

**ORAL HEALTH PRACTITIONER WORKGROUP  
ISSUES AND RECOMMENDATIONS**

**Sec. 26. [150A.061] ORAL HEALTH PRACTITIONER.**

Subdivision 1. **Oral health practitioner requirements.** The board shall authorize a person to practice as an oral health practitioner if that person is qualified under this section, works under the supervision of a Minnesota-licensed dentist pursuant to a written collaborative management agreement, is licensed by the board, and practices in compliance with this section and rules adopted by the board. No oral health practitioner shall be authorized to practice prior to January 1, 2011. To be qualified to practice under this section, the person must:

- (1) be a graduate of an oral health practitioner education program that is accredited by a national accreditation organization to the extent required under subdivision 2 and approved by the board;
- (2) pass a comprehensive, competency-based clinical examination that is approved by the board and administered independently of an institution providing oral health practitioner education; and
- (3) satisfy the requirements established in this section and by the board.

Subd. 2. **Education program approval.** If a national accreditation program for midlevel practitioners is established by the Commission on Dental Accreditation or another national accreditation organization, the board shall require that an oral health practitioner be a graduate of an accredited education program.

Subd. 3. **Requirement to practice in underserved areas.** As a condition of being granted authority to practice as an oral health practitioner under this section, the practitioner must agree to practice in settings serving low-income, uninsured, and underserved patients or in a dental health professional shortage area as determined by the commissioner of health.

Subd. 4. **Application of other laws.** An oral health practitioner authorized to practice under this section is not in violation of section 150A.05 relating to the unauthorized practice of dentistry and chapter 151 relating to authority to prescribe, dispense, or administer drugs.

Subd. 5. **Rulemaking.** The Board of Dentistry may adopt rules to implement this section.

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The work group shall complete its recommendations by December 15, 2008, and the commissioner and Board of Dentistry shall submit a report containing the work group's recommendations and draft legislation to the chairs and ranking minority members of the legislative committees with jurisdiction over health care and higher education issues by January 15, 2009.

**Oral Health Practitioner Workgroup Responsibilities:**

Develop recommendations and proposed legislation for the education and regulation of oral health practitioners, including an implementation schedule that allows for enrollment of students in oral health practitioner educational programs by the fall of 2009. The Oral Health Practitioner (OHP) workgroup shall provide recommendations and proposed legislation on the following issues included in the work plan (Attachment A).

**Issue 1:** The workgroup shall recommend and propose legislation that states the necessary education and competencies, including clinical training, faculty expertise, and facilities.

**A. Background:**

Metropolitan State University and the University of Minnesota Dental School presented an overview of the training programs they are developing for Oral Health Practitioners (Appendices F and G).

Minnesota State Colleges and Universities (MnSCU) 26-month program will train 12-15 Advanced Dental Hygiene Practitioners per year, who will graduate with an OHP Masters of Science. Admissions requirements include a Bachelors degree, an active dental hygiene license and restorative functions certification, as well as 2400 hours of clinical practice.

The University of Minnesota proposes to train 10 OHPs per year, through either a 33-month Bachelors of Science in Dental Therapy or a 28-month Masters in Dental Therapy. The Bachelors program would be available to high school graduates, while the professional Masters degree would require a Bachelors degree for acceptance.

While the vision, curriculum, faculty expertise and facilities at both Universities will produce Oral Health Practitioners who are competent and ready to practice in 2011, one significant difference between the programs is the level of supervision that is required. MnSCU graduates will provide care through a collaborative management agreement under general supervision. The University of Minnesota program will emphasize that irreversible surgical procedures will be performed only under indirect supervision and that examinations, diagnosis and treatment planning are the purview of the dentist.

