

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

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BILL #: [HB 363](#)

TITLE: Dental Therapy

SPONSOR(S): Chaney

COMPANION BILL: None

LINKED BILLS: None

RELATED BILLS: None

Committee References

[Health Professions & Programs](#)

13 Y, 3 N



[Health & Human Services](#)

SUMMARY

Effect of the Bill:

HB 363 creates the new licensed profession of “dental therapist.” Dental therapists are mid-level dental care providers who provide services under the supervision of a licensed dentist. The bill establishes a framework for the licensure and regulation of dental therapists, including eligibility, scope of practice, and practice requirements.

The bill authorizes dental hygienists who are appropriately certified to administer local anesthesia under the general supervision of a licensed dentist, a lower level of supervision than what is required under current law.

The bill also expands the conditions under which Medicaid is allowed to provide reimbursement for dental services provided in a mobile dental unit.

Fiscal or Economic Impact:

The Department of Health (DOH) will incur an indeterminate, recurring negative fiscal impact related to the licensure and regulation of dental therapy. DOH anticipates the need for one additional full-time employee (FTE) in order to accommodate the increase in workload. DOH estimates a total annual cost of approximately \$240,634 (\$123,105 recurring/\$117,240 non-recurring) to implement the provisions of the bill.

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ANALYSIS

EFFECT OF THE BILL:

Dental Therapy

HB 363 establishes the new licensed profession of “[dental therapy](#),” to be licensed and regulated by the Department of Health (DOH) and [Board of Dentistry](#) (BOD). Under the bill, licensed dental therapists are mid-level dental care professionals who are trained to provide a scope of dental care between that of a [dental hygienist](#) and a [dentist](#). Dental therapists may only provide services under the supervision of a licensed dentist, and only a Florida-licensed dentist may employ or supervise a dental therapist under the bill. (Sections [4](#), [14](#), and [17](#)).

Dental Therapist Licensure

The bill establishes licensure requirements for dental therapists. To be eligible for licensure as a dental therapist, a person must apply to DOH and meet the following requirements:

- Be at least 18 years of age;
- Have graduated from a dental therapy school or college accredited by the American Dental Association Commission on Dental Accreditation ([CODA](#)), or accredited by any other dental therapy accrediting entity recognized by the US Department of Education;

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- Successfully complete a dental therapy practical or clinical exam produced by the American Board of Dental Examiners (ADEX) within three attempts;
- Not have been disciplined by the BOD with the exception of minor violations or citations;
- Not have been convicted, or pled nolo contendere to a misdemeanor or felony related to the practice of dental therapy; and
- Pass a written exam on the laws and rules regulating the practice of dental therapy. (Sections 8 and 13).

The bill establishes procedures for applicants who fail portions of the licensure exam. (Section 7).

The bill requires dental therapists to complete at least 24 hours and up to 36 hours of continuing education biennially in order to maintain licensure, pursuant to BOD rule. The continuing education must be approved by the BOD and contribute directly to the dental education of the dental therapist. Individuals who are licensed as both a dental therapist and dental hygienist may use two hours of continuing education to satisfy both dental therapy and dental hygiene continuing education requirements. The bill allows the BOD to excuse licensees from the continuing education requirements due to unusual circumstance, emergency, or hardship.¹ (Section 9).

The bill makes unlicensed practice of dental therapy is a third degree felony and the use of the title “dental therapist,” the initials “D.T.,” or otherwise fraudulently holding oneself out as a licensed dental therapist is a first degree misdemeanor.² (Section 15 and 18).

Scope of Practice

The bill authorizes licensed dental therapists, subject to a written collaborative management agreement with a supervising dentist, to perform all of the services, treatments, and competencies listed in the table below.³ (Section 14).

Dental Therapy Scope	
Oral evaluation and assessment of dental disease and formulation of an individualized treatment plan	Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis
Identify oral and systemic conditions requiring evaluation and/or treatment by dentists, physicians or other healthcare providers, and manage referrals	Applying topical preventive or prophylactic agents, including fluoride varnish, antimicrobial agents, and pit and fissure sealants
Comprehensive charting of the oral cavity	Applying desensitizing medication or resin
Pulp vitality testing	Fabricating athletic mouthguards and soft occlusal guards
Exposure and evaluation of radiographic images	Changing periodontal dressings
Dental prophylaxis including sub-gingival scaling and/or polishing procedures	Administering local anesthetic and nitrous oxide
Dispensing and administering via the oral and/or topical route non-narcotic analgesics, anti-inflammatory, and antibiotic medications as prescribed by a licensed healthcare provider	Nonsurgical extraction of periodontally diseased permanent teeth with tooth mobility of +3 to +4 to the extent authorized in the dental therapist's collaborative management agreement, except

¹ This requirement is consistent with the continuing education requirements for dental hygienists. See, ss. 466.0135, F.S., and 466.014, F.S., for continuing education requirements for dentists and dental hygienists.

² This is consistent with existing prohibitions related to the unlicensed practice of dentistry and dental hygiene. See, s. 466.026, F.S.

³ See, Commission on Dental Accreditation, *Accreditation Standards for Dental Therapy Education Programs* (2023). Available at https://coda.ada.org/-/media/project/ada-organization/ada/coda/files/dental_therapy_standards.pdf?rev=19eb824b20474dbbae0e92061072b944&hash=F0AF0859DEB9D7DBCE733776254F78D5 (last visited December 4, 2025).

	for the extraction of a tooth that is unerupted, impacted, or fractured or that needs to be sectioned for removal
Fabrication and placement of single-tooth temporary crowns	Indirect and direct pulp capping on permanent teeth, indirect pulp capping on primary teeth and permanent teeth
Preparation and placement of direct restoration in primary and permanent teeth	Emergency palliative treatment of dental pain for dental therapy services
Recementing of a permanent crown	Simple extraction of erupted primary teeth
Preparation and placement of preformed crowns on primary teeth	Minor adjustments and repairs on removable prostheses
Intraoral suture placement and removal	Placement and removal of space maintainers
Pulpotomy on primary teeth	Tooth reimplantation and stabilization

The bill allows the BOD to expand the services, treatments, and procedures included in the scope of dental therapists by rule. (Section [14](#)).

