



Andy Beshear
GOVERNOR

BOARD OF DENTISTRY

312 Whittington Parkway, Suite 101
Louisville, Kentucky 40222
(502) 429-7280
kbd@ky.gov

Jeff Allen
EXECUTIVE DIRECTOR

Analysis of House Bill 776

The following report describes the contents and location of the changes to KRS 313 contained within HB776, which was signed into law on April 13, 2026. The bill can be viewed in its final form [here](#).

Section 1(6) changes the definition of “dental hygienist” to mean anyone with an active Kentucky dental hygiene license. This change is merely meant to simplify the definition and indicate who is specifically being referred to when the Practice Act or its associated regulations use that title. This definition does not—and has never been—intended to define the parameters of dental hygiene licensure. Those requirements are thoroughly established elsewhere, specifically, [201 KAR 8:563](#). As such, removing the reference to the Commission on Dental Accreditation (CODA) in this definition does not, by itself, eliminate CODA requirements for licensure.

The Board has submitted a proposed [revision](#) to 201 KAR 8.533 that provides internationally trained dentists with a pathway to become licensed dental hygienists. In this instance, a foreign dental school degree can be accepted in place of a CODA-accredited dental hygiene degree. Otherwise, the existing CODA requirements for hygiene licensure will not change.

Section 1(9) simplifies the definition of “dental specialist” to mean anyone with a Kentucky dental specialty license. Removing the reference to ADA-recognized specialties here does not change the requirements for specialty licensure, as those are provided for in [KRS 313.035](#) as well as Section 8 of [201 KAR 8.533](#).

Section 1(10) changes the definition of “dentist” to simply mean anyone with an active Kentucky dentist license. Again, this change is intended to streamline the definition and create uniformity with other, similar definitions within KRS 313. Just like with “dental hygienist” or “dental specialist” above, the statutory definition of “dentist” is not intended to address license eligibility. As per Sections 1 and 4 of [201 KAR 8.533](#), a CODA-accredited dental degree or postgraduate program is still—and will continue to be—required for licensure.

The Board has submitted a proposed [revision](#) to 201 KAR 8.533 that will allow internationally trained dentists to be licensed as dental specialists. However, this still requires the completion of a CODA-accredited specialty program, just like what is already in place for foreign dentists who complete a general dentistry program.

Section 1(11) revises the definition of “dentistry” but in style, not substance. These are housekeeping changes designed to conform KRS 313 to current practices in organizing statutory language.

Section 2(1) makes several revisions to the makeup of the Board, including requiring at least three of the voting dentists on the Board to be general dentists. This is intended to make the Board more representative of the state's dentist population.

It also removes reference to specific dental schools and simply provides for an ex officio board seat to all CODA-accredited dental schools in Kentucky. The purpose of this language is to establish a seat for the new Tanner College of Dental Medicine at the University of Pikeville.

In anticipation of Kentucky adding at least one new dental hygiene degree program, a second ex officio board seat was created to more appropriately represent the hygiene programs. In addition, each program will have a two-year term in the rotation, instead of the previous one year.

Section 3(1)(i) provides for the Board to affiliate with testing organizations that administer qualifying licensure examinations. This is simply intended to formalize the Board's commitment to licensure examinations and codify what is already current practice.

Section 3(4) requires the Board to purchase liability insurance. Maintaining a liability policy is common practice among professional licensing boards.

Section 4(4) allows the Board to establish a student loan repayment assistance fund to address dental workforce shortage areas. This is only authorizing language, and does not, on its own, establish the fund. The Board still needs to formally create the fund and define its rules, which it will do through the administrative regulation process.

Section 5(11) removes obsolete language that no longer applies.

Section 6(3) removes the reference to the American Dental Association recognizing dental specialties and replaces it with the more specific and accurate National Commission on the Recognition of Dental Specialties and Certifying Boards. It also allows qualified dental specialists to practice outside of their specialty for limited purposes when referred by a general dentist.

Section 7(7)(a)1 eliminates the redundant two years of experience prerequisite for registration in general supervision but keeps the 3,000 work hours requirement.

Section 7(7)(a)4 extends the time since the patient's last examination that a dental hygienist can practice under general supervision from seven months to eleven months.

Section 7(9) allows dental hygienists to make radiographs with a written order if the dentist is not physically present.

Section 8(7)(a) eliminates the removal of calcareous deposits or accretions on the crowns and roots of teeth from the list of duties prohibited by dental assistants. However, the scope of practice for dental hygienists and assistants is also addressed in other parts of KRS 313 and its associated regulations. The removal of this language alone does not allow dental assistants to perform scaling.

Section 8(7)(c) allows dental assistants to make final impressions.



Section 8(6) allows qualifying dental assistants to use a dental hygiene cordless polisher.

Sections 8(8) and 9(2) clarify that the Board-approved training in radiography technique and safety does not have to be through a formal course.

Section 12(1)(a)–(c) was taken from existing language in Section 13(1)(a)–(c) to start a new section.

Section 12(2) clarifies that clinical decisions affecting patient care remain with the dentist and that no other person or entity may exercise control over such decisions.

Section 12(3) prevents any person or entity that establishes reimbursement rates for dental services from directly or indirectly controlling the clinical operations of a dental practice.

Section 12(4) is a grandfather clause that exempts pre-existing arrangements from the provisions of this section.

Section 13(1)(a)–(c) was moved to become Section 12(1)(a)–(c).

Section 13(2)(c) establishes that a violation of “moral or ethical standards” is sufficient grounds for disciplinary action.

Section 14(10) clarifies that the Law Enforcement Committee can offer settlement agreements as part of its disciplinary authority.

Section 15(4) allows the Board to enter into contractual agreements with any entity to administer or support the Well-being Committee, not just nonprofit organizations.

Section 15(8) clarifies that the confidentiality of Well-being Committee records does not extend to formal disciplinary actions issued by the Law Enforcement Committee or the Board.

Section 16(1) clarifies that the Board’s regulatory authority over dental laboratories includes any lab that is either “operating or doing business” in Kentucky.

Section 17 formally names KRS 313 as the Kentucky Dental Practice Act.

Sections 18–19 were part of a floor amendment on limited health services benefits plans that was added to HB776 at the last minute. It is unrelated to the rest of the bill and does not amend KRS 313.

Section 20 is an emergency clause, meaning that the bill takes effect immediately once it is signed by the Governor, rather than the standard 90 days after the end of the legislative session.