A bill to be entitled An act relating to dental therapy; amending s. 409.906, F.S.; authorizing Medicaid to reimburse for dental services provided in a mobile dental unit that is owned by, operated by, or contracted with a health access setting or another similar setting or program; amending s. 466.001, F.S.; revising legislative purpose and intent; amending s. 466.002, F.S.; providing applicability; amending s. 466.003, F.S.; defining the terms “dental therapist” and “dental therapy”; revising the definition of the term “health access setting” to include certain dental therapy programs; amending s. 466.004, F.S.; requiring the chair of the Board of Dentistry to appoint a Council on Dental Therapy effective after a specified timeframe; providing for membership, meetings, and the purpose of the council; amending s. 466.006, F.S.; revising the definition of the terms “full-time practice” and “full-time practice of dentistry within the geographic boundaries of this state within 1 year” to include full-time faculty members of certain dental therapy schools; amending s. 466.0075, F.S.; authorizing the board to require any person who applies to take the examination to practice dental therapy in this state to maintain medical malpractice insurance in a certain amount; amending s. 466.009, F.S.; requiring the Department of Health to allow any person who fails the dental therapy examination to retake the examination; providing that a person who
fails a practical or clinical examination to practice dental therapy and who has failed one part or procedure of the examination may be required to retake only that part or procedure to pass the examination; amending s. 466.011, F.S.; requiring the board to certify applicants for licensure as a dental therapist; creating s. 466.0136, F.S.; requiring the board to require each licensed dental therapist to complete a specified number of hours of continuing education; requiring the board to adopt rules and guidelines; authorizing the board to excuse licensees from continuing education requirements in certain circumstances; amending s. 466.016, F.S.; requiring a practitioner of dental therapy to post and display her or his license in each office where she or he practices; amending s. 466.017, F.S.; requiring the board to adopt certain rules relating to dental therapists; authorizing a dental therapist under the general supervision of a dentist to administer local anesthesia and operate an X-ray machine, expose dental X-ray films, and interpret or read such films if specified requirements are met; correcting a term; amending s. 466.018, F.S.; providing that a dentist remains primarily responsible for the dental treatment of a patient regardless of whether the treatment is provided by a dental therapist; requiring the initials of a dental therapist who renders treatment to a patient to be placed in the record of the patient; creating s. 466.0225, F.S.; providing application
requirements and examination and licensure qualifications for dental therapists; creating s. 466.0227, F.S.; providing legislative findings and intent; limiting the practice of dental therapy to specified settings; authorizing a dental therapist to perform specified services under the general supervision of a dentist under certain conditions; specifying state-specific dental therapy services; requiring a collaborative management agreement to be signed by a supervising dentist and a dental therapist and to include certain information; requiring the supervising dentist to determine the number of hours of practice that a dental therapist must complete before performing certain authorized services; authorizing a supervising dentist to restrict or limit the dental therapist’s practice in a collaborative management agreement; providing that a supervising dentist may authorize a dental therapist to provide dental therapy services to a patient before the dentist examines or diagnoses the patient under certain conditions; requiring a supervising dentist to be licensed and practicing in this state; specifying that the supervising dentist is responsible for certain services; amending s. 466.026, F.S.; providing criminal penalties for practicing dental therapy without an active license, selling or offering to sell a diploma from a dental therapy school or college, falsely using a specified name or initials or holding herself or himself out as an actively licensed dental
Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (c) of subsection (1) of section 409.906, Florida Statutes, is amended, and paragraph (e) is added to subsection (6) of that section, to read:

409.906 Optional Medicaid services.—Subject to specific appropriations, the agency may make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any optional service that is provided shall be provided only when medically necessary and in accordance with state and federal law. Optional services rendered by providers in mobile units to Medicaid recipients may be restricted or prohibited by the agency. Nothing in this section shall be
construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. If necessary to safeguard the state’s systems of providing services to elderly and disabled persons and subject to the notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend the Medicaid state plan to delete the optional Medicaid service known as “Intermediate Care Facilities for the Developmentally Disabled.” Optional services may include:

(1) ADULT DENTAL SERVICES.—

(c) However, Medicaid will not provide reimbursement for dental services provided in a mobile dental unit, except for a mobile dental unit:

1. Owned by, operated by, or having a contractual agreement with the Department of Health and complying with Medicaid’s county health department clinic services program specifications as a county health department clinic services provider.

2. Owned by, operated by, or having a contractual arrangement with a federally qualified health center and complying with Medicaid’s federally qualified health center specifications as a federally qualified health center provider.

3. Rendering dental services to Medicaid recipients, 21 years of age and older, at nursing facilities.

4. Owned by, operated by, or having a contractual agreement with a state-approved dental educational institution.

5. Owned by, operated by, or having a contractual agreement
with a health access setting, as defined in s. 466.003(16), or a similar setting or program that serves underserved or vulnerable populations that face serious barriers to accessing dental services, which may include, but is not limited to, Early Head Start programs, homeless shelters, schools, and the Special Supplemental Nutrition Program for Women, Infants, and Children.

