AN ACT CONCERNING DENTAL PRACTITIONERS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 20-107 of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2020):

(a) Each application for a license to practice dentistry shall be [in writing and signed by] submitted by the applicant and no license shall be issued to any person unless he or she presents (1) a diploma or other certificate of graduation conferring a dental degree from [some reputable] a dental college or from a department of dentistry of a medical college [conferring a dental degree, or unless he or she is practicing as a legally qualified dentist in another state having requirements for admission determined by the department to be similar to or higher than the requirements of this state] accredited by the American Dental Association's Commission on Dental Accreditation or its successor organization; (2) evidence of satisfactory completion of a written examination or examinations given by the Joint Commission on National Dental Examinations, subject to such conditions as the State Dental Commission as described in section 20-103a, with the consent of the Commissioner of Public Health, may prescribe; and (3) evidence of satisfactory completion of at least one year of a clinically-based postdoctoral general practice or specialty dental residency program accredited by the Commission on Dental Accreditation, or its successor organization.

[(b) The Dental Commission may, with the consent of the Commissioner of Public Health, determine the colleges which shall be]
considered reputable dental or medical colleges for the purposes of this chapter. The commission shall consult when possible with nationally recognized accrediting agencies when making such determinations.]

[(c) (b) Notwithstanding the provisions of [subsections] subsection (a) [and (b)] of this section, the department may issue a license to practice dentistry to any applicant holding a diploma from a foreign dental school, provided the applicant: (1) [is] Is a graduate of a dental school located outside the United States and has received the degree of doctor of dental medicine or surgery, or its equivalent; (2) [has] passed the written and practical examination or examinations required in subsection (a) of this section or section 20-108, as amended by this act; (3) [has] successfully completed not less than two years of graduate dental training as a resident dentist in a program accredited by the Commission on Dental Accreditation; and (4) [has] successfully completed, at a level greater than the second postgraduate year, not less than three years of a residency or fellowship training program accredited by the Commission on Dental Accreditation in a school of dentistry in this state, or has served as a full-time faculty member of a school of dentistry in this state pursuant to the provisions of section 20-120 for not less than three years.

Sec. 2. Section 20-108 of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2020):

[(a) Except as provided in section 20-110 and subsection (b) of this section, each applicant for a license to practice dental medicine or dental surgery shall be examined by the Department of Public Health, under the supervision of the Dental Commission as to his or her professional knowledge and skill before such license is granted. Such examination shall be conducted in the English language.] The State Dental Commission may, with the consent of the Commissioner of Public Health, accept and approve [i], in lieu of the written examination required by this section, the results of an examination given by the Joint Commission on National Dental Examinations, subject to such
conditions as the commission may prescribe, and the Dental Commission with the consent of the Commissioner of Public Health, may accept and approve, in lieu of the written and practical examination required by this section, the results of [regional testing agencies as to written and] clinical or practical examinations, subject to such conditions as [the] said commission, with the consent of the Commissioner of Public Health, may prescribe in lieu of the clinically based postdoctoral general practice or specialty dental residency program required pursuant to subsection (a) of section 20-107, as amended by this act. On and after July 1, 2021, or upon the State Dental Commission's approval of examinations that do not require the participation of patients, whichever is earlier, such clinical or practical examinations shall not require the participation of patients. Passing scores shall be established by the department with the consent of the commission.

[(b) In lieu of the practical examination required by subsection (a) of this section, an applicant for licensure may submit evidence of having successfully completed not less than one year of graduate dental training as a resident dentist in a program accredited by the Commission on Dental Accreditation, provided the director of the dental residency program at the facility in which the applicant completed the residency training provides documentation satisfactory to the Department of Public Health attesting to the resident dentist's competency in all areas tested on the practical examination required by subsection (a) of this section. Not later than December 1, 2005, the Dental Commission, in consultation with the Department of Public Health, shall develop a form upon which such documentation shall be provided.]

Sec. 3. Section 20-110 of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2020):

The Department of Public Health may, upon receipt of an application and a fee of five hundred sixty-five dollars, issue a license without examination to a practicing dentist in another state or territory.
who (1) holds a current valid license in good professional standing issued after examination by another state or territory that maintains licensing standards which, except for the practical examination, are commensurate with the state's standards, and (2) has worked continuously as a licensed dentist in an academic or clinical setting in another state or territory for a period of not less than [five years] \textbf{one year} immediately preceding the application for licensure without examination. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint. The department shall inform the Dental Commission annually of the number of applications it receives for licensure under this section.

