

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 225 Dentistry and Dental Hygiene

SPONSOR(S): Costello and others

TIED BILLS: **IDEN./SIM. BILLS:** SB 446

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health & Human Services Quality Subcommittee	12 Y, 0 N	Holt	Calamas
2) Business & Consumer Affairs Subcommittee			
3) Health Care Appropriations Subcommittee			
4) Health & Human Services Committee			

SUMMARY ANALYSIS

The bill expands the scope and area of practice for dental hygienists by authorizing a dental hygienist to perform certain remediable tasks without the physical presence, prior examination or prior authorization by a dentist, if the tasks are performed in a health access setting, which the bill defines as any of the following settings:

- the Department of Children and Family Services;
- the Department of Health;
- the Department of Juvenile Justice;
- Nonprofit community health centers;
- Head Start centers;
- Federally qualified health centers (FQHCs);
- FQHC look-alikes as defined by federal law;
- Clinics operated by accredited colleges of dentistry located in Florida;
- School-based prevention; and
- Accredited dental hygiene programs.

Remediable task are intraoral treatments that are reversible and do not create unalterable changes within the oral cavity or the associated structures, and do not cause an increased risk to the patient. The bill authorizes dental hygienist to perform the following remediable tasks in a health access setting:

- Dental charting;
- Measuring and recording a patient's blood pressure rate, pulse rate, respiration rate, and oral temperature;
- Recording a patient's case history;
- Applying approved topical fluorides, including fluoride varnishes;
- Applying dental sealants;

Furthermore, prior to any of the tasks being performed the patient must be provided a written disclaimer. The bill requires that dental hygienist is required to maintain professional malpractice insurance, comply with federal and state patient referral laws, anti-kickback laws, and patient brokering laws.

The bill has no fiscal impact to the state or local governments.

The bill provides an effective date of upon becoming a law.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

The bill expands the scope and area of practice for dental hygienists by authorizing a dental hygienist to perform certain remediable tasks without supervision if they are performed in a health access setting. The bill expands the definition of health access setting to include school-based prevention and accredited dental hygiene programs.

Background

The U.S. Surgeon General's 2000 Report, *Oral Health in America: A Report of the Surgeon General* (Report), concluded that "oral health is essential to the general health and well-being of all Americans and can be achieved by all Americans."¹ The Report stated that there is a "silent epidemic" of dental and oral diseases that "restricts activities in school, work and home, and often significantly diminishes the quality of life." Furthermore, new research is pointing to associations between chronic oral infections and heart and lung diseases, stroke, and low-birth-weight, premature births.² The burden of oral disease tends to be borne heavily by individuals with low socioeconomic status; the very young and the elderly; individuals living in isolated areas; and those individuals with special needs. Additionally, access to dental care is disproportionately distributed depending on racial, ethnic, geographic, and socioeconomic factors.³

Some states are investigating the development of a new mid-level dental provider modeled after nurse practitioners which are used in the medical field as physician extenders.⁴ A variety of models are currently under consideration or in various stages of development by different dental organizations.⁵ Many states are considering increased utilization of dental assistants in expanded functions and others are considering unsupervised practice of dental hygienists in public health programs.⁶ Increasing the numbers of dental auxiliaries, expanding their duties, reducing the level of supervision, or allowing physicians to supervise dental hygienists are ways to increase the capacity of dental practices and clinics or increase access to dental care.⁷

The number of dentists per 100,000 population (the dentist to population ratio) is declining as the population grows.⁸ The dentist to population ratio is an indication of the availability of dentists to a given population. In 2004, the national dentist to population ratio was 58.0. The same year, Florida had a dentist to population ratio of 49.97 with a range of 0.00 in Glades and Union Counties to 91.00 in Alachua County (which is attributed to the University of Florida's College of Dentistry's).⁹

¹ U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research, *Oral Health in America: A 2000 Report of the Surgeon General*, available at: <http://www.surgeongeneral.gov/library/oralhealth/> (last viewed March 16, 2011).

² *Id.*

³ Florida Department of Health, Health Practitioner Oral Healthcare Workforce Ad Hoc Committee Report (February 2009), available at: <http://www.doh.state.fl.us/Family/dental/OralHealthcareWorkforce/index.html> (last viewed March 16, 2011).

