The nights are getting cooler, the days shorter. Fall is coming in Ohio. Some would say it is coming faster and earlier than it has in a long time. Preparing for the season changes in Ohio means many things to many of us. It means starting school – whether sending little ones to elementary school, starting a freshman in high school or sending our children back to college. It means putting away the shorts and bringing out the sweaters. It means investing in those tires put off until “before winter.” To many, it means fall hikes at one of Ohio’s beautiful parks, long bike rides or road trips admiring the variety of leaf colors. The change in seasons makes us think of the holidays ahead, family and friends. It may offer an opportunity to celebrate a first holiday for a new addition to the family or another holiday with someone who lingers in our heart, but won’t be with us through the winter.

This has been a year of change for dental hygiene in Ohio. The fall of 2013 brought House Bill 180 and the ability for dental hygienists working in a public health setting the opportunity to place sealants without a prior dental exam. Winter 2013 brought House Bill 463; an opportunity for ODHA leaders to work with ODA leaders to examine how we could together tackle the access to care issue. The spring brought a companion bill in the senate and offered ODHA multiple opportunities to meet with legislators and educate our state’s leaders regarding the importance of dental hygienists in the access solution. After much iteration, HB463 passed unanimously this summer - offering more opportunity for dental hygiene in Ohio to prepare for change – to lead it, control it, and direct it.

Fall is coming in Ohio. What will this new season mean for dental hygiene in the state? Each quarter my letter has discussed legislation activities. The activities have consumed my presidency, the time of your President Elect, Amy Kinnamon, the Immediate Past President, Beth Tronolone and the Government Relations Chair, Barb Ranck. Each year, it is inevitable that the fall only brings more change – leaves, sweaters, back to school, family and holidays. It will also bring an opportunity to be a part of the next legislation changing how we serve the oral health of the public.

So get the kids back to school, pull out your sweaters, start your holiday lists and contact your legislator. The seasons are changing again. Are you ready?

If you have yet to review current legislation that has passed the house or that is pending in the Senate, if you have yet to contact your legislator or if you just want to learn what is happening with dental hygiene in Ohio, please go to the ODHA website to review the following:

Legislative tab: http://odha.net/news/Legislative+Updates/#.U_FoARaTZUQ
Questions?
Send an email to the ODHA leadership found at either location:
Component tab: http://odha.net/components/#.U_FoVxaTZUQ
Officers Tab: http://odha.net/officers/#.U_FofRaTZUQ
Legislative Update

Sept 2014

By Matthew S. Whitehead, Director of Legislative Affairs, Governmental Policy Group, Inc. mwhitehead@gpgrhr.com

A popular fable that has been the subject of multiple children’s stories and has been adapted to cartoons and other media is the story of the Ant and the Grasshopper. The gist of the story is the Grasshopper enjoys his summer lounging amongst the blades of grass and living life day by day, while the Ant is busily preparing for the upcoming winter by building his shelter, stocking bits of food and making preparations. All the while in doing his work he suffered the insults and mockery of the Grasshopper for working so hard. However, when winter came the Grasshopper who did little to no preparations for himself was found one day shivering in the snow and hungry for lack of accessible food, while the ant was able to retreat to his subterranean home and snack on the food that he had collected all summer and fall.

What does a Children’s story have to do with dental hygiene? Actually, everything. As the summer winds down, I encourage all of you to work in your components to be ants not grasshoppers. How do you do that? Components should be making plans to attend candidate nights, town hall meetings or reaching out to candidates for the Statehouse. Across the state all 99 members of the House and half of the Senate are standing for election. In these races there are guaranteed to be 23 new members of the House of Representatives due to term limits. This is the time for you to be meeting these future elected officials and introducing yourself to them and sharing the insights on the dental hygiene profession and any challenges that may be facing your region (un/underemployment, access to care, services available, etc.) We also encourage you to visit your U.S. Representatives as well, due to all of the Affordable Care Act implementation activity going on now. Additionally, this is the time for components to attempt to work on PAC events to help replenish the Association’s efforts to provide campaign resources to candidates. The summer and fall are great times to be meeting with legislators that are not term limited, but still running for election so they understand what ODHA is facing legislatively. The “ant” work you do in these seasons will pay dividends when it is needed most in critical times.