The bill authorizes a dental therapist to administer local anesthesia under the general supervision of a licensed dentist if they have successfully completed an [accredited or BOD-approved course](#)⁴ on the administration of anesthesia and have been issued a certificate by DOH affirming that they are certified in basic or advanced cardiac life support. A dental therapist must notify the BOD of any adverse incidents related to the administration of local anesthesia within 48 hours of the incident and submit a written report within 30 days.⁵ (Section [11](#)).

Dentist Supervision of Dental Therapists

A dental therapist may only provide dental therapy services under the [supervision](#) of a Florida-licensed dentist and pursuant to the terms of a written collaborative management agreement with the supervising dentist. The bill allows dental therapists to provide services under general supervision in all practice settings to the extent authorized under the written collaborative management agreement.⁶ (Section [14](#)).

The supervising dentist may limit the dental therapist's scope of practice and may require the dental therapist practice under a higher level of supervision for a set number of hours prior to providing services under general supervision through the written collaborative management agreement. If a patient requires follow-up services that exceed the permitted scope of the dental therapist, the supervising dentist is responsible for providing or arranging such services. The supervising dentist is ultimately responsible for all services performed by the dental therapist in accordance with the written collaborative management agreement. (Section [14](#)).

The written collaborative management agreement must include:

- Practice settings where the dental therapist may provide services and to what populations;
- Any limitations on the scope of services that the dental therapist may provide;

⁴ See, [s. 466.017, F.S.](#) The course must include at least 30 hours of didactic instruction and 30 hours of clinical instruction and cover the following subjects: the theory of pain control, selection-of-pain-control modalities, anatomy, neurophysiology, pharmacology of local anesthetics, pharmacology of vasoconstrictors, psychological aspects of pain control, systematic complications, techniques of maxillary anesthesia, techniques of mandibular anesthesia, infection control, and medical emergencies involving local anesthesia.

⁵ These requirements are consistent with those imposed on dentists and dental hygienists; see, [s. 466.017, F.S.](#)

⁶ Under *general* supervision, a dentist authorizes the procedures to be performed but does not need to be present when the authorized procedures are performed. Under *direct* supervision, a dentist examines the patient, diagnoses a condition to be treated, authorizes the procedure to be performed, is on the premises while the procedure is performed, and approves the work performed prior to the patient's departure from the premises. See, Rule 64B5-16.001, F.A.C.

- Age-specific and procedure-specific practice protocols;
- A procedure for creating and maintaining dental records;
- A plan for managing medical emergencies in each relevant practice setting;
- A quality assurance plan;
- Protocols for the administration of medications;
- Criteria for the provision of care for patients with specific conditions or complex medical histories;
- Supervision criteria;
- A plan for the provision of clinical resources and referrals in situations beyond the capabilities of the dental therapist; and
- Protocols for circumstances in which the dental therapist is authorized to provide services to a patient before the supervising dentist has examined the patient. (Section [14](#)).

Council on Dental Therapy

The bill establishes the Council on Dental Therapy (Council) to advise the BOD on matters relating to the practice and regulation of dental therapy. Under current law, a [Council on Dental Hygiene](#) and [Council on Dental Assisting](#) exist to serve similar advisory roles on behalf of their respective professions.⁷ The bill requires the chair of the BOD to appoint members to the Council 28 months after the first dental therapy license is granted. Council members must include one BOD member to chair the council and three dental therapists actively engaged in the practice of dental therapy in Florida. The bill requires the council to meet at least three times per year following its establishment, and at the request of the BOD chair, a majority of BOD members, or the Council chair. (Section [5](#)).

Implementation Report

The bill requires DOH, in consultation with the BOD and the Agency for Health Care Administration (AHCA), to submit a progress report to the President of Senate and the Speaker of the House by July 1, 2029, and a final report four years after the first dental therapy license is issued in order to monitor the development of this new licensed profession and its impact on dental care in Florida. (Section [19](#)).

Dental Hygienists – Administration of Local Anesthesia

A qualified dental hygienist may, under the [direct supervision](#) of a dentist, administer local anesthesia to non-sedated, adult patients.⁸ The bill lowers the level of supervision required for [certified](#) dental hygienists to administer local anesthesia from direct supervision to [general supervision](#) of a licensed dentist.⁹ (Section [11](#)).

Medicaid – Dental Services

Current law authorizes Medicaid to reimburse providers for dental services provided in mobile dental units only under limited specified circumstances.¹⁰ The bill expands such circumstances to allow Medicaid to reimburse providers for dental services provided in a mobile dental unit owned by, operated by, or having a contractual relationship with a health access setting¹¹ or similar program serving underserved populations. (Section [1](#)).

⁷ See, [s. 466.004\(2\), F.S.](#)

⁸ [S. 466.017\(5\), F.S.](#)

⁹ *Direct supervision* requires the supervising dentist personally exam and diagnose the patient, authorize specific procedures be performed, and approve the work performed prior to the patient's departure. *General supervision* requires the supervising dentist to authorize the procedures to be performed, but the dentist does not need to be present on the premises. See, [s. 466.003, F.S.](#)

¹⁰ [S. 409.906, F.S.](#); Medicaid may reimburse services provided in a mobile dental unit owned or operated by, or under contract with, a county health department, a federally qualified health center, a state-approved dental educational institution, or a mobile dental unit providing adult dental services at a nursing home.