(6) CHILDREN’S DENTAL SERVICES.—The agency may pay for diagnostic, preventive, or corrective procedures, including orthodontia in severe cases, provided to a recipient under age 21, by or under the supervision of a licensed dentist. The agency may also reimburse a health access setting as defined in s. 466.003(16) for the remediable tasks that a licensed dental hygienist is authorized to perform under s. 466.024(2). Services provided under this program include treatment of the teeth and associated structures of the oral cavity, as well as treatment of disease, injury, or impairment that may affect the oral or general health of the individual. However, Medicaid will not provide reimbursement for dental services provided in a mobile dental unit, except for a mobile dental unit:

(e) Owned by, operated by, or having a contractual agreement with a health access setting, as defined in s. 466.003(16), or a similar setting or program that serves underserved or vulnerable populations that face serious barriers to accessing dental services, which may include, but is not limited to, Early Head Start programs, homeless shelters, schools, and the Special Supplemental Nutrition Program for Women, Infants, and Children.

Section 2. Section 466.001, Florida Statutes, is amended to
Legislative purpose and intent.—The legislative purpose for enacting this chapter is to ensure that every dentist, dental therapist, or dental hygienist practicing in this state meets minimum requirements for safe practice without undue clinical interference by persons not licensed under this chapter. It is the legislative intent that dental services be provided only in accordance with the provisions of this chapter and not be delegated to unauthorized individuals. It is the further legislative intent that dentists, dental therapists, and dental hygienists who fall below minimum competency or who otherwise present a danger to the public shall be prohibited from practicing in this state. All provisions of this chapter relating to the practice of dentistry, dental therapy, and dental hygiene shall be liberally construed to carry out such purpose and intent.

Section 3. Subsections (5) and (6) of section 466.002, Florida Statutes, are amended to read:

466.002 Persons exempt from operation of chapter.—Nothing in this chapter shall apply to the following practices, acts, and operations:

(5) Students in Florida schools of dentistry, dental therapy, and dental hygiene or dental assistant educational programs, while performing regularly assigned work under the curriculum of such schools.

(6) Instructors in Florida schools of dentistry, instructors in dental programs that prepare persons holding D.D.S. or D.M.D. degrees for certification by a specialty board and that are accredited in the United States by January 1, 2005,
in the same manner as the board recognizes accreditation for Florida schools of dentistry that are not otherwise affiliated with a Florida school of dentistry, or instructors in Florida schools of dental hygiene or dental therapy or dental assistant educational programs, while performing regularly assigned instructional duties under the curriculum of such schools or programs. A full-time dental instructor at a dental school or dental program approved by the board may be allowed to practice dentistry at the teaching facilities of such school or program, upon receiving a teaching permit issued by the board, in strict compliance with such rules as are adopted by the board pertaining to the teaching permit and with the established rules and procedures of the dental school or program as recognized in this section.

Section 4. Present subsections (7) through (15) of section 466.003, Florida Statutes, are redesignated as subsections (9) through (17), respectively, present subsections (14) and (15) are amended, and new subsections (7) and (8) are added to that section, to read:

466.003 Definitions.—As used in this chapter:
(7) “Dental therapist” means a person licensed to practice dental therapy pursuant to s. 466.0225.
(8) “Dental therapy” means the rendering of services pursuant to s. 466.0227 and any related extraoral services or procedures required in the performance of such services.
(16) “Health access setting” means a program or an institution of the Department of Children and Families, the Department of Health, the Department of Juvenile Justice, a nonprofit community health center, a Head 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 or dental therapy program in this state if such community service program or institution immediately reports to the Board of Dentistry all violations of s. 466.027, s. 466.028, or other practice act or standard of care violations related to the actions or inactions of a dentist, dental hygienist, dental therapist, or dental assistant engaged in the delivery of dental care in such setting.

(17) "School-based prevention program" means preventive oral health services offered at a school by one of the entities defined in subsection (16) or by a nonprofit organization that is exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c)(3) of the Internal Revenue Code.

