

Information Summary and Recommendations

Report on Substitute House Bill 1099 (2007)

Dental Professionals

December 2012



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Executive Summary

In 2007, the Washington State Legislature passed Substitute House Bill (SHB) 1099, an act relating to certain auxiliary and supportive dental professionals (Appendix A). The bill established credentialing standards and disciplinary authority for two new dental professions – dental assistants and expanded function dental auxiliaries (EFDAs).

Before SHB 1099, unlicensed dental assistants performed certain dental care functions under the supervision of a dentist. The Dental Quality Assurance Commission (commission) had rules to define the scope of services a dentist could allow unlicensed dental assistants to provide.

SHB 1099 required:

- Dental assistants to be registered by the commission as of July 1, 2008;
- EFDAs to be licensed by the commission as of December 1, 2008;
- The commission to approve EFDA education programs;
- Two EFDAs to be added to the commission; and
- A report by the Department of Health (department), in consultation with the commission and the Dental Hygiene Examining Committee to review the effectiveness of the dental assistant and EFDA professions as related to:
 - Increasing professional standards;
 - Increasing efficiency in dental practices and community clinics;
 - Promoting career ladders in the dental professions; and
 - Recommendations for expanding or contracting the practice of dental assistants and expanded function dental auxiliaries.

In response to the legislature’s direction to report on this issue, the department created and administered a survey to review the effectiveness of the dental assistant and EFDA professions regarding professional standards, increasing efficiency, promoting career ladders, and recommendations for expanding or contracting their practice. The department sent the survey to EFDAs, which were asked to identify the supervising dentist. The department then sent a separate survey to the identified supervising dentists. Most of the supervising dentists surveyed indicated that employing EFDAs has made their practice more efficient. Most also rated the use of their EFDA’s skills highly. Both EFDAs and supervising dentists would recommend dental assistants become EFDAs. However, most of the responding dentists also report that the employment of EFDAs in their offices has not increased their standard of practice¹.

RECOMMENDATION

In preparing this report, the department consulted with the Dental Quality Assurance Commission (commission) and the Dental Hygiene Examining Committee (DHEC) through a series of briefings about the statutory requirements for the report, the proposed survey instrument, preliminary survey results, and the draft report. SHB 1099, Section 18 requires the department to make a recommendation regarding “expanding or contracting” the practice of dental assistants and expanded function dental auxiliaries (EFDAs).

¹ SHB 1099 does not define the terms “standard of practice” or “efficiency.”

The department carefully considered the feedback from the commission and the DHEC while preparing the report. After taking all information and perspectives into account, the department believes that maintaining the dental assistant and EFDA credentials is in the best public interest. The department recommends no change to the credentialing standards and that the existing scope of practice for dental assistants and EFDAs be maintained as created by SHB 1099.

The commission concurred with the department's recommendations. On July 27, 2012, the DHEC elected to agree with the recommendation not to expand the EFDA scope of practice, but did not concur with the department's recommendations to continue credentialing EFDAs. The DHEC does not believe EFDA credentialing has increased access to care.

Requirements of Substitute House Bill 1099

Substitute House Bill (SHB) 1099 created registration for dental assistants and licensure for expanded function dental auxiliaries (EFDAs). The bill required the department, in consultation with the Dental Quality Assurance Commission (commission) and the Dental Hygiene Examining Committee, to review the effectiveness of the creation of the two new professions as it relates to:

- Increasing professional standards in dental practices;
- Increasing efficiency in dental practices and community health clinics;
- Promoting career ladders in the dental professions; and
- Recommendations for expanding or contracting the practice of dental assistants and EFDAs.

History

Sunrise Reviews

The department conducted a sunrise review in 1994 on the regulation of dental assistants and whether to allow them to perform “expanded functions.” The sunrise review was in response to two bills: draft H-3952.1 to establish two levels of regulation of dental assistants; and House Bill 1856 that would allow dental hygienists to practice independently. At the time, the department recommended that dental assistants be allowed to perform expanded functions under certain circumstances. This review did not endorse registration or certification of dental assistants.

The department conducted a sunrise review in January 2004 on the dental care scope of practice. The sunrise review was in response to draft H-3273.2 that would amend the regulation of dental hygienists and establish regulation of dental assistants. Before SHB 1099, dental assistants were not defined in statute and were referred to in rules as “unlicensed persons.” The review recommended registration of dental assistants. The review also concluded there was insufficient information about expanded practice certified dental assistants at that time.

Background

Dentists may delegate certain dental care functions to support staff. The commission adopted rules to define the scope of services support staff may provide and the varying levels of supervision necessary. The services support personnel may provide under the close supervision of a dentist generally include performing oral inspection, providing patient education, conducting certain duties related to impressions, performing coronal polishing, placing temporary fillings, placing dental x-ray film, applying sealants, and helping administer nitrous oxide analgesia

Dental assistants are defined as individuals who provide supportive services to dentists under the close supervision of a dentist. Close supervision requires that a supervising dentist be present in the treatment facility while procedures are being performed and able to respond in an emergency. However, it does not require the supervising dentists to be physically present in the operatory. Dental assistants may perform patient care and laboratory duties as defined by the commission. A dental assistant must demonstrate to a dentist that he or she is capable of competently performing the delegated tasks.

EFDA's are defined as individuals who provide supportive dental services under either close or general supervision of a dentist. General supervision requires that the supervising dentist examine and diagnose the patient. However, it does not require the dentist to be physically present in the treatment facility. An EFDA may provide all of the same duties a dental assistant may perform under close supervision. An EFDA may also perform certain procedures under general supervision, including performing coronal polishing, giving fluoride treatments, applying sealants, placing and exposing x-ray film, and giving patients oral health instruction. And an EFDA may place and carve direct restorations and take final impressions under close supervision. An EFDA must demonstrate to a dentist that he or she is capable of competently performing the delegated tasks.

