



Ohio Dental Hygienists' Association
House Bill 463 Interested Party with Concerns Testimony
House Health and Aging Committee
April 23, 2014

Chairman Wachtmann, Vice Chair Gonzales, Ranking Member Antonio and Members of the House Health and Aging Committee, my name is Beth Tronolone, B.S., M.O.L., and I am a dental hygienist and dental hygiene educator from the Toledo area. I am the Immediate Past President of the Ohio Dental Hygienists' Association (ODHA) and I have been in the practice of dental hygiene for nearly 35 years.

On behalf of the Ohio Dental Hygienists' Association, I am testifying as an interested party with concern on House Bill 463. I appreciate the opportunity to speak with you on this bill. As this is presented as a 10-point plan by the Ohio Dental Association and the sponsor, I do not want to spend precious committee time focusing on areas of agreement we have with the bill, in fact, we have no issue with eight of the ten points presented in the bill. I would like to use my testimony to share with you the concerns ODHA has with the bill. Attached is a copy of the document we have prepared that reflects areas of agreement, objections and suggested amendments.

Registered Dental Hygienists (RDHs) are the only degreed dental professional aside from the dentist in the dental office. There are 12 colleges and universities with dental hygiene programs in Ohio. We also have the greatest number of practitioners that are issued

licenses by the Ohio State Dental Board (8,057, over 900 more than licensed dentists as of June 30, 2013). We agree completely that there is a dentist geographic distribution issue in the state, but we believe that can be solved partly by the deployment of the unemployed or underemployed RDHs in Ohio.

EFDAs

As has been highlighted in previous testimony Expanded Function Dental Auxiliaries (EFDAs) are trained to assist dentists in the providing restorative procedures for patients. The OSU EFDA course includes 200 hours of instruction, progressing from pre-clinical laboratory activities to faculty supervised clinical experience in the College of Dentistry at The Ohio State University. The pre-clinical laboratory instruction session provides 104 hours of lecture/demonstration and activities on Thursdays from January to May. The 10-week clinical portion occurs one day per week from May to July. There is a 2-day board review scheduled in August to prepare students for the practical and written examinations.

Of note and new in this course is after completion of the EFDA pre-clinic session in April, students will have completed an 8-hour course in the application of sealants. “This additional training is incorporated to provide the students eligibility and appropriate documentation (according to the State Dental Board policy) to place pit and fissure sealants under direct supervision of their employer” (The Ohio State University EFDA Course Description).

Under this bill, EFDAs are proposed to get an expansion in their scope of practice, but also receive a relaxation of supervision. House Bill 463 seeks to allow EFDAs to perform new duties in the office under general supervision (without a dentist present in the office) and to place sealants in programs like the school-based sealant program operated by the Ohio Department of Health without a prior examination of a dentist. As you can see this is contrary to the

training that is just this year being added to the EFDA curriculum that envisions a system of direct dentist supervision for dental sealants. Direct supervision means a dentist examines a patient before and after sealants are placed (or a cavity is filled). EFDAs are not trained to practice without supervision as the bill proposes.

Additionally, it is intended to allow an EFDA to operate with their expanded scope of practice under the supervision of a physician or a registered nurse and practice. ODHA argues that an RDH is more appropriately credentialed to work under the supervision of a physician, surgeon or registered nurse. In fact, we are permitted to work under a physician's supervision, but only if the medical patient is also a patient of record of the employing dentist. We believe that since there is a maldistribution of dentists in the state true access to care can be achieved by revising the law to allow with no expansion of scope of practice the employment of a hygienist in health care settings like emergency rooms, hospitals and nursing homes, under supervision of physicians with required referrals to dentists for follow-up treatment. Ohio would not be breaking new ground here.

For example in Florida, dental hygienists may provide services without the physical presence, prior examination, or authorization of a dentist, provided that a dentist or physician gives medical clearance prior to performance of a prophylaxis in "health access settings." A dentist must examine a patient within 13 months following a prophylaxis and an exam must take place before additional oral services may be performed.

Health access settings are a program of the Department of children and Family Services, the Department of Health, the Department of Juvenile Justice, a nonprofit community health center centers, a Head Start centers, an FQHC, a school based prevention program, or a clinic operated by an accredited dental or dental hygiene program. The setting operating the program may bill a third party for

reimbursement of the hygienist's services. As in Ohio, the hygienist must maintain professional liability insurance.

