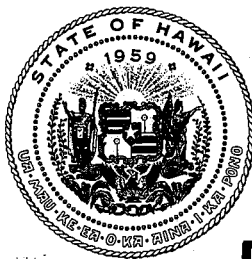


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January 24, 2018

DEPT. COMM. NO. 315

VIA EMAIL & HAND DELIVERY

The Honorable Ronald D. Kouchi
Senate President
Hawaii State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Rosalyn H. Baker
Chair, Senate Committee on Commerce, Consumer Protection, and Health
Hawaii State Capitol, Room 230
Honolulu, Hawaii 96813

The Honorable Jill N. Tokuda
Vice Chair, Senate Committee on Commerce, Consumer Protection, and Health
Hawaii State Capitol, Room 202
Honolulu, Hawaii 96813

Re: Sunrise Analysis: Regulation of Dental Assistants, Report No. 18-02

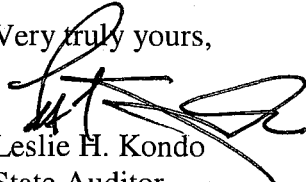
Dear President Kouchi, Ms. Baker, and Ms. Tokuda:

We are enclosing a copy of our *Sunrise Analysis: Regulation of Dental Assistants*, Report No. 18-02, with the Auditor's Summary. As directed by Act 84 (2017 Session Laws of Hawaii), we assessed whether the profession of dental assisting should be regulated by the State of Hawaii based on the criteria for licensure in the Hawaii Regulatory Licensing Reform Act, Chapter 26H, Hawaii Revised Statutes. We found that certain duties that Hawaii dental assistants currently perform potentially impact the health, safety, and welfare of dental patients and, therefore, that dental assistants who perform those functions should be regulated.

The report is accessible through our website at:
<http://files.hawaii.gov/auditor/Reports/2018/18-02.pdf>.

If you have questions about the report, please contact me.

Very truly yours,


Leslie H. Kondo
State Auditor

LHK:emo
Enclosure

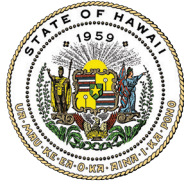
Sunrise Analysis: Regulation of Dental Assistants

A Report to the Governor
and the Legislature of
the State of Hawai'i

Report No. 18-02
January 2018



OFFICE OF THE AUDITOR
STATE OF HAWAI'I



OFFICE OF THE AUDITOR STATE OF HAWAII

Constitutional Mandate

Pursuant to Article VII, Section 10 of the Hawai'i State Constitution, the Office of the Auditor shall conduct post-audits of the transactions, accounts, programs and performance of all departments, offices and agencies of the State and its political subdivisions.

The Auditor's position was established to help eliminate waste and inefficiency in government, provide the Legislature with a check against the powers of the executive branch, and ensure that public funds are expended according to legislative intent.

Hawai'i Revised Statutes, Chapter 23, gives the Auditor broad powers to examine all books, records, files, papers and documents, and financial affairs of every agency. The Auditor also has the authority to summon people to produce records and answer questions under oath.

Our Mission

To improve government through independent and objective analyses.

We provide independent, objective, and meaningful answers to questions about government performance. Our aim is to hold agencies accountable for their policy implementation, program management and expenditure of public funds.

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We conduct performance audits (also called management or operations audits), which examine the efficiency and effectiveness of government programs or agencies, as well as financial audits, which attest to the fairness of financial statements of the State and its agencies.

Additionally, we perform procurement audits, sunrise analyses and sunset evaluations of proposed regulatory programs, analyses of proposals to mandate health insurance benefits, analyses of proposed special and revolving funds, analyses of existing special, revolving and trust funds, and special studies requested by the Legislature.

We report our findings and make recommendations to the Governor and the Legislature to help them make informed decisions.

For more information on the Office of the Auditor, visit our website:
<http://auditor.hawaii.gov>

Foreword

Our Sunrise Analysis of the Regulation of Dental Assistants was conducted pursuant to House Bill No. 374, H.D. 2, S.D. 2, which subsequently was signed by the governor as Act 84 (2017 Session Laws of Hawai‘i). Act 84 directed us to conduct “a sunrise analysis on the effects of regulation of dental assistants in the State via the certification requirements for dental assistants offered by the University of Hawaii Kapiolani community college’s dental assisting program.” However, without a proposed regulatory framework, as explained in our report, we have assumed that the tasks dental assistants would be allowed to perform if regulated would be the same as their current duties.

Leslie H. Kondo
State Auditor



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Auditor's Summary

Sunrise Analysis: Regulation of Dental Assistants

Report No. 18-02



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IN REPORT NO. 18-02, *Sunrise Analysis: Regulation of Dental Assistants*, we evaluated whether the profession of dental assisting should be regulated by the State of Hawai'i. We found that several tasks routinely performed by dental assistants in Hawai'i pose a reasonable risk of injury to patients and therefore should be regulated under the criteria established by the Legislature in the Hawai'i Regulatory Licensing Reform Act. These tasks include using dental instruments with a sharp tip or blade that can harm a patient's soft gum tissue; applying materials used to make impressions which could cause patients to choke or aspirate; and sterilizing and disinfecting dental instruments, which, if improperly done, could transfer infectious disease to patients. Hawai'i law requires the State to regulate professions or vocations when the health, safety, or welfare of the consumer may be jeopardized by the nature of the service offered by the provider.

However, a number of tasks that dental assistants in Hawai'i are allowed to perform do not appear to pose a reasonable threat to patient health and safety; for that reason, we recommend that the State consider a tiered regulatory framework, requiring dental assistants who perform those tasks that may jeopardize patient safety to be credentialed by the State. Such a model would not regulate dental assistants who do not perform those functions that potentially may harm dental patients. Tiered regulatory frameworks have been adopted by many other states; we have provided several examples in the appendix of this report.

Hawai'i Regulatory Licensing Reform Act

The Hawai'i Regulatory Licensing Reform Act requires the Auditor to analyze proposed regulatory measures that, if enacted, would subject unregulated professions and vocations to licensing or other regulatory controls. The policies that the Legislature adopted regarding regulation of professions and vocations are as follows:

The State may regulate

professions and vocations only where reasonably necessary to protect the health, safety, or welfare of consumers, and not that of the regulated profession or vocation;

The State must regulate

professions or vocations when the health, safety, or welfare of the consumer may be jeopardized by the nature of the service offered by the provider;

Evidence of abuses by providers of the service must be given great weight in determining whether regulation is desirable;

Regulation must be avoided if it will artificially increase the cost of goods and services to consumers, except in cases where this cost is exceeded by the potential danger to the consumer;

Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons; and

Aggregate costs for regulation and licensure must not be less than the full costs of administering that program.



PHOTO: THINKSTOCK.COM

Sunrise Analysis: Regulation of Dental Assistants

MODERN DENTISTRY has evolved substantially in recent decades, and continues to accommodate new technologies and staffing arrangements. A patient visiting a dentist's office is now likely to interact not only with a dentist, but also with a dental assistant. These auxiliary staff members, while less highly trained than dentists, are handling an increasing number of dental tasks, ranging from taking X-rays to prepping a patient for examination to removing sutures. In fact, dental assistants now make up the bulk of a typical Hawai'i dentist's oral health workforce, outnumbering dentists in the State by as much as four to one.

Currently, dental assistants in Hawai'i do not need any specific education or other qualifications; they are not regulated by the State. Training for dental assistant duties is typically done on-the-job by the supervising dentist, and varies from office to office and from dentist to dentist.

As directed by Act 84 (2017 Session Laws of Hawai'i), this report examines whether dental assistants should be regulated by the State based on the criteria for licensure in the Hawai'i Regulatory Licensing

Reform Act, Chapter 26H, Hawai'i Revised Statutes (HRS). We found that certain duties that dental assistants currently perform in Hawai'i potentially impact the health, safety, and welfare of dental patients and therefore should be regulated; however, we also determined that other duties performed by dental assistants do not reasonably jeopardize patients' health or safety. We recommend that the Legislature consider a tiered scheme to regulate dental assistants, under which dental assistants must be credentialed by the State to perform certain functions; dental assistants whose duties do not include those functions would not require certification or be otherwise regulated by the State.

Objectives of the Study:

1. Determine whether the duties that dentists currently employ dental assistants to perform meet the criteria for regulation of the dental assisting profession established by Section 26H-2, HRS, which limits regulation and licensing of professions to where such regulation is reasonably necessary to protect the health, safety, or welfare of consumers of the profession's services.
2. Assess the probable effects of regulating dental assistants.
3. Make recommendations as appropriate.

Summary of Findings

1. Certain functions that dental assistants currently perform potentially affect the health, safety, or welfare of patients. In accordance with the criteria for licensure in the Hawai'i Regulatory Licensing Reform Act, dental assistants who perform those functions should be regulated in order to protect the health, safety, and welfare of patients.
2. Public health and safety concerns outweigh any potential negative effects arising from the regulation of dental assistants who perform duties that potentially endanger the health, safety, or welfare of patients, including any restrictions on individuals entering the dental assistant profession and increases in the cost of dental assistant services caused by regulation of the profession.
3. Because certain other duties that dental assistants currently perform do not reasonably endanger the health, safety, or welfare of patients, regulation of dental assistants whose practice is limited to those functions is unwarranted under the Hawai'i Regulatory Licensing Reform Act.

Impetus for this Report

The Hawai'i Regulatory Licensing Reform Act requires the Office of the Auditor to assess legislative proposals that would create regulatory schemes for professions or vocations that are currently unregulated. These reviews, known as "Sunrise Analyses," examine whether regulation is reasonably necessary to protect the health, safety, or welfare of consumers of the services and is consistent with other regulatory policies in the Hawai'i Regulatory Licensing Reform Act.

The Hawai'i Regulatory Licensing Reform Act states that referral to the Office of the Auditor "shall be by concurrent resolution that identifies a specific legislative bill to be analyzed." The clear intent is that the bill identified in the concurrent resolution would include the proposed regulatory framework that this office is to assess.

However, this report is not in response to a concurrent resolution; instead, the Legislature passed House Bill No. 374, H.D. 2, S.D. 2, which subsequently was signed by the governor as Act 84.¹ Act 84 directed us to conduct "a sunrise analysis on the effects of regulation of dental assistants in the State via the certification requirements for dental assistants offered by the University of Hawaii Kapiolani community college's dental assisting program." Act 84 does not include any proposed regulatory framework for us to assess or identify other proposed legislation that contains a proposed framework.

Without a proposed regulatory scheme for dental assistants, we have had to extrapolate certain information to perform the work directed by Act 84. In the Methodology section below, we describe the regulatory framework that we assessed and our reasons for using that framework.

Methodology: Determining the Regulatory Framework to Assess

We spoke with the legislator who introduced House Bill No. 374 and the chair of the Senate Committee on Commerce, Consumer Protection, and Health to gain an understanding of the type of regulation for dental assistants that the Legislature may be contemplating. Based on those discussions, information from dental practitioners, including members and staff of the Board of Dental Examiners, and House Bill No. 374, we determined that the purpose of the bill, in its original form, was to limit the authority of the Board of Dental Examiners to expand the functions that a dental assistant could perform under a dentist's direct supervision, not to regulate the practice of dental assisting. In fact, the original

¹ Act 84 is included as Appendix A.



Even Barbers are Regulated

THE STATE OF HAWAII, through the Professional and Vocational Licensing Division of the Department of Commerce and Consumer Affairs, regulates 49 professions and vocations. Physicians, dentists, nurses, dental hygienists, and pharmacists are regulated by the State, as are barbers, automobile mechanics, massage therapists, and real estate agents. Dental assistants, however, are not regulated in Hawai'i, meaning that the State does not license or otherwise oversee those providing services as a dental assistant.

version of the bill states “[t]he legislature notes that some concerns have been raised over proposed expansion by rule of the duties of a dental assistant and whether those duties would overlap with duties currently within the scope of practice for licensed dental hygienists.”² And, further, that “[t]he legislature additionally finds that it is important for those in the field of dentistry to be aware of and adhere to legislatively determined parameters regarding duty and scope of practice for licensed dental hygienists.”