¹¹ See, [s. 466.003\(15\), F.S.](#); a "health access setting" is a program or 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 program, a school-based prevention program, a clinic operated by an accredited college or dentistry or dental hygiene program which adheres to requirements to report certain violations to the BOD.

The bill makes technical and conforming changes to reference dental therapists throughout Chapter 466, F.S. (Multiple Sections).

The bill provides an effective date of July 1, 2026. (Section [20](#)).

RULEMAKING:

Current law authorizes the BOD to adopt rules to implement Chapter 466, F.S.¹² In addition to existing rulemaking authority, the bill directs the BOD to adopt rules relating to the continuing education requirements of licensed dental therapists.

The bill charges the Council on Dental Therapy, to be formed 28 months after the first dental therapy license is issued, with recommending rules and policies pertaining to the practice of dental therapy to the BOD.

Lawmaking is a legislative power; however, the Legislature may delegate a portion of such power to executive branch agencies to create rules that have the force of law. To exercise this delegated power, an agency must have a grant of rulemaking authority and a law to implement.

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

DOH will incur a negative fiscal impact related to the licensure and regulation of a new profession. DOH anticipates the need for one additional full-time employee (FTE) in order to accommodate the increase in workload.

DOH estimates that the cost of licensing and regulating dental therapists to be approximately \$240,634 (\$123,105 recurring/\$117,240 non-recurring) in the following categories:¹³

- Expense category: \$26,062 (recurring)/\$5,937 (non-recurring)
- Contracted Services category: \$18,340 (recurring)/\$111,240 (non-recurring)
- Other Personal Services (OPS) category: \$1,000 (recurring)
- Salaries and Benefits: \$77,703 (recurring)
- Human Resources: \$352 (non-recurring)

Current law requires that all costs for regulating a health care profession and practitioners be borne by licensees and licensure applicants.¹⁴ A separate fee bill, which must pass by a supermajority vote, is required to establish or raise a licensure fee.¹⁵ A fee bill has not been filed for the costs associated with regulating the practice of dental therapy. However, DOH can absorb the costs associated with regulating dental therapists can be absorbed within current resources.

Current law requires all boards to ensure that licensure fees are adequate to cover all anticipated costs to maintain a reasonable cash balance and establishes measures to be taken by DOH if a board is operating with a negative cash balance. Specifically, current law authorizes DOH to set licensure fees on behalf of a board if the board has failed to act sufficiently to remedy the negative cash balance. DOH may advance funds to a board in such circumstances for up to two years; the board must pay interest on any such funds.¹⁶

¹² S. [466.004\(4\), F.S.](#)
¹³ Email from Sam Keshavarzi, Legislative Coordinator, Department of Health, Request for Agency Analysis for HB 363 (December 8, 2025).
¹⁴ S. [456.025, F.S.](#)
¹⁵ Fla. Const. Art. VII, Sec. 19.
¹⁶ See, s. [456.025, F.S.](#)

According to DOH, as of the end of Fiscal Year 2024-2025, the BOD had a total negative cash balance of \$3,340,779.¹⁷

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Dental Services & Oral Health Care

Oral health is the state of a person’s mouth, teeth, and related structures that enable a person to eat, breath, and speak. Oral health plays a key role in a person’s physical, mental, social, and economic well-being. Poor oral health is associated with a variety of poor health outcomes including diabetes, heart and lung disease, as well as increased stroke risk and adverse birth outcomes including pre-term deliveries and low birth-weight.¹⁸ Additionally, the pain and discomfort of oral disease negatively impacts the academic success of children and employment and workplace productivity in adults.¹⁹

The primary barriers to good oral health are a lack of access to dental care and the high cost of dental care services. The state of a person’s oral health is closely related to whether they have dental insurance and the accessibility of dental prevention and treatment services. Certain populations, including children living in poverty, racial and ethnic minorities, the frail elderly, and rural communities, are significantly more likely to experience oral disease, as well as limited access to the dental care needed to treat and prevent oral disease.²⁰

Dental Health Professional Shortage Areas

In the U.S., the dental care workforce is primarily composed of dentists and allied professionals including dental hygienists and dental assistants who provide dental care and oral health education to patients in a variety of settings. Unfortunately, there are not enough dental professionals to serve the needs of the U.S. population, and the majority of dental professionals are disproportionately concentrated in urban and suburban areas.²¹

The U.S. Department of Health and Human Services’ Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs). A HPSA is a geographic area, population group, or health care facility that has been designated by the HRSA as having a shortage of health professionals. There are three categories of HPSA: primary care, dental health, and mental health.²² HPSAs can be designated as geographic areas; areas with a specific group of people such as low-income populations, homeless populations, and migrant farmworker populations; or as a specific facility that serves a population or geographic area with a shortage of providers.²³

¹⁷ *Supra*, note 13.
¹⁸ Mayo Clinic, *Oral Health: A Window to Your Overall Health* (2024). Available at <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475> (last visited December 4, 2025).
¹⁹ National Institutes of Health, *Oral Health in America: Advances and Challenges* (2021). Available at <https://www.nidcr.nih.gov/sites/default/files/2024-08/oral-health-in-america-advances-and-challenges-full-report.pdf> (last visited December 4, 2025).
²⁰ *Id.*
²¹ *Id.*
²² National Health Service Corps, *Health Professional Shortage Areas (HPSAs) and Your Site*. Available at <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/workforce-shortage-areas/nhsc-hpsas-practice-sites.pdf> (last visited December 4, 2025).
²³ HRSA, *What is a Shortage Designation?* Available at <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation#hpsas> (last visited December 4, 2025).

