JON PLUMER

STATE REPRESENTATIVE • 42nd ASSEMBLY DISTRICT

Testimony – **Assembly Bill 402** – Relating to certification of expanded function dental auxiliaries

Assembly Committee on Health
January 11, 2022

Chairman Sanfelippo and members of the committee, thank you for the opportunity to testify in favor of this legislation today. Assembly Bill 402 is an important step in expanding access to dental care in our state. This legislation would add Expanded Function Dental Auxiliaries (EFDA) to oral care teams in Wisconsin.

EFDAs would join dental assistants and dental hygienists as those authorized to practice under dentists in this state. They would be certified to apply sealants and fluorides, make impressions, assist dentists with restorations, and other activities detailed in the legislation. This legislation also explicitly prohibits the licensing board from allowing EFDAs to cut tissue, diagnose patients, or make treatment plans. The skill set and scope of an EFDA allows them to handle standard dental visits that do not require higher levels of training possessed by the dentists and hygienists on their oral health care team.

More than twenty other states and the military already utilize EFDAs as members of dental care teams. This legislation would authorize the Dental Examining Board to certify individuals as EFDAs who have practiced as a dental assistant for a certain number of hours and have completed an accredited training program. Additionally, these EFDAs would be required to practice under the supervision of a dentist.

This legislation on its own will not solve the dental access issues in Wisconsin, but it is an important start. Assembly Bill 402 will allow dental offices to operate in a more efficient manner and allow more patients to be seen. This legislation is supported by the Wisconsin Dental Association, the Wisconsin Primary Health Care Association, and numerous other stakeholders.

I look forward to your support of this legislation and am happy to answer any questions you may have.

P.O. Box 8953 • Madison, Wisconsin 53708 • (608) 266-3404 • Toll Free: (888) 534-0042
Rep.Plumer@legis.wisconsin.gov

MARY FELZKOWSKI
STATE SENATOR • 12TH SENATE DISTRICT

Testimony in Support of Assembly Bill 402

Senator Mary Felzkowski
Assembly Committee on Health
January 11, 2022

Chairman Sanfelippo and members of the committee,

Thank you for this opportunity to testify in favor of Assembly Bill 402, allowing for Expanded Function Dental Auxiliaries (EFDAs) in Wisconsin.

Under the current dentistry profession in Wisconsin, the dentist is assisted by two other members of the care team, dental assistants and dental hygienists. However, in over twenty states, as well as the military, EFDAs are also a member of the team as another kind of dental practitioner. EFDAs have training and education requirements and work under the supervision of the dentist. They can perform functions including completing restorations, taking impressions, and providing sealants. An EFDA can be incredibly useful in taking care of patients who are scheduled for standard visits and do not require intense or comprehensive care. Our bill would allow for EFDAs to operate in Wisconsin.

EFDAs have proven to allow dental offices to be more efficient and to see more patients. EFDAs are not meant to replace any current member of the team, but are successful in allowing each team member to operate at the top of their scope. Efficiency is absolutely crucial as we continue to work to improve access to oral health care for all Wisconsinites. While EFDAs are by no means the only solution to the access issue, they are one piece of a multi-pronged approach (an approach that also includes reimbursement rate increases just passed in the budget, and hopefully dental therapy licensure later this session).

Thank you for allowing me to testify, and I would be happy to answer any questions you may have.

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AB402 and SB392 – Expanded Function Dental Auxiliary

Chair Sanfelippo and members of the Committee,

My name is Jennifer Lehto. I am a Registered Dental Hygienist, living in Chetek, WI. I started my dental career in 2002 as a dental assistant and I support EFDAs creation in Wisconsin. I am excited for this new role allowing dental assistants the ability to advance and diversify. I appreciate the incredible amount of work that went into creating this bill when considering the needs of our population. I believe EDFAs could be a useful and valuable addition to the dental team. But I must voice my unwavering opposition to any language containing supragingival scaling for EFDAs with the training being proposed. This training is inadequate, I know and understand the dangers and must convey this, stressing the importance of doing no harm.

While I support EFDAs but I unable to support supragingival scaling with 70 hours of training. That training includes 10 other proposed items. I view those other items as welcome additions to the scope of dental assistants in becoming EFDAs. Those items would boost productivity and efficiency. I must vocalize that I believe that the inclusion of supragingival scaling with the training proposed undermines the arduous dental hygiene education, dental hygienists completed. A little background on dental hygienists. To obtain dental hygiene licensure, we must graduate from a CODA accredited dental hygiene program, successfully complete a written National Board Dental Hygiene Examination, and successfully complete a regional or state clinical board examination. All of this is done to ensure we are a safe beginner.

Dental hygienists are uniquely equipped to scale both above and below the gumline, subgingival, and supragingival. This requires intimate knowledge of tooth anatomy, proper instrument selection, determination of the correct working end, the proper adaption of instruments, knowledge of the positioning of both patient and clinician. This requires 2 to 4 years of studying, practicing, evaluation by instructors, and demonstrating verifiable competency.

Competence includes training, supervised experience, and some external validation of competence, these aren't items aren't included in their entirety in this bill. This substandard education is jeopardizing the safety of patients, Wisconsin citizens. Safety is paramount.

Supragingival (above gumline) and subgingival (below gumline) is a very important distinction to make. Unfortunately, there is no blinking light that divides supragingival and subgingival. One would assume all supragingival is created equal and defined as above the gumline. In patients with recession and bone loss, there is a more exposed root structure. The root structure is not as hard as the enamel that covers the crown of the tooth. Without using proper instrument selection, correct working ends, adequate pressure, fulcruming (balancing and anchoring) there is the risk of irreversible damage like removing layers of the root surface and changing the structure (cupping it out). There is also the risk of damaging the gingival tissue or causing trauma because a razor-sharp instrument is being used.

The language in this bill requiring 70 hours of training is not sufficient to learn how to scale, even supragingival alone, and especially when combined with all the other items proposed. The remaining items are a more profitable and productive use of resources and should be the focal point for EFDA education. I believe strongly that all dental team members should be encouraged and allowed to work to their full scope of capabilities to maximize office production, meet the needs of patients, and serve Wisconsin citizens. EFDAs supragingival scaling does not accomplish this, it is inefficient and ineffective. I appreciate Senator Felzkowski tireless work that went in to creating this bill and future work of this committee.

I welcome any questions you may have.

Jennifer Lehto, BSDH, RDH, CDA
Wisconsin Dental Hygienists' Association President 2021-2022

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Chetek, WI 54728
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WPHCA
Wisconsin Primary Health Care Association

January 11, 2022

To: Chair Sanfelippo
Members of the Assembly Committee on Health
From: Wisconsin Primary Health Care Association
RE: In support of Assembly Bill 402, Expanded Function Dental Auxiliaries (EFDAs)

Chair Sanfelippo and Members of the Assembly Committee on Health,

Thank you for the opportunity to provide information in support of AB 402, Expanded Function Dental Auxiliaries (EFDAs). WPHCA is the member association for Wisconsin's 17 Federally Qualified Health Centers (FQHCs, or Community Health Centers). Community Health Centers are non-profit, community-directed primary care clinics. Medical, behavioral health, and pharmacy are all part of the Community Health Center primary care model, along with oral health care. In Wisconsin, Health Centers served nearly 300,000 patients in 2020, providing care for residents from every single county.

Community Health Centers provide care to all patients, regardless of their ability to pay. The majority of our patients, 58%, earn at or below 100% of the Federal Poverty Level, which in 2020 was $26,500 for a family of four. Across Community Health Centers, 1 in 5 are uninsured and more than half of patients are Medicaid enrollees. Since 2008, Community Health Centers have tripled their dental capacity to answer the call of Wisconsinites living without oral health care. Over 120,000 people received dental services at Community Health Centers last year as illustrated in the attached map.

We support AB 402 as one tool to improve access to oral health and improve oral health outcomes for patients. We also appreciate the Wisconsin legislature's attention to addressing oral health access issues and the biennial budget's investment in improving dental reimbursement rates in the Medicaid program. Adding EFDAs to the Community Health Center team would allow dentists and dental hygienists to practice at the top of their license, allowing more efficient and high-quality delivery of patient care. Community Health Centers often see patients whose oral health needs are complex and untreated, and the community need frequently outweighs the available clinical resources. Therefore, every clinician's time is valuable and should be used most efficiently in direct patient care wherever possible.

EFDAs would be highly beneficial in the placement of sealants, which is allowed in several other states. As a preventative tool in school-based care and other settings, allowing practice by EFDAs would permit other members of the oral health team to treat dental disease. Adding EFDAs to the oral health team would also allow for expanded career mobility, and several Community Health Centers have indicated they would be eager to train and hire EFDAs.

WPHCA greatly appreciates the bipartisan support for licensure of EFDAs. Thank you for the opportunity to share information regarding the potential benefits for Community Health Centers and our patients, and for your consideration of AB 402. We urge this committee to support AB 402, legislation with bipartisan support in both chambers.

Sincerely,

Richelle Andrae

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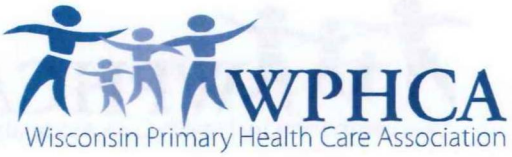

