Proposed additional functions delegable to dental assistants (only under the direct supervision of a dentist):

- Providing prophylaxis,
- Treatment of gingivitis,
- Removing soft and hard deposits, and
- Providing debridement in preparation for definitive periodontal therapy and performance of periodontal charting

Required prerequisites before enrollment:

- Letter(s) from employing dentist(s) attesting to the student having completed a minimum of 1,000 hours as a chairside dental assistant.
- Completion of a basic dental assisting skills mastery examination approved by the board.
<table>
<thead>
<tr>
<th>Prerequisites</th>
<th>Formal Training</th>
<th>Allowable Procedures under Direct Supervision of a dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Assistant  (Currently allowed by law)</td>
<td>None</td>
<td>• Use scaler to go under gum to remove set crown cement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Polish teeth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fabricate and cement provisional crowns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sealants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fluoride treatments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• X-rays</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Impressions for study models</td>
</tr>
<tr>
<td>Expanded Functions Dental Assistant – Fixed and Removable Prosthetics (Currently allowed by law)</td>
<td>Basic Skills Test 16 hours</td>
<td>• Place retraction cord under gum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Take all final impressions for removable and fixed prosthodontics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adjust dentures, partials, crowns and bridges outside the mouth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Final cementation of crowns and bridges</td>
</tr>
<tr>
<td>Expanded Functions Dental Assistant – Restorative (Currently allowed by law)</td>
<td>Basic Skills Test 12 hours</td>
<td>• Place and carve amalgam restorations (fillings) and place composite restorations in Class I, V, VI cavity preparations</td>
</tr>
</tbody>
</table>
Common Myths

1. Myth: Scaling Assistants are a replacement for dental hygienists.

   **Truth:** This is absolutely false. Hygienists have expertise and a significantly greater range of permissible treatment possibilities and there is plenty of care to be rendered which can only be performed by a dental hygienist (or dentist).

2. Myth: Scaling Assistants will cause the demise of the dental hygiene profession.

   **Truth:** We need only look to medicine to realize that as each new category of health care worker (PA, LPN, AA, and numerous others) is created, the professions ‘above’ them have not been globally impacted adversely. RNs are still in short supply—not because of their subordinate colleagues—but because of other limiting factors in training time and career retention.

3. Myth: Scaling Assistants receive less training.

   **Truth:** For the tasks of removing hard deposits, Scaling Assistants will receive nearly identical classroom lecture modules involving scaling hard deposits compared to what dental students receive.


   **Truth:** The limited scope of education is perfect in the Direct Supervision environment in which they work where the dentist performs examination and chooses whether the Scaling Assistant is appropriate to delegate in each particular patient’s conditions THE DENTIST IS ULTIMATELY RESPONSIBLE.

5. Myth: Scaling Assistants should not be allowed to use razor sharp instruments.

   **Truth:** For over 50 years, off-the-street dental assistants have been allowed to use the “razor sharp” dental scaler to remove hardened set crown cement from root surfaces (even subgingival)—a procedure quite similar to removing tartar deposits. General public can buy several types of scalers over the counter at their local pharmacy.

6. Myth: Scaling Assistants can work at Wal-Mart one day and be cleaning teeth the next.

   **Truth:** Only experienced dental assistants may enter the program. One thousand hours of chairside clinical experience and attesting to either DANB or Missouri Basic Skills examinations assure that Scaling Assistants are already accomplished dental professionals before their training.

7. Myth: Scaling Assistants are unsafe care providers.

   **Truth:** 6 years in Kansas with no complaints to KDB and renewed sunset provision to keep the program; 44 years in Alabama; 50 years in the military.
Proposal

Registered Dental Therapist – 1 (RDT-1)

Scope of Practice

1. An RDT-1 may perform the following procedures under direct supervision:
   (a) Scaling and Polishing of teeth (prophylaxis) for patients who are healthy, or have gingivitis (superficial gum infection) (as defined by the American Association of Periodontists)
   (b) Removal of hard and soft deposits
   (c) Debridement in preparation for definitive periodontal therapy in all periodontal case types.
   (d) Periodontal measurements
   (e) Administration of nitrous oxide analgesia (with board approved course)
   (f) All procedures delegable to a dental assistant or certified dental assistant as outlined in 4 CSR 110-2.120.

2. Hygienist functions that a RDT-1 may not perform
   (a) No allowable functions under general supervision.
   (b) No allowable functions under indirect supervision.
   (c) Root Planning
   (d) Administration of local anesthesia
   (e) Treatment of Moderate, Advanced, and Refractory periodontitis (gum infections)

RDT-1 Educational Standards

1. A prospective student must at least be 18 years old, a high school graduate or G.E.D. equivalent, and have at least one-half year (1000 hours) experience as a chairside dental assistant.
2. Completion of Missouri Test of Dental Assisting Basic Skills approved by the Board.
3. 74 clock hours in the following subjects:
   - Dental and gingival anatomy and morphology
   - Nutrition
   - Periodontal disease understanding, recognition, and treatment
   - Dental plaque, stain, and calculus formation
   - Recording accurate dental and medical history
   - Dental charting of the conditions of the oral cavity
   - Asepsis, sterilization and infection control
   - Oral hygiene instructions
   - Communication skills and behavior modification
   - Instrumentation usage and safety
   - Removal of soft and hard deposits
   - Missouri Dental Jurisprudence
# Curriculum for Registered Dental Therapist – 1 (RDT-1)