As of December 31, 2024, 5,907,517 Floridians live in one of the 274 dental HPSAs in the state. The state would need 1,256 dentists appropriately distributed throughout the state to eliminate these shortage areas.²⁴ Florida dentists are disproportionately concentrated in the most populous areas of the state, while rural areas are significantly underserved. Two counties, Dixie and Gilchrist, do not have any licensed dentists, while other counties have more than 80 dentists per 100,000 residents.²⁵

Regulation of Dental Professionals

The Florida dental care workforce, including dentists, dental hygienists, and dental assistants, is regulated by the Board of Dentistry (BOD), within the Department of Health (DOH).²⁶ Dentists and dental hygienists must receive specified education and training to be licensed and practice in their respective professions;²⁷ dental assistants are not a licensed profession and provide a narrow scope of services as authorized and supervised by a licensed dentist.²⁸ There are currently 17,529 dentists and 18,439 dental hygienists with active licenses to practice in Florida. There are 45 out-of-state registered telehealth dentists.²⁹

The Board of Dentistry

The BOD is responsible for adopting rules to implement provisions of state law regulating the practice of dentists, dental hygienists, and dental assistants. The BOD consists of 11 members including seven licensed dentists actively practicing in the state, two licensed dental hygienists actively practicing in the state, and two laypersons who have never practiced oral health care. Members of the BOD are appointed by the Governor and subject to confirmation by the Senate. The [Council on Dental Hygiene](#) and [Council on Dental Assisting](#) advise the BOD on rules and policies relating to their respective professions.³⁰

Dentist Supervision

Dental care teams are generally comprised of dentists and allied professionals including dental hygienists and dental assistants who are trained to provide specific oral health care services under the supervision of a dentist. There are three levels of supervision that a dental hygienist and dental assistant may be subject to:³¹

Level of Supervision	Requirements
Direct Supervision	A licensed dentist examines the patient, diagnose a condition to be treated, authorize the procedure to be performed, be on the premises while the procedure is performed, and approve the work performed prior to the patient's departure from the premises.
Indirect Supervision	A licensed dentist examines the patient, diagnose a condition to be treated, authorize the procedure to be performed, and be on the premises while the procedure is performed.
General Supervision	A licensed dentist authorizes the procedures to be performed but need not be present when the authorized procedures are performed. The authorized procedures may also

²⁴ Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, *Designated Health Professional Shortage Areas Statistics, Fourth Quarter of Fiscal Year 2023* (Sept. 30, 2023), available at <https://data.hrsa.gov/topics/health-workforce/health-workforce-shortage-areas?hmpgtile=hmpg-hlth-srvcs> (last visited December 4, 2025). To generate the report, select "Designated HPSA Quarterly Summary."

²⁵ Department of Health, FL Health Charts: Dentists (DMD, DDS). Available at <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=0326> (last visited December 4, 2025).

²⁶ See, Ch. 466, F.S., see also, [s. 466.004, F.S.](#)

²⁷ [Ss. 466.003\(2\), F.S.](#), and [466.003\(5\), F.S.](#)

²⁸ See, Rules 64B5-16.002 and 64B5-16.005, F.A.C.

²⁹ See, Department of Health, *License Verification* web search. Available at <https://mqa-internet.doh.state.fl.us/MQASearchServices/HealthCareProviders> (last visited December 4, 2025).

³⁰ [s. 466.004\(2\), F.S.](#)

³¹ Rule 64B5-16.001, F.A.C.

Level of Supervision	Requirements
	be performed at a place other than the dentist's usual place of practice.

The level of supervision required is dependent upon on the specific task being performed, the education and training of the dental hygienist or dental assistant, and the discretion of the supervising dentist. Supervisory standards are outlined in current law and rule prescribed by the BOD.³²

Dentists

A dentist is licensed to examine, diagnose, treat, and care for conditions within the human oral cavity and its adjacent tissues and structures.³³ Dentists may delegate certain tasks³⁴ to dental hygienists and dental assistants, but a patient's "dentist of record" retains primary responsibility for all dental treatment on the patient.³⁵

To be licensed as a dentist in Florida, a person must apply to DOH and meet the following requirements:³⁶

- Be at least 18 years of age;
- Be a graduate of an accredited dental school;³⁷ and
- Obtain a passing score on the:
 - American Dental License Examination (ADEX), developed by the American Board of Dental Examiners, Inc.;
 - National Board of Dental Examiners Dental Examination (NBDE), administered by the Joint Commission on National Dental Examinations (JCNDE);³⁸ and
 - A written examination on Florida laws and rules regulating the practice of dentistry.

Dentists must maintain professional liability insurance or provide proof of professional responsibility. If the dentist obtains professional liability insurance, the coverage must be at least \$100,000 per claim, with a minimum annual aggregate of at least \$300,000.³⁹ Alternatively, a dentist may maintain an unexpired, irrevocable letter of credit in the amount of \$100,000 per claim, with a minimum aggregate availability of credit of at least \$300,000.⁴⁰ The professional liability insurance must provide coverage for the actions of any dental hygienist supervised by the dentist.⁴¹ A dentist may be exempt from maintaining professional liability insurance under certain circumstances.⁴²

Dentists are required to report any adverse incidents that occur in their office to DOH by certified mail within 48 hours of the incident. Adverse incidents include any mortality relating to a dental procedure, or any incident requiring the hospitalization or emergency room treatment of a dental patient relating to the use of any form of anesthesia.⁴³

³² S. [466.024, F.S.](#), and Rule 64B5-16, F.A.C.