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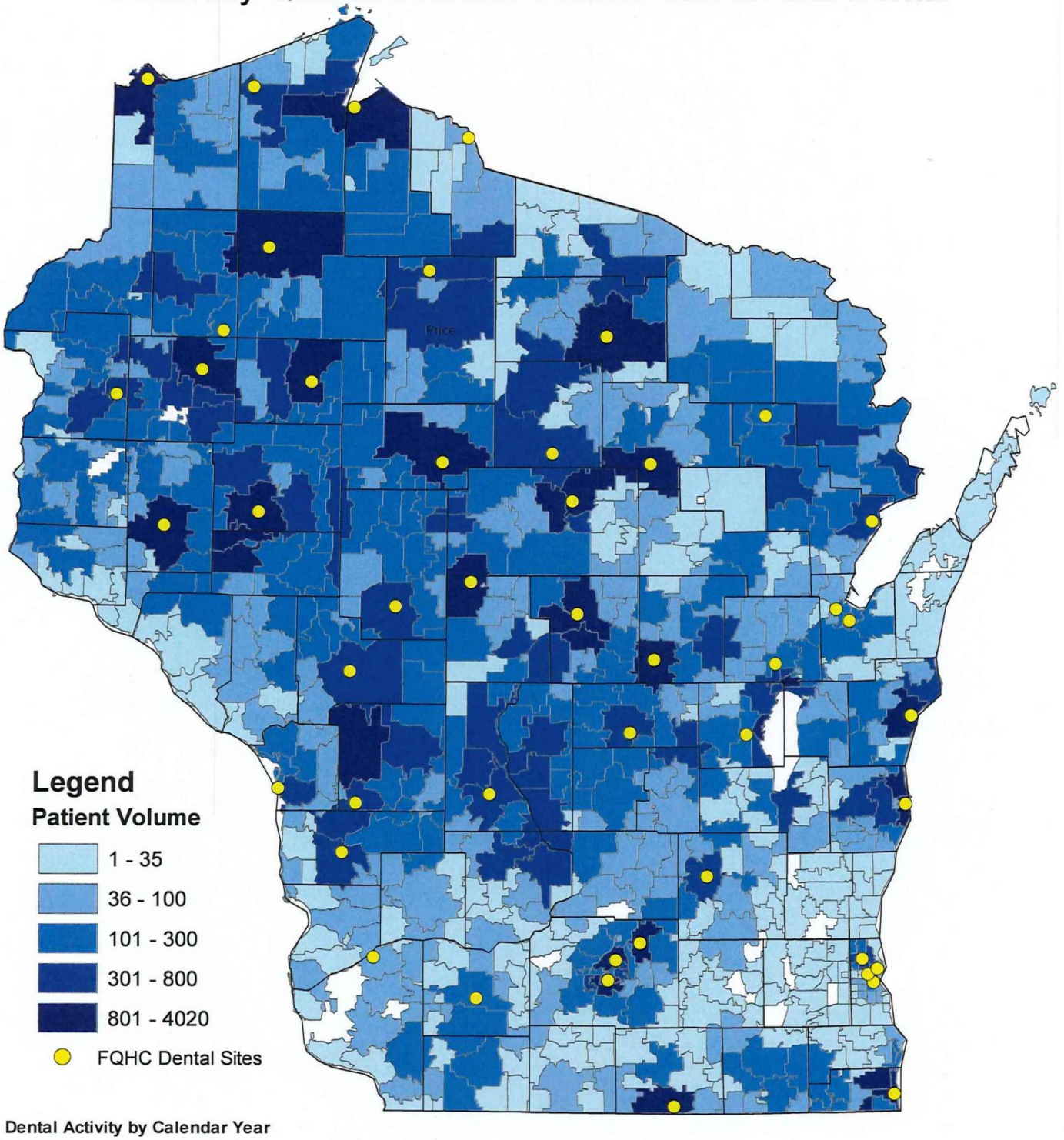
Dental Patients Treated by Zip Code
Calendar Year 2020

Federally Qualified Health Centers with on-site Dental



Dental Activity by Calendar Year

Categories	2018	2019	2020
Patients	158,400	169,182	123,930
Visits	415,881	436,816	283,392
Average Enc/pt	2.63	2.58	2.29

Map prepared August 2021
by Family Health Center of Marshfield, Inc.

Wisconsin
Dental Hygienists' Association

RE: OPPOSITION to SB392/AB402 Expanded Functions Dental Auxiliaries (EFDA).
Assigned to the Assembly Committee Health.

Dear Chairman Sanfelippo and members of the Committee,

To begin, I want to thank the committee for this hearing on the subject of Expanded Function Dental Auxiliaries.

WI EFDA PROPOSAL HISTORY: Your committee members should know that leaders from the Wisconsin Dental Hygienists' Association (WI-DHA) and the Wisconsin Dental Association (WDA) came together multiple times over the past several years to discuss this proposal. Together, we negotiated and compromised until we reached an agreement on the final language. At our request, the WDA agreed to drop supra-gingival scaling from the proposal at that time. The bill was then tabled without a committee hearing until this session when it was reintroduced by now-Senator Mary Felzkowski. It was then assigned to the Senate Committee on Insurance, Licensure, and Forestry as well as the Assembly Committee on Health.

Upon reintroduction, WI-DHA discovered that the bill language now includes supra-gingival scaling once again and for that reason, we must register in opposition to it. If scaling were to be taken out of this proposal again, WI-DHA would immediately change its position and support it.

WHAT DO OTHER STATES DO?

There are many similarities and also some stark differences from state to state with regard to dental assisting around the country. For example, in most states dental radiography ("taking X-Rays") is considered an expanded function, but in Wisconsin it is considered a basic procedure – not requiring formal training other than on-the-job training (OJT).

The majority of states (40) allow expanded function dental assistants with advanced training or certification to provide specific dental services to patients under the direct supervision of a dentist. However, the services that assistants and EFDAs provide vary from state to state as does the number of hours of formal certification training. Formal education and training range from 16 weeks to 3 years. None are as low as 70 hours – which is the length of training being proposed in the WI EFDA bill.

- 40 states acknowledge EFDA as distinct from dental assistants in their scope of practice and education. While OJT dental assistants are still very common across the country, they are usually assigned very basic assisting responsibilities compared to EFDAs who are assigned highly technical clinical procedures that require formal training. The amount of formal training varies. The most common pathway into the EFDA role includes 1 – 2 years of basic DA training plus another year for advanced or expanded EFDA procedures.
- 49 states allow assistants to perform dental **radiography** once they have completed certification training. One state (Wisconsin) allows assistants to perform radiography with only on-the-job (OJT) training and no formal education or special certification.

- 38 states allow assistants to perform **coronal polishing**. Some states require formal training in this procedure; Wisconsin is one that does *not*.
- 35 states allow EFDAs to place **pit and fissure sealants**. Where assistants perform this procedure, it is usually an EFDA. This procedure is included in the WI EFDA bill.
- 16 states allow EFDAs to place, carve and finish amalgam **restorations**. Typically, **restorative functions (RF)** require a significant number of hours in formal training. For example, Minnesota's RF certification course is 90 hours long. The WI bill proposes including RF in the EFDA scope of practice along with 10 other clinical procedures … all of which normally require significant amounts of time in skills training. 70 hours of training for the entire scope is completely inadequate.
- Only 3 states allow EFDAs to perform **supra-gingival scaling** (IL, KS, and ND). The issue remains controversial in all these states and hasn't proven to fulfill expectations (improving access to care and increasing efficiency). Generally, when EFDA proposals with supra-gingival scaling are made – it's because there is a perceived shortage of dental hygienists and dentists say they *need* to be able to delegate hygiene services to their assistants. In fact, in those instances where a hygienist isn't available, the responsibility for providing that care normally falls to the dentist.

[The source of these facts is the 2015 Oral Health Workforce Research Center – Center for Health Workforce Studies, School of Public Health, University of Albany, State University of New York: The Dental Assistant Workforce in the United States, 2015 report.] The opinions are mine.

Scaling is the removal of hard deposits (calculus or tarter and stains) from the teeth using a variety of instruments. Some of those instruments are called "scalers" and they are *razor sharp*. Other instruments that are used to remove deposits are curettes, files, hoes, chisels, and ultrasonic devices. All of these instruments are capable of causing tremendous damage to teeth, skin, muscles, bone and gingival tissues (gums) in the hands of someone who isn't well educated in their use. The risks associated with scaling is why dental hygiene education is as long as it is (a minimum of 3 years); it's why hygienists are independently tested for competency; and it's why dental hygiene practice requires a license in every state in the union as well as mandatory proof of continuing education.

A guiding principle in professional education is that the greater the risk – the longer the education needs to be before professional practice can be considered competent and safe.

We are appealing to the makers of this proposal (Wisconsin Dental Association) to remove scaling from the list of procedures EFDAs will perform. If that isn't possible, then we ask the Committee members to not support the bill at all.

Linda M. Jorgenson RDH BS

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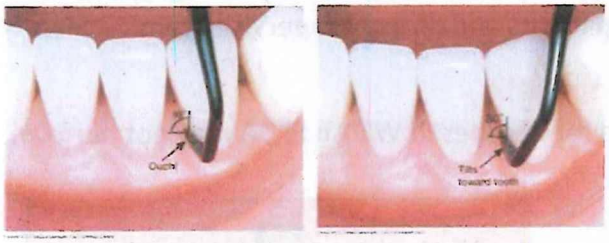
January 11, 2022

EXPANDED FUNCTIONS DENTAL AUXILLIARY (EFDA)

Wisconsin Dental Hygienists' Association

WI-DHA is opposed to supragingival scaling in the EFDA bill.

Incorrect angulation vs. Correct angulation



Scale

verb: (in dentistry) to use a razor-sharp, bladed or ultrasonic instrument to remove soft and hard deposits from the teeth (plaque, calculus and stains) above (*supra*gingival) and below (*sub*gingival) the gumline, wherever such deposits are formed.

Q: What is an expanded functions dental auxiliary (EFDA)?

A: An EFDA is a dental assistant with advanced training in specific dental procedures who is authorized by the regulatory board to perform those procedures under the direct supervision of a dentist.

Q: Is there a bill in Wisconsin – proposing the EFDA?

A: Yes. At this time (January, 2022) *there is a proposal* – SB392 / AB402. A similar bill was introduced in 2017, but it was never heard in committee and then the WI legislature adjourned for the year. At the time, WI-DHA asked that supragingival scaling *not* be included in the EFDA scope and WDA agreed to *remove* scaling from the list of EFDA procedures. As a result, WI-DHA supported the 2017 bill. Unfortunately, scaling has been put back into the EFDA bill and our position has shifted back to opposed.

Q: What clinical procedures are being proposed for the EFDA bill?

A: Under the direct supervision of a dentist an EFDA in Wisconsin would perform …

"preventive procedures"

- ***Supragingival scaling.***
- Applying topical fluoride, fluoride varnish or similar dental topical agent.
- Applying sealants.
- Coronal polishing.

"restorative procedures"

- Placing and finishing restoration material after a dentist prepares the tooth
- Impressions.
- Temporizations.
- Packing cord.
- Removing cement from crowns.
- Adjusting dentures and other removable oral appliances.
- Removing sutures and dressings.

Q: What required education is being proposed for an EFDA to practice?

A: A minimum of 70 hours (just less than two weeks) of formal instruction in a CODA Accredited Expanded Functions program would be required.

Q: What role does on-the-job training play in the EFDA proposal?

A: The proposal relies heavily on 6 – 12 months of on-the-job training (OJT) or dental office experience before an assistant can enter the 70 hour accredited EFDA program. In the health care industry in the US as a whole – OJT is never considered to be adequate preparation for competent clinical practice and even less for entry into an accredited dental program of study.

Q: Would EFDAs improve access to dental care?

A: No. Because they need to be directly supervised by a dentist – there is no opportunity to deploy EFDAs in parts of the state where there are no dentists to take care of patients and directly supervise them.

Q: Are there any prohibitions named in the EFDA proposal?

A: Yes. They are the same prohibitions that have been in place for decades in WI. An EFDA may not perform any of the following ...