To clarify dental assistants’ allowable duties and prohibited practices, the bill would have amended Section 448-3, HRS, to prohibit the Board of Dental Examiners from delineating through administrative rules any duties for dental assistants that “infringe upon or overlap or conflict with the duties and scope of practice for licensed dental hygienists” and to also prohibit dentists from employing dental assistants to perform services or procedures within the scope of practice of dental hygiene.

Because House Bill No. 374, in its original form, did not narrow or otherwise alter the duties that dental assistants are currently allowed to perform, we decided that it was reasonable to assume for purposes of our assessment that regulation likewise would allow dental assistants to perform those duties, with one major addition.³ We found that some dentists allow dental assistants to sterilize and disinfect dental instruments, characterized generally as infection control. Those dentists consider infection control to be part of “preparing procedural trays/armamentaria set-ups,” which is one of the duties that dental assistants are allowed to perform; however, other dentists told us that infection control is a separate and distinct function, one that is not explicitly delineated in the rules as an allowable duty. Although it is unclear whether infection control is part of the current allowable duties, we have included that function in our analysis based on our understanding that dental assistants currently perform that work and the fact that infection control directly impacts patients’ health and safety.⁴

We were also informed that dental assistants should be able to apply topical fluoride, and we see that position reflected in testimony to the

² The Board of Dental Examiners was considering amending the administrative rules applicable to the practice of dentistry that would allow dental assistants to apply fluoride, which currently is one of the duties of licensed dental hygienists.

³ Our assumption that any regulation would include the current allowable duties is consistent with House Bill No. 565 and its companion bill, Senate Bill No. 381, which propose to codify the sections of the administrative rules applicable to dentists’ responsibility to limit the duties of their dental assistants to those specified therein.

⁴ The administrative rules require “[l]icensed dentists and licensed dental hygienists” to practice levels of infection control that are consistent with the guidelines and recommendations of the U.S. Department of Health and Human Services, Center for Disease Control and Prevention (CDC) and the American Dental Association. Section 16-79-8, Hawai‘i Administrative Rules (HAR).

Legislature; however, that issue is a policy decision that is appropriately addressed by the Legislature. For that reason, we have not included the application of topical fluoride as an allowable duty in the framework that we assessed for purposes of this report. If the Legislature considers allowing dental assistants to perform duties beyond those currently permitted, such as the application of topical fluoride, we have included general information about other jurisdictions' regulation of dental assistants in Appendix D and a regulatory model proposed by two national dental assistant organizations, the American Dental Assisting Association and the Dental Assisting National Board, in Appendix E for the Legislature's reference.

The Profession of Dental Assisting

Dental assistants are part of a dental workforce team, assisting dentists and dental hygienists⁵ in the delivery of oral health care. The number and proportion of dental assistants working in dental offices have increased substantially in recent decades. Survey data collected by the American Dental Association in 1949 found an average of one staff member (a dental assistant, a dental hygienist, or an administrative position) per dentist. At that time, more than one-third of dentists said they did not employ any dental staff. Since then, the dental profession has greatly expanded its use of dental assistants and other support staff. By 2008, dental employers reported an average of 4.7 staff members per dentist working in dental offices. And, in 2012, the American Dental Association found that most dentists in private practice (84.4 percent) employed chairside dental assistants.

Dental Assistants in Hawai'i

In Hawai'i, dental assistants are identified in statute⁶ and administrative rule⁷ as unlicensed auxiliary personnel who perform supportive dental procedures "under the direct supervision, direction, evaluation, and responsibility of licensed dentists." According to the Department of Commerce and Consumer Affairs, as of April 2017, there were 1,476 active licensed dentists in Hawai'i and 1,064 active licensed dental hygienists. There is no precise count of the number of dental assistants working in Hawai'i; however, most dental offices employ at least one dental assistant, and certain types of dental practices, such as those specializing in orthodontics, often employ multiple dental assistants. Practitioners whom we interviewed estimated the number of dental assistants in Hawai'i to be between 2,000 and 4,000.

⁵ Dental hygienists are required to earn a two-year degree and prove competency via the National Board Dental Hygiene Examination, and be licensed by the State. Section 447-1, HRS.

⁶ Section 448-3, HRS. "Dental assistants" are defined as auxiliary personnel, other than licensed dental hygienists, who assist the licensed dentist in the practice of dentistry.

⁷ Section 16-79-2, HAR.

**Exhibit 1
Hawai‘i dental workforce – licensed dentists and dental
hygienists, estimate of dental assistants - 2017**

What is “direct supervision”?

“DIRECT SUPERVISION” means that the supervising licensed dentist examines and diagnoses the condition to be treated, authorizes each procedure, remains in the dentist’s office . . . while the procedures are being performed, and shall be responsible for all delegated acts and procedures performed by dental assistants and licensed dental hygienists.

In contrast, procedures performed under a dentist’s “general supervision” do not require the dentist to be physically in the office as long as he is “available for consultation.”

Section 16-79-2, Hawai‘i Administrative Rules

DESCRIPTION	COUNT
Licensed Dentists*	1,476
Licensed Dental Hygienists*	1,064
Dental Assistants (estimate)	2,000 to 4,000

Source: *Department of Commerce and Consumer Affairs – active licensees as of April 21, 2017

Allowable Duties of Dental Assistants

Although dental assistants currently are not regulated – meaning there are no State-required qualifications to work as a dental assistant in Hawai‘i or any direct State oversight of dental assistants – the duties that dental assistants are allowed to perform *are* specifically defined. The administrative rules regulating the profession of dentistry include a list of the duties that a dental assistant can perform under a dentist’s “direct supervision, direction, evaluation, and responsibility.”⁸

The rules also delineate duties that dental assistants are prohibited from performing, which generally is work that is “irreversible as to cause change in the affected hard or soft tissues and is permanent or may require reconstructive or corrective procedures.” Dental assistants are also prohibited from performing duties that are considered to be part of the practice of dentistry or dental hygiene.⁹ Appendix C contains a complete list of the prohibited duties.

⁸ Section 448-3, HRS, requires the Board of Dental Examiners to adopt rules to delineate the duties of dental assistants.

⁹ Dentists are responsible for dental assistants working under their supervision and direction. Dentists are subject to a fine and license revocation for allowing dental assistants to perform functions prohibited under the rules

Specifically, the rules delineate the “[a]llowable duties ... for a dental assistant” to be the following:

Preparing procedural trays or armamentaria set-ups;

Retracting a patient’s oral tissues to maintain the field of operation during the dental procedure;

Removing debris, as is normally created and accumulated during or after operative procedures by the dentist;

Placing and removing rubber dams;

Mixing dental materials;

Transferring dental instruments;

Assisting licensed dental hygienists in the performance of their duties;

Collecting medical and dental histories, taking intra-oral and extra-oral photographs, and recording or charting clinical findings as dictated by a licensed dentist or licensed dental hygienist;

Completing prescription and authorization forms for drugs or restorative, prosthodontic, or orthodontic appliances for the supervising licensed dentist whereby the dentist signs the forms;

Conducting mouth mirror supragingival inspections and reporting observations to the supervising licensed dentist; provided that the inspection and reporting observations shall not be interpreted as an oral cancer screening;

Exposing, processing, mounting, and labeling radiographs;

Making impressions for study casts, opposing models, occlusal appliances such as splints and bite guards, mouth guards, orthodontic retainers, and medicament trays;

Making intra-oral measurements for orthodontic procedures; performing the preliminary selection and sizing of bands; checking for loose bands and bonded brackets; placing and removing orthodontic separators, ligature ties, and inter-arch elastics, including chain elastics and rubber bands; fitting and removing head appliances; and removing arch wires;

Measuring and recording vital signs;

Monitoring the nitrous oxide/oxygen unit and reporting to the supervising dentist any adverse observations; provided the licensed dentist evaluates, initiates, and administers the sedation;

Placing matrix retainers;

Placing non-aerosol topical anesthetics;

Relating preoperative and postoperative instructions and patient education in oral hygiene as instructed by the supervising licensed dentist or dental hygienist;

Removing dressing and sutures;

Removing excess supragingival cement after a licensed dentist has placed a permanent or temporary prosthetic restoration, appliance, or orthodontic bands with hand instruments;

Performing a try-in with any removable prosthetic or orthodontic appliance, provided the supervising licensed dentist makes the adjustments.

As explained in the Methodology section of this report, for purposes of our Sunrise Analysis, we have assumed that the Legislature intends to allow dental assistants, if regulated, to continue performing those duties, and we have based our assessment of whether the criteria in the Hawai‘i Regulatory Licensing Reform Act supports regulation of the profession on that assumption.

Regulation of Dental Assistants Under the Hawai‘i Regulatory Licensing Reform Act

The Legislature established policies to ensure that the State exercises its power to regulate a profession or a vocation only where such regulation is reasonably necessary to protect consumers. Where the nature of the profession’s services jeopardizes consumers’ health, safety, or welfare, the Legislature mandated that those providers be regulated.¹⁰

Accordingly, the starting point for our Sunrise Analysis is whether the duties dental assistants perform may endanger the health, safety, or

¹⁰ In relevant part, the Hawai‘i Regulatory Licensing Reform Act specifically states:

The legislature hereby adopts the following policies regarding the regulation of certain professions and vocations:

* * *

Regulation *in the form of full licensure* or other restrictions on certain professions or vocations *shall be retained or adopted* when the health, safety, or welfare of the consumer may be jeopardized by the nature of the service offered by the provider.

Section 26H-2(2) (emphasis added).

Hawai‘i Regulatory Licensing Reform Act

The Hawai‘i Regulatory Licensing Reform Act requires the Auditor to analyze proposed regulatory measures that, if enacted, would subject unregulated professions and vocations to licensing or other regulatory controls. The policies that the Legislature adopted regarding regulation of professions and vocations are as follows:

The State may regulate professions and vocations only where reasonably necessary to protect the health, safety, or welfare of consumers, and not that of the regulated profession or vocation;

The State must regulate professions or vocations when the health, safety, or welfare of the consumer may be jeopardized by the nature of the service offered by the provider;

Evidence of abuses by providers of the service must be given great weight in determining whether regulation is desirable;

Regulation must be avoided if it will artificially increase the cost of goods and services to consumers, except in cases where this cost is exceeded by the potential danger to the consumer;

Regulation must not unreasonably restrict entry into professions and vocations by all qualified persons; and

Aggregate costs for regulation and licensure must not be less than the full costs of administering that program.

welfare of dental patients. And, we examine the other criteria for regulation in the Hawai‘i Regulatory Licensing Reform Act only if we determine that they do.

In examining the list of allowable duties, certain of those duties do not seem to reasonably pose a potential for harm to patient health, safety, or welfare. For example:

Collecting medical and dental histories;

Recording or charting clinical findings as dictated by the licensed dentist or dental hygienist;

Completing prescription and authorization forms for drug or restorative, prosthodontic or orthodontic appliance for the supervising dentist whereby the dentist signs the form;

Conducting mouth mirror supragingival inspections and reporting observations to the supervising licensed dentists;

Exposing, processing, mounting, and labeling radiographs;

Measuring and recording vital signs;

Relating pre-operative and post-operative instructions, and patient education in oral hygiene as instructed by the supervising licensed dentist or dental hygienist.

