American Dental Hygienists' Association

Connecticut

August 17, 2020

Karen G. Wilson, HPA
Healthcare Quality and Safety Branch
Practitioner Licensing and Investigations
Department of Public Health
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Dear Ms. Wilson:

Please accept this scope of practice proposal that is submitted by the American Dental Hygienists' Association—CT (ADHA-CT), the professional organization of licensed dental hygienists in Connecticut. Please use me as the point of contact on all future correspondence relating to the submission. Thank you.

Sincerely,

Dana Northway, RDH
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American Dental Hygienists' Association

Connecticut

SCOPE OF PRACTICE REQUEST

Respectfully Submitted By; The American Dental Hygienists' Association of Connecticut, Inc.
Written Request to DPH ADHA-CT - August 17, 2020

1. A plain language description of the request;
The request is to permit Connecticut Licensed dental hygienists to provide local anesthesia under general supervision in all oral health care settings.
The Practice Act will be changed to permit General Supervision regarding local anesthesia.

2. Public health and safety benefits that the requestor believes will occur if the request is implemented and, if applicable, a description of any harm to public health and safety if it is not implemented;
Since 1927, Connecticut Dental hygienists have practiced under general supervision. In public health settings, beginning in 1999, dental hygienists have practiced without the physical presence of a dentist. Also, since 2005, the administration of local anesthesia was added to the Practice Act (PA 05-213) for dental hygienists who completed the additional educational requirements. However, currently hygienists are not allowed to offer local anesthesia, the standard of care in pain control management, without the physical presence of a dentist. More people are likely to seek dental care with the availability of better pain control management. According to the CT Department of Public Health there has not been one case of malpractice reported regarding administration of local anesthesia by dental hygienists in Connecticut. Public safety will be enhanced and not compromised. The change is necessary to provide all patients with equal access to pain management. Using the standard of care in pain management will benefit the public by encouraging anxious patients to seek dental treatment thereby avoiding more extensive and costly treatment.

Patients seeking care in facilities other than private practice have extensive dental hygiene care needs and require local anesthesia for "deep scaling" called scaling and root planing by quadrant. Since the law restricts dental hygienists from administering local anesthesia when a dentist is not present, these patients have to endure discomfort or very short term topical anesthesia instead of local anesthetic. Topical anesthetic typically lasts for 15 minutes and only reaches 1-2 millimeters of tissue. In local anesthesia, profound numbness is achieved lasting as long as 2-5 hours. A typical scaling and root planing appointment can be 2 hours long. Patients receiving scaling and root planing in public health should not experience health disparities and should be provided equal access to high quality oral health pain control and quality access to oral health care.

In addition, typically in dental hygiene programs, the dentist may not be present full time, thus students have to resort to using lower time duration pain control and their dental hygiene faculty cannot administer local anesthetic because the dentist is not always on premises. Again, patients who seek care at a dental hygiene school are typically of low socio-economic status and cannot afford a private practice setting. This is clearly a health disparity. Connecticut citizens' deserve equal access to high quality oral health dental hygiene care, be it in public health or dental hygiene school settings. Across the board implementation would alleviate any gaps in care regarding pain control for dental hygiene procedures. Local anesthesia will improve pain control management and patient comfort. The benefits will enable all patients to receive pain and anxiety control in all aspects of dental care.

3. The impact of the request on public access to health care;
Access to pain management will benefit the public. Permitting dental hygienists to deliver local anesthesia under general supervision would alleviate a gap in the oral health safety net. This will ensure success in pain control management, which in turn, creates a comfortable patient, who has less anxiety about receiving needed care. This will establish a practice climate for Connecticut which will allow hygienists to be able to deliver more comprehensive care to a greater number of needy citizens. More comfortable dental treatment will encourage patients to schedule dental appointments, improving the percentage of people who seek dental care.

4. A brief summary of state or federal laws governing the profession;
The Connecticut Department of Public Health (DPH), regulates the dental hygiene profession. Chapter 379a of the Connecticut General Statutes, CGS, stipulates that in order to qualify for dental hygiene licensure in Connecticut, an applicant must be a graduate of a dental hygiene program accredited by the Commission on Dental Accreditation (CODA) and successfully pass a written and clinical examination. Many licensed dental hygienists, who work in public health settings, have National Provider Identification (NPI) numbers. Licensed dental hygienists treat Medicaid patients; Medicaid is a federally sponsored program. The licensed dental hygienist is an oral health professional licensed in each state. Like other licensed health professions, Connecticut state law dictates the licensing requirements and scope of practice for the licensed dental hygienist in Connecticut. State law requires dental hygienists to complete continuing education requirements, and carry liability insurance. Every hygienist must complete a CPR course every 2 years.

