



March 24, 2024 Update

\*Please go to page 4 for updated info on the EDFA-OPA Pilot Project.

### What is a Pilot Project?

(A definition) A pilot project is a small-scale preliminary experiment designed to help you check out the feasibility, effectiveness, and potential outcomes of a project before you get started. Dental Pilot Program Legislation Passed in 2022 (Wording in HB 2362) to allow Pilot Project in Missouri approved by Missouri Dental Board in Collaboration with the MO Dept. of Health and Senior Services' Office of Dental Health.

Section A. Chapter 332, RSMo, is amended by adding thereto one new section, to be 2 known as section 332.325, to read as follows: 332.325.

1. The Missouri dental board may collaborate with the department of health and senior services and the office of dental health within the department of health and senior services to approve pilot projects designed to examine new methods of extending care to underserved populations. Such pilot projects may employ techniques or approaches to care that may necessitate a waiver of the requirements of this chapter and regulations promulgated thereunder, provided that:

- (1) The project plan has a clearly stated objective of serving a specific underserved population that warrants, in the opinion of a majority of the board, granting approval for a pilot project;
- (2) The pilot project has a finite start date and termination date;

(3) The pilot project clearly defines the new techniques or approaches the project intends to examine to determine whether such techniques or approaches improve access to or quality of care;

(4) The project plan identifies specific and limited locations and populations to participate in the pilot project;

(5) The project plan clearly establishes minimum guidelines and standards for the pilot project including, but not limited to, provisions for protecting the safety of participating patients;

(6) The project plan clearly defines the measurement criteria the pilot project will use to evaluate the outcomes of the project on access to and quality of care; and

(7) The project plan identifies reporting intervals to communicate interim and final outcomes to the board.

2. The board may promulgate rules and regulations to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.

This section and chapter 536 are non-severable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 31 28, 2022, shall be invalid and void.

3. The provisions of this section shall expire on August 28, 2026. The board shall provide a final report on approved pilot projects and related data or findings to the general assembly on or before December 31, 2025. The name, location, approval dates, and general description of an approved pilot project shall be deemed a public record under chapter 610.

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[Nursing Home Pilot Project with Telehealth](#) approved by Missouri Dental Board is ongoing. This differs from the OPA pilot project and is separate. It is currently being implemented as a pilot project. MDHA supports this.

20 CSR 2110-2.133 Telehealth Dental Pilot Project in Medically Underserved Populations PURPOSE: To implement the provisions of section 332.325, RSMo.

(1) Pursuant to the provisions of section 332.325, RSMo, the board is collaborating with the Office of Dental Health (ODH) within the Missouri Department of Health and Senior Services (DHSS) to create a pilot project designed to examine new methods of extending dental care to residents in assisted living facilities, intermediate care facilities, residential care facilities, skilled nursing facilities, and homebound special needs patients.

(2) This pilot project, as set forth in section (1) above, will necessitate a waiver of the following provisions of Chapter 332, RSMo, and previously promulgated regulations pursuant to section 332.325, RSMo.

(A) Specific provisions of sections 332.093 and 332.098, RSMo, and 20 CSR 2110-2.120 in order to allow a dentist to supervise a dental assistant, certified dental assistant, or expanded functions dental assistant using telehealth technology. A supervising dentist may delegate to an expanded functions dental assistant any expanded function duties that the dental assistant has a board issued permit for.

(B) Specific provisions of 20 CSR 2110-2.130 to allow a licensed dental hygienist to administer local anesthetic under the supervision of a dentist using telehealth technology.

(C) Specific provisions of sections 332.071 and 332.093, RSMo, and 20 CSR 2110-2.120 to allow temporary restorations or caries-arresting fluoride under the supervision of a dentist using telehealth technology subsequent to an examination and diagnosis by the supervising dentist.

(D) Specific provisions of 20 CSR 2110-2.001 and 20 CSR 2110- 2.130 to allow a licensed dental hygienist to provide scaling and polishing, root planing, and nonsurgical periodontal procedures prior to the supervising dentist performing an examination pursuant to standing orders written by the supervising dentist.

(3) The provisions of this rule shall only apply to dental healthcare workers providing services pursuant to a pilot project created through a collaboration between ODH and the board and shall expire on August 28, 2026, in accordance with section 332.325, RSMo.

AUTHORITY: section 332.031, RSMo 2016, and section 332.325, RSMo Supp. 2022.\* Emergency rule filed Dec. 28, 2022, effective Jan. 12, 2023, expired July 10, 2023. Original rule filed Dec. 28, 2022, effective June 30, 2023. \*Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995, and 332.325, RSMo 2022.

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**\*Amended Version of the EFDA-Oral Preventive Assistant (OPA) Pilot Program**

02/07/2024 version

**Title 20—DEPARTMENT OF COMMERCE AND INSURANCE Division**

**2110—Missouri Dental Board Chapter 2- General Rules 20 CSR 2110-2.134 Oral Preventive Assistant Pilot Project**

PURPOSE: This rule implements the provisions of Section 332.325, RSMo, and creates temporary waivers of provisions of Chapter 332 and previously promulgated regulations pursuant to Section 332.325, RSMo.

(1) Pursuant to the provisions of Section 332.325, RSMo, the board is collaborating with the Office of Dental Health (ODH) within the Missouri Department of Health and Senior Services (DHSS) to create a pilot project designed to expand the scope of practice of expanded function dental assistants to include duties currently delegable only to a licensed dental hygienist. The project will temporarily create a new expanded function dental assistant known as an oral preventive assistant that will provide limited dental hygiene services to patients in clinics selected by ODH in areas with significant shortages of practicing licensed dental hygienists.