Sec. 4. (NEW) (Effective January 1, 2020) (a) As used in this section:

(1) "Practice of advanced dental therapy" means the performance of educational, preventive and therapeutic services through any one or more of the following practices and procedures: (A) Identification of oral and systemic conditions requiring evaluation or treatment by dentists, physicians or other healthcare providers, and management of referrals; (B) diagnosis of, and treatment for, oral diseases and conditions within the advanced practice dental therapist scope of practice, limited to the procedures in this section; (C) comprehensive charting of the oral cavity; (D) oral health instruction and disease prevention education, including nutritional counseling and dietary analysis; (E) dispensing and administering nonnarcotic analgesics, anti-inflammatory and antibiotic medications as prescribed by a licensed health care provider, except schedule II, III or IV controlled substances; (F) applying topical preventive or prophylactic agents, including fluoride varnish, antimicrobial agents and pit and fissure sealants; (G) pulp vitality testing; (H) applying desensitizing medication or resin; (I) interim therapeutic restorations; (J) fabricating athletic mouth guards; (K) changing periodontal dressings; (L) administering local anesthetics under the general supervision of a dentist; (M) simple extraction of erupted primary teeth; (N) nonsurgical extractions of periodontally diseased permanent teeth
with tooth mobility of three or greater, but not including an extraction of a tooth if it is unerupted, impacted, fractured or needs to be sectioned for removal; (O) emergency palliative treatment of dental pain, limited to the procedures in this section; (P) preparation and placement of direct restoration in primary and permanent teeth, that does not require the fabrication of crowns, bridges, veneers or dentures; (Q) fabrication and placement of single-tooth temporary crowns; (R) preparation and placement of preformed crowns on primary teeth; (S) indirect and direct pulp capping on permanent teeth; (T) indirect pulp capping on primary teeth; (U) suture removal; (V) minor adjustments and repairs on removable prostheses; (W) placement and removal of space maintainers; and (X) recementing permanent crowns;

(2) "Collaborative agreement" means a written agreement between an advanced practice dental therapist and a dentist licensed pursuant to chapter 379 of the general statutes, that defines the working relationship between the advanced practice dental therapist and the dentist and the parameters of the practice provided by such advanced practice dental therapist in accordance with subdivision (1) of this subsection;

(3) "Advanced practice dental therapist" means a person authorized to engage in the practice of advanced practice dental therapy under a collaborative agreement;

(4) "Public health facility" has the same meaning as provided in section 20-126l of the general statutes, as amended by this act.

(b) No person shall engage in the advanced practice of dental therapy unless such person (1) is a dental hygienist licensed pursuant to chapter 379a of the general statutes; (2) has obtained an advanced practice dental therapist certification, that shall be (A) in writing, on forms issued by an institution of higher education accredited by the Commission on Dental Accreditation, after successful completion of an advanced dental therapy program which includes, in accordance with the Commission on Dental Accreditation Dental Therapy Standards,
full-time instruction, or its equivalent, at the postsecondary college
level and incorporate all advanced dental therapy practice
competencies, (B) signed by the advanced practice dental therapist and
the advanced practice dental therapy program director, and (C) made
available to the Department of Public Health upon request; (3) has
successfully completed a comprehensive examination prescribed by
the Commission on Dental Competency Assessments, or its equivalent,
and administered independently of any institution of higher education
that offers a program in advanced practice dental therapy; (4) prior to
entering the first collaborative agreement, (A) has received a certificate
of completion, signed by a dentist licensed pursuant to chapter 379 of
the general statutes, that verifies completion of one thousand hours of
clinical training under the direct supervision of such dentist, and (B)
has successfully completed six hours of continuing education related
to dental therapy; and (5) has entered into a collaborative agreement.

(c) An advanced practice dental therapist shall practice in a public
health facility under the general supervision of a licensed dentist in
accordance with a collaborative agreement.

(d) No provision of this section shall be construed to prohibit a
dental hygienist enrolled in an advanced practice dental therapy
program, as described in subdivision (2) of subsection (b) of this
section, from performing dental therapy work as a required
component of his or her course of study in such program, provided
such dental hygienist (1) performs such work under the direct
supervision of a dentist licensed pursuant to chapter 379 of the general
statutes, (2) shall not hold himself or herself out as a certified advanced
practice dental therapist, and (3) shall not receive compensation for
such work.