Credentialing Standards

Dental Assistant Registration

Registration is defined in RCW 18.120.020 as the formal notification which, prior to rendering services, a practitioner shall submit to a state agency setting forth the name and address of the practitioner; the location, nature and operation of the health activity to be practiced; and, if required by the regulatory entity, a description of the service to be provided.

Effective July 1, 2008, dental assistant registration requires:

1. An application and fee;
2. Seven hours of AIDS education and training;
3. State background check; and
4. An FBI fingerprint check, when appropriate.

Annual renewal of the registration is required.

Expanded Function Dental Auxiliary (EFDA) Licensure

Licensure is defined in RCW 18.120.020 as the permission to engage in a health profession that would otherwise be unlawful in the state in the absence of the permission. A license is granted to individuals who meet prerequisite qualifications to perform prescribed health professional tasks and for the use of a particular title.

Effective December 1, 2008, EFDA licensure requires an individual to submit an application and fee along with the following:

1. Demonstration of dental assistant education by one of the following five acceptable methods:
 - a. Commission on Dental Accreditation accredited dental assisting education programs; or Dental Assisting National Board Certified Dental Assistant through Pathway II AND a dental assisting review course;
 - b. Washington Limited Dental Hygiene license;
 - c. Washington Dental Hygiene license (education and exam not required – final impression course only); or
 - d. Military training.
2. Demonstration of EFDA education approved by the Dental Quality Assurance Commission:
 - a. There are currently five approved EFDA education programs in Washington, or
 - b. Military training – there are currently two Navy curriculums approved.
3. Written examination – The Dental Assisting National Board Washington Restorative Examination is the approved exam.
4. Clinical examination – The Western Regional Examining Board Restorative Examination is the approved exam.
5. Seven hours AIDS education and training.
6. State background check, and
7. An FBI fingerprint check, when appropriate.

Annual renewal of licensure is required.

Education and Exam Standards

Dental Assisting Education and Exam

Washington law does not require proof of education to obtain registration. Dental assistants may be trained through a dental assisting education program or through on the job experience. Nationally, there are approximately 300 dental assisting training programs accredited by the American Dental Association Commission on Dental Accreditation (CODA). There are eight CODA accredited dental assisting education programs in Washington. However, there are other dental assisting education programs in Washington not accredited by CODA.

Washington law does not require proof of passing an examination to obtain registration. There is only one national examination administered through the Dental Assisting National Board.

Expanded Function Dental Auxiliary Education and Exam

To help implement SHB 1099, the commission created the EFDA committee. The committee consists of dentists and EFDA members of the commission. The EFDA committee established:

1. Criteria for standardized EFDA education training programs;
2. Guidelines for the commission to use when approving EFDA training programs; and
3. A guide for EFDA training programs to use when developing their education programs so they comply with requirements and aid in the approval process.

The commission encourages EFDA training programs to continually assess the effectiveness of their education programs. The EFDA committee continues to function by evaluating new EFDA programs and making appropriate recommendations to the commission as needed.

EFDA programs requesting commission approval must submit documentation demonstrating the following criteria:

1. Program effectiveness
 - Planning and assessment
 - Financial support
 - Institutional agreements
2. Education program
 - Admissions
 - Curriculum
 - Instruction
 - Clinical practice
3. Administration, faculty, staff
 - Program director
 - Faculty
4. Educational Support Services
 - Administrative spaces
 - Student policies
5. Health and Safety Provisions
 - Infectious disease/Radiation management
 - Emergency management
6. Quality of Patient Services

A physical site visit is also performed for each education program by the commission's EFDA committee.

Engrossed Substitute Senate Bill 5307 (Chapter 32, Laws of 2011) authorized military training to meet the current training requirements for licensure unless the commission determines the military training is not substantially similar to the standards in Washington. The commission has approved the 1997 and 2007 Navy EFDA curriculum as substantially equivalent to current EFDA licensing education standards.

The commission has approved the state of Ohio as having substantially equivalent expanded EFDA licensing standards. There are other states that utilize EFDAs but do not regulate through state licensure.

The EFDA written restorative examination, the Washington Restorative Exam (WARE), is administered by the Dental Assisting National Board. Only EFDA applicants from commission approved EFDA education programs may take the WARE.

The EFDA clinical/practical restorative examination is administered by the Western Regional Examining Board (WREB). Both Washington EFDA applicants and dental hygienists may take the WREB restorative exam.

Statistics

As of June 30, 2011, there were 6,155 licensed dentists, 11,036 registered dental assistants, and 114 licensed EFDAs in Washington.

As of June 30, 2011, there were five approved EFDA education programs:

1. Spokane Community College has graduated four classes; average class size is 12-15 students.
2. South Puget Sound Community College has graduated four classes; average class size is 13-14 students.
3. Seattle Central Community College has graduated four classes; average class size is 12 students.
4. Institute for Dental Education and Leadership Success (IDEALS) has graduated six classes; average class size is 5-6 students.
5. Bellingham Technical College has graduated one class with five students. Its second class was cancelled due to low registration.

The written WARE exam has an 83 percent pass rate for July 1, 2011, through December 31, 2011.

The clinical restorative exam is also taken by dental hygienists to obtain licensure in Washington. Because of examinee confidentiality we are unable to differentiate EFDA examinees from dental hygiene examinees and do not have pass rates for EFDAs.

