



PROPOSED RULE MAKING

CR-102 (June 2024) (Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

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STATE OF WASHINGTON
FILED

DATE: August 11, 2025

TIME: 11:08 AM

WSR 25-17-018

Agency: Department of Health – Dental Quality Assurance Commission

☒ **Original Notice**

☐ **Supplemental Notice to WSR**

☐ **Continuance of WSR**

☒ **Preproposal Statement of Inquiry was filed as WSR** 25-03-075; or

☐ **Expedited Rule Making--Proposed notice was filed as WSR** _____; or

☐ **Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or**

☐ **Proposal is exempt under RCW** _____.

Title of rule and other identifying information: Expanded Function Dental Auxiliaries - Licensure requirements. The Dental Quality Assurance Commission (commission) is proposing amendments to WAC 246-817-195, Licensure requirements for expanded function dental auxiliaries (EFDAs), to allow the training for amalgam restorations on actual clinical patients to be optional. The proposed rule allows amalgam restoration training on typodonts or on clinical patients.

Hearing location(s):

Date:	Time:	Location:	Comment:
October 24, 2025	10:00 AM	<p>In-person location: Washington State Department of Health TC2 Room 166 111 Israel Rd. S.E. Tumwater, WA 98501-5414</p> <p>Webinar Registration: Please follow this link to register for the virtual hearing which will give you instructions to either join the meeting on a device or to call in to the meeting on the phone:</p> <p>Zoom link: https://us02web.zoom.us/webinar/register/WN_YeOpl0h5S22mqhm9r08MmA</p> <p>After registering, you will receive a confirmation email containing information about joining the webinar.</p>	The public hearing will be hybrid. Participants can attend at either the physical location or virtually by registering via Zoom.

Date of intended adoption: October 24, 2025 (Note: This is **NOT** the effective date)

Submit written comments to:

Name: Debbie Gardner, Program Manager
Address: P.O. Box 47852, Olympia, WA 98504-7852
Email: dental@doh.wa.gov
Fax: N/A

Assistance for persons with disabilities:

Contact: Debbie Gardner, Program Manager
Phone: 360-236-4893
Fax: N/A
TTY: 711

Other: https://fortress.wa.gov/doh/policyreview Beginning: The date and time of this filing. By: October 14, 2025 at 11:59 PM	Email: dental@doh.wa.gov Other By: October 14, 2025																
Purpose of the proposal and its anticipated effects, including any changes in existing rules: Current rules require EFDA students to complete training in placing and finishing amalgam restorations on both a typodont (a plastic model) and on clinical patients. The proposed rule allows the training to be on either type, rather than requiring both. The commission has received feedback from various EFDA programs in Washington State pertaining to the challenges students face finding clinical patients for amalgam restorations due to a reduction of amalgam procedures in the community. Updating this rule could modernize the requirements and remove barriers for EFDAs pursuing licensure in Washington State.																	
Reasons supporting proposal: Rulemaking is necessary to modernize the educational requirements and remove barriers for EFDAs pursuing licensure in Washington State. The proposed rule amendments meet the intent of the underlying statutes by enforcing qualification for licensure and consistent standards of practice in WAC 246-817-195.																	
Statutory authority for adoption: RCW 18.32.002 and 18.260.120																	
Statute being implemented: None																	
Is rule necessary because of a: <div style="display: flex; justify-content: space-between;"> <div> Federal Law? Federal Court Decision? State Court Decision? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> If yes, CITATION:																	
Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None																	
Name of proponent: Dental Quality Assurance Commission Type of proponent: <input type="checkbox"/> Private. <input type="checkbox"/> Public. <input checked="" type="checkbox"/> Governmental.																	
Name of agency personnel responsible for: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Name</th> <th style="text-align: center;">Office Location</th> <th style="text-align: center;">Phone</th> </tr> </thead> <tbody> <tr> <td>Drafting</td> <td>Debbie Gardner</td> <td>111 Israel Road SE, Tumwater, WA 98501</td> <td>360-236-4893</td> </tr> <tr> <td>Implementation</td> <td>Debbie Gardner</td> <td>111 Israel Road SE, Tumwater, WA 98501</td> <td>360-236-4893</td> </tr> <tr> <td>Enforcement</td> <td>Debbie Gardner</td> <td>111 Israel Road SE, Tumwater, WA 98501</td> <td>360-236-4893</td> </tr> </tbody> </table>			Name	Office Location	Phone	Drafting	Debbie Gardner	111 Israel Road SE, Tumwater, WA 98501	360-236-4893	Implementation	Debbie Gardner	111 Israel Road SE, Tumwater, WA 98501	360-236-4893	Enforcement	Debbie Gardner	111 Israel Road SE, Tumwater, WA 98501	360-236-4893
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Is a school district fiscal impact statement required under RCW 28A.305.135? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, insert statement here: <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> The public may obtain a copy of the school district fiscal impact statement by contacting: Name Address Phone Fax TTY Email Other </div>																	
Is a cost-benefit analysis required under RCW 34.05.328? <input checked="" type="checkbox"/> Yes: A preliminary cost-benefit analysis may be obtained by contacting: <div style="display: flex; justify-content: space-between;"> <div> Name Address Phone Fax TTY Email Other </div> <div> Debbie Gardner P.O. Box 47852, Olympia, WA 98504-7852 360-236-4893 N/A 711 dental@doh.wa.gov N/A </div> </div> <input type="checkbox"/> No: Please explain:																	

Regulatory Fairness Act and Small Business Economic Impact Statement

Note: The [Governor's Office for Regulatory Innovation and Assistance \(ORIA\)](#) provides support in completing this part.

