Amendments to Engrossed Substitute House Bill 1678

patient.

Key

<u>Underlined text</u> signifies changes in the bill compared to previous versions over the years.

Blue text signifies language from the Substitute Bill and House Committee Amendments.

Green text signifies language from the Engrossed Substitute version, which passed out of both the House of Representatives and the Senate.

to CODA accreditation standards by

	Original Version Summary	Substitute Version (Including original substitute bill and House Committee amendments) No amendments were adopted in the Senate	Engrossed Substitute Version that passed out of both the House of Representatives and the Senate (Including original substitute bill, Committee amendments, and House of Representatives floor amendments)
Definitions	 Close supervision: Means that a supervising dentist has personally examined and diagnosed the patient, has personally authorized the procedures to be performed, is continuously on-site while the procedure in question is being performed, and is capable of responding immediately in the event of an emergency. Committee: Means the Dental Hygiene Examining Committee. General supervision: Means that a supervising dentist has examined and diagnosed the patient and provided subsequent instructions to be performed by the assistive personnel but does not require that the dentist be physically present in the treatment facility. Off-site supervision: Means supervision that does not require the dentist to be physically present or to personally examine or diagnose the 	 Original substitute bill: Adds dentists exempt from licensure under the Indian Health Care Improvement Act to the definition of dentist in the dental therapist chapter, authorizing them to supervise dental therapists. Modifies the provision that allows applicants that have successfully completed a nonaccredited dental therapy program to apply for a dental therapy license by limiting it to applicants that completed a nonaccredited program that the Dental Hygiene Examining Committee (Committee) determines is substantially equivalent to CODA accreditation standards before September 31, 2022. Removes tooth reimplantation from the scope of practice for dental therapists. Modifies the extractions a dental therapist may perform by replacing the 	 Limits the authorization for dental therapists to provide emergency palliative treatment of dental pain to the procedures in the dental therapist's scope of practice. Limits the authorization for dental therapists to prepare and place preformed crowns only for patients 18 years of age or older. Removes placement of sutures from the scope of practice of dental therapists. Provides that when possible, a dental therapist must collaborate with the supervising dentist to formulate a patient's individualized treatment plan. Defines "off-site supervision." Modifies the provision that allows limited license applicants to have graduated from a nonaccredited dental therapy education program that the Dental Hygiene Examining Committee determines is substantially equivalent

authorization to perform "nonsurgical

Continuing	The department shall establish by rule			
Education	mandatory continuing education			
	requirements to be met by dental therapists			
	applying for license renewal.			
License issuance	Applicants must:			
	 Successfully complete a 			
	dental therapist program			
	that is accredited or has			
	received initial accreditation			
	by CODA.			
	OR-			
	 Successfully complete a non- 			
	CODA accredited dental			
	therapy program and have			
	proof of at least 400			
	preceptorship hours under			
	close supervision of a dentist			
	 Passes an examination 			
	approved by the Dental			
	Hygiene Committee.			
	 The Secretary of Health shall 			
	establish the date and			
	location of the examination,			
	and shall establish by rule			
	the examination application			
	deadline.			
	 The Hygiene Examining 			
	Committee shall establish			
	rules for reexamination if the			
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applicant fails, and the

an exam prepared or

administered by a private

of licensing authorities.

Committee must establish

rules to implement this

section.

The Secretary and the

Committee may also approve

testing agency or association

extractions of periodontally diseased permanent teeth with tooth mobility of plus 3 to plus 4 if the teeth are not unerupted, are not impacted, are not fractured, and do not need to be sectioned for removal" with "nonsurgical extractions of erupted permanent teeth under limited conditions."

- Removes dental therapists from the list of authorized prescribers in RCW 69.41.030.
- Specifies that dental therapists are "practitioners" for purposes of RCW 69.41.010 to the extent authorized in the new dental therapy chapter.
- Removes the specific requirements and limitations regarding the exam for dental therapy licensure that the Committee must approve.
- Requires the Committee to consult with Tribes that license dental health aide therapists and with dental therapy education programs when considering and approving the exam required for licensure.
- Corrects references to the practice locations for dental health aide therapists.
- Clarifies that tribal federally qualified health centers (FQHC) are a FQHC where dental therapists may practice.
- Removes defined terms that are not used in the new chapter.
- Makes other technical language changes.

House committee amendments:

 Removes pulpotomies on primary teeth from the scope of practice of a dental therapist.

- limiting this option to applicants that graduated before September 30, 2022.
- Authorizes the Department of Health to adopt rules to implement and administer the provisions related to the limited license.
- Corrects error referencing the fabrication of permanent and primary teeth.
- Fixes clerical error.
- Authorizes dental therapists to supervise dental hygienists.
- Requires a dental therapist to obtain liability insurance with coverage equivalent to that of the supervising dentist's liability insurance coverage.
- Transfers all authorities granted to the Dental Hygiene Examining Committee to the Dental Quality Assurance Commission (Commission). Increases the number of dental therapist members on the Commission from two to four dental therapist members.
- Establishes the term of a limited dental therapy license to be the same term as an initial limited dental hygiene license. Provides that a dentist providing services at a federally qualified health center is not required to enter a practice plan contract and may not face retaliation or default on a loan repayment contract if the dentist refuses to enter into a practice plan contract or supervise a dental therapist.
- Specifies that the licensing fees for dental therapist may not be subsidized by other health professionals.
- Adds dentists exempt from licensure under the Indian Health Care Improvement Act to the definition of