⁴ *Id.*

⁵ The advanced dental hygiene practitioner by the American Dental Hygiene Association; community dental health coordinator and the oral preventative assistant by the American Dental Association.

⁶ The states considering expanding the functions of dental assistants are: Kentucky, Indiana, Minnesota, Missouri, Pennsylvania, Ohio, California, Massachusetts, Tennessee, Wyoming and Washington. The states considering unsupervised practice of dental hygienists are: Arizona, California, Connecticut, Iowa, Kansas, Maine, Michigan, Minnesota, Missouri, Nevada, Oklahoma, Oregon, Texas and Washington. See Florida Department of Health, Health Practitioner Oral Healthcare Workforce Ad Hoc Committee Report (February 2009), available at: <http://www.doh.state.fl.us/Family/dental/OralHealthcareWorkforce/index.html> (last viewed March 16, 2011).

⁷ *Id.*

⁸ *Id.*

⁹ Florida Department of Health, Health Practitioner Oral Healthcare Workforce Ad Hoc Committee Report (February 2009), available at: <http://www.doh.state.fl.us/Family/dental/OralHealthcareWorkforce/index.html> (last viewed March 16, 2011).

As of June 30, 2010, there were 10,278 active in-state licensed dental hygienists and 9,827 active in-state licensed dentists.¹⁰

Health Practitioner Oral Health Care Ad Hoc Committee

In 2007, the State Surgeon General established the Florida Health Practitioner Oral Healthcare Workforce Ad Hoc Committee (Committee) to act as the advisory body for the State oral healthcare workforce initiative. In February 2009, the Committee released a report outlining numerous recommendations to strategically address Florida's dental workforce challenges.

The Committee recommended that the state investigate policy reform that would expand the scope of practice and eliminate or reduce supervisory requirements for dental hygienists practicing in health access settings in order to improve access to dental care.¹¹ The Committee recommended allowing dental hygienists to practice under an expanded scope of practice without the presence or prior authorization of a dentist. However, the Committee recognized that dental hygienists may need to be affiliated with a dentist in a health access setting to perform designated preventive dental services with a reduced or no supervision requirements and without the need for prior authorization to conduct an examination.¹²

The Committee noted that dental hygienists should possess a level of experience, receive appropriate training, and acquire the necessary certification. The Committee recommended that dental hygienists be allowed to perform the following tasks without supervision or prior authorization:¹³

- Dental charting;
- Prophylaxis;
- Scaling (no root planning or curettage);
- Fluoride varnishes;
- Topical fluorides; and
- Dental sealants.

Delegated Tasks

There are two types of tasks within the practice of dentistry that specify delegation parameters for dentists¹⁴:

- "Irremediable tasks" are those intraoral treatment tasks which, when performed, are irreversible and create unalterable changes within the oral cavity or the contiguous structures or which cause an increased risk to the patient. The administration of anesthetics other than topical anesthesia and the use of a laser or laser device of any type are considered to be "irremediable tasks".¹⁵
- "Remediable tasks" are those intraoral treatment tasks which are reversible and do not create unalterable changes within the oral cavity or the contiguous structures and which do not cause an increased risk to the patient.¹⁶

A dentist may only delegate remediable tasks to a dental assistant or a dental hygienist when the tasks pose no risk to the patient.

¹⁰ The Florida Department of Health, Division of Medical Quality Assurance, Annual Report for July 1, 2009 to June 30, 2010.

¹¹ *Id.*

¹² Florida Department of Health, Health Practitioner Oral Healthcare Workforce Ad Hoc Committee Report (February 2009), available at: <http://www.doh.state.fl.us/Family/dental/OralHealthcareWorkforce/index.html> (last viewed March 16, 2011).

¹³ *Id.*

¹⁴ Dental hygienists are regulated by ss. 466.023, 466.0235, and 466.024, F.S.

¹⁵ S. 466.003(11), F.S. and 64B5-16.001, F.A.C.

¹⁶ S. 466.003(12), F.S.

