

Individual State Agency Fiscal Note

Bill Number: 1678 S HB	Title: Dental therapists	Agency: 303-Department of Health
-------------------------------	---------------------------------	---

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		18,000	18,000	72,000	126,000
Total \$		18,000	18,000	72,000	126,000

Estimated Operating Expenditures from:

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.9	1.0	1.0	0.4	0.4
Account					
General Fund-State 001-1	93,000	180,000	273,000	0	0
Health Professions Account-State 02G-1	29,000	28,000	57,000	124,000	124,000
Total \$	122,000	208,000	330,000	124,000	124,000

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: Lily Smith	Phone: 360-786-7175	Date: 02/19/2023
Agency Preparation: Donna Compton	Phone: 360-236-4538	Date: 02/21/2023
Agency Approval: Stacy May	Phone: (360) 236-4532	Date: 02/21/2023
OFM Review: Breann Boggs	Phone: (360) 485-5716	Date: 02/21/2023

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 substitute revises section 4 allowing applicants who have successfully completed a nonaccredited dental therapist program to apply if the program has received initial accreditation or is deemed substantially equivalent by the dental therapy committee. Additionally, this section requires the committee to consult with tribes and Washington state dental therapy education programs when considering and approving the examination. There are no changes in fiscal impact from house bill 1678 as a result of the changes in this substitute bill.

The bill adds a new chapter to Title 18 RCW (Businesses and Professions), establishing dental therapists as a new profession.

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.

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) except as provided in subsection (2) of this section, successfully completes a dental therapist program that is accredited or has received initial accreditation by the American Dental Association's Commission on Dental Accreditation (CODA); c) passes an examination approved by the committee; and d) submits an application on forms provided by secretary.

Section 4(2): Applicants who successfully completed a dental therapist program before September 31, 2022, that was not accredited by CODA but that the committee determines is substantially equivalent to an accredited education program meet the criteria described in subsection (1)(b) of this section if the applicant also, has proof of at least 400 preceptor hours under the close supervision of a dentist.

Section 4(3): When considering and approving the exam under subsection (1)(c) of this section, the committee must consult with tribes that license dental health aide therapists and with dental therapy education programs located in this state.

Section 4(4): The secretary in consultation with the committee 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 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: 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; 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 two new commission members to the Dental Quality Assurance Commission who must be dental therapists licensed under Title 18 RCW.

Sections 16 – 19: 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), and RCW 18.260.080 (Supervising dentist – Responsibilities), authorizing dental therapists to supervise dental assistants and expanded function dental auxiliaries.

Section 21: 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 23: The department shall adopt any rules necessary to implement this act.

Section 24: 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.

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.

For the purpose of this fiscal note, a one-year licensing fee is estimated between \$695 and \$745 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 over a six (6) year period 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: \$18,000 (20 applications, 5 renewals)

FY 2026: \$29,000 (20 applications, 20 renewals)

FY 2027: \$43,000 (20 applications, 39 renewals)

FY 2028: \$56,000 (20 applications, 58 renewals)

Note: This estimate assumes the department will receive general fund-state (GF-S) in FY 2024 and FY2025 to implement this bill. If GF-S is not appropriated for implementation, then fees may range between \$1,075 and \$1,125 per license in order to recover the implementation costs over a six-year horizon.

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

This bill will require two sets of rulemaking – one for the department (18-month complex rulemaking) and one for the Dental Quality Assurance Commission (12-month regular rulemaking):

(1) Sections 4, 11, 22, and 24: The department will adopt rules creating a new WAC chapter within Title 246 (Health, Department of) for dental therapists, establishing examination, licensure, renewal, continuing education, and 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 three authorities (the commission, the Secretary, and the committee) 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. This process will include six meetings with interested parties as well as one formal rules hearing, all held virtually, and will take approximately 18 months to complete. 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.

(2) Sections 16 – 19: The Dental Quality Assurance Commission (commission) will adopt rules in 246-817 WAC (Dental quality assurance commission) to make updates related to the supervision of dental assistants and expanded function dental auxiliaries. The commission anticipates utilizing a team of subject matter experts to implement this bill. This teams will consist of the program manager and a community engagement specialist to identify underreached communities and engage them in the rulemaking process. This process will include two meetings with interested parties as well as one formal rules hearing, all held virtually, and will take approximately 12 months to complete. The commission anticipates providing the rules hearing announcement and materials in English and Spanish and providing ASL and Spanish interpretation services at the rules hearing.

Rulemaking costs include staff, associated expenses (including goods and services, intra-agency, and indirect charges), and Office of Attorney General support in the amount of \$9,000.

FY 2024 costs will be 0.6 FTE and \$55,000 (GF-S) and \$29,000 (02G)

FY 2025 costs will be 0.2 FTE and \$28,000 (GF-S)

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).

Program Administration

Sections 4, 6, 7, and 13: Staff will be required to implement and administer the dental therapist program, provide board support, develop and maintain FAQs and the department’s web page for the dental therapist program, and provide technical assistance. Additionally, this bill adds two new commission members and will incur additional board costs. Costs include staff and associated charges (goods and services, intra-agency, and indirect charges).

FY 2024 costs will be 0.30 FTE and \$38,000 (GF-S).

FY 2025 costs will be 0.40 FTE and \$16,000 (GF-S) and \$28,000 (02G).

FY 2026 and ongoing, costs will be 0.40 FTE and \$44,000 (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: 0.90 FTE and \$93,000 (GF-S) and \$29,000 (02G)

FY 2025: 1.00 FTE and \$180,000 (GF-S) and \$28,000 (02G)

FY 2026 and ongoing: 0.40 FTE and \$62,000 (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	93,000	180,000	273,000	0	0
02G-1	Health Professions Account	State	29,000	28,000	57,000	124,000	124,000
Total \$			122,000	208,000	330,000	124,000	124,000

III. B - Expenditures by Object Or Purpose

	FY 2024	FY 2025	2023-25	2025-27	2027-29
FTE Staff Years	0.9	1.0	1.0	0.4	0.4
A-Salaries and Wages	72,000	81,000	153,000	72,000	72,000
B-Employee Benefits	27,000	28,000	55,000	20,000	20,000
C-Professional Service Contracts	1,000	80,000	81,000	12,000	12,000
E-Goods and Other Services	16,000	11,000	27,000	10,000	10,000
G-Travel		3,000	3,000	6,000	6,000
J-Capital Outlays	1,000		1,000		
T-Intra-Agency Reimbursements	5,000	5,000	10,000	4,000	4,000
Total \$	122,000	208,000	330,000	124,000	124,000

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			0.1	0.1	0.1	0.1
Fiscal Analyst 2	53,000	0.1	0.2	0.2	0.1	0.1
HEALTH SERVICES CONSULTANT 4	82,896	0.5	0.3	0.4	0.2	0.2
Health Svcs Conslt 1	53,000	0.1	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		0.9	1.0	1.0	0.4	0.4

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 – 19, 22, and 24: The department will adopt rules in chapter 246-815 WAC, the commission will adopt rules in chapter 246-817 WAC, and the committee will adopt rules creating a new chapter in 246 WAC in order to implement this bill.