(2) The objectives of this pilot project are to:

(A) Determine if the use of oral preventive assistants can improve access to care by assisting in a limited scope of practice with periodontally healthy

patients and patients with reversible gingivitis by creating more portal entry appointment opportunities for patients;

(B) Assess the treatment outcomes of oral preventative assistants for periodontally healthy patients and patients with reversible gingivitis from a clinical and patient experience perspective; and

(C) Determine if the addition of oral preventive assistants to the oral healthcare workforce can improve access to care for patients with more serious periodontal problems by enabling dental hygienists and dentists to use time previously devoted to periodontally healthy patients to serve patients with more serious or urgent periodontal needs.

(3) This pilot project, as set forth in Section (1) above, will necessitate a waiver of the following provisions of Chapter 332 and previously promulgated regulations pursuant to Section 332.325, RSMo.:

(A) Specific provisions of Sections 332.093, 332.098 and 332.101 RSMo, and 20 CSR 2110-2.120 in order to temporarily create a new expanded function dental assistant known as an oral preventive assistant.

(4) The scope of practice for an oral preventive assistant shall be limited to taking and recording periodontal probe readings, documenting areas of periodontal concern, and supragingival scaling and polishing. Oral preventive assistants shall be further limited to practicing on periodontally healthy patients or patients with reversible gingivitis.

(5) Oral preventive assistants shall complete a Board approved oral preventive assistant expanded function training course and apply for an expanded function permit issued by the Board. Before taking an oral preventive assistant expanded function training course, a dental assistant shall successfully complete the Missouri Dental Assisting Skills exam administered by the Dental Assisting National Board or possess current certification as a Certified Dental Assistant from the Dental Assisting National Board.

(6) Patients receiving treatment from an oral preventive assistant shall be informed of the pilot project and shall provide written consent to receive treatment through the pilot project prior to receiving care.

(7) The number of facilities utilizing oral preventive assistants in a pilot project shall be limited to no more than twelve (12). The ODH shall provide a list of the approved dental facilities utilizing oral preventive assistants for a pilot project to the Missouri Dental Board. Of the facilities utilizing oral preventive assistants, at least half must be located in Missouri counties classified as class three (3) counties in accordance with Section 48.020 RSMo.

(8) All facilities participating in a pilot project must have a policy for collecting and reporting feedback from both patients receiving care from as well as dental healthcare providers providing care through oral preventive assistants.

(9) All facilities participating in a pilot project shall accept patients enrolled in MO HealthNet.

(10) All facilities participating in a pilot project shall collect and submit the following data to the ODH on a monthly basis, which shall be provided to the Missouri Dental Board on a quarterly basis by the ODH:

(A) The number of new patients examined by all dental healthcare workers in the clinic during the reporting period, including a break-out of patients by age group (minors and adults) and periodontal diagnostic category (healthy, gingivitis, periodontitis as diagnosed by the supervising dentist);

(B) The number of patients seen by an oral preventive assistant during the reporting period, including a break-out of patients by age group (minors and adults) and periodontal diagnostic category (health, gingivitis, periodontitis as diagnosed by the supervising dentist);

(C) The number of new patients examined by all dental healthcare workers in the clinic during the reporting period of the calendar year prior to the current reporting period, including a break-out of patients by age group (minors and adults) and periodontal diagnostic category (healthy, gingivitis, periodontitis as diagnosed by the supervising dentist);

(D) The number of patients diagnosed with periodontitis during the reporting period;

(E) The number of patients diagnosed with periodontitis during the reporting period of the calendar year prior to the current reporting period;

(F) The number of gross debridement appointments during the reporting period;

(G) The number of gross debridement appointments during the reporting period of the calendar year prior to the current reporting period;

(H) The number of scale and root plane appointments during the reporting period;

(I) The number of scale and root plane appointments during the reporting period of the calendar year prior to the current reporting period;

(J) The number of periodontal surgeries during the reporting period;

(K) The number of periodontal surgeries during the reporting period of the calendar year prior to the current reporting period;

(L) The number of periodontal maintenance appointments during the reporting period; and (M) The number of periodontal maintenance appointments during the reporting period of the calendar year prior to the current reporting period.

(11) Each facility participating in a pilot project shall participate in an internal cohort study coordinated by the ODH to compare treatment outcomes of patients treated by oral preventive assistants to treatment outcomes of hygienists and dentists in the same clinic for comparable patient categories and the same finite period. The metrics that shall be used to assess the quality of oral preventive assistant treatment outcomes shall include at least the following:

(A) The percentage of patients categorized as healthy;

(B) The percentage of patients with improved outcomes as it relates to inflammation;

(C) The percentage of patients whose health status has not significantly improved or declined as it relates to localized problems;

(D) The percentage of patients whose health status has not significantly improved or declined as it relates to generalized inflammation; and

(E) Patient evaluation results of their treatment based on a Likert scale and open comment opportunities.

(12) Any adverse incident or injury to a patient during or as a result of care provided by an oral preventive assistant shall be reported directly to the Missouri Dental Board within two (2) business days of the supervising dentist learning of the incident or injury.

(13) The provisions of this rule shall only apply to dental healthcare workers providing services within an approved pilot project created through a collaboration between ODH and the board.

The provisions of this rule and all associated pilot projects shall expire on August 28, 2026 in accordance with Section 332.325, RSMo. AUTHORITY: section 332.031, RSMo 2016 and section 332.325, RSMo Supp. 2022.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate. PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.