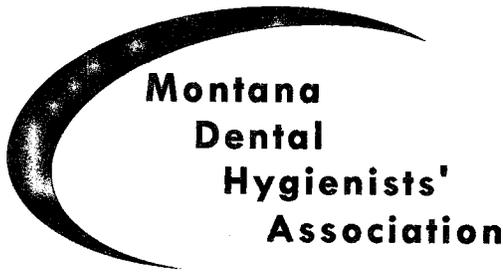


**ECONOMIC AFFAIRS IC  
JANUARY 20, 2012  
Exhibit 7**



**HB525 Review of the Board of Dentistry  
Economic Affairs Interim Committee  
January 20, 2012**

Chairman Berry and Members of the Committee,

As you requested last August, MDHA met with representatives of dentistry and dentistry to discuss options for restructuring the Board of Dentistry (BOD). We reached a consensus with dentistry but were unable to negotiate any real change with dentistry. The Montana Dental Hygienists' Association (MDHA) firmly believes that any meaningful change in the BOD will require legislative action.

MDHA supports separating the board to create a Board of Dental Providers that would regulate dental hygienists. As an alternative that would keep the professions within the Board of Dentistry, we could also support separate regulatory committees established by statute for each profession.

There are various models of self-regulation by dental hygienists in California, New Mexico, Iowa, Washington and Connecticut.<sup>1</sup> California has a Dental Hygiene Committee that functions as a board. New Mexico and Iowa have regulatory committees within their boards of dentistry. These models are working well and we have patterned our committee proposal after two of them.<sup>2</sup>

There are many reasons to restructure the Board to allow self-regulation by dental hygiene including the prejudice and abuse of power you have heard about for thirty years or more. But there are also these positive reasons for restructuring the BOD:

- There is a precedent of self-regulation for professions in Montana. Within the healthcare licensing boards and programs, 21 professions have their own boards and 7 have equal representation on a board.<sup>3</sup>
- Among all of the healthcare boards you will review, dental hygienists are the only *professionals* in Montana regulated by their primary employers.<sup>3</sup>
- Dental hygienists are fully qualified to license, discipline, and regulate our profession. We are very concerned with public safety and high educational standards for the dental hygiene profession. Similar to the Montana Board of Nursing, dental hygienists understand the profession and are best qualified to uphold high standards. Both professions provide health care under general supervision, meaning that the doctor/dentist authorizes treatment but need not be present. Nursing and dental hygiene have similar educational requirements, supervision and responsibility.<sup>4</sup> *Nurses are not regulated by doctors. They have their own board comprised entirely of public members and nurses who regulate their own profession and ensure public safety.* There is no argument that nurses are not the most knowledgeable resource about their profession, nor that public safety is compromised because they self-regulate their profession.

**2010-11 Officers**

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- Establishing a separate board will NOT remove hygienists from supervision by dentists. Dentists will still control what happens in their offices.
- A separate board will not be able to change the scope of practice for the professions it regulates. Any change in the scope of practice requires legislation.
- The Department of Labor and Industry researched the cost of a separate board and *dental hygienists can support a separate board without an increase in fees.*<sup>5</sup>

As you directed us, we have developed a compromise that gives denturists and hygienists regulatory authority over their professions while staying within the Board of Dentistry.<sup>2</sup> This plan would add a denturist to the BOD and establish dental hygiene and denturist committees to conduct all business related to their professions. It will:

- Guard against abuse of power and discrimination by requiring an 8/11 supermajority vote of the BOD to overturn recommendations of regulatory committees.
- Save dentists from an increase in fees.<sup>6</sup>
- Safeguard against errant decisions by giving veto power to ¾ majority (8) of the board.
- Keep all three professions within the BOD if that is what you prefer.

Over forty years ago Montana's dental hygienists passed "general supervision" which made it legal to provide oral health care for our patients when the dentist was not present. Although it was common for dentists to leave the office while their hygienist worked, dentistry opposed our bill saying it would endanger the public. There has never been a negative outcome and general supervision has enabled hygienists to provide regular service for patients while freeing the dentist's time. A huge success!

27 years ago MDHA passed the "local anesthesia" bill, allowing qualified hygienists to administer local anesthesia under direct supervision. Dentistry opposed the bill saying it would endanger the public. There has never been a negative outcome and our bill has enabled registered dental hygienists to provide the best quality care for patients while freeing the dentist to provide uninterrupted care for patients. A huge success!

Today we are asking you to vote to support legislation to create a new board of dental providers OR to create a dental hygiene committee within the BOD to assume all of the responsibilities of regulating our profession. We are competent for this responsibility and motivated to uphold the highest possible standards for our profession in order to best serve the public.

Sincerely,



Kim Dunlap, RDH, BS, LAP  
President

## **The following states have dental hygiene advisory committees or varying degrees of self regulation for dental hygienists.**

### **1. Arizona**

The Arizona advisory committee consists of one dentist and one dental hygienist from the board, plus four additional dental hygienists and one public member. The committee serves as a forum for discussion of dental hygiene issues and advises the board on rules and proposed statute changes concerning dental hygiene education, regulation and practice. In addition the committee evaluates CE classes for expanded functions and monitors dental hygienists' compliance with CE requirements.

### **2. California**

The Dental Hygiene Committee of California is a self-regulating dental hygiene committee in conjunction with the Department of Consumer Affairs. The committee consists of four dental hygienists, four public members and one dentist appointed by the governor. ✓

### **3. Connecticut**

Connecticut is unique. Dental hygiene is directly under the health department, and although there is no standing dental hygiene committee, if there is a need to address rules or disciplinary matters, the department director has the ability to appoint an ad hoc committee of dental hygienists.

### **4. Delaware**

Delaware's advisory committee is appointed by the governor and consists of three dental hygienists. During a recent sunset review of the board the committee was granted enhanced authority and now writes the examination for dental hygiene licensure (in conjunction with the dental board). Committee members also vote with the board on issues of dental hygiene licensure by credentials, disciplinary decisions and continuing education requirements for dental hygiene licensure.

### **5. Florida**

Florida has both dental hygiene and dental assisting councils. The dental hygiene council is composed of four dental hygienists, one of whom sits on the board, and one dentist member of the board. The council is expected to develop all dental hygiene rules to submit to the board for its approval. ✓

### **6. Iowa**

Beginning in 1999, both dental hygienists on the dental board and one of the dentists became a dental hygiene committee of the board. This committee has the power to make all rules pertaining to dental hygiene. The board will be required to adopt those rules and enforce the committee rules. ✓

### **7. Maine**

Maine has a subcommittee on dental hygiene. The subcommittee consists of five members: one dental hygienist who is a member of the board; two dental hygienists appointed by the governor; two dentists who are members of the board and appointed by the president of the board. The duties of the subcommittee are to perform an initial review of all applications for licensure as a dental hygienist, submissions relating to continuing education of dental hygienists, and all submissions relating to public health supervision status of dental hygienists.

### **8. Maryland**

Maryland's committee consists of three dental hygienists, one dentist, and one public member, all of whom are full voting members of the dental board. The committee was created during sunset review as a compromise to the creation of a separate dental hygiene regulatory board. According to statute, all matters pertaining to dental hygiene must first be brought to the committee for its review and recommendation. ✓

### **9. Michigan**

A five member advisory committee, comprised of four dental hygienists and one dentist, considers matters related to the dental hygiene profession and makes recommendations to the full board of dentistry. All members of the advisory committee are voting members on the board. The existence of the advisory committee is not mandated by state rules or statutes, but instead is a committee appointed by the chairperson of the board. ✓

### **10. Missouri**

A five member advisory commission, composed of the dental hygienists on the board and four dental hygienists appointed by the governor was created by the state legislature in 2001. The commission will make recommendations to the board concerning dental hygiene practice, licensure, examinations, discipline and educational requirements

### **11. Montana**

In 2002 the board assigned both dental hygienist members and one dentist member to be a standing committee to consider and address dental hygiene issues in a timely fashion. The committee will formulate specific recommendations to bring to the entire board for action.

## **12. Nevada**

Legislation in 2003 added a third dental hygienist to the board, who together with a dentist appointed by the board, will constitute a dental hygiene committee that may formulate recommendations on dental hygiene rules for the board and be assigned additional duties by the board.

## **13. New Mexico**

✓ New Mexico has a board of dental health care comprised of five dentists, two dental hygienists and two public members. There is a dental hygiene committee comprised of five dental hygienists, two public members and two dentists. The committee selects two of its dental hygiene members to serve as the dental hygienists on the board. The board's public members and two of its dentist members are the dentist and public members of the committee. The committee adopts all the rules pertaining to dental hygiene and is also responsible for the discipline of dental hygienists. The board enforces the dental hygiene committee's rules.

## **14. Oklahoma**

The dental hygiene advisory committee is comprised of the dental hygiene board and four additional dental hygienists appointed by the board.

## **15. Oregon**

Under its authority to create standing committees, the Oregon dental board has appointed a committee comprised of three dentists, three dental hygienists, and one non-dental healthcare provider to advise the board concerning dental hygiene issues.

## **16. Texas**

✓ In 1995 a dental hygiene advisory committee comprised of three dental hygienists and two public members appointed by the governor and one dentist appointed by the board was established. All rules relating to the practice of dental hygiene must be submitted to the committee for review 30 days prior to board adoption. The committee has been responsible for researching and developing recent rules for licensure by credentials and the application of tetracycline fibers. Legislation in 2003 gave the committee the authority to propose specific rules for board action.

## **17. Washington**

✓ The state of Washington has a uniform disciplinary code which applies to all health professions and creates the regulatory bodies to implement each practice act. Dentistry and dental hygiene have separate practice acts. Dentists are regulated by the Dental Quality Assurance Commission (an independent dental board with no dental hygiene members). Dental hygienists are regulated by the Dental Hygiene Advisory Committee (comprised of three dental hygienists and one public member appointed by the department). Created in the early eighties, its original charge was to develop rules for dental hygiene education and licensure. Now, the committee has authority to originate all dental hygiene rules. Although nominally advisory, it meets and deliberates like a board. The department of health has consistently implemented rules as proposed by the committee.