(e) (1) A collaborative agreement required pursuant to subsection
(b) of this section shall include: (A) Identification of public health
facilities where services may be provided and the populations to be
served; (B) any limitations on the services that may be provided by the
advanced practice dental therapist; (C) age and procedure-specific
practice protocols, including case selection criteria, assessment guidelines and imaging frequency; (D) a procedure for creating and maintaining dental records for the patients that are treated by the advanced practice dental therapist; (E) a plan to manage medical emergencies in each public health facility where the advanced practice dental therapist provides care; (F) a quality assurance plan for monitoring care provided by the advanced practice dental therapist, including patient care review, referral follow-up and a quality assurance chart review; (G) protocols for dispensing and administering medications, including the specific conditions and circumstances under which these medications may be dispensed and administered; (H) criteria relating to the provision of care to patients with specific medical conditions or complex medication histories, including requirements for consultation prior to the initiation of care; (I) criteria for the supervision of dental assistants and dental hygienists in accordance with subsection (g) of this section; and (J) a plan for the provision of referrals in situations that are beyond the capabilities of the advanced practice dental therapist.

(2) A collaborative agreement shall be (A) signed and maintained by the supervising dentist and the advanced practice dental therapist and kept on file at the locations where such advanced practice dental therapist is employed, (B) reviewed by the dentist and advanced practice dental therapist on an annual basis and revised as needed, and (C) available for inspection upon the request of the Department of Public Health.

(f) A dentist who enters into a collaborative agreement with an advanced practice dental therapist (1) shall be professionally responsible and legally liable for all services authorized and performed by an advanced practice dental therapist pursuant to a collaborative agreement, and (2) may not enter into a collaborative agreement with more than two advanced practice dental therapists at any one time. Nothing in this section shall be construed to require a dentist to enter into a collaborative agreement with an advanced practice dental therapist.
(g) An advanced practice dental therapist may directly supervise not more than two dental assistants or expanded function dental assistants, as defined in section 20-112a of the general statutes, as amended by this act, or dental hygienists licensed pursuant to chapter 379a of the general statutes to the extent permitted in the collaborative agreement.

(h) (1) Upon each renewal of a dental hygiene license pursuant to chapter 379a of the general statutes, each advanced practice dental therapist shall complete six hours of continuing education in addition to the requirements of subsection (g) of section 20-126l of the general statutes, as amended by this act, for a total of twenty-two hours of continuing education within the preceding twenty-four-month period.

(2) Each advanced practice dental therapist applying for a renewal of a dental hygiene license pursuant to chapter 379a of the general statutes and in accordance with section 19a-88 of the general statutes shall sign a statement attesting that he or she has satisfied the continuing education requirements described in subdivision (1) of this subsection on a form prescribed by the Department of Public Health. Each advanced practice dental therapist shall retain records of attendance or certificates of completion that demonstrate compliance with the continuing education requirements described in subdivision (1) of this subsection for not less than three years following the date on which the continuing education was completed or the license was renewed. Each advanced practice dental therapist shall submit such records to the department for inspection not later than forty-five days after a request by the department for such records. An advanced practice dental therapist who fails to comply with the provisions of this section may be subject to disciplinary action pursuant to section 20-126o of the general statutes, as amended by this act.

Sec. 5. Subsection (a) of section 20-126o of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2020):

(a) The Department of Public Health may take any of the actions set
forth in section 19a-17 for any of the following causes: (1) The presentation to the department of any diploma, license or certificate illegally or fraudulently obtained, or obtained from an institution that is not accredited or from an unrecognized or irregular institution or state board, or obtained by the practice of any fraud or deception; (2) illegal conduct; (3) negligent, incompetent or wrongful conduct in professional activities; (4) conviction of the violation of any of the provisions of sections 20-126h to 20-126w, inclusive, or section 4 of this act by any court of criminal jurisdiction; (5) the violation of any of the provisions of said sections or of the regulations adopted hereunder or the refusal to comply with any of said provisions or regulations; (6) the aiding or abetting in the practice of dental hygiene of a person not licensed to practice dental hygiene in this state; (7) engaging in fraud or material deception in the course of professional activities; (8) the effects of physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, upon the license holder; (9) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; or (10) failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j. A violation of any of the provisions of sections 20-126h to 20-126w, inclusive, or section 4 of this act by any unlicensed employee in the practice of dental hygiene, with the knowledge of his or her employer, shall be deemed a violation thereof by his or her employer. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to said section 19a-17.

