

LRB 1534/1 – Expanded functions dental auxiliary (EFDA) - is being circulated for co-sponsorship and support. Dental Hygienists in Wisconsin are opposed to the language of “Supragingival scaling” in this proposal and request amendment by removing this piece of the proposed bill.

FAQ: EXPANDED FUNCTIONS DENTAL AUXILLIARY (EFDA)

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

A: An EFDA is an unlicensed dental assistant with advanced training in specific dental procedures who is authorized by the regulatory board to perform those procedures when a dentist is supervising.

Q: What functions and clinical procedures are we opposed to for the EFDA?

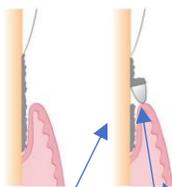
A: Of the 11 proposed procedures for EFDAs, WI-DHA are only adamantly opposed to “Supragingival scaling.” WI-DHA has compromised on other pieces of the proposed bill like application of dental sealants, fluorides, and coronal polishing.

Q: What is Supragingival scaling and why is WI-DHA opposed?

A: Supragingival (Supra = above, gingival = gums) scaling is the use of a pointed, razor sharp dental instrument to remove hard and soft deposits on teeth without touching the gums with the blade (see figure to the left). Supragingival scaling alone isn’t feasible



Blade of scaler



Tooth (yellow) Pink Gums
-Scaler removing grey deposit above gums (leaving the deposit under the gums untouched)

as most deposits are partly above and partly below the gumline (sub-gingival). All deposits must be removed in order to meet the definition of a dental cleaning. Scaling of any kind is a difficult and highly specialized skill that takes many hours of practice and education. As per current law it requires a degree, passing a national clinical exam, and professional licensure for dental hygienists to perform. In addition to being incomplete care, the graphic to the right shows how only a small difference in angulation results in incorrect use of the blade and can lead to irreversible injury.

Incorrect angulation vs. Correct angulation



Q: What required education/certification is being proposed for EFDA?

A: A one-time certification with no continuing education requirement, no professional license, no formal testing to ensure competence, and only a minimum of 70 hours (just less than two weeks) of instruction in an accredited program would be required. This is drastically substandard with not nearly enough training or accountability for the procedures proposed.

Q: Does the WI-Dental Hygienists Association 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.

WI-DHA is willing to compromise on other issues we have had with the proposal and would only stand in the way of the EFDA proposal if the proposers refuse to remove supragingival scaling.

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

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

1. WDA states that EFDAs would increase efficiencies. However, by having EFDAs performing supra-gingival scaling and then having a dentist or hygienist complete the cleaning and other required assessments - *all efficiencies are lost*.
2. WDA's justification for proposing supra-gingival 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*. A prophylaxis is what most consider a typical dental cleaning. 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 the Commission of Dental Accreditation (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 dental accreditation 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.