dental assistants.

EFFECTIVE DATE: Upon passage, except that the dental assistant provisions take effect July 1, 2019, and the dental therapist provisions take effect January 1, 2020.

§ 501 — DENTAL THERAPISTS

Under certain conditions, the bill allows dental hygienists with additional training to engage in the practice of dental therapy. To do so, the hygienist must have:

1. a dental therapist certification (see below);
2. passed a comprehensive examination prescribed by the Commission on Dental Competency Assessments, or its equivalent, and administered independently of any higher education institution that offers a dental therapy program;
3. completed 1,000 hours of clinical training under a dentist's direct supervision, verified by a certificate of completion signed by the dentist;
4. completed six hours of continuing education related to dental therapy; and
5. entered into a collaborative agreement with a dentist (see below).

The bill requires a dental hygienist to complete the clinical training and continuing education requirements before entering into his or her first collaborative agreement with a dentist.

Under the bill, the required dental therapist certification must be demonstrated through a form issued by a Commission on Dental Accreditation (CODA)-accredited higher education institution after successful completion of such a program. The program must include, in accordance with CODA's standards, full-time instruction or its equivalent at the postsecondary college level and incorporate all dental therapy practice competencies. The certification must be (1) signed by the therapist and education program's director and (2) made available to the Department of Public Health (DPH) upon request.

Scope of Practice (§ 501(a))

The bill defines the "practice of dental therapy" as performing educational, preventive, and therapeutic services through any of the

practices and procedures listed in Table 1.

Table 1: Practice of Dental Therapy

Identifying oral and systemic conditions requiring evaluation or treatment by dentists, physicians, or other providers, and managing referrals to such providers	Dispensing and administering nonnarcotic analgesics and anti-inflammatory and antibiotic medications as prescribed by a licensed health care provider, except schedule II-IV controlled substances
Diagnosing and treating oral diseases and conditions within the dental therapist scope of practice	Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis
Emergency palliative treatment of dental pain	Indirect and direct pulp capping on permanent teeth
Indirect pulp capping on primary teeth	Dental suture removal
Comprehensive charting of the oral cavity	Simple extraction of erupted primary teeth
Nonsurgical extraction of periodontally diseased permanent teeth with tooth mobility of three or greater, except a tooth that is unerupted, impacted, fractured, or needs to be sectioned for removal	Applying topical preventive or prophylactic agents, including fluoride varnish, antimicrobial agents, and pit and fissure sealants
Pulp vitality testing	Placing and removing space maintainers
Applying desensitizing medication or resin in the oral cavity	Minor adjustments and repairs on removable prostheses
Administering local anesthetics in the oral cavity under a dentist's general supervision	Preparing and placing direct restoration in primary and permanent teeth that does not require the fabrication of crowns, bridges, veneers, or dentures
Fabricating athletic mouth guards	Changing periodontal dressings
Fabricating and placing single-tooth temporary crowns	Preparing and placing preformed crowns on primary teeth

Interim therapeutic restorations	Recementing permanent crowns
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Collaborative Agreement (§ 501(a), (e))

The bill allows a dental therapist to practice only under a written collaborative agreement with a dentist, who must provide general supervision to the therapist. The agreement must define the working relationship between them and the parameters of the therapist's practice. The agreement must include the following elements:

1. identification of public health facilities where the therapist may provide services and the populations to be served;
2. any limitations on the services that the therapist may provide;
3. age and procedure-specific practice protocols, including case selection criteria, assessment guidelines, and imaging frequency;
4. a procedure for creating and maintaining dental records for the therapist's patients;
5. a plan to manage medical emergencies in each facility where the therapist provides care;
6. a quality assurance plan for monitoring the care the therapist provides, including patient care review, referral follow-up, and a quality assurance chart review;
7. protocols for dispensing and administering medications, including the specific conditions and circumstances under which the therapist may do so;
8. criteria for providing care to patients with specific medical conditions or complex medication histories, including prior consultation requirements;
9. criteria for supervising dental assistants, expanded function dental assistants, and other dental hygienists; and
10. a referral plan for situations that are beyond the therapist's

capabilities or scope of practice.

