



## Oral Preventive Assistant (OPA) Update October 1, 2024

Unfortunately, the EFDA OPA rule was published in the Missouri Register on 10/1/2024, which will allow expanded functions dental assistants, through a pilot program, to scale above the gumline and probe. Please read it in detail so you understand it.

\*Note: more dentists commented in favor of this rule than hygienists who wrote letters in opposition.

### **Here is the finalized wording of the OPA rule:**

\*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, RSMo2016andsection 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.