(1) Identification of exemptions:

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see [chapter 19.85 RCW](#)). For additional information on exemptions, consult the [exemption guide published by ORIA](#). Please check the box for any applicable exemption(s):

☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.061](#) because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description:

☐ This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by [RCW 34.05.313](#) before filing the notice of this proposed rule.

☐ This rule proposal, or portions of the proposal, is exempt under the provisions of [RCW 15.65.570](#)(2) because it was adopted by a referendum.

☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025](#)(3). Check all that apply:

☐ [RCW 34.05.310](#) (4)(b)
(Internal government operations)

☐ [RCW 34.05.310](#) (4)(e)
(Dictated by statute)

☐ [RCW 34.05.310](#) (4)(c)
(Incorporation by reference)

☐ [RCW 34.05.310](#) (4)(f)
(Set or adjust fees)

☐ [RCW 34.05.310](#) (4)(d)
(Correct or clarify language)

☐ [RCW 34.05.310](#) (4)(g)
((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)

☒ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025](#)(4). (Does not affect small businesses).

☐ This rule proposal, or portions of the proposal, is exempt under RCW _____.

Explanation of how the above exemption(s) applies to the proposed rule: The entire proposed rule is exempt under RCW 19.85.025(4) as it only affects the dental license which does not meet the definition of "small business" in RCW 19.85.020.

(2) Scope of exemptions: *Check one.*

☒ The rule proposal: Is fully exempt. (*Skip section 3.*) Exemptions identified above apply to all portions of the rule proposal.

☐ The rule proposal: Is partially exempt. (*Complete section 3.*) The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using [this template from ORIA](#)):

☐ The rule proposal: Is not exempt. (*Complete section 3.*) No exemptions were identified above.

(3) Small business economic impact statement: *Complete this section if any portion is not exempt.*


If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

☐ No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs.

☐ Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name
Address
Phone
Fax
TTY
Email
Other

<p>Date: August 7, 2025</p> <p>Name: Bryan Swanson, DDS</p> <p>Title: Dental Quality Assurance Commission Chair</p>	<p>Signature:</p> 
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WAC 246-817-195 Licensure requirements for expanded function dental auxiliaries (EFDAs). To be eligible for licensure as an EFDA in Washington an applicant must:

(1) Provide a completed application on forms provided by the secretary;

(2) Pay applicable fees as defined in WAC 246-817-99005;

(3) Provide evidence of:

(a) Completion of a dental assisting education program accredited by the Commission on Dental Accreditation (CODA); or

(b) Obtain the Dental Assisting National Board (DANB) certified dental assistant credential, earned through pathway II, which includes:

(i) A minimum of (~~three thousand five hundred~~) 3,500 hours of experience as a dental assistant within a continuous (~~twenty-four through forty-eight~~) 24 through 48-month period;

(ii) Employer-verified knowledge in areas as specified by DANB;

(iii) Passage of DANB certified dental assistant examination; and

(iv) An additional dental assisting review course, which may be provided online, in person or through self-study; or

(c) A Washington limited license to practice dental hygiene; or

(d) A Washington full dental hygiene license and completion of a course in taking final impressions affiliated with or provided by a CODA accredited dental assisting program, dental hygiene school or dental school.

(4) Except for applicants qualified under subsection (3)(d) of this section, provide evidence of completing an EFDA education program approved by the commission where training includes:

(a) In a didactic, clinical and laboratory model to the clinically competent level required for close supervision:

(i) In placing and finishing composite restorations on a typodont and on clinical patients; and

(ii) In placing and finishing amalgam restorations on a typodont (~~and~~) or on clinical patients; and

(iii) In taking final impressions on a typodont; and

(b) In a didactic, clinical and laboratory model to the clinically competent level required for general supervision:

(i) In performing coronal polish, fluoride treatment, and sealants on a typodont and on clinical patients; and

(ii) In providing patient oral health instructions; and

(iii) In placing, exposing, processing, and mounting dental radiographs; and

(c) The basic curriculum shall require didactic, laboratory, and clinical competency for the following:

(i) Tooth morphology and anatomy;

(ii) Health and safety (current knowledge in dental materials, infection control, ergonomics, mercury safety, handling);

(iii) Placement and completion of an acceptable quality reproduction of restored tooth surfaces—Laboratory and clinic only;

(iv) Radiographs (covered in path II)—Laboratory and clinic only;

(v) Ethics and professional knowledge of law as it pertains to dentistry, dental hygiene, dental assisting, and EFDA;

- (vi) Current practices in infection control;
- (vii) Health history alerts;
- (viii) Final impression;
- (ix) Matrix and wedge;
- (x) Rubber dam;
- (xi) Acid etch and bonding;
- (xii) Occlusion and bite registration;
- (xiii) Temporary restorations;
- (xiv) Dental emergencies;
- (xv) Risk management and charting;
- (xvi) Intra-oral anatomy;
- (xvii) Pharmacology; and
- (xviii) Bases, cements, liners and sealers.

(5) Except for applicants qualified under subsection (3)(d) of this section, attain a passing score on:

(a) A written restorations examination approved by the commission; and

(b) A clinical restorations examination approved by the commission.

(6) Provide any other information determined by the secretary.