Section 5. Subsection (2) of section 466.004, Florida Statutes, is amended to read:

466.004 Board of Dentistry.—
(2) To advise the board, it is the intent of the Legislature that councils be appointed as specified in paragraphs (a)-(d). The department shall provide administrative support to the councils and shall provide public notice of meetings and agenda of the councils. Councils shall include at least one board member who shall chair the council and shall include nonboard members. All council members shall be appointed by the board chair. Council members shall be appointed for 4-year terms, and all members shall be eligible for reimbursement of expenses in the manner of board members.
(a) A Council on Dental Hygiene shall be appointed by the board chair and shall include one dental hygienist member of the board, who shall chair the council, one dental member of the board, and three dental hygienists who are actively engaged in the practice of dental hygiene in this state. In making the appointments, the chair shall consider recommendations from the Florida Dental Hygiene Association. The council shall meet at the request of the board chair, a majority of the members of the board, or the council chair; however, the council must meet at least three times a year. The council is charged with the responsibility of and shall meet for the purpose of developing rules and policies for recommendation to the board, which the board shall consider, on matters pertaining to that part of dentistry consisting of educational, preventive, or therapeutic dental hygiene services; dental hygiene licensure, discipline, or regulation; and dental hygiene education. Rule and policy recommendations of the council shall be considered by the board at its next regularly scheduled meeting in the same manner in which it considers rule and policy recommendations from designated subcommittees of the board. Any rule or policy proposed by the board pertaining to the specified part of dentistry defined by this subsection shall be referred to the council for a recommendation before final action by the board. The board may take final action on rules pertaining to the specified part of dentistry defined by this subsection without a council recommendation if the council fails to submit a recommendation in a timely fashion as prescribed by the board.

(b) A Council on Dental Assisting shall be appointed by the board chair and shall include one board member who shall chair
the council and three dental assistants who are actively engaged in dental assisting in this state. The council shall meet at the request of the board chair or a majority of the members of the board. The council shall meet for the purpose of developing recommendations to the board on matters pertaining to that part of dentistry related to dental assisting.

(c) Effective 28 months after the first dental therapy license is granted by the board, a Council on Dental Therapy shall be appointed by the board chair and shall include one board member who shall chair the council and three dental therapists who are actively engaged in the practice of dental therapy in this state. The council shall meet at the request of the board chair, a majority of the members of the board, or the council chair; however, the council must meet at least three times per year. The council is charged with the responsibility of, and shall meet for the purpose of, developing rules and policies for recommendation to the board on matters pertaining to that part of dentistry consisting of educational, preventative, or therapeutic dental therapy services; dental therapy licensure, discipline, or regulation; and dental therapy education. Rule and policy recommendations of the council must be considered by the board at its next regularly scheduled meeting in the same manner in which it considers rule and policy recommendations from designated subcommittees of the board. Any rule or policy proposed by the board pertaining to the specified part of dentistry defined by this subsection must be referred to the council for a recommendation before final action by the board. The board may take final action on rules pertaining to the specified part of dentistry defined by this subsection.
without a council recommendation if the council fails to submit a recommendation in a timely fashion as prescribed by the board.

(d) With the concurrence of the State Surgeon General, the board chair may create and abolish other advisory councils relating to dental subjects, including, but not limited to: examinations, access to dental care, indigent care, nursing home and institutional care, public health, disciplinary guidelines, and other subjects as appropriate. Such councils shall be appointed by the board chair and shall include at least one board member who shall serve as chair.

Section 6. Subsection (4) and paragraph (b) of subsection (6) of section 466.006, Florida Statutes, are amended to read:

466.006 Examination of dentists.—

(4) Notwithstanding any other provision of law in chapter 456 pertaining to the clinical dental licensure examination or national examinations, to be licensed as a dentist in this state, an applicant must successfully complete the following:

(a) A written examination on the laws and rules of the state regulating the practice of dentistry;

(b) A practical or clinical examination, which shall be the American Dental Licensing Examination produced by the American Board of Dental Examiners, Inc., or its successor entity, if any, that is administered in this state and graded by dentists licensed in this state and employed by the department for just such purpose, provided that the board has attained, and continues to maintain thereafter, representation on the board of directors of the American Board of Dental Examiners, the examination development committee of the American Board of Dental Examiners, and such other committees of the American
Board of Dental Examiners as the board deems appropriate by rule to assure that the standards established herein are maintained organizationally. A passing score on the American Dental Licensing Examination administered in this state and graded by dentists who are licensed in this state is valid for 365 days after the date the official examination results are published.

2.a. As an alternative to the requirements of subparagraph 1., an applicant may submit scores from an American Dental Licensing Examination previously administered in a jurisdiction other than this state after October 1, 2011, and such examination results shall be recognized as valid for the purpose of licensure in this state. A passing score on the American Dental Licensing Examination administered out-of-state shall be the same as the passing score for the American Dental Licensing Examination administered in this state and graded by dentists who are licensed in this state. The examination results are valid for 365 days after the date the official examination results are published. The applicant must have completed the examination after October 1, 2011.

b. This subparagraph may not be given retroactive application.

3. If the date of an applicant’s passing American Dental Licensing Examination scores from an examination previously administered in a jurisdiction other than this state under subparagraph 2. is older than 365 days, then such scores shall nevertheless be recognized as valid for the purpose of licensure in this state, but only if the applicant demonstrates that all of the following additional standards have been met:

a.(I) The applicant completed the American Dental Licensing
Examination after October 1, 2011.

