

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Budget Subcommittee on Health and Human Services Appropriations

BILL: SB 1040

INTRODUCER: Senator Bogdanoff

SUBJECT: Dental Hygienists

DATE: January 26, 2012

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Davlantes	Stovall	HR	Favorable
2.	Bradford	Hendon	BHA	Pre-meeting
3.			BC	
4.				
5.				
6.				

I. Summary:

The bill authorizes dental hygienists to administer local anesthesia to nonsedated adult patients under the direct supervision of a licensed dentist. Dental hygienists desiring this privilege must be certified by the Department of Health (DOH) or its designee, complete an approved course in the administration of local anesthesia, and have current training in basic or advanced cardiac life support. The Board of Dentistry within the DOH may charge a certification fee of up to \$35. Certification never expires, and no continuing education is required.

The department indicates that the fiscal impact of this bill is insignificant and can be absorbed with existing resources.

This bill substantially amends ss. 466.017 and 466.023, F.S.

The effective date of this bill is July 1, 2012.

II. Present Situation:

Scope of Practice of Dental Hygienists

A dental hygienist is a person licensed by the DOH to render educational, preventive, and therapeutic dental services and any related extra-oral procedures required in the performance of such services.¹ Dental hygienists practice under the supervision of dentists² and may be

¹ Section 466.003(4) and (5), F.S.

² Section 466.023(1), F.S. Supervision may be direct, indirect, or general.

delegated various remediable tasks – intraoral treatment tasks which are reversible and do not cause an increased risk to the patient. Dental hygienists may not perform any irremediable tasks – intraoral treatment tasks which are irreversible or cause an increased risk to the patient. The administration of anesthetics other than topical anesthetics is considered to be an irremediable task.³ Dentists remain primarily responsible for any procedures they delegate.⁴

Tasks dental hygienists may perform under supervision include:⁵

- Removing calculus deposits, accretions, and stains from exposed surfaces of the teeth and gingival sulcus,
- Exposing dental x-ray films,
- Applying topical preventive or prophylactic agents,
- Taking impressions for study casts but not for the purpose of fabricating any intraoral restorations or orthodontic appliance,
- Placing periodontal dressings,
- Removing sutures,
- Placing or removing rubber dams,
- Applying cavity liners, varnishes, or bases,
- Polishing clinical crowns of the teeth for the purpose of removing stains but not changing the existing contour of the tooth, and
- Obtaining bacteriological cytological specimens not involving cutting of the tissue.

Dental hygienists may perform the following services without supervision:

- Providing educational or training programs to faculty or staff,
- Applying fluorides,
- Instructing and supervising a patient in oral hygiene care,⁶
- Dental charting,⁷
- Other services which do not involve diagnosis or treatment of dental conditions, and⁸
- Certain diagnostic and treatment procedures, in emergency situations.⁹

Dental hygienists may perform certain additional tasks, including recording patient histories, measuring blood pressure and oral temperature, and applying dental sealants, without the supervision of a dentist when practicing in a health access setting.¹⁰ Certain disclaimers and other conditions are required.¹¹

³ Section 466.003, F.S.

⁴ Section 466.024(9), F.S.

⁵ Section 466.023(1), F.S. A full list tasks which may be performed by dental hygienists is found in Rule 64B5-16.006, F.A.C.

⁶ Sections 466.023(3) and 466.024(1), F.S.

⁷ Per s. 466.025, F.S., dental charting refers to recording visual observations of clinical conditions of the oral cavity without the use of X-rays, laboratory tests, or other diagnostic methods of equipment, except the instruments necessary to record visual restoration, missing teeth, suspicious areas, and periodontal pockets. Dental charting does not constitute a patient of record or a medical record.

⁸ Rule 64B5-16.007(4), F.A.C.

⁹ Rule 64B5-16.008, F.A.C. The service may only be provided by a dental hygienist who is currently certified in cardiopulmonary resuscitation (CPR), and the patient must be seen by a dentist within 3 days.

