



adha™ | **Wisconsin**
DENTAL HYGIENISTS'
ASSOCIATION

WI-DHA ADVOCACY ACHIEVEMENTS

Advancing the Profession, Protecting Patients

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 statues (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 <i>teaching</i> 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:</p>

	Dental hygienists are added to the list of authorized Medicaid health care providers and can bill Medicaid directly for their services.
2007	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)
2008	TOPICAL ANESTHETICS: Administration of subgingivally placed topical anesthetic (e.g., Oraqix ®) is added to the dental hygiene scope of practice in statutes. The presence of the dentist is required during administration. Agent must be prescribed by supervising DDS (* under general supervision as of 2023)
2012	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.
2013	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. <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	NITROUS OXIDE ADMINISTRATION: Nitrous Oxide administration was added to the dental hygiene scope of practice in statutes. <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	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 <i>of record</i> in a dental practice, even if it has been longer than 6 months since they were examined by the dentist.
2017	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: <ul style="list-style-type: none"> • Tribal, public or private schools • CODA accredited dental or dental hygiene schools (<i>students</i> 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

	<ul style="list-style-type: none"> • Group homes for disabled adults • Adult and child day-care centers •
2022	<p>EXPANDED FUNCTIONS DENTAL AUXILIARY legislation passed Supragingival scaling was removed 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
2023	<p>DENTAL THERAPY</p> <p>The licensure of dental therapists, who are health care practitioners who may engage in the limited practice of dentistry.</p> <ul style="list-style-type: none"> • Dental Therapist License Requirements: The board must grant a dental therapist license to individuals who complete a qualifying education program and pass required exams. • Qualifying Dental Therapy Education Programs: Programs must be accredited by CODA, approved by the Minnesota Board of Dentistry and later CODA-accredited, or a Wisconsin program with initial CODA accreditation (valid for 4 years). • License Revocation for Wisconsin Programs: If a Wisconsin program is not fully CODA-accredited within 4 years, the licenses of dental therapists who graduated from it will be revoked. • Employment and Supervision: Dental therapists can only provide services as employees of specified employers and under the supervision of a qualifying dentist. • Collaborative Management Agreement: Dental therapists must have a collaborative management agreement with a dentist addressing practice and supervision. • Service and Procedure Limitations: Dental therapists are limited to providing services specified in the bill and others designated by the board based on their education and collaborative agreement. • Supervision Requirements: Initially, dental therapists must practice under direct or indirect supervision; after 2,000 hours, they can practice under general supervision, with supervision levels potentially further limited by the collaborative agreement. • Practice Location and Patient Population: Dental therapists must either work in federally designated dental shortage areas or in settings where at least 50% of the patients are from specified populations. • Continuing Education: Dental therapists are required to complete 12 hours of continuing education every biennium. • Coverage Under Other Laws: Dental therapists are subject to laws including healthcare records, volunteer health programs, worker protection, and emergency healthcare laws. • Loan Forgiveness: The bill provides loan forgiveness for dental therapists through the healthcare provider loan assistance program. • Board Composition Requirement: Once 50 dental therapists are licensed or 5 years after enactment, at least one dental hygienist on the board must also be licensed as a dental therapist.
2024	<p>DENTIST AND DENTAL HYGIENISTS LICENSING COMPACT</p> <p>Wisconsin entered into the Dentist and Dental Hygienist Compact, which provides for the ability of a dentist or dental hygienist to become eligible to practice in other compact states. Significant provisions of the compact include the following:</p> <ul style="list-style-type: none"> • Creation of the Dentist and Dental Hygienist Compact Commission: Establishes a commission with members from each state's licensure boards, responsible for adopting rules, hiring staff, and levying fees to cover

operational costs.

- **Compact Privilege for Dentists and Dental Hygienists:** Allows dentists or hygienists to practice in other compact states if they meet certain requirements, including holding a valid license, no license encumbrances, and complying with remote state fees and regulations.
- **Subpoena Power:** Member states have the authority to issue subpoenas that are enforceable in other compact states.
- **Coordinated Database and Reporting System:** Creates a database for licensure and disciplinary information, requiring member states to submit uniform data on individuals subject to the compact.
- **Dispute Resolution and Termination of Membership:** Establishes a process for resolving disputes and allows for the termination of a state's membership if it fails to meet its compact obligations.

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