Dental assistant disciplinary history for July 1, 2009, through June 30, 2011:

- Five percent of dental assistant applicants had criminal conviction histories; of that number, 55 percent self-disclosed the information.
- 131 complaints received:
 - 38 investigations completed
 - Seven unlicensed investigations completed
 - 79 closed cases with no action
 - Seven final orders issued
 - 29 Notices of Decision (NOD) – registrations issued with conditions

EFDA discipline history for July 1, 2009, through June 30, 2011:

- Four percent of EFDA applicants have criminal conviction histories; of that number, 80 percent self-disclosed the information.
- No complaints received during this period².

Survey

Two surveys were created by department staff, program experts, attorneys, economists, and management in collaboration with the commission and Dental Hygiene Examining Committee. Specific questions were created to assist with meeting the requirements of the report. The EFDA survey (Appendix B) asked the EFDAs to identify their supervising dentist. Not all dentists utilize EFDAs. Department staff elected to only survey identified supervising dentists. The second survey was created specifically for these identified supervising dentists (Appendix C).

- Survey emailed to 86 EFDAs and mailed to 45 EFDAs (131 total)
- Sixty-four EFDAs responded
- Dentist survey emailed to all 33 identified supervising dentists
- Sixteen supervising dentists responded

The EFDA survey had a response rate of 49 percent (64 out of 131). The dentist survey had a response rate of 48 percent (16 out of 33)³.

Limitations of Survey

- Only 16 dentists responded to the survey.
- There may have been a misunderstanding of the term “general supervision” by the EFDAs. After evaluating the results of the survey, it is unclear whether the EFDAs understood the survey question to be about *general* supervision tasks, as opposed to *close* supervision tasks.
- EFDAs have only been licensed and practicing in Washington for three years.
- A majority of dentists responding who employ EFDAs said doing so made their practices more efficient, but this had not led to them seeing more financially indigent patients or increasing their standard of practice.
- SHB 1099 does not define the terms “standard of practice” or “efficiency”, nor are they defined in the survey. We believe this may have affected the survey model and the data we received. Providing definitions/explanations may have lent clarity to both the questions asked and the answers we received from the supervising dentists.

² The first EFDA license was issued June 2009. The department had issued a total of 114 EFDA licenses compared to 11,036 dental assistant registrations.

³ Detailed survey results in Appendix D.

Survey Conclusions - Effectiveness of Regulating Dental Professions

Increasing professional standards in dental practices

The majority (69 percent) of supervising dentists surveyed in Washington indicate that the employment of EFDAs in their offices has not increased their standard of practice. We presented the question in a yes/no format and did not provide an option for elaboration or explanation.

Increasing efficiency in dental practices and community health clinic

Most (88 percent) supervising dentists surveyed answered that employing EFDAs has made their practice more efficient. Half of the 16 supervising dentists indicate that having EFDAs in their offices/clinics helps them to treat more patients overall. While dentists overwhelmingly report that their practice is more efficient, they generally do not treat more Medicare/Medicaid patients, patients at a reduced rate or fee, patients with limited access, or underserved patients.

- 25 percent indicated they have treated more Medicare/Medicaid patients.
- 44 percent indicated they have treated more patients at reduced rate.
- 19 percent indicated they have treated more patients with limited access.
- 25 percent indicated they have treated more underserved patients.

Promoting career ladders in the dental professions

According to the survey results, most supervising dentists rate the use of their EFDAs' skills highly and would recommend dental assistants become EFDAs. However, most dentists surveyed would not like to see EFDA's scope of practice expanded beyond what they are performing now. Conversely, a majority of EFDAs indicate there are tasks they would like to perform that are not currently included in their scope of practice. Fifty-seven percent of EFDAs report they received additional compensation since earning their license. The national wage average for dental assistants is \$16.46 - \$18.50 per hour, depending on national certification. The average wage reported by EFDAs surveyed is \$26.80 per hour. The survey asked each dentist and EFDA if they would recommend a dental assistant become an EFDA. A majority of both dentists and EFDAs would recommend dental assistants become EFDAs.

Recommendation

In preparing this report, the department consulted with the Dental Quality Assurance Commission (commission) and the Dental Hygiene Examining Committee (DHEC) through a series of briefings about the statutory requirements for the report, the proposed survey instrument, preliminary survey results, and the draft report. SHB 1099, Section 18 requires the department to recommend expanding or contracting the practice of dental assistants and expanded function dental auxiliaries (EFDAs).

The department carefully considered the feedback from the commission and the DHEC while preparing the report. After taking all information and perspectives into account, the department believes that maintaining the dental assistant and EFDA credentials is in the best public interest. The department recommends no change to the credentialing standards and that the existing scope of practice for dental assistants and EFDAs be maintained as created by SHB 1099.

The commission concurred with the department's recommendations. On July 27, 2012, the DHEC elected to agree with the recommendation not to expand the EFDA scope of practice, but did not concur with the department's recommendations to continue credentialing EFDAs. The DHEC does not believe EFDA credentialing has increased access to care.

Appendix A

CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1099

Chapter 269, Laws of 2007

60th Legislature
2007 Regular Session

DENTAL PROFESSIONALS

EFFECTIVE DATE: 07/22/07 - Except section 16, which becomes effective 07/01/09.

Passed by the House April 16, 2007
Yeas 95 Nays 0

FRANK CHOPP

—
Speaker of the House of Representatives

Passed by the Senate April 11, 2007
Yeas 44 Nays 0

BRAD OWEN

—
President of the Senate

Approved May 2, 2007, 10:56 a.m.