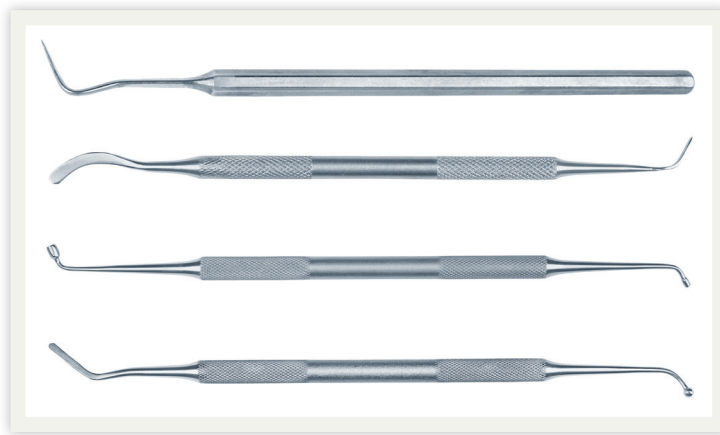
However, the risk of harm to patients arising from the other duties that dental assistants are allowed to perform is not as clear. In fact, we found disagreement among Hawai‘i practitioners as to whether those functions may potentially jeopardize patients’ health, safety, or welfare. Some said that the duties performed by dental assistants do not reasonably endanger patients because the work is “non-invasive” and “reversible,” i.e., it does not cause permanent harm to the patient; however, other dental practitioners said that certain tasks, such as sterilization and disinfection; making impressions for study casts, occlusal appliances, mouth guards, and orthodontic retainers; and removing excess cement, dressing, and sutures, potentially may cause injury to patients. Those practitioners explained that some duties require dental assistants to use instruments with a sharp tip or blade that can harm a patient’s soft gum tissue; that materials used to make impressions can cause patients to choke or aspirate; and, that improperly sterilized or disinfected dental instruments could transfer infectious disease to patients.



REGULATION AND LICENSING

Regulation is the act of subjecting something to governing principles or laws. **The most stringent form of government regulation is licensure**, defined as a “process by which a government agency grants individuals permission to engage in a specified profession or occupation upon finding that an individual has attained the minimal degree of competency required to ensure that the public’s health, safety, and welfare will be reasonably well-protected.” Once a profession obtains licensure status, it is illegal for anyone who does not hold a valid license to practice the profession or occupation.

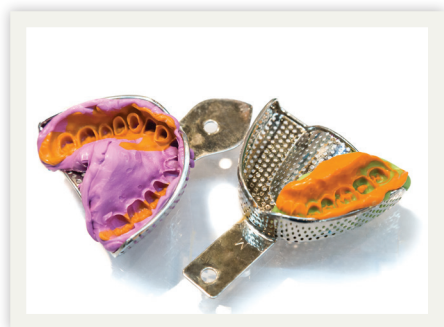
Source: *Questions a Legislator Should Ask*



Use of Dental Instruments with Sharp Tips or Blades

CERTAIN OF DENTAL ASSISTANTS' DUTIES require the use of sharp dental instruments inside a patient's mouth, such as to remove dressings or sutures. A number of practitioners reported that removing excess cement on a patient's tooth above the gum line is the task most likely to harm a patient. For example, when a dentist installs a restorative appliance such as a crown or bridge on a patient's tooth, some amount of extra cement often oozes out. If the excess cement is still soft, dental assistants can remove the excess using a gauze. However, if the excess cement hardens, dental assistants remove the excess using a dental instrument with a sharp tip or blade, such as an explorer, a Hollenback carver, a scaler, or a curette.

The Kapi'olani Community College (KCC) Dental Assisting Program director said that, if dental assistants are not trained to fulcrum, i.e., create a finger rest so the hand is stable, and go into the patient's mouth with a sharp dental instrument to remove the excess cement, they can "rip the gums to shreds."



Harm by Choking, or Aspirating Dental Materials

DENTAL ASSISTANTS MAKE IMPRESSIONS of a patient's teeth by inserting a tray containing impression material into a patient's mouth. If a dental assistant overfills the impression tray, the material can flow to the back of the throat and can cause the patient to choke if they aspirated the material.

One dentist said that, when the tray is inserted into a patient's mouth to make an impression, there is a risk of choking, especially with smaller child patients. A dental hygienist recalled an experience in which a patient vomited when the impression material ran down the patient's throat.



Harm by Contamination and Transfer of Infectious Disease

ACCORDING TO CDC, any procedure involving contact by a medical device or surgical instrument with a patient's sterile tissue or mucous membranes carries with it a major risk of introducing pathogens that can lead to infection. Failure to properly disinfect or sterilize equipment carries not only risk associated with breach of host barriers but also risk for person-to-person transmission (e.g., hepatitis B virus) and transmission of environmental pathogens (e.g., *Pseudomonas aeruginosa*). Disinfection and sterilization are essential for ensuring that medical and surgical instruments do not transmit infectious pathogens to patients.

Although it is rare¹¹, transmissions of infectious agents such as hepatitis B and hepatitis C have been documented in dental settings¹², including cases involving patient-to-patient transmissions. In those cases, contamination or infection control breaches were cited as possible mechanisms for transmission.

In 2014, 20 Hawai'i Veteran Affairs dental patients were potentially exposed to blood-borne pathogens because dental instruments were not completely sterilized. The breach occurred when dental instruments had been cleaned but not completely sterilized. While the risk was determined to be extremely low, Veteran Affairs offered hepatitis B, hepatitis C, and HIV testing to the exposed patients.

¹¹ Centers for Disease Control and Prevention, Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health; March 2016. Available at: www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care.pdf

¹² Ibid.

Regulation of Dental Assistants in Other States

For guidance in assessing whether the nature of the duties dental assistants perform may potentially endanger dental patients' health, safety, or welfare, we examined the requirements for dental assistants in other states. Similar to Hawai'i, other jurisdictions regulate professions and occupations to protect public health, safety, and welfare.

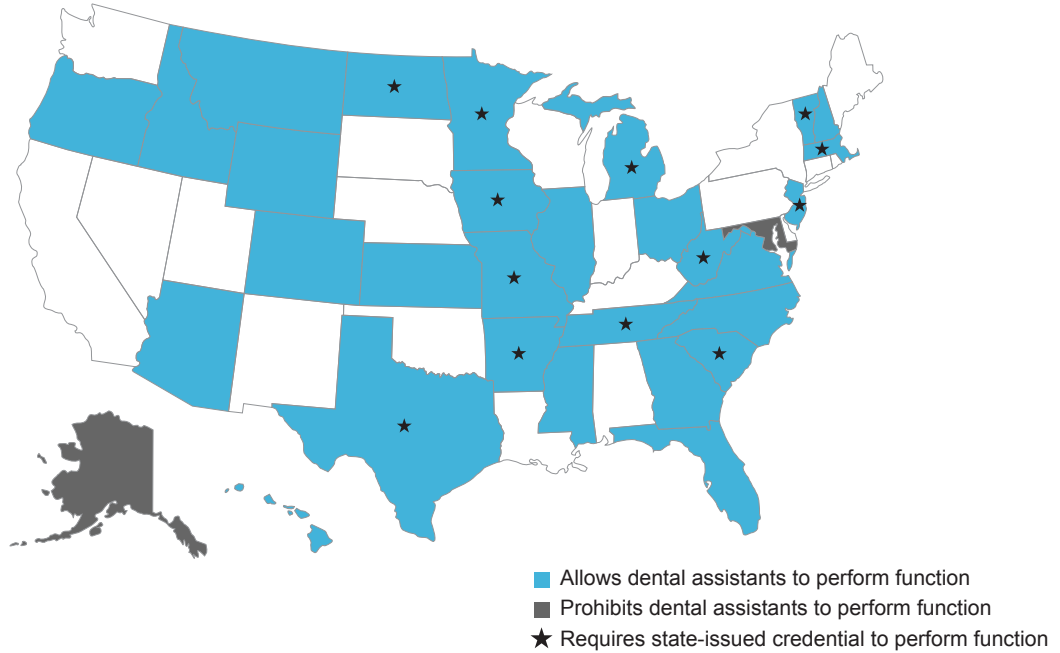
We found that regulation of dental assistants is quite common: 36 states and the District of Columbia require a state credential to practice as a dental assistant. Some states, such as Iowa, Massachusetts, and Oklahoma, regulate all dental assistants; other jurisdictions, such as California, Michigan, and New York, have adopted a tiered approach, which allows dental assistants to perform basic or intermediate tasks without any required education or state-issued credential, but requires dental assistants to meet certain minimum requirements to perform more complex functions.¹³

Unfortunately, the jurisdictions that regulate the profession of dental assisting often describe the functions for which certification or licensure is required slightly differently than the allowable duties of Hawai'i dental assistants listed in the administrative rules. We do not have the expertise to assess whether those differences are meaningful in comparing the duties Hawai'i dental assistants perform. And it is beyond the scope of our analysis to examine the decisions of regulatory agencies in other jurisdictions to interpret the functions listed in their respective regulatory schemes. However, there are certain functions for which state credentials are required that, on their face, appear to be substantively identical to the duties performed by dental assistants in Hawai'i. Those functions are listed on the next page.

¹³ According to two national organizations for dental assistants, the Dental Assisting National Board and American Dental Assisting Association, there is a trend among states toward recognizing more than one level of dental assisting, with the first level of assistant allowed to perform basic and intermediate tasks, while the second, more advanced level may perform advanced tasks and expanded functions after meeting minimum work experience requirements, completing formal education, and/or demonstrating competency on a state-specific or national examination.

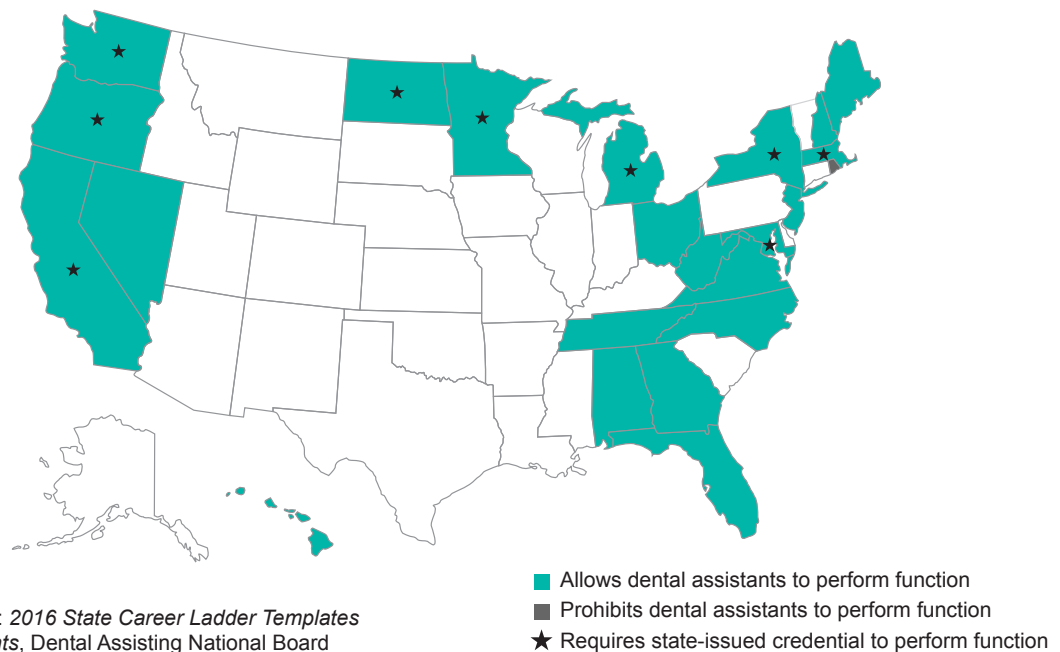
Monitoring Nitrous Oxide

Twenty-nine states specifically allow dental assistants to perform the function, including 13 which require a state-issued credential to perform the function. Two states and the District of Columbia prohibit dental assistants from performing the function.