Your lobbyists are practicing what we are preaching. We have identified the open seat races in this year’s election and we will be making trips to visit these candidates to introduce ourselves, our lobbying style and philosophy and most importantly, share our client list with them. We are planning on road trips to 7 different regions of the state to meet these 23 future legislators. Additionally, we will be lobbying current legislators on House Bill 463, the ODA Access to Care bill. Let’s all commit to adopting the “ant” work model for the rest of the year!

In the past articles we have shared summaries of House Bill 463 and the concerns we have with the bill. Please see Barb Ranck’s article in this issue for coverage of the last hearing on the bill and some of the next steps ODHA is asking you to take. I was asked to focus on how the bill currently reads.

The bill creates a 10-point plan for access, of which ODHA has no objection to 8 of the 10 points. The ODHA leadership has met a number of times with the bill sponsor and with the leadership of the ODA to share comments and concerns about the bill. Our concerns center on the utilization of dental hygienists and the scope of practice and supervision of Expanded Function Dental Auxiliaries (EFDAs), Certified Dental Assistants (CDAs) and dental x-ray machine operators (radiographers).

Below is a brief summary of the components of the bill that will be heard by the Senate this fall.

- Allowing RDHs to treat those patients who have received a dental exam within the previous year without the dentist being physically present. The current law standard is 7 months;
- To expand the requirements to allow a dentist to directly supervise up to four hygienists at any one time.
- Allowing RDHs to re-cement temporary crowns without the dentist being physically present. The bill also permits a dental hygienist to apply fluoride varnish and to discuss proper nutrition for the purpose of maintaining good oral health when the supervising dentist is not physically present.
- EFDA Scope of Practice under the general supervision of a dentist to:
  - apply disclosing solutions,
  - perform caries susceptibility testing,
  - instruction of oral hygiene practices, including the use of toothbrushes and dental floss
  - apply topical desensitizing agents
  - to discuss proper nutrition for the purpose of maintaining good oral health
  - to apply topical fluoride,
  - to apply fluoride varnish,
  - re-cement temporary crowns

Continued on page 4
Join Us at Ohio Dental Hygienists’ Association

Newark, Ohio

Annual Session 2014

November 7-8-9

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Sept 2014
Additionally, the proposal would allow EFDAs and CDAs to apply dental sealants without the dentist being physically present and without a prior examination of a dentist. The bill would also allow a physician or registered nurse to supervise the work of a CDA in a health care facility.

The ODA also seeks to streamline the 4-year old Oral Health Access Supervision Program (OHASP). Among the items to be addressed are:

- allowing a patient to receive a follow-up exam from any licensed dentist following dental hygiene services provided by an RDH with a permit;
- extending the time frame to complete an exam from 3 months to 6 months;
- allowing permit applicants to pay a fee with personal checks or credit cards;
- eliminating the requirement that the permit applications be notarized;
- Cuts the mandatory training and experience in half (1 yr., 1500 hours) for a dental hygienist participating in OHASP.
- Require the OSDB to maintain and release, upon request, email contact information for all permit holders.

OSDB changes

- Extend term limits in codified law by three years so that all current Hearing Examiners as well as future hearing examiners can serve three years longer than 4715.037 currently allows
- Clarify that a dentist on the Ohio State Dental Board must have ultimate oversight of the QUIP program, however, administrative and other duties may be delegated.

Regarding ODHA

- Creates a Dental Hygienist Loan Repayment Program funded by a $10 per biennium per license fee.
- Cuts the mandatory training and experience in half (1 yr., 1500 hours) for a dental hygienist who sees a patient of record without the dentist present.
- Allow dental hygienists to apply fluoride varnish and administer nutrition advice under general supervision to any patient regardless of whether or not they are a patient of record. OHASP status will not be required for the participating RDH, nor will the 1 year, 1500 hour requirement, and no mandatory follow up with a supervising dentist will be required.

- Specify that the dental board must also accept payment using a credit card for participating dental professionals in OHASP.