## **Iowa dental hygiene committee**

### **650—1.4(153) Organization of the dental hygiene committee.**

**1.4(1)** All matters regarding the practice, discipline, education, examination, and licensure of dental hygienists will be initially directed to the dental hygiene committee. The committee shall have the authority to adopt recommendations regarding the practice, discipline, education, examination, and licensure of dental hygienists and shall carry out duties as assigned by the board. Recommendations by the committee shall include a statement and documentation supporting its recommendation to the board. The board shall review all committee recommendations. The recommendations shall be ratified by the board unless the board makes a specific written finding that the recommendation exceeds the jurisdiction or expands the scope of the committee beyond the authority granted in subrule 1.4(2), creates an undue financial impact on the board, or is not supported by the record. The board may not amend a committee recommendation without the concurrence of the majority of the members of the dental hygiene committee.

**1.4(2)** This rule shall not be construed as impacting or changing the scope of practice of the profession of dental hygiene or authorizing the independent practice of dental hygiene.

**1.4(3)** The committee shall not have regulatory or disciplinary authority with regard to dentists, dental assistants, dental lab technicians, or other auxiliary dental personnel.

This rule is intended to implement Iowa Code section 153.33A.

**650—1.5(17A,153) Information.** Members of the public may obtain information from or submit requests relating to the practice of dentistry, dental hygiene, or dental assisting, continuing education, or any other matter to the Executive Director, Iowa Board of Dental Examiners, 400 SW 8th Street, Suite D, Des Moines, Iowa 50309-4687.

### **650—1.6(17A,147,153) Meetings.**

**1.6(1)** The board shall hold an annual meeting each year in Des Moines to elect officers and conduct other business. Officers of the board shall consist of a chairperson, vice chairperson, and secretary. Officers shall assume their duties immediately following their election at the annual meeting.

**1.6(2)** The board may hold additional meetings as the chairperson, vice chairperson, or majority of the board deems necessary. Written notices stating the time and place of the meetings shall be provided consistent with the open meetings law.

**1.6(3)** The dental hygiene committee shall hold an annual meeting each year in Des Moines, Iowa, to elect officers and conduct other business. Officers of the committee shall consist of a chairperson, vice chairperson, and secretary. Officers shall assume their duties immediately following their election at the annual meeting.

**1.6(4)** The dental hygiene committee may hold additional meetings as the chairperson, vice chairperson, or majority of the committee deems necessary.

**1.6(5)** Dates and location of board meetings may be obtained from the board's office. Except as otherwise provided by statute, all board meetings shall be open and the public shall be permitted to attend.

### **153.33A DENTAL HYGIENE COMMITTEE.**

1. A three-member dental hygiene committee of the board is created, consisting of the two dental hygienist members of the board and one dentist member of the board. The dentist member of the committee must have supervised and worked in collaboration with a dental hygienist for a period of at least three years immediately preceding election to the committee. The dentist member shall be elected to the committee annually by a majority vote of board members.

2. The committee shall have the authority to adopt recommendations regarding the practice, discipline, education, examination, and licensure of dental hygienists, subject to subsection 3, and shall carry out duties as assigned by the board. The committee shall have no regulatory or disciplinary authority with regard to dentists, dental assistants, dental lab technicians, or any other auxiliary dental personnel.

3. The board shall ratify recommendations of the committee at the first meeting of the board following adoption of the recommendations by the committee, or at a meeting of the board specifically called for the purpose of board review and ratification of committee recommendations. The board shall decline to ratify committee recommendations only if the board makes a specific finding that a recommendation exceeds the jurisdiction or expands the scope of the committee beyond the authority granted in subsection 2, creates an undue financial impact on the board, or is not supported by the record. The board shall pay the necessary expenses of the committee and of the board in implementing committee recommendations ratified by the board.

4. This section shall not be construed as impacting or changing the scope of practice of the profession of dental hygiene or authorizing the independent practice of dental hygiene.

#### **Section History: Recent Form**

98 Acts, ch 1010, §2; 2007 Acts, ch 10, §137  
Referred to in § 147.14

**61-5A-9. Committee created. (Repealed effective July 1, 2016.)**

- A. There is created the nine-member "New Mexico dental hygienists committee". The committee shall consist of five dental hygienists, two dentists and two public members. The dental hygienists shall be actively practicing and have been licensed practitioners and residents of New Mexico for a period of five years preceding the date of their appointment. The dentists and public members shall be members of the board and shall be elected annually to sit on the committee by those members sitting on the board.
- B. The governor may appoint the dental hygienists from a list of names submitted by the New Mexico dental hygienists' association. There shall be one member from each district. All members shall serve until their successors have been appointed. No more than one member may be employed by or receive remuneration from a dental or dental hygiene educational institution.
- C. Appointments for dental hygienist members shall be for terms of five years. Appointments shall be made so that the term of one dental hygienist expires on July 1 of each year.
- D. Any committee member failing to attend three committee or board meetings, either regular or special, during the committee member's term shall automatically be removed as a member of the committee unless excused from attendance by the committee for good cause shown. Members of the committee not sitting on the board shall not be required or allowed to attend board disciplinary hearings.
- E. No committee member shall serve more than two full terms on any state-chartered board whose responsibility includes the regulation of practice or licensure of dentistry or dental hygiene in New Mexico. A partial term of three or more years shall be considered a full term.
- F. In the event of any vacancy, the secretary of the committee shall immediately notify the governor, the committee and board members and the New Mexico dental hygienists' association of the reason for its occurrence and action taken by the committee, so as to expedite appointment of a new committee member.
- G. The committee shall meet at least four times every year and no more than two meetings shall be public rules hearings. Regular meetings shall not be more than one hundred twenty days apart. The committee may also hold special meetings and emergency meetings in accordance with the rules of the board and committee, upon written notification to all members of the committee and the board.
- H. Members of the committee shall be reimbursed as provided in the Per Diem and Mileage Act [10-8-1 NMSA 1978] and shall receive no other compensation, perquisite or allowance.
- I. A simple majority of the committee members currently serving shall constitute a quorum, provided at least two of that quorum are not hygienist members and three are hygienist members.
- J. The committee shall elect officers annually as deemed necessary to administer its duties and as provided in rules and regulations of the board and committee.

**61-5A-10. Powers and duties of the board and committee. (Repealed effective July 1, 2016.)**

In addition to any other authority provided by law, the board and the **committee**, when designated, shall:

- A. enforce and administer the provisions of the **Dental Health Care Act**;
- B. adopt, publish, file and revise, in accordance with the Uniform Licensing Act [61-1-1 NMSA 1978] and the State Rules Act [14-4-1 NMSA 1978], all rules as may be necessary to:
  - (1) regulate the examination and licensure of dentists and, through the **committee**, regulate the examination and licensure of **dental hygienists**;
  - (2) provide for the examination and certification of **dental assistants** by the board;
  - (3) provide for the regulation of **dental technicians** by the board;
  - (4) regulate the practice of dentistry, **dental assisting** and, through the **committee**, regulate the practice of **dental hygiene**; and
  - (5) provide for the regulation and licensure of non-dentist owners by the board;
- C. adopt and use a seal;
- D. administer oaths to all applicants, witnesses and others appearing before the board or the **committee**, as appropriate;
- E. keep an accurate record of all meetings, receipts and disbursements;
- F. grant, deny, review, suspend and revoke licenses and certificates to practice dentistry, **dental assisting** and, through the **committee**, **dental hygiene** and censure, reprimand, fine and place on probation and stipulation dentists, **dental assistants** and, through the **committee**, **dental hygienists**, in accordance with the Uniform Licensing Act for any cause stated in the **Dental Health Care Act**;
- G. grant, deny, review, suspend and revoke licenses to own **dental practices** and censure, reprimand, fine and place on probation and stipulation non-dentist owners, in accordance with the Uniform Licensing Act, for any cause stated in the **Dental Health Care Act**;
- H. maintain records of the name, address, license number and such other demographic data as may serve the needs of the board of licensees, together with a record of license renewals, suspensions, revocations, probations, stipulations, censures, reprimands and fines. The board shall make available composite reports of demographic data but shall limit public access to information regarding individuals to their names, addresses, license numbers and license actions or as required by statute;
- I. hire and contract for services from persons as necessary to carry out the board's duties;
- J. establish ad hoc **committees** whose members shall be appointed by the chair with the advice and consent of the board or **committee** and shall include at least one member of the board or **committee** as it deems necessary for carrying on its business;
- K. have the authority to pay per diem and mileage to individuals who are appointed by the board or the **committee** to serve on ad hoc **committees**;
- L. have the authority to hire or contract with investigators to investigate possible violations of the **Dental Health Care Act**;
- M. have the authority to issue investigative subpoenas prior to the issuance of a notice of contemplated action for the purpose of investigating complaints against dentists, **dental assistants** and, through the **committee**, **dental hygienists** licensed under the **Dental Health Care**

Act;

N. have the authority to sue or be sued and to retain the services of an attorney at law for counsel and representation regarding the carrying out of the board's duties;

O. have the authority to create and maintain a formulary, in consultation with the board of pharmacy, of medications that a **dental** hygienist may prescribe, administer or dispense in accordance with rules the board has promulgated; and

P. establish continuing education or continued competency requirements for dentists, certified **dental** assistants in expanded functions, **dental** technicians and, through the **committee**, **dental** hygienists.

**61-5A-11. Ratification of committee recommendations. (Repealed effective July 1, 2016.)**

A. The board shall ratify the recommendations of the committee unless the board makes a specific finding that a recommendation is:

- (1) beyond the jurisdiction of the committee;
- (2) an undue financial impact upon the board; or
- (3) not supported by the record.