   (II) This sub-subparagraph may not be given retroactive application;

   b. The applicant graduated from a dental school accredited by the American Dental Association Commission on Dental Accreditation or its successor entity, if any, or any other dental accrediting organization recognized by the United States Department of Education. Provided, however, if the applicant did not graduate from such a dental school, the applicant may submit proof of having successfully completed a full-time supplemental general dentistry program accredited by the American Dental Association Commission on Dental Accreditation of at least 2 consecutive academic years at such accredited sponsoring institution. Such program must provide didactic and clinical education at the level of a D.D.S. or D.M.D. program accredited by the American Dental Association Commission on Dental Accreditation;

   c. The applicant currently possesses a valid and active dental license in good standing, with no restriction, which has never been revoked, suspended, restricted, or otherwise disciplined, from another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico;

   d. The applicant submits proof that he or she has never been reported to the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, or the American Association of Dental Boards Clearinghouse. This sub-subparagraph does not apply if the applicant successfully appealed to have his or her name removed from the data banks of
these agencies;

e.(I) In the 5 years immediately preceding the date of application for licensure in this state, the applicant must submit proof of having been consecutively engaged in the full-time practice of dentistry in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, or, if the applicant has been licensed in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico for less than 5 years, the applicant must submit proof of having been engaged in the full-time practice of dentistry since the date of his or her initial licensure.

(II) As used in this section, “full-time practice” is defined as a minimum of 1,200 hours per year for each and every year in the consecutive 5-year period or, where applicable, the period since initial licensure, and must include any combination of the following:

(A) Active clinical practice of dentistry providing direct patient care.

(B) Full-time practice as a faculty member employed by a dental, dental therapy, or dental hygiene school approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.

(C) Full-time practice as a student at a postgraduate dental education program approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.

(III) The board shall develop rules to determine what type of proof of full-time practice is required and to recoup the
cost to the board of verifying full-time practice under this section. Such proof must, at a minimum, be:

(A) Admissible as evidence in an administrative proceeding;
(B) Submitted in writing;
(C) Submitted by the applicant under oath with penalties of perjury attached;
(D) Further documented by an affidavit of someone unrelated to the applicant who is familiar with the applicant’s practice and testifies with particularity that the applicant has been engaged in full-time practice; and
(E) Specifically found by the board to be both credible and admissible.

(IV) An affidavit of only the applicant is not acceptable proof of full-time practice unless it is further attested to by someone unrelated to the applicant who has personal knowledge of the applicant’s practice. If the board deems it necessary to assess credibility or accuracy, the board may require the applicant or the applicant’s witnesses to appear before the board and give oral testimony under oath;

f. The applicant must submit documentation that he or she has completed, or will complete, prior to licensure in this state, continuing education equivalent to this state’s requirements for the last full reporting biennium;

g. The applicant must prove that he or she has never been convicted of, or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession in any jurisdiction;

h. The applicant must successfully pass a written examination on the laws and rules of this state regulating the
practice of dentistry and must successfully pass the computer-based diagnostic skills examination; and

  i. The applicant must submit documentation that he or she has successfully completed the National Board of Dental Examiners dental examination.

(6)

(b)1. As used in this section, “full-time practice of dentistry within the geographic boundaries of this state within 1 year” is defined as a minimum of 1,200 hours in the initial year of licensure, which must include any combination of the following:

  a. Active clinical practice of dentistry providing direct patient care within the geographic boundaries of this state.

  b. Full-time practice as a faculty member employed by a dental, dental therapy, or dental hygiene school approved by the board or accredited by the American Dental Association Commission on Dental Accreditation and located within the geographic boundaries of this state.

  c. Full-time practice as a student at a postgraduate dental education program approved by the board or accredited by the American Dental Association Commission on Dental Accreditation and located within the geographic boundaries of this state.

2. The board shall develop rules to determine what type of proof of full-time practice of dentistry within the geographic boundaries of this state for 1 year is required in order to maintain active licensure and shall develop rules to recoup the cost to the board of verifying maintenance of such full-time practice under this section. Such proof must, at a minimum:

  a. Be admissible as evidence in an administrative
b. Be submitted in writing;

c. Be submitted by the applicant under oath with penalties of perjury attached;

d. Be further documented by an affidavit of someone unrelated to the applicant who is familiar with the applicant’s practice and testifies with particularity that the applicant has been engaged in full-time practice of dentistry within the geographic boundaries of this state within the last 365 days; and

e. Include such additional proof as specifically found by the board to be both credible and admissible.

3. An affidavit of only the applicant is not acceptable proof of full-time practice of dentistry within the geographic boundaries of this state within 1 year, unless it is further attested to by someone unrelated to the applicant who has personal knowledge of the applicant’s practice within the last 365 days. If the board deems it necessary to assess credibility or accuracy, the board may require the applicant or the applicant’s witnesses to appear before the board and give oral testimony under oath.