CHRISTINE GREGOIRE

—
Governor of the State of Washington

CERTIFICATE

I, Richard Nafziger, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1099** as passed by the House of Representatives and the Senate on the dates hereon set forth.

RICHARD NAFZIGER

—
Chief Clerk

FILED
May 3, 2007

**Secretary of State
State of Washington**

SUBSTITUTE HOUSE BILL 1099

AS AMENDED BY THE SENATE

Passed Legislature - 2007 Regular Session

State of Washington

60th Legislature

2007 Regular Session

By House Committee on Health Care & Wellness (originally sponsored by Representatives Cody, Hinkle, Green, Bailey, Schual-Berke, Campbell, McCoy, Morrell, Ormsby, Kenney and Moeller)

READ FIRST TIME 02/08/07.

AN ACT Relating to dental professionals; amending RCW 18.32.030, 18.32.0351, and 18.130.040; adding a new section to chapter 18.29 RCW; adding a new chapter to Title 18 RCW; creating new sections; and providing an effective date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1 The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Close supervision" means that a supervising dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervising dentist is continuously on-site and physically present in the treatment facility while the procedures are performed by the assistive personnel and capable of responding immediately in the event of an emergency. The term does not require a supervising dentist to be physically present in the operatory.

(2) "Commission" means the Washington state dental quality assurance commission created in chapter 18.32 RCW.

(3) "Dental assistant" means a person who is registered by the commission to provide supportive services to a licensed dentist to the extent provided in this chapter and under the close supervision of a dentist.

(4) "Dentist" means an individual who holds a license to practice dentistry under chapter 18.32 RCW.

(5) "Department" means the department of health.

(6) "Expanded function dental auxiliary" means a person who is licensed by the commission to provide supportive services to a licensed dentist to the extent provided in this chapter and under the specified level of supervision of a dentist.

(7) "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.

(8) "Secretary" means the secretary of health.

(9) "Supervising dentist" means a dentist licensed under chapter 18.32 RCW that is responsible for providing the appropriate level of supervision for dental assistants and expanded function dental auxiliaries.

NEW SECTION. Sec. 2 (1) No person may practice or represent himself or herself as a registered dental assistant by use of any title or description without being registered by the commission as having met the standards established for registration under this chapter unless he or she is exempt under section 11 of this act.

(2) No person may practice or represent himself or herself as a licensed expanded function dental auxiliary by use of any title or description without being licensed by the commission under this chapter unless he or she is exempt under section 11 of this act.

NEW SECTION. Sec. 3 The commission shall issue a registration to practice as a dental assistant to any applicant who pays any applicable fees, as established by the secretary in accordance with RCW 43.70.110 and 43.70.250, and submits, on forms provided by the secretary, the applicant's name, address, and other information as determined by the secretary.

NEW SECTION. Sec. 4 (1) The commission shall issue a license to practice as an expanded function dental auxiliary to any applicant who:

(a) Pays any applicable fees as established by the secretary in accordance with RCW 43.70.110 and 43.70.250;

(b) Submits, on forms provided by the secretary, the applicant's name, address, and other applicable information as determined by the secretary; and

(c) Demonstrates that the following requirements have been met:

(i) Successful completion of a dental assisting education program approved by the commission. The program may be an approved on-line education program;

(ii) Successful completion of an expanded function dental auxiliary education program approved by the commission; and

(iii) Successful passage of both a written examination and a clinical examination in restorations approved by the commission.

(2)(a) An applicant that holds a limited license to practice dental hygiene under chapter 18.29 RCW is considered to have met the dental assisting education program requirements of subsection (1)(c)(i) of this section.

(b) An applicant that holds a full license to practice dental hygiene under chapter 18.29 RCW is considered to have met the requirements of subsection (1)(c) of this section upon demonstrating the successful completion of training in taking final impressions as approved by the commission.

NEW SECTION. Sec. 5 (1) The commission shall adopt rules relating to the scope of dental assisting services related to patient care and laboratory duties that may be performed by dental assistants. All dental services performed by dental assistants must be performed under the close supervision of a supervising dentist as the dentist may allow.

(2) In addition to any other limitations established by the commission, dental assistants may not perform the following procedures:

(a) Any scaling procedure;

(b) Any oral prophylaxis, except coronal polishing;

(c) Administration of any general or local anesthetic, including intravenous sedation;

(d) Any removal of or addition to the hard or soft tissue of the oral cavity;

(e) Any diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury, or physical condition of the human teeth, jaw, or adjacent structures; and

(f) The taking of any impressions of the teeth or jaw or the relationships of the teeth or jaws, for

the purpose of fabricating any intra-oral restoration, appliance, or prosthesis.

(3) A dentist may not assign a dental assistant to perform duties until the dental assistant has demonstrated skills necessary to perform competently all assigned duties and responsibilities.

NEW SECTION. Sec. 6 (1) The commission shall adopt rules relating to the scope of expanded function dental auxiliary services related to patient care and laboratory duties that may be performed by expanded function dental auxiliaries.

(2) The scope of expanded function dental auxiliary services that the commission identifies in subsection (1) of this section includes:

(a) In addition to the dental assisting services that a dental assistant may perform under the close supervision of a supervising dentist, the performance of the following services under the general supervision of a supervising dentist as the dentist may allow:

- (i) Performing coronal polishing;
- (ii) Giving fluoride treatments;
- (iii) Applying sealants;
- (iv) Placing dental x-ray film and exposing and developing the films;
- (v) Giving patient oral health instruction; and

(b) Notwithstanding any prohibitions in section 5 of this act, the performance of the following services under the close supervision of a supervising dentist as the dentist may allow:

- (i) Placing and carving direct restorations; and
- (ii) Taking final impressions.