Preliminary Selection and Sizing of Orthodontic Bands; Placing and Removing Orthodontic Separators

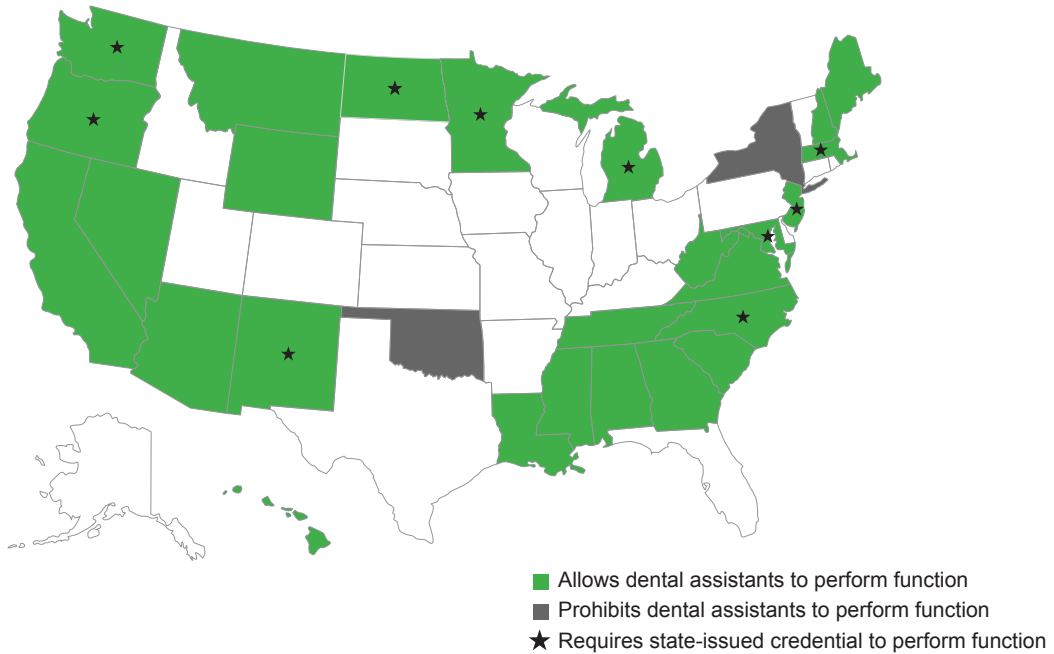
Twenty-three states specifically allow dental assistants to perform the function, including 10 which require a state-issued credential to perform the function. One state prohibits dental assistants from performing the function.



Sources for charts: 2016 State Career Ladder Templates for Dental Assistants, Dental Assisting National Board

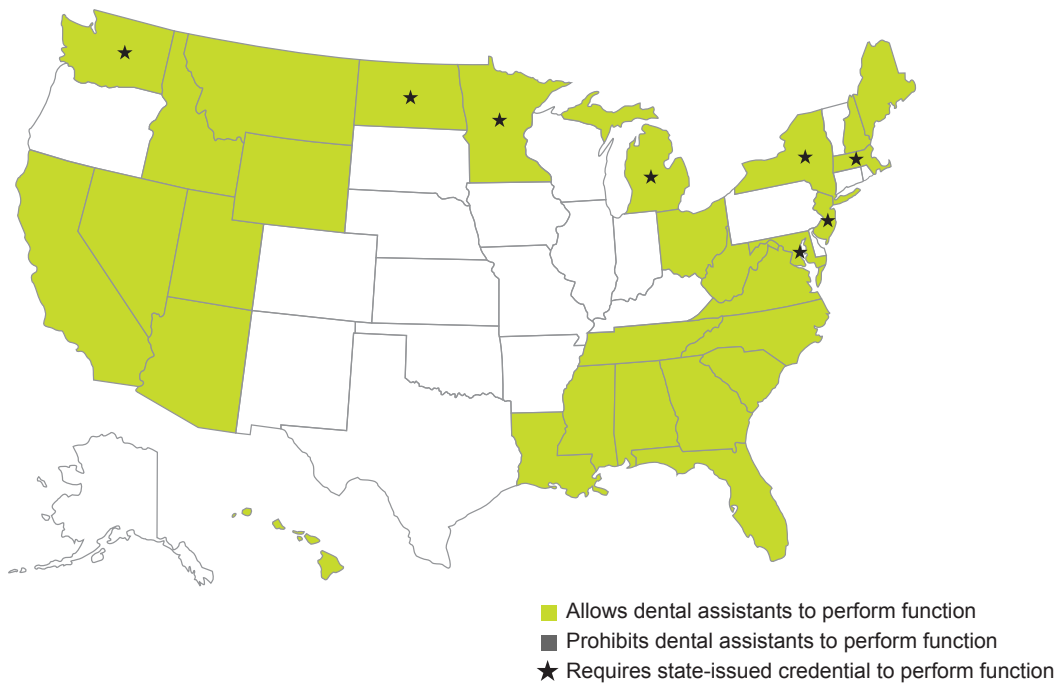
Remove Permanent Cement From Supragingival Surfaces

Twenty-seven states specifically allow dental assistants to perform the function, including 11 which require a state-issued credential to perform the function. Two states prohibit dental assistants from performing the function.



Remove Sutures

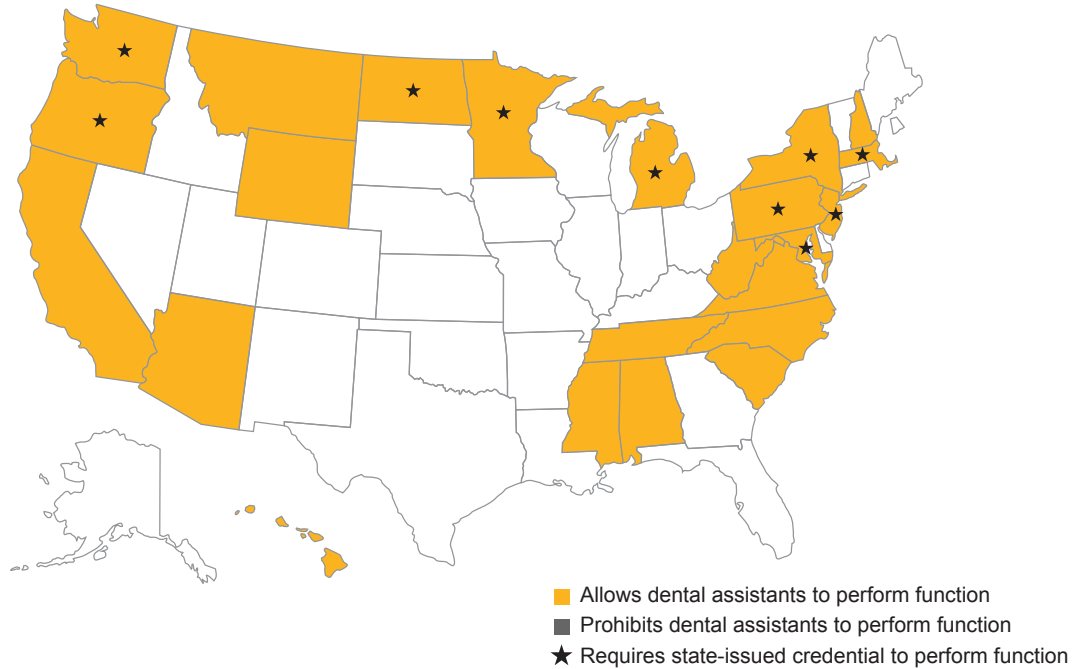
Twenty-nine states specifically allow dental assistants to perform the function, including 9 which require a state-issued credential to perform the function.



Place and Remove Matrix Bands

Twenty-eight states specifically allow dental assistants to perform the function, including 11 which require a state-issued credential to perform the function.

Note: Hawai'i task is limited to *placing* matrix retainers, and does not include removing matrix retainers.



Regulatory Model Proposed by National Organizations for Dental Assistants Requires State Credentials to Perform 24 of the Allowable Duties

We also reviewed a study conducted, jointly, by the American Dental Assisting Association and the Dental Assisting National Board, Inc. (collectively the “ADAA/DANB Alliance”) to gain additional perspective as to whether the nature of the duties Hawai’i dental assistants are allowed to perform reasonably affect patient health, safety, or welfare. In 2005, the ADAA/DANB Alliance issued a report defining core dental assisting competencies and ranking dental assisting tasks from most basic to most complex. The ADAA/DANB Alliance classified tasks into four clearly delineated categories based on results of a survey completed by dental practitioners and suggested levels of education, training, and experience to perform the tasks in each category.

Comparing the allowable duties for dental assistants to the list of core competencies compiled by the ADAA/DANB Alliance, many of the duties Hawai’i dental assistants perform are in middle categories, Category B and Category C. None of the allowable duties are listed in Category D as being the most complex types of tasks. The ADAA/DANB Alliance’s proposed model is included as Attachment E.

The following are general descriptions of the categories and the tasks that the ADAA/DANB Alliance assigned in each category.

Category A

The most basic dental assisting tasks: No minimum experience, training, or education should be required to perform the task. To perform a Category A task, the assistant needs only to be provided with short, one-time verbal instructions or read a short instruction sheet.

Task Categories

A	Most basic dental assisting tasks	Tasks dental assistants in Hawai'i ARE allowed to perform	Tasks dental assistants in Hawai'i ARE NOT allowed to perform
B	Tasks of low-to-moderate complexity	<p>Receive and prepare patients for treatment, including seating, positioning chair, and placing napkin</p> <p>Prepare procedural trays/armamentaria set-ups</p>	N/A
C	Tasks of moderate complexity		
D	The most complex tasks		

Category B

Tasks of low-to-moderate complexity, requiring less than 2 years full-time or up to 4 years part-time dental assisting work experience OR up to 12 months of formal education or training to perform this task. Tasks in Category B are appropriate for relatively new on-the-job-trained dental assistants and students currently enrolled in an accredited dental assisting education program.

Tasks dental assistants in Hawai'i ARE allowed to perform	Tasks dental assistants in Hawai'i ARE NOT allowed to perform
<p>Process dental radiographs</p> <p>Perform sterilization and disinfection procedures</p> <p>Transfer dental instruments</p> <p>Mount and label dental radiographs</p> <p>Apply topical anesthetic to the injection site</p> <p>Mix dental materials</p> <p>Provide pre- and post-operative instructions</p> <p>Maintain field of operation during dental procedures through the use of retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.</p> <p>Provide patient preventive education and oral hygiene instruction</p> <p>Take and record vital signs</p> <p>Take preliminary impressions</p> <p>Using the concepts of four-handed dentistry, assist with basic restorative procedures, including prosthodontics and restorative dentistry</p> <p>Expose radiographs</p> <p>Using the concepts of four-handed dentistry, assist with basic intraoral surgical procedures, including extractions, periodontics, endodontics, and implants</p> <p>Place and remove dental dam</p> <p>Remove temporary crowns and cements</p> <p>Remove post-extraction dressings</p>	<p>Apply topical fluoride</p> <p>Demonstrate understanding of the Centers for Disease Control and Prevention Guidelines</p> <p>Clean and polish removable appliances and prostheses</p> <p>Demonstrate understanding of the OSHA Hazard Communication Standard</p> <p>Identify features of rotary instruments</p> <p>Demonstrate knowledge of ethics/jurisprudence/patient confidentiality</p> <p>Demonstrate understanding of the OSHA Bloodborne Pathogens Standard</p> <p>Recognize basic dental emergencies</p> <p>Select and manipulate gypsums and waxes</p> <p>Recognize basic medical emergencies</p> <p>Monitor vital signs</p> <p>Pour, trim, and evaluate the quality of diagnostic casts -0.50</p> <p>Fabricate custom trays, to include impression and bleaching trays, and athletic mouthguards</p> <p>Respond to basic dental emergencies</p> <p>Identify intraoral anatomy</p>

Task Categories

A	Most basic dental assisting tasks
B	Tasks of low-to-moderate complexity
C	Tasks of moderate complexity
D	The most complex tasks

Category C

Tasks of moderate complexity, requiring at least 2 years of full-time or at least 4 years of part-time work experience OR at least 12 months of formal education or training. Tasks in Category C are appropriate for dental assistants who have completed an accredited dental assisting education program or who are highly experienced on-the-job-trained dental assistants.

