

REVISED AGENDA

**VIRGINIA BOARD OF HEALTH PROFESSIONS
VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS**

REGULATORY RESEARCH COMMITTEE

**April 9, 2015
Board Room #2
10:00 a.m.**

Call to Order	<i>Dr. Van de Water</i>
Public Comment	<i>Dr. Van de Water</i>
Approval of Minutes	<i>Dr. Van de Water</i>
• January 22, 2015 Committee Meeting – Page 3	
• January 22, 2015 Public Hearing-Dental Hygienist – Page 38	
Multi-Level Licensure for Funeral Directors/Embalmers – Page 40	<i>Dr. Carter</i>
Dental Hygienist Review	<i>Mr. Crow</i>
Board of Dentistry Open Forum – Page 68	<i>Ms. Reen</i>
Discussion	<i>Dr. Van de Water</i>
Adjournment	

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**Department of Health Professions
Board of Health Professions
REGULATORY RESEARCH COMMITTEE
January 22, 2015**

TIME AND PLACE: The meeting was called to order at 9:04 on Thursday, January 22, 2015, Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, VA, 23233.

PRESIDING OFFICER: Virginia Van de Water, Chair

MEMBERS PRESENT: Yvonne Haynes, Board of Counseling
Virginia Van de Water, Board of Psychology
James Watkins, Board of Dentistry
James Wells, Citizen Member

MEMBERS NOT PRESENT: Frazier Frantz, Board of Medicine
Ellen Shinaberry, board of Pharmacy

STAFF PRESENT: Elizabeth A. Carter, Ph.D., Executive Director for the Board
Justin Crow, Deputy Executive Director for the Board
Laura Jackson, Operations Manager

OTHERS PRESENT: Michele Chesser, Ph.D., JCHC

QUORUM: A quorum was established with four members in attendance.

PUBLIC COMMENT: There was no public comment.

APPROVAL OF MINUTES: May 20, 2014 Public Hearing Meeting
On properly seconded motion by Ms. Haynes, the meeting minutes were unanimously approved.

May 20, 2014 Committee Meeting
On properly seconded motion by Ms. Haynes, the meeting minutes were unanimously approved.

DENTAL HYGIENIST REVIEW Dental Hygienist Scope of Practice Review
Mr. Crow provided a PowerPoint presentation providing a summary of research-to-date on the Dental Hygienist Scope of Practice review. (Attachment 1)

Dr. Chesser provided a PowerPoint presentation including information from the JCHC study, requested by Senator Barker (SB 50) back in 2012, regarding the cost of uncompensated dental care and the dental safety net (Attachment 2)

Mr. Crow provided an overview of the policy options for this study. (Attachment 3)

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NEW BUSINESS:

Mr. Crow requested a Regulatory Research Committee meeting be set for February 17, 2015 at 9:00 a.m.

ADJOURNMENT:

With no other business to conduct, the meeting adjourned at 10:22 a.m.

Virginia Van de Water, Ph.D.
Chair

Elizabeth A. Carter, Ph.D.
Executive Director for the Board



Dental Hygienists
Scope of Practice Review

Regulatory Research Committee
Board of Health Professions

Justin Crow, MPA
Deputy Executive Director
Virginia Board of Health Professions

Jan 22, 2014



Purpose

- Virginia Health Reform Initiative
 - Update Scope of Practice Laws to increase healthcare capacity
 - BHP Priorities (May 2010 Meeting)
 - ✓ – Nurse Practitioners
 - ✓ – Pharmacists & Pharmacy Technicians
 - Dental Hygienists
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VIRGINIA

Department of Health Professions



- **CRITERION ONE: RISK FOR HARM TO THE CONSUMER**
- **CRITERION TWO: SPECIALIZED SKILLS AND TRAINING**
- **CRITERION THREE: AUTONOMOUS PRACTICE**
- **CRITERION FOUR: SCOPE OF PRACTICE**
- **CRITERION FIVE: ECONOMIC IMPACT**
- **CRITERION SIX: ALTERNATIVES TO REGULATION**
- **CRITERION SEVEN: LEAST RESTRICTIVE REGULATION**
 - When it is determined that the State regulation of the occupation or profession is necessary, *the least restrictive level of occupational regulation consistent with public protection will be recommended* to the Governor, the General Assembly and the Director of the Department of Health Professions



VIRGINIA

Department of Health Professions



Virginia's Dental Workforce

- Dentist
 - Diagnosis, treatment, surgery, dental home
- Dental Assistant
 - Chair-side Assistant
 - Dental Assistant II—Expanded Role
- Dental Hygienist
 - Prophylactic Hygiene
 - Cleaning, sealing, fluoride application, patient education

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Some Terminology

- Supervision: Virginia Board of Dentistry
 - Direct Supervision: Specific to Dent. Asst. II
 - Indirect Supervision: On site
 - General Supervision: Dentist prescribes tasks but need not be on site when performed.
 - Remote Supervision: Periodic review by dentist.
 - For specific definitions, see 18VAC60-20-10

 - Supervision: Committee Study
 - Direct Supervision: Dentist on site
 - General Supervision: Same
 - Remote Supervision: Same
-
-



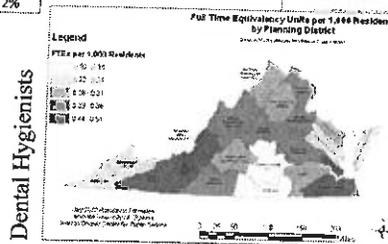
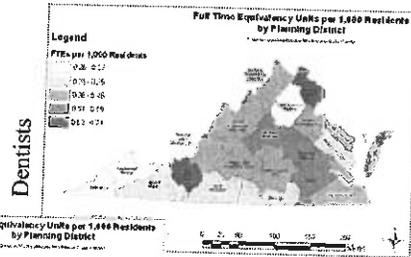
Hygienist Scope of Practice in Va

- “General Supervision”
 - Dentist evaluates patient and prescribes hygiene services prior to services being provided.
 - Dentist does not have to be on site when most services are provided.
 - May only use topical anesthesia.
 - Authorization for 10 months max.
 - Total of 4 Dental Hygienists & Dental Assistant IIs per Dentist
-
-



Scope of Practice & Access

	Primary Workplace	Dental Hygienist	Dentist
Solo Practice	53%	51%	
Group Practice	39%	38%	
Hospital	1%	3%	
Public Health	1%	3%	
Dental School	2%	2%	
Community Clinic	1%	1%	
Long-term Care	0%	0%	
K-12 School	0%	0%	
Other	3%	2%	



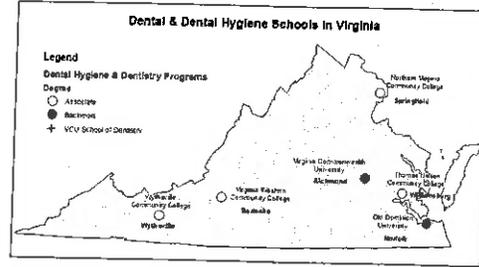
VDH Protocol

- “Remote Supervision”
 - VDH Public Health Hygienists w/ 2 years exp only
 - RS w/ VDH Dentist
 - Can supervise any # of hygienists
 - Annual on-site review
 - Personal communication every 14 days
 - Daily report review
 - Limited services
 - Education & prevention
 - Sealants, Fluoride, Prophylactic cleaning (no anesthesia)

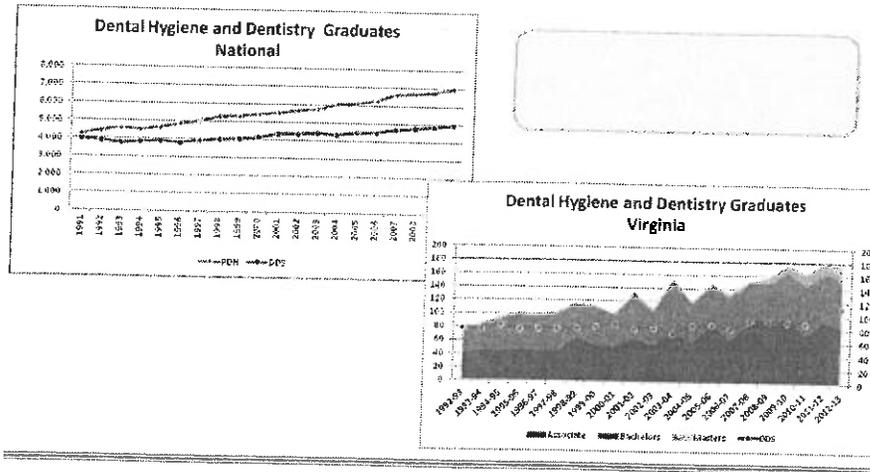


Education

Program Type	National	Virginia
Entry-Level Programs		
Certificate	8	0
Associate	287	4
Bachelor	53	2
Degree Completion Programs		
Dental Hygiene (BSDH)	44	1 (ODU)
Related (Health Science, Allied Health)	11	0
Masters Programs		
Dental Hygiene (MSDH)	17	1 (ODU)
Related (Health Science, Oral Health Care)	5	0



Graduate Growth





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Department of Health Professions



ED Visits & Dentist Distribution

Dental-related visits to the ED, U.S. 2009, per 100,000 Population			
Category	2007	2008	2009
<1,500:1 (desirable)	216	212	4.2
1,500-2,000	326	321	5.3
2,000-3,000	336	333	2.9
3,000-4,000 (poor)	447	443	3.6
>4,000:1 (HPSA)	382	379	3.1
Urban/Rural			
Large Metropolitan	217	213	3.9
Small Metropolitan	369	365	4.7
Micropolitan	478	474	4.9
Rural	480	476	4.3
Income			
Highest	111	109	2.2
Moderate	238	235	3.3
Low	387	381	5.8
Lowest	452	448	4.7

Source: AHRQ Healthcare Cost and Utilization Project.

1-2% of ED Visits for Dental Care

80% of dental ED visits were for preventable conditions (ADA)

Cost per visit: \$760-\$1,000



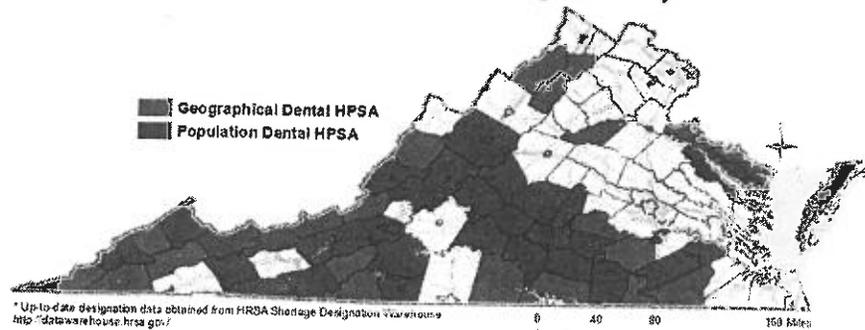
VIRGINIA

Department of Health Professions



Updated on 02/28/2014

Virginia Dental Health Professional * Shortage Areas (HPSA) **



* Up-to-date designation data obtained from HRSA Shortage Designation Warehouse <http://datawarehouse.hrsa.gov/>

** Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of dental care and may be geographic (a county or service area) demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). The Dark blue color on the map shows the HRSA shortage area of county or service area (Geographic) for dental care while the Red color shows the Low-income population areas (Population).



Regulation, Access & Outcomes

- Studies find that loosening Hygienist Regulation:
 - Lowers costs
 - Increases access to dental care
 - Including visits to dentists
 - Particularly in rural or targeted areas
 - Increases Hygienist:
 - Employment growth rate
 - Incomes
 - Lowers Dentist:
 - Employment growth rate
 - Incomes
 - Does not lower health outcomes

Work Setting (RDHAP's may list multiple settings)	% of RDHAPs reporting working in this setting
Residential facility/assisted living	63.6%
Residence of homebound	61.0%
Nursing home/skilled-nursing facility	58.5%
Schools	22.1%
Independent office-base practice in DHPSA	14.4%
Other institution	12.6%
Hospital	9.3%
Local public health clinic	7.6%
Home health agency	5.9%
Community centers	5.1%
Federal/state/tribal institution	4.2%
Community/migrant health clinic	4.2%
Other	2.5%



Risk of Harm

- Board Staff found **no evidence** of an increased risk of harm from independent or remote practice of Hygienists in other states or in the VDH Protocol.
- Several studies found that Hygienists in direct access models (including remote supervision) provide quality care and improve the oral health of the patients they serve.
- Concerns that Dental Hygienists may miss some problems dentists would catch.