Levels of Supervision

There are three levels of supervision within the Practice of Dentistry:

- Under “direct supervision”, a dentist diagnoses the condition to be treated, a dentist authorizes the procedure to be performed, a dentist remains on the premises while the procedures are performed, and a dentist approves the work performed before dismissal of the patient.¹⁷
- Under “indirect supervision”, a dentist examines a patient, diagnoses a condition to be treated, authorizes the procedure, and a dentist is on the premises while the procedures are performed.¹⁸
- Under “general supervision¹⁹”, a dentist authorizes the procedure being carried out but is not required to be present when the authorized procedure is being performed.²⁰ The authorized procedure may be performed at a place other than the dentist’s usual place of practice. Furthermore, general supervision requires that a dentist examine the patient, diagnose the condition to be treated, and then authorize a procedure to be performed.²¹ Any authorization for remediable tasks to be performed under general supervision is valid for a maximum of 13 months; after which, no further treatment under general supervision can be performed without another clinical exam by a licensed dentist.²²

The state regulates and licenses dental hygienists but does not regulate dental assistants. A dental assistant is a person, other than a dental hygienist, who, under the supervision and authorization of a dentist, provides dental care services directly to a patient.²³ All tasks delegable to a dental assistant are delegable to a dental hygienist under the same supervision level.²⁴ All levels of supervision require that a dental hygienist or dental assistant receive the appropriate formal training or on-the job training to be qualified to perform delegated tasks.²⁵

Supervision Requirements for Delegable Tasks	
Dental Assistant ²⁶	Dental Hygienist ²⁷
Direct Supervision	
Not authorized.	Gingival curettage ²⁸
Not authorized.	Apply bleaching solution, activate light source, monitor and remove in-office bleaching materials
Placing or removing temporary restorations with non-mechanical hand instruments only	Same
Polishing dental restorations of the teeth when not for the purpose of changing the existing contour of the tooth and only with certain instruments	Same
Polishing clinical crowns when not for the purpose of changing the existing contour of the tooth and only with certain instruments	Same
Removing excess cement from dental restorations and appliances with non-mechanical hand instruments only	Same
Cementing temporary crowns and bridges with temporary cement	Same
Monitor the administration of the nitrous-oxide oxygen making adjustments only during this administration and turning it off at the completion of the dental procedure	Same

¹⁷ S. 466.003(8), F.S.

¹⁸ S. 466.003(9), F.S. and 64B5-16.001(5), F.A.C.

¹⁹ The issuance of a written work authorization to a commercial dental laboratory by a dentist does not constitute general supervision.

²⁰ S. 466.003(10), F.S.

²¹ 64B5-16.001(6), F.A.C.

²² 64B5-16.001(7), F.A.C.

²³ s. 466.003(6), F.S.

²⁴ 64B5-16.001(8), F.A.C.

²⁵ 64B5-16.005 and 64B5-16.006, F.A.C.

²⁶ ss. 466.003, 466.024 and 64B5-16.005, F.A.C.

²⁷ ss. 466.003, 466.023, 466.024, F.S. and 64B5-16.007, F.A.C.

²⁸ Gingival curettage is a process where a spoon-shaped instrument is used to remove the soft tissue lining of a periodontal pocket which contains bacteria and diseased tissue.