- Cutting of hard or soft tissue
- Diagnose any disease or condition
- Plan treatment

Q: What credential is being proposed for the EFDA?

A: Certification of EFDAs would be granted by the WDEB after the individual pays a one-time fee and provides satisfactory evidence to the WDEB that they have completed the instructional course in a CODA Accredited program. This is not a license and there is no renewal process or mandatory continuing education requirement.

Q: Are there any other requirements in the EFDA proposal?

A: Yes. EFDAs must maintain CPR / BLS certification and adhere to rules against unprofessional conduct.

Q: Does WI-DHA support the EFDA proposal?

A: Yes and no. WI-DHA generally supports the idea of the EFDA performing restorative functions and certain preventive procedures; but ***we emphatically oppose the inclusion of supra-gingival scaling*** in the EFDA's list of allowable procedures.

?

Q: **Why** are EFDAs being proposed for Wisconsin?

A: The Wisconsin Dental Association has stated that EFDAs would **improve access** to dental care in rural areas of the state.

WDA also claims that there is a **shortage** of dental hygienists.

Neither statement is true.

While the proposal calls for a minimum of 70 hours of formal instruction (approximately 2 weeks), this would not be nearly enough to adequately prepare the EFDA to train in all the procedures listed and reach competency.

Other states that allow EFDAs to perform restorative functions require 80 – 90 hours of instruction in accredited programs for restorative procedures *alone*. If scaling were to be included in the EFDA scope, the training programs would be far longer and importantly, would be *in addition* to dental assistant entry-level or basic training. 6 – 12 months basic training plus EFDA.

Q: WHO IS ALLOWED TO SCALE TEETH IN WISCONSIN?

Dentists and Hygienists are the only clinicians in Wisconsin who are permitted to scale teeth. The entirety of CODA Accredited dental *hygiene* education prepares graduates to perform dental prophylaxes (scaling) safely and effectively and includes understanding of risk management. Hygienists *and dentists* are permitted to scale once they have completed CODA accredited education, standardized competency testing and achieved licensure. These statutory requirements are there to protect the public from harm at the hands of clinicians who are not adequately trained or unqualified to perform dental procedures and probably do not understand risk management. There is no independent testing of clinical competency in this EFDA proposal. That alone makes it unsafe.

Q: *Why* does WI-DHA oppose supra-gingival (above the gum) scaling in the EFDA list of procedures?

1. **The PROPOSED EFDA TRAINING PROGRAM IS TOO SHORT**. Scaling is a complex procedure involving razor sharp instruments and cannot safely be taught in 70 hours. Clinical competency would not be achieved in so short a time especially considering the entire list of other procedures in this proposal besides scaling.
2. **UNDERSTANDING RISK MANAGEMENT isn't ASSURED**. The *risks* associated with scaling include: (These *must* be understood by a competent clinician before they can practice):
    a. Laceration injuries to the gingival tissues ("gums")
    b. Bleeding
    c. Irreversible damage to the teeth
    d. Damage to expensive dental restorations (fillings, crowns, etc.)
    e. Laceration Injuries to the mouth (lips, tongue, gum tissues)
    f. Introduction of dangerous bacteria into the bloodstream of the patient ("bacteremia")
3. **EFFICIENCIES ARE LOST**. Having EFDAs performing supra-gingival scaling (above the gumline) and then requiring a dentist or hygienist complete the procedure (below the gumline) is the opposite *of efficient.* (two people would be needed to complete one procedure)
4. **THERE IS NO "SHORTAGE" OF HYGIENISTS**. Hygienists are usually the ones who perform all the procedures involving scaling in a dental practice. WDA's claim that there is a shortage of dental hygienists is apparently based on the difficulty some dentists have in filling those jobs. A nation-wide study conducted by ADA and ADHA in 2020 showed that in Wisconsin, the ratio of dental hygienists to the population is 1:1500. This ratio is actually better than most other states. It would be accurate to say that hygienists are inadequately distributed in the state. But maldistribution is not the same problem as a shortage. EFDAs are not a solution (either way) because they wouldn't be permitted to do what hygienists actually do and they need direct supervision. (two people would be needed to complete one procedure)
5. **STATUTES**. Scaling, by definition, is part of a *dental prophylaxis*. Under current law in Wisconsin, unlicensed persons cannot perform any part of a dental prophylaxis with the exception of coronal polishing.
6. **NO LICENSURE or CONTINUING EDUCATION REQUIRED**. Professional accountability is achieved through licensure. This proposal does not include licensure or continuing education.
7. **PROPHYLAXIS by an EFDA would always be INCOMPLETE** - Supragingival scaling shouldn't be viewed as a prophylaxis. All deposits (supra and sub-gingival) must be removed in order to meet the definition of prophylaxis. (two people would be needed to complete one procedure)
8. **STANDARD OF CARE NOT MET**. The universally accepted standard of patient care demands that clinicians must be properly trained for the procedures they perform. This EFDA proposal is not up to that standard.

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January 2022

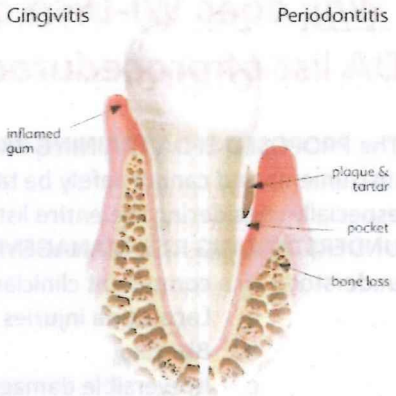
adha Wisconsin Dental Hygienists' Association

WISCONSIN COMPARED TO OTHER STATES

Wisconsin is the only state in the U.S. that currently allows unlicensed persons (understood to mean Dental Assistants) to perform a wide range of assisting duties with only on the job training (OJT). OJT is provided *and validated* by the dentist and others in the dental practice. There are no guarantees that understanding and adherence to standards is accomplished under the OJT model. Formally trained DAs are not distinguished from OJT DAs in WI law. (They should be)

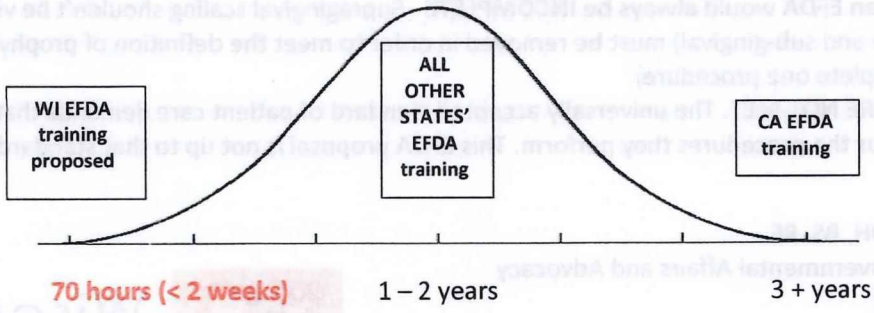
Wisconsin is the only state in the U.S. that – in statutes and administrative codes - refers to all dental assistants only as "unlicensed persons" whether they have formal training and certifications or not.
Other states refer to dental assistants as:

- Dental assistants
- Certified dental assistants (CDA)
- Licensed dental assistants (LDA) (9 states)
- Registered dental assistants (RDA) (13 states)
- EFDA w/ special certifications
    - Dental radiography
    - Sedation assistant
    - Orthodontic assistant
    - Restorative functions
    - Coronal polishing
    - Supra-gingival scaling (IL, KS, ND)
    - N2O/O2 administration and/or monitoring



The basic dental assistant and EFDA scope of practice varies from state to state.

49 states allow DAs to perform dental **radiography w/ special certification** (in WI OJT DA can take XRays)
40 states acknowledge EFDA as distinct from basic DA (scope of practice varies widely)
38 states allow DAs to perform **coronal polishing** (WI currently allows OJT DA to polish *and* it's included in the EFDA proposal)
35 states allow DAs and/or EFDAs to place **sealants** (WI does not; and this is proposed for the WI EFDA)
33 states allow EFDAs to **monitor N2O/O2** (not in the WI EFDA proposal)
31 states allow DAs to apply **fluoride** to patients' teeth (for decay prevention)
29 states allow DAs and EFDAs to perform any **orthodontic** task (not included in the WI EFDA proposal)
29 states allow DAs and EFDAs to **remove sutures** (included in the WI EFDA proposal)
25 states allow DAs and EFDAs to **place and cement temporary** / provisional crowns
16 states allow EFDAs to **place amalgam** (silver material) after prep by a dentist
7 states allow EFDAs to **adjust and cement permanent restorations**
7 states allow licensed dental hygienists to **supervise DAs.** (not included in the WI EFDA proposal)
3 states allow EFDAs to perform supra-gingival **scaling** (this is proposed in WI EFDA bill)



Seventy (70) hours of formal instruction would be at the extreme low end of formal EFDA training requirements compared to other states. (it would be an extreme outlier)

Removing supragingival scaling from the proposal would bring the EFDA scope and training into alignment with other states.

EXPANDED FUNCTIONS FOR DENTAL ASSISTANTS

NOTE: While the information contained in this chart is of general interest, one cannot rely on this chart to obtain a number of states that allow a particular function because the information presented here is a snapshot at a particular point in time and may not be completely up-to-date. See the end of this document for a more complete statement.

Note also that there may be a discrepancy in the way states characterize "expanded functions." For example: one state may consider coronal polishing an expanded function, and another may consider it a regular function. Two helpful resources that are more thorough and timely than this document are: (1) The current ADA *"Survey of Legal Provisions for Delegating Intraoral Functions to Dental Assistants and Dental Hygienists"* and (2) Dental Assisting National Board, Inc. (DANB) publication of their annual *"State Fact Booklet"* an annual compilation of all states' statutes and regulations applicable to dental assistants.

The following states authorize a dental assistant to perform functions which are beyond the scope of an assistant's "traditional" duties, as defined by the state and which generally require specific training[1/] *This information is accurate according to the records available to DSGA and may not wholly reflect the current status.

"Supervision" as listed under Qualifications refers to that of a licensed dentist unless specifically indicated otherwise.