Dental Disease & Oral Hygiene

Virginia Oral Health Coalition:

~312,184 children (3-15) suffer from untreated dental decay.

~653,566 adults (35-74) suffer from dental decay or moderate to severe dental disease.

"Increasing availability to preventive services such as sealants and fluoride has been proven to significantly reduce the dental disease burden."

-Virginia Department of Health

*"Approximately one in 10 cases of death from pneumonia in elderly nursing home residents may be prevented by improving oral hygiene." --
Journal of the American Geriatrics Society*

DENTAL SAFETY NET CAPACITY AND OPPORTUNITIES FOR IMPROVING ORAL HEALTH

Joint Commission on Health Care
October 8, 2014 Meeting

Michele Chesser, Ph.D.
Senior Health Policy Analyst

Study Mandate

- In 2012, Senate Joint Resolution 50 (Senator Barker) directed the Joint Commission on Health Care (JCHC) to conduct a two year study of the fiscal impact of untreated dental disease in the Commonwealth of Virginia
- The study resulted in a policy option to include in the 2014 JCHC Work Plan a targeted study of the dental capacity of Virginia's oral health care safety net providers, and the option was approved by JCHC members during the Decision Matrix meeting last November

Approved 2013 JCHC Policy Option

Include in the JCHC Work Plan for 2014, a targeted study of the dental capacity and educational priorities of Virginia's oral health care safety net providers – to include an in depth look at ways to more proactively divert patients from ERs to dental resources within their communities and to include discussion on alternative settings where additional providers (such as registered dental hygienists) can practice to access additional patient populations that are not being reached. The study and its objectives should be led by the many and diverse stakeholder in the oral health community: The Virginia Department of Health, Virginia Association of Free and Charitable Clinics, Virginia Community Healthcare Association, the Virginia Dental Hygienists' Association, the Virginia College of Emergency Physicians, Virginia Dental Association, Virginia Commonwealth University School of Dentistry, Virginia Health Care Foundation, Old Dominion Dental Society, Virginia Oral Health Coalition, Virginia Health Care Association, and Virginia Rural Health Association will be asked to work with JCHC staff in determining the need for any additional funding and resources to take care of Virginia's most vulnerable citizens. Furthermore, the group would be charged with taking a longer view of resources needed to improve education, awareness and proactivity for changing oral hygiene habits. The group would also collaborate with the Department of Education and other education stakeholders to expand oral health education in public schools. (This approved option combines the amendments, in red, proposed by VDA, VDHA, VBPD, and VACEP during the public comment period)

Background

- JCHC staff convened a work group of approximately 30 individuals representing a broad range of stakeholders
- During the first work group meeting, it was decided to create five subcommittees to address the following issues identified as most relevant to the study
 - Dental safety net capacity
 - Development of an emergency department diversion plan
 - Potential expansion of the Remote Supervision of Dental Hygienists model developed by the Virginia Department of Health (VDH)
 - Education and prevention
 - Teledentistry
- The full work group and subcommittees each met twice to review information and formulate ideas, for a total of 12 meetings

STUDY WORK GROUP TOPICS

Dental Safety Net Capacity

Emergency Department (ED) Diversion Plan

Expansion of the Remote Supervision of Dental Hygienists Model

Education and Prevention

Teledentistry

Dental Safety Net Capacity

Virginia Health Care Foundation

- The Virginia Health Care Foundation (VHCF) actively supports dental care for uninsured Virginians
 - The VHCF has invested \$10.7 million in dental grants to help establish or expand 46 of Virginia's 81 dental safety net clinics
 - VHCF partners with a dental company to enable providers serving the uninsured to receive a substantial discount on dental equipment and supplies, maintenance and repair, and dental practice management software
 - Working with Larell Dentures, VHCF is making dentures available to low-income, uninsured Virginians at 20 percent of retail value
 - VHCF's Dental Opportunities Coordinator (funded by a grant from Delta Dental of Virginia) helps Virginia's dental safety net providers address the challenges and concerns related to providing dental care to at risk Virginians

Community Health Centers

- Community Health Centers (CHCs) are nonprofit organizations, located in medically under served areas, that provide comprehensive primary health care to anyone seeking services
 - There are over 130 health center sites, serving more than 300,000 patients
 - CHCs provide medical, dental, pharmaceutical, behavioral health and prevention services
 - In addition to treating individual patients, health centers emphasize health promotion and disease prevention for entire communities
 - In order to maximize limited resources, CHCs develop linkages in the community with other private and public providers, pharmacies, nursing homes and local businesses

Community Health Centers

Income Levels of Patients as Percent of the Federal Poverty Level (FPL)*

Income Levels	Number of Patients	Percent of Patients
100% FPL	169,222	59%
101 - 150% FPL	55,370	19%
151% - 200% FPL	23,387	8%
Over 200% FPL	38,625	13%
Total	286,604	100%

*Does not include patients from Olde Town Medical Center or new sites for 2014

Source: 2013 Virginia Uniform Data System (UDS) Report

Community Health Centers

Payer Sources of All Patients and Dental Patients*

Payer Sources	Number of Total Patients	Percent of Total Patients	Percent of Dental Patients**
Uninsured	111,572	39%	61%
Medicaid	59,234	21%	16%
FAMIS (CHIP)	6,956	2%	2%
Medicare	43,500	15%	3%
Private Insurance	65,342	23%	15%
Other			3%
Total	286,604	100%	100%

*Does not include patients from Olde Town Medical Center or new sites for 2014

**Estimated percentages based on a sample of CHC sites, 2014

Source: 2013 Virginia Uniform Data System (UDS) Report

Community Health Centers

Dental Services

- 24 Community Health Centers provide dental services at 44 sites (34% of all sites), plus 1 off site provider
 - 42,380 dental patients were seen in CY 2013*
 - There were 104,428 dental visits in CY 2013*
 - The average cost per dental visit is \$190.77
- The following are the number and type of dental personnel employed by CHCs:
 - 56 dentists (DMD & DDS)
 - 5 registered dental hygienists
 - 80 dental assistants (estimated)

*Does not include patients from Olde Town Medical Center and new sites not required to file 2013 UDS report

Community Health Centers

Dental Services

- There are 150 operatories (dental chairs) housed in CHCs
 - Not all available operatories are being utilized at this time, often due to the inability to find or fund a dentist to provide services
- An estimated \$6.1 million of additional funds would be needed to cover the cost of providing dental care to the uninsured
 - The funding would insure stability of the existing safety net of CHCs providing dental services to low-income uninsured Virginians and to Virginians with Medicaid who do not currently have dental benefits
 - Extending dental benefits to the current population of Medicaid adults may bring a 50 percent match of Federal funding (FMAP)
 - The additional funding also would enable the CHCs currently providing dental services to extend care to a greater number of uninsured patients at their centers

*Does not include patients from Olde Town Medical Center and new sites not required to file 2013 UDS report

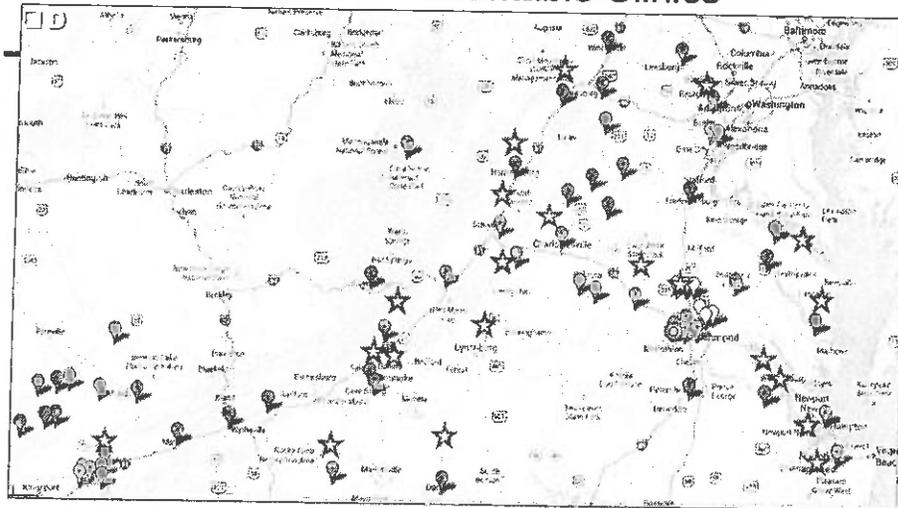
Free and Charitable Clinics

- The Virginia Association of Free and Charitable Clinics has 60 member clinics
 - Over 72,000 adult patients were served by members in CY2013
 - Including 14,500 dental patients
 - Patients are at or below 200 percent of the federal poverty level (FPL)
- 25 Members provide on-site dental care
 - The number of patients treated ranged dramatically in 2013 from 53 to 1,762 (plus one outlier clinic which treated 2,207 patients)
- Five members provide off-site dental care by partnering with community dentists who render services at their office
 - These clinics treated a total of 181 patients in 2013, with the number treated at each site ranging from 5 to 76 patients
- There are 95 dental operatories within member clinics
- 462 dentists and 142 hygienists volunteer their time

Free and Charitable Clinics with On-Site Dental

- | | |
|------------------------------------|-------------------------------|
| • Virginia Beach | • Hanover |
| • Bradley (Roanoke) | • Goochland |
| • Patrick County | • Harrisonburg |
| • Charlottesville | • Bristol |
| • Chesapeake | • Lackey (Yorktown) |
| • Botetourt | • Moss (Fredericksburg) |
| • Cross Over (Richmond) | • Mission Life (Fairfax) |
| • Fauquier | • Northern Neck (Kilmarnock) |
| • Central Virginia (Lynchburg) | • Rescue Mission (Roanoke) |
| • Northern Shenandoah (Winchester) | • HELP (Hampton) |
| • Gloucester-Mathews | • Shenandoah (Woodstock) |
| | • Newport News |
| | • Danville |
| | • Western Tidewater (Suffolk) |

Free and Charitable Clinics



Free and Charitable Clinics

- The total annual budget for dental care is \$5 million
- While free and charitable clinics are able to provide dental care to a significant number of Virginians in need, most are not able to meet the high demand for services in their community
 - Many clinics have significant wait lists. For example:
 - 76 patients of the Charlottesville clinic are on a waiting list with acute pain, and 515 patients have been waiting as long as two years for restorative work at the clinic
 - 754 persons are on a waiting list for dentures in SW Virginia and the clinics are no longer able to add more individuals to the list
 - According to a survey of clinics conducted by the VHCF, many clinics have stopped keeping a wait list because the demand is "overwhelming"

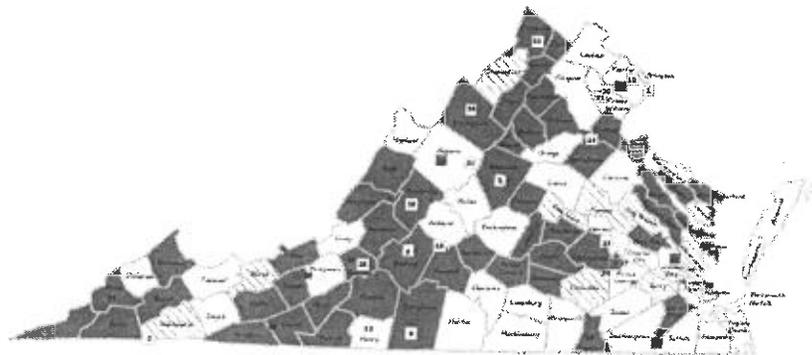
Free and Charitable Clinics

- While almost one-half of Virginia's free clinics offer some dental services, only 20 percent of all free clinic patients received any dental care in 2013
- Approximately one-third of free clinics providing dental care are only able to treat fewer than 100 patients per year
 - Three clinics provide dental care for one hour per week
- Only four free clinics provide dental care 30 or more hours per week

Free and Charitable Clinics

- An additional \$3.3 million would be needed to expand dental capacity within clinics already providing on-site care and would provide:
 - Additional part-time and full-time dentists, dental assistants and hygienists
 - A part-time oral surgeon in at least one clinic
 - Supplies (especially dentures)
 - Additional chairs and accompanying materials
 - Physical expansion/construction needed for some clinics to add operatories
- With the added funding, all clinics combined would be able to treat 15,474 additional dental patients per year

Localities with No Dental Safety Net Sites for Adults (2014)



Cities		
1 Alexandria	12 Falls Church	23 Norton
2 Bedford	13 Franklin	24 Petersburg
3 Bristol	14 Fredericksburg	25 Powhatan
4 Buena Vista	15 Galax	26 Radford
5 Charlottesville	16 Harrisonburg	27 Roanoke
6 Clifton Forge	17 Hopewell	28 Roanoke
7 Colonial Heights	18 Lexington	29 Salem
8 Covington	19 Lynchburg	30 Staunton
9 Danville	20 Manassas	31 Waynesboro
10 Emporia	21 Manassas Park	32 Williamsburg
11 Fairfax	22 Martinsville	33 Winchester

Key

- No Dental Safety Net Site
- Services Available Part-Time
- Services Available Full-Time (4 or more days/week)

Virginia Health Care Foundation
www.vhcf.org
(804) 828-5604

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Survey of ED Use for Dental Care Among MOM Participants

- The ED diversion plan subcommittee worked with the Virginia Dental Association Foundation to create a questionnaire on emergency department use for dental needs that was disseminated to patients at the Missions of Mercy (MOM) event in Grundy, Virginia last weekend
 - The results provide information about the experiences of uninsured individuals who have sought care in a hospital emergency department
 - The questionnaire was given to persons waiting in line to receive dental services
 - Individuals were informed that their participation was voluntary and 362 of 446 patients completed the questionnaire, resulting in a 81 percent response rate

Grundy MOM Survey

The Virginia Dental Association Foundation is looking for ways to better assist you in finding the dental care you need. It would help us to know how many people have to go to the emergency room (ER) for dental care. Your participation in the survey is voluntary, but we would really appreciate your help on this. Thank you!