Selecting and pre-sizing orthodontic bands including the selection of the proper size band for a tooth to be banded which does not include or involve any adapting, contouring, trimming or otherwise modifying the band material such that it would constitute fitting the band	Same
Selecting and pre-sizing archwires prescribed by the patient's dentist so long as the dentist makes all final adjustments to bend, arch form determination, and symmetry prior to final placement	Same
Selecting prescribed extra-oral appliances by pre-selection or pre-measurement which does not include final fit adjustment	Same
Preparing a tooth surface by applying conditioning agents for orthodontic appliances by conditioning or placing of sealant materials which does not include placing brackets	Same
Using appropriate implements for preliminary charting of existing restorations and missing teeth and a visual assessment of existing oral conditions	Same
Fabricating temporary crowns or bridges intra-orally which shall not include any adjustment of occlusion to the appliance or existing dentition	Same
Packing and removing retraction cord, so long as it does not contain vasoactive chemicals and is used solely for restorative dental procedures	Same
Removing and recementing properly contoured and fitting loose bands that are not permanently attached to any appliance	Same
Inserting or removing dressings from alveolar sockets in post-operative osteitis when the patient is uncomfortable due to the loss of a dressing from an alveolar socket in a diagnosed case of post-operative osteitis	Same
Making impressions for study casts which are being made for the purpose of fabricating orthodontic retainers	Same
Taking of impressions for and delivery of at-home bleaching trays	Same
Taking impressions for passive appliance, occlusal guards, space maintainers and protective mouth guards	Same
Applying topical anesthetics and anti-inflammatory agents which are not applied by aerosol or jet spray	Same
Changing of bleach pellets in the internal bleaching process of non-vital, endodontically treated teeth after the placement of a rubber dam. A dental assistant may not make initial access preparation	Same
Dental Assistant	Dental Hygienist
Indirect Supervision	
Not authorized.	Root planning ²⁹
Not authorized.	Placing subgingival resorbable chlorhexidine, doxycycline hyclate, or minocycline hydrochloride
Not authorized.	Removal of excess remaining bonding adhesive or cement following orthodontic appliance removal with certain instruments.
Not authorized.	Taking of impressions for and delivery of at-home bleaching trays
Not authorized.	Marginating restorations with finishing burs, green stones, and/or burlew wheels with slow-speed rotary instruments which are not for the purpose of changing existing contours or occlusion
Not authorized.	Taking impressions for passive appliances, occlusal guards, space maintainers and protective mouth guards
Not authorized.	Cementing temporary crowns and bridges with temporary cement
Not authorized.	Monitor the administration of the nitrous-oxide oxygen making adjustments only during this administration and turning it off at the completion of the dental procedure
Not authorized.	Monitor and remove in-office bleaching materials, after placement of bleach by dentist
Making impressions for study casts which are not being made for the purpose of fabricating any intra-oral appliances, restorations or orthodontic appliances	Same
Making impressions to be used for creating opposing models or the fabrication of bleaching stents and surgical stents to be used for the purpose of providing palatal coverage as well as impressions used for fabrication of topical fluoride trays for home application	Same
Placing periodontal dressings	Same
Removing periodontal or surgical dressings	Same
Placing or removing rubber dams	Same
Placing or removing matrices	Same
Applying cavity liners, varnishes or bases	Same

²⁹ The procedure of scraping plaque off of teeth below the gum line or on the root of the tooth.