STATE	TITLE	EXPANDED FUNCTIONS(S)	QUALIFICATIONS	DANB JOB TITLES*
ALABAMA	Dental Assistant	Various ortho functions, take x-rays, apply topical agents (but not sealants), help administer nitrous oxide	Direct supervision	Dental Assistant
ALASKA	Dental Assistant	Coronal Polishing Restorative Functions	Direct Supervision - approved course Direct supervision - CODA accredited program, WREB's restoratives exam.	Dental Assistant
ARIZONA	Dental Assistant	Place interim restorations, place amalgam, apply fluoride varnish and sealants, monitor nitrous oxide Take x-rays, coronal polishing	Direct Supervision General supervision & DANB-approved course(s) and exam(s)	Dental Assistant
ARKANSAS	Registered Dental Assistant	Monitor nitrous oxide Take x-rays, coronal polishing	Personal supervision & approved course Approved course and exam	Registered Dental Assistant (RDA)Dental Assistant

STATE	TITLE	EXPANDED FUNCTIONS(S)	QUALIFICATIONS	DANB JOB TITLES*
CALIFORNIA **Section 1750 – 1768 Bus. & Prof. Code**	Dental Assistant (DA)	DA - Perform "basic supportive services" that are completely reversible. Assist in administering nitrous oxide, take x-rays. Unlicensed.	DA - Supervision (required for all levels of assistants); approved radiation safety course; courses in CA Dental Practice Law, BLS, infection control.	Unlicensed Dental Assistant
	Registered Dental Assistant (RDA)	RDA - Placement of restoratives and placement sealants under general supervision. Licensed	RDA - Work experience and approved courses in allowed duties, radiation-safety, infection control, dental law, and BLS. Written and clinical exam. CE course work, written and clinical exams and CE.	Registered Dental Assistant (RDA)
	Registered dental assistant in extended functions. (RDAEF) This category expires in 2010.	RDAEF – All duties of an RDA plus Perform charting, preliminary assessments of oral health; examine soft tissue and oral health assessments in school-based, community health project settings. Placement sealants under general supervision and the placement of restoratives. Licensed	RDAEF - Approved courses in allowed duties, radiation-safety, infection control, dental law, and BLS. Written and clinical exam. CE. Works at the direction & direct supervision of dentist or RDH or RDHAP.	Registered Dental Assistant Qualified In or To Perform Expanded/Extended Duties/ Functions (RDAEF)
	Orthodontic Assistant Permit	Orthodontic duties set forth in law.	Courses in orthodontic assisting, infection control, dental law, and BLS. Written and clinical exam. CE 12 mos. work experience, CE.	
	Oral Surgery/Periodontal Practices Permit	Oral Surgery/Periodontal Duties set forth in law		
COLORADO	Dental Assistant	Apply topical agents, coronal polishing Denture services, administer nitrous oxide Take X-rays	Indirect supervision. Direct supervision. For x-rays – 5 hours of experience and 3 hours lecture or DANB Radiation Health & Safety Exam.	Dental Assistant Expanded Duties Dental Assistant-EDDA Some dental assistants in the state of Colorado may choose to complete an EDDA education program. The EDDA designation is NOT recognized by the Colorado State Board of Dentistry and does not qualify a dental assistant to perform expanded duties in the state.

STATE	TITLE	EXPANDED FUNCTIONS(S)	QUALIFICATIONS	DANB JOB TITLES*
CONNECTICUT	Dental Assistant	Take x-rays	Supervision and DANB RHS Exam	Dental Assistant
DELAWARE	Dental Auxiliary	Various, including take x-rays	Must have State Certificate to take x-rays or alternatively DANB CDA credential or RHS exam that constitutes equivalence of state certification.	Dental Assistant
FLORIDA	Dental Assistant	Take x-rays, apply topical fluoride	Indirect supervision and formal training.	Dental Assistant
	Expanded Duty Dental Assistant	Monitor nitrous oxide, coronal polishing, remove sutures.	Direct supervision. Formal training.	Expanded Function(s) Dental Assistant-EFDA
GEORGIA	Dental Assistant	Ortho functions, coronal polishing	Direct supervision	Dental Assistant
	Expanded Duty Dental Assistant	Monitor nitrous oxide, apply sealants	Direct supervision and approved coursework and certificate.	Expanded Duties Dental Assistant-EDDA
HAWAII	Dental Assistant	Take x-rays, monitor nitrous oxide	Direct supervision	Dental Assistant
IDAHO	Dental Assistant	Take x-rays, fluoride application	Direct supervision	Dental Assistant
	Expanded Function(s) Dental Assistant-EFDA	Temporary crowns, coronal polishing, monitor nitrous oxide, apply sealants	Direct supervision and Board-certification.	Expanded Function(s) Dental Assistant-EFDA
ILLINOIS	Dental Assistant	Take x-rays	Supervision following coursework or on-the-job training.	Dental Assistant
	Dental Assistant Qualified In or To Perform Expanded Duties/Functions	Monitor nitrous oxide administration	Supervision, CPR certification, and completion of approved coursework.	Dental Assistant Qualified In or To Perform Expanded Duties/Functions
		Coronal polishing, apply sealants	Supervision and completion of approved coursework and clinical experience.	

STATE	TITLE	EXPANDED FUNCTIONS(S)	QUALIFICATIONS	DANB JOB TITLES*
INDIANA	Dental assistant	Operate x-ray equipment, place, & condense amalgam, place & finish composite	DANB RHS or CDA exam plus state-run on-the-job training program or ADA-approved college dental assisting program to obtain state x-ray operator equipment license.	Dental Assistant
IOWA	Dental Assistant Trainee Registered Dental Assistant (Licensed) Registered Dental Assistant with Expanded Duties Training	Various tasks Sealants, coronal polishing, dental radiography Monitor nitrous oxide, place temporary restorations, take impressions	On-the-job training under personal supervision. Within 12 months, completion of a board-approved course of study and board-approved exam to become a registered DA. All dental assistants must be licensed (registered) and work under supervision. DAs are required to pass board-approved exams and take CE. 2 years experience Board-approved course	*Dental Assistant Trainee* Registered Dental Assistant (RDA) *Registered Dental Assistant with* Expanded Duties Training
KANSAS	Dental Assistant Dental Assistant with Expanded Duties Training	Coronal polishing, place & condense amalgam, place & finish composite Coronal scaling Administer and monitor nitrous oxide	Direct supervision & dentist-provided training Certificate from an approved course. CPR certification, board-approved course	Dental Assistant Dental Assistant with Expanded Duties *Training*
KENTUCKY	Dental Auxiliary Registered Dental Assistant	Various tasks, place & condense amalgam, place & finish composite Coronal Polishing, take x-rays	Supervision & approved coursework & DANB RHS exam. Coronal Polishing-approved coursework or certification and 1 year clinical office experience.	Dental Assistant
LOUISIANA	Dental Assistant Expanded Duty Dental Assistant	Take x-rays Place or remove matrices, temporary separating devices, periodontal dressings, retraction cords; apply sealants	Direct supervision Direct supervision. High school diploma or equivalent & completion of approved DA program.	Dental Assistant Expanded Duties Dental Assistant-EDDA

STATE	TITLE	EXPANDED FUNCTIONS(S)	QUALIFICATIONS	DANB JOB TITLES*
MAINE	Dental Assistant	Various including coronal polishing, suture removal, pouring and trimming dental models, fabricate temporary restorations, removal of composite using slow-speed handpiece to de-bond brackets.	Supervision required (general or direct depending on task).	Dental Assistant
	Certified Dental Assistant	Above duties plus taking x-rays, temporary restorations;	General supervision and DANB RHS or CDA EXAM for eligibility for board licensure as Dental Radiographer operator. Board approved training program,	DANB Certified Dental Assistant (CDA®)
	Expanded Function DAs rules adopted 2007	All of the above plus, place and carve restoratives prior to final curing.; apply topical fluorides and sealants;	Be a Certified Dental Assistant or licensed as a dental hygienist; and complete a Board approved CODA accredited EFDA program; jurisprudence exam; CPR certificate; certification as EFDA by endorsement approved. 50 hours CE every 5 years required.	Expanded Function(s) Dental Assistant-EFDA
MARYLAND	Dental Assistant	Take x-rays	Direct supervision, approved coursework, DANB RHS exam and registration with board	Dental Assistant
	Dental Assistant Recognized as Qualified in Orthodontics	Ortho functions	Direct supervision, approved program and DANB CDA or COA exam or Maryland Ortho Assisting exam.	Dental Assistant Qualified in General Duties

MASSACHUSETTS	Certified Dental Assistant (CDA) Certified Oral & Maxillofacial Surgery Assistants(FTA) Certified Ortho Assistants (COA) On-The-Job Trained Dental Assistant (OJT) (Expanded Function Dental Assistant (EFDA) means a person who is a graduate of a school or program for dental assistants accredited by the Commission on Dental Accreditation, is currently certified by the Dental Assisting National Board, Inc., or its successor agency, and has completed a formal program in expanded functions at a program accredited by the CODA.	Coronal polishing, assist in administering nitrous oxide, place sealants. Different categories of DA can perform different functions, or similar functions with differing levels of supervision including place amalgam.	General supervision, certification, and in some cases completion of DANB exam is required to take radiographs and perform other expanded functions.	DANB Certified Dental Assistant (CDA®) Formally-Trained Dental Assistant Certified Ortho Assistants (COA) On-The-Job Trained Dental Assistant

STATE	TITLE	EXPANDED FUNCTIONS(S)	QUALIFICATIONS	DANB JOB TITLES*
MICHIGAN	Dental Assistant	Ortho functions	General or direct supervision	Dental Assistant
	Registered Dental Assistant	Radiography, coronal polishing, assist in admin & monitor nitrous oxide, various other duties	General or direct supervision, approved program and board exam	Registered Dental Assistant (RDA)
MINNESOTA	Dental Assistant (unlicensed)	Various basic duties	Personal dental supervision. All regulated dental assistants must be current in CPR at the Health Care Provider level	Dental Assistant
	Licensed Dental Assistant	Various, including taking x-rays, administering and monitoring nitrous oxide, coronal polishing, ortho tasks, placing temporary restorative materials, place and carve amalgam, place & finish composite	May work with general supervision; approved program and exam	Licensed Dental Assistant (LDA)

MISSISSIPPI	Dental Assistants	Take x-rays, place amalgam	Direct supervision, radiology permit is required	Dental Assistant
MISSOURI	Dental Assistant Certified Dental Assistant Dental Assistant Qualified In or To Perform Expanded Duties/Functions (EFDAs must register with the dental board.)	Help administer and monitor nitrous oxide Place restorative material for Class I, V, and V1 preparations; air-polish crowns, take x-rays.	Approved program and exam Approved program and exam Certification or completion of the Missouri Basic Dental Assisting Skills Mastery Examination AND a Missouri board-approved expanded functions course AND completion of an approved competency exam.	Dental Assistant DANB Certified Dental Assistant (CDA®) Dental Assistant Qualified In or To Perform Expanded Duties/Functions
MONTANA	Dental Auxiliaries	Polish coronal surfaces Take x-rays Various ortho functions Various	Direct supervision *and* Approved course Approved program and exam Approved program and exam	Dental Auxiliary
NEBRASKA	Dental Assistants	Take x-rays, coronal polishing, monitor nitrous oxide, place amalgam	Indirect supervision, approved program & 1-year experience as a DA.	Dental Assistant