- Have you ever used the emergency room (ER) of a hospital for a dental problem?

_____ Yes _____ No

(If you answered no, please stop here. You do not need to finish the survey. Thank you!)

- If you answered yes to the above question, for your **most recent visit to the ER** did they

_____ Suggest you see a dentist, but did not provide information about where to go?

_____ Suggest you see a dentist and provide you a list of dentists (address and phone number) where you could be treated?

_____ Suggest you see a dentist and provide a referral to a specific dentist who would treat you for free or at a reduced fee?

_____ Tell you that further treatment was not needed?

_____ Other (Please explain: _____)

- How many times within the last **12 months** have you gone to the emergency room (ER) for a dental problem? _____ times

- How many times within the last **3 years** have you gone to the emergency room (ER) for a dental problem? _____ times

- Regarding your **last visit to the emergency room for a dental problem**, what kind of care did they provide? If they provided more than one type of care (like prescribing medicine for an infection and medicine for pain) then please put an X next to all that apply.

• Prescribed medicine (like antibiotics) for an infection _____

• Prescribed pain pills _____

• Other (please explain) _____

- In which county or city/town do you live? _____

Survey of ED Use for Dental Care Among MOM Participants

- 16 percent of the respondents indicated that they had used a hospital ED for dental problems
- When asked about their last experience to the ED
 - 72.3 percent were told by ED staff that they needed to see a dentist, but were not given information about where to seek care
 - 21.3 percent were told they needed to see a dentist and were provided a list of dental clinics they could contact to make an appointment for treatment
 - 4.3 percent were told they needed to see a dentist and were given a referral to a specific dental clinic where they could be treated for free or at a reduced rate
 - 2.1 percent were told that they did not require further treatment

Survey of ED Use for Dental Care Among MOM Participants

- 35 individuals (9.7 percent) responded that they had been to an ED for dental issues in the past 12 months
 - Of these, 80 percent had been one or two times
- 44 individuals (12.2 percent) indicated that they had been to an ED for dental issues in the past three years
 - Of these, 54.6 percent had been one or two times, and 15.9 percent visited three to four times
- When asked about the type of treatment that was provided
 - 59.6 percent received an antibiotic
 - 63.8 percent received pain medication
 - One individual indicated that the doctor had numbed the painful area, and another mentioned that he had been instructed to take an over the counter pain medication

Expansion of the Remote Supervision of Dental Hygienists Model

Expansion of Remote Supervision of Dental Hygienists Model

- In 2009, the General Assembly enacted legislation to reduce the dentist oversight requirement for hygienists employed by VDH in selected dentally underserved areas
 - VDH dental hygienists are allowed to work under the remote, rather than general or direct, supervision of a dentist
 - Remote supervision means “a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but who has not done an initial examination of the patients who are to be seen and treated by the dental hygienist, and who is not necessarily onsite with the dental hygienist when dental hygiene services are delivered.” Under remote supervision, VDH hygienists may perform:
 - Initial examination of teeth and surrounding tissues, charting existing conditions
 - Prophylaxis of natural and restored teeth
 - Scaling using hand instruments and ultrasonic devices
 - Providing dental sealant, assessment, maintenance and repair
 - Application of topical fluorides
 - Educational services, assessment, screening or data collection for the preparation of preliminary records for evaluation by a licensed dentist

Expansion of Remote Supervision of Dental Hygienists Model

- Remote supervision dental hygienists provide services in elementary schools utilizing portable equipment
- In 2012, additional legislation was passed allowing a dental hygienist employed by VDH to practice throughout the Commonwealth under the protocol established for the pilot program
- The program has “improved access to preventive dental services for those at highest risk of dental disease, as well as reduced barriers and costs for dental care for low-income individuals”*

*Report on Services Provided by Virginia Department of Health Dental Hygienists Pursuant to a “Remote Supervision” Practice Protocol, 2013

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Expansion of Remote Supervision of Dental Hygienists Model

- The Board of Health Professions is currently considering the expansion of the remote supervision of dental hygienist model, but no action has been taken at this point
 - The Board met on September 27, but did not have a quorum and; therefore, was unable to call a vote on the issue
- Options to expand the model include allowing dental hygienists not currently employed by VDH to practice via remote supervision in other settings such as safety net facilities, hospitals, nursing homes or all dental sites, including the private sector, in order to provide access to a greater portion of Virginia's at-risk, underserved population
- Our work group considered the range of expansion options and the majority of members support an incremental approach with initial expansion to safety net facilities

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Expansion of Remote Supervision of Dental Hygienists Model

- Further, it was suggested that a work group of primary stakeholders, including Virginia Dental Association, Virginia Dental Hygienists' Association, Virginia Department of Health, Virginia Association of Free and Charitable Clinics, Virginia Community Healthcare Association, Virginia Oral Health Coalition, Virginia Board of Dentistry, Old Dominion University's School of Dental Hygiene, and Virginia Commonwealth University's School of Dentistry, be created to develop a pilot program for the expansion of the remote supervision model, giving stakeholders the chance to be involved in determining the bounds/scope of the model and the specific protocol

Policy Options

Option 1: Take no action.

Option 2: Introduce budget amendments to increase funding for the following safety net providers for the provision of dental services.

- \$3.3 million for the Virginia Association of Free and Charitable Clinics member clinics
- \$6.1 million for Community Health Centers
- \$1 million for the Virginia Health Care Foundation for the creation of additional dental safety net sites.

Policy Options

Option 3: Introduce a budget amendment for \$ \$9,530,325 GFs and \$ \$9,530,325 NGFs in FY 2016 to expand Medicaid to include preventive dental coverage for adults.

Option 4: Introduce a budget amendment for \$63,535,499 GFs and \$63,535,499 NGFs in FY 2016 to expand Medicaid to include full dental coverage for adults.

Policy Options

Option 5: Introduce a budget amendment for \$400,000 GFs to allow the Virginia Department of Health to establish an Oral Health Workforce Fund.

Option 6: Request by letter of the JCHC Chair, that a representative of the Virginia Oral Health Coalition's Teledentistry Work Group report on their efforts to JCHC by October 2015.

Policy Options

Option 7: Request by letter of the JCHC Chair, that a work group of primary stakeholders, including Virginia Dental Association, Virginia Dental Hygienists' Association, Virginia Department of Health, Virginia Association of Free and Charitable Clinics, Virginia Community Healthcare Association, Virginia Oral Health Coalition, Virginia Board of Dentistry, Old Dominion University's School of Dental Hygiene, and Virginia Commonwealth University's School of Dentistry, be created to develop a pilot program to expand the remote supervision of dental hygienists model to safety net facilities

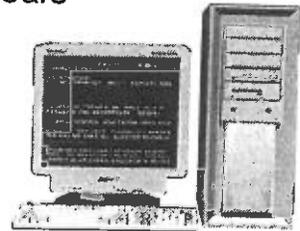
• The work group should report to JCHC by October 2015.

Public Comments

- Written public comments on the proposed options may be submitted to JCHC by close of business on October 30, 2014. Comments may be submitted via:
 - E-mail: sreid@jchc.virginia.gov
 - Facsimile: 804-786-5538 or
 - Mail to: Joint Commission on Health Care
P.O. Box 1322
Richmond, Virginia 23218
- Comments will be summarized and presented during the JCHC meeting on November 5th.

Internet Address

Visit the Joint Commission on Health Care website:
<http://jchc.virginia.gov>



Contact Information
mchesser@jchc.virginia.gov
 900 East Main Street, 1st Floor West
 P. O. Box 1322
 Richmond, VA 23218
 804-786-5445
 804-786-5538 fax

Citations

1. Council of State Governments, Talking Points: Preventing Dental Decay. www.healthystates.csg.org
2. Jeffcoat M, et al. 2012. Periodontal therapy reduces hospitalizations and medical care costs in diabetics. University of Pennsylvania, Philadelphia PA, United Concordia Companies, Inc.
3. National Institute of Dental and Craniofacial Research. 2005. "Study finds direct association between cardiovascular disease and periodontal bacteria." February 7.
4. Humphrey, Linda et al. 2008. "Periodontal disease and coronary heart disease incidence: A systematic review and meta-analysis." *J Gen Intern Med.* 23(12). September 20. 2079-2086.
5. Shenoy RP et al. 2009. "Periodontal disease as a risk factor in pre-term low birth weight: An assessment of gynecologists' knowledge, a pilot study." *Dent Res.* 20:13-6.
6. <http://silk.nih.gov/public/hck1ocv.@www.surgeon.fullrpt.pdf>



JCHC Study

Michele Chesser, Ph.D.
Senior Health Policy Analyst

Joint Commission on Health Care
A Standing Commission of the
Virginia General Assembly



Policy Options

- **CRITERION ONE: RISK FOR HARM TO THE CONSUMER**
- **CRITERION TWO: SPECIALIZED SKILLS AND TRAINING**
- **CRITERION THREE: AUTONOMOUS PRACTICE**
- **CRITERION FOUR: SCOPE OF PRACTICE**
- **CRITERION FIVE: ECONOMIC IMPACT**
- **CRITERION SIX: ALTERNATIVES TO REGULATION**
- **CRITERION SEVEN: LEAST RESTRICTIVE REGULATION**
 - When it is determined that the State regulation of the occupation or profession is necessary, *the least restrictive level of occupational regulation consistent with public protection will be recommended* to the Governor, the General Assembly and the Director of the Department of Health Professions



Policy Options

Option 1: Take No Action

Take no action is the default option. Selection of this option implies that an expanded scope of practice for dental hygienists may pose a risk of harm to consumers, that the economic costs of current regulations are justified, and that current regulations are the least restrictive level of occupational regulation consistent with public protection.



Option 2: Recommend Independent Practice for Dental Hygienists

Selection of this option implies that dental hygienists have the education and professional infrastructure to practice independently of oversight by a dentist, that independent practice is consistent with public protection and that independent practice does not pose a risk of harm to consumers.



VIRGINIA

Department of Health Professions



Option 3: Recommend Remote Supervision (Collaborative Practice) Protocols for Dental Hygienists

Selection of this option implies that dental hygienists have the educational and professional infrastructure for expanded practice under the remote supervision of dentists, that remote supervision by dentists is the least restrictive form of regulation consistent with public protection, the economic costs of associated with remote supervision are justified, and that a remote supervision practice model does not pose a risk of harm to consumers.



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Department of Health Professions



Option 4: Recommend Restricting Expanded Scope of Practice to Certain Areas, Facilities or Populations

Selection of this option implies that the balance of risk of harm and economic costs (specifically, reduced access to care) is different in some areas and facilities, and for some populations, than others. It implies that for selected settings and populations the economic costs of more restrictive regulations are not justified. A list of potential special areas, populations and settings appear in the Policy Options Matrix, next page.