CDA's

Certified Dental Assistants in this state can take a few different pathways to this job. The training can occur in a high school career-technical program and upon graduation a high graduate, if 18 years of age, could take a certification examination. There are also post high school training programs offered through for-profit colleges and community colleges, only one of which is accredited in Ohio. Additionally, a dental assistant can learn on the job in a dental practice "chair side" under a dentist's authority (OAC 4715-11-02) without a set training period determined and they are not required to register with the Dental Board after they obtain a certificate. We view this training and standard as inconsistent among practitioners and a disservice to the patient.

House Bill 463 envisions a relaxation of supervision for CDAs to perform duties they are now providing under the direct supervision of a dentist to be now allowed to perform without the dentist present in the office. Additionally, just like the EFDAs it is proposed that a CDA be allowed to apply a sealant without a prior dental examination in settings like the school-based sealant program. Unsupervised care provided by an inconsistently and minimally trained auxiliary is not what we should strive for in Ohio. CDAs also do not have a responsibility to engage in any continuing education units after their certification.

House Bill 463 seeks to dramatically increase the scope of practice and relax supervision requirements for EFDAs and CDAs. As degreed, licensed dental professionals dental hygienists are concerned that the standard of care for dental patients will be

compromised and lowered by allowing, unregistered, inconsistently trained auxiliaries to perform duties for which they are inadequately prepared.

RDHs

ODHA has met with and kept in contact with Representative Johnson and the proponents of the bill on our concerns. Additionally, we have put forth concepts that we believe improve the bill or are compromises to some of the proposed expansions. Dental Hygienists pointed out that in order to work in a dental office under general supervision (without a dentist present, but after a dental exam), she would have to work for two years or three thousand hours with permissive authority granted by the dentist to allow her to work for up to 15 consecutive days without a dentist present in the case of a dentist vacation or a surgery. We argued that hygienists are degreed and state licensed professionals and should be able to practice to the highest level of their training. It should be noted that Michigan does not have this restriction in its practice act. They entrust that their licensed hygienists are ready to serve patients without restriction in the dental office on the day of hire. We believe that it may cause more degreed graduates to be hired in offices as supervising dentists would be able to utilize personnel immediately instead of waiting for a minimum of two year period. This change will create flexibility and create greater access to care without expanding a hygienists' scope of practice.

OHASP

We also pointed out that the Oral Health Access Supervision Program (OHASP) initiated by the Ohio Dental Association in 2010 as a solution to the access to care problem has been ineffective. To our knowledge there has not been a single patients seen under the

OHASP since its inception. In order to make the program more effective, we suggest a few revisions to the OHASP.

The current standard to allow a hygienist to obtain a permit is a completion of at least 2 years and a minimum of three thousand hours of experience. More hygienists at the beginning of their careers may be more open to this type of practice setting, but would not be able to participate for a significant amount of time after obtaining their degree because of the current restriction.

Recommendation

- **We suggest that the standard be revised to require only 1 year or 1500 hours of practice experience.**

Additionally, if we are seeking to create maximum flexibility, a patient seen under the OHASP can only obtain one dental hygiene appointment under the current law. Treatment is provided and a required referral is made to any dentist (changed under the bill) to occur within 6 months (increased from 90 days in the bill) of the hygiene appointment. ODHA suggests that an OHASP patient be permitted two hygiene appointments without a dentist examination. Currently, Medicaid patients are only permitted one visit a year. In a dental office, it is proposed under the bill that a patient could theoretically be seen twice before having to be seen by a dentist. We believe a similar accommodation is appropriate for the Medicaid and underserved population.

Recommendation

- **In an effort to provide the greatest amount of services a patient under OHASP should be able to obtain two hygiene care appointments before services are prohibited. Additionally, we suggest removing language on a timeline**

for referral as the requirement to refer back to an authorizing dentist is being eliminated and it would be nearly impossible for a hygienist not from the area to be able to cause an appointment to be scheduled.

In the pursuit to increase access to dental care to families in the state of Ohio we have to make sure that we are not lowering the standard of care, but instead ensuring equal quality of care to all populations. The standard of care is lowered if increasing access means allowing a less educated practitioner to provide critical services. And, although this bill seeks to increase access, it actually decreases the quality of care in the process. There is a ready population of dental hygienists in the state of Ohio who have the ability to provide preventive services within their scope of practice in a safe, comprehensive setting.

ODHA is working with the sponsor to provide reasonable compromises that permit for some desired flexibility. The oral health care crisis in Ohio is one that requires a thoughtful and tested solution. We believe there is a role for every member of the dental team, but House Bill 463 needs revision in order for the solution to actually work. I appreciate your time and ask that you remain open to the discussion around this bill.