STATE	**TITLE**	**EXPANDED FUNCTIONS(S)**	**QUALIFICATIONS**	**DANB JOB TITLES***
NEVADA	Dental Assistant	Take x-rays, coronal polishing, apply sealants, ortho-related tasks	Supervision; dentist must ensure formal or on-the-job training for assistants who take radiographs	Dental Assistant
NEW HAMPSHIRE	Assistants Certified Dental Assistant & Graduate Dental Assistant Qualified Dental Assistant	Basic supportive procedures Apply fluoride, topical anesthesia and bleaching agents Above, and take x-rays, apply sealants, perform ortho –related functions	 Approved program from accredited school Approved course and board exam	Dental Assistant DANB Certified Dental Assistant (CDA®) & Graduate Dental Assistant Dental Assistant Qualified In or To Perform Expanded Duties/Functions

NEW JERSEY	Unregistered dental assistant Registered Dental Assistant Limited Registered dental assistant in orthodontics	Take x-rays Various, monitor nitrous oxide, coronal polishing, place amalgam Ortho functions, prepare work order for emergency prosthesis repair.	DANB Certified for X-Rays, Direct supervision, approved course and hold a NJ Dental Radiologic License. Direct supervision, Board-approved course, exam Direct supervision, approved course and CE for nitrous oxide monitoring; other functions require approved coursework or 2 years experience	Unregistered Dental Assistant Registered Dental Assistant (RDA)
NEW MEXICO	Dental Assistant Dental Assistant Certified for Dental Radiography Certified Dental Assistant	Basic supportive procedures Take x-rays Sealants; coronal polishing; fluoride varnish	Supervision, approved program and continuing education Supervision, approved program, exam and continuing education Same	Dental Assistant Dental Assistant with State Certification in Expanded Functions
NEW YORK	Dental Assistant State-licensed "certified dental assistant Dental Assistant with a Limited Permit	Basic supportive procedures Ortho, x-ray; any reversible, non-invasive supportive procedure.	Direct personal supervision. Supervision, approved courses, exam Approved courses,, direct personal supervision, one year permit, renewable once	*Unlicensed Dental Assistant* State-licensed "certified dental assistant" DANB Certified Dental Assistant (CDA®) Dental Assistant with a Limited Permit

STATE	TITLE	EXPANDED FUNCTIONS(S)	QUALIFICATIONS	DANB JOB TITLES*
NORTH CAROLINA	Dental Assistant I Dental Assistant II	Take x-rays. Help administer nitrous oxide Make impressions, apply sealants, coronal polishing	Approved course, clinical experience, and equivalency exam. Approved course or clinical experience. Formal education or experience.	Dental Assistant I Dental Assistant II DANB Certified Dental Assistant (CDA®) In NC there are only 2 classifications of DAs (DAI and DAII)
NORTH DAKOTA	Dental Assistants Qualified Dental Assistants	Basic Supportive functions Take x-rays, basic supportive functions	On the job training On the job training, and board	Dental Assistant

	Registered Dental Assistant (Certified DAs)	Take x-rays, ortho, monitor nitrous oxide, coronal polishing, take impressions for athletic mouthguard and passive post-treatment retainers. Place sealants.	approved infection control and X-ray course and pass DANB exam. Any alternative (a) a CODA accredited DA course; (b) North Dakota Board of Dental Examiners-approved DA course; (c) Certified by DANB plus 3000 hours of DA instruction including on the job training. In addition annual CE and registration Board approved course and be a registered DA.	Qualified Dental Assistant Registered Dental Assistant (RDA)
OHIO	Advanced Qualified Personnel (Expanded Function Dental Auxiliaries) Dental Assistant Radiographer Certified Dental Assistant Basic Qualified Personnel	Place & contour restorative materials, sealants, monitor nitrous oxide, coronal polishing. Take x-rays Sealants, coronal polishing Basic supportive procedures	Direct supervision, graduation from an accredited program, board approved competency exam and BLS certification. DANB or Board approved exam & license Supervision, approved courses, exam Direct supervision and responsibility, trained directly by employer	Expanded Function(s) Dental Auxiliary EFDA DANB Certified Dental Assistant & (CDA®)& Certified Ohio Dental Assistant Basic Qualified Personnel

STATE	TITLE	EXPANDED FUNCTIONS(S)	QUALIFICATIONS	DANB JOB TITLES*
OKLAHOMA	Dental Assistant Expanded Duty Dental Assistant: four types of Expanded Duty Permits required to perform specified duties.	Basic supportive procedures Radiation safety permit; coronal polishing/topical fluoride permit, Sealants permit, Nitrous Oxide permit	On-the-job training and direct supervision. Each type of permit has specific formal education requirements.	Dental Assistant Expanded Duties Dental Assistant-EDDA
OREGON	Dental Assistant Expanded Function Dental Assistant	Take x-rays Various, Coronal polishing of all ages including kids ≤ 12 years of age with no calculus. Place sealants.	Supervision and: Approved course and exam Approved course (may be in-office) and exam	Dental Assistant Expanded Function(s) Dental Assistant-EFDA

	Orthodontic Dental Assistant and Expanded Function Ortho Asst. Certified Anesthesia Dental Assistant Restorative Functions Dental Assistant	Various ortho functions Various duties as assigned. Place and finish direct alloy or direct anterior composite restorations	Approved course (may be in-office) and exam; DANB exam; BLS/CPR certification Informed consent of patient; Board approved and accredited curriculum the Western Regional Examining Board's Restorative Examination	
PENNSYLVANIA	Expanded Function Dental Assistant	Place and remove rubber dams and matrices, place and contour amalgam and other restorative materials, place sealants, polishing teeth, applying fluoride treatments.	Direct supervision, formal education and exam or 5 years prior experience and exam	Expanded Function(s) Dental Assistant-EFDA Dental Assistant
RHODE ISLAND	Dental Assistant Certified Dental Assistant	Various Sealants, Coronal polishing	Supervision. Supervision and academic training, DANB-CDA exam.	Dental Assistant DANB Certified Dental Assistant (CDA®)

STATE	TITLE	EXPANDED FUNCTIONS(S)	QUALIFICATIONS	DANB JOB TITLES*
SOUTH CAROLINA	Dental Assistant Expanded Duty Dental Assistant	Take x-rays. Various. Coronal polishing, monitor nitrous oxide, place temporary restorations, apply sealants.	Direct supervision and board-approved radiation safety course. Direct supervision; certificate from approved program or 2 years chairside experience	Dental Assistant Expanded Duties Dental Assistant-EDDA
SOUTH DAKOTA	Dental Assistant Advanced Dental Assistant	Coronal polishing; supragingival scaling (per 2004) Survey of Delegable Duties Take X-rays	Direct supervision; Graduation from approved DA school or DANB-CDA & dental board course	Dental Assistant Advanced Dental Assistant
TENNESSEE	Practical Dental Assistant Registered Dental Assistant Certified Dental Assistant	Various Monitor nitrous oxide, coronal polishing, apply sealants All the above plus take final impressions and place and contour restoratives.	Direct supervision, on-the-job-training Direct supervision, training, exam, Board permits Direct supervision, training, exam, Board permits	Practical Dental Assistant Registered Dental Assistant (RDA)
TEXAS	Registered Dental Assistants DAs who are Sealant Certified	Take x-rays Prep teeth for & apply sealants	Register with Board, Certified by DANB and pass board exam. CE. 2 yrs. experience, 16 hours clinical & didactic instruction, 6 hrs CE annually	Registered Dental Assistant (RDA) Dental Assistant Qualified In or To Perform Expanded Duties/Functions Dental Assistant
UTAH	Dental Assistant	Coronal polishing, help administer nitrous oxide Take x-rays	Direct Supervision Approved course and exam	Dental Assistant
VERMONT	Traditional Dental Assistant Certified Dental Assistant Expanded Function Dental Assistant	Take x-rays Functions for which CDA is trained Coronal polishing Functions for which EFDA is trained including placing & condensing amalgam and place & finish composite	Supervision and: Special Board endorsement DANB Exam Formal training in CODA-approved program	Traditional Dental Assistant DANB Certified Dental Assistant (CDA®) Expanded Function(s) Dental Assistant-EFDA

STATE	TITLE	EXPANDED FUNCTIONS(S)	QUALIFICATIONS	DANB JOB TITLES*
VIRGINIA	Dental Assistant	Apply fluoride or desensitizing agent, Coronal polishing Take x-rays	Supervision, approved training and certificate Supervision, approved course and/or exam	Dental Assistant
	Dental Assistant II – (essentially an EFDA)	DA II functions include Performing pulp capping procedures; 2. Packing and carving of amalgam restorations; 3. Placing and shaping composite resin restorations; 4. Taking final impressions; 5. Use of a non-epinephrine retraction cord; and 6. Final cementation of crowns and bridges after adjustment and fitting by the dentist.	DA II Qualifications include specified hours of didactic education, clinical training and experience and examination in modules for the performance of specific duties delegated under direct supervision. DANB certified.	
WASHINGTON	Registered Dental Assistant RDA	Monitor nitrous oxide, Take x-rays; coronal polishing; apply sealants	Close supervision (Registration required as of July 1, 2008).	Registered Dental Assistant (RDA)
	Expanded Function Dental Assistant	Above functions under general supervision. Place and carve restoratives; take final impressions under close supervision.	Licensure - requirement completing CODA DA program or DANB certification plus experience. (See 2007 HB 1099).	Licensed Expanded Function Dental Auxiliary
	School Sealant DA Rules define a "Noncredentialed person"	Apply sealants and fluoride varnish	General supervision.	Dental Assistant
		Duties not clear probably basic dental assisting	Close supervision.	
WEST VIRGINIA	Dental Assistant	Take x-rays Place topical fluoride, apply sealants, place retraction cord, coronal polish, place temporary space maintainers for ortho purposes, monitor nitrous oxide administration	Direct supervision Board-approved course and exam	Dental Assistant
	Dental Assistant Qualified In or To Perform Expanded	apply anti-cariogenic agents, apply pit and fissure sealant, apply acid etch,	Direct supervision	Dental Assistant Qualified In or To Perform Expanded Duties/Functions

	Duties/Functions	coronal polishing, place retraction cords, monitor nitrous oxide	Board-approved course and exam	
WISCONSIN	Dental Assistant	Coronal polishing	None	Dental Assistant
WYOMING	Dental Assistant	Coronal polishing but not as a prophy procedure. Various. Take X-rays	Supervision. X-Ray approved course or experience or DANB-CDA exam	Dental Assistant

Note: Sources of information – State laws, and regulations, and "ADA Survey of Legal Provisions for Delegating Intraoral Functions to Dental Assistants and Dental Hygienists"; Dental Assisting National Board's (DANB) State Fact Booklet; DANB exams; CDA=Certified Dental Assistant; RHS=Radiation Health & Safety; ICE=Infection Control Exam; COA=Certified Orthodontic Exam.