Sec. 6. Section 20-126t of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2020):

Sec. 20-126t. Penalties. Any person who violates any provision of sections 20-126h to 20-126w, inclusive, or section 4 of this act shall be
guilty of a class D felony. Any person who continues to practice dental
hygiene or engage as a dental hygienist, after his license or authority to
so do has been suspended or revoked and while such disability
continues, shall be guilty of a class D felony. For the purposes of this
section, each instance of patient contact or consultation which is in
violation of any provision of this section shall constitute a separate
offense. Failure to renew a license in a timely manner shall not
constitute a violation for the purposes of this section.

Sec. 7. Subsections (c) and (d) of section 20-112a of the general
statutes are repealed and the following is substituted in lieu thereof
(Effective January 1, 2020):

(c) (1) A licensed dentist may delegate to dental assistants such
dental procedures as the dentist may deem advisable, including: (A)
The taking of dental x-rays if the dental assistant can demonstrate
successful completion of the dental radiation health and safety
examination administered by the Dental Assisting National Board; (B)
the taking of impressions of teeth for study models; and (C) the
provision of fluoride varnish treatments. Such procedures shall be
performed under direct supervision and the dentist providing direct
supervision shall assume responsibility for such procedures.

(2) A licensed dentist may delegate to an expanded function dental
assistant such dental procedures as the dentist may deem advisable,
including: (A) The placing, finishing and adjustment of temporary
restorations and long-term individual fillings, capping materials and
cement bases; (B) oral health education for patients; (C) dental sealants;
and] (D) coronal polishing, provided the procedure is not represented
or billed as prophylaxis; (E) administration of topical anesthetic under
the direct supervision of the dentist prior to the administration of local
anesthetic by a dentist or dental hygienist; and (F) taking alginate
impressions of teeth, under the direct supervision of the dentist, for
use in study models, orthodontic appliances, whitening trays, mouth
guards or fabrication of temporary crowns. Such procedures shall be
performed under [the] either direct or indirect supervision, except as
specifically provided in this subdivision, and the dentist providing such supervision shall assume responsibility for such procedures.

(3) On or after July 1, 2018, (A) no licensed dentist may delegate dental procedures to a dental assistant or expanded function dental assistant unless the dental assistant or expanded function dental assistant provides records demonstrating successful completion of the Dental Assisting National Board’s infection control examination, except as provided in subdivision (2) of this subsection, (B) a dental assistant may receive not more than nine months of on-the-job training by a licensed dentist for purposes of preparing the dental assistant for the Dental Assisting National Board’s infection control examination, and (C) any licensed dentist who delegates dental procedures to a dental assistant shall retain and make such records available for inspection upon request of the Department of Public Health.

(4) On and after January 1, 2018, upon successful completion of the Dental Assisting National Board’s infection control examination, each dental assistant or expanded function dental assistant shall complete not less than one hour of training or education in infection control in a dental setting every two years, including, but not limited to, courses, including online courses, offered or approved by a dental school or another institution of higher education that is accredited or recognized by the Commission on Dental Accreditation, a regional accrediting organization, the American Dental Association or a state, district or local dental association or society affiliated with the American Dental Association or the American Dental Assistants Association.

(d) [Under] Except as provided in subsection (c) of this section, under no circumstances may a dental assistant or expanded function dental assistant engage in: (1) Diagnosis for dental procedures or dental treatment; (2) the cutting or removal of any hard or soft tissue or suturing; (3) the prescribing of drugs or medications that require the written or oral order of a licensed dentist or physician; (4) the administration of local, parenteral, inhalation or general anesthetic agents in connection with any dental operative procedure; (5) the
taking of any final impression of the teeth or jaws or the relationship of
the teeth or jaws for the purpose of fabricating any appliance or
prosthesis; or (6) the practice of dental hygiene as defined in section
20-126l, as amended by this act.

Sec. 8. Subsections (a) and (b) of section 20-126c of the general
statutes are repealed and the following is substituted in lieu thereof
(Effective January 1, 2020):

(a) As used in this section:

(1) "Commissioner" means the Commissioner of Public Health;

(2) "Contact hour" means a minimum of fifty minutes of continuing
education activity;

(3) "Department" means the Department of Public Health;

(4) "Licensee" means any person who receives a license from the
department pursuant to this chapter; [and]

(5) "Registration period" means the one-year period for which a
license renewed in accordance with section 19a-88 is current and valid;
and

(6) "Temporary dental clinic" means a dental clinic that provides
dental care services at no cost to uninsured or underinsured persons
and operates for not more than seventy-two consecutive hours.