The bill requires the supervising dentist and therapist to (1) sign and maintain the agreement and (2) review the agreement annually and revise it as needed. The agreement must be kept on file at the locations where the therapist is employed. It must be available for inspection upon DPH's request.

Practice Limited to Public Health Facilities (§ 501(c))

Under the bill, a dental therapist may practice only in a public health facility. For this purpose, "public health facilities" include DPH-licensed health care institutions; community health centers; group homes; schools; public preschools; Head Start programs; programs offered or sponsored by the Women, Infants, and Children program; senior centers; managed residential communities; and licensed child care centers.

Supervising Dentist's Responsibility and Liability (§ 501(f))

Under the bill, a dentist who enters into a collaborative agreement with a dental therapist is professionally responsible and legally liable for all services authorized and performed by the therapist pursuant to their agreement.

The bill allows a dentist to enter into a collaborative agreement with up to two such therapists at one time. The bill specifies that it does not require dentists to enter a collaborative agreement with a therapist.

Therapist's Supervision of Assistants or Other Hygienists (§ 501(g))

The bill allows a dental therapist, if authorized by the collaborative agreement, to directly supervise up to two dental assistants or expanded functional dental assistants or dental hygienists.

Continuing Education (§ 501(h))

The bill requires dental therapists to complete six hours of continuing education in dental therapy within (1) the 12-month period after first entering into a collaborative agreement with a dentist and (2) each subsequent 24-month period. This is in addition to the existing

continuing education requirement for other dental hygienists. Under existing law, dental hygienists must complete 16 hours of continuing education every two years, starting with their second license renewal.

The bill applies to dental therapists the same rules that already apply to other dental hygienists on continuing education record retention and related matters, including disciplinary action for failing to complete the requirement.

Students (§ 501(d))

The bill specifies that it does not prohibit dental hygienists enrolled in a dental therapy program from performing dental therapy work as a required component of the program. This applies as long as the work is unpaid and the individual (1) performs the work under the direct supervision of a dentist and (2) does not hold himself or herself out as a certified dental therapist.

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

§ 13 — DENTAL ASSISTANTS

Infection Control

Starting July 1, 2018, current law generally prohibits dentists from delegating any dental procedures to a dental assistant who has not passed the Dental Assisting National Board's infection control examination, except dental assistants may receive up to nine months of on-the-job training to prepare for the examination (thus requiring those working as of July 1, 2018 to have passed the examination by April 1, 2019).

The bill extends the maximum on-the-job training period to 15 months. It also allows dental assistants, as an alternative to the examination, to fulfill this requirement by completing an infection control competency assessment administered by an in-state dental education program accredited by CODA.

The bill also makes conforming changes.

Permitted Procedures for Expanded Function Dental Assistants

By law, dentists may delegate additional procedures to expanded function dental assistants (EFDAs) as compared to other dental assistants.

The bill adds the following to the list of procedures that dentists may delegate to EFDAs, if performed under the dentist's direct supervision:

1. administering topical anesthetic, before a dentist or dental hygienist administers local anesthetic and
2. taking alginate teeth impressions for use in study models, orthodontic appliances, whitening trays, mouth guards or for fabricating temporary crowns.

§ 12 — TASK FORCE DEADLINE

SA 18-2 created a task force to study the (1) needs of adults with intellectual disability, including such adults with significant behavioral health or aging-related issues and (2) ways to provide the needed services and support. The group must report its findings and recommendations to the Public Health Committee.

The bill extends the task force reporting deadline by one year until January 1, 2020. Under the bill, the task force terminates when it submits the report or January 1, 2020, whichever is later.

BACKGROUND

Related Bill

sHB 7303 (File 696), reported favorably by the Public Health Committee, (1) contains similar provisions on dental assistants, (2) establishes an advanced practice dental therapist designation for dental hygienists who meet certain requirements, and (3) requires the Public Health Committee chairpersons to convene a working group to advise the committee on DPH certification of dental therapists.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 24 Nay 0 (03/01/2019)