³³ Ss. [466.003\(2\), F.S.](#), and [466.003\(3\), F.S.](#)

³⁴ S. [466.024, F.S.](#)

³⁵ S. [466.018, F.S.](#)

³⁶ S. [466.006, F.S.](#)

³⁷ A dental school must be accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) or its successor entity, if any, or any other dental accrediting entity recognized by the US Department of Education. *See also*, the American Dental Education Association, *Dental School Curriculum*. Available at <https://www.adea.org/godental/discover-dentistry/Why-be-a-dentist/dental-school-curriculum> (last visited December 4, 2025).

³⁸ For more information, *see*, American Dental Association, Joint Commission on National Dental Examinations, *Upholding Quality Oral Care For All*. Available at <https://jcnnde.ada.org/> (last visited December 4, 2025).

³⁹ Rule 64B5-17.011(1), F.A.C.

⁴⁰ Rule 64B5-17.011(2), F.A.C.

⁴¹ Rule 64B5-17.011(4), F.A.C.

⁴² *See*, Rule 64B5-17.011(3), F.A.C.

⁴³ [s. 466.017, F.S.](#); forms of anesthesia include general anesthesia, deep sedation, moderate sedation, pediatric moderate sedation, oral sedation, minimal sedation, nitrous oxide, or local anesthesia.

Dental Hygienists

A dental hygienist provides education, preventive, and delegated therapeutic dental services under varying levels of supervision by a licensed dentist.⁴⁴ To be licensed as a dental hygienist, a person must apply to DOH and meet the following requirements:⁴⁵

- Be 18 years of age or older;
- Be a graduate of an accredited dental hygiene college or school;⁴⁶ and
- Obtain a passing score on the:
 - Dental Hygiene National Board Examination;
 - Dental Hygiene Licensing Examination developed by the American Board of Dental Examiners, Inc., which is graded by a Florida-licensed dentist or dental hygienist employed by DOH for such purpose; and
 - A written examination on Florida laws and rules regulating the practice of dental hygiene.

A supervising dentist may delegate certain tasks to a dental hygienist, such as removing calculus deposits, accretions, and stains from exposed surfaces of the teeth and from the gingival sulcus and the task of performing root planning and curettage.⁴⁷ A dental hygienist may also expose dental X-ray films, apply topical preventive or prophylactic agents, and delegated remediable tasks.⁴⁸ Remediable tasks are intra-oral tasks which do not create an unalterable change in the oral cavity or contiguous structures, are reversible, and do not expose the patient to risk, including but not limited to:

- Fabricating temporary crowns or bridges inter-orally;
- Selecting and pre-sizing orthodontic bands;
- Preparing a tooth service by applying conditioning agents for orthodontic appliances;
- Removing and re-cementing properly contoured and fitting loose bands that are not permanently attached to any appliance;
- Applying bleaching solution, activating light source, and monitoring and removing in-office bleaching solution;
- Placing or removing rubber dams;
- Making impressions for study casts which are not being made for the purpose of fabricating any intra-oral appliances, restorations, or orthodontic appliances;
- Taking impressions for passive appliances, occlusal guards, space maintainers, and protective mouth guards; and
- Cementing temporary crowns and bridges with temporary cement.

A dental hygienist may perform additional remediable tasks as delegated by the supervising dentist if they have received additional training in a pre-licensure course, other formal training, or on-the-job training.⁴⁹

A qualified dental hygienist may, under the [direct supervision](#) of a dentist, administer local anesthesia to non-sedated, adult patients. In order to be qualified to administer local anesthesia, a dental hygienist must obtain a [certificate](#) from DOH which indicates that they are certified in basic or advanced cardiac life support and have completed an [accredited or BOD-approved course](#)⁵⁰ consisting of a minimum of 60 hours of instruction relating to

⁴⁴ [Ss. 466.003\(4\), F.S.](#), and [466.003\(5\), F.S.](#)

⁴⁵ [S. 466.007, F.S.](#)

⁴⁶ If the school is not accredited, the applicant must have completed a minimum of 4 years of postsecondary dental education and received a dental school diploma which is comparable to a D.D.S. or D.M.

⁴⁷ [S. 466.023, F.S.](#)

⁴⁸ [Ss. 466.023, F.S.](#), and [466.024, F.S.](#)

⁴⁹ See, [ss. 466.023, F.S.](#), [466.0235, F.S.](#), and [466.024, F.S.](#); and Rule 64B5-16, F.A.C.

⁵⁰ See, [s. 466.017\(5\), F.S.](#) The course must include at least 30 hours of didactic instruction and 30 hours of clinical instruction and cover the following subjects: the theory of pain control, selection-of-pain-control modalities, anatomy, neurophysiology, pharmacology of local

the administration of local anesthesia. A dental hygienist must display this certificate prominently at the location where the dental hygienist is authorized to administer local anesthesia. Dental hygienists are required to notify the BOD by registered mail within 48 hours after any adverse incident related to the administration of local anesthesia.⁵¹

Dental hygienists are authorized to perform dental charting without dentist supervision. Dental charting includes 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.⁵² Dental charting is not a substitute for a comprehensive dental examination, and each patient who receives dental charting by a dental hygienist must be informed of the limitations of dental charting.⁵³ Dental hygienists performing dental charting without dentist supervision are required to maintain their own medical malpractice insurance or other proof of financial responsibility.⁵⁴

Dental hygienists are not required to maintain professional liability insurance and must be covered by the supervising dentist’s liability insurance,⁵⁵ unless they are providing services without dental supervision, in which case they must maintain their own medical malpractice insurance or other proof of financial responsibility.⁵⁶

