


**DIRECTOR'S REPORT ON THE PROPOSAL FOR A CHANGE IN SCOPE
OF PRACTICE BY DENTAL HYGIENISTS**

From: Joann Schaefer, M.D., Chief Medical Officer 
HHS Regulation and Licensure

**To: The Speaker of the Nebraska Legislature
The Chairperson of the Executive Board of the Legislature
The Chairperson and Members of the Legislative Health and Human Services
Committee**

Date: September 19, 2006

Introduction

The Regulation of Health Professions Act provides for an administrative process to review and present to the Nebraska Legislature recommendations regarding change in scope of practice of licensed health care professionals and the establishment of new credentialing for currently unregulated professions. This process (as defined in Neb. Rev. Stat., Section 71-6201, et. seq.) is commonly referred to as a credentialing review. The Department of Health and Human Services Regulation and Licensure administers the Act. As Director of this Department, I am presenting this report under the authority of this Act.

Description of the Applicant Group and Summary of the Applicants' Proposal

The applicant group is the Nebraska Dental Hygienists' Association. The proposal would allow those dental hygienists licensed for at least four years, with 3000 hours of clinical practice within that four-year period, to provide their services in public health settings without the authorization or supervision of a licensed dentist.

Summary of Technical Committee and Board of Health Recommendations

The technical committee recommended against the proposal, citing concerns about the need to protect the public from potential harm stemming from the inability of dental hygienists to diagnose and appropriately refer serious oral diseases and conditions. Concern was also expressed about the potential of the proposal to fragment the dental health care delivery system. The Board of Health also recommended against the proposal for similar reasons.

The Director's Recommendations on the Proposal Using the Four Criteria of the Credentialing Review Statute

The **first criterion** asks whether there is harm or potential for harm inherent in the current practice situation of the profession under review. I find that the current statutory provisions on the dental hygiene scope of practice are not inherently a source of harm to the public, and do not per se prevent or restrict the provision of dental care outreach services. Indeed, the provisions in question are important for the delivery of quality oral health care to the people of our state. However, the record of the review does show that most dentists in our state are reluctant to allow their employees to provide outreach services to those who cannot afford health care insurance or who are located in underserved areas of our state, and that this practice has created a barrier to the provision of care for these populations. This practice reduces access to dental care and therefore harms the underserved. This is a practice that I feel needs to change, given the increasing crisis in oral health care that we are facing among the various underserved populations in our state. Therefore I find this criterion to be satisfied.

The **second criterion** asks whether the proposal would be likely to create significant new harm to the public health and welfare that would cancel out any benefits that the public might attain from the proposal. I find that the benefits to the public health outweigh the potential harm. Staff of Regulation and Licensure contacted all of the states which allow the independent, unsupervised or cooperative practice of Dental Hygienists. Out of nineteen states contacted, thirteen states responded. Out of the thirteen states responding, twelve report that there have been no disciplinary actions brought forth against dental hygienists due to independent practice. One state reported that one case was brought forth in the 20 years since they have allowed hygienists to practice without supervision; however, that person noted that case was dismissed. The dental sealant retention rates in states that allow hygienists to provide sealants independently are equivalent to the sealant retention rates of those states that do not allow hygienists to practice independently. This data indicates that safe and effective outreach services can be provided using a practice model that is different than the one currently used in Nebraska.

The **third criterion** asks whether the proposal would create significant benefit to the public health and welfare. I find that there would be benefits. According to Nebraska's 2005 Open Mouth Survey of Third Graders, "tooth decay is the single most common chronic disease of childhood" with 60% of children experiencing dental disease by the third grade and 17% having untreated dental decay. Children from low income families have poorer oral health, with 30% having untreated dental decay. Twenty-eight percent of children who are racial or ethnic minorities have untreated dental decay and 20% have rampant caries. Nebraska's Open Mouth Survey also found that while "sealants are a proven method for preventing disease, only half of Nebraska's children have received this preventive care". The demographic growth seen in Nebraska during the last decade is primarily due to the growth in racial and ethnic minorities (especially Hispanics). Despite our growing demographics and growing need for dental care, as of March of 2005, there were 991 practicing dentists in Nebraska. At that time, 219 of those dentists, or 22 percent, were over the age of 60, 156 were between the ages of 55 and 59 and another 156 were between the ages of 50 and 54. Seventeen of Nebraska's counties have no dentist at all. The Medicaid population to dentist ratio in Nebraska is 4000 to 1. Given Nebraska's changing demographic and access issues, it will be very difficult to maintain the same dental practice model that we have used for so many years.

The **fourth criterion** asks whether the proposal would be the most cost-effective means of addressing the problems with the current practice situation. I find that the proposal would be the most

cost-effective means of addressing problems associated with providing care to underserved populations. Nebraska has incentive programs designed to attract dentists and other health professionals to shortage areas. Although these programs have helped, they do not sufficiently address the access problems. Allowing dental hygienists to practice independently in public health care contexts as this proposal would do, will: increase efforts to educate families about the importance of oral health as part of total health; increase efforts to educate the public about the importance of fluoride applications and dental sealants and increase access to preventive dental care, especially for at-risk populations. Preventive dental care is far less expensive than advanced treatment such as endodontics, and prosthodontics. While opponents fear that allowing hygienists to practice independently would create a dual standard of care, one for the middle class, and another for the poor, I contend that it would be an improvement over our current system of those who have and those who have not.

By these four actions on the criteria I hereby recommend that the proposal be approved. Implementation of this proposal will require changes in Nebraska's Statutes Relating to Dentistry. Until those changes can be made, the Department of Health and Human Services Regulation and Licensure, in the conduct of public health-related services, will authorize dental hygienists to provide services set out in 71-193.15.

Discussion on the Director's Recommendations on the Issues

The experience of states that have allowed dental hygienists to provide services without benefit of dental supervision shows that these service arrangements are producing the results their proponents hoped for. South Carolina, for example, contracts with Health Promotion Specialists (HPS) to provide a statewide school-based dental sealant program that includes other preventive oral health services and education. Since January 2001, HPS has provided over 160,000 preventive services to over 80,000 children in South Carolina with no substantiated complaints against the hygienists. The five-year retention rate for the HPS sealants provided by this program is 92.4%. The South Carolina program allows the hygienists to work under what is called "General Supervision". In practice, the dentist never sees the patient receiving the dental sealants provided by HPS. Nebraska's current statutes relating to Dentistry already provide the framework for dental hygienists to provide oral health care under general supervision (See 71-193.15, 71-193.16 and 71-193.17).