

FAQ: EXPANDED FUNCTIONS DENTAL AUXILIARY (EFDA)

Q: What is an expanded functions dental auxiliary (EFDA)?

A: An EFDA is a dental assistant with advanced training in specific dental procedures who is authorized by the regulatory board to perform those procedures under the direct supervision of a dentist.

Q: Is there a bill in Wisconsin – proposing the EFDA?

A: Yes, there is a proposal at this time. A similar bill was introduced in 2017, but didn't make it through the committee hearings process before the WI legislature adjourned for the year. It was tabled until recently.

Q: What functions and clinical procedures were proposed for the EFDA?

A: Under the direct supervision of a dentist an EFDA would perform ...

- **Supragingival scaling.**
- Applying topical fluoride, fluoride varnish or similar dental topical agent
- Applying sealants
- Coronal polishing
- Placing and finishing restoration material after a dentist prepares the tooth
- Impressions
- Temporizations
- Packing cord
- Removing cement from crowns
- Adjusting dentures and other removable oral appliances
- Removing sutures and dressings

Q: What required education is being proposed for EFDA?

A: A minimum of 70 hours (just less than two weeks) of instruction in a CODA Accredited Expanded Functions program would be required.

Q: What qualifications must an EFDA applicant have *before* they can enroll in the CODA accredited program for EFDA?

A: The applicant must satisfy one of the following criteria before the individual may be permitted to enroll in the EFDA instructional program.

1. After validating at least 1000 hours of practicing as a dental assistant and holds the Certified Dental Assistant (CDA) credential issued by the Dental Assisting National Board, Inc, (DANB) an individual can apply for entry into the EFDA training program.
2. The applicant has completed at least 2000 hours practicing as a dental assistant, as verified by the supervising licensed dentist.

Q: How will EFDA's be supervised?

A: When performing the procedures in the EFDA's scope of practice, they must be ***directly supervised*** by a licensed dentist. This means the dentist delegates the procedure to the EFDA, remains on the premises while the EFDA is performing the procedure, and examines the patient at the completion of the procedure.

Q: Are there any prohibitions named in the EFDA proposal?

A: Yes. They are the same prohibitions that have been in place for decades in WI. An EFDA may not perform any of the following ...

- Cutting of hard or soft tissue
- Diagnosis
- Treatment planning

Q: What credential is being proposed for the EFDA?

A: Certification to practice as an EFDA will be granted after the individual pays the fee and provides satisfactory evidence to the WDEB (Wisconsin Dentistry Examining Board) that they have completed the instructional course in a CODA Accredited program. **This is a one-time credential, not a license and there is no renewal process or mandatory continuing education requirement.**

Q: Are there any other requirements in the EFDA proposal?

A: Yes. EFDA's must maintain CPR / BLS certification and adhere to rules against unprofessional conduct.

Q: Does WI-DHA support the EFDA proposal?

A: Yes and no. WI-DHA generally supports the idea of the EFDA and CODA Accredited instruction; but ***we emphatically oppose the inclusion of supragingival scaling*** in the EFDA's list of allowable procedures.

While the proposal calls for a minimum of 70 hours of formal instruction (approximately 2 weeks), this would not be nearly enough to adequately prepare the EFDA to train in all the procedures listed and reach competency.

Additionally, WI-DHA supports more accountability to the WDEB in the form of biannual credential renewal and mandatory continuing education requirements.



Q: **Why** are EFDA's being proposed for Wisconsin?

A: The Wisconsin Dental Association has stated in the past that they believe EFDA's would increase efficiencies and productivity in the dental practice.

Q: What is **scaling** in dentistry?

A: To use a bladed, sharp or ultrasonic instrument to remove soft and hard deposits from the teeth (plaque, calculus and stains)

Q: Why does WI-DHA oppose supragingival scaling in the EFDA list of procedures?

A: There are several reasons WI-DHA opposes supragingival scaling in the EFDA list of procedures.

1. WDA states that EFDAs would increase efficiencies. Having EFDAs performing supragingival scaling and then having a dentist or hygienist complete the prophylaxis means *all efficiencies are lost*.
2. WDA's justification for proposing supragingival scaling EFDAs is that there is a shortage of dental hygienists, but this is untrue. The definition of a healthcare provider *shortage* is when the ratio of clinician to population is greater than 1:1800. In a nation-wide study conducted by ADA and ADHA in 2020 showed that in Wisconsin the ratio of dental hygienists to the population is 1:1500.
3. Scaling of any kind, by definition, is part of a *prophylaxis*. Under current law in Wisconsin, unlicensed persons cannot perform any part of a dental prophylaxis with the exception of coronal polishing.
4. The entirety of CODA Accredited dental *hygiene* education prepares graduates to perform dental prophylaxes safely and effectively. Hygienists are not permitted to perform a prophylaxis unless they have completed CODA Accredited education, standardized competency testing and achieved licensure. Those requirements are there in order to protect the public from harm at the hands of clinicians who are not qualified to perform dental procedures. There is no independent testing of clinical competency in the EFDA proposal.
5. Professional accountability is achieved through licensure. This proposal does not include licensure.
6. Supragingival scaling alone isn't feasible. Many calculus deposits are partly above and partly below the gumline (sub-gingival). All deposits must be removed in order to meet the definition of prophylaxis.
7. Scaling is not included in the ADA-CODA standard for dental assistant education including that of advanced or expanded function training.
8. Scaling is not included in any modern textbook for dental assisting education.
9. The standard of patient care demands that clinicians must be properly trained for the procedures they perform. This EFDA proposal is not up to that standard.

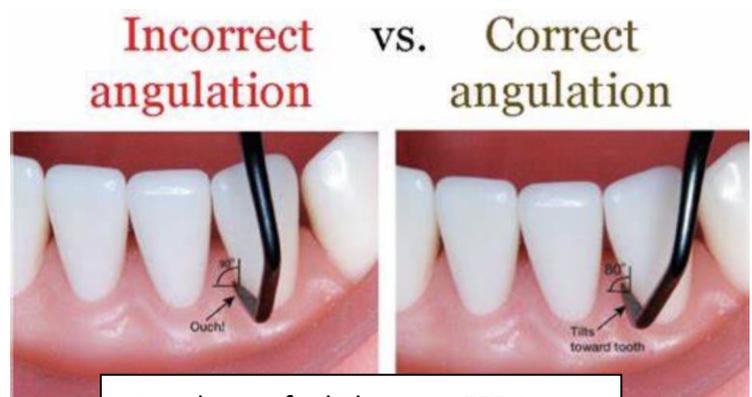
Q: What can you do?

A: **Contact your local lawmaker** and share how you feel about the proposed EFDA bill.

Ask them to amend the proposal by removing supragingival scaling.

Click here to find out who your senator and assembly representatives are.

<https://maps.legis.wisconsin.gov>



How do you feel about an EFDA using a razor-sharp scaler? It does not take much for margin of error.