

WI-DHA ADVOCACY ACHIEVEMENTS

Advancing the Profession, Protecting Patients



Wisconsin
DENTAL HYGIENISTS'
ASSOCIATION

1980	<p>The FIRST DENTAL HYGIENIST REPRESENTATION on WDEB: WI Statutes were amended to require dental hygiene representation on the DEB. The first dental hygienist is appointed to serve on the Wisconsin Dental Examining Board (WDEB)</p>
1990	<p>DENTAL HYGIENE SCOPE of PRACTICE codified in STATUTES: The Dental Practice Act is defined in statutes (447) to include the dental hygiene scope of practice.</p>
1995	<p>PROTECTING THE DENTAL HYGIENE SCOPE OF PRACTICE: WI-DHA advocated successfully against the open delegation of dental hygiene services to unlicensed persons.</p>
1998	<p>INCREASED DENTAL HYGIENIST REPRESENTATION on the WDEB to THREE: The 447 statute was amended to include two more dental hygienists to the Wisconsin Dental Examining Board (WDEB) so that now there are three.</p>
1999	<p>LOCAL ANESTHESIA ADDED TO THE SCOPE OF PRACTICE for DENTAL HYGIENE: Local anesthesia administration is added to the dental hygiene scope of practice in statutes.</p> <ul style="list-style-type: none"> • Presence of the dentist is required • Certification course must be ADA-CODA accredited, and a minimum of 21 hours in length
2000	<p>PERIODONTAL CHEMOTHERAPEUTICS ADDED TO DENTAL HYGIENE SCOPE of PRACTICE: Administration of subgingival sustained release chemotherapeutic agents (e.g., Arestin®) is added to the dental hygiene scope of practice in statutes.</p> <ul style="list-style-type: none"> • Indirect supervision (dentist must be on the premises and authorize the administration) • Agent must be prescribed by supervising DDS
2000	<p>ADMINISTRATION of ANTIBIOTIC PREMEDICATION: The administration of oral systemic pre-medications (e.g., antibiotics given to patients prior to dental hygiene care to mitigate against the risk of patients developing a bacterial infection) is added to the dental hygiene scope of practice in statutes. Prescription by DDS or other prescriber and presence of a dentist is required. (Indirect supervision)</p>
2006	<p>CONTINUING EDUCATION MANDATED for DENTAL HYGIENE LICENSE RENEWAL: Continuing education requirements for dental hygiene license renewal are mandated. (minimum of 12 and maximum of 20 credits per renewal period)</p> <ul style="list-style-type: none"> • CEU Credits may be earned online and self-study as well as through in-person courses. • College level courses related to the practice of dental hygiene may count as CEUs (up to 6 per license renewal period) • Credits may be earned by <u>teaching</u> dental hygiene courses (up to 6 CEUs) • At least 2 credits must be in infection control • CPR certification courses may count for up to 2 of the credits • New graduates do not need to earn new CEUs until the time of their first license renewal
2006	<p>DENTAL HYGIENISTS BECOME MEDICAID PROVIDERS: Dental hygienists are added to list of authorized Medicaid health care providers and can bill Medicaid directly for their services.</p>
2007	<p>UNSUPERVISED DENTAL HYGIENE PRACTICE is permitted in THREE SETTINGS: Dental hygienists are permitted to practice unsupervised (without the authorization or presence of a dentist) in three settings. Local health departments, Tribal, public or private schools, CODA accredited dental and dental hygiene programs. (note: several more settings were added in 2017 – Act 20)</p>

2008	<p>TOPICAL ANESTHETICS: Administration of subgingivally placed topical anesthetic (e.g., Oraqix ®) is added to the dental hygiene scope of practice in statutes. Presence of the dentist is required during administration. Agent must be prescribed by supervising DDS (* under general supervision as of 2023)</p>
2012	<p>LASERS: The use of dental lasers by dental hygienists is confirmed by the Wisconsin Dental Examining Board as a permitted periodontal adjunctive treatment device following passage of a hands-on certification course.</p>
2013	<p>MOBILE DENTISTRY REGISTRATION: Statutes and rules were established requiring dental hygiene providers working in non-dental office settings to register with the Wisconsin Dental Examining Board and pay a registration fee.</p> <ul style="list-style-type: none"> • Register the names and license #s of all employed and volunteer providers • Provide contact information in case of patient inquiry • Keep records of patient encounters (health histories, procedures, findings, consultations, referrals) • Hygienists must report assessment findings to a referral dentist.
2014	<p>NITROUS OXIDE ADMINISTRATION: Nitrous Oxide administration was added to the dental hygiene scope of practice in statutes.</p> <ul style="list-style-type: none"> • Indirect supervision (dentist must be present) • CODA / CERP / PACE Accredited course • Minimum of 8 hours of instruction • One time certification – must apply for permit with the DSPS/WDEB
2014	<p>REMOVED the SIX MONTH RESTRICTION from STATUTES: The “six month rule” was stricken from the statutes and rules so that dental hygienists are now allowed to provide dental hygiene services to patients <u>of record</u> in a dental practice, even if it has been longer than 6 months since they were examined by the dentist.</p>
2017	<p>SETTINGS EXPANDED where HYGIENISTS MAY PRACTICE UNSUPERVISED: Licensed dental hygienists in Wisconsin may be employed and practice without the authorization and presence of a dentist in the following settings:</p> <ul style="list-style-type: none"> • Tribal, public or private schools • CODA accredited dental or dental hygiene schools (<u>students</u> must be supervised) • Local health departments • Hospitals • Nursing homes or facilities providing care to terminally ill patients • State, federal, county or municipal jails, prisons, detention centers or correctional facilities • Medical clinics • Charitable institutions open to the general public or to members of a religious sect or order • Non-profit home health care agencies • Non-profit dental care program serving primarily indigent, economically disadvantaged or migrant worker populations • Group homes for disabled adults • Adult and child day-care centers
2022	<p>EXPANDED FUNCTIONS DENTAL AUXILIARY legislation passed Supragingival scaling was <u>removed</u> from the scope of practice for EFDAs in the proposal</p> <ul style="list-style-type: none"> • Education / training must be provided by a CODA accredited school. • Restorative functions (placing, carving and finishing restorations after preparation by a dentist.) • Taking impressions, placing temporary restorations, packing cord, removing sutures and dressings, adjustment of dentures and other removeable appliances • Sealants • Fluoride treatments • Coronal polishing