

Multiple Agency Fiscal Note Summary

Bill Number: 1678 E S HB	Title: Dental therapists
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Estimated Cash Receipts

Agency Name	2023-25			2025-27			2027-29		
	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total
Department of Health	0	0	14,000	0	0	55,000	0	0	98,000
Total \$	0	0	14,000	0	0	55,000	0	0	98,000

Estimated Operating Expenditures

Agency Name	2023-25				2025-27				2027-29			
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	Fiscal note not available											
Department of Health	1.0	136,000	136,000	329,000	.5	0	0	112,000	.5	0	0	112,000
Total \$	1.0	136,000	136,000	329,000	0.5	0	0	112,000	0.5	0	0	112,000

Estimated Capital Budget Expenditures

Agency Name	2023-25			2025-27			2027-29		
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Washington State Health Care Authority	Fiscal note not available								
Department of Health	.0	0	0	.0	0	0	.0	0	0
Total \$	0.0	0	0	0.0	0	0	0.0	0	0

Estimated Capital Budget Breakout

NONE

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Date Published:
Preliminary 3/17/2023

Individual State Agency Fiscal Note

Revised

Bill Number: 1678 E S HB	Title: Dental therapists	Agency: 303-Department of Health
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2024	FY 2025	2023-25	2025-27	2027-29
Health Professions Account-State 02G-1		14,000	14,000	55,000	98,000
Total \$		14,000	14,000	55,000	98,000

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.8	1.1	1.0	0.5	0.5
Account					
General Fund-State 001-1	0	136,000	136,000	0	0
Health Professions Account-State 02G-1	106,000	87,000	193,000	112,000	112,000
Total \$	106,000	223,000	329,000	112,000	112,000

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

Legislative Contact:	Phone:	Date: 03/06/2023
Agency Preparation: Donna Compton	Phone: 360-236-4538	Date: 03/17/2023
Agency Approval: Kristin Bettridge	Phone: 3607911657	Date: 03/17/2023
OFM Review: Breann Boggs	Phone: (360) 485-5716	Date: 03/17/2023

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

This engrossed substitute bill removes the dental hygiene examining committee and replaces with the dental quality assurance commission (commission), adds language to section 3 stating license fees for dental therapists may not be subsidized by other health professions, and revises section 13 changing the number of dental therapists in the commission from two to four members. The department assumes a change in fiscal impact from substitute house bill 1678 as a result of these changes.

Section 3: Adds a new section stating no person may practice dental therapy or represent himself or herself as a dental therapist without being licensed by the department under this chapter. Adds license fees for dental therapists may not be subsidized by other health professions.

Section 4(1): The department shall issue a license to practice as a dental therapist to any applicant who: a) pays any applicable fees established by the Secretary of Health (secretary); b) successfully completes a dental therapist program that is accredited by the American Dental Association's Commission on Dental Accreditation (CODA) or has completed non-CODA program and has proof of at least 400 preceptorship hours under the close supervision of a dentist; c) passes an examination approved by the commission; d) submits an application on forms provided by secretary.

Section 4(2): Adds for applicants who successfully complete a dental therapist program before September 30, 2022 that was not accredited by the American dental association's commission on dental accreditation but that the commission determines to be substantially equivalent to an accredited education program meets criteria, if applicant has at least 400 preceptorship hours under close supervision of a dentist.

Section 4(3): Adds when approving the exam, the commission must consult with tribes that license dental health aide therapists and with dental therapy education programs in this state.

Section 4(4): The secretary in consultation with the commission must establish by rule the procedures to implement this section.

Section 6: Establishes a limited scope of practice for dental therapists and the number of dental assistants, dental hygienists, and expanded function dental auxiliaries a dental therapist may supervise.

Section 7: A dental therapist may only practice dental therapy under the supervision of a licensed dentist and pursuant to a written practice plan contract with the supervising dentist. A dental therapist must submit a signed copy of the practice plan to the secretary at the time of licensure renewal.

