

Aligning WI Statutes with Universal Accreditation Standards

In order to align the Wisconsin State Statutes with the ADA Accreditation Standards the following statutory amendments are recommended:

Recommendation #1:

Amend 447.01 (3) (d) by striking “preliminary” before “examination” and inserting “and presentation to a patient” prior to “of a case history” to read:

Conducting a substantive medical or dental history interview or examination of a dental patient’s oral cavity or surrounding structures, including preparation and presentation to a patient of a case history or recording of clinical findings.

PLAIN LANGUAGE:

1. Align Statutes with accreditation standards to maximize the availability of services.
 - a. The changes reflect the ADA Accreditation Standards definition of the dental hygiene process of care.
 - b. A dental hygienist needs to do a comprehensive examination to determine dental hygiene treatment needs of the patient
 - c. A dental hygienist may not diagnose a dental disease or ailment, determine any treatment or regimen of any treatment outside of the scope of dental hygiene

Recommendation #2:

Amend 447.06 (2) (a) by striking “only” after procedures and inserting “a volunteer” prior to, “an employee” and striking “only as follows” after “independent contractor” to read:

A hygienist may practice dental hygiene or perform remediable procedures as a volunteer, an employee, or as an independent contractor.

PLAIN LANGUAGE:

2. According to Chapter 146.89: *Miscellaneous Health Provision-Volunteer Health and Provider Program*, dental hygienists are defined as volunteer care providers.

Recommendation #3:

Repeal 447.06 (2) (a) 1, 2, 3, 4, 5, 6, 7, and 8 of the statutes.

PLAIN LANGUAGE:

3. Remove the list of settings and conditions to improve accessibility.
 - a. **No other licensed professional has restricted practice settings**
 - b. Dental hygienists practice no differently regardless of the setting they are in
 - c. Licensed dental hygienists have practiced their scope in the three settings listed in 447.06 without incident or violation of any kind for five years.

Recommendation # 4

Repeal and re-create 447.06 (2) (b) 1, 2, and 3 (a-b) to read:

447.06 (2) (b) Any agency providing services through a dental hygienist volunteer, employee or independent contractor or any dental hygienist practicing as an independent contractor must maintain written documentation between the agency or independent contractor and the medical and dental referral/consultation site(s) for patient conditions outside of the scope of dental hygiene practice.

(1) A dental referral site may include but is not limited to a private dental practice, a federally qualified health center with a dental expansion, a rural dental health clinic, a college or university that provides dental diagnostic and clinical services.

(2) A medical referral site may include but is not limited to a family physician, nurse practitioner, a federally qualified health center, a university or medical college that provides diagnostic and clinical services.

(3) Exceptions: Written documentation of a medical or dental referral/consultation site is not required for the following:

- (a) For a school board or a governing body of a private school.**
- (b) For a school for the education of dentists and dental hygienists.**
- (c) For local health department, as defined in s. 250.1 (4),**

PLAIN LANGUAGE:

- 4. Delete obsolete rules to clarify current practice.
 - a. Creates a documentation requirement for referrals and consultations.
 - b. Under current statutes (3) (a-c) are not subject to statutory requirements

Recommendation #5

Repeal 447.06 (2) (c)

PLAIN LANGUAGE:

- 5. Removes authorization requirements that must be met before dental hygienists may serve people in certain settings (for example in private practice).
 - a. This statute restricts dental hygiene practice in dental offices more than the three settings where dental hygienists practice unsupervised.
 - b. These restrictions can hinder the timeliness in which a patient gets necessary care.
 - c. This does not change the fact that a dentist can administer his/her practice anyway they wish to.

Renumber current 447.06 (d) as 447.06 (c)

PLAIN LANGUAGE:

- 6. Retains the ability for a dental hygienist to diagnose within the scope of dental hygiene practice.

Renumber current 447.06 (e) as 447.06 (d)

PLAIN LANGUAGE:

7. Retains the ability to be delegated certain dentistry practices; oral systemic premedications, local anesthetic, subgingival sustained release chemotherapeutic agents.

Recommendation #6

Repeal Wisconsin Administrative Code DE 3.01 Supervision.

DE3.01 Supervision. A dental hygienist shall practice under the supervision of a licensed dentist in a dental facility or a facility specified in s.447.06(2), Stats. if applicable. History: Cr. Register, February, 1982, No.314, eff.3-1-82; correction made under s.13.93 (2m) (b) 7. Stats. Register August 2006 No.608.

PLAIN LANGUAGE:

8. The only time a dental hygienist is supervised is during the administration of local anesthetic as part of the certification requirement.

- a. This statute was changed in 1986 to reflect that dental hygienists work by written or oral prescription and/or by protocols in public health.

Supporting documentation:

DE 7.04

(a) Shall contain a statement from the employing dentist that he or she supervised and verifies the successful completion of an inferior alveolar injection on a patient who was informed of the situation and granted his or her consent to the dentist, and that the dentist assume liability for the injection performed on the patient.

Final summary:

Support of the recommendations made would mean:

1. Dental hygienists may practice what they are taught and tested on in accredited dental hygiene programs, thereby allowing maximization of their skills in the dental health care community.
2. Dental hygienists, like all licensed professionals, may practice where their services are needed, thereby utilizing the existing dental hygiene workforce to increase access to preventive dental hygiene services.
3. Additional referral and consultation documentation requirements will apply for patients with conditions outside of the scope of dental hygiene treatment.
4. Continuity of care and the safety for all people will be improved.
5. No other licensed profession has restricted practice settings.
6. Dental hygienists practice no differently regardless of the setting and the practice of dental hygiene should not be restricted or limited.