(3) A dentist may not assign an expanded function dental auxiliary to perform services until the expanded function dental auxiliary has demonstrated skills necessary to perform competently all assigned duties and responsibilities.

NEW SECTION. Sec. 7 A supervising dentist is responsible for:

(1) Maintaining the appropriate level of supervision for dental assistants and expanded function dental auxiliaries; and

(2) Ensuring that the dental assistants and expanded function dental auxiliaries that the dentist supervises are able to competently perform the tasks that they are assigned.

NEW SECTION. Sec. 8 The commission shall issue an initial credential or renewal credential to an applicant who has met the requirements for a credential or deny an initial credential or renewal credential based upon failure to meet the requirements for a credential or unprofessional conduct or impairment governed by chapter 18.130 RCW.

NEW SECTION. Sec. 9 An applicant holding a license in another state may be licensed as an expanded function dental auxiliary in this state without examination if the commission determines that the other state's licensing standards are substantially equivalent to the standards in this state.

NEW SECTION. Sec. 10 (1) The commission may approve a written examination prepared or administered by a private testing agency or association of licensing agencies for use by an applicant in meeting the licensing requirements under section 4 of this act. The requirement that the examination be written does not exclude the use of computerized test administration.

(2) The commission, upon consultation with the dental hygiene examining committee, may approve a clinical examination prepared or administered by a private testing agency or association of

licensing agencies for use by an applicant in meeting the licensing requirements under section 4 of this act.

NEW SECTION. Sec. 11 Nothing in this chapter may be construed to prohibit or restrict:

(1) The practice of a dental assistant in the discharge of official duties by dental assistants in the United States federal services on federal reservations, including but not limited to the armed services, coast guard, public health service, veterans' bureau, or bureau of Indian affairs; or

(2) Expanded function dental auxiliary education and training programs approved by the commission and the practice as an expanded function dental auxiliary by students in expanded function dental auxiliary education and training programs approved by the commission, when acting under the direction and supervision of persons licensed under chapter 18.29 or 18.32 RCW.

NEW SECTION. Sec. 12 The commission may adopt rules under chapter 34.05 RCW as required to implement this chapter.

NEW SECTION. Sec. 13 Chapter 18.130 RCW governs unregistered or unlicensed practice, the issuance and denial of credentials, and the discipline of those credentialed under this chapter. The commission is the disciplining authority under this chapter.

NEW SECTION. Sec. 14 A new section is added to chapter 18.29 RCW to read as follows:

A person who holds a license under this chapter and who has met the requirements under section 4 of this act and has been issued a license to practice as an expanded function dental auxiliary may perform those expanded function dental auxiliary services identified in section 6 of this act under the specified supervision of a supervising dentist.

Sec. 15 RCW 18.32.030 and 2003 c 282 s 1 are each amended to read as follows:

The following practices, acts, and operations are excepted from the operation of the provisions of this chapter:

(1) The rendering of dental relief in emergency cases in the practice of his or her profession by a physician or surgeon, licensed as such and registered under the laws of this state, unless the physician or surgeon undertakes to or does reproduce lost parts of the human teeth in the mouth or to restore or to replace in the human mouth lost or missing teeth;

(2) The practice of dentistry in the discharge of official duties by dentists in the United States federal services on federal reservations, including but not limited to the armed services, coast guard, public health service, veterans' bureau, or bureau of Indian affairs;

(3) Dental schools or colleges approved under RCW 18.32.040, and the practice of dentistry by students in accredited dental schools or colleges approved by the commission, when acting under the direction and supervision of Washington state-licensed dental school faculty;

(4) The practice of dentistry by licensed dentists of other states or countries while appearing as clinicians at meetings of the Washington state dental association, or component parts thereof, or at meetings sanctioned by them, or other groups approved by the commission;

(5) The use of roentgen and other rays for making radiographs or similar records of dental or oral tissues, under the supervision of a licensed dentist or physician;

(6) The making, repairing, altering, or supplying of artificial restorations, substitutions, appliances, or materials for the correction of disease, loss, deformity, malposition, dislocation, fracture, injury to the jaws, teeth, lips, gums, cheeks, palate, or associated tissues or parts; providing

the same are made, repaired, altered, or supplied pursuant to the written instructions and order of a licensed dentist which may be accompanied by casts, models, or impressions furnished by the dentist, and the prescriptions shall be retained and filed for a period of not less than three years and shall be available to and subject to the examination of the secretary or the secretary's authorized representatives;

(7) The removal of deposits and stains from the surfaces of the teeth, the application of topical preventative or prophylactic agents, and the polishing and smoothing of restorations, when performed or prescribed by a dental hygienist licensed under the laws of this state;

(8) A qualified and licensed physician and surgeon or osteopathic physician and surgeon extracting teeth or performing oral surgery pursuant to the scope of practice under chapter 18.71 or 18.57 RCW;

(9) The performing of dental operations or services by ~~((persons not licensed under this chapter))~~ registered dental assistants and licensed expanded function dental auxiliaries holding a credential issued under chapter 18.-- RCW (sections 1 through 13 and 18 of this act) when performed under the supervision of a licensed dentist, or by other persons not licensed under this chapter if the person is licensed pursuant to chapter 18.29, 18.57, 18.71, or 18.79 RCW as it applies to registered nurses and advanced registered nurse practitioners, each while acting within the scope of the person's permitted practice under the person's license: PROVIDED HOWEVER, That such ((nonlicensed)) persons shall in no event perform the following dental operations or services unless permitted to be performed by the person under this chapter or chapters 18.29, 18.57, 18.71, ~~((and))~~ 18.79 as it applies to registered nurses and advanced registered nurse practitioners, and 18.-- (sections 1 through 13 and 18 of this act) RCW ((as it applies to registered nurses and advanced registered nurse practitioners)):

- (a) Any removal of or addition to the hard or soft tissue of the oral cavity;
- (b) Any diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws, or adjacent structure;
- (c) Any administration of general or injected local anaesthetic of any nature in connection with a dental operation, including intravenous sedation;
- (d) Any oral prophylaxis;
- (e) The taking of any impressions of the teeth or jaw or the relationships of the teeth or jaws, for the purpose of fabricating any intra-oral restoration, appliance, or prosthesis.