Out of State	 This section gives a path to 	dentist in the dental therapist chapter,
Licensure	full licensure without	authorizing them to supervise dental
	examination if an applicant	therapists.
	holds a valid license and is	Modifies the provision that allows
	currently engaged in practice	applicants that have successfully
		completed a nonaccredited dental
	in another state if the	therapy program to apply for a dental
	Secretary of Health	therapy license by limiting it to
	<u>determines the other state's</u>	applicants that completed a
	<u>licensing standards are</u>	nonaccredited program that the Dental
	substantively equivalent to	Hygiene Examining Committee
	Washington. The applicant	(Committee) determines is
	must provide information	substantially equivalent to CODA
	that the Secretary of Health	accreditation standards before
	deems necessary to	September 31, 2022.
	demonstrate knowledge of	Removes tooth reimplantation from
	Washington law on dental	the scope of practice for dental
	therapy.	therapists.
	<u></u>	Modifies the extractions a dental
List of Procedures	 Oral health instruction and disease 	therapist may perform by replacing the
that Dental	prevention education, including	authorization to perform "nonsurgical
Therapists may	nutritional counseling and dietary	extractions of periodontally diseased
Perform	analysis.	permanent teeth with tooth mobility of
	 <u>Comprehensive</u> charting of the oral 	plus 3 to plus 4 if the teeth are not
	cavity.	unerupted, are not impacted, are not
	 Making radiographs. 	fractured, and do not need to be
	 Mechanical polishing. 	sectioned for removal" with
	 Prophylaxis. 	"nonsurgical extractions of erupted
	 Periodontal scaling and root planing. 	permanent teeth under limited
	Application of topical preventative or	conditions."
	prophylactic agents, including	Removes dental therapists from the list
	fluoride and pit and fissure sealants.	of authorized prescribers in RCW
	Pulp vitality testing.	69.41.030.
	Application of desensitizing	Specifies that dental therapists are
	medication or resin.	"practitioners" for purposes of RCW
	Fabrication of athletic mouth guards.	69.41.010 to the extent authorized in
	Placement of temporary	the new dental therapy chapter.
	restorations.	Removes the specific requirements and
	Fabrication of soft occlusal guards.	limitations regarding the exam for
	Tissue conditioning and soft reline.	

- Atraumatic restorative therapy and interim restorative therapy.
- Dressing changes.
- Tooth reimplantation.
- Administration of local anesthetic.
- Administration of nitrous oxide.
- Emergency palliative treatment of dental pain.
- The placement and removal of space maintainers.
- Cavity preparation.
- <u>Fabrication and</u> restoration of primary and permanent teeth.
- Placement of temporary crowns.
- Preparation and placement of preformed crowns.
- Pulpotomies on primary teeth.
- Indirect and direct pulp capping on primary and permanent teeth.
- Stabilization of reimplanted teeth.
- Extractions of primary teeth.
- Suture placement and removal.
- Brush biopsies.
- Minor adjustments and repairs on removable prostheses.
- Recementing of permanent crowns.
- Oral evaluation and assessment of dental disease and the formulation of an individualized treatment plan.
- Identification of oral and systemic conditions requiring evaluation and treatment by a dentist, physician, or other health care provider, and management of referrals.
- The supervision of no more than 3 EFDAs and/or dental assistants.
- Nonsurgical extractions of periodontally diseased permanent teeth with tooth mobility of plus 3 to plus 4 if the teeth are not unerupted, are not impacted, are not fractured,

- dental therapy licensure that the Committee must approve.
- Requires the Committee to consult with Tribes that license dental health aide therapists and with dental therapy education programs when considering and approving the exam required for licensure.
- Corrects references to the practice locations for dental health aide therapists.
- Clarifies that tribal federally qualified health centers (FQHC) are a FQHC where dental therapists may practice.
- Removes defined terms that are not used in the new chapter.
- Makes other technical language changes.
- Removes pulpotomies on primary teeth from the scope of practice of a dental therapist.

	and do not need to be sectioned for
	removal.
	 The dispensation and oral
	administration of the following drugs
	within the parameters of the practice
	plan contract, nonnarcotic
	analgesics, anti-inflammatories,
	preventive agents, and antibiotics.
Practice Plan	A dental therapist must submit a
Contract	signed copy of the practice plan to
Contract	
	the Secretary of Health at the time of
	licensure renewal. If it is revised in
	between renewal, a signed copy of
	the revised practice plan must be
	submitted as soon as practicable.
	 The dental therapist shall accept
	responsibility for all services and
	procedures provided by the dental
	therapist or any auxiliary dental
	providers the dental therapist is
	supervising pursuant to the practice
	plan contract.
Practice Settings	FQHCs or FQHC look-alikes only.
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Limited Licensure	DOH shall issue a limited license to
Zimited Licensure	applicants that, as determined by the
	Secretary:
	,
	Hold a valid license,
	certification, or
	recertification in another
	state, Canadian province, or
	have been certified/licensed
	by a federal or tribal
	governing board in the
	previous 2 years that has a
	substantially equivalent
	scope of practice.
	 Is currently actively
	practicing in another state,
	Canadian province, or tribe.
	canadian province, or tribe.

 Files with the Secretary
certifying that they have
graduated from a CODA
accredited program, or from
a program that the Dental
Hygiene Examining
Committee determines is
substantially equivalent to an
accredited program.
A person practicing with a
limited license can only
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perform procedures that
they were licensed/certified
to practice in their previous
area.
 Upon demonstration of
competency of all
procedures listed in this act,
the applicant may apply for
licensure as a dental
therapist.
Adds 2 dental therapists to DQAC.
The department of health shall adopt any
rules necessary to implement this act.
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