(b) Except as otherwise provided in this section, a licensee applying
for license renewal shall earn a minimum of twenty-five contact hours
of continuing education within the preceding twenty-four-month
period. Such continuing education shall (1) be in an area of the
licensee's practice; (2) reflect the professional needs of the licensee in
order to meet the health care needs of the public; and (3) include not
less than one contact hour of training or education in (A) any three of
the ten mandatory topics for continuing education activities prescribed
by the commissioner pursuant to this subdivision, (B) for registration
periods beginning on and after October 1, 2016, infection control in a
dental setting, and (C) prescribing controlled substances and pain
management. For registration periods beginning on and after October
1, 2011, the Commissioner of Public Health, in consultation with the
Dental Commission, shall on or before October 1, 2010, and biennially
thereafter, issue a list that includes ten mandatory topics for
continuing education activities that will be required for the following
two-year registration period. Qualifying continuing education
activities include, but are not limited to, courses, including on-line
courses, offered or approved by the American Dental Association or
state, district or local dental associations and societies affiliated with
the American Dental Association; national, state, district or local dental
specialty organizations or the American Academy of General
Dentistry; a hospital or other health care institution; dental schools and
other schools of higher education accredited or recognized by the
Council on Dental Accreditation or a regional accrediting organization;
agencies or businesses whose programs are accredited or recognized
by the Council on Dental Accreditation; local, state or national medical
associations; a state or local health department; or the Accreditation
Council for Graduate Medical Education. Eight hours of volunteer
dental practice at a public health facility, as defined in section 20-126l,
as amended by this act, or a temporary dental clinic may be
substituted for one contact hour of continuing education, up to a
maximum of ten contact hours in one twenty-four-month period.

Sec. 9. Subsection (a) of section 20-126l of the general statutes is
repealed and the following is substituted in lieu thereof (Effective
January 1, 2020):

(a) As used in this section:

(1) "General supervision of a licensed dentist" means supervision
that authorizes dental hygiene procedures to be performed with the
knowledge of said licensed dentist, whether or not the dentist is on the
premises when such procedures are being performed;

(2) "Public health facility" means an institution, as defined in section
1a-490, a community health center, a group home, a school, a preschool operated by a local or regional board of education, a head start program or a program offered or sponsored by the federal Special Supplemental Food Program for Women, Infants and Children, a senior center or a managed residential community, as defined in section 19a-693, [or] a licensed child care center, as described in section 19a-77, or a temporary dental clinic, as defined in section 20-126c, as amended by this act;

(3) The "practice of dental hygiene" means the performance of educational, preventive and therapeutic services including: Complete prophylaxis; the removal of calcareous deposits, accretions and stains from the supragingival and subgingival surfaces of the teeth by scaling, root planing and polishing; the application of pit and fissure sealants and topical solutions to exposed portions of the teeth; dental hygiene examinations and the charting of oral conditions; dental hygiene assessment, treatment planning and evaluation; the administration of local anesthesia in accordance with the provisions of subsection (d) of this section; taking alginate impressions of teeth, under the indirect supervision of a dentist, for use in study models, orthodontic appliances, whitening trays, mouth guards and fabrication of temporary crowns; and collaboration in the implementation of the oral health care regimen; and

(4) "Contact hour" means a minimum of fifty minutes of continuing education activity.

Sec. 10. Subsection (g) of section 20-126l of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2020):