*DANB reports these job titles for each state, which was taken from position paper of the *ADAA/DANB Alliance: Addressing A Uniform National Model For the Dental Assisting Profession*, September 2006. The ADA has not verified these titles.

Statement of how this document was compiled - Dental Practice Acts and Board regulations were reviewed to obtain a "snapshot" of some of the functions dental assistants are allowed to perform and the level of education, training, certification or licensure required. This is not comprehensive. The information in this document is limited to what is found in state dental practice acts and dental board regulations. State Laws and regulations are ever changing the material in this document may not be the most current. Policies of dental boards, opinions of state attorneys general, and court decisions may have an effect on how these laws are interpreted. You are advised to contact the dental board for the state of your interest to determine how the laws and regulations are applied in that state. If you believe any of the information contained herein needs updating please contact the ADA Department of State Government Affairs. A comprehensive resource is the "State Fact Booklet" from the Dental Assisting National Board that is available for purchase by calling 1-800-FOR-DANB.

Pam Entorf RDH, BS, ME-PD
Dental Hygiene/Dental Assisting Program Director and Educator, CODA Site Visitor

Talking Points:

- I support EFDA and feel everyone should work at the top of the scope with training and education for **patient safety. I support this bill with scaling removed**

- I do not feel that the minimum 70 educational hours is sufficient to provide adequate education and training. As an educator and clinician, **I do not support scaling** due to **the lack of adequate time** to develop the skills necessary to **considered competent and safe to protect the public.**

- As a Dental Hygiene educator with 30 years' experience in teaching Pre-Clinic which is the foundational course for students to learn how to scale safely, it takes more than 70 hours to teach the skills necessary to be a safe beginner. Every year I am replacing the rubber gingiva (gums) on manikins that students as beginners are working on 6 hours a week for many weeks before they move to working on a peer to ensure they are **safe and do not cause tissue trauma**. It is a very technical skill that requires hours of training to ensure safety. I have many students who enter the Dental Hygiene Program who have either completed a Dental Assisting Program or been trained on the job as a dental assistant. They tend to struggle with this skill set just as much as a beginner with no previous dental assisting experience. Both Dentists and Dental Hygienists must complete specific training in their respective CODA education programs, take a type of clinical competency exam and pass with a minimum of 75% to apply for a license. **This practical exam is meant to provide a final step to ensure they are safe beginners to protect the public.** This EFDA bill doesn't speak to any type of clinical competency exam which both DDS and RDH have to pass **to scale** as part of the scope of practice.

- I feel that scaling could be taught, but not in the bill as it stands with a minimum of 70 hours, and the Accreditation process for the educational program will most likely require more than a minimum of 70 hours to teach the hands-on portion of the EFDA course.

- In July 2021, I completed the **Restorative Functions Course** at Normandale Community College in Bloomington, MN. This course alone was a total of 80 hours for just restorative functions no other skill or competencies listed in this bill. I had to successfully complete a final competency exam for the hands-on skills. Unfortunately, I was unable to complete the patient-based portion of the course even in a school setting low-income dental clinic due to our current laws. I took this course in preparation for the proposed bills in WI for DT and EFDA to try to be able to develop curriculum and have experience in the course.

- In 2016 I took Nitrous Oxide in at Normandale Community College before it was passed in WI while it was still in hearings like this one, so as an educator at a technical college in Wisconsin, I could have the curriculum developed and be able to apply for certification and once the bill was passed into law and teach immediately to provide certification courses for dental offices to send their staff and get training in a timely manner. This course had a clinical competency course requirement along with certification paperwork.

- I currently teach Continuing Education Courses annually to dental hygienists in the state for both Local Anesthetic and Nitrous Oxide. Both of the courses have specific hours, competencies and requirements set forth by the WDEB and bills were drafted with input from both the WDA and WiDHA.

- What is in place currently to offer EFDA as it stands in WI? How will the course be taught? 70 hours minimum for everything seems like we would do the dental assistants, and the EFDA program a disservice by not providing adequate training and competency evaluation to ensure safety to the patients and provide the dentists with quality, competent training for the dental assistant to be able to add value to the practice.

- You have received a chart complied by the **ADA** that shows each state by educational or certification requirements, and WI is at the very bottom of this ADA chart as far as any requirements. **Wisconsin doesn't have any requirements that Dental Assistants go to any formal education or training.** The WTCS (Wisconsin

Technical College System) has both accredited and non-accredited Dental Assisting Programs across the state; some within Dental Hygiene programs and some are stand alone. The reason some schools have 1 semester non-accredited programs is there is no requirements and dentists have indicated that they don't pay higher wages based on this. Some of the schools moved away from CODA DA programs due to students leaving before finishing their program because they were offered a job and there are no requirements to complete a program to be a dental assistant in WI. This negatively affects a programs Accreditation if they have low graduation rates in their programs.

- Our neighboring state MN, requires all Dental Assistants go to a CODA accredited program, become a CDA (take the DANB exam and pass all 3 sections Radiation Safety, Infection Control and Chairside Procedures) as well as become a Licensed DA. They have annual CE requirements, must be CPR certified and annually take an infection control update much like DDS and DH do in WI. If they want to become an EFDA, it is additional training done a CODA Approved Program at a Technical College or University Dental School and a test to prove competency. **Why would WI not want to do the same to ensure we are providing enough education to the DA to ensure safety for the public and help them work at the top of their scope.**

- **CODA** (Commission on Dental Accreditation which is part of the ADA and has specific standards to ensure all Dental, Dental Hygiene, **(Accredited) Dental Assisting Programs,** Dental Lab Technician and most recently Dental Therapy Programs **all have minimum educational standards** to prove competency and that programs meet the educational standards set forth). I am a site visitor for CODA and have been on site visits with both Dental Assisting and Dental Hygiene. WI currently has none.

- EFDA is not a silver bullet to address the access to care issue. There is a dental workforce shortage (DH DA DDS and Dental Lab technicians) not only in WI but across the nation. I get calls weekly from offices looking for DH and DA. I believe Dental Therapy would be more effective in addressing access to care as they could do the full scope of restorative as allowed not just completing the filling after the dentist has completed. Having EFDA and DT together would be much more effective in addressing the access to care issues we face.

- As an educator and a licensed practitioner with experiences in both dental hygiene and dental assisting clinical practice, I fully support additional education and certification to bring all of the dental team to the top of their scope in providing quality dental services safely to the public.

Thank you for your time and consideration and I look forward to answering any questions you may have.

Pam Entorf RDH, BS, ME-PD

Children's Health Alliance of Wisconsin

January 11, 2022

Good morning Chair Sanfelippo and members of the committee. My name is Matt Crespin and I am the executive director at Children's Health Alliance of Wisconsin (Alliance). The Alliance is a statewide organization focused on improving access to care and health outcomes to vulnerable populations in Wisconsin. I have been in the dental industry for nearly 20 years and am a graduate of Marquette University's dental hygiene program and have a Masters in Public Health. I want to thank Sen. Felzkowski and Rep. Plumer for championing the work to improve access to oral health by leading efforts to change the landscape of the dental workforce in Wisconsin both through AB 402/SB 392 which creates EFDAs and also AB 169/SB 181 to create dental therapists a bill we hope the Wisconsin Assembly will be taking up this session after unanimous passage in the Senate this summer. As you know our organization has been supportive of all of these various efforts to improve access. We are also thankful for the legislature's focus on improving Medicaid reimbursement rates in the most recent biennial budget. We believe these contributions will have a tremendous opportunity to increase access to care as this is a multifaceted issue that requires multiple approaches to address.

The Alliance leads and manages the Wisconsin Oral Health Coalition which is made up of more than 200 organizations and individuals focused on improving oral health access. The Coalition has adopted a broad-based policy supporting workforce models that meet three criteria. It is important to note the Coalition feels all three of these criteria are critical to support workforce models. The criteria are:

1) The model results in professional licensure: Dentists, dental hygienists and the proposed dental therapy model all require that the individual in this role holds a professional license that is renewed every two years. Additionally, renewal requires the completion of between 12 and 30 continuing education credits ensuring the provider is practicing using the most current evidence-based approaches. Currently in Wisconsin dental assistants are not required to have any formal education or training and are not licensed like in other states. The current proposal for EFDA's only requires a one-time certification with no requirements for ongoing continuing education or renewal. The practice of dentistry evolves on a regular basis, and staying up-to-date on the current evidence-based approaches is critical for ensuring that the public is kept safe and appropriate care is provided.
2) The second requirement is that the model includes graduation from an accredited institution. Currently the Commission on Dental Accreditation (CODA) is the only entity granted the authority to accredit dental, dental hygiene, dental therapy and dental assisting schools including those dental assisting programs that train EFDAs. CODA sets educational standards for each of these respective programs and the CODA standards for EFDAs include all of the procedures in this bill except for one item, supra gingival scaling. This procedure has been removed in previous versions of the bill due to concerns that have been raised so it is unclear why the WDA is insisting it remain in this version. This is a procedure that includes the use of an instrument that has a sharp cutting blade on both sides of the instrument along with a pointed tip. The bill being proposed includes a requirement of 70 hours of training to cover all aspects of what an EFDA must be trained or proficient in before completion of a CODA accredited program. The CODA standards do not include supra gingival scaling. The time allotted for training of an EFDA is not sufficient enough to train them to provide those procedures typically in their scope of work and part of the CODA standards along with scaling. The scope of an EFDA as proposed includes 11 different procedures some of which are quite complex such as placing and finishing restorations. A 70

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hour program would allot for just under 6.5 hours of education per procedure. Allowing providers to complete procedures that they are not appropriately trained on poses a safety issue for the public.

Scaling only above the gum line would also only provide part of the process of cleaning a patient's teeth. Hard deposit, even if only at and above the gum line, would require the sharp instrument to go below the gum line to fully remove it which is not in the scope of an EFDA. Additionally, it is not common that hard deposit is only at and above the gum line but typically extends below the gum line several millimeters. Allowing a provider to scale only at and above the gum line would lead to one of two things: either another provider, a dentist or dental hygienist, would have to come in and remove the remaining deposit which reduces the efficiency of the model; or the deposit will be left behind which can then lead to the development of periodontal disease for the patient. Periodontal disease can lead to tooth loss, difficulty eating and other health issues like difficulty controlling diabetes, stroke, heart attack and aspiration pneumonia.

