

Facts about HB 1364, SB 5224

What is the budget impact? How much does it cost? Is there a fiscal impact?

There is no impact on the state budget. Health care professions are self-supporting, with costs for implementation borne by the licensees. Two members will be added to the Dental Quality Assurance Commission, an existing commission.

How does this help hygienists? What's in it for me as a hygienist? Won't this hurt the hygienist who wants to practice restorative? Does this expand dental hygiene scope of practice?

This provides more pathways for hygienists who want to practice beyond their dental hygiene scope. There is less education and costs than going on to dental school.

Different opportunities will be available for hygienists with advanced standing in entering dental therapy programs.

This will not replace hygienists in current practice.

This creates a new profession that shares scope of practice with dentistry, dental hygiene and dental assisting. It is not an expanded scope of practice for hygienists.

Why should hygienists support this?

This increases access to care, improving health for the public – part of the mission of our WDHA.

It increases opportunities for hygienists looking for professional growth.

Why were the procedures of prophylaxis and periodontal scaling and root planing added?

Other states have created dental therapy starting with a dental hygiene license. WA has created more pathways for dental therapy licensure.

With these competencies already included in CODA language, it will allow the workgroup to evaluate and determine comparable competencies between dental therapists and dental health aide therapists.

For hygienists moving into dental therapy, it will allow practice for all procedures under one license, one standard for supervision, and one insurance policy.

This language matches CDT codes for billing. Due to ongoing issues with current hygiene scope language, it is important to have correct codable language in the bill.

What will it take for a hygienist to become a dental therapist?

Hygienists, as well as EFDAs, could have advanced standing entering into dental therapy education programs.

It is estimated that it would be an additional 12 months of education.

Educational institutions will determine advanced standing, curriculum, and admission procedures.

What is the dental health aide therapist work group? Why was it created? Who is in it? How long will they work?

The workgroup will be tasked to develop and recommend criteria to create a pathway to licensure for dental health aide therapists to practice outside of tribal lands.

It will allow credentialed DHATs to continue their education and clinical experiences to meet licensure requirements.

It is comprised of 15 representatives of educational, clinical, and tribal entities committed to the legislative intent of the bill. The Washington Dental Hygienists' Association is a member of this workgroup.

The work group will convene by July 1 and report to the legislature by December 1, 2017.

Does licensing dental therapists jeopardize the quality of care?

Therapists work with a contracting dentist and a written practice plan contract. The dentist determines practice settings and services and procedures allowed.

Dental therapists graduate with more experience than dentists have performing the services and procedures within their scope of practice. This is because dental therapists have a narrower scope of practice than dentists, whose programs require them to train more broadly.

What about medical emergencies?

The written practice plan contract requires a plan to manage medical emergencies in each practice setting.

The contracting dentist is required to ensure that he or she or another dentist is available to provide for instant communication.

The contracting dentist is required to provide or arrange for any care that exceeds the therapist's scope of practice or capabilities.

Does this create a two-tiered system of care?

We already have two tiers – the “haves” and the “have nots”.