RCW 18.29.056 Employment by health care facilities authorized— Limitations—Requirements for services performed in senior centers. (1) (a) Subject to RCW 18.29.230 and (e) of this subsection, dental hygienists licensed under this chapter with two years' practical clinical experience with a licensed dentist within the preceding five years may be employed, retained, or contracted by health care facilities and senior centers to perform authorized dental hygiene operations and services without dental supervision.

(b) Subject to RCW 18.29.230 and (e) of this subsection, dental hygienists licensed under this chapter with two years' practical clinical experience with a licensed dentist within the preceding five years may perform authorized dental hygiene operations and services without dental supervision under a lease agreement with a health care facility or senior center.

(c) Dental hygienists performing operations and services under (a) or (b) of this subsection are limited to removal of deposits and stains from the surfaces of the teeth, application of topical preventive or prophylactic agents, application of topical anesthetic agents, polishing and smoothing restorations, and performance of root planing and soft-tissue curettage, but shall not perform injections of anesthetic agents, administration of nitrous oxide, or diagnosis for dental treatment.

(d) The performance of dental hygiene operations and services in health care facilities shall be limited to patients, students, and residents of the facilities.

(e) A dental hygienist employed, retained, or contracted to perform services under this section or otherwise performing services under a lease agreement under this section in a senior center must, before providing services:

(i) Enter into a written practice arrangement plan, approved by the department, with a dentist licensed in this state, under which the dentist will provide off-site supervision of the dental services provided. This agreement does not create an obligation for the dentist to accept referrals of patients receiving services under the program; and

(ii) Obtain information from the patient's primary health care provider about any health conditions of the patient that would be relevant to the provision of preventive dental care. The information may be obtained by the dental hygienist's direct contact with the provider or through a written document from the provider that the patient presents to the dental hygienist.

(f) For dental planning and dental treatment, dental hygienists shall refer patients to licensed dentists.

(2) For the purposes of this section:

(a) "Health care facilities" are limited to hospitals; nursing homes; home health agencies; group homes serving the elderly, individuals with disabilities, and juveniles; state-operated institutions under the jurisdiction of the department of social and health services or the department of corrections; and federal, state, and local public health facilities, state or federally funded community and migrant health centers, and tribal clinics.

(b) "Senior center" means a multipurpose community facility operated and maintained by a nonprofit organization or local government for the organization and provision of a combination of some of the following: Health, social, nutritional, educational services, and recreational activities for persons sixty years of age or older. [2019 c 111 § 1; 2013 c 87 § 2; 2009 c 321 § 1; 2007 c 270 § 1; 1997 c 37 § 2; 1984 c 279 § 63.]

Report—2009 c 321: "The secretary of health, in consultation with representatives of dental hygienists and dentists, shall provide a report to the appropriate committees of the legislature by December 1, 2013, that provides a summary of the information about patients receiving dental hygiene services in senior centers that is collected under RCW 18.29.056(1)(e)(ii), and in community-based sealant programs carried out in schools under RCW 18.29.220. This report must also include the following:

(1) For patients receiving scaling and root planning [planing] in senior center practices, an evaluation of the patient's need for pain control;

(2) For community-based sealant programs in schools, the number of sealants applied; the teeth cleaning method selected for the patient; whether the patient was reevaluated at a recall appointment; and the need for reapplication of the sealant at the recall appointment; and

(3) For patients receiving treatment in either the senior center practices or the community-based sealant programs in schools, the number of referred patients that are seen by a dentist; the lessons learned from these practices; and any unintended consequences or outcomes." [2009 c 321 § 3.]

Effective date—2009 c 321: "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect July 1, 2009." [2009 c 321 § 4.]

Report—2007 c 270: "The secretary of health, in consultation with representatives of dental hygienists and dentists, shall provide a report to the appropriate committees of the legislature by December 1, 2008, that:

(1) Provides a summary of the information about patients receiving dental services in senior centers that is collected under *RCW 18.29.056(1)(c)(ii), and in community-based sealant programs carried out in schools under RCW 18.29.220, and describing the dental health outcomes, including both effects on dental health and adverse incidents, if any, related to the services these patients receive under the programs; and

(2) Makes recommendations, as appropriate, with regard to the services that could be appropriately provided by dental hygienists in senior centers and community-based sealant programs carried out in schools, and the effects on dental health of patients treated." [2007 c 270 § 4.]

*Reviser's note: RCW 18.29.056 was amended by 2009 c 321 § 1, changing subsection (1)(c) to subsection (1)(e).

Severability-1984 c 279: See RCW 18.130.901.