B. The board shall provide the necessary expenditures incurred by the committee and the board in implementing and executing the ratified recommendations.

**61-5A-13. Dental hygienist licensure. (Repealed effective July 1, 2016.)**

A. Applicants for licensure shall have graduated and received a degree from an accredited **dental hygiene** educational program that provides a minimum of two academic years of **dental hygiene** curriculum and is a post-secondary educational institution accredited by the joint commission on **dental** accreditation and shall have passed the written portion of the **dental hygiene** examination administered by the joint commission on national **dental** examinations of the American **dental** association or, if this test is not available, another written examination determined by the **committee**.

B. Applicants for licensure by examination shall be required, in addition to the requirements set forth in Subsection A of this section, to pass a written examination covering the laws and rules for practice in New Mexico. Each written examination shall be supplemented by a practical or clinical examination administered by the **committee** or its agents that reasonably tests the applicant's qualifications to practice as a **dental** hygienist. Upon an applicant passing the written and clinical examinations, the board, upon recommendation of the **committee**, shall issue a license to practice as a **dental** hygienist.

C. The board, upon the committee's recommendation, shall issue a license to practice as a **dental** hygienist by credentials without examination, including practical or clinical examination, to an applicant who is a duly licensed **dental** hygienist by examination under the laws of another state or territory of the United States and whose license is in good standing for the two previous years in that jurisdiction and if the applicant otherwise meets all other requirements of the **Dental** Health Care Act, including payment of appropriate fees and passing an examination covering the laws and rules pertaining to practice as a **dental** hygienist in New Mexico.

**Purpose -- Statutory references -- Severability -- 1990 c 33: See RCW 28A.900.100 through 28A.900.102.**

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## **18.120.020**

### **Definitions.**

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

- (1) "Applicant group" includes any health professional group or organization, any individual, or any other interested party which proposes that any health professional group not presently regulated be regulated or which proposes to substantially increase the scope of practice of the profession.
- (2) "Certificate" and "certification" mean a voluntary process by which a statutory regulatory entity grants recognition to an individual who (a) has met certain prerequisite qualifications specified by that regulatory entity, and (b) may assume or use "certified" in the title or designation to perform prescribed health professional tasks.
- (3) "Grandfather clause" means a provision in a regulatory statute applicable to practitioners actively engaged in the regulated health profession prior to the effective date of the regulatory statute which exempts the practitioners from meeting the prerequisite qualifications set forth in the regulatory statute to perform prescribed occupational tasks.
- (4) "Health professions" means and includes the following health and health-related licensed or regulated professions and occupations: Podiatric medicine and surgery under chapter 18.22 RCW; chiropractic under chapter 18.25 RCW; dental hygiene under chapter 18.29 RCW; dentistry under chapter 18.32 RCW; denturism under chapter 18.30 RCW; dispensing opticians under chapter 18.34 RCW; hearing instruments under chapter 18.35 RCW; naturopaths under chapter 18.36A RCW; embalming and funeral directing under chapter 18.39 RCW; midwifery under chapter 18.50 RCW; nursing home administration under chapter 18.52 RCW; optometry under chapters 18.53 and 18.54 RCW; ocularists under chapter 18.55 RCW; osteopathic medicine and surgery under chapters 18.57 and 18.57A RCW; pharmacy under chapters 18.64 and 18.64A RCW; medicine under chapters 18.71 and 18.71A RCW; emergency medicine under chapter 18.73 RCW; physical therapy under chapter 18.74 RCW; practical nurses under chapter 18.79 RCW; psychologists under chapter 18.83 RCW; registered nurses under chapter 18.79 RCW; occupational therapists licensed under chapter 18.59 RCW; respiratory care practitioners licensed under chapter 18.89 RCW; veterinarians and veterinary technicians under chapter 18.92 RCW; health care assistants under chapter 18.135 RCW; massage practitioners under chapter 18.108 RCW; East Asian medicine practitioners licensed under chapter 18.06 RCW; persons registered under chapter 18.19 RCW; persons licensed as mental health counselors, marriage and family therapists, and social workers under chapter 18.225 RCW; dietitians and nutritionists certified by chapter 18.138 RCW; radiologic technicians under chapter 18.84 RCW; and nursing assistants registered or certified under chapter 18.88A RCW.
- (5) "Inspection" means the periodic examination of practitioners by a state agency in order to ascertain whether the practitioners' occupation is being carried out in a fashion consistent with the public health, safety, and welfare.
- (6) "Legislative committees of reference" means the standing legislative committees designated by the respective rules committees of the senate and house of representatives to consider proposed legislation to regulate health professions not previously regulated.
- (7) "License," "licensing," and "licensure" mean permission to engage in a health profession which would otherwise be unlawful in the state in the absence of the permission. A license is granted to those individuals who meet prerequisite qualifications to perform prescribed health professional tasks and for the use of a particular title.
- (8) "Professional license" means an individual, nontransferable authorization to carry on a health activity based on qualifications which include: (a) Graduation from an accredited or approved program, and (b) acceptable performance on a qualifying examination or series of examinations.
- (9) "Practitioner" means an individual who (a) has achieved knowledge and skill by practice, and (b) is actively

engaged in a specified health profession.

(10) "Public member" means an individual who is not, and never was, a member of the health profession being regulated or the spouse of a member, or an individual who does not have and never has had a material financial interest in either the rendering of the health professional service being regulated or an activity directly related to the profession being regulated.

(11) "Registration" means the formal notification which, prior to rendering services, a practitioner shall submit to a state agency setting forth the name and address of the practitioner; the location, nature and operation of the health activity to be practiced; and, if required by the regulatory entity, a description of the service to be provided.

(12) "Regulatory entity" means any board, commission, agency, division, or other unit or subunit of state government which regulates one or more professions, occupations, industries, businesses, or other endeavors in this state.

(13) "State agency" includes every state office, department, board, commission, regulatory entity, and agency of the state, and, where provided by law, programs and activities involving less than the full responsibility of a state agency.

[2010 c 286 § 14; 2001 c 251 § 26; 2000 c 93 § 15; 1997 c 334 § 13; 1996 c 178 § 9. Prior: 1995 c 323 § 15; 1995 c 1 § 18 (Initiative Measure No. 607, approved November 8, 1994); 1994 sp.s. c 9 § 718; 1989 c 300 § 14; prior: 1988 c 277 § 12; 1988 c 267 § 21; prior: 1987 c 512 § 21; 1987 c 447 § 17; 1987 c 415 § 16; 1987 c 412 § 14; prior: 1985 c 326 § 28; 1985 c 117 § 3; prior: 1984 c 279 § 57; 1984 c 9 § 18; 1983 c 168 § 2.]

## RCW 18.29.110

### Dental hygiene examining committee — Generally.

There shall be a dental hygiene examining committee consisting of three practicing dental hygienists and one public member appointed by the secretary, to be known as the Washington dental hygiene examining committee. Each dental hygiene member shall be licensed and have been actively practicing dental hygiene for a period of not less than five years immediately before appointment and shall not be connected with any dental hygiene school. The public member shall not be connected with any dental hygiene program or engaged in any practice or business related to dental hygiene. Members of the committee shall be appointed by the secretary to prepare and conduct examinations for dental hygiene licensure. Members shall be appointed to serve for terms of three years from October 1 of the year in which they are appointed. Terms of the members shall be staggered. Each member shall hold office for the term of his or her appointment and until his or her successor is appointed and qualified. Any member of the committee may be removed by the secretary for neglect of duty, misconduct, malfeasance, or misfeasance in office, after being given a written statement of the charges against him or her and sufficient opportunity to be heard thereon. Members of the committee shall be compensated in accordance with RCW 43.03.240 and shall be reimbursed for travel expenses in accordance with RCW 43.03.050 and 43.03.060.

[1991 c 3 § 51; 1989 c 202 § 3.]

## **BUSINESS AND PROFESSIONS CODE**

### **SECTION 1900-1966.6**

1900. It is the intent of the Legislature by enactment of this article to permit the full utilization of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions in order to meet the dental care needs of all of the state's citizens.

1901. There is hereby created within the jurisdiction of the Dental Board of California a Dental Hygiene Committee of California in which the administration of this article is vested.

1902. For purposes of this article, the following definitions apply:

- (a) "Committee" means the Dental Hygiene Committee of California.
- (b) "Dental board" means the Dental Board of California.
- (c) "Direct supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is required to be physically present in the treatment facility during the performance of those procedures.
- (d) "General supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is not required to be physically present in the treatment facility during the performance of those procedures.
- (e) "Oral prophylaxis" means preventive and therapeutic dental procedures that include bacterial debridements with complete removal, supra and subgingivally, of calculus, soft deposits, plaque, and stains, and the smoothing of tooth surfaces. The objective of this treatment is to create an environment in which the patient can maintain healthy hard and soft tissues.

1903. (a) (1) The committee shall consist of nine members appointed by the Governor. Four shall be public members, one member shall be a practicing general or public health dentist who holds a current license in California, and four members shall be registered dental hygienists who hold current licenses in California. Of the registered dental hygienists members, one shall be licensed either in alternative practice or in extended functions, one shall be a dental hygiene educator, and two shall be registered dental hygienists. No public member shall have been licensed under this chapter within five years of the date of his or her appointment or have any current financial interest in a dental-related business.

(2) For purposes of this subdivision, a public health dentist is a dentist whose primary employer or place of employment is in any of the following:

- (A) A primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code.

## CALIFORNIA

(B) A primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code.

(C) A clinic owned or operated by a public hospital or health system.

(D) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

(b) Except for the initial term, members of the committee shall be appointed for a term of four years. All of the terms for the initial appointments shall expire on December 31, 2011.