Sec. 16 RCW 18.32.0351 and 1994 sp.s. c 9 s 204 are each amended to read as follows:

The Washington state dental quality assurance commission is established, consisting of ~~((fourteen))~~ sixteen members each appointed by the governor to a four-year term. No member may serve more than two consecutive full terms. In appointing the initial members of the commission, it is the intent of the legislature that, to the extent possible, members of the previous boards and committees regulating these professions be appointed to the commission. Members of the commission hold office until their successors are appointed. The governor may appoint members of the initial commission to staggered terms of from one to four years. Thereafter, all members shall be appointed to full four-year terms. Twelve members of the commission must be dentists, two members must be expanded function dental auxiliaries licensed under chapter 18.-- RCW (sections 1 through 13 and 18 of this act), and two members must be public members.

Sec. 17 RCW 18.130.040 and 2004 c 38 s 2 are each amended to read as follows:

- (1) This chapter applies only to the secretary and the boards and commissions having jurisdiction

in relation to the professions licensed under the chapters specified in this section. This chapter does not apply to any business or profession not licensed under the chapters specified in this section.

(2)(a) The secretary has authority under this chapter in relation to the following professions:

- (i) Dispensing opticians licensed and designated apprentices under chapter 18.34 RCW;
 - (ii) Naturopaths licensed under chapter 18.36A RCW;
 - (iii) Midwives licensed under chapter 18.50 RCW;
 - (iv) Ocularists licensed under chapter 18.55 RCW;
 - (v) Massage operators and businesses licensed under chapter 18.108 RCW;
 - (vi) Dental hygienists licensed under chapter 18.29 RCW;
 - (vii) Acupuncturists licensed under chapter 18.06 RCW;
 - (viii) Radiologic technologists certified and X-ray technicians registered under chapter 18.84 RCW;
 - (ix) Respiratory care practitioners licensed under chapter 18.89 RCW;
 - (x) Persons registered under chapter 18.19 RCW;
 - (xi) Persons licensed as mental health counselors, marriage and family therapists, and social workers under chapter 18.225 RCW;
 - (xii) Persons registered as nursing pool operators under chapter 18.52C RCW;
 - (xiii) Nursing assistants registered or certified under chapter 18.88A RCW;
 - (xiv) Health care assistants certified under chapter 18.135 RCW;
 - (xv) Dietitians and nutritionists certified under chapter 18.138 RCW;
 - (xvi) Chemical dependency professionals certified under chapter 18.205 RCW;
 - (xvii) Sex offender treatment providers and certified affiliate sex offender treatment providers certified under chapter 18.155 RCW;
 - (xviii) Persons licensed and certified under chapter 18.73 RCW or RCW 18.71.205;
 - (xix) Denturists licensed under chapter 18.30 RCW;
 - (xx) Orthotists and prosthetists licensed under chapter 18.200 RCW;
 - (xxi) Surgical technologists registered under chapter 18.215 RCW; and
 - (xxii) Recreational therapists.
- (b) The boards and commissions having authority under this chapter are as follows:
- (i) The podiatric medical board as established in chapter 18.22 RCW;
 - (ii) The chiropractic quality assurance commission as established in chapter 18.25 RCW;
 - (iii) The dental quality assurance commission as established in chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW and licenses and registrations issued under chapter 18.-- RCW (sections 1 through 13 and 18 of this act);
 - (iv) The board of hearing and speech as established in chapter 18.35 RCW;
 - (v) The board of examiners for nursing home administrators as established in chapter 18.52 RCW;
 - (vi) The optometry board as established in chapter 18.54 RCW governing licenses issued under chapter 18.53 RCW;
 - (vii) The board of osteopathic medicine and surgery as established in chapter 18.57 RCW governing licenses issued under chapters 18.57 and 18.57A RCW;
 - (viii) The board of pharmacy as established in chapter 18.64 RCW governing licenses issued under chapters 18.64 and 18.64A RCW;
 - (ix) The medical quality assurance commission as established in chapter 18.71 RCW governing licenses and registrations issued under chapters 18.71 and 18.71A RCW;
 - (x) The board of physical therapy as established in chapter 18.74 RCW;

- (xi) The board of occupational therapy practice as established in chapter 18.59 RCW;
 - (xii) The nursing care quality assurance commission as established in chapter 18.79 RCW governing licenses and registrations issued under that chapter;
 - (xiii) The examining board of psychology and its disciplinary committee as established in chapter 18.83 RCW; and
 - (xiv) The veterinary board of governors as established in chapter 18.92 RCW.
- (3) In addition to the authority to discipline license holders, the disciplining authority has the authority to grant or deny licenses based on the conditions and criteria established in this chapter and the chapters specified in subsection (2) of this section. This chapter also governs any investigation, hearing, or proceeding relating to denial of licensure or issuance of a license conditioned on the applicant's compliance with an order entered pursuant to RCW 18.130.160 by the disciplining authority.
- (4) All disciplining authorities shall adopt procedures to ensure substantially consistent application of this chapter, the Uniform Disciplinary Act, among the disciplining authorities listed in subsection (2) of this section.