Dental X-Ray Machine Operators

Allows dental x-ray machine operators to perform their duties without the dentist present to a patient of record who has been seen by a dentist within the past year.

As we have related in the past, our position is that RDHs are underemployed and underutilized as degreeed and licensed dental professionals in the office and community. In an effort to compromise, we proposed that EFDAs would be able to perform some of the duties outlined under general supervision. However, we oppose them being able to apply sealants without a prior dental exam and successfully lobbied to remove the ability for them to be supervised by medical personnel. We argued that the EFDA curriculum model does not provide for the concept of working without the direct supervision of a dentist and therefore the ability to apply sealants without a dental exam is an inappropriate expansion of supervision. ODHA has counter proposed on duties of a CDA, while maintaining the supervision standard. A new issue was added near the end of the House consideration, the allowance of dental x-ray machine operators to perform their duties without the dentist present to a patient of record who has been seen by a dentist within the past year. ODHA opposes this relaxation of supervision and will fight to remove the language from the bill.

While some of our concepts have been amended into the bill we are still seeking to improve the practice act for RDHs. We have been seeking to remove the restriction that a hygienist must work 2 years and 3000 hours as a condition to work under general supervision of a dentist. The bill cuts this level in half. We are seeking to completely eliminate this standard, at least in office settings. We have argued that Michigan does not have this unnecessary restriction and many graduates are heading there to be able to seek more work opportunities after graduation. We also got a reduction in the number of hours required for a hygienist to obtain an OHASP permit to a level of 1 year or 1500 hours experience.

Negotiations are ongoing with ODA and the sponsor’s office. I encourage you to watch for any breaking news in your email and on the website. I also encourage you to reach out to your Senators and Representatives immediately and let them know your position on House Bill 463. Talking points and more information are on the ODHA website.

I encourage you to stay in touch with the Association business through the website and local component meetings. The world of oral health care is moving quickly and we need you to get and stay engaged in the matters that affect your profession.

See you at Annual Session!
Dental implants are tremendous assets in helping patients regain optimal oral health, function, and esthetics. As professionals, we celebrate the restoration of our patients, but often neglect to maintain this success. I liken this to purchasing a new car and then not changing the oil – it’s a recipe for disaster!

That being said, the anatomy of peri-implant attachment warrants consideration. In the healthy periodontium, teeth are supported by alveolar bone, connective tissue and gingival attachments. These same three anatomical components exist in the healthy peri-implant tissues, but their methods of adherence are different. Bone levels on teeth and implant should both be stable during health. Just as loss of bone on teeth is an indication of periodontal disease, bone loss around implants may be due to peri-implantitis. The connection of bone to teeth occurs through the periodontal ligament; whereas implants have a direct bone to implant connection called osseointegration. The supracrestal (“above the bone”) fibers also differ: in teeth, connective tissue and gingiva have fibers that orient themselves at a variety of angles and attach relatively perpendicular to the roots. In contrast, these same fibers run parallel to the implant surface thereby creating a relatively less resistant attachment.

With this framework in mind, probing and cleaning around implants should be a routine aspect of your patient’s professional care. Historically, the use of plastic probes and scalers was advocated around implants to prevent scratching of the subgingival structures. However, contemporary evidence shows that the use of standard metal periodontal probes with normal forces does not compromise the health of peri-implant tissues. In certain prosthetic circumstances (i.e. – fixed/detachable “hybrid” dentures), this may require removal of the prosthesis to allow for accurate measurements. As with teeth, these should be acquired at six sites per implant along with bleeding and suppuration. It is important to remember that the depth of the pockets around implants may be slightly greater due to the difference in attachment; however, the peri-implant tissues should remain free of inflammation. Occlusal evaluation of the implant prosthesis is also critical as overloading is another factor associated with peri-implant changes.
By Barb Ranck, RDH, Government Relations
Council Chair

Once again, Government Relations and The Legislative Committee have been extremely busy. As I reported in the last newsletter, Legislation was moving quickly. While the House Committee was working on HB 463 the Senate introduced a companion bill known as Senate Bill 327. It is an identical bill to HB 463. The House Committee had several hearings regarding this bill.