Task Categories

	Tasks dental assistants in Hawai'i ARE allowed to perform	Tasks dental assistants in Hawai'i ARE NOT allowed to perform
A Most basic dental assisting tasks		
B Tasks of low-to-moderate complexity		
C Tasks of moderate complexity	<p>Remove periodontal dressings</p> <p>Place orthodontic separators</p> <p>Place and remove matrix bands</p> <p>Remove sutures</p> <p>Remove permanent cement from supragingival surfaces</p> <p>Monitor nitrous oxide/oxygen analgesia</p> <p>Size and place orthodontic bands and brackets</p>	<p>Place post-extraction dressings</p> <p>Perform coronal polishing procedures</p> <p>Monitor and respond to post-surgical bleeding</p> <p>Dry canals</p> <p>Perform vitality tests</p> <p>Evaluate radiographs for diagnostic quality</p> <p>Apply pit and fissure sealants</p> <p>Place temporary fillings</p> <p>Tie in archwires</p> <p>Place and remove retraction cord</p> <p>Fabricate and place temporary crowns</p> <p>Size and fit stainless steel crowns</p> <p>Place periodontal dressings</p> <p>Place liners and bases</p> <p>Remove temporary fillings</p> <p>Take final impressions</p>
D The most complex tasks		

Category D

The most complex tasks: To perform Category D tasks, the dental assistant would require specific, advanced education or training in addition to or beyond the level required for Category C tasks.

Tasks dental assistants in Hawai'i ARE allowed to perform	Tasks dental assistants in Hawai'i ARE NOT allowed to perform
N/A	<p>Place stainless steel crowns</p> <p>Perform supragingival scaling</p> <p>Carve amalgams</p> <p>Place, cure and finish composite resin restorations</p>

Task Categories

A	Most basic dental assisting tasks
B	Tasks of low-to-moderate complexity
C	Tasks of moderate complexity
D	The most complex tasks

According to the ADAA/DANB Alliance report, “[a]ll of the tasks studied in the DANB/ADAA Core Competencies Study related to infection control, radiography, and emergency response – which directly affect the safety of patients and dental team members alike – are found in Category B.” The report noted that “intraoral tasks whose incorrect performance could result in significant discomfort or injury to the patients have, by and large, been assigned to Category C, revealing that dentists [who were surveyed] don’t believe they should assign these task to dental assistants without proper education and credentials, and dental assistants and their educators [who were surveyed] do not believe that dental assistants should be asked to perform these tasks until they have received proper education and credentials. While the assignment of these tasks to Category C could be an indicator that survey respondents considered these tasks difficult to master, it may also indicate a high level of caution among survey respondents and cognizance of the risks involved in these procedures.”

However, the report cautioned that, while it may be tempting to ascribe to survey respondents a high level of concern for patient safety, the ADAA/DANB Alliance could not know from the survey results how much respondents’ attitudes about patient safety influenced their responses. The report concluded:

[T]he categorization of tasks by respondents appears to be in line with the dictates of common sense with regard to safety – specifically, that mastery of safety-related knowledge should occur early in a dental assistant’s career, while tasks whose incorrect performance could lead to injury or discomfort for the patient should be reserved for dental assistants who hold the appropriate credentials and who have had formal education and training or significant experience.

Regulation of Dental Assistants Who Perform Certain Duties is Required by the Hawai‘i Regulatory Licensing Reform Act

Based on our review of the duties performed by dental assistants – from information provided by dental practitioners about the functions performed by dental assistants; the determination by other jurisdictions that regulation of certain tasks that Hawai‘i dental assistants perform is warranted to protect the public’s health, safety, and welfare; and the ADAA/DANB Alliance survey – we conclude that the practice of dental assisting, as currently defined by the allowable duties, meets the criteria for regulation under the Hawai‘i Regulatory Licensing Reform Act. While we recognize that the dental assistants work under the direct supervision of licensed dentists and that their duties are generally non-invasive, we give considerable weight to the legislative intent of the Hawai‘i Regulatory Licensing Reform Act, i.e., to protect public health, safety, and welfare. And, in our view, certain duties performed by dental assistants – primarily those in which dental assistants are using instruments with sharp tips that can cause injury to soft tissue, using materials or devices that can cause patients to choke or aspirate, or are responsible for infection control – potentially endanger the health, safety, or welfare of patients. However, we also conclude that other duties do not reasonably endanger patient health, safety, or welfare. For that reason, we do not believe that any State-issued credential should be required for a dental assistant to perform those particular tasks.

While we have reported about certain duties that appear to potentially endanger patient health, safety, or welfare, we offer no opinion as to which of the specific duties should require a State-issued credential to perform and which should not. We simply conclude that the nature of dental assisting, as currently performed under the administrative rules, meets the criteria for regulation. In our opinion, the question of which specific duties require regulation is appropriately addressed by the Legislature, with input from dentists, dental hygienists, dental assistants, and others. However, we recommend that the Legislature consider a tiered regulatory scheme, allowing certain duties to be performed by non-credentialed, i.e., non-regulated, dental assistants, while requiring functions that endanger patient health, safety, or welfare to be performed only by dental assistants possessing State-issued credentials. We have included as Attachment D information about three states’ regulatory models: Michigan’s system with two classes of dental assistants; New York’s system with three classes of dental assistants; and California’s system with ten classes of dental assistants. For more information about those and other jurisdictions’ regulation of dental assistants, please refer to the Dental Assisting National Board’s *2016 State Career Ladder Templates for Dental Assistants*.

Other Criteria In The Hawai'i Regulatory Licensing Reform Act Do Not Outweigh The Need To Protect Public Welfare.

We recognize that regulation of any profession creates certain challenges and may increase the cost of services to the public. And, although the effects of regulation will depend on the specific requirements, we expect regulation of dental assistants to do both: It may require dental assistants to obtain additional education or training; it may require dental assistants to sit for an examination or to attain certification from a national organization; it may require dental offices to re-assign some of the functions currently being performed by dental assistants; and, it may increase the cost of dental services because of the higher salaries or wages that credentialed dental assistants may command. However, in our view, none of those consequences of regulation, no matter how likely, outweigh the need to protect the health, safety, or welfare of dental patients.

Although we do not recommend that regulation apply only to new dental assistants, we suggest that the Legislature consider a grace period to allow dental assistants to continue performing the allowable duties until a specific future date, after which all dental assistants will be required to be credentialed to practice dental assisting (or, if the Legislature develops a tiered regulatory scheme, those functions for which a dental assistant must be credentialed to perform). The grace period will allow current dental assistants to attain the necessary qualifications while continuing to assist dentists in delivering dental care.

The Pathway to Certification Through Kapi'olani Community College's Dental Assisting Program.

Act 84 directed us to examine two pathways to certification for dental assistants, both of which are through the dental assisting program at KCC. More specifically, Act 84 references the certificate of achievement in dental assisting and the certificate of competence in dental assisting, both of which are awarded by KCC's Dental Assisting Program.¹⁴

It is beyond the scope of a Sunrise Analysis, and outside of our expertise, to assess the Dental Assisting Program's curriculum or to otherwise determine whether the level of instruction is sufficient to reasonably protect the public health, safety, or welfare. For those reasons, we have not assessed "the effects of regulation of dental assistants" through KCC's Dental Assisting Program. However, we note that, while KCC's Dental Assisting Program is the only Hawai'i

¹⁴ A student receives a certificate of competence after the first semester. The certificate of achievement requires additional classwork and is awarded for completion of the accredited program.

program accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association,¹⁵ according to the program's director, the program's capacity is only 12 students per school year. With an estimated 2,000 to 4,000 dental assistants currently practicing in the State, the KCC Dental Assisting Program does not appear to currently have sufficient capacity to serve as the sole pathway for certification of dental assistants.

Recommendations

1. Consistent with the criteria of the Hawai'i Regulatory Licensing Reform Act, the Legislature should develop a regulatory scheme for the profession of dental assisting.
2. The Legislature should consider a tiered regulatory scheme for the profession of dental assisting under which dental assistants must comply with regulatory requirements before performing duties that may reasonably affect patient health, safety, or welfare; however, dental assistants whose practices are limited to the more basic duties that do not reasonably endanger patient health, safety, or welfare do not require any credential to perform those duties.

¹⁵ KCC's program received its accreditation in February 2016. As of May 2017, there were 258 CODA-accredited dental assisting programs nationwide, including the KCC Dental Assisting Program.



Appendix A

Act 84, Session of Hawai'i 2017 (House Bill No. 374, H.D. 2, S.D. 2)

HOUSE OF REPRESENTATIVES
TWENTY-NINTH LEGISLATURE, 2017
STATE OF HAWAII

H.B. NO. 374
H.D. 2
S.D. 2

A BILL FOR AN ACT

RELATING TO DENTAL ASSISTANTS.

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

1 SECTION 1. The legislature finds that thirty-eight states
2 and the District of Columbia require some form of certification
3 or licensure for dental assistants. However, dental assistants
4 are not currently required to be certified or otherwise
5 regulated in Hawaii. The legislature notes that the University
6 of Hawaii, Kapiolani community college offers a dental assisting
7 certification program, accredited by the Commission on Dental
8 Accreditation of the American Dental Association. Furthermore,
9 Kapiolani community college's dental assisting program offers
10 pathways to certification as a certified dental assistant via
11 passage of an examination offered by the Dental Assisting
12 National Board, Inc.

13 Accordingly, the purpose of this Act is to require the
14 auditor to conduct a sunrise analysis on the effects of
15 regulation of dental assistants in the State via the
16 certification options for dental assistants offered by Kapiolani
17 community college's dental assisting program.

HB374 SD2 LRB 17-2246.doc



1 SECTION 2. (a) Notwithstanding any other law, the auditor
2 shall conduct a sunrise analysis on the effects of regulation of
3 dental assistants in the State via the certification
4 requirements for dental assistants offered by the University of
5 Hawaii Kapiolani community college's dental assisting program.

6 (b) The auditor shall examine the following pathways to
7 certification for dental assistants:

8 (1) Successful completion of the certificate of
9 achievement in dental assisting program at Kapiolani
10 Community College and successful completion of the
11 certified dental assistant examination offered by the
12 Dental Assisting National Board, Inc.; and

13 (2) Successful completion of the certificate of competence
14 in dental assisting from Kapiolani community college,
15 plus employer-verified proof of more than 3,500 hours
16 of employment as a dental assistant, and successful
17 completion of the certified dental assistant
18 examination offered by the Dental Assisting National
19 Board, Inc.

20 (c) The auditor shall submit a report of findings and
21 recommendations, including any proposed legislation, to the



Page 3

H.B. NO. 374
H.D. 2
S.D. 2

1 legislature no later than twenty days prior to the convening of
2 the regular session of 2018.

3 SECTION 3. This Act shall take effect on July 1, 2017.

HB374 SD2 LRB 17-2246.doc



3

H.B. NO. 374
H.D. 2
S.D. 2

Report Title:

Dental Assistants; Certification; Auditor

Description:

Requires the auditor to conduct a study on the effects of regulation of dental assistants in the State via the certification requirements for dental assistants offered by Kapiolani community college. (SD2)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

HB374 SD2 LRB 17-2246.doc



Appendix B Methodology

TO CONDUCT OUR ANALYSIS, we spoke with and obtained information from legislators, dental assistants, the Dental Assisting National Board, and the American Dental Assistants Association as well as dentists and dental hygienists associated with the Hawai‘i Board of Dental Examiners, Hawai‘i Dental Association, Hawai‘i Dental Hygienists’ Association, and Kapi‘olani Community College’s Dental Assisting Program. We reviewed other state’s statutes and administrative rules relating to dental assistants and literature on dental assistants.

We inquired about enforcement actions filed by the State Office of Consumer Protection and complaints made to Regulated Industries Complaints Office, Department of Commerce and Consumer Affairs, relating to dental assistants.