NEW SECTION. Sec. 18 By November 15, 2012, the department, in consultation with the commission and the dental hygiene examining committee, shall conduct a review of the effectiveness of the creation of the dental assistant and expanded function dental auxiliary professions as related to:

- (1) Increasing professional standards in dental practices;
- (2) Increasing efficiency in dental practices and community health clinics;
- (3) Promoting career ladders in the dental professions; and
- (4) Recommendations for expanding or contracting the practice of dental assistants and expanded function dental auxiliaries.

NEW SECTION. Sec. 19 Sections 1 through 13 and 18 of this act constitute a new chapter in Title 18 RCW.

NEW SECTION. Sec. 20 Section 16 of this act takes effect July 1, 2009.

NEW SECTION. Sec. 21 (1) The provisions of this act apply to registered dental assistants effective July 1, 2008.

(2) The provisions of this act apply to expanded function dental auxiliaries effective December 1, 2008.

NEW SECTION. Sec. 22 The secretary of health and the Washington state dental quality assurance commission may take the necessary steps to ensure that this act is implemented on its effective date.

Passed by the House April 16, 2007.
Passed by the Senate April 11, 2007.
Approved by the Governor May 2, 2007.
Filed in Office of Secretary of State May 3, 2007.

Appendix B

Dear Licensed EFDA:

In 2007 the legislature passed Substitute House Bill 1099 which created the registration for dental assistants and licensure for expanded function dental auxiliaries (EFDAs). The law requires the Department of Health to submit a report to the legislature on the effectiveness of the creation of these professions as related to:

1. Increasing professional standards in dental practices
2. Increasing efficiency in dental practices and community health clinics
3. Promoting career ladders in the dental professions; and
4. Recommendations for expanding or contracting the practice of dental assistants and expanded function dental auxiliaries.

As a licensed EFDA, you can assist us in providing the legislature information by completing the below survey. If you have already responded, thank you.

Please return your completed survey by November 1, 2011 in the enclosed envelope.

1. Tell us about your supervising dentist:

Name: _____

Email: _____

Practice type (general, specialty, community health clinic): _____

City: _____ Zip code: _____

2. If you volunteer dental services, how many hours per month do you volunteer (average)? _____
3. Do you perform any of these tasks under general supervision?
(Indicate Yes or No for each)
Coronal polish:
Fluoride treatments:
Applying sealants:
Placing dental x-rays and exposing and developing:
Patient oral health instruction:
4. Are there any other tasks that you would like to perform under general supervision? (Yes or No), if yes please specify.
5. How many restorations per month do you perform (average)? _____
6. How many final impressions per month do you take (average)? _____

7. Overall, rate 1 to 5 where 5 is highest, rate how your office uses your EFDA skills.
1.....2.....3.....4.....5
8. Did you receive additional compensation when you became a licensed EFDA?
(Yes or No)
9. What is your current hourly wage?_____
10. Overall, rate 1 to 5 where 5 is highest, rate your satisfaction of becoming an EFDA.
1.....2.....3.....4.....5
11. Would you recommend dental assistants to become an EFDA? (Yes or No)

Thank you for your support of the EFDA program.

Appendix C

Dear Supervising Dentist:

In 2007 the legislature passed Substitute House Bill 1099 which created the registration for dental assistants and licensure for expanded function dental auxiliaries (EFDAs). The law requires the Department of Health to submit a report to the legislature on the effectiveness of the creation of these professions as related to:

1. Increasing professional standards in dental practices
2. Increasing efficiency in dental practices and community health clinics
3. Promoting career ladders in the dental professions; and
4. Recommendations for expanding or contracting the practice of dental assistants and expanded function dental auxiliaries.

As a supervising dentist to a licensed EFDA, you can assist us in providing the legislature information by completing the below survey. If you have already responded to this survey, an additional response is not necessary. Thank you.

Please reply by email by November 28, 2011.

1. How many:
EFDAs do you have in your office? _____
DAs do you have in your office? _____
2. By employing an EFDA have you: (indicate Yes or No for each)
Increased your standards of practice?
Treated more patients overall?
Treated more Medicare, Medicaid?
Treated more patients at a reduced rate or free?
Treated more patients with limited access to care because of distance?
Treated more “underserved” patients? (please explain how)
Made your practice more efficient?
3. Do you allow EFDAs to perform any of these tasks under general supervision?
(Indicate Yes or No for each)
Coronal polish:
Fluoride treatments:
Applying sealants:
Placing dental x-rays and exposing and developing:
Patient oral health instruction:
4. Overall, rate 1 to 5 where 5 is highest, how do you evaluate your EFDAs quality of work?
1.....2.....3.....4.....5

5. Are there any other tasks that you would like to EFDA's to perform under general supervision? (Yes or No) if yes, please specify
6. Overall, rate 1 to 5 where 5 is highest, rate how your office uses the EFDA skills.
1.....2.....3.....4.....5
7. Would you recommend dental assistants to become an EFDA? (Yes or No)

Thank you for your support of the EFDA program.