(c) The committee shall elect a president, a vice president, and a secretary from its membership.

(d) No person shall serve as a member of the committee for more than two consecutive terms.

(e) A vacancy in the committee shall be filled by appointment to the unexpired term.

(f) Each member of the committee shall receive a per diem and expenses as provided in Section 103.

(g) The Governor shall have the power to remove any member from the committee for neglect of a duty required by law, for incompetence, or for unprofessional or dishonorable conduct.

(h) The committee, with the approval of the director, may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the committee and vested in him or her by this article.

1904. The committee shall meet at least two times each calendar year and shall conduct additional meetings in appropriate locations that are necessary to transact its business.

1905. (a) The committee shall perform the following functions:

(1) Evaluate all registered dental hygienist, registered dental hygienist in alternative practice, and registered dental hygienist in extended functions educational programs that apply for approval and grant or deny approval of those applications in accordance with regulations adopted by the committee. Any such educational programs approved by the dental board on or before June 30, 2009, shall be deemed approved by the committee. Any dental hygiene program accredited and in good standing by the Commission on Dental Accreditation shall be approved.

(2) Withdraw or revoke its prior approval of a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions educational program in accordance with regulations adopted by the committee. The committee may withdraw or revoke a dental hygiene program approval if the program has been placed on probationary status by the Commission on Dental Accreditation.

(3) Review and evaluate all registered dental hygienist, registered dental hygienist in alternative practice, and registered dental hygienist in extended functions applications for licensure to ascertain whether the applicant meets the appropriate licensing requirements specified by statute and regulations, maintain

## CALIFORNIA

application records, cashier application fees, issue and renew licenses, and perform any other tasks that are incidental to the application and licensure processes.

(4) Determine the appropriate type of license examination consistent with the provisions of this article, and develop or cause to be developed and administer examinations in accordance with regulations adopted by the committee.

(5) Determine the amount of fees assessed under this article, not to exceed the actual cost.

(6) Determine and enforce the continuing education requirements specified in this article.

(A) (i) If the committee determines that the public health and safety would be served by requiring all holders of licenses under this chapter to continue their education after receiving a license, it may require, as a condition to the renewal thereof, that a licensee submit assurances satisfactory to the committee that he or she will, during the succeeding two-year period, inform himself or herself of the developments in the practice of dental hygiene occurring since the original issuance of his or her license by pursuing one or more courses of study satisfactory to the committee or by other means deemed equivalent by the committee.

(ii) The committee shall adopt, amend, and revoke regulations providing for the suspension of a license at the end of the two-year period until compliance with the assurances provided for in this section is accomplished.

(B) The committee may also, as a condition of license renewal, require licensees to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the committee. The committee may prescribe this mandatory coursework within the general areas of patient care, health and safety, and law and ethics. The mandatory coursework prescribed by the committee shall not exceed seven and one-half hours per renewal period for dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions. Any mandatory coursework required by the committee shall be credited toward the continuing education requirements established by the committee pursuant to subparagraph (A).

(7) Deny, suspend, or revoke a license under this article, or otherwise enforce the provisions of this article. Any such proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the committee shall have all of the powers granted therein.

(8) Make recommendations to the board regarding scope of practice issues.

(9) Adopt, amend, and revoke rules and regulations to implement the provisions of this article, including the amount of required supervision by a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions of a registered dental assistant.

(b) The committee may employ employees and examiners that it deems necessary to carry out its functions and responsibilities under this article.

1905.1. Until January 1, 2010, the committee may contract with the

## CALIFORNIA

dental board to carry out any of the provisions of this article. On and after January 1, 2010, the committee may contract with the dental board to perform investigations of applicants and licensees under this article.

1905.2. Recommendations by the committee pursuant to this article shall be approved, modified, or rejected by the board within 90 days of submission of the recommendation to the board. If the board rejects or significantly modifies the intent or scope of the recommendation, the committee may request that the board provide its reasons in writing for rejecting or significantly modifying the recommendation, which shall be provided by the board within 30 days of the request.

1906. (a) The committee shall adopt, amend, and revoke regulations to implement the requirements of this article.

(b) All regulations adopted by the committee shall comply with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) No regulation adopted by the committee shall impose a requirement or a prohibition directly upon a licensed dentist or on the administration of a dental office, unless specifically authorized by this article.

(d) Unless contrary to the provisions of this article, regulations adopted by the dental board shall continue to apply to registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions until other regulations are adopted by the committee. All references in those regulations to "board" shall mean the committee, which shall solely enforce the regulations with respect to registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions.

Proposal to amend 2-15-1732.

**2-15-1732. Board of dentistry and dental hygiene committee.**

(1) There is a board of dentistry.

(2) The board consists of five dentists, two denturists, two dental hygienists, and two public members, one of whom must be a senior citizen. All members are appointed by the governor with the consent of the senate. Each licensed member must be licensed to practice as a dentist, denturist, or dental hygienist in this state, must have actively practiced in this state for at least 5 continuous years immediately before the member's appointment, and must be actively engaged in practice while serving on the board. Each member must be a resident of this state .

(3) Each member shall serve for a term of 5 years. The governor may remove a member only for neglect or cause.

(4) The governor shall fill any vacancy within 30 days.

(5) The board is allocated to the department for administrative purposes only as prescribed in 2-15-121.

(6) There is a dental hygiene committee.

(7) The dental hygiene committee shall provide recommendations to the board in all matters concerning the enforcement and administration of the provisions of the Dentistry and Dental Hygiene Act (Title 37 Chapter 4 MCA) with regard to dental hygiene or dental hygienists.

(8) The dental hygiene committee consists of four dental hygienists, one dentist and one public member. Two of the members shall be the dental hygienists serving on the board. Two of the members shall be dental hygienists appointed by the governor with the consent of the senate. One of the members shall be a dentist member of the board elected by a majority of the board. One of the members will be a public member serving on the board. Each dentist and hygienist must be licensed to practice as a dentist or dental hygienist in this state, must have actively practiced in this state for at least 5 continuous years immediately before the member's appointment, and must be actively engaged in practice while serving on the board. Each member must be a resident of this state. The dentist elected to the dental hygiene committee must have supervised or worked in collaboration with a dental hygienist during at least three of the past five years before election.

(9) Each dental hygienist member of the committee appointed by the governor shall serve for a term of 5 years. Each dental hygienist member or the dental member who also serve on the board will serve on the committee for so long as they remain a member of the board. The governor may remove a member only for neglect or cause.

Proposal for new section 37-4-407 and to renumber remaining sections

(1) Unless otherwise specified in this act, all rules concerning the practice, discipline, education, examination and licensure of dental hygienists shall be initiated as recommendations approved by the dental hygiene committee.

(2) The Committee shall forward these recommendations to the Board for the Board to ratify and implement.

(3) The Committee shall have no regulatory or disciplinary authority with regard to dentists, denturists, dental assistants or any other auxiliary dental personnel.

- (4) The Board shall review and act on the recommendations of the Committee at the first meeting of the Board following committee approval of the recommendations or within 90 days at a special meeting called for the purpose of acting on the recommendation.
- (5) The recommendations of the committee shall be ratified by the board unless a super majority of three-fourths of the board members (8) vote to alter or reject the recommendation.
- (6) This section shall not be construed as impacting or changing the scope of practice of the profession of dental hygiene.
- (7) Ratified Committee recommendations to add, amend or repeal rules shall be proposed as an action of the Board pursuant to the requirements of 2-4-302.
- (8) The committee will adjudicate all complaints concerning dental hygienists on behalf of the board pursuant to the same procedure followed by the Board in hearing complaints as set forth in MCA 37-1-307 and the Board shall undertake enforcement proceedings based on the Committee's recommendations no later than at the first meeting of the Board following receipt of the recommendation.

**(The following sections will be renumbered:)**

**37-4-407. Provisions not to apply to licensed dentist, physician, or surgeon.** Nothing in this chapter relating to the practice of dental hygiene applies to its practice by a licensed dentist or a licensed physician and surgeon in this state.

**History:** En. Sec. 23, Ch. 48, L. 1935; re-en. Sec. 3115.23, R.C.M. 1935; amd. Sec. 11, Ch. 352, L. 1969; amd. Sec. 90, Ch. 350, L. 1974; R.C.M. 1947, 66-923(5).

**37-4-408. Auxiliary personnel – employment, duties, and limitations.** A dental auxiliary is a person other than a licensed dental hygienist employed by a licensed dentist. The board may, within the limitations of this chapter, adopt rules that define the qualifications and outline the tasks of any unlicensed auxiliary personnel to be employed by a licensed dentist, except that this section may not be construed to allow the board by rule to permit a licensed dentist to delegate to any auxiliary personnel prophylaxis or any of the duties prohibited to dental hygienists under 37-4-401. The performance of intraoral tasks by all dental auxiliaries, as permitted by board rules, must be under the direct supervision of a licensed dentist.

## SELF-REGULATION BY PROFESSIONS IN MONTANA

The following professions have their own board:

Athletic Trainers	Occupational Therapists
Chiropractors	Optometrists
Clinical Lab Scientists	Pharmacists
Dentists	Physical Therapists
Morticians	Adolescent Program Professional
Hearing Aid Dispensers	Counselors
Addiction Counselors (program)	Psychiatrists
Physicians	Radiologic Technologists
Massage Therapists	Respiratory Care Practitioners
Nurses	Veterinarians
Nursing Home Administrators	

These professions have equal representation on a shared board:

Midwives	Naturopathic Physicians	
Clinical Social Workers	Clinical Professional Care Counselors	Marriage and Family Therapists
Speech Language Pathologists	Audiologists	

Less than equal representation:

Dental Hygienists, Denturists, Pharmacy Technicians, Occupational Therapy Assistants, Physical Therapy Assistants, Physicians Assistants, Acupuncturists, Clinical Laboratory Technicians, Emergency Medical Technicians and Crematory Technicians have less than equal representation on a board.