Dental Assistants

Dental assistants provide limited dental care services under the supervision and authorization of a licensed dentist.⁵⁷ Florida does not license dental assistants; however, dental assistants may choose to receive formal education in dental assisting and obtain a national certification.⁵⁸ Dental assistants who have graduated from a BOD-approved dental assisting school are eligible for certification as dental radiographers.⁵⁹

The scope of practice for dental assistants is limited to the delegable tasks determined in Florida law and rule. The specific tasks that may be delegated to a dental assistant are dependent on the formal and on-the-job training the dental assistant has received.⁶⁰

Dental Therapy

Dental therapy is an emerging profession in the U.S.; dental therapists are mid-level dental care providers intended to occupy a role in dentistry similar to that of physician assistants in medicine. Under dentist supervision, dental therapists provide preventative and routine restorative care, such as filling cavities, placing temporary crowns, and extracting badly diseased or loose teeth. Dental therapists provide services as part of a dental care team and, in theory, enable dentists to perform more advanced care and treat a larger number of patients.⁶¹

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anesthetics, pharmacology of vasoconstrictors, psychological aspects of pain control, systematic complications, techniques of maxillary anesthesia, techniques of mandibular anesthesia, infection control, and medical emergencies involving local anesthesia.

⁵¹ S. [466.017\(11\), F.S.](#)

⁵² S. [466.0235, F.S.](#); Dental hygienists may only perform periodontal probing as a part of dental charting if the patient has received medical clearance from a physician or dentist.

⁵³ Rule 64B5-16.0075, F.A.C.

⁵⁴ Rule 64B5-17.011(4), F.A.C.

⁵⁵ Rule 64B5-17.011(4), F.A.C.

⁵⁶ *Id.*, see also, [s. 466.024\(5\), F.S.](#)

⁵⁷ S. [466.003\(6\), F.S.](#)

⁵⁸ See, Dental Assisting National Board, *Earn Dental Assistant Certification*. Available at <https://www.danb.org/certification/earn-dental-assistant-certification> (last visited December 4, 2025).

⁵⁹ Rule 64B5-9.011, F.A.C.; A dental assistant may also become eligible for certification as a dental radiographer through three continuous months of on-the-job training under the direct supervision of a dentist.

⁶⁰ For more information on the specific tasks which may be delegated to a dental assistant, and the required training for each task, see, rules 64B5-16.002 and 64B5-16.005, F.A.C.

⁶¹ American Dental Therapy Association. *Get the Facts*. Available at <https://www.americandentaltherapyassociation.org/get-the-facts> (last visited December 4, 2025).

In 2015, the Commission on Dental Accreditations ([CODA](https://coda.ada.org/))⁶² established accreditation standards for dental therapy education programs.⁶³ To be accredited programs must, among other things:⁶⁴

- Include at least 3 academic years of full-time instruction or its equivalent at the postsecondary college-level;
- Include content that is integrated with sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies in the following three areas: general education, biomedical sciences, and dental sciences (didactic and clinical);
- Have content that includes oral and written communications, psychology, and sociology;
- Include biomedical instruction that ensures an understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems in each of the following areas:
 - Head and neck and oral anatomy;
 - Oral embryology and histology;
 - Physiology;
 - Chemistry;
 - Biochemistry;
 - Microbiology;
 - Immunology;
 - General pathology and/or pathophysiology;
 - Nutrition; and
 - Pharmacology;
- Include didactic dental sciences that ensures an understanding of basic dental principles, consisting of a core of information in each of the following areas within the scope of dental therapy:
 - Tooth morphology;
 - Oral pathology;
 - Oral medicine;
 - Radiology;
 - Periodontology;
 - Cariology;
 - Atraumatic restorative treatment;
 - Operative dentistry;
 - Pain management;
 - Dental materials;
 - Dental disease etiology and epidemiology;
 - Preventive counseling and health promotion;
 - Patient management;
 - Pediatric dentistry;
 - Geriatric dentistry;
 - Medical and dental emergencies;
 - Oral surgery;
 - Prosthodontics; and
 - Infection and hazard control management; and
- Ensure that graduates are competent in their use of critical thinking and problem-solving, related to the scope of dental therapy practice.

⁶² The Commission on Dental Accreditation (CODA) accredits dental and dental-related education programs in the U.S.; for more information, see, *About CODA*. Available at <https://coda.ada.org/> (last visited December 4, 2025).

⁶³ Commission on Dental Accreditation, *Accreditation Standards for Dental Therapy Education Programs* (2015). Available at https://coda.ada.org/-/media/project/ada-organization/ada/coda/files/dental_therapy_standards.pdf?rev=814980f6110140e7ba00659703cc3b3c&hash=81A3585FD5B1B478DA7D99065A9B75DE (last visited December 4, 2025).

⁶⁴ *Id.*

There are currently three fully operational, CODA-accredited dental therapy education programs in the U.S.; the CODA-accredited programs are located in Minnesota, Alaska, and Washington state.⁶⁵ Oregon, Michigan, Wisconsin, and Vermont are in the process of developing dental therapy education programs.⁶⁶

Dental Therapy in Other US States

There are currently 15 states in the US that authorize the practice of dental therapy. Licensure, scope of practice, supervision, and practice setting requirements for dental therapists vary somewhat in each of those states. Minnesota was the first state to authorize the practice of dental therapy in 2009 and in 2024, Wisconsin became the most recent state to adopt legislation regulating the practice of dental therapy.⁶⁷ There has been some evidence indicating that authorizing the practice of dental therapists has improved access to oral health care.⁶⁸ Florida does not currently license dental therapists.