Appendix D

Expanded Function Dental Auxiliary (EFDA) Survey Results

The following are general results⁴ of the survey administered to EFDAs:

1. Surveyed EFDAs practice in the following settings and locations:
 - Practice type
 - General practice – 42 responses (66%)
 - Specialty practice – 12 responses (19%)
 - Community health clinics – 10 responses (15%)
 - Location of practice
 - Western Washington – 51 responses (80%)
 - Eastern Washington – 14 responses (20%)
2. Volunteer hours ranged from 0 to 24 with an average of 2.7 hours (28 EFDAs did not answer the question)
3. EFDAs were asked if they currently perform the following tasks under general supervision:
 - Coronal polish:
 - Yes – 55 responses (90%)
 - No – 6 responses (10%)
 - Fluoride treatment:
 - Yes – 54 responses (88%)
 - No – 7 responses (12%)
 - Applying sealants:
 - Yes – 54 responses (90%)
 - No – 6 responses (10%)
 - Placing dental x-rays and exposing and developing:
 - Yes – 56 responses (93%)
 - No – 5 responses (7%)
 - Patient oral health instruction:
 - Yes – 55 responses (90%)
 - No – 6 responses (10%)

⁴ Percentages may not equal 100% due to rounding.

4. EFDAs were asked if they would like to perform other tasks currently outside of their scope:

- Did not answer – 22 EFDAs (34%)
- No – 14 responses (22%)
- Yes – 29 responses (44%)

Desired tasks included: administering anesthetic (11 responses), use of air abrasion, giving injections, seating permanent and temporary crowns, removing sutures, perio charting, doing permanent fillings, placing retraction cord, occlusal adjustments, restoration, taking impressions, and gingival scaling.

5. EFDAs were asked, on average, how many restorations they perform a month:

- 0-10 restorations – 18 responses (29%)
- 11-25 restorations – 12 responses (19%)
- 26-50 restorations – 16 responses (25%)
- 51-100 restorations – 8 responses (13%)
- >100 restorations – 9 responses (14%)

6. EFDAs were asked, on average, how many final impressions they take a month:

- 0-10 impressions – 40 responses (65%)
- 11-20 impressions – 10 responses (16%)
- 21-30 impressions – 3 responses (5%)
- 31-40 impressions – 4 responses (7%)
- >40 impressions – 4 responses (7%)

7. On a scale from 1 to 5 where 5 is highest, EFDAs rate how their office uses their EFDA skills:

- 5 – 27 responses (42%)
- 4 – 14 responses (22%)
- 3 – 10 responses (16%)
- 2 or 1 – 12 responses (19%)

8. Thirty-seven (57%) EFDAs answered that they receive additional compensation since becoming an EFDA, while 27 (42%) have not.

9. Hourly wages ranged from \$15.34 to \$52 an hour. The average wage is \$27.50 an hour. Nine EFDAs did not answer the question and their responses are not included in the average.

10. On a scale from 1 to 5 where 5 is the highest, EFDAs rate their satisfaction of becoming an EFDA:

- 5 – 44 responses (71%)
- 4 – 7 responses (11%)
- 3 – 7 responses (11%)
- 2 or 1 – 4 responses (6%)

11. Fifty-nine (91%) EFDAs report that they would recommend that dental assistants become EFDAs while five (8%) would not.

Dentist Survey Results

The following are general results⁵ of the survey administered to identified supervising dentists:

1. The number of EFDAs working in the supervising dentists' offices/clinics ranged from 1 to 3. The number of dental assistants working in the supervising dentists' offices/clinics ranged from 1 to 21.
2. Yes/no questions regarding volume of patients treated and practice efficiency:
 - 11 of 16 (69%) supervising dentists indicated that the employment of EFDAs has *not* increased their standards of practice;
 - 14 of 16 (88%) supervising dentists indicated that the employment of EFDAs *has* made their practice more efficient;
 - 8 of 16 (50%) of the supervising dentists indicated that they have treated more patients overall:
 - 4 of 16 (25%) indicated that they have treated more Medicaid or Medicare patients;
 - 7 of 16 (44%) indicated that they have treated more patients at a reduced rate or fee;
 - 3 of 16 (19%) indicated that they have treated more patients with limited access because of distance;
 - 5 of 16 (31%) indicated that they treated more “underserved” patients.
3. Supervising dentists were asked if they allow EFDAs to perform any of the following tasks under general supervision:
 - Coronal polish:
 - Yes – 13 responses
 - No – 1 response

⁵ Percentages may not equal 100% due to rounding.

- Fluoride treatments:
 - Yes – 13 responses
 - No – 1 response
 - Applying sealants:
 - Yes – 13 responses
 - No – 1 response
 - Placing dental x-rays and exposing and developing:
 - Yes – 14 responses
 - No – 1 response
 - Patient oral health instruction:
 - Yes – 14 responses
 - No – 1 response
4. On a scale of 1 to 5 where 5 is the highest, supervising dentists rated the quality of their EFDAs work :
- 5 – 7 responses (47%)
 - 4 – 7 responses (47%)
 - 3 – 1 response (6%)
5. Twelve (12) of 16 (75%) supervising dentists indicated that they would not like EFDAs to perform other tasks (currently beyond their scope) under general supervision. 3 of the 4 dentists in favor of EFDAs performing other tasks indicated that they would like them to administer anesthesia.
6. On a scale of 1 to 5 where 5 is the highest, supervising dentists rated how their offices use the EFDA skills:
- 5 – 6 responses (38%)
 - 4 – 5 responses (31%)
 - 3 – 4 responses (25%)
 - 1 – 1 response (6%)
7. 12 of 16 (75%) supervising dentists indicated that they would recommend dental assistants become EFDAs. Three (3) of 16 (19%) indicated that they would recommend dental assistants become EFDAs under certain conditions (they are motivated, capable, etc). One dentist would not like to see dental assistants become EFDAs.