3) Lastly, the Coalition supports workforce models that increase access to care. There is no doubt that adding an EFDA to the dental care team would increase team efficiency. It is not clear at this time where EFDAs might end up working, but there is nothing in this bill that would ensure that adding and EFDA would increase access to care to those who have the most difficult time accessing care. The dental therapy bill that was passed in the Senate and awaiting movement in the Assembly includes a provision that dictates the populations and clinic types where dental therapists can work to ensure that they treat those with the biggest challenge accessing care. There is no provision in this bill that ensures that EFDA's would work in clinics serving the underserved. Allowing providers to work at the top of their license and perform procedures they are trained to complete keeps the public safe and is important in enhancing the dental workforce. This includes portions of the dental hygiene scope that are part of the CODA standards such as sealant and fluoride varnish application which could improve efficiencies in some settings safely. EFDAs will increase efficiency in offices; however, it is unclear at this time if they will have an impact on access to care as they must work under direct supervision and have a limited scope.

Overall, our organization is supportive of the EFDA model; however, we would like to see increased accountability of the provider through licensure or certification renewal and continuing education requirements. More significantly, we would like to see the provision to allow supra gingival scaling removed as it has in previous versions. Again, the Alliance appreciates the dedication to improve oral health during this legislative session and hopes the Legislature continues to move forward dental bills that recognize and promote advances in dental care and practice as well as work to expand access to care especially for vulnerable populations and Medicaid patients. We hope this bill moves forward with some modifications to the scope and ongoing continuing education requirements to renew licensure or certification. Thank you for your dedication to these important issues and if you have additional questions please do not hesitate to contact me at 414-337-4562 or mcrespin@chw.org

Respectfully submitted,
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Wisconsin Dental Association, Dr. Patrick Tepe
Testimony on AB402/SB392
January 11, 2022

Good morning Chairman Sanfelippo, Vice-Chairman Summerfield, ranking member Subeck, and members of the Assembly Committee on Health. My name is Dr. Patrick Tepe, I serve as the WDA's legislative advocacy committee chairman. I am testifying in support of AB402/SB 392, which authorizes expanded function dental auxiliaries, or EFDAs, in Wisconsin. We are proud to say that this exact bill passed the Senate unanimously a couple of months ago.

Over the last year and a half, I have had the privilege of working quite a bit with Senator Felzkowski and Representative Plumer as they crafted both dental therapy legislation and their EFDA legislation which is here before you today. This was a very positive experience and one that we are very grateful for. Senator Felzkowski and Representative Plumer time and time again are leading the way on oral health in Wisconsin.

I want to touch on the politics of this bill for a little bit.

Today, you will hear from the Wisconsin Dental Hygienists' Association, which opposes this legislation over two words - supragingival scaling. Supragingival scaling is essentially removal of tartar or calculus above the gumline. It's a procedure that I and many other dentists believe can be performed safely by a trained assistant, but the Hygienist's Association is trying to protect their scope. It's an interesting viewpoint, since the same association is such a vehement supporter of dental therapy.

We are not here to debate dental therapy, but we do feel it's important to point out the blatant hypocrisy. I will speak candidly, this is like deja-vu but with the roles reversed.

Over the last few sessions, the Wisconsin Dental Association has been opposed to dental therapists, also authored by Senator Felzkowski and Representative Plumer. Over the summer and fall, we as an association had tough discussions, and realized that our state needs an all-hands-on-deck approach toward solving our access issues. That's why we worked for months with Senator Felzkowski and Representative Plumer on the most recent dental therapy legislation, and registered neutral.

In discussions on EFDA legislation, it was requested that the Hygienist Association come back to the authors with suggestions to make the bill more palatable - like we did with dental therapy. But they did not. According to them, no one else can be trained to perform supragingival scaling.

You'll hear from them that 70 hours isn't enough training. The good news is the legislation sets a minimum number of hours, and is not constrictive on our wonderful technical college system. In our discussions with several technical colleges, they believe they can adequately and safely train EFDAs to perform this scope, but have said it will take additional hours.

You'll hear from them that introducing EFDAs into the workflow won't increase efficiency, that it will create a "bottleneck". I'm here to tell you as a small business owner and dentist, it will increase efficiency. What does the data say? In 2018, American Dental Association polled dentists nationwide who employ EFDAs. 92 percent of respondents said it allowed them to use time more efficiently. And nearly 70 percent said it allowed them to see more patients daily.

You'll hear from them that supragingival scaling isn't part of the CODA standards for dental assistant training. This is an interesting argument because the dental therapy bill they so strongly support includes a much more invasive and dangerous scope item that isn't part of dental therapy CODA standards.

You'll hear that an EFDA performing supragingival scaling is not safe. Of course, anything without proper training could be deemed unsafe. However, with proper training, which we have full confidence in our technical colleges to provide, someone who is not a hygienist can be trained to supragingival scale. Remember, these are the same technical colleges the hygiene association wants to educate dental therapists, who have a much more complex scope of practice and perform irreversible procedures.

The same group saying you can extract a tooth without going to dental school is now saying a trained EFDA can't supragingival scale. The same group saying a technical college can train someone to perform dentistry is now saying the same technical college cannot train someone to supragingival scale. It really is hard to keep up with their hypocrisy.

Over the last decade, dental hygienists have not only seen an expanded scope, but expanded settings where they can practice. The WDA has been collaborative every step of the way. With shortages in every health profession, expanding scope and practice settings is a trend we are seeing nationwide. Wisconsin has led the way in this. This is another way to do that.

The most important thing to remember: the dentist retains all responsibility and liability for the EFDA. In fact, the dentist must remain in the dental clinic, and must verify that the procedures have been performed successfully. The dentist is fully responsible and liable for all procedures performed by the EFDA.

Thank you for your time and consideration of this legislation. At this time, I can answer any questions you may have.

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Wisconsin Dental Association, Dr. Paula Crum
Testimony on AB402/SB392
January 11, 2022

Good morning Chairman Sanfelippo, Vice-Chairman Summerfield, ranking member Subeck and members of the Assembly Committee on Health. My name is Dr. Paula Crum. I am a periodontist from Green Bay and the Immediate Past President of the Wisconsin Dental Association. I am testifying today in support of AB 402, which authorizes expanded function dental auxiliaries, or EFDAs, in Wisconsin.

EFDAs are a proven, safe model utilized around our nation and in our military to expand access to dental care. Nearly half of our nation has authorized EFDAs to practice in their states. The Wisconsin Dental Association has been working on this legislation for over a decade, so we are grateful to Representative Jon Plumer and Senator Mary Felzkowski for leading the charge on this legislation, as well as their continued attention to oral health in Wisconsin. In 2018, a nearly identical bill was passed by voice vote in the Assembly. This current legislation has an impressive list of bipartisan co-sponsors and I would especially like to thank the many members of this committee who are co-sponsors of this legislation.

It is no secret that our state faces an oral health crisis, and it is no secret that there is not a silver bullet to solve all of these issues. It will take a collection of targeted solutions to improve access for our most vulnerable populations. Authorizing EFDAs is one of those solutions.

An EFDA is a highly trained and skilled dental team member (usually a dental assistant) who receives additional education to enable them to perform reversible, intraoral procedures, and additional tasks that may be legally delegated by a licensed dentist and performed under the supervision of that licensed dentist.

Dentists around the state are clamoring to bring EFDAs to Wisconsin. In many cases dentists will actually sponsor the assistant to receive the additional training and education needed. This is a wonderful way to not only help a primarily female workforce further their careers, but also help address workforce shortages we are facing, like so many other health professions. I recently spoke with the President of Wisconsin's Dental Assistant Association. The number one reason dental assistants leave the profession is boredom and a lack of advancement. EFDA training will help us keep dental assistants enthusiastically engaged in their profession and retain a vital part of our workforce. I have asked one of my own assistants to be here today to tell you what the EFDA legislation could mean to her career.

Good morning. My name is Jessica Broekman, and I am a periodontal dental assistant. I graduated from the Northeast Wisconsin Technical College dental assisting program in 2000 and have worked for Dr. Crum for the past 21 years. I am one of three assistants in a practice with two doctors and six hygienists. I have never been bored in my career, but I am also excited for the opportunity to receive more education and training, in order to be able to contribute even more to the care of our patients. We are not a restorative practice, but there are so many other things included in this bill that would be of value to my doctors and our hygienists. We have a busy periodontal practice and allowing well-trained dental assistants to do things such as cement removal, placement of sealants, fluoride treatments, and yes, even supragingival scaling would be a huge benefit to our entire team. Allowing an assistant to polish coronally and apply the topical fluoride treatment would allow our hygienists time to complete their treatment notes and prepare for their next patient. I know I am a valued member of our office, but it would provide me great personal satisfaction to know I am contributing even more in the care of our patients, and at the same time providing my doctors and our hygienists the time to care for more people who need the treatment that only they can provide. The added responsibilities that EFDA training would provide me are a welcome addition to my professional growth and would allow me to contribute even more to our dental team.

This past summer, members of the legislature were sent a video by the Wisconsin Dental Hygienist Association's President, who is a registered dental hygienist. This video used scare tactics when talking of "razor sharp instruments" and the bottleneck EFDAs would create within a dental practice. The instruments are sharp, but no different than an instrument that dental students and dental hygiene students also use and become proficient at using with training. The video demonstration is presented on a patient that a dentist would never have an EFDA scale in the first place. There is so much deposit on the tooth in the video that you all were given, both above and below the gumline, that this would be a patient who would definitely see a dental hygienist. The dentist, the leader of the dental team, would assess this patient's oral needs at an initial examination appointment and the patient would be placed with the appropriate team member to provide the treatment. The whole sequence of events that the hygiene video describes would not happen in the way described. There would be no bottlenecks in treatment because it would be planned ahead of time and then checked at the end of the procedure. Taking the time to check the satisfactory completion of the work by an EFDA would take no more time than it takes to check our dental hygiene patients at the end of their appointments.

I see the use of an EFDA as a benefit when we see patients back for restorative treatment or in my case as a periodontist, after surgery. We have patients who return for follow-up appointments that have buildup on their lower front teeth. An EFDA could remove this deposit while the dentist is checking hygiene patients or anesthetizing another patient. EFDAs could do this during an appointment time when they are actually placing a restoration, or doing sealants, or any number of other treatments. Patients love having their front teeth clean when they leave the office and in a busy practice the dentist and/or hygienists are not usually available to do this treatment. An EFDA could also clean children's teeth who do not have heavy buildup. At a time when we are dealing with dental hygiene shortages in our state as well as nationally, it would be invaluable to have other dental auxiliaries with an expanded scope working under the dentist's supervision.

