

**DENTAL ASSIST'S & HYGIENISTS:
EXPAND SCOPES OF PRACTICE**

House Bill 4356 as enrolled
Public Act 35 of 2003
Second Analysis (7-10-03)

Sponsor: Rep. Barb Vander Veen
House Committee: Health Policy
Senate Committee: Health Policy

THE APPARENT PROBLEM:

Like dentists, *registered* dental assistants (RDAs) and dental hygienists are health care professionals under the Public Health Code, each having their own license requirements and scope of practice. Administrative rules for dentistry refer to *registered* dental hygienists and *registered* dental assistants, but this may be misleading, since dental hygienists must be licensed and registered dental assistants must be licensed. Generally speaking, registration restricts only the use of professional titles, while licensure restricts the scope of a professional's practice, and both dental hygienists and RDAs have defined scopes of practice. The code defines "practice as a dental assistant" as assistance in the clinical practice of dentistry based on formal education, specialized knowledge, and skill at the *assignment and under the supervision of a dentist*. "Practice as a dental hygienist" means practice at the *assignment of a dentist* in that specific area of dentistry based on specialized knowledge, formal education, and skill with particular emphasis on preventive services and oral health education. The specific procedures that dental hygienists and RDAs may legally perform--and the conditions under which they may perform those procedures--are spelled out in the health code and in administrative rules. Because dental hygienists and registered dental assistants may perform tasks only when assigned by a dentist, however, individual dentists retain the ability to make judgments about the specific procedures that they feel comfortable having individual assistants and hygienists perform.

According to committee testimony from a representative of the Michigan Dental Assistants Association (MDAA), there is a shortage of registered dental assistants in the state of Michigan. Although the health code and administrative rules create a licensure process for dental assistants, some individuals help dentists without being licensed. RDAs (who are licensed) believe that by expanding

their scope of practice, they will not only become more productive members of the dental team, but there will also begin to be more recognition of the importance of their role. This, they argue, will lead to increased job satisfaction and will encourage currently employed dental assistants to stay on the job and attract others, including dental assistants who are not licensed, to the profession. In June 2000 the MDAA and the Michigan Dental Association formed a task force to discuss specific procedures that registered dental assistants would like to be able to perform. The Michigan Dental Hygienists' Association was later consulted to discuss whether there were any procedures that hygienists believed that they should be allowed to perform. Legislation has been introduced to add these procedures to the state health code's dentistry provisions.

THE CONTENT OF THE BILL:

House Bill 4356 would amend the Public Health Code to expand dental hygienists' scope of practice to include taking dental impressions for certain purposes, and to expand registered dental assistants' scope of practice to include various procedures performed under a dentist's "direct" or "general" supervision. A more detailed summary of the bill is provided below.

Dental hygienists' scope of practice. The bill would allow a dental hygienist, upon "assignment" by a dentist, to take impressions for orthodontic appliances, mouth guards, bite splints, and bleaching trays. (As defined in the code, "assignment" by a dentist means that a dentist has described specific procedures to be performed on a given patient.)

Registered dental assistants' scope of practice. The bill would allow a registered dental assistant, upon delegation by a dentist and under a dentist's "direct supervision", to place, condense, and carve amalgam

restorations and take final impressions for indirect restorations. (As defined in the code, “direct supervision” by a dentist means that a dentist describes the specific procedures to be performed on a given patient, examines the patient both before prescribing the procedures and after the procedures have been performed, and remains physically present in the office while the procedures are being performed.)

In addition, the bill would allow a registered dental assistant, upon delegation by a dentist and under a dentist’s “general supervision”, to perform the following intra-oral dental procedures: pulp vitality testing; placing and removing matrices and wedges; applying cavity liners and bases; placing and packing nonepinephrine retraction cords; applying desensitizing agents; taking impressions for orthodontic appliances, mouth guards, bite splints, and bleaching trays; drying endodontic canals with absorbent points; and etching and placing adhesives prior to placement of orthodontic brackets. The bill would add a definition of “general supervision” to the code, which would mean that a dentist described specific procedures to be performed on a given patient and was physically present in the office while the procedures were being performed. (The dentist would not have to examine the patient before prescribing the procedures or after the procedures had been performed.)

The bill would specify that the section of the health code being amended does not require new or additional third party reimbursement or mandated worker’s compensation benefits for services rendered by an individual licensed as a dental assistant or as a dental hygienist.

MCL 333.16611

FISCAL IMPLICATIONS:

The Senate Fiscal Agency reports that the bill would have no fiscal impact on state or local government. (SFA committee summary dated 5-20-03)

ARGUMENTS:

For:

The bill would expand the scope of practice of dental hygienists and registered dental assistants in a way that helps ensure that Michiganians continue to receive quality dental care. Specifically, the bill would allow RDAs and dental hygienists to perform specific reversible and non-diagnostic procedures that

dentists need help performing. While expansions of health care professionals’ scopes of practice are often controversial, especially when one type of professional is given the ability to perform procedures that were previously restricted to another type of professional, dentists, registered dental assistants, and dental hygienists all agree that the bill proposes reasonable changes. Because of a statewide shortage, it is especially important that registered dental assistants be allowed to contribute as much to patient care as they can. By taking on such increased responsibilities, RDAs will become more significant members of the dental care team, which will lead to increased job satisfaction and will in turn make the profession more attractive to others. Dental hygienists, who were consulted about their thoughts on the MDA and MDAA task force’s recommendations, believed that they could contribute more to dentistry by being allowed to take final impressions for bite splints and other specific purposes. RDAs and dental hygienists believe that their education and training are more than sufficient to expand their scopes of practice in these ways, and dentists agree. Finally, because RDAs and dental hygienists work at the assignment of dentists, any dentist who felt uncomfortable assigning specific duties to specific individuals could choose not to do so. Thus, the bill would ensure that dentists retain ultimate responsibility for quality control.

Analyst: J. Caver

■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.