

- SUBJECT:** Allowing a dental assistant to perform certain procedures
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 6 ayes — Kolkhorst, Naishtat, J. Davis, Gonzales, Hopson, S. King
0 nays
5 absent — Coleman, Laubenberg, McReynolds, Truitt, Zerwas
- WITNESSES:** For — Rick Black and Matt Roberts, Texas Dental Association; Paul Rubin, Texas Academy of Pediatric Dentistry; Karen Sitton and Joanne Wineinger, Texas Dental Assistants Association; David Tillman, Texas Academy of General Dentistry; (*Registered, but did not testify:* William Bingham, Texas Dental Association; Charlie Schnabel, Texas Academy of Pediatric Dentistry)

Against — Nancy Cline, Texas Dental Hygienists Association; Maribeth Stitt, Texas Dental Hygiene Educators' Association; (*Registered, but did not testify:* Jennifer Heisler; Rebecca Wright, Texas Dental Hygiene Educators' Association)
- BACKGROUND:** Dentists may delegate dental procedures to dental assistants under their direct supervision if the dentist is physically present in the dental office, the delegation is not prohibited by statute or board rule, and the dentist feels the dental assistant can safely perform the procedure. Under the direct supervision of a dentist, dental assistants with proper certification may apply a pit and fissure sealant if the dentist is a Medicaid provider or practices in an underserved area.
- DIGEST:** CSHB 3670 would allow dental assistants to perform certain dental procedures under the general supervision of dentists rather than under direct supervision, including making x-rays and certain emergency treatments. The bill would allow dental assistants to be certified to perform coronal polishing. Dental assistants certified to apply pit and fissure sealants could perform this procedure under the supervision of any dentist.

Certificate for coronal polishing. A dental assistant could obtain a certificate to perform coronal polishing, meaning the removal of plaque and stains from the exposed surfaces of a person's teeth using a rotary instrument, if the dental assistant had two years' experience and had:

- completed at least 12 hours of coronal polishing education through an accredited, board-approved dental assisting program;
- graduated from an accredited, board-approved dental assisting program that required course work and clinical training in coronal polishing; or
- received certification of completion of board-approved requirements specified by the Dental Assisting National Board.

Acts delegated under a dentist's direct supervision. Direct supervision of a dental assistant by a dentist would require the supervising dentist to be in the dental office but would not require the dentist to be in the treatment room. The bill would specify that under the direct supervision of a dentist, a dental assistant could apply fluoride to a patient's teeth or perform coronal polishing if the dental assistant held a coronal polishing certificate.

A dental assistant with a pit and fissure sealant certificate could apply sealant under the direct supervision of any dentist rather than only under dentists who were Medicaid providers or who practiced in an underserved area. The bill would reduce from 16 to 12 the number of education hours required to obtain a pit and fissure sealant certificate.

Acts delegated under a dentist's general supervision. CSHB 3670 would allow dentists to delegate dental procedures to dental assistants under their general supervision, if the assistant was under the charge of the dentist and the dentist was responsible for supervising the performed services. Under the general supervision of a dentist, dental assistants could make x-rays, if they held the appropriate certificate, and could provide interim treatment of a minor emergency condition. The treatment could not require cutting hard or soft tissue and would have to be for an unexpected, reversible condition that caused pain or discomfort. To delegate an emergency treatment to a dental assistant, the dentist would have to:

- authorize the treatment orally or in writing;
- retain responsibility for the procedure; and
- schedule a follow-up appointment within a reasonable time.

Continuing education requirements. The bill would establish uniform continuing education requirements for dental assistants to renew practice certificates that expired on or after September 1, 2009. Renewal of a single certificate would require six hours of continuing education each year in areas covering dental assistant duties and renewal of two or more certificates would require 12 hours of continuing education.

The bill would take effect September 1, 2009.

**SUPPORTERS
SAY:**

By allowing dentists to delegate more duties to dental assistants, CSHB 3670 would enable dental practices to serve a greater number of patients, thereby increasing access to dental care. As of January 2009, 82 counties were designated as dental health professional shortage areas by the U.S. Department of Health and Human Services. Particularly in rural areas, dentists have a difficult time hiring licensed dental hygienists to assist them, but may have several dental assistants on staff. The bill would allow dentists to use professional discretion to determine when a dental assistant who had received appropriate training safely could perform dental services.

Dental assistants have proved successful in applying pit and fissure sealants in underserved areas or under the supervision of a Medicaid provider. As the state's population grows, more dental practitioners are needed to perform this duty. Dental practices also must function more efficiently. The bill would address these problems by allowing appropriately certified dental assistants throughout Texas to apply pit and fissure sealants and perform coronal polishing under the supervision of a delegating dentist. Delegation of these tasks would free dentists and dental hygienists to focus time on more complicated dental services that require these practitioners' higher level of training and education.

The bill also would allow dental assistants to treat minor emergency conditions when the supervising dentist was off-site, if the assistant gained the dentist's approval. The circumstances under which this could occur would be limited to ensure patient safety. The dental assistant could not cut patient tissue, but could perform other services that would relieve a patient's pain until the dentist could provide treatment. For example, an

assistant could re-glue a temporary crown that had fallen off or clip an orthodontic wire that had become loose and begun cutting the patient's mouth.

It would be impossible to anticipate and explicitly authorize all circumstances under which an off-site dentist safely could delegate emergency care. CSHB 3670 would provide dentists with reasonable discretion to determine when this was appropriate. Dentists could review electronic images of photographs or radiographs as necessary to decide if the dental assistant should perform a procedure or if the patient should be seen by another dentist. Dentists ultimately would remain liable for patient health. They would not delegate to dental assistants duties that they did not feel these practitioners safely or properly could perform.

OPPONENTS
SAY:

CSHB 3670 should not allow dental assistants to perform emergency dental treatments when a dentist is not on-site to supervise the procedure. Texas dental assistants only must complete a 12-hour course and pass an exam to be registered by the State Board of Dental Examiners. The radiological training dental assistants receive only requires that they learn to make x-rays and determine if the quality of the x-ray is adequate to make a diagnosis. This bill would increase dental assistants' scope of practice by allowing them to assess and treat emergency patients without increasing their level of training.

A dental assistant's professional competency should be assessed by state regulators, not just by the dentists under whom they work. Severe infection or other patient safety issues could arise if dental assistants, who are not trained to read x-rays and make diagnoses, provided inadequate treatment. Any legislation that would allow dental assistants to perform procedures while the dentist was not on the premises should state explicitly the types of treatments the assistants could provide, and these treatments should be appropriate for a dental assistant's training level.

NOTES:

The companion bill, SB 455 by Shapiro, passed the Senate by 31-0 on April 30 and has been referred to the House Public Health Committee.

The fiscal note indicates that CSHB 3670 would have no net impact on general revenue funds over the biennium. The Texas State Board of Dental Examiners has indicated that changes to the license database would cost

about \$10,132 in fiscal 2010, but this cost would be offset by an increase in fees charged to licensees.