VIRGINIA

Department of Health Professions



Option 5: Recommend Restricting Expanded Scope of Practice to Dental Hygienists with Certain Training and/or Experience.

Selection of this option implies that dental hygienists require additional education and/or experience beyond entry-level requirements to practice remotely or independently without an increased risk of harm to patients, and that this is the lowest level of education or experience consistent with public protection, and that the economic costs of this education or experience are justified. A list of potential education and experience combinations are included in the Policy Options Matrix, next page.



VIRGINIA

Department of Health Professions



Option 6: Direct the Regulatory Research Committee to Convene a Workgroup to Develop Expanded Practice Protocols.

Selection of this option would facilitate implementation of recommendations and development of appropriate regulations regarding appropriate clinical tasks, level of supervision, and other requirements. The workgroup shall consist of representatives of stakeholders, including (but not limited to) the Virginia Board of Dentistry, the Virginia Department of Health, the Virginia Dental Association, the Virginia Dental Hygienists Association, the Virginia Oral Health Coalition, and Virginia Commonwealth University's School of Dentistry, as well as a representative of a Virginia school of dental hygiene, organizations representing affected facilities, and patient or community advocates, and other representatives as selected by the Regulatory Research Committee.



VIRGINIA

Department of Health Professions



Policy Option Matrix

Education/ Experience	Settings									
	No Setting Restrictions	In all Special Settings	dHPSA	Safety Net Clinics	Long Term Care	Hospitals	Homebound/ Home Health Agency	K-12 Schools	Public Health Agency	Other Facility
Entry-Level										
Two Years Experience (VDH Protocol)									RS	
Five Years Experience										
Associate and two years experience										
Associate and five years experience										
Bachelors degree										
Bachelors and two years experience										
Other Education/ Experience										



VIRGINIA

Department of Health Professions



Next Steps

- Public Hearing.
- Next RRC meeting.
 - Feb. 17, Board of Health Professions?
- Discussion
 - More information?
 - Ideas on policy options?

**Department of Health Professions
Board of Health Professions
REGULATORY RESEARCH COMMITTEE
Public Hearing-Dental Hygienist Scope of Practice Review
January 22, 2015**

- TIME AND PLACE:** The meeting was called to order at 10:36 a.m. on Thursday, January 22, 2015, Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Board Room, Henrico, VA, 23233.
- PRESIDING OFFICER:** Virginia Van de Water, Ph.D., Chair
- MEMBERS PRESENT:** Yvonne Haynes, Board of Counseling
Virginia Van de Water, Ph.D., Board of Psychology
James Watkins, Board of Dentistry
James Wells, Citizen Member
- MEMBERS NOT PRESENT:** Frazier Frantz, Board of Medicine
Ellen Shinaberry, Board of Pharmacy
- STAFF PRESENT:** Elizabeth A. Carter, Ph.D., Executive Director for the Board
Justin Crow, Deputy Executive Director for the Board
Laura Jackson, Operations Manager
- OTHERS PRESENT:** Joyce Flores, ODU School of Dental Hygiene
Sarah Holland, Va OHC
Tonya Adiches, VDH
Michael Link, VDA President
Bruce Wyman, Founder of N. VA Dental Clinic
Michelle McGregor, VCU School of Dentistry
- QUORUM:** A quorum was established with four members in attendance.
- EMERGENCY EGRESS:** Dr. Van de Water provided emergency evacuation instructions.
- PUBLIC COMMENT:** Dr. Michael Link, VDA President
Dr. Link stated that VDA has several areas of discrepancy with the Board of Health Professions report entitled Review of Dental Hygienist Scope of Practice. VDA would like more in depth research in the areas of complaints against dental hygienists, is there a shortage in this profession and cost effectiveness of change to the scope of practice. VDA is currently looking into working closely with Community Dental Health Coordinators (CDHC) whose focus is education, prevention and navigation. VDA will be providing written comment prior to the February 5, 2015 due date.
- Bruce Wyman, Periodontist, Fairfax, VA
Mr. Wyman has practiced periodontics for over 40 years. He is a member of the Board of Dentistry, but is not acting in that

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capacity for this public hearing. He is the co-founder of the Northern Virginia Dental Clinic which provides oral health care services to low income residents throughout the northern Virginia region. The clinic is staffed by volunteer dentists and dental hygienists on a part time basis. Mr. Wyman stated that he is in acceptance of policy options 1 & 2, whereas option 4 would require constant attention. Policy Options 3, 5 & 6 in combination could work. He stated that a dentist must be available to supervise, especially when experience of the hygienist is less than five years.

Michelle McGregor, President Virginia Dental Hygiene Association, Professor at VCU School of Dentistry

Ms. McGregor stated that VCU recommends policy options 3 & 4. There are wording issues with option 4 & 5. Policy option 6 would be utilized if all stakeholders are involved. Ms. McGregor stated that every dental hygienist school in Virginia could double their class size. She also stated that VDH has already established dental hygienists who work within a remote supervision model.

Joyce Flores, Virginia Dental Hygienist Association, ODU School of Dental Hygiene

Ms. Flores has over 22 years experience as a dental hygienist. She has practiced in North Carolina, Texas and Virginia. She is pursuing her Ph.D. Ms. Flores stated that VDHA is in support of the remote supervision model that VHD is utilizing. VDHA is in support of policy option 3 with collaborative care, and policy option 4 which may be the most timely. Policy options 5 & 6 involve additional educational requirements.

ADJOURNMENT:

With no other business to conduct, the public hearing adjourned at 11:19 a.m.

Virginia Van de Water, Ph.D.
Chair

Elizabeth A. Carter, Ph.D.
Executive Director for the Board

Funeral Licensure Titling
by State

March 31 2015

State	State Licensing Agency (Comments)	Embalmer	Funeral Director	Combination	Other Titles
Alabama	Board of Funeral Service	✓	✓		
Alaska	Mortuary Science Division of Occupational Licensure	✓	✓		
Arizona	State Board of Funeral Directors and Embalmers	✓	✓		
Arkansas	State Board of Embalmers and Funeral Directors	✓	✓		
California	Department of Consumer Affairs Cemetery and Funeral Bureau which does not have a "board," but has established an Advisory Committee. The Advisory Committee provides a forum for both consumers and licensees to provide input on funeral-and cemetery-related issues and allows the Bureau to meet its regulatory obligations in an open and transparent environment.	✓	✓		
Colorado	<p>Division of Insurance requires businesses that "sell or offer to sell" preneed funeral. In 2009, House Bill 09-1202 passed that restored regulation for funeral establishments and crematories. This act created a new licensing system for funeral homes and crematories in Colorado, administered by the Department of Regulatory Agencies (DORA), Colorado's consumer protection agency.</p> <ul style="list-style-type: none"> • All funeral establishments and crematories must register annually with DORA's Office of Funeral Establishment and Crematory Registration. • There is no state regulated board in which to transfer or apply for individual license. To practice as a funeral director or embalmer in Colorado, you must be employed by a licensed funeral home or crematory. • Funeral homes and crematories are licensed and must follow standards of practice and Title Protection statutes for the individuals who are employed within the business. • Title protection limits the practice of individuals and establishes minimum qualification for those who promote services under the job titles of Mortuary Science Practitioner, Funeral Director, Embalmer, or Cremationist. These individuals are regulated by laws that pertain to the registered funeral home or crematory. 	State does not regulate Embalmers Voluntary Certification Only	State does not regulate Funeral Directors Voluntary Certification Only		
Connecticut	Department of Public Health, Embalming/Funeral Directors Licensing				
Delaware	Board of Funeral Service	✓	✓		
DC	Board of Funeral Directors, Dept. Consumer Affairs		✓		

Funeral Licensure Titling
by State

March 31 2015

State	State Licensure Agency	Embalmer	Funeral Director	Combination	Other Titles
Florida	<p>Board of Funeral, Cemetery & Consumer Svs: In 2003, the Bureau of Funeral and Cemetery Services & the Board of Funeral and Cemetery Services moved to the Dept of Financial Services to report to the Chief Financial Officer. In 2004, Legislature initiated the regulatory consolidation of the death care industry in Senate Bill 528. The Dept of Financial Services, Bureau of Funeral and Cemetery Services regulated cemeteries, pre-need merchandise/service contracts and related matters through Chapter 497, F.S. The Dept of Business and Professional Regulation regulated funeral directing, embalming and direct disposition through Chapter 470, F.S. An appointed regulatory Board was maintained within each Department. October 2005, Chapter 470, F.S., was merged into Chapter 497, F.S., and all regulatory authority was transferred to the Department of Financial Services. The Board of Funeral, Cemetery and Consumer Services was created to regulate the entire death care industry. The 2005 Legislature completed the regulatory consolidation of the death care industry with adjustments to the previous legislation in House Bills 529 and 1469. The Legislature created the Division of Funeral, Cemetery and Consumer Services and revised Chapter 497, Florida Statutes. The following are the purposes and intent in forming the Division: (1) protect the purchasers of pre-need burial rights; funeral or burial merchandise; or funeral or burial services from serious economic harm if money is not set aside for future use as intended. (2) Provide administrative support to the Board of Funeral, Cemetery and Consumer Services. (3) Protect the purchasers of pre-need contracts by establishing minimum qualifications for entities selling pre-need contracts. (4) Ensure cemetery grounds are properly maintained to avoid the public suffering emotional stress. (5) Protect the interest of public health and safety by establishing minimum qualifications for entry into the professions and occupations of embalming, funeral directing, cremation and direct disposition. (6) Ensure that minimum qualifications for the professions and occupations of embalming, funeral directing, cremations, direct disposition and pre-need merchandise and service sales are maintained by taking continuing education courses. (7) Provide effective discipline for those practitioners who violate the law.</p>	√	√	√	Pre-Need Sales Agent
Georgia	Board of Funeral Service				
Hawaii	Dept of Health Sanitation Branch	√			

Funeral Licensure Titling
by State

March 31 2015

	Board of Morticians: "Funeral director" means any person engaged in or conducting, or holding himself out as engaged in or conducting, the directing or supervising of the burial, cremation or disposal of dead human bodies, or the arranging for funeral services for dead human bodies, or the selling of funeral goods and services to the public, or the conducting, directing or supervising of a funeral service.					
Idaho	"Mortician" means any person engaged in or conducting, or holding himself out as engaged in or conducting, any of the activities of a funeral director and in addition, the caring for or preparing dead human bodies for burial, cremation or disposal, and the disinfecting or preparing dead human bodies by embalming, or otherwise, for funeral service, transportation, burial, cremation or disposal. Mortician services, funeral establishments and crematories are regulated in Idaho. All funeral directors, morticians and facilities are required to be licensed.	✓				Mortician
Illinois	Dept. of Professional Regulation					
Indiana	Board of Funeral and Cemetery Service	✓			✓	
Iowa	Board of Mortuary Science	✓	no new since 1985			
Kansas	Board of Mortuary Arts	✓				
State	State Licensing Agency	✓				
Kentucky	Board of Embalmers & Funeral Directors	✓				
Louisiana	Board of Embalmers & Funeral Directors	✓				
Maine	Board of Funeral Service	✓	no new		✓	Practitioner in Funeral Service
Maryland	State Board of Morticians					
Massachusetts	Board of Embalming and Funeral Service				✓	
Michigan	Board of Examiners in Mortuary Science				✓	
Minnesota	Dept. of Health Mortuary Science Division					Mortuary Science License
Mississippi	Board of Funeral Service					Mortuary Science License
Missouri	Board of Embalmers and Funeral Directors	✓				Funeral Service License
Montana	Board of Funeral Service	✓				
Nebraska	Dept. of Health and Human Services Regulation and Licensure					Morticians License
Nevada	State Funeral Board				✓	
New Hampshire	Board of Registration of Funeral Directors and Embalmers	✓			✓	

Funeral Licensure Titling
by State

March 31 2015

State	Agency	Embalmer	Funeral Director	Combination	Other Titles
New Jersey	Board of Mortuary Science		✓		Funeral Service Practitioner License
New Mexico	Board of Funeral Practice				Funeral Service Practitioner License
New York	Bureau of Funeral Directing, NY State Department of Health		✓		Funeral Service Licensee
North Carolina	Board of Funeral Service			✓	Funeral Practitioner
North Dakota	State Board of Funeral Service				Funeral Director and/or Embalmer
Ohio	Board of Embalmers and Funeral Directors	✓	✓		Funeral Practitioner
Oklahoma	Oklahoma Funeral Board/formerly Board of Embalmers and Funeral Directors				Funeral Director and/or Embalmer
Oregon	State Mortuary and Cemetery Board	✓	✓		Funeral Practitioner
Pennsylvania	Board of Funeral Directors				Funeral Practitioner
Rhode Island	Health Department Division of Professional Regulation				
South Carolina	Board of Funeral Service			✓	Funeral Practitioner
South Dakota	Board of Funeral Service		✓	✓	
Tennessee	Board of Funeral Directors and Embalmers and Burial Services	✓	✓		
Texas	Texas Funeral Service Commission	✓	✓		
State	State Licensing Agency	Embalmer	Funeral Director	Combination	Other Titles
Vermont	Board of Funeral Service	✓	✓		Funeral Service Provider
Virginia	Board of Funeral Directors and Embalmers	no new since 1974			Funeral Service Provider
Washington	Funeral and Cemetery Board/ formerly Board of Funeral Directors and Embalmers	✓	✓		
West Virginia	Board of Funeral Service Examiners			✓	
Wisconsin	Dept. of Safety and Professional Services		✓		
Wyoming	Board of Funeral Service Practitioners/formerly Board of Embalmers	✓ formerly separate	✓ formerly separate		Funeral Service Provider

From the National Funeral Directors' Association (February 10, 2015)

<http://nfda.org/licensing-boards-and-requirements.html>

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Licensing Boards and Requirements

International Conference of Funeral Service Examining Boards

1885 Shelby Lane

Fayetteville, AR 72704-5265

Phone: 479-442-7076

Fax: 479-442-7090

Website: www.cfseb.org

Email: info@theconferenceonline.org

The International Conference of Funeral Service Examining Boards administers national and state board exams. See below for state-specific information.