The Sunrise Act and Sunrise Questionnaire

The Sunrise Act (Act), codified in [s. 11.62, F.S.](#), requires the Legislature to consider specific factors in determining whether to regulate a new profession or occupation.⁶⁹ The legislative intent in the Act provides that:⁷⁰

- No profession or occupation be subject to regulation unless the regulation is necessary to protect the public health, safety, or welfare from significant and discernible harm or damage and that the state’s police power be exercised only to the extent necessary for that purpose; and
- No profession or occupation be regulated in a manner that unnecessarily restricts entry into the practice of the profession or occupation or adversely affects the availability of the services to the public.

The Legislature must review all legislation proposing regulation of a previously unregulated profession or occupation and make a determination for regulation based on consideration of the following:⁷¹

- Whether the unregulated practice of the profession or occupation will substantially harm or endanger the public health, safety, or welfare, and whether the potential for harm is recognizable and not remote;
- Whether the practice of the profession or occupation requires specialized skill or training, and whether that skill or training is readily measurable or quantifiable so that examination or training requirements would reasonably assure initial and continuing professional or occupational ability;
- Whether the regulation will have an unreasonable effect on job creation or job retention in the state or will place unreasonable restrictions on the ability of individuals who seek to practice or who are practicing a given profession or occupation to find employment;
- Whether the public is or can be effectively protected by other means; and
- Whether the overall cost-effectiveness and economic impact of the proposed regulation, including the indirect costs to consumers, will be favorable.

⁶⁵ Commission on Dental Accreditation, *Search for Dental Programs*. Available at [https://coda.ada.org/find-a-program/search-dental-programs#sort=%40codastatecitysort%20ascending&f:ProgramType=\[Dental%20Therapy\]](https://coda.ada.org/find-a-program/search-dental-programs#sort=%40codastatecitysort%20ascending&f:ProgramType=[Dental%20Therapy]) (last visited December 5, 2025).
⁶⁶ Oral Health Workforce Research Center. *Authorization Status of Dental Therapists by State*. Available at <https://oralhealthworkforce.org/authorization-status-of-dental-therapists-by-state/> (last visited December 5, 2025).
⁶⁷ *Id.*; Vermont, Washington, Michigan, Minnesota, Montana, Nevada, New Mexico, Oregon, Alaska, Arizona, Colorado, Connecticut, Idaho, Maine, and Wisconsin have authorized the practice of dental therapy. Some states only authorize dental therapy in the context of providing services for Native American Tribes. For more information on Tribal Dental Therapy, see National Indian Health Board, *Tribal Dental Therapy Legislation in the States*. Available at <https://www.nihb.org/oralhealthinitiative/map.php> (last visited December 5, 2025).
⁶⁸ Mertz, E., Kottek, A., Werts, M., Langelier, M., Surdu, S., & Moore, J. *Dental Therapists in the United States: Health Equity, Advancing*. (2021). Medical care, 59(Suppl 5), S441–S448. <https://doi.org/10.1097/MLR.0000000000001608>
⁶⁹ *Id.*
⁷⁰ S. [11.62\(2\), F.S.](#)
⁷¹ S. [11.62\(3\), F.S.](#)

The Act requires the proponents of legislation for the regulation of a profession or occupation to provide specific information in writing to the state agency that is proposed to have jurisdiction over the regulation and to the legislative committees of reference.⁷² This required information is traditionally compiled in a “Sunrise Questionnaire.”

Dental Therapist Sunrise Questionnaire

As a not-yet-regulated profession, proponents of dental therapy are required to complete the Sunrise Questionnaire. The Sunrise Questionnaire was completed on behalf of several national and Florida-based organizations seeking to advance the practice act for dental therapy. They include: The National Partnership for Dental Therapy, the National Coalition of Dentists for Health Equity, the American Dental Therapy Association, and Floridians for Dental Access.⁷³

The submitted questionnaire indicates that the licensure and regulation of dental therapists is being sought to address oral health access challenges. Per the questionnaire, existing law regulating the practice of dentistry in Florida,⁷⁴ prohibits anyone, other than dentists, from performing certain procedures that would be within the scope of practice for a dental therapist, thus prohibiting the practice of dental therapy. The proposed legislation would authorize a dental therapist to practice dental therapy in Florida without violating the dental practice act. This would allow a mid-level practitioner to provide some dental services that currently may only be provided by a dentist.⁷⁵

Since dental therapist are not yet licensed, the public is already protected by the existing dental practice act. By licensing dental therapists, it will exclude unqualified practitioners from providing services, give official recognition to the field’s scope of practice, extend professional opportunities for dental care professionals, and expand access to dental care.⁷⁶

Mobile Dental Units

Mobile dental units use portable dental equipment to provide dental care in nontraditional settings, generally with a focus on underserved communities. Mobile dental units most commonly provide services through the use of either:⁷⁷

- A mobile van that serves as a self-contained dental clinic configured with all of the essential tools and equipment. Mobile dental vans may travel to different locations to serve patients; or
- Portable dental equipment that is transported and set up at a community site such as schools, community centers, or nursing homes. Such programs may move from location to location after the provision of care is complete.