Appendix C

Prohibited Duties of Dental Assistants

§16-79-69.5 Prohibited duties of dental assistants. A dental assistant shall not perform the following intra-oral functions or any other activity deemed to be irreversible as to cause change in the affected hard or soft tissues and is permanent or may require reconstructive or corrective procedures; and any other activity which represents the practice of dentistry and dental hygiene or requires the knowledge, skill, and training of a licensed dentist or licensed dental hygienist:

- (1) Administering local anesthetic, sedation, or general anesthesia;
- (2) Cementing, bonding, and adjusting any part of a prosthesis or appliance worn in the mouth;
- (3) Cementing or re-cementing, finishing margins, performing a try-in, and adjusting the occlusion of any temporary or permanent fixed prosthetic restoration; or placing cement bases;
- (4) Cementing bands and brackets, or activating any orthodontic appliance;
- (5) Establishing occlusal vertical dimension, making bite registrations, and making face-bow transfers;
- (6) Examining, diagnosing, or prescribing a treatment plan;
- (7) Making final impressions, which would lead to the fabrication of any appliance or prosthesis which, when worn by the patient, would come in direct contact with hard or soft tissues with the exception of duties listed in section 16-79-69.1(a)(7);
- (8) Performing any endodontic procedure to ream, file, irrigate, medicate, dry, try-in cores, or fill root canals; establishing the length of the tooth;
- (9) Performing any surgical or cutting procedures on hard or soft tissues, extracting teeth, and suturing;
- (10) Placing, condensing, carving, finishing, or adjusting the occlusion of final restorations; or placing cavity liners, medicaments, or pulp cap materials;
- (11) Placing materials subgingivally, including but not limited to, prescriptive medicaments, retraction cords, and other devices used for tissue displacement;
- (12) Prescribing medications or authorizing the fabrication of any restorative, prosthodontic, or orthodontic appliances;
- (13) Testing pulp vitality; and
- (14) Using of ultrasonic instruments and polishing natural or restored surfaces. [Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp AUG 22 2016] (Auth: HRS §448-6) (Imp: HRS §§448-3, 448-6)

Appendix D

For Reference, We Provide Three Examples of Regulation Frameworks Implemented in Other States, Selected to Reflect the Range or Complexities of Regulation Currently in Place Across the U.S.

Source: 2016 State Career Ladder Templates for Dental Assistants, Dental Assisting National Board

Michigan <i>Michigan regulates dental assistants using a two-tiered framework.</i>			
Job Title	Education/Training/ Credential Required	Functions NOT Permitted	Allowable Functions
<p>Dental Assistant</p>	<p>A dental assistant in the state of Michigan may perform basic supportive dental procedures specified by the state dental practice act under the direct or general supervision of a licensed dentist.</p> <p>There are no education or training requirements for this level of dental assisting.</p>	<p>The following functions are not permitted to be delegated or assigned to any level of dental assistant:</p> <ul style="list-style-type: none"> • Taking impressions for any purpose other than study or opposing models • Diagnosing, or prescribing for, any of the following: disease, pain, deformity, deficiency, injury, or physical condition • Cutting of hard and soft tissue • Removal of any of the following: accretions, stains, or calculus deposits • Deep scaling • Root planing • Any intra-oral restorative procedures • Administration of any of the following: local anesthesia, nitrous oxide analgesia, or acupuncture • Irrigation and medication of root canals, try-in of cones or points, filling, or filling of root canals • Permanent cementation of any restoration or appliance 	<p>Under Direct Supervision</p> <ul style="list-style-type: none"> • Placement and removal of orthodontic separators • Placement and removal of orthodontic elastics, ligatures and arch wires • Dispensing aligners <p>Under General Supervision</p> <ul style="list-style-type: none"> • Operating dental radiographic equipment • Instructing in the use and care of dental appliances • Trial sizing of orthodontic bands • Making impressions for study and opposing models • Applying of topical anesthetic solutions • Holding the matrix for anterior resin restorations

Job Title	Education/Training/ Credential Required	Functions NOT Permitted	Allowable Functions
<p>Registered Dental Assistant (RDA)</p>	<p>To become licensed as a Registered Dental Assistant (RDA) in the state of Michigan, one must:</p> <ul style="list-style-type: none"> • Receive a degree or certificate from a CODA-accredited dental assisting program or a school of dental assisting meeting Michigan Board of Dentistry requirements, which includes required instruction in Michigan expanded functions <p>AND</p> <ul style="list-style-type: none"> • Pass the Michigan board comprehensive and clinical exam or pass an equivalent exam in another state (proof of out-of-state licensure required) <p>AND</p> <ul style="list-style-type: none"> • Complete the fingerprinting/ criminal background check process <p>AND</p> <ul style="list-style-type: none"> • Apply for a license to the Michigan Board of Dentistry 	<p>The following functions are not permitted to be delegated or assigned to any level of dental assistant:</p> <ul style="list-style-type: none"> • Taking impressions for any purpose other than study or opposing models • Diagnosing, or prescribing for, any of the following: disease, pain, deformity, deficiency, injury, or physical condition • Cutting of hard and soft tissue • Removal of any of the following: accretions, stains, or calculus deposits • Deep scaling • Root planing • Any intra-oral restorative procedures • Administration of any of the following: local anesthesia, nitrous oxide analgesia, or acupuncture • Irrigation and medication of root canals, try-in of cones or points, filing, or filling of root canals • Permanent cementation of any restoration or appliance 	<p>Under Direct Supervision</p> <ul style="list-style-type: none"> • Placing, condensing and carving amalgam restorations[†] • Removing sutures • Temporarily cementing and removing temporary crowns and bands • Cementing orthodontic bands or initial placement of orthodontic brackets • Placing Class I resin bonded restorations, occlusal adjustment, finishing and polishing with non-tissue cutting rotary hand pieces • Placing and removing periodontal dressings • Taking final impressions for indirect restorations[†] • Assisting and monitoring of the administration of nitrous oxide analgesia by the dentist or dental hygienist • Removing orthodontic adhesive from teeth, supragingivally, after removing brackets with non-tissue cutting instruments • Applying in-office bleaching <p>Under General Supervision</p> <ul style="list-style-type: none"> • Placing and removing nonepinephrine retraction cords** • Placing and removing of retraction materials • Drying endodontic canals with absorbent points** • Sizing of temporary crowns and bands • Applying cavity liners and bases** • Taking an impression for orthodontic appliances, mouth guards, bite splints and bleaching trays** • Placing and removing matrices and wedges** • Performing pulp vitality testing** • Placing and removing a nonmetallic temporary restoration with non-tissue cutting instruments • Applying desensitizing agents** • Etching and placing adhesives prior to placement of orthodontic brackets** • All duties that may be performed by Dental Assistants under General Supervision <p>Under Assignment</p> <ul style="list-style-type: none"> • Inspecting and charting the oral cavity using a mouth mirror and radiographs • Applying anticariogenic agents including, but not limited to, sealants, fluoride varnish, and fluoride applications • Operating of dental radiographic equipment • Placing and removing a rubber dam • Making impressions for study and opposing models • Replacing existing temporary restorations and existing temporary crowns and temporary bridges • Removing excess cement from supragingival surfaces of a tooth with non-tissue cutting instruments • Polishing specific teeth with a slow- speed rotary handpiece immediately before procedures that require acid etching, for placement of sealants, placement of resinbonded orthodontic appliances, and placement of direct restorations by the dentist • Polishing and contouring of sealants with a slow-speed rotary hand piece immediately following the procedure for the purpose of occlusal adjustment • Removing orthodontic elastics, ligatures and elastic or wire separators • Replacing elastic or wire separators • Classifying occlusion • Providing nutritional counseling for oral health and maintenance • Applying commonly accepted emergency procedures <p><small>[†]RDA's must first complete an approved course followed by a comprehensive clinical experience of sufficient duration that validates clinical competence through a criterion- based assessment instrument before performing these functions ^{**}RDA's must first complete an approved course before performing these functions</small></p>

New York <i>New York regulates dental assistants using a three-tiered framework.</i>			
Job Title	Education/Training/ Credential Required	Functions NOT Permitted	Allowable Functions
<p>Unlicensed Dental Assistant</p>	<p>There are no education or training requirements for this level of dental assisting.</p>	<ul style="list-style-type: none"> • Charting caries and periodontal conditions as an aid to diagnosis by the dentist • Polishing teeth, including existing restorations • Placing periodontal dressings • Applying pit and fissure sealants • Removing excess cement from surfaces of the teeth • Diagnosing • Performing surgical procedures • Performing irreversible procedures • Performing procedures that would alter the hard or soft tissue of the oral and maxillofacial area • Removing calcareous deposits, accretions and stains, including scaling and planing of exposed root surfaces indicated for complete prophylaxis • Applying topical agents indicated for a complete dental prophylaxis • Applying a topical medication not related to a complete dental prophylaxis • Such dental supportive services that a NY State Licensed certified dental assistant would not reasonably be qualified to perform based upon meeting the New York requirements for certification as a NY State Licensed certified dental assistant and/or obtaining additional legally authorized experience in practicing as a NY State Licensed certified dental assistant. 	<p>DANB's Note on Allowable Dental Assisting Functions</p> <p>In the state of New York, all dental assistants may:</p> <ul style="list-style-type: none"> • Expose, process, evaluate dental radiographs under the supervision of a licensed dentist • Perform infection control and occupational safety procedures • Perform other duties not specified in this state's dental practice act

New York

New York regulates dental assistants using a three-tiered framework.

Job Title	Education/Training/ Credential Required	Functions NOT Permitted	Allowable Functions
<p>Dental Assistant with a Limited Permit</p>	<p>A person who has met the first three eligibility requirements listed above may apply for a limited (one-year) permit prior to taking and passing the exam requirements. A limited permittee may perform all tasks designated to certified dental assistants, under the direct personal supervision of a licensed dentist. The permit expires after one year and may be renewed for an additional year.</p>	<ul style="list-style-type: none"> • Charting caries and periodontal conditions as an aid to diagnosis by the dentist • Polishing teeth, including existing restorations • Placing periodontal dressings • Applying pit and fissure sealants • Removing excess cement from surfaces of the teeth • Diagnosing • Performing surgical procedures • Performing irreversible procedures • Performing procedures that would alter the hard or soft tissue of the oral and maxillofacial area • Removing calcareous deposits, accretions and stains, including scaling and planing of exposed root surfaces indicated for complete prophylaxis <ul style="list-style-type: none"> • Applying topical agents indicated for a complete dental prophylaxis • Applying a topical medication not related to a complete dental prophylaxis • Such dental supportive services that a NY State Licensed certified dental assistant would not reasonably be qualified to perform based upon meeting the New York requirements for certification as a NY State Licensed certified dental assistant and/or obtaining additional legally authorized experience in practicing as a NY State Licensed certified dental assistant. 	<p>Dental assistants with a limited permit may perform all tasks designated to licensed certified dental assistants, under the direct personal supervision of a licensed dentist. The permit expires after one year and may be renewed for an additional year.</p>

New York *New York regulates dental assistants using a three-tiered framework.*

Job Title	Education/Training/ Credential Required	Functions NOT Permitted	Allowable Functions
<p>NY State-Licensed “certified dental assistant”</p>	<p>A dental assistant in the state of New York must be licensed in order to perform supportive services under the direct supervision of a licensed dentist.</p> <p>To be licensed in the state of New York, one must:</p> <ul style="list-style-type: none"> • Be at least 17 years of age • Be a high school graduate or its equivalent • Successfully complete one of the two education options listed below: <ul style="list-style-type: none"> • an approved one-year course of study in dental assisting in a degree-granting institution or a board of cooperative educational services program that includes at least 200 hours of clinical experience <p>OR</p> <ul style="list-style-type: none"> • an alternate course of study in dental assisting acceptable to the New York State Education Department that includes at least 1,000 hours of relevant work experience in accordance with the Commissioner’s regulations. <ul style="list-style-type: none"> • Successfully complete one of the two exam pathways listed below: <ul style="list-style-type: none"> • PATHWAY I: Pass all three components of the national DANB Certified Dental Assistant (CDA) Exam: Radiation Health and Safety (RHS), Infection Control (ICE), and General Chairside (GC) <p>OR</p> <ul style="list-style-type: none"> • PATHWAY II: Pass the New York Professional Dental Assisting (NYPDA) exam along with DANB’s RHS and ICE component exams. <ul style="list-style-type: none"> • Apply for licensure from the New York State Education Department after completing all of the above requirements 	<ul style="list-style-type: none"> • Charting caries and periodontal conditions as an aid to diagnosis by the dentist • Polishing teeth, including existing restorations • Placing periodontal dressings • Applying pit and fissure sealants • Removing excess cement from surfaces of the teeth • Diagnosing • Performing surgical procedures • Performing irreversible procedures • Performing procedures that would alter the hard or soft tissue of the oral and maxillofacial area • Removing calcareous deposits, accretions and stains, including scaling and planing of exposed root surfaces indicated for complete prophylaxis • Applying topical agents indicated for a complete dental prophylaxis • Applying a topical medication not related to a complete dental prophylaxis • Such dental supportive services that a NY State Licensed certified dental assistant would not reasonably be qualified to perform based upon meeting the New York requirements for certification as a NY State Licensed certified dental assistant and/or obtaining additional legally authorized experience in practicing as a NY State Licensed certified dental assistant. 	<p>With Direct Personal Supervision</p> <ul style="list-style-type: none"> • Remove sutures placed by a licensed dentist • Apply topical anticariogenic agents to the teeth • Provide patient education • Place and remove rubber dams • Select and prefit orthodontic bands • Take preliminary medical histories and vital signs to be reviewed by the dentist • Place and remove temporary separating devices • Take impressions for study casts or diagnostic casts • Take impressions for space maintainers, orthodontic appliances and occlusal guards • Place and remove matrix bands • Select and prefit provisional crowns • Remove temporary cement (not including temporary fillings) • Remove periodontal dressings • Apply desensitizing agents to the teeth • Place orthodontic ligatures • Remove orthodontic arch wires and ligature ties • Other dental supportive services authorized by the licensed dentist while the certified dental assistant is under the direct personal supervision of the licensed dentist, provided that such other dental supportive services are not excluded