Section 7. Section 466.0075, Florida Statutes, is amended to read:

466.0075 Applicants for examination; medical malpractice insurance.—The board may require any person applying to take the examination to practice dentistry in this state, the examination to practice dental therapy in this state, or the examination to practice dental hygiene in this state to maintain medical malpractice insurance in amounts sufficient to cover any
incident of harm to a patient during the clinical examination.

Section 8. Subsection (1) of section 466.009, Florida Statutes, is amended, and subsection (4) is added to that section, to read:

466.009 Reexamination.—

(1) The department shall allow any person who fails an examination that is required under s. 466.006, or s. 466.007, or s. 466.0225 to retake the examination. If the examination to be retaken is a practical or clinical examination, the applicant shall pay a reexamination fee set by rule of the board in an amount not to exceed the original examination fee.

(4) If an applicant for a license to practice dental therapy fails the practical or clinical examination and has failed one part or procedure of such examination, she or he may be required to retake only that part or procedure to pass such examination. However, if any such applicant fails more than one part or procedure of any such examination, she or he must be required to retake the entire examination.

Section 9. Section 466.011, Florida Statutes, is amended to read:

466.011 Licensure.—The board shall certify for licensure by the department any applicant who satisfies the requirements of s. 466.006, s. 466.0067, or s. 466.007, or s. 466.0225. The board may refuse to certify an applicant who has violated any of the provisions of s. 466.026 or s. 466.028.

Section 10. Section 466.0136, Florida Statutes, is created to read:

466.0136 Continuing education; dental therapists.—In
addition to any other requirements for relicensure for dental therapists specified in this chapter, the board shall require each licensed dental therapist to complete at least 24 hours, but not more than 36 hours, biennially of continuing education in dental subjects in programs approved by the board or in equivalent programs of continuing education. Programs of continuing education approved by the board must be programs of learning that, in the opinion of the board, contribute directly to the dental education of the dental therapist. An individual who is licensed as both a dental therapist and a dental hygienist may use 1 hour of continuing education that is approved for both dental therapy and dental hygiene education to satisfy both dental therapy and dental hygiene continuing education requirements. The board shall adopt rules and guidelines to administer and enforce this section. The dental therapist shall retain in her or his records any receipts, vouchers, or certificates necessary to document completion of the continuing education. Compliance with the continuing education requirements is mandatory for issuance of the renewal certificate. The board may excuse licensees, as a group or as individuals, from all or part of the continuing education requirements if an unusual circumstance, emergency, or hardship prevented compliance with this section.

Section 11. Section 466.016, Florida Statutes, is amended to read:

466.016 License to be displayed.—Every practitioner of dentistry, dental therapy, or dental hygiene within the meaning of this chapter shall post and keep conspicuously displayed her or his license in the office where she or he practices,
in plain sight of the practitioner’s patients. Any dentist, dental therapist, or dental hygienist who practices at more than one location shall be required to display a copy of her or his license in each office where she or he practices.

Section 12. Present subsections (7) and (8) of section 466.017, Florida Statutes, are redesignated as subsections (8) and (9), respectively, paragraphs (d) and (e) of subsection (3), subsection (4), and present subsections (7) and (8) of that section are amended, and a new subsection (7) is added to that section, to read:

466.017 Prescription of drugs; anesthesia.—
(3) The board shall adopt rules which:
(d) Establish further requirements relating to the use of general anesthesia or sedation, including, but not limited to, office equipment and the training of dental assistants, dental therapists, or dental hygienists who work with dentists using general anesthesia or sedation.
(e) Establish an administrative mechanism enabling the board to verify compliance with training, education, experience, equipment, or certification requirements of dentists, dental therapists, dental hygienists, and dental assistants adopted pursuant to this subsection. The board may charge a fee to defray the cost of verifying compliance with requirements adopted pursuant to this paragraph.
(4) A dentist, dental therapist, or dental hygienist who administers or employs the use of any form of anesthesia must possess a certification in either basic cardiopulmonary resuscitation for health professionals or advanced cardiac life support approved by the American Heart Association or the
American Red Cross or an equivalent agency-sponsored course with recertification every 2 years. Each dental office that which uses any form of anesthesia must have immediately available and in good working order such resuscitative equipment, oxygen, and other resuscitative drugs as are specified by rule of the board in order to manage possible adverse reactions.

(7) A dental therapist under the general supervision of a dentist may administer local anesthesia, including intraoral block anesthesia or soft tissue infiltration anesthesia, or both, if she or he has completed the course described in subsection (5) and presents evidence of current certification in basic or advanced cardiac life support.