The law allows licensed registered dental hygienists to provide educational, preventive and therapeutic services including: complete prophylaxis; the removal of calcerous deposits, accretions and stains from the supragingival and subgingival surfaces of the teeth by scaling, root planing and polishing; the application of pit and fissure sealants and topical solutions to exposed portions of the teeth; dental hygiene examinations and the charting of oral conditions; dental hygiene assessment, treatment planning and evaluation; the administration of local anesthesia in accordance with the provisions of subsection (d) of this section, and collaboration in the implementation of the oral health care regimen.

Dental hygiene services may be performed under the general supervision of a dentist. This means the dental hygiene procedures are authorized by the dentist but do not require the physical presence of the dentist. The law permits dental hygienists with two years' experience to work without the physical presence of a dentist in public health facilities, such as but not limited to a community health center, a group home, a school, a health department, a preschool operated by a local or regional board of education or a Head Start program. Connecticut Dental Hygienists' (ADHA-CT) envisions this proposal to amend state statute to add the educational requirements and additional skill set to be able to administer Local anesthesia under general supervision. Currently a licensed dental hygienist in Connecticut must complete 20 hours didactic learning and 8 hours of clinical education in order to administer local anesthesia.

5. The state's current regulatory oversight of the profession;
The Connecticut Department of Public Health (DPH) oversees the dental hygiene profession. Dental hygienists in Connecticut are licensed and required to prove continuing education and carry liability insurance. The Registered Dental Hygienist (RDH) is a licensed professional and practices under the regulations set forth in the Connecticut State Statutes pertaining to Dentistry; Chapter 379a. Section 20-111-1 addresses the regulations for mandatory continuing education for annual licensure renewal. Currently, 16 continuing education credits are required every two years.

6. All current education, training, and examination requirements and any relevant certification requirements applicable to the profession;
According to the Connecticut Department of Public Health an applicant must:

- Be a graduate of a program accredited by the Commission on Dental Accreditation (CODA)
- Successfully complete a written board exam by the Joint Commission on National Dental Examinations, specifically the National Board Dental Hygiene Exam (NBDHE)
- Successfully complete a clinical examination from any of the following:
    1. Commission on Dental Competency Assessments (CDCA)
    2. Council of Interstate Testing Agencies
    3. Southern Regional Dental Testing Service
    4. Central Regional Dental Testing Service
    5. Western Regional Examining Board
- Provide official transcripts of their dental hygiene education verifying the award of a degree in dental hygiene.
- Provide an official report of written and clinical board examinations.

If a dental hygienist becomes certified in the administration of local anesthesia, they must show a certification from the dental hygiene program with signatures of the Director, Dentist, and faculty responsible for the course. Adding general supervision for local anesthesia, a currently certified dental hygienist would take a 4 hour refresher course for the review of medical emergencies and pharmacology updates if they are choosing to practice under general supervision. The current full course of 28 credits would be increased to 32 credits to satisfy this addition.

7. A summary of known scope of practice changes requested or enacted concerning the profession in the five years preceding the request;
Preceding this request, a change in the dental hygiene scope of practice in Connecticut was passed for the inclusion of dental therapy (PA 19-56): "Dental therapist" means a licensed dental hygienist authorized to engage in the practice of dental therapy under a collaborative agreement in a public health facility".

Further education post dental hygiene education is required and must follow the standards determined by the Commission on Dental Accreditation (CODA).

8. The extent to which the request directly affects existing relationships within the health care delivery system;
The majority of licensed dental hygienists are employed in private practice dental offices working under the general supervision of a dentist. General supervision does not require the physical presence of a dentist but the dentist must authorize the procedures.

The team collaboration that exists between dentists and hygienists will be enhanced. It remains the choice of the dentist / practice owner to consent to have the employee hygienist administer local anesthesia. This will create continuity of care for patients and give equal access to patients to receive the same quality of pain control management. The dentist/hygienist team in all settings will be strengthened by collaboration in the area of pain control management.