Primarily regulated by employers:

Dental Hygienists  
Crematory Technicians (not a profession as no education is required)

Educational Requirements:

Acupuncturist – 1000 hours of training  
Clinical Laboratory Technician – 63 semester credits  
Crematory Technician – no educational requirements  
Dental Hygienist - 93 semester credits for A.S. 156 credits for B.S.  
Denturist – 120 credits  
Emergency Medical Technician – no college courses required  
Esthetician – 22 credits  
Occupational Therapy Assistant – 73 credits  
Pharmacy Technician – no secondary education required  
Physician Assistant – Master's degree  
Physical Therapy Assistant – 69 credits

**DENTAL HYGIENE**

**ASSOCIATE OF APPLIED SCIENCE DEGREE**

Advisors: Kim Woloszyn, Gail Staples, Linda Wing & Dr. Bonnie Lederman

The Dental Hygienist is a licensed professional member of the healthcare team who integrates the roles of educator, consumer advocate, practitioner, manager and researcher to support total health through the promotion of oral health and wellness. The focus of dental hygiene is on preventing and treating oral disease.

Upon receipt of the Associate of Applied Science Degree, successful completion of the National Dental Hygiene Board Examination is required. The graduate will also need to obtain a license for the state he/she wishes to practice in by successfully completing a regional practical examination (WREB). The dental hygienist must practice in accordance with the requirements of the individual state practice acts and abide by requirements to maintain licensure.

**OUTCOMES: GRADUATES ARE PREPARED TO:**

- Formulate comprehensive oral hygiene care plans that are patient centered and based on current scientific evidence.
- Employ professional judgment and critical thinking to identify, assess, analyze, and creatively address situations in a safe and ethical manner.
- Demonstrate effective interpersonal skills through verbal and written communication.
- Demonstrate leadership skills and provide service to the community through health promotion activities and education.
- Apply the concepts of oral health prevention and promotion to improve overall wellness.
- Provide safe and competent dental hygiene services to all individuals who seek treatment regardless of age, physical status or intellectual ability.
- Demonstrate appropriate cultural, legal, ethical and professional values at all times.
- Collaborate with other healthcare professionals.
- Practice within the standards established by the profession and identify parameters of accountability.

**ESTIMATED RESIDENT PROGRAM COST:**

Tuition and Fees .....	\$9036
Application Fee.....	30
Insurance.....	30
Lab/Program Fees.....	1035
Books/Supplies/Instruments.....	4,000
<b>TOTAL.....</b>	<b>\$14131</b>

Students will be required to purchase dental instruments, supplies, uniforms and may also be required to provide transportation to clinical sites and lodging costs depending on the clinical sites selected.

The MSU—Great Falls College of Technology's Dental Hygiene Program is a limited enrollment program, accepting 16 students each year. Interested students are urged to contact the Admissions Office and the Dental Hygiene Program Advisors for student advising specific to admission requirements and criteria for program acceptance.

**PREREQUISITE COURSES**

Course	No.	Title	Credits	Grade
BIO	213**	Anatomy & Physiology I/Lab	4†	_____
BIO	214*	Anatomy & Physiology II/Lab	4†	_____
BIO	280*	Microbiology & Communicable Diseases	4†	_____
WRIT	101**	College Writing I	3†	_____
M	116**	Mathematics for Health Careers OR any math course in the MUS General Ed Core	3-4†	_____
CHMY	121/122*	Intro to General Chemistry/Lab OR BOTH		
CHMY	141/142	College Chemistry I/Lab AND		
CHMY	143/144	College Chemistry II/Lab	4-8†	_____
		<b>Subtotal</b>	<b>22-27</b>	

All prerequisite courses and dental hygiene program application must be completed by May 31st of the year prior to applying for enrollment into program.

A grade of "C" or above must be achieved in all courses to advance in the program and to graduate.

**PROGRAM COURSE REQUIREMENTS**

**FALL SEMESTER**

Course	No.	Title	Credits	Grade
DH	101	Intro to Dental Hyg/Preclic	2†	_____
DH	102	Intro to Dental Hyg/Preclic Lab	2†	_____
DH	110	Theory of Infect Control & Dis. Prevention	1†	_____
DH	118	Oral Anatomy for Hygienists	3†	_____
DH	122	Oral Radiology /Lab	3†	_____
		<b>Subtotal</b>	<b>11</b>	

**SPRING SEMESTER**

Course	No.	Title	Credits	Grade
AH	140*	Pharmacology	2†	_____
DH	150	Clinical Dent Hyg Theory I	2†	_____
DH	151	Clinical Dent Hyg Practice I	4†	_____
DH	160	Periodontology I	3†	_____
DH	165	Oral Histology & Embryology	2†	_____
DH	123*	Radiographic Interpretation	1†	_____
DH	240	Local Anesthesia/ Nitrous Oxide Theory & Lab	2†	_____
		<b>Subtotal</b>	<b>16</b>	

**SUMMER SEMESTER**

Course	No.	Title	Credits	Grade
DH	220	Dental Nutrition Health	3†	_____
DH	201	Periodontology II	2†	_____
DH	210	Clinical Dent Hyg Theory II	2†	_____
DH	211	Clinical Dent Hyg Practice II	4†	_____
		<b>Subtotal</b>	<b>11</b>	

**FALL SEMESTER**

Course	No.	Title	Credits	Grade
COMM	130	Public Speaking OR		
COMM	135	Interpersonal Communication	3†	_____
DH	130	Dental Materials	2†	_____
DH	215	General and Oral Pathology	3†	_____
DH	241	Gerontology & Special Needs Patients	2†	_____
DH	250	Clinical Dent Hyg Theory III	2†	_____
DH	251	Clinical Dent Hyg Practice III	5†	_____
		<b>Subtotal</b>	<b>17</b>	

**SPRING SEMESTER**

Course	No.	Title	Credits	Grade
DH	230	Community Dental Health and Education	2†	_____
DH	235	Professional Issues & Ethics in Dental Practice	2†	_____
DH	280	Clinical Dent Hyg Theory IV	1†	_____
DH	281	Clinical Dent Hyg Practice IV	5†	_____
PSYX	100	Intro to Psychology OR		
PSYX	230	Developmental Psychology	3†	_____
SOCI	101	Introduction to Sociology	3†	_____
		<b>Subtotal</b>	<b>16</b>	

**TOTAL PROGRAM CREDITS – 93-98\*\***

\* Many students need preliminary math, writing, and biology courses before enrolling in the program requirements. These courses may increase the total number of program credits. Students should review their math and English placement before planning out their full program schedules.

**MONTANA TECH NURSING DEPARTMENT  
RN PROGRAM ADVISING WORKSHEET  
72 Credit Associate of Science in Nursing**

Student \_\_\_\_\_  
Address \_\_\_\_\_

Advisor \_\_\_\_\_  
Phone No. \_\_\_\_\_

Student ID No. \_\_\_\_\_ PIN \_\_\_\_\_ Initial Advising Date \_\_\_\_\_

*Courses in BOLD used to calculate GPA for acceptance into RN Program*

**PRE NURSING COURSES**

		<b>Semester One</b>		
<b>Semester Planned</b>	<b>Course / when completed</b>	<b>Title</b>	<b>Credits</b>	<b>Semester Completed &amp; Grade</b>
	<b>G BIOL 2016</b>	<b>Anatomy &amp; Physiology I</b>	4	____/
	<b>G WRIT 101</b>	<b>College Writing I</b>	3	____/
	<b>G M 121</b>	<b>College Algebra</b>	3	____/
	<b>G BIOL 2586</b>	<b>Basic Nutrition</b>	2	____/
		Semester Credits	12	
<b>Semester Two</b>				
	<b>G BIOL 2026</b>	<b>Anatomy &amp; Physiology II</b>	4	____/
	<b>G CHMY 121</b>	<b>Intro to General Chemistry</b>	3	____/
	<b>G CHMY 122</b>	<b>Intro to General Chemistry Lab</b>	1	____/
	<b>G NRSRG 100</b>	<b>Introduction to Nursing</b>	1	____/
	<b>G PSYX 100</b>	<b>Intro to Psychology</b>	3	____/
		Semester Credits	12	
<b>NOTE: Admission to Nursing Program required before taking Semester Three coursework</b>				
<b>Semester Three</b>				
	<b>G NRSRG 135</b>	<b>Nursing Pharmacology</b>	3	____/
	<b>G NRSRG 130</b>	<b>Fundamentals of Nursing</b>	7	____/
	<b>G NRSRG138</b>	<b>Gerontology</b>	2	____/
		Semester Credits	12	
<b>Semester Four</b>				
	<b>G NRSRG 140</b>	<b>Core Concepts of Adult Nursing</b>	7	____/
	<b>G NRSRG 142</b>	<b>Core Concepts of Maternal/Child Nursing</b>	3	____/
	<b>G NRSRG 144</b>	<b>Core Concepts of Mental Health Nursing</b>	2	____/
		Semester Credits	12	
<b>Semester Five</b>				
	<b>G NRSRG 262</b>	<b>Complex Care Needs of the Adult Client</b>	4	____/
	<b>G NRSRG 265</b>	<b>Advanced Clinical Skills</b>	1	____/
	<b>G NRSRG 256</b>	<b>Pathophysiology</b>	3	____/
	<b>G BIOM 250</b>	<b>Microbiology for Health Science</b>	4	____/
		Semester Credit	12	
<b>Semester Six</b>				
	<b>G SOCI 101</b>	<b>Introduction to Sociology</b>	3	____/
	<b>G NRSRG 252</b>	<b>Complex Care Needs of the Maternal/Child Client</b>	3	____/
	<b>G NRSRG 254</b>	<b>Complex Care Needs of Mental Health Nursing</b>	2	____/
	<b>G NRSRG 266</b>	<b>Managing Client Care</b>	4	____/
		Semester Credits	12	

72 credit ASN

-30 credits non-nursing; 42 credits nursing

-53 credits didactic (795 hours), 11 credits clinical (495 hours), 8 credits lab (240 hours [120 non-nursing/120 hours nursing])

NLNAC Accredited

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# EASTERN WASHINGTON UNIVERSITY 2011-12

## BACHELOR OF SCIENCE (BS)

### STUDENT LEARNING OUTCOMES — STUDENTS WILL:

- initiate and assume responsibility for health promotion and disease prevention activities for diverse populations;
- acquire and synthesize information in a critical, scientific and effective manner;
- promote healthy lifestyles and provide planned educational services using appropriate interpersonal communication skills and educational strategies;
- assess, plan, implement and evaluate preventive, therapeutic and restorative treatment using methods consistent with medico/dentolegal principles, law and evidence;
- discern and manage the ethical issues of dental hygiene practice in a rapidly changing environment.