The information on this page is subject to change without notice; students should contact their state board for specific requirements.

State Funeral Service Boards and Licensing Requirements

As of April 5, 2011

Alabama Board of Funeral Service

770 Washington Ave., Ste 226

Montgomery, AL 36130-0001

Phone: 334-242-4049

Fax: 334-353-7988

Email: info@fsb.alabama.gov

Web: www.fsb.alabama.gov

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	High School and mortuary college	No CE requirements	2 years before exam
Funeral Director	High School	No CE requirements	2 years before exam

Alaska Div. of Occupational Licensing

Mortuary Science Section

PO Box 110806 J

Juneau, AK 99811-0806

Phone: 907-465-2695

Fax: 907-465-2974

Email: license@alaska.gov

Web: <http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/Morticians.aspx>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	Graduation from an accredited mortuary college	No CE requirements	1 year under licensed embalmer
Funeral Director	30 semester hours from a college or university	No CE requirements	1 year under funeral director licensed in Alaska

Arizona State Board of Funeral Directors and Embalmers

1400 W. Washington, Ste 230

Phoenix, AZ 85007

Phone: 602-542-3095

Fax: 602-542-3093

Email: pat.keith@azfuneralboard.us

Web: <https://funeralboard.az.gov>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	High school and mortuary college; pass national exam	12 hours per year	1 year after school
Funeral Director	High school and mortuary college; one year embalmer licensure and experience; pass national board exam	12 hours per year	1 year after school

Arkansas State Board of Embalmers & Funeral Directors

Department of Public Health

101 E Capitol, Ste 113

Little Rock, AR 72201

Phone: 501-682-0574

Fax: 501-682-0575

Email: Amy.Goode@arkansas.gov

Web: www.arkansas.gov/fdemb/

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	High School and mortuary college	6 hours per year	1 year before, during or after school
Funeral Director	High School	6 hours per year	2 years, except with mortuary school, then one year before during, or after school

California Cemetery & Funeral Bureau

1625 N. Market Blvd, Ste. S-208

Sacramento, CA 95834-1924

Phone: 916-574-7870

Fax: 916-928-7988

Email: emailcfb@dca.ca.gov

Web: www.cfb.ca.gov

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	High school plus a degree in Mortuary Science	No CE requirements	Two years before, during or after mortuary college
Funeral Director	Associate of Arts or	No CE requirements	

equivalent (any subject)		
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Colorado Funeral Directors Association (CFDA)

P.O. Box 631664
 Highlands Ranch, CO 80163-1664
 Phone: 303-791-2336
 Fax: 720-395-2609
 Email: cfda@ascentmeetings.com
 Web: www.cfda.wildapricot.org

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	No current licensing requirements; however, active voluntary certification program	No CE requirements	Contact the Colorado FDA at www.cofda.org for more information
Funeral Director	No current licensing requirements; however, active voluntary certification program	No CE requirements	Contact the Colorado FDA at www.cofda.org for more information

Connecticut Department of Public Health

Embalming/Funeral Directors Licensure
 PO Box 340308
 Hartford, CT 06134-0438
 Phone: 860-509-7648
 Fax: 860-509-8457
 Email: oplc.dph@po.state.ct.us
 Web: http://www.ct.gov/dph/cwp/view.asp?a=3143&q=388894&dphNav_GID=1830

833 900 501

F71 317

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	High school plus associate degree in mortuary science (must pass the national board)	6 hours per year	One year; over 50 human bodies embalmed under direct supervision
Funeral Director	High school plus associate degree in mortuary science (must pass the national board)	6 hours per year	One year; over 50 human bodies embalmed under direct supervision

Delaware Board of Funeral Service

Canon Building, Ste 203
 861 Silver Lake Blvd.
 Dover, DE 19904-2467

Phone: 302-739-4522
 Fax: 302-739-2711
 Email: customerservice.dpr@state.de.us

Web: <http://dpr.delaware.gov/boards/funeralservices/index.shtml>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director	High school plus the equivalent of an associate degree from an ABFSE accredited postsecondary institution to earn a total of at least 60 semester credit hours.	10 hours per 2 years	One year after school

District of Columbia Board of Funeral Directors

District of Columbia Board of Funeral Directors
 Dept. of Consumer & Regulatory Affairs
 1100 4th St., SW
 Washington, DC 20024
 Phone: 202-442-4320
 Fax: 202-698-4329
 Email: kevin.cyrus@dc.gov
 Web: www.dcr.dc.gov

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director	High school plus 2 years mortuary college	6 hours per year or 12 hours per two years	One year after school

Florida Dept. of Financial Services

Division of Funeral, Cemetery & Consumer Services
 P.O. Box 6100
 Tallahassee, FL 32314-6100
 Phone: 850-413-3039
 Email: LaTonyaBrant@myflorida.com
 Web: www.fldfs.com/FuneralCemetery

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	High school and 12-month mortuary college program	12 hours per 2 years + HIV/AIDS Course	One year after school
Funeral Director	High school plus associate degree in mortuary	12 hours per 2 years + HIV/AIDS Course	One year after school

	science; must pass national board exam		
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Georgia Board of Funeral Service

237 Coliseum Dr.

Macon, GA 31217-3805

Phone: 478-207-1462

Fax: 866-888-8026

Web: <http://sos.ga.gov/index.php/licensing/plb/25>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer and/or Funeral Director	High school plus mortuary college (12 months); must pass national board exam and state laws exam for funeral directors	10 hours per 2 years	18 months before or after school

Hawaii Sanitation Branch

Dept. of Health

591 Ala Moana Blvd.

Honolulu, HI 96813-4921

Phone: 808-586-8000

Fax: 808-586-4729

Web: <http://www.shopohawaii.org/State-Board-of-Directors>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	Must meet one of three qualifications; one year of practical experience and graduation from a recognized school of embalming; or two years practical experience under registered embalmer in state and completion of four-year high school; or five years practical experience under registered embalmer.	No CE requirements	N/A

Idaho Board of Morticians:

Owyhee Plaza

700 W State Street

PO Box 83720
 Boise, ID 83702-5653
 Phone: 208-334-3233
 Fax: 208-334-3945
 Email: mor@ibol.idaho.gov
 Web: <http://ibol.idaho.gov/IBOL/BoardPage.aspx?Bureau=MOR>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Mortician	Two years college plus mortuary college. 60 semester credits in college	8 hours per year	One year before or after school
Funeral Director	Two years of college plus 15 semester credit hours or the equivalent from a mortuary college.	8 hours per year	One year before or after school

Illinois Professional Services Section

Dept. of Professional Regulation
 320 W. Washington St.
 Springfield, IL 62786-0002
 Phone: 217-785-0800
 Fax: 217-782-7645
 Web: <http://www.idfpr.com/profs/info/FunDirEmb.asp>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director and Embalmer	30 semester hours of college credit plus mortuary college or associate or bachelor's degree in mortuary science	12 hours for Funeral Directors 24 hours per two years for Funeral Director/Embalmer	One year after school

Indiana State Board of Funeral & Cemetery Service

402 W. Washington St., Rm E034
 Indianapolis, IN 46204
 Phone: 317-234-3031
 Fax: 317-232-2312
 Email: pla12@pla.in.gov
 Web: www.state.in.us/pla/funeral.htm

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director	One year college plus	10 hours per 2 years	One year after school

or Embalmer	mortuary college		
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***Iowa Board of Mortuary Science**

Iowa Dept. of Public Health/Lucas State Office Building
321 E. 12th St.

Des Moines, IA 50319-9010

Phone: 515-281-4287

Fax 515-281-3121

Web: <http://www.idph.state.ia.us/licensure/MortuaryScience.aspx>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director	Student must have a minimum of 60 semester hours as indicated on the transcript from a regionally accredited college or university with a minimum of 2.0 or "C" grade point and a course in mortuary science from a school accredited by the American Board of funeral Service Education. The 60 semester hours shall not include any technical or vocational mortuary science courses.	24 hours per 2 years	One year after school

Kansas State Board of Mortuary Arts

700 S.W. Jackson, Ste 904

Topeka, KS 66603-3733

Phone: 785-296-3980

Fax: 785-296-0891

Email: bomal@ksbma.ks.gov

Web: www.accesskansas.org/ksbma/

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	Associate degree in mortuary science; must pass national board exam after earning degree	12 hours per 2 years	Within 2 years after passing examination
Funeral Director	60 semester hours from a college or university (20	12 hours per 2 years	One year prior to taking board exam

	of which are defined by state board); must pass state board exam after apprenticeship		
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Kentucky Board of Embalmers & Funeral Directors

8412 Westport Road
Louisville, KY 40242-3044
Phone: 502-426-4589
Fax: 502-426-4117
Email: letriciar.chandler@ky.gov
Web: <http://www.kbefd.ky.gov>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director	High school	Minimum of 12 hours every two years. Minimum of 6 CE hrs. shall be in a live, interactive, in-person format.	Three consecutive years
Embalmer	High school plus associate degree in Mortuary Science	Minimum of 12 hours every two years. Minimum of 6 CE hrs. shall be in a live, interactive, in-person format.	One year before or after school

Louisiana State Board of Embalmers & Funeral Directors

P.O. Box 8757
Metairie, LA 70011
Phone: 504-838-5109
Fax: 504-838-5112
Email: labefd@ix.netcom.com
Web: www.lsbefd.state.la.us

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director	High school plus 30 semester hours college	4 hours per year	Apprenticeship must be served after completing 30 semester hour requirement. 1 year of apprenticeship may be served prior to entering school.

Embalmer	High school plus mortuary science program of 15 months	4 hours per year	Apprenticeship must be served after completing 30 semester hour requirement. 1 year of apprenticeship may be served prior to entering school.
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Maine Board of Funeral Service

Dept. of Professional and Financial Regulation

Board of Funeral Service

35 State House Station

Augusta, ME 04333-0035

Phone: 207-624-8623

Fax: 207-624-8637

Email: Merica.a.tripp@maine.gov

Web: <http://www.maine.gov/pfr/professionallicensing/professions/funeral/index.htm>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Practitioner in Funeral Service	Associate degree fro two-year college; or 50 credit hours at an ABFSE accredited mortuary science college and completion of semester credit hours for good standing admission in of the second year class of any college or university; must pass the national boards.	12 hours per 2 years	One year before or after school.

Maryland State Board of Morticians

4201 Patterson Ave., 3rd Floor

Baltimore, MD 21215-2222

Phone: 410-764-4792

Fax: 410-358-6571

Email: artyra@dhmh.state.md.us

Web: <http://dhmh.maryland.gov/bom/SitePages/Home.aspx>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Combination Funeral Director and Embalmer	Associate of arts in mortuary science	12 hours per 2 years	No less than 1 and no more than 2 years.