Job Title	Education/Training/ Credential Required	Functions NOT Permitted	Allowable Functions
<p>Unlicensed Dental Assistant</p>	<p>An unlicensed dental assistant in the state of California may perform basic supportive dental procedures under the supervision of a licensed dentist specified by the state dental practice act.</p> <p>The employer dentist must ensure that all unlicensed dental assistants maintain BLS certification, and that all unlicensed dental assistants in continuous employment for 120 days or more have proof of completing all of the following within a year from date of employment:</p> <ul style="list-style-type: none"> • A California Board-approved course in the California Dental Practice Act <p>AND</p> <ul style="list-style-type: none"> • A California Board-approved course in infection control <p>AND</p> <ul style="list-style-type: none"> • An AHA or ARC-approved course in Basic Life Support which includes hands-on simulated clinical scenarios 	<p>The following functions are not permitted by a dental assistant, an orthodontic assistant or a dental sedation assistant:</p> <ul style="list-style-type: none"> • Placing, finishing, or removing permanent restorations • Diagnosis and comprehensive treatment planning • Surgical or cutting procedures on hard or soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue • Prescribing medication • Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation; except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law • Supragingival and subgingival scaling • Fitting and adjusting of correctional and prosthodontics appliances • Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals • Oral prophylaxis procedures 	<p>Under Direct Supervision</p> <ul style="list-style-type: none"> • Remove sutures after inspection of the site by the dentist • Apply topical fluoride • Place and remove rubber dams or other isolation devices • After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient • Place orthodontic separators • Take intraoral impressions for all nonprosthodontic appliances • Place, wedge and remove matrices for restorative procedures • Apply non-aerosol and non-caustic topical agents • Assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions. This paragraph shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency. • Remove periodontal dressings • Remove post-extraction dressings after inspection of the surgical site by the supervising licensed dentist • Remove orthodontic separators • Remove arch wires • Remove ligature ties • Cure restorative or orthodontic materials in operative site with lightcuring device • Examine orthodontic appliances • Take facebow transfers and bite registrations. • Perform measurements for the purposes of orthodontic treatment. • Place patient monitoring sensors • Monitor patient sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure. <p>Under Direct Supervision of a Registered Dental Hygienist (RDH) in Alternative Practice</p> <ul style="list-style-type: none"> • Intraoral retraction • Suctioning • Any extraoral duty <p>Under General Supervision</p> <ul style="list-style-type: none"> • Apply topical fluoride, when operating in a school-based setting or government public health program • Operation of radiographic equipment • Perform intraoral and extraoral photography • Extraoral duties or functions specified by the supervising dentist, provided that these duties are basic supportive procedures (technically elementary characteristics, completely reversible, and are unlikely to cause potentially hazardous conditions for the patient)

California

California regulates dental assistants using a ten-tiered framework.

Job Title	Education/Training/ Credential Required	Functions NOT Permitted	Allowable Functions
<p>Registered Dental Assistant (RDA)</p>	<p>To be licensed as a Registered Dental Assistant (RDA) in the state of California, one must:</p> <ul style="list-style-type: none"> • Graduate from a California Board-approved RDA educational program <p>OR</p> <ul style="list-style-type: none"> • Complete 15 months of work experience as a dental assistant <p>AND</p> <ul style="list-style-type: none"> • Successfully complete California Board-approved courses in radiation safety and coronal polishing <p>AND</p> <ul style="list-style-type: none"> • Successfully complete California Board-approved courses in the California Dental Practice Act and infection control within 5 years prior to application for licensure <p>AND</p> <ul style="list-style-type: none"> • Successfully complete an AHA or ARC approved course in Basic Life Support <p>AND</p> <ul style="list-style-type: none"> • Pass a state written and practical exam <p>AND</p> <ul style="list-style-type: none"> • Pass a state written exam in law and ethics <p>AND</p> <ul style="list-style-type: none"> • Apply for licensure as a Registered Dental Assistant to the Dental Board of California 	<p>The following functions are not permitted by a dental assistant, an orthodontic assistant or a dental sedation assistant:</p> <ul style="list-style-type: none"> • Placing, finishing, or removing permanent restorations • Diagnosis and comprehensive treatment planning • Surgical or cutting procedures on hard or soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue • Prescribing medication • Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation; except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law • Supragingival and subgingival scaling • Fitting and adjusting of correctional and prosthodontics appliances • Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals • Oral prophylaxis procedures 	<p>Under Direct or General Supervision The supervising licensed dentist is responsible for determining level of supervision.</p> <ul style="list-style-type: none"> • Mouth-mirror inspection of oral cavity, including charting of obvious lesions, existing restorations, and missing teeth • Coronal polishing • Dry endodontically treated canals with paper absorbent points • Place ligature ties and archwires • Apply topical fluoride, when operating in a school-based setting or government run public health program • Place bases, liners, and bonding agents • Place periodontal dressings • Apply pit and fissure sealants (board-approved course required) • Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration • Test pulp vitality and record findings • Place, adjust and finish direct provisional restorations • Remove excess cement from surfaces of teeth with a hand instrument • Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment (under direct supervision; board-approved course required) • Place post-extraction dressings after inspection of the surgical site by the supervising licensed dentist • Remove orthodontic bands • Apply bleaching agents and activate with non-laser light-curing device • Use of automated caries detection devices and materials to gather information for diagnosis by the dentist • Obtain intraoral images for computeraided design (CAD), milled restorations • Chemically prepare teeth for bonding • Adjust dentures extraorally • All duties a dental assistant is allowed to perform • The allowable duties of an orthodontic assistant permit holder • The allowable duties of a dental sedation assistant permit holder <p>Under Direct Supervision of a Registered Dental Hygienist (RDH) or RDH in Alternative Practice</p> <ul style="list-style-type: none"> • Coronal Polishing • Application of topical fluoride • Application of sealants (board-approved course required)

Job Title	Education/Training/ Credential Required	Functions NOT Permitted	Allowable Functions
<p>Registered Dental Assistant in Extended Functions (RDAEF)</p>	<p>To perform expanded functions under the direct supervision of a licensed dentist in California, a dental assistant must be licensed as a Registered Dental Assistant in Extended Functions (RDAEF). To register as an RDAEF, one must:</p> <ul style="list-style-type: none"> • Hold a valid license as an RDA <p>OR</p> <ul style="list-style-type: none"> • Successfully complete the requirements for licensure as an RDA <p>AND</p> <ul style="list-style-type: none"> • Successfully complete a California Board-approved course for application of pit and fissure sealants <p>AND</p> <ul style="list-style-type: none"> • Successfully complete a California Board-approved extended functions educational program <p>AND</p> <ul style="list-style-type: none"> • Pass a written exam and a clinical or practical exam administered by the board <p>AND</p> <ul style="list-style-type: none"> • Apply to the Dental Board of California for licensure as a Registered Dental Assistant in Extended Functions 	<p>The following functions are not permitted by a dental assistant, an orthodontic assistant or a dental sedation assistant:</p> <ul style="list-style-type: none"> • Placing, finishing, or removing permanent restorations • Diagnosis and comprehensive treatment planning • Surgical or cutting procedures on hard or soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue • Prescribing medication • Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation; except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law • Supragingival and subgingival scaling • Fitting and adjusting of correctional and prosthodontics appliances • Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals • Oral prophylaxis procedures 	<p>Under Direct Supervision</p> <ul style="list-style-type: none"> • Conduct preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation • Cord retraction of gingivae for impression procedures. • Place, contour, finish, and adjust all direct restorations • Take final impressions for permanent indirect restorations • Take final impressions for tooth-borne removable prosthesis • Fit trial endodontic filling points • Formulate indirect patterns for endodontic post and core castings • Remove excess cement from subgingival tooth surfaces with hand instruments • Perform oral health assessments in school-based, community health project settings • Size and fit endodontic master points and accessory points. • Cement endodontic master points and accessory points • Polish and contour existing amalgam restorations • Adjust and cement permanent indirect restorations <p>Under Direct or General Supervision</p> <p>The supervising dentist is responsible for determining the level of supervision.</p> <ul style="list-style-type: none"> • All duties a registered dental assistant is allowed to perform <p>Under Direct Supervision of a Registered Dental Hygienist (RDH) or RDH in Alternative Practice</p> <ul style="list-style-type: none"> • Perform oral health assessments in school-based, community health project settings • All duties a registered dental assistant is allowed to perform under RDH/RDHAP supervision

California

California regulates dental assistants using a ten-tiered framework.

Job Title	Education/Training/ Credential Required	Functions NOT Permitted	Allowable Functions
<p>Registered Dental Assistant in Extended Functions (RDAEF) with additional training</p>	<p>To perform the additional expanded functions listed to the right pursuant to the order, control, and full professional responsibility of a supervising dentist in California, a dental assistant must be licensed as a Registered Dental Assistant in Extended Functions (RDAEF) and must receive additional training in the functions.</p> <p>To register as an RDAEF, one must:</p> <ul style="list-style-type: none"> • Hold a valid license as an RDA <p>OR</p> <ul style="list-style-type: none"> • Successfully complete the requirements for licensure as an RDA <p>AND</p> <ul style="list-style-type: none"> • Successfully complete a California Board-approved course for application of pit and fissure sealants <p>AND</p> <ul style="list-style-type: none"> • Successfully complete a California Board-approved extended functions educational program <p>AND</p> <ul style="list-style-type: none"> • Pass a written exam and a clinical and practical exam administered by the board <p>AND</p> <ul style="list-style-type: none"> • Apply to the Dental Board of California for licensure as a Registered Dental Assistant in Extended Functions <p>To qualify to perform the additional functions listed to the right, one must:</p> <ul style="list-style-type: none"> • Complete a program that includes training in performing those functions <p>OR</p> <ul style="list-style-type: none"> • Provide evidence, satisfactory to the Dental Board of California, of having completed a board-approved course in those functions 		<p>Under Supervision</p> <ul style="list-style-type: none"> • Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient, following protocols established by the supervising dentist, in the following settings: <ul style="list-style-type: none"> • In a dental office setting • In public health settings, using telehealth for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics, under the general supervision of a dentist • Place protective restorations, identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following: <ul style="list-style-type: none"> • In either of the following settings: <ul style="list-style-type: none"> • In a dental office setting, under the direct or general supervision of a dentist as determined by the dentist. • In public health settings, using telehealth for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics, under the general supervision of a dentist. • After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.

