



# PROPOSED RULE MAKING

**CR-102 (June 2024)**  
**(Implements RCW 34.05.320)**  
Do **NOT** use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

DATE: May 21, 2025

TIME: 9:03 AM

WSR 25-11-083

**Agency:** Department of Health – Dental Quality Assurance Commission

☐ **Original Notice**

☐ **Supplemental Notice to WSR**

☒ **Continuance of WSR 25-05-022**

☒ **Preproposal Statement of Inquiry was filed as WSR 24-16-138 ; 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:** Dental assistant registration - Adding minimum age requirements. The Dental Quality Assurance Commission (commission) is proposing amending WAC 246-817-190 to include a minimum age requirement for dental assistant registration.

## Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
July 25, 2025	10:00 AM	<p><b>In-Person:</b> Washington State Department of Health TC2 Room 167 111 Israel Rd. S.E. Tumwater, WA 98501</p> <p><b>Webinar Registration:</b> 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><b>Zoom link:</b> <a href="https://us02web.zoom.us/join/register/WN_ZMEuR17aSIGI1_QH3eeyNA">https://us02web.zoom.us/join/register/WN_ZMEuR17aSIGI1_QH3eeyNA</a></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:** July 25, 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: N/A  
Fax: N/A  
Other: <https://fortress.wa.gov/doh/policyreview>

## Assistance for persons with disabilities:

Contact: Debbie Gardner, Program Manager  
Phone: 360-236-4893  
Fax: N/A  
TTY: 711  
Email: dental@doh.wa.gov

Beginning (date and time): The date and time of this filing By (date and time): July 15, 2025 at 11:59 p.m.	Other By (date): July 15, 2025												
<b>Purpose of the proposal and its anticipated effects, including any changes in existing rules:</b> The commission is proposing amending WAC 246-817-190 to include a minimum age requirement for dental assistant registration by citing WAC 246-125-030. At the July 25, 2025 hearing, the commission will continue the public hearing that was originated on April 25, 2025. The commission will continue taking public comment and intends to discuss the proposed rule and comments received as part of the public hearing process.													
<b>Reasons supporting proposal:</b>													
<b>Statutory authority for adoption:</b>													
<b>Statute being implemented:</b>													
<b>Is rule necessary because of a:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Federal Law?</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>Federal Court Decision?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>State Court Decision?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table> If yes, CITATION:		Federal Law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Federal Court Decision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	State Court Decision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Federal Law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No											
Federal Court Decision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No											
State Court Decision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No											
<b>Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:</b>													
<b>Name of proponent:</b> (person or organization) <b>Type of proponent:</b> <input type="checkbox"/> Private. <input type="checkbox"/> Public. <input type="checkbox"/> Governmental. <input type="checkbox"/>													
<b>Name of agency personnel responsible for:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Name</td> <td style="width: 33%; text-align: center;">Office Location</td> <td style="width: 33%; text-align: center;">Phone</td> </tr> <tr> <td colspan="3">Drafting</td> </tr> <tr> <td colspan="3">Implementation</td> </tr> <tr> <td colspan="3">Enforcement</td> </tr> </table>		Name	Office Location	Phone	Drafting			Implementation			Enforcement		
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<b>Is a school district fiscal impact statement required under <a href="#">RCW 28A.305.135</a>?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, insert statement here: <div style="border: 1px solid black; padding: 10px; margin-top: 10px;">           The public may obtain a copy of the school district fiscal impact statement by contacting:           <div style="margin-left: 20px;">             Name              Address              Phone              Fax              TTY              Email              Other           </div> </div>													
<b>Is a cost-benefit analysis required under <a href="#">RCW 34.05.328</a>?</b> <div style="margin-top: 10px;"> <input type="checkbox"/> Yes: A preliminary cost-benefit analysis may be obtained by contacting:           <div style="margin-left: 20px;">             Name              Address              Phone              Fax              TTY              Email              Other           </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> No: Please explain:         </div>													
<b>Regulatory Fairness Act and Small Business Economic Impact Statement</b> Note: The <a href="#">Governor's Office for Regulatory Innovation and Assistance (ORIA)</a> provides support in completing this part.													
<b>(1) Identification of exemptions:</b> This rule proposal, or portions of the proposal, <b>may be exempt</b> from requirements of the Regulatory Fairness Act (see <a href="#">chapter 19.85 RCW</a> ). For additional information on exemptions, consult the <a href="#">exemption guide published by ORIA</a> . 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)(c)  
(Incorporation by reference)

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

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

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

☐ [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:

**(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

**Date:** May 20, 2025

**Name:** Bryan Swanson, DDS

**Title:** Dental Quality Assurance Commission, Chair

**Signature:**

