

MINUTES
Third Meeting of the
Dental Auxiliaries' Technical Review Committee

November 13, 2014

2:00 p.m.

Lower Level Conference Room 'D'
The Nebraska State Office Building, Lincoln, NE

Members Present

Wayne Stuberg, Ph.D., P.T. (Chair)
Linda Black, R.T.
Allison Dering-Anderson, PharmD, R.P.
Ryan McCreery, Ph.D.
Michael Millea, M.A.
Stephen Peters, B.A., M.A.

Members Absent

Edmund Bruening

Staff Present

Matt Gelvin
Ron Briel
Marla Scheer

I. Call to Order, Roll Call, Approval of the Agenda, and Approval of the Method of Notification

Wayne Stuberg called the meeting to order at 2:00 p.m. The roll was called; a quorum was present. Dr. Stuberg welcomed all attendees. The agenda and Open Meetings Law were posted. The committee members approved the agenda for meeting three unanimously by roll call vote. The committee members approved the minutes of the second meeting unanimously by roll call vote after making two corrections.

II. Discussion on the Issues

Oro facial myology

Dr. Dering-Anderson asked for information regarding the definition of the term 'Oro facial myology'. A spokesperson for the Nebraska Dental Hygiene Association responded that this term refers to procedures designed to restore normal oral and facial functions following extensive oral, surgical procedures, including such functions as speech and facial expression, for example.

Tooth extraction

Dr. Dering-Anderson stated that there is a need for clearer definitions of the various numeric gradations of tooth extraction procedures, and commented that some of these gradations seem to be too all-inclusive, while others seem to duplicate or overlap with others. Mr. Millea asked for an explanation of the difference between a 'class three' extraction and a 'class four' extraction. A spokesperson for the Nebraska Dental Association responded that 'class three' refers to a tooth with a 'hopeless' prognosis. This spokesperson went on to state that there is no such thing as 'class four' in this context, and that this is a term invented by the NDHA applicant group. Dr. Dering-Anderson asked

NDHA representatives what a 'class four' designation would mean. Deb Schardt, RDH, responded that this term refers to a tooth that a lay person can easily extract. A dentist responded to this comment by stating that any layperson can perform such a procedure, and that it is not necessary to include such items in a licensing statute. Dr. Dering-Anderson commented that no dentist would want to work with someone who uses terms and procedures that are not defined in statute.

Diane Carrott, RDH, responded that such a 'class four' designation is needed so that dental hygienists can take care of the needs of patients such as some nursing home residents who are unable to extract teeth for which the tooth prognosis is hopeless but are not quite ready to fall out on their own. This spokesperson went on to state that the current three class designations does not allow dental hygienists to provide this kind of care, and that is the reason why the NDHA proposal seeks to create a class four extraction procedure.

Applying enamel plastic sealants

Clarification was requested regarding what this procedure entails. Deb Schardt, RDH, responded that the procedure involves the use of a slow speed hand device to etch and smooth out a surface on a tooth to make it easier to apply a sealant.

Removal of soft relines; rough edging; palliative care

An NDHA spokesperson commented that under current law dental hygienists are not allowed to provide this kind of care, even to nursing home residents, for example. Mr. Millea asked this spokesperson whether there would be a need for any additional training for dental hygienists to provide this kind of care. Deb Schardt, RDH, responded that some additional training in the use of a burr and a slow speed hand device would be needed for dental hygienists to provide this kind of care.

Dr. Dering-Anderson commented that so many additional training courses are being proposed that the public is going to be very confused as to which dental practitioner can perform which procedures. Dr. Dering-Anderson asked how the Department of Health would be able to maintain up-to-date documentation on which dental auxiliaries are qualified to perform a given procedure or set of procedures. Diane Carrott, RDH, responded that if the dental hygiene proposal passes all graduates will be required to take the additional training defined in the NDHA proposal. Dr. Dering-Anderson responded to this comment by stating that there would be practitioners who graduated long before the new educational requirements are implemented, and asked how these practitioners would be brought up to standard if the NDHA proposal were to pass. Deb Schardt, RDH, responded that certification or permit packages would be created to address this situation. Dr. Dering-Anderson commented that having to create additional education and training packages for older graduates would only compound the potential for confusing the public. Ms. Carrott responded that confusion can be avoided if professionals clarify to consumers what they can or cannot do, and if consumers ask good questions.

Mr. Peters asked how employers would be able to determine whether they should hire a level one, two, or three dental auxiliary, for example. Dr. Meeske, DDS, responded that

the multiple levels of credentialing in the NDA/NDAA proposal provides the dentist greater flexibility in providing efficient services to their patients. Dr. Meeske then commented that the authority to apply sealants needs to be expanded for all dental auxiliaries, adding that the risk is low and the potential benefits are high.

