



## Tribal Dental Therapy Law in Washington State

**Tribes in Washington:** Confederated Tribes of the Chehalis Reservation, Confederated Tribes of the Colville Reservation, Washington, Confederated Tribes and Bands of the Yakama Nation, Cowlitz Indian Tribe, Hoh Indian Tribe, Jamestown S'Klallam Tribe, Kalispel Indian Community, Lower Elwha Tribal Community, Lummi Tribe, Makah Indian Tribe, Muckleshoot Indian Tribe, Nisqually Indian Tribe, Nooksack Indian Tribe, Port Gamble S'Klallam Indian Community, Puyallup Tribe, Quileute Tribe, Quinault Tribe, Samish Indian Tribe, Sauk-Suiattle Indian Tribe, Shoalwater Bay Tribe, Skokomish Indian Tribe, Snoqualmie Tribe, Spokane Tribe, Squaxin Island Tribe, Stillaguamish Tribe, Suquamish Indian Tribe, Swinomish Indian Tribal Community, Tulalip Tribes of the Tulalip Reservation, Upper Skagit Indian Tribe

**Tribes in Support of Dental Therapy in Washington:** Swinomish Indian Tribal Community (currently employing Dental Therapists), Port Gamble S'Klallam Indian Community (currently employing a Dental Therapist), Lummi Tribe, Confederated Tribes of the Colville Reservation

**Status:** Law Enacted

**Legislation:** [S. B. 5079](#), 2017-2018 Session

**Sponsor:** Sen. John McCoy (D-38), Tulalip Tribes of Washington

### Legislative History:

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| 2012-2016  | Bills Introduced in Legislature   |
| 01/12/2017 | Introduced in Senate, Referred to Senate Committee on Health Care         |
| 01/19/2017 | Committee Hearing Held, Public Testimony Accepted; Voted out of Committee |
| 02/01/2017 | Passed Senate on a Vote of <a href="#">49-0</a>                           |
| 02/09/2017 | Passed in House on a Vote of <a href="#">80-18</a>                        |
| 02/22/2017 | Signed into Law by Governor Inslee  |

### Summary:

- Allows certified dental therapists (DTs) to practice under a dentist as part of an oral healthcare delivery team.
- Recognizes DT certification from federal health programs and licenses given by Tribes as sufficient for practice within the state.
- Limits the practice settings of DTs to Tribal health programs on Tribal lands.
- Limits the patient population pool that can see a DT to members of Tribes and those eligible for benefits from the Indian Health Service (IHS).



- Does not allow DTs to practice in other settings or for private practice.
- Enumerates the services a DT can perform.

**Tribal Inclusion:** Section 2 of the law limits the practice of DTs only to Indian health programs operated on a reservation. DTs can only see people eligible for IHS benefits, including Tribal members and their families. The law explicitly recognizes licenses given by a Tribe as valid certification for DTs to practice in the state.

**General or Direct Supervision:** Supervision can be direct (dentist is present in the room), or general (dentist is available for remote consultation) under the terms of each dentist's contract with the DT.

**Educational Requirements:** The bill does not explicitly state education standards beyond requiring the DT to be certified by a board using standards meeting or exceeding standards approved by the Commission on Dental Accreditation (CODA). CODA mandates a three academic year program for DTs with no degree requirement.

**Dual License Requirement:** A licensed DT does **NOT** need also to hold a dental hygienist license.

**Medicaid Reimbursement:** The legislation explicitly allows DTs to bill for third party reimbursement, including through the state's Medicaid program. However, the Centers for Medicare and Medicaid Services (CMS) have expressed concerns over the law's limitations around practice settings and patient population and have not approved the reimbursement plan submitted by the state.

**Moving Forward:** In February 2017, Washington State's new law authorized Tribes to hire DTs. Several Tribes in the state have begun recruiting DTs to join their oral health teams. Swinomish has employed several DT, who is licensed by the Tribe, since January 2016. In 2019, DTs began working at three additional Tribes in the state, and the number of Tribes with DTs are expected to increase in the very near future.

However, CMS's decision not to approve the state's amended plan for Medicaid reimbursement has impacted the financial sustainability of DTs in the short term. DTs cannot receive Medicaid reimbursement from CMS until that plan is approved, and the state is currently offering reimbursement out of an additional appropriation.



## Supplemental Dental Therapy Legislation in Washington State

**Status:** Pending in State Legislature

**Legislation:** [S.B. 5142](#), 2021-2022 Session

**Sponsor:** Sen. David Frockt (D-46) and 10 other cosponsors

### Legislative History:

2017 Tribal Dental Therapy Bill Becomes Law

01/12/21 Introduced in Senate, Referred to Senate Committee on Health & Long-Term Care

### Summary:

- Allows licensed dental therapists (DTs) to practice under a dentist as part of an oral healthcare delivery team. DTs must work under a written practice plan contract.
- Provides for the state of Washington to issue dental therapy licenses.
- Enumerates the services a DT can perform, with the stated intent of following CODA standards.
- Continues to allow DTs to work in Tribal settings under the federal Community Health Aide Program.
- Allows for limited licensure reciprocity for DTs certified by the federal government or licensed in another state.
- Lists the practice settings where DTs can practice, including Indian Health Service, Tribal, and Urban Indian facilities, as well as FQHCs, long term care facilities, and clinics with 35% or more of patients who receive public health care coverage benefits.
- Appoints two DTs to the 18-member state dental quality assurance commission.
- Allows DTs to supervise dental assistants and expanded function dental auxiliaries.
- Expressly allows DTs working under the Community Health Aide Program to work in any IHS, Tribal, or Urban Indian practice setting.

**Tribal Inclusion:** Washington State law allows for DTs to practice on Tribal land on Tribal patients. SB 5142 expands that to allow DTs to practice in settings statewide, and includes IHS, Tribal, and Urban Indian health programs. These programs can operate on and off reservation boundaries.

**General or Direct Supervision:** A 400-hour preceptorship must be completed under the direct supervision (dentist is present in the room) of a dentist, and an additional 300 hours must be completed under general (dentist is available for remote consultation) supervision. After that, supervision can be direct or general under the terms of each dentist's contract with the DT.



**Educational Requirements:** The bill does not explicitly state education standards beyond requiring the DT to graduate from a program with accreditation from the Commission on Dental Accreditation (CODA), or a program that substantially conforms to CODA standards. CODA mandates a three academic year program for DTs with no degree requirement.

**Dual License Requirement:** A licensed DT does **NOT** need also to hold a dental hygienist license.

**Medicaid Reimbursement:** The legislation allows DTs to bill for third party reimbursement, including through the state's Medicaid program. With the current state law, the Centers for Medicare and Medicaid Services (CMS) had expressed concerns over the law's limitations around practice settings and patient population, leading to delay and confusion before the issue was resolved.

**Moving Forward:** Several Tribes in the state employ DTs under current Washington State law. Washington State provided reimbursement for DTs in the absence of federal reimbursement before CMS clarified its position. Additionally, the Indian Health Service is continuing implementation of the expansion of CHAP to Tribes outside of Alaska in 2021. These two developments make supplemental legislation appropriate.