

Testimony in Support of **HB563 HD1**, Relating to Dental Hygienists

Ellie Kelley-Miyashiro, RDH, BS

Past President/Regulations and Practice Chairperson – Hawaii Dental Hygienists' Association

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Dear Respected Members of the Committees on Commerce, Consumer Protection and Health:

The Hawaii Dental Hygienists' Association (HDHA) applauds your efforts to help solve the problem of inadequate oral health care for Hawaii's people. We, as I'm sure many of you on your respective committees are aware, have an on-going oral health access to care issue in the state of Hawaii. The problem is multi-factorial, but varying, restrictive levels of supervision for licensed dental hygienists plays a critical part in limiting access to those who need oral health care.

According to the HAR 16-79-2

"Supervision" means prescribing objectives and procedures and assigning work, provided that the person supervising shall be a licensed dentist. The levels of supervision are defined as follows:

(1) "Direct supervision" means that the supervising licensed dentist examines and diagnoses the condition to be treated, authorizes each procedure, remains in the dentist's office or in any facility defined in section 447-3, HRS, while the procedures are being performed, and shall be responsible for all delegated acts and procedures performed by dental assistants and licensed dental hygienists.

(2) "General supervision" means that the supervising licensed dentist has examined and diagnosed the condition to be treated, and has authorized each procedure to be carried out in accordance with the dentist's diagnosis and treatment plan. The presence of the supervising dentist is not required; provided the dentist shall be available for consultation and shall be responsible for all delegated acts and procedures performed by licensed dental hygienists. In the case of programs under the supervision and control by the department of health or in any facility specified in section 447-3, HRS, the foregoing shall not apply except that the supervising licensed dentist shall be available for consultation, shall be responsible for all delegated acts and

procedures performed by licensed dental hygienists and the procedures pursuant to section 447-3, HRS, shall have been prescribed by a licensed dentist or otherwise be authorized by law.

Under HAR 16-79-2 for Hawaii dental hygienists practicing under DIRECT supervision in private practice, a patient must be examined by a licensed dentist prior to treatment, treatment must be assigned to a licensed dental hygienist, a post-op review of the treatment must be completed by the dentist and then, the dentist can assign further treatment as needed. The dentist must also be physically present the entire time, never stepping out of the office. This practice is time consuming for the dentist and restrictive on they hygienist. What are other states across the nation doing?

Forty-five of the 50 states authorize dental hygienists to work under some degree of general supervision, meaning that a dentist has authorized a dental hygienist to perform procedures, but need not be present in the treatment facility during the performance of those procedures. Hawaii currently permits general supervision of dental hygiene services in "non-traditional" public health dental settings, such as clinics, nursing homes, hospitals, and facilities that treat people with developmental disabilities.

Beginning in 1915, dental hygienists licensed in Connecticut were permitted to practice in private dental offices, or any public or private institution under the general supervision of a dentist. One hundred years later, almost every state in the nation permits general supervision levels for dental hygienists, with most states sanctioning various levels of expanded function practice acts, such as the administration of local anesthesia and nitrous oxide analgesia. Many states also allow dental hygienists to provide restorative functions, such as applying cavity liners and bases, and placing, carving, and finishing amalgam and composite restorations.

Alabama, Mississippi, North Carolina, Hawaii, and Georgia are the only states in the nation where legislation to allow general supervision in private practice has not been passed. The rationale most of these states provide for restricting dental hygienists from practicing without the direct supervision of a dentist focuses on concerns about quality and safety, even though no clear evidence exists to support such restrictions. Furthermore, if the basis for restricting scope of practice is a concern about safety and efficacy, these concerns should apply regardless of the income level of the recipient, or the site of care.



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This rationale makes one wonder what justification could be provided to explain why dental hygiene services provided in public health settings for impoverished and incarcerated residents of Hawaii is considered "safe," but the same dental hygiene services provided without the direct supervision of a dentist in private practice is considered a "public safety" issue, especially considering that 45 of 50 states successfully and safely allow this level of supervision for dental hygienists without safety concerns.

The 2014 National Governors' Association report suggests that states should consider doing more to allow dental hygienists to fulfill dental needs for the underserved by freeing them to practice "to the full extent of their education and training." Throughout the nation, policymakers, consumer advocates, and oral health coalitions have started innovative programs to extend the reach of oral health-care delivery to the underserved by altering supervision and/or reimbursement rules for dental hygienists, and exploring new professional certifications for advanced-practice dental hygienists.

Considering all of the accomplishments and advances made in dentistry during the last century, it's difficult to understand why there are still a handful of states that honor antiquated practice acts. HDHA feels these types restrictive policies are harmful to the public's oral health not dental hygienists practicing under general supervision.

As the largest association representing Hawaii's licensed dental hygienists', HDHA strongly **supports** the intent of **HB563 HD1** to address the prevention of dental disease among Hawaii's people. Dental hygienists possess the education and training to fulfill the goals described in this bill and we look forward to working toward our common goal of increased oral health care and decreased dental disease in our great State.

Thank you for your time and consideration.