Massachusetts Board of Embalming and Funeral Service

239 Causeway St.

Boston, MA 02114-2130

Phone: 617-727-1718

Fax: 617-727-1627

Email: dominique.jones@state.ma.us

Web: <http://www.mass.gov/ocabr/licensee/dpl-boards/em/>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director and Embalmer	High school plus mortuary college; pass national board exam	8 hours per year	Two years before or after school.

***Michigan Department of Licensing & Regulatory Affairs**

Board of Examiners in Mortuary Science

P.O. Box 30018 Lansing, MI 48909

Phone: 517-241-9288

Fax: 517-373-1044

Email: bcslic@michigan.gov

Web: www.michigan.gov/mortuaryscience

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Mortuary Science License	Applicants for Mortuary Science licenses are required to have completed not less than 60 semester hours or 90 quarter hours. For more information contact MI Dept. of Licensing.	No CE requirements	One year after completion of mortuary college requirement; contact state board for additional requirements.

Minnesota Department of Health

Mortuary Science Section

85 E. Seventh Pl., Suite 300 P.O. Box 64882

St. Paul, MN 55164-0882

Phone 651-201-3829

Fax: 651-201-3839

Email: health.mortsci@state.mn.us

Web: www.health.state.mn.us/divs/hpsc/mortsci/

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
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Mortuary Science License	Bachelor of Science degree graduation from an accredited school of mortuary science	12 hours per 2 years	One year
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Mississippi State Board of Funeral Service

3010 Lakeland Cove, Suite W

Flowood, MS 39232-9709

Phone: 601-932-1973

Fax 601-932-1901

Email: info@msbfs.gov

Web: www.msbfs.ms.gov

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Service License	High school plus 12 months mortuary college	No CE Requirements	One year before or after school
Funeral Director	High school or equivalent	No CE Requirements	Two years

Missouri State Board of Embalmers and Funeral Directors

P.O. Box 423

Jefferson City, MO 65102-0423

Phone: 573-751-0813

Fax: 573-751-1155

Email: embalm@pr.mo.gov

Web: <http://pr.mo.gov/embalmers.asp>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	High school plus mortuary college	No CE Requirements	One year
Funeral Director	High school plus one year of mortuary college	No CE Requirements	One year

Montana Board of Funeral Service

P.O. Box 200513

Helena, MT 59620-0513

Phone: 406-841-2394

Fax: 406-841-2305

Email: dlibsdfnr@mt.gov

Web: http://bsd.dli.mt.gov/license/bsd_boards/fnr_board/board_page.asp

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Mortician's	Two years of college plus	6 hours per year or 12	One year after school

License	mortuary college	hours per 2 years	
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***Nebraska Dept. of Health and Human Services Regulation & Licensure**

P.O. Box 94986 301 Centennial Mall

Lincoln, NE 68509-2529

Phone: 402-471-2117

Fax: 402-471-3577

Email: rita.watson@nebraska.gov

Web: http://dhhs.ne.gov/publichealth/Pages/crl_mhcs_fun_funestab.aspx

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director and Embalmer	60 semester hours of college credit including six semester hours of English, six semester hours of accounting, eight semester hours of chemistry, 12 semester hours of biological science relating to the human body, six semester hours of psychology or counseling, plus mortuary college.	16 hours per 2 years	Six months before and six months after or one year after mortuary school.

Nevada State Funeral Board

PMB 186 4894 Lone Mountain Rd.

Las Vegas, NV 89130

Phone: 775-825-5525

Fax: 702-648-5100

Email: NVfuneralboard@outlook.com

Web: <http://funeral.nv.gov/>

AD: rwb TW

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	Two years of college plus mortuary college	No CE Requirements	One year before or after school.

New Hampshire Board of Registration of Funeral Directors and Embalmers

121 S. Fruit St

Concord, NH 03301

Phone: 603-271-4648

Fax 603-271-5056

Email: funeral.board@nh.gov

Web: www.nh.gov/funeral

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director and Embalmer	One year of college plus mortuary college	15 hours per two years	One year before or after school.

New Jersey State Board of Mortuary Science

P.O. Box 45009

Newark, NJ 07101

Phone: 973-504-6425

Web: www.njconsumeraffairs.gov/mort/

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director	Two years college plus one year of mortuary college	10 hours per 2 years	Two years before, during or after school (one year credit for school).

New Mexico Board of Funeral Practice

2550 Cerrillos Road

Santa Fe, NM 87505-3260

Phone: 505-476-4622

Fax: 505-476-4545

Email: thanatoboard@state.nm.us

Web: www.rld.state.nm.us/boards/Thanatopractice.aspx

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Service Practitioner License	Two years of college (60 semester hours or 90 quarter hours of academic instruction); plus mortuary college	10 hours per NM Fiscal Year (7/1 - 6/30)	One year.

***New York Bureau of Funeral Directing New York State Dept. of Health**

875 Central Avenue

Albany NY 12206

Phone: 518-402-0785

Fax: 518-402-0784

Email: funeral@health.state.ny.us

Web: http://www.health.ny.gov/professionals/funeral_director/

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director	60 semester credit hours or 90 quarter credit hours	12 hours per 2 years	One year residency after school.

	<p>from accredited funeral service institution. Must pass board exam and graduate before they are able to do apprenticeship. Must pass New York state funeral director law exam after 8 months of residency in their apprenticeship.</p>		
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North Carolina Board of Funeral Service

1033 Wade Avenue, Suite 108

Raleigh, NC 27605-1155

Phone: 919-733-9380

Fax: 919-733-8271

Email: pmburke@ncbfs.org

Web: www.ncbfs.org

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director and Embalmer Funeral Service License	High school plus 32 semester hours from or graduate of a mortuary science college approved by the board	8 hours per year	One year before or after school.

North Dakota State Board of Funeral Service

P.O. Box 161

Rugby, ND 58358-0161

Phone: 701-776-6222

Fax: 701-776-2546

Email: dmniewoehner@gondtc.com

Web: www.nd.gov/funeral/

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Practitioner	<p>60 semester hours at an accredited college or university plus graduation from an accredited mortuary school plus pass the national conference exam</p> <p>To obtain a license by</p>	No CE Requirements	One year after school plus pass the state rules exam.

	reciprocity, the requirements from another state must be as stringent as North Dakota's or more.		
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***Board of Embalmers and Funeral Directors of Ohio**

77 S. High St., 16th Floor
 Columbus, OH 43215-6108
 Phone: 614-466-4252
 Fax: 614-728-6825
 Email: JWilliams@funeral.ohio
 Web: www.funeral.ohio.gov

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Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	Bachelor's degree graduate 12 month accredited mortuary school	18 hours every 2 years	One year after mortuary school.
Funeral Director	Bachelor's degree graduate 12 month accredited mortuary school	18 hours every 2 years	One year after mortuary school or two years.

Oklahoma State Board of Embalmers and Funeral Directors

4545 N Lincoln Blvd., Ste 175
 Oklahoma City, OK 73105-3403
 Phone: 405-522-1790
 Fax: 405-522-1797
 Email: info@okfuneral.com
 Web: www.ok.gov/funeral

*OKlahoma Fun. Board
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Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director and/or embalmer	Minimum of 60 college hours from regionally accredited institution plus graduate from accredited mortuary college	6 hours per year	One year before, during or after school.

Oregon State Mortuary and Cemetery Board

Portland State Office Bldg, Suite 430
 800 N.E. Oregon St., Box #19
 Portland, OR 97232
 Phone: 971-673-1500

Fax: 971-673-1501

Email: mortuary.board@state.or.us

Web: <http://www.oregon.gov/MortCem/Pages/index.aspx>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Practitioner	Associate degree	No CE Requirements	One year
Embalmer	High school plus mortuary college	No CE Requirements	One year

***Pennsylvania State Board of Funeral Directors**

P.O. Box 2649

Harrisburg, PA 17105-2649

Phone 717-783-3397

Fax: 717-705-5540

Email: ST-FUNERAL@state.pa.us

Web:

http://www.portal.state.pa.us/portal/server.pt/community/state_board_of_funeral_directors/1249

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Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director	Two years of college (minimum 60 semester hours of specific courses) plus mortuary college; national board and national board state exam required for licensure	6 hours per 2 years, no distance learning	One year after school.

Rhode Island Division of Professional Regulation

State Health Dept. Building, Room 104

3 Capitol Hill

Providence, RI 02908

Phone: 401-222-1750

Email: Maureen.slowik@health.ri.gov

Web: <http://www.health.ri.gov/lifestages/death/for/funeraldirectors/>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Practitioner	Associate degree	No CE Requirements	One year
Funeral Director and Embalmer	High school plus associate degree or 60 semester	5 total hours yearly, 3 hours required in OSHA	Net less than one year before or after school.

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	hours from accredited mortuary science school: pass national board exam	Training	
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South Carolina State Board of Funeral Service

Dept. of Labor, Licensing & Regulation
 Synergy Business Park Kingstree Building
 110 Centerview Dr
 Columbia, SC 29210
 Phone: 803-896-4497
 Fax: 803-896-4484
 Email: rosej@llr.sc.gov
 Web: <http://www.llr.state.sc.us/POL/Funeral/>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director and Embalmer	High school plus mortuary college	3 hours per year	Two years before or after school.

South Dakota Board of Funeral Service

801 N Main St, Suite 298
 Spearfish, SD 57783-2163
 Phone: 605-642-1600
 Email: Proflic@rushmore.com
 Fax: 605-722-1006
 Web: <http://doh.sd.gov/boards/Funeral/>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director/Embalmer	Two years of college (minimum 60 semester hours of specific courses) plus mortuary college or Bachelors in Mortuary Science	No CE Requirements	One year before or after school.

Tennessee State Board of Funeral Directors and Embalmers and Burial Services

500 James Robertson Pkwy.
 Davy Crockett Twr. 2nd Fl.
 Nashville, TN 37243-1144
 Phone: 615-741-5062
 Fax: 615-532-1903
 Email: Robert.Gribble@tn.gov
 Web: www.tn.gov/regboards/funeral

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	High School plus 30 semester hours of mortuary science school, pass funeral arts section of National Board Exam	10 hours per 2 years	One year
Funeral Director	High School plus 30 semester hours of mortuary science school, pass funeral arts section of National Board Exam	10 hours per 2 years	Two years

Texas Funeral Service Commission

P.O. Box 12217
 Austin, TX 78111
 Phone: 512-936-2474
 Fax: 512-479-5064
 Email: info@tfsc.state.tx.us
 Web: www.tfsc.state.tx.us

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director/Embalmer	High school plus mortuary college; pass national examination and state law examination	16 hours per 2 years	One year after school.

Utah Division of Occupational and Professional Licensing

P.O. Box 146741
 Salt Lake City, UT 84114-6741
 Phone: 801-530-6628
 Fax: 801-530-6511
 Email: doplweb@utah.gov

Web: http://www.dopl.utah.gov/licensing/funeral_service.html

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director/Embalmer	Associate degree in mortuary science from accredited school; must pass national and state law/rules exam.	20 hours per 2 years	One year before or after school and include 50 embalmings.

Vermont Board of Funeral Service

Office of Professional Regulation

89 Main St, 3rd FL

Montpelier, VT 05620-3402

Phone: 802-828-1501

Fax: 802-828-2465

Email: danielle.rubalcaba@sec.state.vt.us

Web: <https://www.sec.state.vt.us/professional-regulation/professions/funeralservice.aspx>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	Graduation from an approved two-year school of funeral service or completion of not less than one academic year with 30 additional credit hours in subjects approved by the board; must pass board approved written exam and practical exam.	20 hours for funeral directors/embalmers per 2 years	One year before or after school.
Funeral Director	Assist in directing 30 funerals under the supervision of a licensed funeral director or embalmer; must pass board approved written exam.	10 hours for funeral directors per 2 years	One year before or after school.

Virginia Board of Funeral Directors and Embalmers

Perimeter Center

9960 Mayland Dr., Suite 300

Henrico, VA 23233-1463

Phone: 800-533-1560

Phone: 804-367-4479

Fax: 804-527-4413

Email: fanbd@dhp.virginia.gov

Web: www.dhp.virginia.gov/funeral/

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Service Provider	High School plus mortuary college	5 hours per year	18 months before or after school.