Applying topical fluorides which are approved by the American Dental Association or the Food and Drug Administration, including the use of fluoride varnishes	Same
Positioning and exposing dental and carpal radiographic film and sensors	Same
Applying sealants	Same
Placing or removing prescribed pre-treatment separators	Same
Securing or unsecuring an archwire by attaching or removing the fastening device	Same
Removing sutures	Same
Retraction of lips, cheeks and tongue	Same
Irrigation and evacuation of debris not to include endodontic irrigation	Same
Placement and removal of cotton rolls	Same
Taking and recording a patient's blood pressure, pulse rate, respiration rate, case history and oral temperature	Same
Removing excess cement from orthodontic appliances with non-mechanical hand instruments only	Same
Dental Assistant	Dental Hygienist
General Supervision	
Not authorized.	Place and expose dental and carpal radiographic film and sensors
Not authorized.	Remove calculus deposits, accretions and stains from exposed surfaces of the teeth and from the tooth surfaces within the gingival sulcus (prophylaxis)
Not authorized.	Polishing clinical crowns of the teeth which is not for the purpose of changing the existing contour of the teeth and only with the following instruments used with appropriate polishing materials - slow-speed hand pieces, bristle brushes, rubber cups, porte polishers and air-abrasive polishers
Not authorized.	Polishing restorations which is not for the purpose of changing the existing contour of the tooth and only with the following instruments used with appropriate polishing materials - burnishers, slow-speed hand pieces, rubber cups, and bristle brushes
Not authorized.	Applying topical fluorides which are approved by the American Dental Association or the Food and Drug Administration, including the use of fluoride varnishes
Not authorized.	Removing excess cement from dental restorations and appliances with non-mechanical hand instruments or ultrasonic scalers only
Not authorized.	Placing periodontal or surgical dressings
Not authorized.	Removing periodontal or surgical dressings
Not authorized.	Removing sutures
Not authorized.	Using appropriate implements to pre-assess and chart suspected findings of the oral cavity
Not authorized.	Applying sealants
Not authorized.	Placing or removing prescribed pre-treatment separators
Not authorized.	Insert and/or perform minor adjustments to sports mouth guards and custom fluoride trays
Not authorized.	Applying topical anesthetics and anti-inflammatory agents which are not applied by aerosol or jet spray
Not authorized.	Taking or recording patients' blood pressure rate, pulse rate, respiration rate, case history and oral temperature
Not authorized.	Retracting lips, cheeks and tongue
Not authorized.	Irrigating and evacuating debris not to include endodontic irrigation
Not authorized.	Placing and removing cotton rolls
Not authorized.	Placing or removing temporary restorations with non-mechanical hand instruments only
Not authorized.	Obtaining bacteriological cytological (plaque) specimens, which do not involve cutting of the tissue and which do not include taking endodontic cultures, to be examined under a microscope for educational purposes
Instructing patients in oral hygiene care and supervising oral hygiene care	Same
Provide educational programs, faculty or staff programs, and other educational services which do not involve diagnosis or treatment of dental conditions	Same
Fabricating temporary crowns or bridges in a laboratory	Same
Dental Assistant	Dental Hygienist
No Supervision Requirement	
Not authorized.	Provide educational programs
Not authorized.	Provide faculty or staff training programs
Not authorized.	Authorize fluoride rinse programs
Not authorized.	Apply fluoride varnishes
Not authorized.	Instruct and supervise patients in oral hygiene care
Not authorized.	Other services which do not involve diagnosis or treatment of dental conditions

Practice Settings

Section 466.003, F.S., provides that a health access setting is considered the following settings:

- the Department of Children and Family Services;
- the Department of Health;
- the Department of Juvenile Justice;
- Nonprofit community health centers;
- Head Start centers;
- Federally qualified health centers (FQHCs);
- FQHC look-alikes as defined by federal law; and
- Clinics operated by accredited colleges of dentistry located in Florida.

These entities are required to immediately report to the Board of Dentistry all violations of sexual misconduct, and incidents that are grounds for disciplinary action that impact the standard of care or are related to the actions or inactions of a dentist, dental hygienist, or dental assistant engaged in the delivery of dental care in such settings.

Generally, a dental hygienist may perform delegated tasks:³⁰

- In the office of a licensed dentist;
- In the following entities under general supervision of a dentist:
 - the Department of Children and Family Services,
 - the Department of Health, and
 - the Department of Juvenile Justice .
- Under a valid 2 year prescription signed by a dentist in:
 - Licensed public and private health facilities;
 - Other public institutions of the state and federal government;
 - Public and private educational institutions;
 - The home of a non-ambulatory patient; and
 - Other places in accordance with the rules of the board.

Additionally, a dental hygienist may without supervision perform dental charting³¹ of hard and soft tissues in:³²

- Public and private educational institutions of the state and federal government,
- Nursing homes;
- Assisted living facilities;
- Community health centers;
- County health departments;
- Mobile dental or health units;
- Epidemiological surveys for public health.

The Effect of the Bill

The bill authorizes a dental hygienist to perform the following remediable tasks without supervision in any practice setting:

- Apply fluorides;
- Instruct a patient in oral hygiene care; and
- Supervise the oral hygiene care of a patient.

The bill amends the definition of a “health access setting” to include a school-based prevention program and an accredited dental hygiene program. The bill creates a new definition for “school-based

³⁰ s. 466.023(2), F.S.

³¹ Dental charting is the recording of visual observations of clinical conditions of the oral cavity without the use of X rays, laboratory tests, or other diagnostic methods or equipment, except the instruments necessary to record visual restorations, missing teeth, suspicious areas, and periodontal pockets. *See* s. 466.0235(1), F.S.