Linda Black, RT, asked NDHA representatives to comment on the issue of sealants. Ms. Schardt responded that NDHA wants more dental sealant work to be done by dental auxiliaries, but that there is a need for additional education and training before this can be accomplished, safely and effectively.

Dental restoration and preparation

Dr. Stuberg asked for clarification on the meaning of class one and class five dental restorations. Diane Carrott, RDH, responded that these terms refer to restorations of teeth and gums. Ms. Carrott went on to state that class one refers to the top of the tooth, whereas class five is close to the gum line. Dr. Stuberg asked whether this is something that dental hygienists can currently do. Ms. Carrott responded that dental hygienists can do simple restorations but that more training would be needed for them to do the more complex procedures, and that the NDHA proposal would create opportunities for this additional training.

Dr. Stuberg asked for clarification on the meaning of the term 'preparation' in the context of the issues being reviewed. An NDA representative responded that this term refers to the drilling of a tooth to remove decayed matter from the tooth prior to the administration of a sealant. This representative went on to state that this is something only a dentist can do. Deb Schardt, RDH, then commented that some dental hygienists are trained to do this, as well, adding that some dental hygienists are also trained to provide a local anesthetic. The dental representative responded that the idea of adding these scope elements to dental hygiene scope of practice was a 'deal breaker' for NDA.

Ms. Schardt commented that the NDHA proposal would allow dental hygienists to finish restorations and crowns under general supervision. Crystal Stuhr, with NDAA, informed the committee members that 'DANB' is developing a board examination for dental assistants pertinent to restorations and crowns.

Dental Assistants: licensed versus 'OJT' Dental Assistants

Dr. Dering-Anderson asked for clarification on the differences between the unlicensed category of dental assistants and the licensure category of dental assistants. Crystal Stuhr, with NDAA, commented that the unlicensed category would be dental aides and would not be involved in clinical procedures. Dr. Dering-Anderson then asked how it would be possible to define a scope of functions in law for a sub-group of a profession that would not be licensed and who learn their duties via 'on-the-job training (OJT)'.

Dr. Dering-Anderson asked NDA representatives why they removed all dental sealant procedures from their proposal. An NDA representative responded that this issue was removed because it was too contentious. Deb Schardt, RDH, responded that there is a need to expand and define dental sealant procedures for all dental auxiliaries in statute,

as well as to clarify the education and training necessary to do these procedures. She added that there is also a need to clarify the supervisory aspect of this issue, and went on to state that NDHA believes that if dental assistants are to do these procedures, they should do them under direct supervision. An NDA representative responded that indirect supervision would suffice for oversight of procedures done by dental assistants. Linda Black, RT, commented that the dental board could provide guidance in this matter. Dr. Stuberg asked whether or not the board would have the authority to provide assistance in this matter in the absence of guidance from statutory wording designed to implement changes passed by the legislature. David O'Doherty, with NDA, commented that the NDA/NDAA proposal would give the dental board the authority to define the duties and education and training of dental assistants as regards this matter. Dr. Stuberg expressed concern about the legality of such a proposal element. Diane Carrott, RDH, informed the committee members that her group has been advised that in Nebraska no credentialing board can define the duties or education and training of a profession outside of the statutory authority of the act that created the credential in the first place.

Criteria-related questions and comments

Mr. Peters asked how a dentist can know if a dental auxiliary is doing good work if the work is done under general supervision, for example. An NDA representative responded that this is a concern NDA has regarding the irreversible procedures that the NDHA proposal defines for dental hygienists under general supervision. NDHA representatives responded that the key to ensuring competency is quality education, training, and testing. Linda Black, RT, commented that concerns that are high on her list of concerns are those related to access to care in remote rural areas of our state. Dr. Dering-Anderson requested information from NDHA representatives pertinent to provisions in their proposal that would grant them authority to prescribe mouth rinses. An NDHA representative handed out a document that lists the mouth rinses included.

III. Future Meeting Dates and Next Steps

The committee members discussed ideas for the agenda of their upcoming December 8, 2014 meeting. Dr. Stuberg stated that the committee members should use that meeting as an opportunity to plan for a public hearing, and that, as part of this process, the committee members should be prepared to make some preliminary recommendations and articulate any questions and information requests they want interested parties to address at a public hearing. Program staff informed the committee members that Thursday, January 8, 2015 is likely to be the date of the public hearing.

The following dates and times were tentatively identified for future meetings: December 8, 2014; January 8, 2015; and February 12, 2015, each of these meetings to be scheduled from nine o'clock to noon.

IV. Other Business and Adjournment

There being no further business, the meeting was adjourned by acclamation at 4:00 p.m.