Job Title	Education/Training/ Credential Required	Functions NOT Permitted	Allowable Functions
<p>Orthodontic Assistant</p>	<p>To hold an Orthodontic Assistant permit in the state of California, one must:</p> <ul style="list-style-type: none"> • Complete at least 12 months of work experience as a dental assistant <p>AND</p> <ul style="list-style-type: none"> • Successfully complete California Board-approved courses in the California Dental Practice Act and infection control <p>AND</p> <ul style="list-style-type: none"> • Successfully complete an AHA or ARC-approved course in Basic Life Support, or any other course approved by the California board as equivalent <p>AND</p> <ul style="list-style-type: none"> • Successfully complete a California Board-approved orthodontic assistant course (may begin after six months of work experience as a dental assistant) <p>AND THEN</p> <ul style="list-style-type: none"> • Pass a state written exam in orthodontic duties <p>AND</p> <ul style="list-style-type: none"> • Apply to the Dental Board of California for Orthodontic Assistant permit 	<p>The following functions are not permitted by a dental assistant, an orthodontic assistant or a dental sedation assistant:</p> <ul style="list-style-type: none"> • Placing, finishing or removing permanent restorations • Diagnosis and comprehensive treatment planning • Surgical or cutting procedures on hard or soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue • Prescribing medication • Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation; except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law • Fitting and adjusting of correctional and prosthodontics appliances • Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals • Oral prophylaxis procedures • Supragingival and subgingival scaling 	<p>Under Direct Supervision</p> <ul style="list-style-type: none"> • Place and ligate archwires • Prepare teeth for bonding, and select, preposition and cure orthodontic brackets after their position has been approved by the supervising licensed dentist • Size, fit and cement orthodontic bands • Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment • Remove only orthodontic brackets and attachments with removal of the bonding material by the supervising licensed dentist • Remove orthodontic bands • All duties that a dental assistant is allowed to perform

California ORTHODONTIC *California regulates dental assistants using a ten-tiered framework.*

Job Title	Education/Training/ Credential Required	Functions NOT Permitted	Allowable Functions
<p>Registered Dental Assistant (RDA) with Orthodontic Assistant Permit</p>	<p>A Registered Dental Assistant (RDA) in the state of California may apply for an orthodontic assistant permit by completing the following:</p> <ul style="list-style-type: none"> • First be an RDA <p>AND</p> <ul style="list-style-type: none"> • Successfully complete a California Board-approved orthodontic assistant course <p>AND</p> <ul style="list-style-type: none"> • Pass a state written exam in orthodontic duties <p>AND</p> <ul style="list-style-type: none"> • Apply to the Dental Board of California for an orthodontic assistant permit 	<p>The following functions are not permitted by a dental assistant, an orthodontic assistant or a dental sedation assistant:</p> <ul style="list-style-type: none"> • Placing, finishing or removing permanent restorations • Diagnosis and comprehensive treatment planning • Surgical or cutting procedures on hard or soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue • Prescribing medication • Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation; except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law • Fitting and adjusting of correctional and prosthodontics appliances • Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals • Oral prophylaxis procedures • Supragingival and subgingival scaling 	<p>Under Direct Supervision</p> <ul style="list-style-type: none"> • All allowable duties of an RDA • All allowable duties of an Orthodontic Assistant permit holder

Job Title	Education/Training/ Credential Required	Functions NOT Permitted	Allowable Functions
<p>Registered Dental Assistant in Extended Functions (RDAEF) with Orthodontic Assistant Permit</p>	<p>A Registered Dental Assistant in Extended Functions (RDAEF) in the state of California may apply for an orthodontic assistant permit by completing the following:</p> <ul style="list-style-type: none"> • First be an RDAEF <p>AND</p> <ul style="list-style-type: none"> • Successfully complete a California Board-approved orthodontic assistant course <p>AND</p> <ul style="list-style-type: none"> • Pass a state written exam in orthodontic duties <p>AND</p> <ul style="list-style-type: none"> • Apply to the Dental Board of California for an orthodontic assistant permit 	<p>The following functions are not permitted by a dental assistant, an orthodontic assistant or a dental sedation assistant:</p> <ul style="list-style-type: none"> • Placing, finishing or removing permanent restorations • Diagnosis and comprehensive treatment planning • Surgical or cutting procedures on hard or soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue • Prescribing medication • Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation; except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law • Fitting and adjusting of correctional and prosthodontics appliances • Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals • Oral prophylaxis procedures • Supragingival and subgingival scaling 	<p>Under Direct Supervision</p> <ul style="list-style-type: none"> • All allowable duties of an RDAEF • All allowable duties of an Orthodontic Assistant permit holder

California DENTAL SEDATION ASSISTANT *California regulates dental assistants using a ten-tiered framework.*

Job Title	Education/Training/ Credential Required	Functions NOT Permitted	Allowable Functions
<p>Dental Sedation Assistant</p>	<p>To hold a Dental Sedation Assistant permit in the state of California, one must:</p> <ul style="list-style-type: none"> • Complete at least 12 months of work experience as a dental assistant <p>AND</p> <ul style="list-style-type: none"> • Successfully complete Board-approved courses in the California Dental Practice Act and infection control <p>AND</p> <ul style="list-style-type: none"> • Successfully complete an AHA or ARC-approved course in Basic Life Support <p>AND</p> <ul style="list-style-type: none"> • Successfully complete a Board-approved dental sedation assistant course (may begin after six months of work experience as a dental assistant) <p>AND THEN</p> <ul style="list-style-type: none"> • Pass a state written exam in dental sedation duties <p>AND</p> <ul style="list-style-type: none"> • Apply for Dental Sedation Assistant permit to the Dental Board of California 	<p>The following functions are not permitted by a dental assistant, an orthodontic assistant or a dental sedation assistant:</p> <ul style="list-style-type: none"> • Placing, finishing or removing permanent restorations • Diagnosis and comprehensive treatment planning • Surgical or cutting procedures on hard or soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue • Prescribing medication • Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation; except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law • Fitting and adjusting of correctional and prosthodontics appliances • Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals • Oral prophylaxis procedures • Supragingival and subgingival scaling 	<p>Under Direct Supervision</p> <ul style="list-style-type: none"> • All duties that a dental assistant is allowed to perform • Monitor patients undergoing conscious sedation or general anesthesia utilizing data from noninvasive instrumentation such as pulse oximeters, electrocardiograms, capnography, blood pressure, pulse and respiration rate monitoring devices. Evaluation of the condition of a sedated patient shall remain the responsibility of the dentist or other licensed healthcare professional authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered. • Drug identification and draw, limited to identification of appropriate medications, ampule and vial preparation, and withdrawing drugs of correct amount as verified by the supervising licensed dentist • Add drugs, medications and fluids to intravenous lines using a syringe provided that a supervising licensed dentist is present at the patient's chairside, limited to determining patency of intravenous line, selection of injection port, syringe insertion into injection port, occlusion of intravenous line and blood aspiration, line release and injection of drugs for appropriate time interval (except the initial dose of a drug or medication shall be administered by the supervising licensed dentist) • Removal of intravenous lines

Job Title	Education/Training/ Credential Required	Functions NOT Permitted	Allowable Functions
<p>Registered Dental Assistant (RDA) with Dental Sedation Assistant Permit</p>	<p>A Registered Dental Assistant (RDA) in the state of California may apply for a dental sedation assistant permit by completing the following:</p> <ul style="list-style-type: none"> • First be an RDA <p>AND</p> <ul style="list-style-type: none"> • Successfully complete a California Board-approved dental sedation assistant course <p>AND</p> <ul style="list-style-type: none"> • Pass a state written exam in dental sedation duties <p>AND</p> <ul style="list-style-type: none"> • Apply to the Dental Board of California for a dental sedation assistant permit 	<p>The following functions are not permitted by a dental assistant, an orthodontic assistant or a dental sedation assistant:</p> <ul style="list-style-type: none"> • Placing, finishing or removing permanent restorations • Diagnosis and comprehensive treatment planning • Surgical or cutting procedures on hard or soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue • Prescribing medication • Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation; except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law • Fitting and adjusting of correctional and prosthodontics appliances • Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals • Oral prophylaxis procedures • Supragingival and subgingival scaling 	<p>Under Direct Supervision</p> <ul style="list-style-type: none"> • All allowable duties of an RDA • All allowable duties of a Dental Sedation Assistant permit holder

California DENTAL SEDATION ASSISTANT *California regulates dental assistants using a ten-tiered framework.*

Job Title	Education/Training/ Credential Required	Functions NOT Permitted	Allowable Functions
<p>Registered Dental Assistant in Extended Functions (RDAEF) with Dental Sedation Permit</p>	<p>A Registered Dental Assistant in Extended Functions (RDAEF) in the state of California may apply for a dental sedation assistant permit by completing the following:</p> <ul style="list-style-type: none"> • First be an RDAEF <p>AND</p> <ul style="list-style-type: none"> • Successfully complete a California Board-approved dental sedation assistant course <p>AND</p> <ul style="list-style-type: none"> • Pass a state written exam in dental sedation duties <p>AND</p> <ul style="list-style-type: none"> • Apply to the Dental Board of California for a dental sedation assistant permit 	<p>The following functions are not permitted by a dental assistant, an orthodontic assistant or a dental sedation assistant:</p> <ul style="list-style-type: none"> • Placing, finishing or removing permanent restorations • Diagnosis and comprehensive treatment planning • Surgical or cutting procedures on hard or soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue • Prescribing medication • Starting or adjusting local or general anesthesia or oral or parenteral conscious sedation; except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law • Fitting and adjusting of correctional and prosthodontics appliances • Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals • Oral prophylaxis procedures • Supragingival and subgingival scaling 	<p>Under Direct Supervision</p> <ul style="list-style-type: none"> • All allowable duties of an RDAEF • All allowable duties of a Dental Sedation Assistant permit holder

Appendix E

Proposed Uniform National Model for the Dental Assisting Profession

In 2005, the American Dental Assistant Association and Dental Assisting National Board published a position paper proposing definitions for core dental assisting competencies, ranking tasks from most basic to most complex.

Suggested Title	Recommended Education/ Training	Recommended Experience	Recommended Credentials	Summary of Allowable Tasks
Entry Level Dental Assistant Category A	High school diploma	In-office orientation, or verbal/written instructions of licensed dentist	None	Two tasks: • The most elementary dental assisting tasks
Dental Assistant Category B	<p>Either education or experience required</p> <ul style="list-style-type: none"> • Enrollment in and partial completion of an ADA-accredited dental assisting program OR • Graduation from a dental assisting program (non-ADA-accredited) 	<ul style="list-style-type: none"> • Up to two years' full-time experience or up to four years' part-time experience, which includes on-the-job training by licensed dentist 	<ul style="list-style-type: none"> • CPR Certification • DANB RHS Exam • DANB ICE Exam • Jurisprudence Exam (where available) • Basic Dental Assisting Skills Exam (where available) • Future national basic dental assisting skills and jurisprudence exams, to be developed (if deemed appropriate) 	33 tasks: • All extraoral tasks, except those requiring specialized knowledge or skill • Chairside assistance during dental procedures • Radiography • Infection control procedures • Emergency response • Limited intraoral procedures
Certified Dental Assistant OR Registered Dental Assistant* Category C	<p>Either education or experience required</p> <ul style="list-style-type: none"> • Graduation from an ADA-accredited dental assisting education program 	<ul style="list-style-type: none"> • Two or more years' fulltime or four or more years' part-time experience, including on-the-job training by licensed dentist 	<ul style="list-style-type: none"> • CPR Certification • Current DANB CDA credential *(or state-specific RDA credential, if it measures knowledge of these Category C tasks and is developed according to generally accepted psychometric principles and standards) 	23 tasks: • All but the most difficult and complex intraoral procedures, as allowed by law
Expanded Functions Dental Assistant Category D	<p>Education and experience required</p> <ul style="list-style-type: none"> • Specialized formal training within ADA-accredited program or state-board approved course 	<ul style="list-style-type: none"> • Several years' experience working as a CDA and performing intraoral tasks AND • Prescribed on-the-job training by licensed dentist in the specific functions to be performed 	<ul style="list-style-type: none"> • CPR Certification • Clinical examination (to be developed by a nationally accredited testing agency in accordance with national accepted psychometric standards) 	Four tasks: • All are complex intraoral tasks involving a high degree of skill, precision, and manual dexterity

Source: *Addressing a Uniform National Model for the Dental Assisting Profession*