



Connecticut

August 15, 2022

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Practitioner Licensing and Investigations
Department of Public Health
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Via email

Dear Ms. Jones:

Please accept this scope of practice proposal that is submitted by the American Dental Hygienists Association-Connecticut (ADHA-CT), the professional organization of licensed dental hygienists in Connecticut.

I will be the point of contact for all future correspondence relating to the submission.

Thank you.

Sincerely,

Marie R. Paulis, RDH, MSDH
Legislative Committee Chair
e-mail: MPaulis@newhaven.edu

SCOPE OF PRACTICE REQUEST

1. A plain language description of the request

This submission is to permit Connecticut Licensed dental hygienists to administer nitrous oxide in all oral health care settings.

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

By way of background, the administration of nitrous oxide diminishes or eliminates the sensibility to pain in the conscious patient. This is important in that many patients want to be awake during procedures. With nitrous oxide safely administered by dental hygienists, the patient can experience the relief of pain without loss of consciousness.

Under this proposal dental hygienists could perform the initial set-up of the nitrous oxide and begin dispensing the nitrous oxide analgesia. He or she may change the settings as needed while monitoring the patient during the procedure. For purposes of this submission, the activity would be under “indirect supervision,” meaning a licensed dentist would authorize and prescribe the use of nitrous oxide for a patient and remain in the dental office or other location where the services are being performed by the dental hygienist.

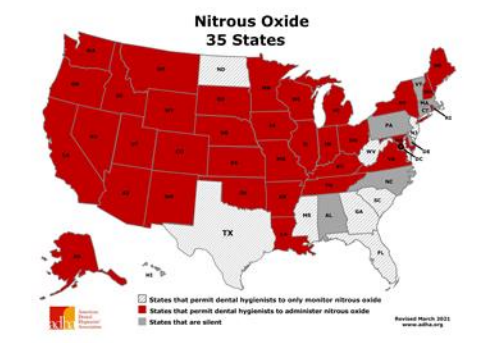
Nitrous oxide used in dentistry is administered as a combination of oxygen and nitrous oxide and is used by 58% of all dentists and 89% of dentists in the pediatric setting to help patients lessen their dental anxiety and as a form of pain control ⁽¹⁾.

Dental hygienists have been administering nitrous oxide in other states since 1971. No cases of malpractice have occurred. Under Connecticut law, dental hygienists must carry malpractice insurance and delivering nitrous oxide will be covered by their existing policies provided it is within their scope of practice. ⁽²⁾

Nitrous oxide provides a more comfortable and relaxing dental experience for the patient but is provided more frequently for children from a higher socioeconomic status and less frequently for minority children in public health settings. ⁽³⁾

Our proposal addresses this serious social inequity.

As demonstrated in the map below, dental hygienists are able to utilize nitrous oxide in 35 states, including the northeastern states of New York, New Hampshire, Maine, and Rhode Island. The State of Connecticut would benefit pediatric and adult dental patients well as its students by incorporating this scope of practice change.



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.

What is important about this proposal is it could incentivize more patients to see an oral health care provider if they know that nitrous oxide is available with competent staff administering it. Access is enhanced because the dentist is freed up to assist with other patient needs.

Public safety will be enhanced and not compromised with this proposal. The change is needed 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 nitrous oxide can play a key role when “deep scaling,” called scaling and root planing by quadrant, occur. Since the law restricts dental hygienists from administering when a dentist is not present, these patients have to endure discomfort or very short term topical anesthesia instead of stronger medicine. Topical anesthetic typically lasts for 15 minutes and only reaches 1-2 millimeters of tissue. By using nitrous oxide, the patient’s comfort is much longer. 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 nitrous oxide 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. The use of nitrous oxide 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 nitrous oxide under indirect supervision, the same supervision required of local anesthesia, 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, 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, with the exception of local anesthesia, which is performed under indirect supervision. General supervision means the dental hygiene procedures are authorized by the dentist, but do not require the physical presence of the dentist, while indirect supervision requires the 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 nitrous oxide under indirect 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 under indirect supervision.

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 who 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:

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

If a dental hygienist becomes certified in the administration of nitrous oxide, they must show a certification from the dental hygiene program with signatures of the Director, Dentist, and faculty responsible for the course. A currently certified dental hygienist would take a 4 hour refresher course for the review of medical emergencies and pharmacology updates. The current full course of 28 hours would be increased to 32 hours 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

In 2019, a change in the dental hygiene scope of practice in Connecticut was passed for the inclusion of dental therapy (Public Act No. 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. This proposal suggests that nitrous oxide administration fall under the same auspices as local anesthesia and require indirect supervision of the dentist.

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 nitrous oxide 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 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 under indirect 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.

As mentioned earlier, 35 states permit dental hygienists to administer nitrous oxide. 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 health care 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 nitrous oxide. 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 nitrous oxide. 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 nitrous oxide. The dental hygiene practice act stipulates the requirements for dental hygienists to administer it. Permitting nitrous oxide to be administered under indirect supervision will give patients 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 schedule future office visits and comply with a home care regimen. All patients who receive dental hygiene care deserve access to quality oral hygiene care. 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 and practice owners should have the option to have the employee hygienist provide the same quality of pain control management.

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:

1. Centers for Disease Control and Prevention (2017). Health and safety practices survey of healthcare workers. <https://www.cdc.gov/niosh/topics/healthcarehsp/nitrous.html>
2. Henry Schein Dental (2009). Increasing use of nitrous oxide by dental hygienists. <https://henryscheinequipmentcatalog.com/content-library/increasing-use-of-nitrous-oxide-by-dental-hygienists/>
3. Reich, S., Hoefl, K., Diaz, G., Ochoa, W., Gaona, A. (2019). Social Policy Report. Disparities in the quality of pediatric dental care: New research and needed changes. <https://srcd.onlinelibrary.wiley.com/doi/10.1002/sop2.2>