OLR Bill Analysis
sHB 7303

AN ACT CONCERNING DENTAL PRACTITIONERS.

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

1. establishes an advanced practice 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;

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

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

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

5. adds to the list of procedures that dentists may delegate to expanded function dental assistants;

6. 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;

7. 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;

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

9. 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.

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. Currently, 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, the residency program must be accredited by the American Dental Association’s Commission on Dental Accreditation (CODA) or its successor. It allows the State Dental Commission, with DPH’s consent, to accept a clinical or practical examination instead of the residency.

The bill prohibits such clinical or practical examination from including human subjects, 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.

**§§ 4-6 — ADVANCED PRACTICE DENTAL THERAPISTS**

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

1. an advanced practice 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 an advanced practice 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. has 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 advanced practice dental therapist certification must be demonstrated through a form issued by a CODA-accredited higher education institution after successful completion of such a program. The program must include, in accordance with CODA’s accreditation standards, full-time instruction or its equivalent at the postsecondary college level and incorporate all advanced dental therapy practice competencies. The certification must be (1) signed by the therapist and education program’s director and (2) made available to DPH upon request.

**Scope of Practice (§ 4(a))**

The bill defines the “practice of advanced dental therapy” as performing educational, preventive, and therapeutic services through any of the practices and procedures listed in Table 1.

<table>
<thead>
<tr>
<th>Table 1: Practice of Advanced Dental Therapy</th>
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<tbody>
<tr>
<td>Identifying oral and systemic conditions requiring evaluation or treatment by dentists, physicians, or other providers, and managing referrals to such providers</td>
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<tr>
<td>Diagnosing and treating oral diseases and conditions within the advanced practice dental therapist scope of practice</td>
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<tr>
<td>Emergency palliative treatment of dental pain</td>
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<td>Indirect pulp capping on primary teeth</td>
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<tr>
<td>Comprehensive charting of the oral cavity</td>
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<td>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</td>
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<td>Pulp vitality testing</td>
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<tr>
<td>Applying desensitizing medication or resin in the oral cavity</td>
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<td>Administering local anesthetics in the oral cavity under a dentist's general supervision</td>
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<td>Fabricating athletic mouth guards</td>
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<td>Fabricating and placing single-tooth temporary crowns</td>
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<td>Interim therapeutic restorations</td>
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**Collaborative Agreement (§ 4(a), (e))**

The bill allows an advanced practice 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 (§ 4(c))**

Under the bill, an advanced practice dental therapist may only practice 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 (WIC) program; senior centers; managed residential communities; child care centers; and temporary dental clinics (see below).

**Supervising Dentist's Responsibility and Liability (§ 4(f))**

Under the bill, a dentist who enters into a collaborative agreement with an advanced practice 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 (§ 4(g))**

The bill allows an advanced practice 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 (§ 4(h))**

The bill requires advanced practice dental therapists to complete an additional six hours of continuing education upon each renewal of their hygienist license, starting with their first license renewal, in addition to the existing 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 advanced practice dental therapists the same rules as already apply for other dental hygienists on continuing education record retention and related matters, including disciplinary action for failing to complete the requirement.

**Students (§ 4(d))**

The bill specifies that it does not prohibit dental hygienists enrolled in an advanced practice 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 advanced practice dental therapist.

**Criminal Penalties and DPH Disciplinary Action (§§ 5 & 6)**

The bill makes it a class D felony to violate any of its provisions on advance practice 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 hygienist 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 the bill’s therapist provisions with the employer’s knowledge, it is deemed a violation by the employer.

**§ 7 — DENTAL ASSISTANTS**

**Infection Control Examination**

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 them to pass the examination by April 1, 2019).

The bill 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.

It also extends the allowable period of on-the-job training to 15 months, thus requiring dental assistants to pass the examination or competency assessment by October 1, 2019.

**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. the administration of topical anesthetic, before the administration of local anesthetic by a dentist or dental hygienist; and

2. taking alginate impressions of teeth for use in study models, orthodontic appliances, whitening trays, mouth guards, or fabrication of temporary crowns.

**§ 8 — 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 (CGS § 20-126l(g)). 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.

§§ 9-11 — DENTAL HYGIENISTS

**Scope of Practice (§ 9)**

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 (§ 9)**

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 (§ 10)**

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)). This applies under the bill to volunteer practice at temporary clinics.

The bill also removes the current limitation that dental hygienists may earn a maximum of four contact hours of continuing education through online or distance learning programs.

**Dental Hygienist Students (§ 11)**

The bill specifies that the dental hygienist statutes do 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.

§ 12 — DENTAL THERAPY WORKING GROUP

The bill requires the Public Health Committee chairpersons to convene a working group to advise the committee on the certification 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 and an advanced practice dental therapist, each certified in another state;
5. the president of the Board of Regents for Higher Education, or the president’s designee; and
6. one representative each from the Connecticut Conference of Independent Colleges, CODA, and the Joint Commission on National Dental Examinations.

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

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 certified as a dental therapist. The group must report its findings and recommendations to the committee by January 1, 2020.

§ 13 — 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, § 13), reported favorably by the Public Health Committee, also extends by six months the deadline for dental assistants to pass the Dental Assisting National Board’s infection control examination.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 23  Nay 1  (04/01/2019)