9. The anticipated economic impact of the request on the health care delivery system;

This scope change will have a positive impact on the health care delivery system. Private dental offices will benefit as patients will receive access to quality oral health care. Comfortable completion of regular dental care will prevent disease from advancing and patients will be less likely to have serious disease. As the cost does not depend on the provider, enacting this proposal request will not have a fiscal impact on the health care system. The ability of a dental hygienist to administer local anesthesia will permit dental hygienists to perform needed care.

A study from the Journal of the American Dental Association (JADA) indicates that uninsured and underserved patients visit hospital emergency departments for tooth pain and dental care; however, emergency departments are not equipped to provide definitive oral health care. When definitive care is not provided, patients may repeatedly return for treatment of the unresolved condition. The result is expensive emergent care billed to Medicaid or the uninsured patient. The more comprehensive care provided to underserved patients decreases the likelihood of the patients' need to visit emergency departments for oral health care.

According to a Pediatric Dentistry a three-year aggregate comparison showed Medicaid reimbursement for in-patient emergency department treatment ($6,498) versus preventive treatment ($660). This revealed that on average, the cost to manage symptoms related to dental caries (cavities / decay) on an in-patient basis is approximately 10 times more costly than to provide dental care for the same patients in a private or public setting dental practice. Thus, providing pain control management in all settings and adding general supervision, will alleviate the burden of the health care system in dealing with pain, and improve preventive strategies regarding oral health.

10. Regional and national trends in licensing of the health profession making the request, and a summary of relevant scope of practice provisions enacted in other states;

Dental hygienists work in a host of settings to deliver clinical care. Each state enacts its own laws determining the services dental hygienists can perform, the settings in which they can practice and the supervision under which they practice. Currently eight states permit dental hygienists to administer local anesthesia without the physical presence of a dentist; 2 of those states, Alaska and Minnesota are also states with Dental Therapy, recently passed in Connecticut.

Forty-five states including Connecticut permit dental hygienists to administer local anesthesia. There have not been any unfavorable reports.

11. Identification of any health care professions that can reasonably be anticipated to be directly affected by the request, the nature of the impact, and efforts made by the requestor to discuss it with such health care professions.

The proposed change will be for all dental treatment settings. Any professional working together with a dental hygienist will be positively affected. As is current custom, dentists and public health care facilities will work collaboratively with dental hygienists. The dentist, as the administrator of the dental practice, or the public health facility administrator, will have the option to authorize their dental hygienist to administer local anesthesia without the physical presence of a dentist. The benefits of teamwork, continuity of care and the ability for hygienists to offer the highest level of pain control management to all citizens regardless of practice settings will alleviate disparities and foster team collaboration between dentists and hygienists. We anticipate discussion and collaboration with our colleague dentists, who are well aware of the extensive education regarding the administration of local anesthesia. There has been a positive relationship with dentists and hygienists in the administration of local anesthesia. as the original local anesthesia bill was passed in collaboration with dentists. This proposal has the potential to improve efficiency and continuity of care in practice settings.

12. A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.
Dental hygienists have the education and training to administer local anesthesia. The dental hygiene practice act stipulates the requirements for dental hygienists to administer local anesthesia. Permitting local anesthesia to be administered under general supervision will give patients in all dental settings the opportunity to receive high quality care in regard to pain control management. Patients treated with pain control for extensive dental hygiene procedures experience less anxiety and are more likely to attend future office visits and comply with a homecare regiment. All patients who receive dental hygiene care deserve access to quality oral hygiene services. There should be no disparities based on socio-economic status regarding proper pain control management, thus all dental settings would be positively impacted by this change. Dentists / practice owners should have the option to have the employee hygienist provide the same quality of pain control management whether or not a dentist is physically present.

For the foregoing reasons, ADHA-CT is pleased to submit this proposal to expand access to oral healthcare services to Connecticut residents in a reasonable, safe and cost-effective manner. We look forward to participating in a Scope of Practice Committee if the Department decides to pursue the concept further.

References:

American Dental Hygienists Association ADHP Resource Center: http://adha.org/adhp/index.html

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H.B. 6819, Public Act 05-213, An Act Concerning Access To Oral Health Care http://www.cga.ct.gov/2005/ACT/PA/2005PA-00213-R00HB-06819-PA.htm