Section 9: The bill defines the settings in which a dental therapist may practice.

Section 10: Chapter 18.130 RCW (Regulation of Health Professions – Uniform Disciplinary Act) governs the unlicensed practice, the issuance and denial of licensees, and the discipline of persons licensed under this chapter. The dental quality assurance commission is the disciplining authority under this chapter.

Section 11(1): The department shall issue a limited license to any applicant who, as determined by the secretary: a) holds a valid license, certification, or recertification in another state, Canadian province, or has been certified or licensed by a federal or tribal governing board in the previous two years; b) is currently engaged in active practice in another state, Canadian province, or tribe; c) files certifying documentation with the secretary; (i)(A) has graduated from an dental therapy school accredited by the commission on dental accreditation, or (B) has graduated from a dental therapy education program before September 30, 2022 that the commission determines is substantially equivalent to an accredited education

program, and (d) provides such information as the secretary deems necessary pertaining to the conditions and criteria of the uniform disciplinary act, chapter 18.130 RCW; e) demonstrates to the secretary knowledge of Washington state law pertaining to the practice of dental therapy; and f) pays any required fees.

Section 13: Adds four new commission members to the Dental Quality Assurance Commission who must be dental therapists licensed under Title 18 RCW.

Sections 16 – 20: Amend RCW 18.260.010 (Definitions), RCW 18.260.040 (Dental assistants – Scope of practice), RCW 18.260.070 (Expanded function dental auxiliary – Scope of practice), RCW 18.260.080 (Supervising dentist – Responsibilities), and RCW 18.29.050 (Dental hygienists – Scope of licensee’s functions-Employment-Supervision), authorizing dental therapists to supervise dental assistants, dental hygienists, and expanded function dental auxiliaries.

Section 22: Amend RCW 43.70.442 (Department of Health - Suicide assessment, treatment, and management training—Requirement for certain professionals—Exemptions—Model list of programs—Rules—Health profession training standards provided to the professional educator standards board), authorizing dental therapists to complete a one-time training in suicide assessment, treatment, and management.

Section 24: The department shall adopt any rules necessary to implement this act.

Section 25: Sections 1 through 22 take effect January 1, 2024.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

ASSUMPTION: Per section 3, which states the licensing fees for dental therapists may not be subsidized by other health professions, the department plans on interpreting it in a consistent manner in that which it interprets RCW 43.70.250 and assumes fees will be set to a level which will cover all operating costs in a six-year period.

Current law, RCW 43.70.250 (License fees for professions, occupations, and businesses.), requires a licensing program be fully self-supporting and sufficient revenue be collected through fees to fund expenditures.

Dental therapy is a new and emerging profession in the United States. The Minnesota legislature has been licensing dental therapists since 2011 and currently have 123 licensees, an average growth of 11 new licensees per year. Additionally, Oregon state started licensing dental therapists in 2022 and currently have received 18 applications and have licensed 14. Furthermore, the second CODA-accredited dental therapy education program in the United States opened in Washington state in late 2022. Based on these factors, the department estimates it will receive 20 license applications each year beginning in FY 2025.

According to Washington Administrative Code (WAC) 246-12-020 (3), a health care practitioner’s credential expires on their birthday. In order to maintain an active license, dental therapists will be required to annually renew their license and pay the renewal fee on or before their birthday. Initial credentials issued within ninety days of the practitioner’s birthday do not expire until the practitioner’s next birthday. Based on this WAC, the Department assumes 25% of initial credentials will require renewal within the same year as their application. Based on its experience with other health professions, the department assumes licenses will be renewed annually at a rate of 98.5% starting in FY 2026.

Costs associated with this bill are for two professions (Dental Quality Assurance Commission and the newly established Dental Therapy program) however fees identified in this section are specific to cover all costs associated with managing the dental therapy program .