## DENTAL HYGIENE MAJOR (102 CREDITS)

### Required Courses

- DNHY 300 Head and Neck Anatomy (3)
- DNHY 301 Dental Anatomy (3)
- DNHY 302 Histology/Embryology (3)
- DNHY 310 Radiography (3)
- DNHY 311 Radiography (2)
- DNHY 320 Pharmacology for the Dental Hygienist (3)
- DNHY 321 Pain Control (3)
- DNHY 330 Pre Clinical Dental Hygiene I (4)
- DNHY 331 Pre Clinical Dental Hygiene II (5)
- DNHY 332 Pre Clinical Dental Hygiene III (4)
- DNHY 341 Management of Medically Compromised Patients (3)
- DNHY 350 Clinical Dental Hygiene I (4)
- DNHY 351 Clinical Dental Hygiene II (5)
- DNHY 352 Clinical Dental Hygiene III (5)
- DNHY 360 Preventive Dentistry (2)
- DNHY 380 Introduction to Restorative Duties I (3)
- DNHY 381 Principles of Restorative Duties II (3)
- DNHY 421 Periodontology I (3)
- DNHY 422 Periodontology II (2)
- DNHY 430 Oral and General Pathology (3)
- DNHY 450 Clinical Dental Hygiene IV (3)
- DNHY 451 Clinical Dental Hygiene V (5)
- DNHY 452 Clinical Dental Hygiene VI (5)
- DNHY 453 Clinical Dental Hygiene VII (5)
- DNHY 460 Community Dental Health I (2)
- DNHY 461 Community Dental Health II (2)
- DNHY 470 Research Methods (3)
- DNHY 480 Restorative Clinic I (3)
- DNHY 481 Restorative Clinic II (2)
- DNHY 482 Restorative Clinic III (2)
- DNHY 490 Dental Hygiene Capstone (4)

### Suggested Elective Courses

- DNHY 423 Perio Track (2)
- DNHY 475 Teaching Practicum I (1)
- DNHY 476 Teaching Practicum II (1)
- DNHY 477 Teaching Practicum III (1)

### Minimum credits for above major

*Note:* the above major will require more than 12 terms (or four years) to complete at an average of 15 credits per term.

102 credits

## GRADUATE PROGRAM

The philosophy of the MS in DH program is one of commitment to the education and development of oral health professionals who go beyond academic excellence, who are productive, self-sufficient citizens of society, who are responsive to the global community and who maintain high ethical standards in their personal and professional lives. In order to achieve these goals, our faculty demand of themselves excellence in academic endeavors, continuous education in teaching theory, knowledge of scientific advancements in dental care and advanced clinical skills. Our goal is to produce graduates who are prepared to meet the current and future health care demands of today's challenging health care system.

The Teaching, Administration, Public Health, or Research emphasis areas currently offered will provide graduates with the necessary education to be a teacher, administrator or public health official and is a typical graduate program culminating in a final research project or thesis. In addition to the minimum university graduate admission requirements stated elsewhere in this catalog.

### Admission Requirements for the Graduate Dental Hygiene Program

1. Cumulative undergraduate GPA of 3.0 or higher.
2. BS in dental hygiene or related area from an accredited dental hygiene program in the U.S. or Canada.
3. Successful completion of the Dental Hygiene National Board exam or its Canadian equivalent.
4. A current dental hygiene license in the U.S. or Canada.
5. Submission of GRE scores.
6. Submission of an essay on a topic provided by the Department of Dental Hygiene.
7. Clearance of a criminal background check.
8. Current health care provider CPR certification.
9. Four or 5 credit statistics course approved by the department.

In addition to the \$50 university graduate application fee, there is an additional \$50 departmental application fee. Applications to the Department of Dental Hygiene will not be considered until they have been processed in the university Graduate Studies Office and a copy of the transcript evaluation has been sent from Graduate Studies to the Department of Dental Hygiene.

### Mission Statement

The mission of the Master of Science in Dental Hygiene Program is to educate and graduate dental hygienists who are technically, intellectually and ethically prepared for the upcoming challenges facing the dental profession. We are committed to excellence in dental hygiene education. Our purpose is to develop a program that encourages the development and use of critical thinking skills, the desire to participate in and contribute to life-long learning and translational research opportunities, the ability to be community leaders and outstanding citizens and the skills to be health care professionals who can provide comprehensive care to diverse population groups in a variety of settings. This program will strive to create in hygienists the perpetual self-learning capacity to live up to their full potential and to contribute to making our community, our profession and our world a better place to live.

### Goals

1. To graduate educationally competent, culturally sensitive and ethically sound dental hygienists who will promote oral and general health and wellness to the public and other health care practitioners.
2. To provide a quality educational program that meets the needs of the students, is sensitive to the changing needs of dentistry and follows the guidelines of the educational community.
3. To graduate dental hygienists who are able to initiate and assume responsibility for health-promotion and disease-prevention activities for diverse populations in a variety of settings and who appreciate a multidisciplinary team function.
4. To graduate dental hygienists who possess transferable skills in communication, problem solving and critical thinking in order to encourage and take advantage of opportunities for professional growth and development in themselves, their profession and others.
5. To offer a master's degree program that is sufficient enough in scope and depth to provide graduates with a high quality professional education that fosters their ability to adapt to the future, to provide leadership in dental hygiene, to practice as an ADHP if the opportunity exists and to accept the challenge of doctoral education.
6. To enhance dental hygiene's body of evidence through support of faculty translational research programs that contribute to the art and science of dental hygiene, to dental hygiene practice and to the improvement of oral health delivery systems.

## DENTAL HYGIENE

*College of Science, Health & Engineering*

Rebecca Stolberg, Chairperson

Health Sciences Bld., 310 N.  
Riverpoint Blvd. Box E

509.828.1300

BS

MS

**Faculty:**

L. Bilich, A. DiMarco, S. Jackson, A. Nickerson, J. Nord, R. Stolberg, A. Wetmore

**Advisors:**

M. Heidel, L. Al-Tassan

### UNDERGRADUATE PROGRAM

The Department of Dental Hygiene functions within the university setting and offers a baccalaureate degree in dental hygiene which combines a strong liberal arts background with a professional education. General education courses, basic dental and dental hygiene science courses are integrated into the practice of dental hygiene.

Students interested in majoring in dental hygiene should request current information on application procedures and seek advising early in their university program. During the first year(s) of study, students complete dental hygiene prerequisite courses and some General Education Core Requirements. During the final year of prerequisites (either fall or winter quarter), students must declare Dental Hygiene as their major and formally apply for admission to the Department of Dental Hygiene, which begins its session the following fall quarter. Applications are available from the department's website.

**General Admissions Requirements for Dental Hygiene:** All students enrolling in dental hygiene courses must hold a current Health Care Provider CPR Certification. In addition to the \$50.00 university admission fee and the \$100.00 new student enrollment fee, there is an additional \$42.00 student department application fee.

All students are urged to maintain contact with department advisors during their prerequisite year(s) because admission criteria are revised periodically. Since enrollment is limited and the admission process is competitive, no assurance can be given that all applicants admitted to the university and successfully completing the prerequisite coursework will be admitted to the Department of Dental Hygiene.

**Admissions Requirements for Transfer Students:** Students transferring from either four-year institutions or community colleges must first apply for admission to the university through the EWU Admissions Office, which will evaluate transfer coursework and, upon request, send a copy of the transcript evaluation to the Dental Hygiene Program.

Once admitted to EWU, transfer students should contact the Department of Dental Hygiene and arrange to meet with a department advisor for curricular planning and to declare their major.

Applications to the Department of Dental Hygiene will not be processed until students have been formally admitted to the university and a copy of their transcript evaluation has been sent from Admissions to the Department of Dental Hygiene.

**Attention High School Students:** Those students interested in dental hygiene should complete one year of high school chemistry, biology and algebra.

**Placement Record for EWU Dental Hygiene Graduates:** EWU dental hygiene graduates have an excellent placement record in Spokane and nationwide. The program has a 46-chair clinic located on the Riverpoint Campus in Spokane. The clinic provides dental services to the general public by students under direct faculty supervision.

**Mission:** The department's mission is to educate baccalaureate dental hygienists to assume positions of responsibility in multiple settings. The faculty of the department are committed to creating a quality educational environment that will facilitate the development of responsible professionals who can function effectively in a constantly changing society.

**Department Goals for Dental Hygiene:** The following goals direct the design, purpose and philosophy of the Eastern Washington University Department of Dental Hygiene.

1. The Department of Dental Hygiene will provide all students the skills necessary to function in a constantly changing society, an obligation of Washington's only baccalaureate dental hygiene program.
2. The Dental Hygiene faculty are supported throughout their careers;
3. Dental Hygiene students, faculty and staff impact the university, the region and the world.
4. The Department of Dental Hygiene will grow resources to enhance the dental hygiene academic quality.