³² s. 466.0235(2), F.S.

prevention program” to mean preventative oral health services offered at a school by one of the entities included in the definition of a health access setting 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.

The bill expands the scope and area of practice for dental hygienists by authorizing a dental hygienist to perform certain remediable tasks without the physical presence, prior examination or prior authorization by a dentist (no supervision requirements) if the tasks are performed in a health access setting:

- Perform dental charting;
- Measure and record a patient’s blood pressure rate, pulse rate, respiration rate, and oral temperature;
- Record a patient’s case history;
- Apply approved topical fluorides, including fluoride varnishes;
- Apply dental sealants;

Additionally, a dental hygienist is allowed to remove calculus deposits, accretions, and stains from exposed surfaces of the teeth and from tooth surfaces within the gingival sulcus.³³ However, the bill places conditions on the provision of these services such that they may be performed only after a dentist or physician provides a medical clearance, and a dentist is required to conduct an examination within 13 months of a patient receives any of these treatments. Additionally, a dental hygienist may not perform any additional treatments/services until the patient receives a physical examination by a dentist.

Prior to any of the tasks being performed on a patient in a health access setting the patient must be provided a written disclaimer that states:

“The services being offered are not a substitute for a comprehensive medical exam by a dentist. The diagnosis of caries, soft tissue disease, oral cancer, temporomandibular joint disease, and dentofacial malocclusions will be completed only by a dentist in the context of delivering a comprehensive dental exam.”

Moreover, the bill states that any dental hygienist that performs any of the remedial tasks provided in a health access setting must comply with federal and state patient referral laws, anti-kickback laws, and patient brokering laws. The dental hygienist is also encouraged to establish a dental home for patients they treat and are required to maintain professional malpractice insurance coverage of at least \$100k per occurrence and \$300k in the aggregate either through the health access setting or individual policy. This is the same level of medical malpractice insurance required of a licensed dentist.³⁴

The bill also clarifies that the operators of a health access setting may bill for reimbursement, make and maintain any records necessary to obtain reimbursement for any services provided by a dental hygienist.

B. SECTION DIRECTORY:

- Section 1.** Amends s. 466.003, F.S., relating to definitions.
- Section 2.** Amends s. 466.023, F.S., relating to dental hygienists scope and area of practice.
- Section 3.** Amends s. 466.0235, F.S., relating to dental charting.
- Section 4.** Amends s. 466.024, F.S., relating to delegation of duties and expanded functions.
- Section 5.** Amends s. 466.006, F.S., relating to examination of dentists.
- Section 6.** Amends s. 466.0067, F.S., relating to application for health access dental license.
- Section 7.** Amends s. 466.00672, F.S., relating to revocation of health access dental license.
- Section 8.** Provides an effective date of upon becoming a law.

³³ The gingival sulcus is the natural space found between the tooth and the gum tissue that surrounds the tooth.

³⁴ ch. 64B5-17.011, F.A.C.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to: require counties or municipalities to spend funds or take an action requiring the expenditure of funds; reduce the authority that counties or municipalities have to raise revenues in the aggregate; or reduce the percentage of a state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The Board of Dentistry currently has sufficient rule-making authority to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Lines 132-153, provides that a dental hygienist may perform certain remediable tasks in a health access setting without the physical presence, prior examination, or authorization by a dentist. However, lines 148-159 provides exceptions to these provisions requiring a medical clearance and an examination, if a dental hygienist is removing calculus deposits, accretions, and stains from the surfaces of the teeth and from surfaces within the gingival sulcus, thus creating a conflict.

Lines 184-186 references anti-kickback laws and patient referral laws. This language is duplicative of ss. 456.053 and 456.054, F.S., which applies to health professions regulated by the DOH, including dental hygienists regulated by chapter 466, F.S.

On line 187, is required to encourage the establishment of a dental home. The term “dental home” is not defined by the bill or current law.

Lines 188-191, may be unnecessary since s. 466.0075, F.S., already provides the Board of Dentistry the rule-making authority to require licensed dental hygienists to carry medical malpractice insurance. Currently, the board does not require dental hygienist to carry medical malpractice insurance by rule.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

None.