- A course of study offered by an accredited (CODA) school of dentistry, dental hygiene, or dental assisting, or any course approved by the Missouri Dental Board consisting of a minimum of:

<table>
<thead>
<tr>
<th>Course</th>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental and gingival anatomy and morphology</td>
<td>4</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2</td>
</tr>
<tr>
<td>Periodontal disease understanding, recognition, and treatment</td>
<td>4</td>
</tr>
<tr>
<td>Dental plaque, stain, and calculus formation</td>
<td>6</td>
</tr>
<tr>
<td>Obtaining an accurate dental and medical history</td>
<td>1</td>
</tr>
<tr>
<td>Accurate charting of the conditions of the oral cavity</td>
<td>2</td>
</tr>
<tr>
<td>Sterilization and infection control</td>
<td>3</td>
</tr>
<tr>
<td>Oral hygiene instructions (emphasis on technique, products, and devices)</td>
<td>4</td>
</tr>
<tr>
<td>Communication skills and behavior modification</td>
<td>2</td>
</tr>
<tr>
<td>Instrumentation usage and safety</td>
<td>14</td>
</tr>
<tr>
<td>Removal of soft and hard deposits</td>
<td>30</td>
</tr>
<tr>
<td>Jurisprudence</td>
<td>2</td>
</tr>
</tbody>
</table>

- Total clock hours                                                      | 74    |
Recommended enabling statute language

1. 332.095 Practice of Registered Dental Therapist Defined

Any person practices as a Registered Dental Therapist within the meaning of this chapter who provides preventative, limited periodontal, and dental services in cooperation with and under the direct supervision of a currently registered and licensed dentist in Missouri. A currently registered and licensed dentist may delegate to a Registered Dental Therapist such acts that would be considered the practice of dentistry as defined in section 332.071 provided such delegation is done pursuant to the terms and conditions of a rule adopted by the Missouri dental board pursuant to section 332.031.
Proposal

Registered Dental Therapist – 2 (RDT-2)

Scope of Practice

1. An RDT-2 may perform the following procedures under indirect supervision:
   (a) Scaling and Polishing of teeth (prophylaxis)
   (b) Treatment for Gingivitis
   (c) Removal of hard and soft deposits
   (d) Periodontal measurements
   (e) Periodontal root planning, debridement and curettage for patients who are healthy, or have early to moderate periodontal infections (as defined by the American Association of Periodontists)
   (f) Periodontal maintenance procedures
   (g) Administration of nitrous oxide analgesia (with board approved course)
   (h) Administration of local anesthetic

2. An RDT-2 may perform the following procedures under direct supervision:
   (a) All procedures allowed under indirect supervision.
   (b) All procedures delegable to a dental assistant or certified dental assistant as outlined in 4 CSR 110-2.120.

3. Hygienist functions that a RDT-2 may not perform
   (a) No allowable functions under general supervision.
   (b) Treatment of Advanced and Refractory periodontitis (gum infections)

RDT-2 Educational Standards

1. A prospective student must at least be 18 years old, a high school graduate or G.E.D. equivalent, and have at least one year (2000 hours) experience as a dental assistant with RDT-1 approved credentials.
2. Completion of Missouri Test of Dental Assisting Basic Skills approved by the Board.
3. The instruction is divided into both didactic and clinical segments.
4. The didactic curriculum would be provided at accredited dental schools, dental hygiene schools, dental assisting schools, community colleges, or technical colleges. It shall include: anatomy, physiology, dental anatomy, oral pathology, radiology, preventive dentistry, classification and epidemiology of periodontal disease, periodontal charting, periodontal disease therapy, theories of periodontal treatment, periodontal dressings and suture removal, principles of local anesthesia, asepsis/sterilization/infection control, cardiopulmonary resuscitation (CPR) certification, ethics, and Missouri Dental jurisprudence.

The clinical training conducted in the sponsoring clinic or private dentist’s office is based on a series of very prescriptive clinical training modules. This program has been successfully used in Alabama for 44 years. Each module serves as a building block for the next module. For example, the first module includes, among other tasks, the utilization of intraoral finger rests. The last module, at the other end of the spectrum, is concerned with attaining clinical competency in root planning, a treatment for moderate to advanced gum infections.
Definitions

**Direct supervision** - a level of supervision in which the dentist has authorized the procedure for a patient of record, and the dentist performing the direct supervision remains in the treatment facility while the procedure is performed and evaluates the procedure prior to patient dismissal.

**Indirect Supervision** – a level of supervision in which the dentist has authorized the procedure for a patient of record and remains in the treatment facility while the procedure is performed.

**General supervision** – a level of supervision in which the dentist has authorized the procedure for a patient of record and which does not require the physical presence of the dentist in the treatment facility during the performance of the procedure.

**Prophylaxis** – scaling and polishing procedure performed to remove plaque, calculus and stains. *(DENTAL CLEANING)*

**Gingivitis** - inflammation of gingival tissue without loss of connective tissue. *(MILD GUM PROBLEM)*

**Debridement** – removal of subgingival and/or supragingival plaque and calculus which obstructs the ability to perform an evaluation. *(REMOVE HEAVY TARTAR TO SEE GUMS)*

**Periodontal disease** – inflammatory process of the gingival tissues and/or periodontal membranes of the teeth, resulting in abnormally deep gingival sulcus, possibly producing periodontal pockets and loss of supporting tissues of the teeth. *(MORE SERIOUS GUM PROBLEM)*