While the dental hygiene program consists of a minimum of one year of pre-dental hygiene courses followed by a three-year professional curriculum most students take two years to complete the pre-dental hygiene courses. The professional segment of the three-year curriculum includes emphasis on dental sciences, community dental health, health research theory and clinical practice in traditional and expanded functions. Dental clients are treated at the EWU clinic and at the Veterans' Administration Medical Center, Community Health Association of Spokane (CHAS) and Spokane Falls Family Clinic. The program is fully accredited by the Commission on Dental Accreditation of the American Dental Association and leads to a specialized Bachelor of Science in Dental Hygiene degree. It is the only traditional baccalaureate dental hygiene program in Washington State.

**Degree Completion:** Expanded degree possibilities are available in Seattle, Tacoma, Vancouver, Olympic Peninsula and Yakima, Washington for dental hygienists from two-year institutions who desire a baccalaureate degree. Transcripts and inquiries should be directed to Professor Ann Wetmore, director, expanded dental hygiene degree completion programs, Eastern Washington University.

**Dental Hygiene Prerequisites (54-55 credits)**

- BIOL 232, 233, 234 Human Anatomy and Physiology for Non-Biology Majors (5, 5, 5)
- BIOL 335 Elementary Medical Microbiology (5)
- CHEM 161 General Chemistry for the Health Sciences (5)
- CHEM 162 Organic Chemistry for the Health Sciences (5)
- CHEM 163 Biochemistry for the Health Sciences (5)
- ENGL 101 College Composition: Exposition and Argumentation (5)
- FNDT 356 Nutrition (5)
- PSYC 100 General Psychology (5)

**Select one course from the following (4-5 credits)**

- CMST 200 Introduction to Speech Communication (4)
- CMST 210 Interpersonal Communication (5)
- CMST 250 Small Group Communication (5)
- CMST 312 Nonverbal Communication (5)
- CMST 331 Interviewing (5)
- CMST 340 Intercultural Communication (5)
- CMST 440 International Communications (5)

**Required courses in the following program of study may have prerequisites. Reference the course description section for clarification.**

## Montana State University College of Nursing

The undergraduate professional nursing program is approved by the Montana State Board of Nursing and is nationally accredited by the Commission on Collegiate Nursing Education (CCNE). The program includes two years of lower division study and two years of upper division study. It is possible for a student to complete all of the required prerequisite coursework at institutions other than Montana State University. All transfer credits are carefully evaluated to ensure equivalent content when students transfer to MSU and the College of Nursing curriculum. While it is possible to complete the program in four years, this requires careful planning and uninterrupted progression through the curriculum. Delays in progression related to reduced credit loads, repeated coursework, securing upper division placement, or change of curriculum commonly result in the student taking longer than four years to complete the program. Lower division nursing courses may be completed on the Bozeman campus, or on the outreach campuses at specified times and with an additional distance access fee of \$500 per course. All upper division coursework is taken at one of five upper division campus sites: Bozeman, Billings, Great Falls, Kalispell, and Missoula. Completing the entire nursing program in Bozeman is possible, but highly competitive due to limited upper division slots.

### I. REQUIRED LOWER DIVISION COURSES\*

The following courses must be completed prior to progression to upper division courses. Students are advised to consult appropriate sections of the MSU bulletin regarding required prerequisites for these courses.

### II. CORE 2.0: Foundation Courses

#### Credits

#### University Seminar(US)

CLS 101US--College Seminar or CLS 201 3

#### College Writing (W)

WRIT 101W--College Writing I 3

#### Quantitative Reasoning (Q)

STAT 216Q--Introduction to Statistics 3

#### Contemporary Issues in Science (CS)

NUTR 221CS--Basic Human Nutrition 3

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### III. CORE 2.0: Ways of Knowing

#### Social Science Inquiry (IS) or Research and Creative Experience (R)

PSYX 100IS--Introduction to Psychology 3

SOCI 101IS--Introduction to Sociology 3

HDCF 150IS--Lifespan Human Development 3

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#### Natural Science Inquiry (IN) or Research and Creative Experience(R)

CHMY 121IN--Introduction to General Chemistry 4

#### Research and Creative Experience(R)

NRSG 387R--Research in Health Care 3

#### Other Required Courses

BIOH 201--Human Anatomy & Physiology I w/Lab 5

BIOH 211--Human Anatomy & Physiology II w/Lab 4

CHMY 123--Introduction to Organic & Biochemistry 4

BIOM 250--Infectious Diseases 3

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The following core courses must be completed prior to graduation:

**ARTS (A)**

Course of your choice

**DIVERSITY (D)**

Course of your choice

**HUMANITIES (H)**

Course of your choice

**Lower Division Nursing - the following courses must be completed prior to progression to upper division courses:**

<u>NRSG 115</u> --Nursing as a Profession	2
<u>NRSG 220</u> --Foundations of Ethical Nursing Recitation	2
<u>NRSG 225</u> --Fdnts Plan & Providing Clinical Nurs Care	4
<u>NRSG 258</u> --Pathophysiology	3
<u>NRSG 238</u> --Health Assessment Across the Lifespan	4
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**IV. REQUIRED UPPER DIVISION COURSES**

The University requires that 42 of these credits be in courses numbered 300 and above. The College of Nursing requires that 55 credits be in courses numbered 300 and above.

Junior Year	Credits
<u>NRSG 336</u> --Nursing Pharmacotherapeutics	3
<u>NRSG 341</u> --Psychosocial Nursing Concepts	3
<u>NRSG 346</u> --Nursing Care of Childbearing Family	5
<u>NRSG 348</u> --Nursing Care of Children and Families	5
<u>NRSG 352</u> --Acute & Chronic Illness	5
<u>NRSG 377</u> --Introduction to Community-Based Nursing Nursing	2
<u>NRSG 387R</u> --Research in Health Care	3
	<b>26</b>
Senior Year	
<u>NRSG 418</u> --Issues in Health Policy & Health Care Economics	2
<u>NRSG 437</u> --Psychiatric Nursing	6
<u>NRSG 444</u> --Care Management	3
<u>NRSG 454</u> --Urgent and Palliative Care	6
<u>NRSG 477</u> --Population Based Nursing Care in the Community	6
<u>NRSG 487</u> --Nursing Leadership & Management	6
	<b>29</b>

**\*NOTE: Required nursing curriculum courses must be completed with a grade of C or better and no more than one repeat of a course is permitted regardless of when or where taken. The College of Nursing does not accept C- as a passing grade in required courses.**

**Elective credits as required to meet the minimum of 120 required credits for graduation.**

# Montana Code Annotated 2009

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**2-15-1734. Board of nursing.** (1) There is a board of nursing.

(2) The board consists of nine members appointed by the governor with the consent of the senate.

The members are:

(a) four registered professional nurses, of whom at least one must have had at least 5 years in administrative, teaching, or supervisory experience in one or more schools of nursing, at least one must be an advanced practice registered nurse, at least one must be engaged in nursing practice in a rural health care facility, and at least one must be currently engaged in the administration, supervision, or provision of direct client care. Each member who is a registered professional nurse must:

(i) be a graduate of an approved school of nursing;

(ii) be a licensed registered professional nurse in this state;

(iii) have had at least 5 years' experience in nursing following graduation; and

(iv) be currently engaged in the practice of professional nursing and have practiced for at least 5 years.

(b) three practical nurses. Each must:

(i) be a graduate of a school of practical nursing;

(ii) be a licensed practical nurse in this state;

(iii) have had at least 5 years' experience as a practical nurse; and

(iv) be currently engaged in the practice of practical nursing and have practiced for at least 5 years.

(c) two public members who are not medical practitioners, involved in the practice of nursing or employment of nursing, or administrators of Montana health care facilities.

(3) All members must have been residents of this state for at least 1 year before appointment and must be citizens of the United States.

(4) All members shall serve staggered 4-year terms, and a member may not be appointed for more than two consecutive terms. The governor may remove a member from the board for neglect of a duty required by law or for incompetency or unprofessional or dishonorable conduct.

(5) The board is allocated to the department for administrative purposes only as prescribed in 2-15-121.

**History:** (1) thru (4)En. 82A-1602.18 by Sec. 357, Ch. 350, L. 1974; Sec. 82A-1602.18, R.C.M. 1947; (5)En. 82A-1602 by Sec. 1, Ch. 272, L. 1971; amd. Sec. 10, Ch. 250, L. 1973; amd. Sec. 1, Ch. 285, L. 1973; amd. Sec. 1, Ch. 57, L. 1974; amd. Sec. 1, Ch. 58, L. 1974; amd. Sec. 1, Ch. 84, L. 1974; amd. Sec. 1, Ch. 99, L. 1974; amd. Sec. 354, Ch. 350, L. 1974; Sec. 82A-1602, R.C.M. 1947; R.C.M. 1947, 82A-1602(part), 82A-1602.18; amd. Sec. 6, Ch. 247, L. 1981; amd. Sec. 3, Ch. 248, L. 1981; MCA 1979, 2-15-1610; redes. 2-15-1844 by Sec. 4, Ch. 274, L. 1981; amd. Sec. 1, Ch. 282, L. 1987; Sec. 2-15-1844, MCA 1999; redes. 2-15-1734 by Sec. 221(2), Ch. 483, L. 2001; amd. Sec. 2, Ch. 126, L. 2005.

*Provided by Montana Legislative Services*

# Montana Code Annotated 2009

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**2-15-1738. Board of radiologic technologists.** (1) There is a board of radiologic technologists.

(2) The board consists of seven members appointed by the governor with the consent of the senate, including:

(a) a radiologist licensed to practice medicine in Montana;

(b) a person granted a permit issued by the board pursuant to [37-14-306](#);

(c) a public member; and

(d) four licensed radiologic technologists registered with the American registry of radiologic technologists (ARRT), including one radiologist assistant or radiology practitioner assistant licensed under [37-14-313](#).