The use of EFDAs to remove cement from around a crown after it is placed takes the same hand skills and the same instruments as supragingival scaling. This is a component of EFDA training in many other states and part of the EFDA scope that the Wisconsin Dental Hygiene Association is <u>not</u> opposed to. Their opposition to supragingival scaling is merely trying to protect one small aspect of the dental hygiene scope of practice. I would now like one of my dental hygienists to address the committee regarding this EFDA legislation and how it will impact her career.

Good morning. My name is Stacy Robb, and I am a registered dental hygienist. I graduated from Fox Valley Technical College in 2000 and I have worked for Dr. Crum for the past 21 years. My day is spent in the treatment and maintenance of patients who have periodontal disease. These are patients that need meticulous treatment above and below the gumline. Even though I work in a periodontal practice, these types of patients are in every dental practice in our state and across the country. These patients, and really all adult patients, require a dental hygienist to provide the thorough scaling and root planing treatment needed in their care. But that does not mean that I would not welcome the use of EFDAs in our practice. As Jessica said, these expanded function assistants could certainly be used to help at the end of a hygiene appointment to complete reversable procedures and help keep us on schedule and able to see more patients. In no way do I feel threatened professionally, or that my education has been demeaned by allowing a trained EFDA to complete supragingival scaling. As Dr. Crum stated, we have patients return after treatment that have supragingival calculus that has reformed. Our hygiene schedule is so busy, that we do not have time to leave our patient to care for another. And how unfair that would be to the patient we are treating. It makes total sense to have the trained expanded function dental assistant that is working with the doctor and that patient be able to provide the necessary treatment. I know the treatment will be done thoroughly and well because our doctors will be checking it. I too know that I am a valued member of our dental team that provides patient care that only I can provide. Our practice, as are many dental practices throughout the state, is overwhelmed with patients right now. I would welcome a team member who could help increase our efficiency and flexibility in providing the needed care to more patients.

No one wants to see EFDAs replace dental hygienists, and they won't. We need more dental hygienists, and the Wisconsin Dental Association is actively working to increase the capacity for educating dental hygienists in our state. But we also need all of our dental team members working together at the top of their scope in order to provide access for as many patients as possible. In my community and around the state, there is a dental hygiene shortage. I know several dentists in the Green Bay area who have been trying to hire a dental hygienist for over a year. The rural areas of our state are in even greater need. I have three intelligent, highly skilled dental assistants with years of experience, and they are excited for this opportunity. And I will be thrilled to sponsor them to receive the necessary EFDA education. EFDAs can provide dentists and hygienists with the time to deal with more pressing issues and promote flexibility in our schedules to accommodate emergency care. The dental hygiene community could support this EFDA legislation by sharing just a small part of their scope with another trained dental team member in order to increase access and workflow.

As I stated earlier, there is no one answer to expanding access to dental care in Wisconsin, but EFDAs can be one part of the solution to improve access and improve the overall health of all of our communities.

Thank you for your time and consideration of this legislation. At this time, we welcome any questions you may have.

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Wisconsin Dental Association, Dr. Steve Stoll
Testimony on AB 402
January 11, 2022

Good morning Representatives. I am Dr. Steve Stoll, a WDA past president and retired general dentist from Neenah, and I submitting written testimony in **support** of AB402.

One thing I can add to the discussion is having had the opportunity to work with EFDAs when I was in the military. I spent 1½ of my service years with one other dentist in a small clinic. We shared 2 EFDAs both of whom I found to be very competent and who greatly improved our efficiency.

In fact, at one time, my dentist colleague was unable to practice for about 4 weeks because of a significant thumb injury. With the help of these 2 EFDAs and 2 standard dental assistants, working out of 4 operatories, I was able to treat patients of 2 doctors over that time span. I couldn't have done that indefinitely and good thing I was still in my 20s. But we were able to develop a coordinated system where I was always doing things only a dentist could do: numbing, preparing teeth, checking finished work and hygiene exams, optimizing my time, while they provided all the interim procedures.

Just like hygienists looking toward dental therapy, there are experienced dental assistants looking for additional responsibility and opportunities for advancement. Prior to my retirement, I had one. I would have supported her returning to Fox Valley Tech, where, like many other Technical Colleges, facilities are already in place that could accommodate EFDA training. There is no question in my mind that she could be taught to safely and competently remove tartar more easily than dental therapists can be taught to drill and extract teeth.

You may also know that there is both a shortage and a misdistribution of hygienists. I can see how an EFDA could increase a rural dental office's capacity and efficiency, especially when it's unable to find a hygienist. In addition to placing fillings and the like, they could do cleanings on children and healthy young adults, and finish cleanings where the dentist would do any needed deep scaling or root planing, and could return to more "dentist only duties". Again, a system can be created to efficiently manage team members' time.

Finally, I volunteer at the TriCounty Dental Clinic in the Fox Valley. I spoke with the director a few months back. He was grateful for the increase in MA reimbursement included in the new budget and spoke about wanting to find a way to increase the number of MA patients the clinic could see. He was very excited to hear of this possible new staff member, as are other non-profit clinics, I am sure. Thank you for your time and attention.

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Wisconsin Dental Association, Dr. Dave Clemens
Written Testimony on AB402/SB392
January 11, 2022

Good morning Chairman Sanfelippo, Vice-Chair Summerfield, Ranking Member Subeck, and members of the Assembly Committee on Health. My name is Dave Clemens and I am a dentist from Wisconsin Dells. I am a former President of the WDA, and I want to provide my personal experience working with EFDAs. I strongly support this bill.

An EFDA is not a new position. I worked with many as early as 1980 while working in the Indian Health Service. The federal government, along with many states, have allowed them to work in clinics for over 35 years. My experience was a positive one. One of my assistants created restorations much better than my own.

My first experience was in Fairbanks, Alaska, providing dental services for the Indian Health Service. IHS trained assistants to provide restorations, which helped us provide more services. They picked capable assistants who were interested in expanding their skills and increasing their pay. EFDAs work under the direct supervision of dentists, so the work provided met our requirements and served the patients well. If an assistant did not provide high quality work, we did not allow them to continue to provide this type of service. There are EFDAs with excellent skills already working all over the country. I also used them in Crow Agency, Montana, Philadelphia, Mississippi and Kodiak, Alaska.

Please pass this bill and allow us to improve the efficiency of our offices. This will be a valuable addition for experienced, ambitious dental assistants who show the interest and skill to move up the career ladder.

David Clemens, DDS
Wisconsin Dells, WI

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Wisconsin Dental Association, Dr. Clifford Hartmann
Testimony on AB402/SB392
January 11, 2022

Good morning Chairman Sanfelippo, Vice-Chairman Summerfield, Ranking Member Subeck, and members of the Assembly Committee on Health. My name is Cliff Hartmann and I am the President of the Wisconsin Dental Association. I am a pediatric dentist at Children's Wisconsin and teach at the Marquette University Department of Pediatric Dentistry.

I want to thank you for the opportunity to testify before you today on our Expanded Function Dental Auxiliary, or EFDA, legislation. EFDAs are individuals on the dental team who typically start their career as a dental assistant and later acquire enhanced education and training that allows them to perform additional procedures in a dental office.

Under the proposed language, the dentist would remain responsible for all procedures delegated to an EFDA. The dentist would also be required to remain on the premises and be available to the patient throughout the performance of the procedures. The legislation includes a requirement that the dentist check the patient and verify the successful completion of the procedure prior to the patient's departure from the practice.

Similar to you as elected officials who work to solve problems your constituents come to you with, I am also trying to solve a major issue for dentists in every corner of the state. Workforce shortages. This committee alone represents over 400 WDA member dentists. If you were to ask any of them how easy it is to attract hygienists and assistants to fill openings within their office, I would bet you'd get an earful about how difficult it is.

To that end, as an association we are doing all that we can to alleviate these pressures, which are having a direct impact on access to care for your constituents. One of the ways we believe we can alleviate these pressures is to allow EFDAs to be safely trained and utilized in Wisconsin.

The Hygiene Association believes this is a trojan horse to replace hygienists. Let me state once and for all that we need more hygienists. We want more hygienists. We are exhausting every avenue open to us to graduate more hygienists in Wisconsin so we can fill openings that have been open for months. These are high-paying, family support careers.

We know this isn't unique to dentistry. In the medical field, a slew of mid-level providers are utilized to increase efficiency. Working at Children's Wisconsin I see this firsthand. That's why we registered neutral on dental therapy, and why we are before you today with our EFDA legislation.

Today you'll hear from dentists, hygienists, and assistants, who are in support of this bill.

We ask that this committee continue the trend that this legislature has led the nation in: reducing barriers for individuals to grow their careers and expedite care to Wisconsinites. The Senate has already passed this legislation unanimously.

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Wisconsin Dental Association, Dr. Ned Murphy
Testimony on AB402/SB392
January 11, 2022

Good morning Chairman Sanfelippo, Vice-Chair Summerfield, ranking member Subeck, and members of the Assembly Committee on Health. My name is Dr. Ned Murphy, I am a practicing dentist in Racine and a Past President of the Wisconsin Dental Association. I am testifying in support Assembly Bill 402, which authorizes expanded function dental auxiliaries, or EFDAs in Wisconsin.

Since my graduation in 1965 various states have expanded access to dental treatment by developing the Expanded Function Dental Assistant program. For a period of time, during the 1970s Marquette employed the concept calling it part of their TEAM program with the dentist being responsible for all patient care but assisted by Expanded Functional Dental Assistants. Those duties might include removing debris surrounding teeth above the gum line which is necessary to properly evaluate the need for dental treatment before deciding on a treatment plan. Other procedures might include fluoride treatments, sealant applications and applying topical anesthetics. All these duties are reversible, subject to revision, and performed under the direction of a Wisconsin licensed dentist.

There have been comments about training but all parties agree that training is an important part of this change. Various Wisconsin Technical Colleges have indicated they have the desire and the facilities to undertake the necessary education required for the position but individual dental practices will still determine what their practices need and their responsibility to maintain a patient safe environment.

Another comment I have heard is that the dentist supervision will create a bottleneck and treatment time will become longer as a dentist moves from one patient area to another. I assume this commenter has not seen a typical dental practice where the dentist currently may be treating a patient in one area but answering a hygienist's call, writing patient prescriptions for drugs or laboratory procedures, even to telling a coordinator how to schedule an incoming emergency. All that is to say the modern dentist is used to multitasking and would appreciate help with the schedule.

In summary I believe EFDA will be a benefit to Wisconsin dental practices and can enhance patient access to care, both a benefit to the patients we serve.

Thank you, I appreciate your allowing me to express my feelings about AB 402.