We met with ODA and shared our concerns that we had with parts of the bill. There were FEW changes made to the original bill. The bill then was renamed substitute HB 463. Again, some of the changes we favored while others were still questionable. Even when the House Committee had its final reading, some of the changes that were to be implemented had not yet been made on paper. We are to meet with ODA once again to iron out those differences or at least come to a closer compromise.

ODHA President Nichole Oocumma, our Lobbyist Matt Whitehead and I went to the last hearing. Nichole was scheduled to give Testimony regarding the bill. Unfortunately, our bill was not read as soon as we had hoped. However, as it worked out Nichole had a work commitment to deal with and she was not able to stay to testify. I agreed to step in on her behalf. Nichole and Matt were supportive and encouraged me with tips on how to handle myself. As I finished the Testimony, I had to be ready for any questions. I had to answer two questions and I simply took my time with them. The Committee voted on the bill and it passed with a unanimous vote in favor of the bill.

The bill was then sent to the full House where it also past with a unanimous yes vote. The bill is currently in The Senate waiting to go through the same process. The Senate probably will not act on this until November. This happens to be an election year. This can work in our favor.

This is the time for all of us to meet with our Senators!! We need to share our stories with them. Let them know who we are and what we do. Please do not assume that they know what a Dental Hygienist does. They need to know who does not have a job and that you may have a student loan. We are the link to Access to Care. Please keep in mind that you can go to the ODHA web site and get all the information you need to help you with meeting your Senator. You will be able to review the bill, and get talking points that you will find very helpful.

Please feel free to contact any officer to help you if you have any questions. I will be more than happy to give you support. We have a great opportunity in our career to broaden our scope of practice. However, it is going to take ALL of us as a group to help make this happen. We could open up many areas of practice other than the traditional office setting. I even want to encourage anyone who is interested in Government Relations or The Legislative Committee to contact Beth Tronolone or myself. We need your support!!
In addition to clinical measurements, implant radiographs should be taken at the time of prosthesis delivery and at annual intervals unless clinical changes or symptoms arise. Traditional peri-apical films are typically adequate; however, cone beam computed tomography (CBCT) may be helpful in visualizing facial and lingual surfaces if needed.

If plaque and bleeding are present, yet pocketing and bone levels are stable, then the diagnosis is peri-implant mucositis. Etiologically, this is most often associated with gram negative plaque but may also be caused by retained cement deposits from the restoration process. Peri-implant mucositis is similar to gingivitis and is reversible with professional removal of the etiologic agent. A variety of instruments (plastic, carbon fiber reinforced plastic currettes, PEEK plastic tips for sonic/ultrasonic scalers, titanium and gold plates currettes) have been developed to address implant maintenance with variable results. Ultimately, the goal is to remove the plaque with minimal damage to the implant surface. Studies evaluating these two parameters (efficacy of cleansing VERSUS surface damage) have concluded that all instruments tend to modify implant surfaces. While plastic instruments tend to do the least damage, they are also the least effective in removing plaque. Whereas oscillating ultrasonic scalers with PEEK plastic tips showed the highest efficacy with regards to plaque removal but may alter the surface more. Ultimately, it is most important to thoroughly remove the plaque with gentle techniques and proper armamentarium.

If probing depths are increasing, suppuration is present and radiographic evidence of bone loss is present, then the diagnosis is peri-implantitis. Much like periodontitis, this is plaque induced and is often accompanied by retained cement deposits. Treatment for peri-implantitis requires the intervention of the dentist and/or surgeon and treatment efficacy remains in question. Removal of the etiology remains paramount; however, the ability to do so on roughened implant surfaces can be challenging. No consensus exists on the best armamentarium or technique which range from implant surface recontouring (implantoplasty), to titanium brush cleansing, to laser decontamination. The use of etching agents (citric acid, EDTA, etc.) have also been advocated and the addition of regenerative products (bone grafts and tissue engineering proteins) is often performed.

The placement and restoration of dental implants continues to increase each year. Their success can be excellent, but requires ongoing partnerships between patients and practitioners to ensure their long-term health. Routine diagnostic and therapeutic protocols should be a standard in your practice for the benefit of all those involved.

REFERENCES:

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Please format submissions in Word

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