(3) Vacancies in unexpired terms must be filled for the remainder of the term.

(4) Each member shall serve 3-year terms.

(5) The board is allocated to the department for administrative purposes only as prescribed in [2-15-121](#).

**History:** En. 82A-1602.28 by Sec. 3, Ch. 336, L. 1975; R.C.M. 1947, 82A-1602.28(part); amd. Sec. 16, Ch. 184, L. 1979; amd. Sec. 10, Ch. 247, L. 1981; MCA 1979, [2-15-1614](#); redes. [2-15-1848](#) by Sec. 4, Ch. 274, L. 1981; amd. Sec. 1, Ch. 296, L. 1981; amd. Sec. 1, Ch. 166, L. 1985; Sec. [2-15-1848](#), MCA 1999; redes. [2-15-1738](#) by Sec. 221(2), Ch. 483, L. 2001; amd. Sec. 2, Ch. 109, L. 2009.

*Provided by Montana Legislative Services*

## **BOARD OF DENTAL PROVIDERS**

There will be an **eight** member board. It is assumed the board will meet **two** times per year. Screening panels will be scheduled in conjunction with the board meetings. The first year of the biennium may have additional meetings as they develop rules etc.

### **Per Diem & Board Member Travel**

Board members will be paid per diem for each meeting and travel day. Board meetings will consist of a one day meeting and will include the screening and adjudication panel meetings.

Each board member receives \$50 per day for per diem. Two travel days and two meeting days (4) x \$50 per day x 8 board members = \$1600.00 total per diem

Average miles traveled per board member is 500 miles round trip @ \$.55 per mile = \$275 per board member per meeting = \$4,400

Meals @ \$23 per day per board member = \$736 (2 meeting and travel days x 2 occurrences per year x 8 board members).

Lodging @ \$81.00 plus \$5.39 estimated tax = \$86.67 per night per board member x 2 meetings = \$1,386.72

**Total per Diem and Board Member Travel = \$8,123.00 for each year of the biennium.**

### **Rule Changes/Updates**

The board will need to update their Rules. It is estimated there are 20 pages of rules that would need to be changed and updated to reflect the new Board of Dental Providers.

It is estimated there will be a 22 page rule notice and a 7 page notice of adoption @ \$50 per page = \$1,450.00

The hearing costs on the proposed changes will include \$250 for a court reporter and \$186 (\$93 x 2 hours) for a hearings examiner. Total hearing costs = \$436

Attorney time to review and prepare the notice of hearing and adoption notice is 60 hours x \$95 per hour = \$5,700.

**Total Cost for Rules = \$7,586.00 (FY 2012 only)**

### **Compliance and Legal**

Based on the last 3 fiscal years, on average 2 complaints were filed per year against licensed denturists (2 filed in FY 09, 2 filed in FY 10 and 0 filed in FY 11); for the same time period an average of 4 complaints were filed against licensed Hygienists for an annual average of both license types of six. A single complaint that goes to screening panel costs the boards an estimated \$1,200 per complaint in Compliance and Department Counsel staff time.

**Estimated costs for compliance staff time to process complaints would be \$7,200 per fiscal year**  
**Legal & Department Counsel**

Based on the number of hours on average billed to the Board of Dentistry per year in the last two fiscal years (393 hours), it is estimated this new board will require at least 1/3rd of those billable hours of legal assistance or 131 hours per year x \$95 or \$12,445 per year.

**Estimated Costs for Legal Counsel = \$12,445 for each year of the biennium.**

### **FTE\***

Based on the number of potential licensees and board meetings per year it is estimated that the board would need a .25 pay band 4 Application Specialist FTE and a .25 pay band 5 Program Manager.  
.25 pay band 4 Application Specialist @ \$15.13 per hour; 2,080 x .25 = 520 hours per year x \$15.13 per hour = \$ 7,867.50  
.25 pay band 5 Program Manager @ \$18.78 per hour; 2080 x .25 = 520 hours per year x \$18.78 = \$9,765.60

**Total direct billed personal time = \$17,633.00**

Fixed costs and Indirect Costs for the division is 18% of total personal costs.  $\$17,253.36 \times 18\% = \$3,174.00$

DLI CAP rate is expected to be 9% of total personal services.  $\$17,253.36 \times 9\% = \$1587.00$

**Total Indirect and CAP = \$4,761.00 for each year of the biennium.**

**Total personal time and CAP = \$22,394.00**

Total annual estimated cost for the Board of Dental Providers:

**FY 2012 = \$57,748.00**

**FY 2013 = \$50,162.00**

**Note: There may be additional costs associated with the board such as:**

**Impairment program contracts.**

**Additional meetings and per diem.**

**Renegotiation or transfer of existing contracts currently specific to the Board of Dentistry.**

**Dues, fees associated with acceptance of credit cards/e checks, etc.**

**Based on the variables involved there is no completely accurate way to determine or guarantee licensing fees at this time.**

**The new board will have an estimated 728 licensees.**

**Based on the above figures and possible additional cost noted, the fees may be \$75.00 to \$100.00 per licensee.**

*\*Even though the work associated with the board will be absorbed by current staff the board will still be required to pay a proportionate amount of time distribution. These figures reflect that amount.*

## **REVISED BOARD OF DENTISTRY**

There will be a **seven** member board. It is assumed the board will meet **four** times per year; screening panels will be scheduled in conjunction with the board meetings. The board may have additional meetings the first year of the biennium in order to develop new rules.

### **Per Diem & Board Member Travel**

Each board meeting will be one day to include board member preparation time, travel time, screening panels and adjudication panels.

Each board member receives \$50 per day for per diem for the meeting day and any additional travel days. Four 1-day meetings and 1 day of travel per board member x \$50 per day = \$2800 total per diem  
Average miles traveled per board member is 500 miles round trip @ \$.55 per mile = \$275 per board member per meeting = \$7,700

Meals @ \$23 per day per board member = \$184.00 x 8 days (4 meeting days & 4 travel days) = \$1288

Lodging @ \$81.00 plus \$5.39 estimated tax = \$86.67 per night per board member x 4 meetings = \$2426.76

**Total per Diem and in state Board Member Travel = \$14,215 for each year of the biennium.**

### **Rule Changes/Updates**

The board will need to update their Rules. It is estimated there are 20 pages of rules that would need to be changed and updated to reflect the new Board of Dentists.

It is estimated there will be a 22 page rule notice and a 7 page notice of adoption @ \$50 per page = \$1,450.00

The hearing costs on the proposed changes will include \$250 for a court reporter and \$186 (\$93 x 2 hours) for a hearings examiner. Total hearing costs = \$436

Attorney time to review and prepare the notice of hearing and adoption notice is 60 hours x \$95 per hour = \$5,700.

**Total Cost for Rules = \$7,586 (FY 2012 only)**

### **Compliance**

Based on the last 3 fiscal years, on average 30 complaints are filed per year against licensed dentists (25 filed in FY 09, 25 filed in FY 10 and 40 filed in FY 11).

A single complaint that goes to screening panel costs the boards an estimated \$1,200 per complaint in Compliance Staff and Department Counsel time (compliance and attorney time).

**The cost to the Board of Dentistry in FY 11 for Compliance time and materials totaled \$14,500.**

### **Legal Counsel (General & Department)**

Based on the number of licensees and the number of board meetings per year it is estimated the board's general legal counsel and department counsel will bill an average of 393 hours based on FY 10 & 11 for an estimated average of \$37,335 per fiscal year.

**Total estimated Legal time = \$37,335 per fiscal year**

**Estimated Costs for Compliance and Legal Counsel = \$51,835 per fiscal year**

### **FTE\***

Based on the number of potential licensees and board meetings per year it is estimated that the board would need a .3 pay band 4 Application Specialist FTE and a .3 pay band 5 Program Manager.

.3 pay band 4 Application Specialist @ \$15.13 per hour; 2,080 x .3 = 624 hours per year x \$15.13 per hour = \$ 9,441.12

.3 pay band 5 Program Manager @ \$18.78 per hour; 2080 x .3 = 520 hours per year x \$18.78 = \$11,718.72

**Total direct billed personal time = \$21,159.84**

Fixed costs and Indirect Costs for the division is 18% of total personal costs.  $\$21,159.84 \times 18\% = \$3,808.77$

DLI CAP rate is expected to be 9% of total personal services.  $\$21,159.84 \times 9\% = \$1904.39$

**Total Indirect and CAP = \$5,713.16 for each year of the biennium.**

**Total personal time and CAP = \$26,873.00**

**Impairment Contract (MPAP)**

**\$5625.00 per month x 12 = \$67,500.00 for each year of the biennium.**

**Additional estimated costs (contracted anesthesia inspections, dues, credit card processing fees, lawsuit costs etc.) = \$25,000.00 for each year of the biennium.**

Total estimated costs for the Board of Dentistry:

**FY 2012 = \$193,009.00**

**FY 2013 = \$185,423.00**

**Current (2012) fiscal year budget for the 10 member Board of Dentistry is \$ 236,391.00.**

The current board will lose approximately \$55,000.00 annually in revenue from licensing and renewal fees if hygienists and denturist are incorporated into a separate board.

**Note: There may be additional costs associated with the board such as:**

**Additional meetings and per diem.**

**Updating contracts particular to the current 10 member Board of Dentistry.**

**Based on the variables involved there is no completely accurate way to determine or guarantee licensing fees at this time.**

**The new board will have an estimated 747 licensees.**

**Based on the above figures and possible additional cost noted, the fees may be \$260.00 to \$310.00 per licensee.**

*\*Even though the work associated with the board will be absorbed by current staff the board will still be required to pay a proportionate amount of time distribution. These figures reflect that amount.*