(g) Each licensed dental hygienist applying for license renewal shall earn a minimum of sixteen contact hours of continuing education within the preceding twenty-four-month period, including, for registration periods beginning on and after October 1, 2016, at least one contact hour of training or education in infection control in a dental setting and, for registration periods beginning on and after
October 1, 2017, at least one contact hour of training or education in cultural competency. The subject matter for continuing education shall reflect the professional needs of the licensee in order to meet the health care needs of the public. Continuing education activities shall provide significant theoretical or practical content directly related to clinical or scientific aspects of dental hygiene. Qualifying continuing education activities include, but are not limited to, courses, including on-line courses, that are offered or approved by dental schools and other institutions of higher education that are accredited or recognized by the Council on Dental Accreditation, a regional accrediting organization, the American Dental Association, a state, district or local dental association or society affiliated with the American Dental Association, the National Dental Association, the American Dental Hygienists Association or a state, district or local dental hygiene association or society affiliated with the American Dental Hygienists Association, the Academy of General Dentistry, the Academy of Dental Hygiene, the American Red Cross or the American Heart Association when sponsoring programs in cardiopulmonary resuscitation or cardiac life support, the United States Department of Veterans Affairs and armed forces of the United States when conducting programs at United States governmental facilities, a hospital or other health care institution, agencies or businesses whose programs are accredited or recognized by the Council on Dental Accreditation, local, state or national medical associations, or a state or local health department. Eight hours of volunteer dental practice at a public health facility, as defined in subsection (a) of this section, may be substituted for one contact hour of continuing education, up to a maximum of five contact hours in one two-year period. Activities that do not qualify toward meeting these requirements include professional organizational business meetings, speeches delivered at luncheons or banquets, and the reading of books, articles, or professional journals. [Not more than four contact hours of continuing education may be earned through an on-line or other distance learning program.]

Sec. 11. Section 20-126l of the general statutes is amended by adding subsection (l) as follows (Effective January 1, 2020):
(NEW) (l) No provision of chapter 379a shall be construed to prohibit a student of dental hygiene enrolled in a dental hygiene program, as described in section 20-126i, from performing dental hygiene work as a required component of his or her course of study in such program, provided that the student (1) performs such work under the direct supervision of a dentist licensed pursuant to chapter 379 or a dental hygienist licensed pursuant to chapter 379a, (2) shall not hold himself or herself out as a licensed dental hygienist, and (3) shall not receive compensation for such work.

Sec. 12. (Effective January 1, 2020) The chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to public health shall convene a working group to advise said joint standing committee regarding the certification of dental therapists by the Department of Public Health. The working group shall be comprised of the chairpersons of said joint standing committee, or the chairpersons' designees, the Commissioner of Public Health, or the commissioner's designee, representatives of the Connecticut State Dental Association, including, but not limited to, at least one dentist and one dental hygienist, a dental therapist certified in another state, an advanced practice dental therapist certified in another state, the president of the Board of Regents for Higher Education, or the president's designee, a representative of the Connecticut Conference of Independent Colleges, a representative of the American Dental Association's Commission on Dental Accreditation and a representative of the Joint Commission on National Dental Examinations. The working group may also include members of said joint standing committee. The working group shall evaluate and make recommendations regarding the scope of practice of a dental therapist and the educational requirements and training requirements that a person shall meet to become certified as a dental therapist by the Department of Public Health. On or before January 1, 2020, the working group shall report, in accordance with the provisions of section 11-4a of the general statutes, to said joint standing committee regarding its findings and recommendations.
Sec. 13. (NEW) (Effective July 1, 2019) (a) As used in this section:

(1) "Point-of-service test" means diagnostic testing performed at the site where patients will receive care or treatment; and

(2) "HbA1c percentage" means 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.

(b) A dentist licensed under chapter 379 of the general statutes may, during an office visit or prior to a procedure and with a patient's consent, administer an in-office point-of-service test to the patient to measure the patient's HbA1c percentage utilizing a finger-stick measurement tool if such patient is at an increased risk of diabetes and does not have a previous diagnosis of diabetes. A dentist who does not administer such test pursuant to this section shall not be deemed to have violated the standard of care for a dentist. The Commissioner of Public Health may adopt regulations in accordance with the provisions of chapter 54 of the general statutes to carry out the provisions of this section.

Sec. 14. Subdivision (3) of subsection (c) of section 20-112a of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2019):

(3) On or after July 1, 2018, (A) no licensed dentist may delegate dental procedures to a dental assistant or expanded function dental assistant unless the dental assistant or expanded function dental assistant provides records demonstrating successful completion of the Dental Assisting National Board's infection control examination or an infection control competency assessment administered by a dental education program in the state that is accredited by the American Dental Association's Commission on Dental Accreditation, except as provided in subdivision (2) of this subsection, (B) a dental assistant may receive not more than [nine] fifteen months of on-the-job training by a licensed dentist for purposes of preparing the dental assistant for the Dental Assisting National Board's infection control examination,
and (C) any licensed dentist who delegates dental procedures to a dental assistant shall retain and make such records available for inspection upon request of the Department of Public Health.

This act shall take effect as follows and shall amend the following sections:

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