**B. Recommendations:**

**C. Outcome measures:**

**D. Draft legislation:**

**Issue 2:** The workgroup shall recommend and propose legislation that states the appropriate program accreditation.

**A. Background:**

The Board of Dentistry presented a draft timeline that included the components and timing of licensing and regulatory requirements, including potential licensing fees (Appendix H). Additional background for consideration includes:

















# ORAL HEALTH PRACTITIONER SCOPE OF PRACTICE (Revised 9/5/08)

PROCEDURE	PATIENT POPULATION		SUPERVISION LEVEL			STATUS
	CHILDREN	ADULTS	DIRECT	INDIRECT	GENERAL	
<b>PREVENTATIVE, PALLIATIVE, DIAGNOSTIC &amp; ASSESSMENT PROCEDURES</b>						
[Oral Health Instruction]						Non controversial
[Examination – includes medical history/review]					DH (in line w/periodic assessment)	Not under general supervision
[Radiographs]					DH, RDA	Non controversial
[Prophylaxis]				RDA (mechanical polish of clinical crowns only)	DH	Non controversial
[Nutritional Counseling/Dietary Analysis]					DH	Non controversial
[Fabrication of Soft Occlusal Guard]						Non controversial
[Fabrication of Athletic Mouthguard]						Non controversial
[Fluoride Application - Topical]					DH	Non controversial
[Fluoride Application - Varnish]					DH	Non controversial
[Full Mouth Debridement]					DH	Not in OHP scope of practice
[Palliative (Emergency) Tx of Dental Pain]			RDA			Non controversial
[Pulp Vitality Testing]						Non controversial
[Application of Desensitizing Medicament/Resin]					DH	Non controversial
[Preliminary Charting of the Oral Cavity]						Non controversial
Sealants					DH	Added 9/5/08
Space maintainer – placement and removal						Added 9/5/08
Rendering a diagnosis						Added 9/5/08 – not OHP scope of practice

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PROCEDURE	PATIENT POPULATION		SUPERVISION LEVEL			STATUS
	CHILDREN	ADULTS	DIRECT	INDIRECT	GENERAL	
<b>RESTORATIVE/OPERATIVE PROCEDURES</b>						
Cavity Preparation						Non controversial
Class I						Non controversial
Class II						Non controversial
Class III						Non controversial
Class IV						Non controversial
Class V						Non controversial
Restoration of Primary Teeth [Any material – 9/5/08]						<b>RF Certification for RDA/DH Requires Additional Classroom and Clinical Training</b>
Class I				Amalgams: RDA (RF), DH (RF)		Non controversial
Class II				Amalgams: RDA (RF), DH (RF)		Non controversial
Class III				Amalgams: RDA (RF), DH (RF)		Non controversial
Class IV				Amalgams: RDA (RF), DH (RF)		Non controversial
Class V				Amalgams: RDA (RF), DH (RF)		Non controversial
Restoration of Permanent Teeth [Any material – 9/5/08]						<b>RF Certification for RDA/DH Requires Additional Classroom and Clinical Training</b>
Class I				Amalgams/Composites: RDA (RF), DH (RF)		Non controversial
Class II				Amalgams: RDA (RF), DH (RF)		Non controversial
Class III				Amalgams: RDA (RF), DH (RF)		Non controversial
Class IV				Amalgams: RDA (RF), DH (RF)		Non controversial
Class V				Amalgams/Composites: RDA (RF), DH (RF)		Non controversial
Placement of Temporary Crowns			RDA, DH			Non controversial