Through the use of mobile dental units, dental care professionals provide preventative and basic restorative services in the community while also conducting risk assessments and referring patients for treatment for more complex conditions. Mobile dental units have most commonly been used to provide oral health care to children in

⁷² S. [11.62\(4\), F.S.](#)
⁷³ FLORIDA SENATE SUNRISE QUESTIONNAIRE, Submitted January 22, 2024. On file with the Health & Human Services Committee.
⁷⁴ Chapter [466, F.S.](#)
⁷⁵ *Supra*, note 73.
⁷⁶ *Id.*⁷⁷ Lehnert, L. & Thakur, Y. (2024) *Alternative Pathways in Dentistry: Mobile Dental Clinics, Illustration of Implementation in San Mateo and Santa Clara County through Federally Qualified Health Center*. Journal of the California Dental Association, 52:1, 2320945, DOI: 10.1080/19424396.2024.2320945
⁷⁷ Lehnert, L. & Thakur, Y. (2024) *Alternative Pathways in Dentistry: Mobile Dental Clinics, Illustration of Implementation in San Mateo and Santa Clara County through Federally Qualified Health Center*. Journal of the California Dental Association, 52:1, 2320945, DOI: 10.1080/19424396.2024.2320945

schools and related programs, but the model has also been used to provide care to underserved adults and the elderly, especially those in nursing homes or with unstable housing, those with developmental disabilities or other special needs, or other barriers to accessing traditional private dental practices.⁷⁸

Florida Medicaid – Dental Services

Medicaid is the health insurance safety net for low-income Floridians. Medicaid is a partnership of the federal and state governments established to provide coverage for health services for eligible persons. The program is administered by the Agency for Health Care Administration (AHCA) and financed by federal and state funds. AHCA delegates certain functions to other state agencies, including DOH, the Department of Children and Families, the Agency for Persons with Disabilities, and the Department of Elderly Affairs.

Each state operates its own Medicaid program, but many parameters are set by the federal government as a condition of receiving federal funds.⁷⁹ Among other requirements, federal law sets the amount, scope, and duration of services offered by Medicaid. The federal government also determines the minimum mandatory populations, as well as the minimum mandatory benefits to be covered in every state Medicaid program. Mandatory benefits include physician services, hospital services, home health services, and family planning.⁸⁰ States may choose to add benefits, with federal approval; Florida has added many optional benefits, including adult dental services.⁸¹

While most Medicaid services are provided by comprehensive, integrated, managed care plans, dental services are provided by separate, dental-only plans. Medicaid covers dental benefits for both children⁸² and adults. Medicaid covers full dental services for children.⁸³ Adult dental benefits are limited to emergency treatment and dentures, and do not include preventive services.⁸⁴

Medicaid Covered Dental Services ⁸⁵		
Children		Adults
Ambulatory Surgical Center or Hospital-based Services	Orthodontics	Dental Exams (emergencies and dentures only)
Dental Exams	Periodontics	Dental X-rays (limited)
Dental Screenings	Prosthodontics (dentures)	Prosthodontics (dentures)
Dental X-rays	Root Canals	Extractions
Extractions	Sealants	Sedation
Fillings and Crowns	Sedation	Ambulatory Surgical Center or Hospital-based Services
Fluoride	Space Maintainers	
Oral Health Instructions	Teeth Cleanings	

⁷⁸ Oral Health Workforce Research Center. *An Assessment of Mobile and Portable Dentistry Programs to Improve Population Oral Health* (2017). Available at https://www.oralhealthworkforce.org/wp-content/uploads/2017/11/OHWRC_Mobile_and_Portable_Dentistry_Programs_2017.pdf (last visited December 5, 2025). See also, National Institutes of Health, *Oral Health in America: Advances and Challenges* (2021). Available at <https://www.nidcr.nih.gov/sites/default/files/2024-08/oral-health-in-america-advances-and-challenges-full-report.pdf> (last visited December 5, 2025).

⁷⁹ Title 42 U.S.C. §§ 1396-1396w-5; Title 42 C.F.R. Part 430-456 (§§ 430.0-456.725) (2016).

⁸⁰ S. 409.905, F.S.

⁸¹ S. 409.906, F.S.

⁸² Under the age of 21.

⁸³ S. 409.906(6), F.S.

⁸⁴ S. 409.906(1), F.S.

⁸⁵ Florida Medicaid, *Dental Services Coverage Policy* (August 2018). Available at https://ahca.myflorida.com/content/download/5945/file/59G-4.060_Dental_Coverage_Policy.pdf (last visited December 5, 2025).

Medicaid - Mobile Dental Units

Current law prohibits Medicaid reimbursement for dental services provided in a mobile dental unit except under specified circumstances. Medicaid may reimburse services provided in a mobile dental unit owned or operated by, or under contract with, a county health department, FQHC, state-approved dental educational institution, or a mobile dental unit providing adult dental services at a nursing home.⁸⁶ Current law does not authorize the reimbursement for dental services provided in a mobile dental unit owned by, operated by, or having a contractual agreement with a health access setting.⁸⁷

Dental services under Medicaid may be provided by a:⁸⁸

- Practitioners licensed under Ch. 466, F.S., such as dentists and dental hygienists;
- County health department administered by DOH;⁸⁹
- Federally qualified health center (FQHC);⁹⁰ or a
- Dental intern or a dental graduate temporarily certified to practice in a state operated hospital or a state or county government facility.⁹¹ in accordance with [s. 466.025, F.S.](#)

BILL HISTORY				
COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Professions & Programs Subcommittee	13 Y, 3 N	12/9/2025	McElroy	Osborne
Health & Human Services Committee				

⁸⁶ S. [409.906, F.S.](#)

⁸⁷ See, [s. 466.003\(15\), F.S.](#) ; a “health access setting” is a program or 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 program, a school-based prevention program, a clinic operated by an accredited college or dentistry or dental hygiene program which adheres to requirements to report certain violations to the BOD.

⁸⁸ *Id.*

⁸⁹ See, [s. 154.01, F.S.](#) for information on county health departments.

⁹⁰ A federally qualified health center is a federally funded nonprofit health center or clinic that serves medically underserved areas and populations regardless of an individual’s ability to pay. See Federally Qualified Health Center, HealthCare.gov. Available at <https://www.healthcare.gov/glossary/federally-qualified-health-center-fqhc/> (last visited December 5, 2025).

⁹¹ See, [s. 466.025, F.S.](#) for information on the temporary certificate program.