(8) A licensed dentist, or a dental therapist who is authorized by her or his supervising dentist, may operate utilize an X-ray machine, expose dental X-ray films, and interpret or read such films. Notwithstanding The provisions of part IV of chapter 468 to the contrary notwithstanding, a licensed dentist, or a dental therapist who is authorized by her or his supervising dentist, may authorize or direct a dental assistant to operate such equipment and expose such films under her or his direction and supervision, pursuant to rules adopted by the board in accordance with s. 466.024 which ensure that the said assistant is competent by reason of training and experience to operate the X-ray said equipment in a safe and efficient manner. The board may charge a fee not to exceed $35 to defray the cost of verifying compliance with requirements adopted pursuant to this section.

(9) Notwithstanding The provisions of s. 465.0276 notwithstanding, a dentist need not register with the board or
comply with the continuing education requirements of that section if the dentist confines her or his dispensing activity to the dispensing of fluorides and chlorhexidine rinse solutions; provided that the dentist complies with and is subject to all laws and rules applicable to pharmacists and pharmacies, including, but not limited to, chapters 465, 499, and 893, and all applicable federal laws and regulations, when dispensing such products.

Section 13. Subsection (1) of section 466.018, Florida Statutes, is amended to read:

466.018 Dentist of record; patient records.—

(1) Each patient shall have a dentist of record. The dentist of record shall remain primarily responsible for all dental treatment on such patient regardless of whether the treatment is rendered by the dentist or by another dentist, dental therapist, dental hygienist, or dental assistant rendering such treatment in conjunction with, at the direction or request of, or under the supervision of such dentist of record. The dentist of record shall be identified in the record of the patient. If treatment is rendered by a dentist other than the dentist of record or by a dental hygienist, dental therapist, or dental assistant, the name or initials of such person shall be placed in the record of the patient. In any disciplinary proceeding brought pursuant to this chapter or chapter 456, it shall be presumed as a matter of law that treatment was rendered by the dentist of record unless otherwise noted on the patient record pursuant to this section. The dentist of record and any other treating dentist are subject to discipline pursuant to this chapter or chapter 456 for treatment
rendered to the patient and performed in violation of such chapter. One of the purposes of this section is to ensure that the responsibility for each patient is assigned to one dentist in a multidentist practice of any nature and to assign primary responsibility to the dentist for treatment rendered by a dental hygienist, dental therapist, or dental assistant under her or his supervision. This section shall not be construed to assign any responsibility to a dentist of record for treatment rendered pursuant to a proper referral to another dentist who does not in practice with the dentist of record or to prohibit a patient from voluntarily selecting a new dentist without permission of the dentist of record.

Section 14. Section 466.0225, Florida Statutes, is created to read:

466.0225 Examination of dental therapists; licensing.—

(1) Any person desiring to be licensed as a dental therapist must apply to the department to take the licensure examinations and shall verify the information required on the application by oath. The application must include two recent photographs of the applicant.

(2) An applicant is entitled to take the examinations required under this section and receive licensure to practice dental therapy in this state if the applicant:

(a) Is 18 years of age or older;

(b) Is a graduate of a dental therapy college or school accredited by the American Dental Association Commission on Dental Accreditation or its successor entity, if any, or any other dental therapy accrediting entity recognized by the United States Department of Education. For applicants applying for a
dental therapy license before January 1, 2025, the board shall approve the applicant’s dental therapy education program if the program was administered by a college or school that operates an accredited dental or dental hygiene program and the college or school certifies to the board that the applicant’s education substantially conformed to the education standards established by the American Dental Association Commission on Dental Accreditation;

(c) Has successfully completed a dental therapy practical or clinical examination produced by the American Board of Dental Examiners, Inc., (ADEX) or its successor entity, if any, if the board finds that the successor entity’s examination meets or exceeds the provisions of this section. If an applicant fails to pass such an examination after three attempts, the applicant is not eligible to retake the examination unless the applicant completes additional education requirements as specified by the board. If a dental therapy examination has not been established by the ADEX, the board shall administer or approve an alternative examination;

(d) Has not been disciplined by a board, except for citation offenses or minor violations;

(e) Has not been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession; and

(f) Has successfully completed a written examination on the laws and rules of this state regulating the practice of dental therapy.

(3) An applicant who meets the requirements of this section and who has successfully completed the examinations identified
in paragraph (2)(c) in a jurisdiction other than this state, or
who has successfully completed comparable examinations
administered or approved by the licensing authority in a
jurisdiction other than this state, shall be licensed to
practice dental therapy in this state if the board determines
that the other jurisdiction’s examinations and scope of practice
are substantially similar to those identified in paragraph
(2)(c).

Section 15. Section 466.0227, Florida Statutes, is created
to read:

466.0227 Dental therapists; scope and area of practice.—
(1) The Legislature finds that authorizing licensed dental
therapists to perform the services specified in subsection (3)
would improve access to high-quality, affordable oral health
services for all residents in this state. The Legislature
intends to rapidly improve such access for low-income,
uninsured, and underserved patients and communities. To further
this intent, a dental therapist licensed under this chapter is
limited to practicing dental therapy in the following settings:
(a) A health access setting, as defined in s. 466.003(16).
(b) A community health center, including an off-site care
setting.
(c) A nursing facility.
(d) A military or veterans’ hospital or clinic, including
an off-site care setting.
(e) A governmental or public health clinic, including an
off-site care setting.
(f) A school, Head Start program, or school-based
prevention program, as defined in s. 466.003(17).
(g) An oral health education institution, including an off-site care setting.