¹⁰ A health access setting is defined in s. 466.003(14), F.S., as a program or an institution of the Department of Children and Family Services, the Department of Health, the Department of Juvenile Justice, a nonprofit community health center, a Head

Hygienists must undergo training before performing most remediable tasks. This training may be completed via a DOH-approved course or may have been part of the hygienist's initial training program.¹² Certain other remediable tasks require at least 6 months of on-the-job training provided by a licensed dentist.¹³ Dental hygienists practicing prior to April 30, 1980 who were at that time authorized to perform tasks set forth by Board of Dentistry (board) rule may continue to perform those tasks without any additional training.¹⁴

Dental hygienists are never allowed to prescribe medications, make diagnoses, or conduct treatment planning.¹⁵

Anesthesia in Dentistry

Currently, only licensed dentists may administer general or local anesthetics within the practice of dentistry.¹⁶ The primary anesthesia modalities used in dentistry are local anesthesia, general anesthesia, conscious sedation, and nitrous-oxide inhalation analgesia. Local anesthesia leads to diminished pain sensation in a specific area of the body without loss of consciousness, usually achieved with a topically-applied or superficially-injected numbing agent. General anesthesia refers to a controlled state of pharmacologically-induced unconsciousness accompanied by a partial or complete loss of protective reflexes. Conscious sedation means a depressed level of consciousness produced by a pharmacologic substance in which the patient's ability to independently maintain an airway and respond appropriately to physical and verbal stimulation is retained. Nitrous-oxide inhalation anesthesia is produced by the inhalation of a combination of nitrous-oxide and oxygen and causes an altered level of consciousness while retaining the patient's ability to independently maintain an airway and respond appropriately to physical stimulation or verbal command.¹⁷

Dentists are automatically authorized to administer local anesthesia and may perform general anesthesia, conscious sedation, or pediatric conscious sedation after obtaining the appropriate permit. Dentists may use nitrous-oxide inhalation analgesia after complying with certain rules. Oral medications may not be used for sedation unless the dentist holds a conscious sedation permit, and the administration of propofol, methohexital, thiopental, or etomidate is prohibited without a general anesthesia permit.¹⁸

Start center, a federally qualified health center or look-alike as defined by federal law, a school-based prevention program, a clinic operated by an accredited college of dentistry, or an accredited dental hygiene program in this state if such community service program or institution immediately reports to the Board of Dentistry all violations of s. 466.027, F.S., s. 466.028, F.S., or other practice act or standard of care violations related to the actions or inactions of a dentist, dental hygienist, or dental assistant engaged in the delivery of dental care in such setting.

¹¹ Section 466.024(2)-(5), F.S.

¹² Rule 64B5-16.002(1), F.A.C.

¹³ Rule 64B5-16.002(4), F.A.C.

¹⁴ Rule 64B5-16.010, F.A.C.

¹⁵ Section 466.024(8), F.S.

¹⁶ Section 466.017(1), F.S.

¹⁷ Rule 64B5-14.001, F.A.C.

¹⁸ Rule 64B5-14.002, F.A.C.

An applicant for any type of anesthesia permit must demonstrate training and competency in the desired anesthesia modality, including documentation of administration of that type of anesthetic to twenty actual patients within 2 years prior to application and direct observation of the applicant in various simulated emergency situations by a board-appointed consultant.^{19,20} The locations in which anesthesia will be administered must also be inspected by the board to ensure that conditions are adequate and appropriate personnel have been trained for maximizing patient safety and managing any anesthesia emergencies.²¹

Anesthesia permits initially cost \$300 and must be renewed biennially for \$200.²² Dentists must complete 4 hours of continuing education to be eligible for renewal, including 2 hours dealing with the management of medical emergencies.²³ The board reserves the right to re-evaluate the dentist's office and credentials before renewing a permit.²⁴ Once granted, permits only authorize anesthesia administration at the location or locations previously inspected by the board.²⁵

To perform nitrous-oxide inhalation anesthesia, a dentist must complete a 2-day training course described in the American Dental Association's "Guidelines for Teaching and Comprehensive Control of Pain and Anxiety in Dentistry" or its equivalent (with special exceptions for dentists practicing before January 1, 1986) and have adequate equipment with fail-safe features and a 25 percent minimum oxygen flow. Alternatively, a dentist who holds any type of anesthesia permit is also authorized to perform nitrous-oxide inhalation anesthesia.