Washington Board of Funeral Directors and Embalmers

P.O. Box 9012

Olympia, WA 98507-9012
 Phone: 360-664-1555
 Fax: 360-570-7098
 Email: funerals@dol.wa.gov.
 Web: www.dol.wa.gov/business/funeralcemetery

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Embalmer	60 semester hours of college including mortuary college	10 hours per 2 years	Two years training under a licensed embalmer.
Funeral Director	Associate of arts degree in mortuary science or completed a course not less than two years in an accredited college	10 hours per 2 years	One year training under a licensed funeral director.

West Virginia Board of Funeral Service Examiners

179 Summers St., Ste. 305
 Charleston, WV 25301-2131
 Phone: 304-558-0302
 Fax: 304-558-0660
 Email: wvfuneralboard@hotmail.com
 Web: www.wvfuneralboard.com/

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director/Embalmer	At least 60 semester hours from an accredited college or university and a diploma or certificate from an accredited mortuary science school.	3 hours every 2 years of general funeral service education and 4 hours every 2 years of occupational safety or health-related training	One year before or after school.

Wisconsin Dept. of Safety and Professional Services

PO Box 8935
 1400 E. Washington Ave.
 Madison, WI 53708-8935
 Phone: 608-266-5511
 Fax: 608-267-3816
 Web: <http://dsps.wi.gov/Boards-Councils/Board-Pages/Funeral-Directors-Examining-Board-Main-Page>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
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Funeral Director	Two years of college, including six semester hours of English and speech; 15 hours of natural science; 13 hours in business studies; 12 hours of social science; 14 hours in electives; plus mortuary college.	15 hours per 2 years	One year before or after mortuary school; must have one year of college.
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++Wyoming State Board of Embalming

JoAnn M. Reid
 2001 Capitol Avenue
 Cheyenne, WY 82002
 Phone: 307-777-3507
 Fax: 307-707-3508
 Email: jreid@wyo.gov
 Web: <http://plboards.state.wy.us/embalmers/>

Type of License	Educational Requirements	Continuing Education Requirements	Apprenticeship
Funeral Director	No educational instructions	No CE requirements	No apprenticeship
Embalming	One year of college plus one year of mortuary college	No CE requirements	One year before or after schooling, must be served in Wyoming.

* An asterisk beside the state means the student must register with the state board before entering school. ++ **Wyoming**

Wyoming licensing note: Funeral director's license given to only one person per establishment. Other employees (embalmers or non-licensed employees) may perform the duties of a funeral director under the funeral director's/establishment license. Main licensee is responsible for their actions.

Career Resources

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- [Funeral Service Scholarships](#)
- [Licensing Boards and Requirements](#)
- [State Funeral Directors Associations](#)
- [Baccalaureate Completion Programs](#)

- [NFDA Continuing Education](#)

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COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions

Perimeter Center
8960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

VIRGINIA BOARD OF DENTISTRY **Open Forum on Policy Strategies to Increase** **Access to Dental Treatment**

Friday, May 8, 2015 - 9:00 am to 12 pm
Board Room 4, 2nd Floor, Perimeter Center
9960 Mayland Drive, Henrico, VA 23233

The Board of Dentistry (Board) requests assistance in responding to the following questions regarding the practice of dentistry and access to dental treatment in Virginia --

- What are the most pressing needs?
- What outcomes should be the focus of policy strategies?
- What are viable treatment models for increasing access?
- What are the risks and costs associated with the options?

The forum is an opportunity for individuals, institutions and organizations to present their views on policy strategies that will improve access to dental treatment. Three strategies under consideration by the Board are --

- Adjusting the education and endorsement requirements for dental assistant II registration to increase the number of registrants;
- Creating a pathway for dental hygienists to perform the reversible intraoral procedures which are delegable to dental assistants II to more fully utilize these licensees; and
- Expanding the options for dental hygienists to practice under the remote supervision of dentists.

Speakers will be given up to ten minutes to express their perspective and recommendations on these strategies and to identify additional approaches for consideration by the Board. Following the presentations, as time permits, attendees will be asked to participate in a question and answer session to allow for exploration and discussion of the recommendations made.

A transcript of the Forum will be made for future reference by the Board. Any policy action the Board decides to take will include the standard comment opportunities required for regulatory action and for advancing a legislative proposal.

Attachments: Dental Assistant II Regulations
Guidance Document 60-8 Educational Requirements for Dental Assistants II
Department of Health Protocol for Remote Supervision
Recommendations for Dental Hygiene Practice in the Joint Commission on Health Care Study
on Dental Safety Net Capacity and Opportunities for Improving Oral Health

Board of Audiology & Speech-Language Pathology – Board of Counseling – Board of Dentistry – Board of Funeral Directors & Embalmers
Board of Long-Term Care Administrators – Board of Medicine – Board of Nursing – Board of Optometry – Board of Pharmacy
Board of Physical Therapy – Board of Psychology – Board of Social Work – Board of Veterinary Medicine
Board of Health Professions

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Virginia Board of Dentistry

Educational Requirements for Dental Assistants II

- §54.1-2729.01 of the Code of Virginia permits the Board to prescribe the education and training requirements that must be completed for a person to qualify for registration as a dental assistant II.
- Every applicant for registration must complete 50 hours of didactic coursework in dental anatomy and operative dentistry required by 18VAC60-20-61(B)(1) and the written examinations required by 18VAC60-20-61(B)(4)(a) and (c).
- 18VAC60-20-61(B) (2), (3) and (4) of the Regulations Governing Dental Practice specifies four modules of laboratory training, clinical experience and examination that may be completed in order to qualify for registration as a dental assistant II. The Board interprets these provisions to permit someone to complete one or more of the modules to qualify for registration. An applicant does not have to complete all four modules. However, the educational institution offering the dental assistant II program has the discretion to decide how to structure its program.
- The registration issued by the Board to a dental assistant II shall specify which of the six delegable duties listed in 18VAC60-20-230(C) may be delegated to the registrant as follows:
 - Completion of the laboratory training, clinical experience module on placing, packing, carving, and polishing amalgam restorations qualifies a registrant to perform pulp capping procedures and to pack and carve amalgam restorations.
 - Completion of the laboratory training and clinical experience module on placing and shaping composite resin restorations qualifies a registrant to perform pulp capping procedures and to place and shape composite resin restorations.
 - Completion of the laboratory training and clinical experience module on taking final impressions and using non-epinephrine retraction cord qualifies a registrant to take final impressions and to use non-epinephrine retraction cord.
 - Completion of the laboratory training and clinical experience module on final cementation of crowns and bridges after adjustment and fitting by a dentist qualifies a registrant to perform final cementation of crowns and bridges.

VIRGINIA BOARD OF DENTISTRY
Excerpts from the **Regulations Governing Dental practice on the**
Registration and Practice of Dental Assistants II

Page 1 of 2

18VAC60-20-61. Educational requirements for dental assistants II.

A. A prerequisite for entry into an educational program preparing a person for registration as a dental assistant II shall be current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board.

B. To be registered as a dental assistant II, a person shall complete the following requirements from an educational program accredited by the Commission on Dental Accreditation of the American Dental Association:

1. At least 50 hours of didactic course work in dental anatomy and operative dentistry that may be completed on-line.
2. Laboratory training that may be completed in the following modules with no more than 20% of the specified instruction to be completed as homework in a dental office:
 - a. At least 40 hours of placing, packing, carving, and polishing of amalgam restorations;
 - b. At least 60 hours of placing and shaping composite resin restorations;
 - c. At least 20 hours of taking final impressions and use of a non-epinephrine retraction cord; and
 - d. At least 30 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.
3. Clinical experience applying the techniques learned in the preclinical coursework and laboratory training that may be completed in a dental office in the following modules:
 - a. At least 80 hours of placing, packing, carving, and polishing of amalgam restorations;
 - b. At least 120 hours of placing and shaping composite resin restorations;
 - c. At least 40 hours of taking final impressions and use of a non-epinephrine retraction cord; and
 - d. At least 60 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.
4. Successful completion of the following competency examinations given by the accredited educational programs:
 - a. A written examination at the conclusion of the 50 hours of didactic coursework;
 - b. A practical examination at the conclusion of each module of laboratory training; and
 - c. A comprehensive written examination at the conclusion of all required coursework, training, and experience for each of the corresponding modules.

C. All treatment of patients shall be under the direct and immediate supervision of a licensed dentist who is responsible for the performance of duties by the student. The dentist shall attest to successful completion of the clinical competencies and restorative experiences.

18VAC60-20-70. Licensure examinations; registration certification.

C. Dental assistant II certification. All applicants for registration as a dental assistant II shall provide evidence of a current credential as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another certification from a credentialing organization recognized by the American Dental Association and acceptable to the board, which was granted following passage of an examination on general chairside assisting, radiation health and safety, and infection control.

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VIRGINIA BOARD OF DENTISTRY
Excerpts from the **Regulations Governing Dental practice on the**
Registration and Practice of Dental Assistants II

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18VAC60-20-72. Registration by endorsement as a dental assistant II.

A. An applicant for registration by endorsement as a dental assistant II shall provide evidence of the following:

1. Hold current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association;
2. Be currently authorized to perform expanded duties as a dental assistant in another state, territory, District of Columbia, or possession of the United States;
3. Hold a credential, registration, or certificate with qualifications substantially equivalent in hours of instruction and course content to those set forth in 18VAC60-20-61 or if the qualifications were not substantially equivalent the dental assistant can document experience in the restorative and prosthetic expanded duties set forth in 18VAC60-20-230 for at least 24 of the past 48 months preceding application for registration in Virginia.

B. An applicant shall also:

1. Be certified to be in good standing from each state in which he is currently registered, certified, or credentialed or in which he has ever held a registration, certificate, or credential;
2. Be of good moral character;
3. Not have committed any act that would constitute a violation of § 54.1-2706 of the Code of Virginia; and
4. Attest to having read and understand and to remain current with the laws and the regulations governing dental practice in Virginia.

18VAC60-20-230. Delegation to dental assistants.

A. Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist may be delegated to a dental assistant under the direction or under general supervision required in 18VAC60-20-210, with the exception of those listed as nondelegable in 18VAC60-20-190 and those which may only be delegated to dental hygienists as listed in 18VAC60-20-220.

B. Duties delegated to a dental assistant under general supervision shall be under the direction of the dental hygienist who supervises the implementation of the dentist's orders by examining the patient, observing the services rendered by an assistant and being available for consultation on patient care.

C. The following duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II who has completed the coursework, corresponding module of laboratory training, corresponding module of clinical experience, and examinations specified in 18VAC60-20-61:

1. Performing pulp capping procedures;
2. Packing and carving of amalgam restorations;
3. Placing and shaping composite resin restorations;
4. Taking final impressions;
5. Use of a non-epinephrine retraction cord; and
6. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

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Title of document: Protocol adopted by Virginia Department of Health (VDH) for Dental Hygienists to Practice in an Expanded Capacity under Remote Supervision by Public Health Dentists

Reference to 18VAC60-20-220: Regulations Governing Dental Practice – Dental Hygienists

Filed by: Virginia Board of Dentistry

Date filed: September 7, 2012

Document available from:

**Board of Dentistry
9960 Mayland Drive, Suite 300
Henrico, VA 23233**

Definitions:

- *“Expanded capacity”* means that a VDH dental hygienist provides education, assessment, prevention and clinical services as authorized in this protocol under the remote supervision of a VDH dentist.
- *“Remote supervision”* means that a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but who has not done an initial examination of the patients who are to be seen and treated by the dental hygienist, and who is not necessarily onsite with the dental hygienist when dental hygiene services are delivered.

Management:

- Program guidance and quality assurance shall be provided by the Dental Program in the Division of Child and Family Health at VDH for the public health dentists providing supervision under this protocol. Guidance for all VDH dental hygienists providing services through remote supervision is outlined below:
 - VDH compliance includes a review of the remote supervision protocol with the dental hygienist. The hygienist will sign an agreement consenting to remote supervision according to the protocol. The hygienist will update the remote agreement annually attaching a copy of their current dental hygiene license, and maintain a copy of the agreement on-site while providing services under this protocol.
 - VDH training by the public health dentist will include didactic and on-site components utilizing evidence based protocols, procedures and standards from the American Dental Association, the American Dental Hygienists’ Association, the Centers for Disease Control and Prevention, Association of State and Territorial Dental Directors, as well as VDH OSHA, Hazard Communication and Blood Borne Pathogen Control Plan.
 - VDH monitoring during remote supervision activities by the public health dentist shall include tracking the locations of planned service delivery and review of

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daily reports of the services provided. Phone or personal communication between the public health dentist and the dental hygienist working under remote supervision will occur at a minimum of every 14 days.