The department assumes an estimated fee between \$535 and \$585 to cover the regulation of dental therapists. During the rulemaking process, a fee study will be prepared with proposed fees and provided for stakeholder input. The department

will monitor the program fund balance and adjust fees as needed to ensure that fees are sufficient to cover all program expenditures. Revenue collection will start July 1, 2024, and will be deposited to the Health Professions Account (02G).

Estimated Revenue for Dental Therapists (including limited):

FY 2025: \$14,000 (20 applications, 5 renewals)

FY 2026: \$22,000 (20 applications, 20 renewals)

FY 2027: \$33,000 (20 applications, 39 renewals)

FY 2028: \$44,000 (20 applications, 58 renewals)

FY 2029: \$54,000 (20 applications, 77 renewals)

Note: This estimate assumes the dental therapy program will receive general fund-state (GF-S) in FY2025 to implement this bill. Implementation costs for the dental therapy program include vendors costs for configuration in the licensing system, initial examination costs, and the development of the license application. If GF-S is not appropriated for implementation, then fees are estimated between \$865 and \$915 to cover the regulation of dental therapists. The department will monitor the program fund balance and adjust fees as needed to ensure that fees are sufficient to cover all program expenditures.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

Rulemaking

Based on the changes to the bill, the department assumes all rulemaking will be done by the commission and will be 18-month complex rulemaking.

Sections 4, 11, 16 - 20, 22, and 24: The commission will adopt rules creating a new WAC chapter within Title 246 (Health, Department of) for dental therapists, establishing examination, licensure, renewal, and continuing education requirements, updates related to supervision of dental assistants, dental hygienists, and expanded function dental auxiliaries, as well as suicide prevention education requirements and procedures. The department anticipates utilizing a team of subject matter experts to implement this bill. This team will consist of the program manager and a community engagement specialist to identify underreached communities and engage them in the rulemaking process. Due to rulemaking requiring involvement with the commission) as well as tribal involvement, the department anticipates rulemaking will be complex. Complex rulemaking will require a rules project coordinator to support subject matter experts and ensure timely completion of rulemaking. This rule package is extended to identify specific groups who have previously had access barrier to engagement with the department as well as giving the department the ability to expand community engagement and conduct additional workshops and listening sessions. The commission will create a sub-committee for this rulemaking package which will meet with interested parties 13 times over an 18-month period. One of those meetings will be formal rules hearing. Over the 18-month time-period the sub-committee will hold meetings in person and virtually. In FY 2024 there will be eight meetings and in FY 2025 five meetings. The commission assumes six existing members will participate on the sub-committee for the first six months and then the four new members will participate on the sub-committee starting January 1, 2024. (Average 8 members in FY24 and 10 members in FY25). The department anticipates providing the rules hearing announcement and materials in both English and Spanish and providing ASL and Spanish interpretation services at the rules hearing.

Rulemaking costs include staff, associated expenses (including goods and services, travel, intra-agency, and indirect charges), and Office of Attorney General support in the amount of \$18,000.

FY 2024 costs will be 0.8 FTE and \$106,000 (02G)

FY 2025 costs will be 0.5 FTE and \$66,000 (02G)

Health Technology Solutions

Section 4 and 11: Implementation of this bill will require the department to modify the Healthcare Enforcement and Modernization System (HELMS). To accomplish this work, the department will require 189 hours of one-time technical consultation from the product vendor at a rate of \$262.50 per hour for a total of \$50,000.

FY 2025 costs will be 0.3 FTE and \$97,000 (GF-S).

FY 2026 and ongoing, costs will be 0.10 FTE and \$12,000 (02G).

Office of Customer Service

Section 4, 7, & 11: This bill creates two new credentials, requiring staff time in FY 2024 for configuration, implementation, creation of new paper and online applications, testing, and use case development. Ongoing costs starting in FY 2025 will be for staff to review and process applications, conduct background checks, provide technical assistance, and issue licenses for qualified applicants on an estimated 20 new applications per year, and process license renewals.

FY 2025 costs will be 0.10 FTE and \$9,000 (GF-S).