All dentists using conscious sedation, general anesthesia, or nitrous-oxide inhalation anesthesia must be currently certified in cardiopulmonary resuscitation (CPR) and either Advanced Cardiac Life Support (ACLS) or Advanced Trauma Life Support. Dentists using pediatric conscious sedation must be certified in ACLS, Pediatric Advanced Life Support (for pediatric conscious sedation), or a similar life support program approved by the board.²⁶ Dentists using local anesthesia must be currently certified in either basic CPR for health professionals or ACLS.²⁷

Current Role of Dental Hygienists in Anesthesia

The presence of at least one assistant is required for all general anesthesia, conscious sedation, and pediatric conscious sedation procedures. Dental hygienists may assist with such procedures under the direct supervision of a permitted dentist if they are CPR-certified at the basic life support level.²⁸ Dental hygienists may monitor nitrous-oxide inhalation analgesia under the direct supervision of a permitted dentist if they additionally complete at least a 2-day training

¹⁹ Rule 64B5-14.005(2) , (3), and (8), F.A.C.

²⁰ Rule 64B514.007(2), F.A.C.

²¹ Specific guidelines regarding required equipment, medication, training, and records for facilities in which anesthesia is used can be found in Rule 64B5-14.008, 64B5-14.009, and 64B5-14.010, F.A.C., concerning general anesthesia, conscious sedation, and pediatric conscious sedation, respectively.

²² Rules 64B5-15.017, 64B5-15.018, and 64B5-15.019, F.A.C.

²³ Rule 64B5-14.004(6), F.A.C.

²⁴ Rule 64B5-14.005(7), F.A.C.

²⁵ Rule 64B5-14.005(2) , (3), and (8), F.A.C.

²⁶ Rule 64B5-14.003, F.A.C.

²⁷ Section 466.017(4), F.S.

²⁸ Rule 64B5-14.003, F.A.C.

course as described in the American Dental Association's "Guidelines for Teaching and Comprehensive Control of Pain and Anxiety in Dentistry" or an equivalent.²⁹

III. Effect of Proposed Changes:

Section 1 amends s. 466.017, F.S., to allow dental hygienists to administer local anesthesia to nonsedated adult patients under the direct supervision of a dentist, notwithstanding s. 466.003(11), F.S., which states that the administration of any anesthesia other than topical anesthesia is an irremediable task. Such hygienists must complete a course in the administration of local anesthesia offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association or approved by the board. The course must contain 30 hours each of didactic and clinical instruction and must cover the following topics:

- Theory of pain control,
- Selection-of-pain-control modalities,
- Anatomy,
- Neurophysiology,
- Pharmacology of local anesthetics,
- Pharmacology of vasoconstrictors,
- Psychological aspects of pain control,
- Systemic complications,
- Techniques of maxillary anesthesia,
- Techniques of mandibular anesthesia,
- Infection control, and
- Medical emergencies involving local anesthesia.

Dental hygienists must also be currently certified in basic or advanced cardiac life support.

After completing these two requirements, hygienists can apply for local anesthesia certification from the DOH or its designee. A certification fee, if any, may not exceed \$35 and will be used to defray the cost of validating applications and printing certificates. Once granted, local anesthesia certification never has to be renewed but must be prominently displayed at every location at which the hygienist performs local anesthesia.

Section 2 amends s. 466.023, F.S., to add administration of local anesthesia to the list of tasks within a dental hygienist's scope of practice.

Section 3 provides an effective date of July 1, 2012.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

²⁹ Rule 64B5-14.004(2), F.A.C.

B. Public Records/Open Meetings Issues:

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

Up to a \$35 fee may be levied by the Board of Dentistry in the DOH for providing local anesthesia certification to dental hygienists.

B. Private Sector Impact:

Dental hygienists will be able to perform local anesthesia procedures on adult patients under the direct supervision of a licensed dentist.

C. Government Sector Impact:

The DOH will experience a non-recurring increase in workload for rulemaking and updating its practitioner licensing system. They will also experience a recurring increase in workload relating to processing of local anesthesia certifications for dental hygienists as well as in investigating hygienists who are noncompliant with the bill's provisions, and a potential positive fiscal impact from the collection of corresponding certification fees. The department indicates that the workload increase can be handled with existing resources.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Lines 54-55 of the bill state that dental hygienists seeking local anesthesia certification must show evidence of basic or advanced cardiac life support certification. However, the bill does not provide any guidance as to which organizations are authorized to provide this certification nor to whom hygienists must show evidence of their certification. Subsection (4) of s. 466.017, F.S., the section which these lines are amending, provides that dentists who administer anesthesia must be certified in basic CPR for health professionals or ACLS approved by the American Red Cross, the American Heart Association, or a similar course with recertification every 2 years.

The bill does not require dental hygienists to complete any continuing education to maintain anesthesia certification. However, some level of continuing education might be advisable to ensure that hygienists are up to date with current anesthesia modalities.

VIII. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