(h) A hospital.

(i) A geographic area designated as a dental health professional shortage area by the state or the Federal Government which is not located within a federally designated metropolitan statistical area.

(j) Any other clinic or practice setting if at least 50 percent of the patients served by the dental therapist in such clinic or practice setting:
   1. Are enrolled in Medicaid or another state or local governmental health care program for low-income or uninsured patients; or
   2. Do not have dental insurance and report a gross annual income that is less than 200 percent of the applicable federal poverty guidelines.

(2) Except as otherwise provided in this chapter, a dental therapist may perform the dental therapy services specified in subsection (3) under the general supervision of a dentist to the extent authorized by the supervising dentist and provided within the terms of a written collaborative management agreement signed by the dental therapist and the supervising dentist which meets the requirements of subsection (4).

(3) Dental therapy services include all of the following:
   (a) All services, treatments, and competencies identified by the American Dental Association Commission on Dental Accreditation in its Dental Therapy Education Accreditation Standards.
   (b) The following state-specific services, if the dental
therapist’s education included curriculum content satisfying the American Dental Association Commission on Dental Accreditation criteria for state-specific dental therapy services:

1. Evaluating radiographs.
2. Placement of space maintainers.
3. Pulpotomies on primary teeth.
4. Dispensing and administering nonopioid analgesics including nitrous oxide, anti-inflammatories, and antibiotics as authorized by the supervising dentist and within the parameters of the collaborative management agreement.
5. Oral evaluation and assessment of dental disease and formulation of an individualized treatment plan if authorized by a supervising dentist and subject to any conditions, limitations, and protocols specified by the supervising dentist in the collaborative management agreement.

(4) Before performing any of the services authorized in subsection (3), a dental therapist must enter into a written collaborative management agreement with a supervising dentist. The agreement must be signed by the dental therapist and the supervising dentist and must include:

(a) Practice settings where services may be provided by the dental therapist and the populations to be served by the dental therapist.
(b) Any limitations on the services that may be provided by the dental therapist, including the level of supervision required by the supervising dentist.
(c) Age- and procedure-specific practice protocols for the dental therapist, including case selection criteria, assessment guidelines, and imaging frequency.
(d) A procedure for creating and maintaining dental records for the patients who are treated by the dental therapist.

(e) A plan to manage medical emergencies in each practice setting where the dental therapist provides care.

(f) A quality assurance plan for monitoring care provided by the dental therapist, including patient care review, referral followup, and a quality assurance chart review.

(g) Protocols for the dental therapist to administer and dispense medications, including the specific conditions and circumstances under which the medications are to be dispensed and administered.

(h) Criteria relating to the provision of care by the dental therapist to patients with specific medical conditions or complex medication histories, including requirements for consultation before the initiation of care.

(i) Supervision criteria of dental therapists.

(j) A plan for the provision of clinical resources and referrals in situations that are beyond the capabilities of the dental therapist.

(5) A supervising dentist shall determine the number of hours of practice a dental therapist must complete under direct or indirect supervision of the supervising dentist before the dental therapist may perform any of the services authorized in subsection (3) under general supervision.

(6) A supervising dentist may restrict or limit the dental therapist’s practice in a collaborative management agreement to be less than the full scope of practice for dental therapists which is authorized in subsection (3).

(7) A supervising dentist may authorize a dental therapist
to provide dental therapy services to a patient before the
dentist examines or diagnoses the patient if the authority,
conditions, and protocols are established in a written
collaborative management agreement and if the patient is
subsequently referred to a dentist for any needed additional
services that exceed the dental therapist’s scope of practice or
authorization under the collaborative management agreement.

(8) A supervising dentist must be licensed and practicing
in this state. The supervising dentist is responsible for all
services authorized and performed by the dental therapist
pursuant to the collaborative management agreement and for
providing or arranging followup services to be provided by a
dentist for those services that are beyond the dental
therapist’s scope of practice and authorization under the
collaborative management agreement.

Section 16. Section 466.026, Florida Statutes, is amended
to read:

466.026 Prohibitions; penalties.—
(1) Each of the following acts constitutes a felony of the
third degree, punishable as provided in s. 775.082, s. 775.083,
or s. 775.084:

(a) Practicing dentistry, dental therapy, or dental hygiene
unless the person has an appropriate, active license issued by
the department pursuant to this chapter.

(b) Using or attempting to use a license issued pursuant to
this chapter which license has been suspended or revoked.