Examination

Section 4: The bill requires an examination which must contain subjects appropriate to the scope of practice and questions on laws in the state of Washington regulating dental therapy practice. Based on this language and other program examinations, the department assumes it will contract with a national or regional testing agency for the one-time creation (\$30,000) and annual administration (\$5,600) of the examination. Contract estimates for this examination are based on current examination contracts with other professions.

FY 2025 costs will be \$30,000 (GF-S).

FY 2026 and ongoing, costs will be \$6,000 (02G).

New Dental Commission Members

Sections 13: The commission must add four dental therapists to participate as members of the commission. The commission currently meets every 6 weeks for a total of 10 meetings per year. The commission assumes commission member pay of \$250 per day for each new member.

FY 2025 costs will be 0.1 FTE and \$8,000 (02G)

FY 2026 and ongoing, costs will be 0.2 FTE and \$14,000 (02G)

Dental Therapy Program Administration

Sections 4, 6, 7, and 13: Staff will be required to implement and administer the dental therapist program after rulemaking is completed. Program will provide commission support as needed to administer the dental therapy program, develop and maintain FAQs and the department's web page for the dental therapist program, and provide technical assistance. Costs include staff and associated charges (goods and services, intra-agency, and indirect charges).

FY 2025 costs will be 0.10 FTE and \$13,000 (02G).

FY 2026 and ongoing, costs will be 0.20 FTE and \$24,000 (02G)

Discipline

Sections 6, 9, & 10: Since licensing the first dental therapist in 2011, the Minnesota Board of Dentistry has not disciplined or required corrective actions on any licensed dental therapist due to quality or safety concerns. Based on Minnesota's

experience and the low discipline rate for a similar profession, physician assistants (3%), the department estimates it will receive less than one complaint per year for dental therapists. Costs for complaint response are estimated to be minimal, therefore no fiscal impact.

Total Costs to Implement This Bill

FY 2024: 0.80 FTE and \$106,000 (02G)

FY 2025: 1.10 FTE and \$136,000 (GF-S) and \$87,000 (02G)

FY 2026 and ongoing: 0.50 FTE and \$56,000 (02G)

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2024	FY 2025	2023-25	2025-27	2027-29
001-1	General Fund	State	0	136,000	136,000	0	0
02G-1	Health Professions Account	State	106,000	87,000	193,000	112,000	112,000
Total \$			106,000	223,000	329,000	112,000	112,000

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.8	1.1	1.0	0.5	0.5
A-Salaries and Wages	54,000	86,000	140,000	74,000	74,000
B-Employee Benefits	18,000	28,000	46,000	20,000	20,000
C-Professional Service Contracts		81,000	81,000	12,000	12,000
E-Goods and Other Services	15,000	14,000	29,000	4,000	4,000
G-Travel	17,000	10,000	27,000		
T-Intra-Agency Reimbursements	2,000	4,000	6,000	2,000	2,000
Total \$	106,000	223,000	329,000	112,000	112,000

III. C - Operating FTE Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2024	FY 2025	2023-25	2025-27	2027-29
Board Member FTE @ 250 per day		0.2	0.3	0.3	0.2	0.2
Fiscal Analyst 2	53,000	0.1	0.2	0.2	0.1	0.1
HEALTH SERVICES CONSULTANT 4	82,896	0.2	0.1	0.2	0.1	0.1
Health Svcs Conslt 1	53,000	0.1	0.2	0.2	0.1	0.1
IT APPLICATION DEVELOPMENT SENIOR/SPECIALIST	115,824		0.1	0.1		
IT SYSTEM ADMINISTRATION - JOURNEY	105,060		0.1	0.1		
MANAGEMENT ANALYST 4	82,896	0.2	0.1	0.2		
Total FTEs		0.8	1.1	1.0	0.5	0.5

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

Sections 4, 11, 16 – 20, 22, and 24: The commission will adopt rules in chapter 246-817 WAC in order to implement this bill.