- VDH on-site review to include a sampling of the patients seen by the dental hygienist under remote supervision will be completed annually by the supervising public health dentist. During the on-site review, areas of program and clinical oversight will include appropriate patient documentation for preventive services (consent completed, assessment of conditions, forms completed accurately), clinical quality of preventive services (technique and sealant retention), patient management and referral, compliance with evidence-based program guidance, adherence to general emergency guidelines, and OSHA and Infection Control compliance.
- No limit shall be placed on the number of full or part time VDH dental hygienists that may practice under the *remote supervision* of a public health dentist(s)
- The dental hygienist may use and supervise assistants under this protocol but shall not permit assistants to provide direct clinical services to patients.
- The patient or responsible adult should be advised that services provided under the remote supervision protocol do not replace a complete dental examination and that he/she should take his/her child to a dentist for regular dental appointments.

Remote Supervision Practice Requirements:

- The dental hygienist shall have graduated from an accredited dental hygiene school, be licensed in Virginia, and employed by VDH in a full or part time position and have a minimum of two years of dental hygiene practice experience.
- The dental hygienist shall annually consent in writing to providing services under remote supervision.
- The patient or a responsible adult shall be informed prior to the appointment that no dentist will be present, that no anesthesia can be administered, and that only limited described services will be provided.
- Written basic emergency procedures shall be established and in place, and the hygienist shall be capable of implementing those procedures.

Expanded Capacity Scope of Services:

Public health dental hygienists may perform the following duties under *remote supervision*:

- Performing an initial examination or assessment of teeth and surrounding tissues, including charting existing conditions including carious lesions, periodontal pockets or other abnormal conditions for further evaluation by a dentist, as required.
- Prophylaxis of natural and restored teeth.
- Scaling of natural and restored teeth using hand instruments, and ultrasonic devices.
- Assessing patients to determine the appropriateness of sealant placement according to VDH Dental Program guidelines and applying sealants as indicated. Providing dental sealant, assessment, maintenance and repair.
- Application of topical fluorides.
- Providing educational services, assessment, screening or data collection for the preparation of preliminary written records for evaluation by a licensed dentist.

Required Referrals:

- Public health dental hygienists will refer patients without a dental provider to a public or private dentist with the goal to establish a dental home.
- When the dental hygienist determines at a subsequent appointment that there are conditions present which require evaluation for treatment, and the patient has not seen a dentist as referred, the dental hygienist will make every practical or reasonable effort to schedule the patient with a VDH dentist or local private dentist volunteer for an examination, treatment plan and follow up care.

DENTAL SAFETY NET CAPACITY AND OPPORTUNITIES FOR IMPROVING ORAL HEALTH

Joint Commission on Health Care
October 8, 2014 Meeting

Michele Chesser, Ph.D.
Senior Health Policy Analyst

Study Mandate

- In 2012, Senate Joint Resolution 50 (Senator Barker) directed the Joint Commission on Health Care (JCHC) to conduct a two year study of the fiscal impact of untreated dental disease in the Commonwealth of Virginia
- The study resulted in a policy option to include in the 2014 JCHC Work Plan a targeted study of the dental capacity of Virginia's oral health care safety net providers, and the option was approved by JCHC members during the Decision Matrix meeting last November

Current Feasibility of Creating a Statewide ED Diversion Plan

- Preliminary data indicate that ED diversion plans can be effective in helping individuals find the oral health care they need in a more appropriate setting
- However, these programs are only possible in localities in which there is a dental school or full-time community dental clinic to receive the diverted ED dental patients
 - Significant portions of the State lack a dental safety net facility
 - In the localities with a dental safety net provider, many have waiting lists and/or lack the resources to care for all who are in need of services

Expansion of the Remote Supervision of Dental Hygienists Model

Expansion of Remote Supervision of Dental Hygienists Model

- In 2009, the General Assembly enacted legislation to reduce the dentist oversight requirement for hygienists employed by VDH in selected dentally underserved areas
 - VDH dental hygienists are allowed to work under the remote, rather than general or direct, supervision of a dentist
 - Remote supervision means "a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but who has not done an initial examination of the patients who are to be seen and treated by the dental hygienist, and who is not necessarily onsite with the dental hygienist when dental hygiene services are delivered." Under remote supervision, VDH hygienists may perform:
 - Initial examination of teeth and surrounding tissues, charting existing conditions
 - Prophylaxis of natural and restored teeth
 - Scaling using hand instruments and ultrasonic devices
 - Providing dental sealant, assessment, maintenance and repair
 - Application of topical fluorides
 - Educational services, assessment, screening or data collection for the preparation of preliminary records for evaluation by a licensed dentist

Expansion of Remote Supervision of Dental Hygienists Model

- Remote supervision dental hygienists provide services in elementary schools utilizing portable equipment
- In 2012, additional legislation was passed allowing a dental hygienist employed by VDH to practice throughout the Commonwealth under the protocol established for the pilot program
- The program has "improved access to preventive dental services for those at highest risk of dental disease, as well as reduced barriers and costs for dental care for low-income individuals"

*Report on Services Provided by Virginia Department of Health Dental Hygienists Pursuant to a "Remote Supervision" Practice Protocol, 2013

Expansion of Remote Supervision of Dental Hygienists Model

- The Board of Health Professions is currently considering the expansion of the remote supervision of dental hygienist model, but no action has been taken at this point
 - The Board met on September 27, but did not have a quorum and; therefore, was unable to call a vote on the issue
- Options to expand the model include allowing dental hygienists not currently employed by VDH to practice via remote supervision in other settings such as safety net facilities, hospitals, nursing homes or all dental sites, including the private sector, in order to provide access to a greater portion of Virginia's at-risk, underserved population
- Our work group considered the range of expansion options and the majority of members support an incremental approach with initial expansion to safety net facilities

Expansion of Remote Supervision of Dental Hygienists Model

- Further, it was suggested that a work group of primary stakeholders, including Virginia Dental Association, Virginia Dental Hygienists' Association, Virginia Department of Health, Virginia Association of Free and Charitable Clinics, Virginia Community Healthcare Association, Virginia Oral Health Coalition, Virginia Board of Dentistry, Old Dominion University's School of Dental Hygiene, and Virginia Commonwealth University's School of Dentistry, be created to develop a pilot program for the expansion of the remote supervision model, giving stakeholders the chance to be involved in determining the bounds/scope of the model and the specific protocol

**Excerpts from the Regulations Governing Dental Practice Addressing the
Scope of Practice and Supervision Requirements for Dental Hygienists**

18VAC60-20-10. Definitions.

B. The following words and terms relating to supervision as used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Direct supervision" means that the dentist examines the patient and records diagnostic findings prior to delegating restorative or prosthetic treatment and related services to a dental assistant II for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains immediately available to the **dental assistant II** for guidance or assistance during the delivery of treatment and related services. The dentist examines the patient to evaluate the treatment and services before the patient is dismissed.

"Direction" means the level of supervision that a dentist is required to exercise with a dental hygienist, a dental assistant I, or a dental assistant II or that a **dental hygienist** is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related services.

"General supervision" means that a dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment that states the specific services to be provided by a **dental hygienist** during one or more subsequent appointments when the dentist may or may not be present. The order may authorize the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants I.

"Immediate supervision" means the dentist is in the operatory to supervise the administration of sedation or provision of treatment.

"Indirect supervision" means the dentist examines the patient at some point during the appointment, and is continuously present in the office to advise and assist a **dental hygienist or a dental assistant** who is (i) delivering hygiene treatment, (ii) preparing the patient for examination or treatment by the dentist or dental hygienist, or (iii) preparing the patient for dismissal following treatment.

Part VI. Direction and Delegation of Duties.

18VAC60-20-190. Nondelegable duties; dentists.

Only licensed dentists shall perform the following duties:

1. Final diagnosis and treatment planning;
2. Performing surgical or cutting procedures on hard or soft tissue;
3. Prescribing or parenterally administering drugs or medicaments, except a dental hygienist, who meets the requirements of 18VAC60-20-81, may parenterally administer Schedule VI local anesthesia to patients 18 years of age or older;
4. Authorization of work orders for any appliance or prosthetic device or restoration to be inserted into a patient's mouth;
5. Operation of high speed rotary instruments in the mouth;
6. Administering and monitoring general anesthetics and conscious sedation except as provided for in § 54.1-2701 of the Code of Virginia and 18VAC60-20-108 C, 18VAC60-20-110 F, and 18VAC60-20-120 F;
7. Condensing, contouring or adjusting any final, fixed or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam and placing

and shaping composite resins by dental assistants II with advanced training as specified in 18VAC60-20-61 B;

8. Final positioning and attachment of orthodontic bonds and bands; and

9. Final adjustment and fitting of crowns and bridges in preparation for final cementation.

18VAC60-20-200. Utilization of dental hygienists and dental assistants II.

A dentist may utilize up to a total of four dental hygienists or dental assistants II in any combination practicing under direction at one and the same time, with the exception that a dentist may issue written orders for services to be provided by dental hygienists under general supervision in a free clinic, a public health program, or on a voluntary basis.

18VAC60-20-210. Requirements for direction and general supervision.

A. In all instances and on the basis of his diagnosis, a licensed dentist assumes ultimate responsibility for determining the specific treatment the patient will receive and which aspects of treatment will be delegated to qualified personnel, and the direction required for such treatment, in accordance with this chapter and the Code of Virginia.

B. Dental hygienists shall engage in their respective duties only while in the employment of a licensed dentist or governmental agency or when volunteering services as provided in 18VAC60-20-200. Persons acting within the scope of a license issued to them by the board under §54.1-2725 of the Code of Virginia to teach dental hygiene and those persons licensed pursuant to §54.1-2722 of the Code of Virginia providing oral health education and preliminary dental screenings in any setting are exempt from this section.

C. Duties that are delegated to a dental hygienist under general supervision shall only be performed if the following requirements are met:

1. The treatment to be provided shall be ordered by a dentist licensed in Virginia and shall be entered in writing in the record. The services noted on the original order shall be rendered within a specific time period, not to exceed 10 months from the date the dentist last examined the patient. Upon expiration of the order, the dentist shall have examined the patient before writing a new order for treatment.

2. The dental hygienist shall consent in writing to providing services under general supervision.

3. The patient or a responsible adult shall be informed prior to the appointment that a dentist may not be present, that no anesthesia can be administered, and that only those services prescribed by the dentist will be provided.

4. Written basic emergency procedures shall be established and in place, and the hygienist shall be capable of implementing those procedures.

D. General supervision shall not preclude the use of direction when, in the professional judgment of the dentist, such direction is necessary to meet the individual needs of the patient.

18VAC60-20-220. Dental hygienists.

A. The following duties shall only be delegated to dental hygienists under direction and may be performed under indirect supervision:

1. Scaling and/or root planing of natural and restored teeth using hand instruments, rotary instruments and ultrasonic devices under anesthesia.

2. Performing an initial examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets or other abnormal conditions for assisting the dentist in the diagnosis.

3. Administering nitrous oxide or local anesthesia by dental hygienists qualified in accordance with the requirements of 18VAC60-20-81.

B. The following duties shall only be delegated to dental hygienists and may be delegated by written order in accordance with § 54.1-2722 of the Code of Virginia to be performed under general supervision when the dentist may not be present:

1. Scaling and/or root planing of natural and restored teeth using hand instruments, rotary instruments and ultrasonic devices.
2. Polishing of natural and restored teeth using air polishers.
3. Performing a clinical examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets or other abnormal conditions for further evaluation and diagnosis by the dentist.
4. Subgingival irrigation or subgingival application of topical Schedule VI medicinal agents.
5. Duties appropriate to the education and experience of the dental hygienist and the practice of the supervising dentist, with the exception of those listed in subsection A of this section and those listed as nondelegable in 18VAC60-20-190.

C. Nothing in this section shall be interpreted so as to prevent a licensed dental hygienist from providing educational services, assessment, screening or data collection for the preparation of preliminary written records for evaluation by a licensed dentist.

D. A dental hygienist employed by the Virginia Department of Health may provide educational and preventative dental care under remote supervision, as defined in subsection D of § 54.1-2722 of the Code of Virginia, of a dentist employed by the Virginia Department of Health and in accordance with the Protocol adopted by the Commissioner of Health for Dental Hygienists to Practice in an Expanded Capacity under Remote Supervision by Public Health Dentists, September 2012, which is hereby incorporated by reference.