(c) Knowingly employing any person to perform duties
outside the scope allowed such person under this chapter or the
rules of the board.
(d) Giving false or forged evidence to the department or board for the purpose of obtaining a license.

(e) Selling or offering to sell a diploma conferring a degree from a dental college, or dental hygiene school or college, or dental therapy school or college, or a license issued pursuant to this chapter, or procuring such diploma or license with intent that it shall be used as evidence of that which the document stands for, by a person other than the one upon whom it was conferred or to whom it was granted.

(2) Each of the following acts constitutes a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083:

(a) Using the name or title “dentist,” the letters “D.D.S.” or “D.M.D.”, or any other words, letters, title, or descriptive matter which in any way represents a person as being able to diagnose, treat, prescribe, or operate for any disease, pain, deformity, deficiency, injury, or physical condition of the teeth or jaws or oral-maxillofacial region unless the person has an active dentist’s license issued by the department pursuant to this chapter.

(b) Using the name “dental hygienist” or the initials “R.D.H.” or otherwise holding herself or himself out as an actively licensed dental hygienist or implying to any patient or consumer that she or he is an actively licensed dental hygienist unless that person has an active dental hygienist’s license issued by the department pursuant to this chapter.

(c) Using the name “dental therapist” or the initials “D.T.” or otherwise holding herself or himself out as an actively licensed dental therapist or implying to any patient or
consumer that she or he is an actively licensed dental therapist unless that person has an active dental therapist’s license issued by the department pursuant to this chapter.

(d) Presenting as her or his own the license of another.

(e) Knowingly concealing information relative to violations of this chapter.

(f) Performing any services as a dental assistant as defined herein, except in the office of a licensed dentist, unless authorized by this chapter or by rule of the board.

Section 17. Paragraphs (b), (c), (g), (s), and (t) of subsection (1) of section 466.028, Florida Statutes, are amended to read:

466.028 Grounds for disciplinary action; action by the board.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(b) Having a license to practice dentistry, dental therapy, or dental hygiene revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.

(c) Being convicted or found guilty of or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of dentistry, dental therapy, or dental hygiene. A plea of nolo contendere shall create a rebuttable presumption of guilt to the underlying criminal charges.

(g) Aiding, assisting, procuring, or advising any unlicensed person to practice dentistry, dental therapy, or dental hygiene contrary to this chapter or to a rule of the
department or the board.

(s) Being unable to practice her or his profession with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition.

In enforcing this paragraph, the department shall have, upon a finding of the State Surgeon General or her or his designee that probable cause exists to believe that the licensee is unable to practice dentistry, dental therapy, or dental hygiene because of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians designated by the department. If the licensee refuses to comply with such order, the department’s order directing such examination may be enforced by filing a petition for enforcement in the circuit court where the licensee resides or does business. The licensee against whom the petition is filed shall not be named or identified by initials in any public court records or documents, and the proceedings shall be closed to the public. The department shall be entitled to the summary procedure provided in s. 51.011. A licensee affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that she or he can resume the competent practice of her or his profession with reasonable skill and safety to patients.

(t) Fraud, deceit, or misconduct in the practice of dentistry, dental therapy, or dental hygiene.

Section 18. Paragraphs (a) and (b) of subsection (1) of section 466.0285, Florida Statutes, are amended to read:

466.0285 Proprietorship by nondentists.—
(1) No person other than a dentist licensed pursuant to this chapter, nor any entity other than a professional corporation or limited liability company composed of dentists, may:

(a) Employ a dentist, a dental therapist, or a dental hygienist in the operation of a dental office.

(b) Control the use of any dental equipment or material while such equipment or material is being used for the provision of dental services, whether those services are provided by a dentist, a dental therapist, a dental hygienist, or a dental assistant.

Any lease agreement, rental agreement, or other arrangement between a nondentist and a dentist whereby the nondentist provides the dentist with dental equipment or dental materials shall contain a provision whereby the dentist expressly maintains complete care, custody, and control of the equipment or practice.

Section 19. The Department of Health, in consultation with the Board of Dentistry and the Agency for Health Care Administration, shall submit a progress report to the President of the Senate and the Speaker of the House of Representatives by July 1, 2023, and a final report 3 years after the first dental therapy license is issued. The reports must include all of the following components:

(1) The progress that has been made in this state to implement dental therapy training programs, licensing, and Medicaid reimbursement.

(2) Data demonstrating the effects of dental therapy in
this state on:

(a) Patient access to dental services;
(b) The use of primary and preventive dental services in underserved regions and populations, including the Medicaid population;
(c) Costs to dental providers, patients, dental insurance carriers, and the state; and
(d) The quality and safety of dental services.

(3) Specific recommendations for any necessary legislative, administrative, or regulatory reform relating to the practice of dental therapy.

(4) Any other information the department deems appropriate.

Section 20. This act shall take effect July 1, 2020.