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PROCEDURE	PATIENT POPULATION		SUPERVISION LEVEL			STATUS
	CHILDREN	ADULTS	DIRECT	INDIRECT	GENERAL	
Placement of Temporary Restorations			RDA, DH			Non controversial
Placement of Preformed Crowns ( <del>Stainless Steel</del> )				RDA (RF), DH (RF)		Non controversial
Pulpotomies on Primary Teeth						Non controversial
Direct Pulp Capping (Primary Teeth)						Non controversial
Direct Pulp Capping (Permanent Teeth)						Non controversial
Indirect Pulp Capping (Primary Teeth)						Non controversial
Indirect Pulp Capping (Permanent Teeth)						Non controversial
Repair of Defective Prosthetic Appliances – - Complete dentures (repair broken complete denture base and replace missing/broken teeth) - Partial dentures (repair resin denture base, repair cast framework, repair or replace broken clasp, replace broken tooth, add tooth to existing partial denture, add clasp to existing partial denture)						*Added 9/19/08 for further discussion
Recementing of Permanent Crowns						Not in OHP scope of practice
[Perio Maintenance]					DH	Not in OHP scope of practice
[Scaling/Root Planing]					DH	Not in OHP scope of practice
[Behavior Management]						Pediatric restraints not in OHP scope of practice
[House/Extended Care Facility Visit]				DH (Collaborative)		Non controversial
[Hospital Visit]						Non controversial

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PROCEDURE	PATIENT POPULATION		SUPERVISION LEVEL			STATUS
	CHILDREN	ADULTS	DIRECT	INDIRECT	GENERAL	
[Soft Tissue Reline-Chairside]						Non controversial
[Soft Tissue Conditioning]						Non controversial
ART technique						Added 9/5/08
Endo access opening-emergency (opening of a permanent tooth for pulpal debridement and opening chamber)						Added 9/5/08 – not in OHP scope of practice
<b>SURGICAL PROCEDURES</b>						
Extractions (Primary Teeth)						Only 7111
[soft tissue]						Not in OHP scope of practice
[partial bony]						Not in OHP scope of practice
[complete bony]						Not in OHP scope of practice
Extractions (Permanent Teeth)						Only 7140
[soft tissue]						Not in OHP scope of practice
[partial bony]						Not in OHP scope of practice
[complete bony]						Not in OHP scope of practice
Suture Placement						Not under general supervision
[Root Tip Removal] –						Not in OHP scope of practice – but, if 7140, could be moved to extraction not under general supervision
Suture Removal					DH	Non controversial
[Dressing Change]				RDA (perio packs YES, surgical dressings NO)	DH (perio packs YES, surgical dressings NO)	Non controversial
[Brush Biopsies]					DH	Non controversial
[Tooth Reimplantation]						Added 9/5/08
Incision & Drainage of Abscess]			RDA			Not in OHP scope of practice

# ORAL HEALTH PRACTITIONER SCOPE OF PRACTICE (REVISED 9/05/08)

## MEDICATIONS PRESCRIBED, ADMINISTERED, DISPENSED

MEDICATION	PATIENT POPULATION		DELIVERY MECHANISM			STATUS
	CHILDREN	ADULTS	PRESCRIBE	ADMINISTER	DISPENSE	
<b>[Antibiotics – Infectious]</b>						
Cephalexin						Non controversial
Metronidazole						Non controversial
Doxycycline						Non controversial
Azithromycin						Non controversial
<b>[Antibiotics – Prohylactic]</b>						
Amoxicillin						Non controversial
Clindamycin						Non controversial
Erythromycin						Non controversial
<b>[Pain/Inflammation]</b>						
Ibuprofen 800mg						Non controversial
APAP (Tylenol)						Non controversial
Tylenol #3						Removed?
Kenalog in Orabase]						Non controversial
Naproxen (Alleve)						Non controversial
Ketorolac						Non controversial
Celebrex						Non controversial
Viscous Lidocaine						Non controversial
Hydcodone/APAP						Removed?
Tramadol						Removed?
<b>[Other Medications]</b>						
Nitrous Oxide						Not under general supervision
Local Anesthetic						Non controversial
Localized Delivery of Antimicrobial Agents						Non controversial
Peridex Rinse						Non controversial
Chlorhexidine Rinse						Non controversial
Fluoride Toothpaste/Gels						Non controversial
Fluoride Vitamins						Non controversial
Smoking cessation medications						Added 9/5/08
Antifungal and those needed for medical emergencies						Added 9/5/08





