

Legislative Success Stories

One of the best ways to learn how to do something successfully is to ask how it has been done before. For dental hygienists seeking to change their practice acts, here are three recent examples of successful legislative initiatives.

Nebraska Legislative Bill 484 Signed 3/20/2013

Permits unsupervised public health hygienists, who currently are authorized by the health department to provide the prophylaxis and certain other services to children, to provide similar services to adults in a public health setting or in a health care facility. These settings include community health centers, nursing facilities, assisted living facilities and hospitals.

Q: Why was the legislation needed?

A: (Deb Schardt, RDH, BSDH, PHRDH, Nebraska Dental Hygienists' Association legislative chair) This legislation was needed because our permit only allowed us to see children. The growing population of elderly who receive no care was of great concern to us, and we wanted to be able to make a difference in the health and well-being of our seniors. This bill also eliminated the 3,000 hours of clinical experience needed for an RDH to see children, which will allow many new graduates to participate in school-based programs, which they have had experience doing during their clinical rotations.

Q: How will it make a difference for dental hygienists?

A: The reduction of hours, as well as the state's desire to have more school-based health programs, will provide much-needed job opportunities for under-employed or unemployed hygienists in Nebraska. The opportunities to serve the adult population will also create much-needed employment.

Q: How will it make a difference for the public?

A: It will allow the public to have direct access to a dental hygienist for preventive services and will also allow for earlier referral and intervention in problem areas that need to be addressed by a dentist. By going to the place where the people are located, it provides convenience and a comfortable atmosphere for seniors to be cared for in their own environment.

Q: Who wrote the bill language?

A: The Nebraska Dental Hygienists' Association (NDHA) legislative team worked with our lobbyist and the state bill drafters to include the language we wanted.

Q: Who supported the bill?

A: We had support from the Public Health Association of Nebraska, the Nebraska Healthcare Association and the Nebraska Rural Health Association. When this went to the Legislative floor, we actually had unanimous support from the Senators.

Q: Was there opposition to the bill?

A: This bill had been in committee for the prior legislative session and died there due to the lack of support from the dentists. After much negotiating and wordsmithing, we were able to reach an agreeable compromise. Initially, we

had taken out the additional hours of experience because we felt that new graduates were qualified since they had spent considerable time in rotations to nursing homes, etc. Also, we felt that by virtue of their license, they were qualified. We ended up compromising on the 3,000 hours of experience remaining in the bill to be able to serve the adult population. Also, some better data collection was requested, which will only be beneficial to us down the road.

Q: What were some of the factors that made it successful?

A: As our lobbyist tells us, this is a process, not an event! I think coming back with the exact language that was agreed upon by the Nebraska Dental Association and NDHA gave us good credibility. We have a good relationship with the Senators and have been able to build our collaborations with other public health minded individuals who came out to support our bill and testify in support of it.

Q: Do you have advice for dental hygienists who want similar legislation in their states?

A: Collaborate with other public health entities! They understand the needs and you can work with them on how you can assist them with their population group. Most are more than excited to have changes to access dental care in an affordable, convenient manner. It has been refreshing to meet other individuals along the way that have a passion for public health. I really believe that they will help to lead the change for the dental hygiene profession. They will demand more of what we can offer! I am hopeful that together with these public health partners we can develop an oral health coalition in Nebraska. We currently do not have a state dental director so we are lacking in the infrastructure of programs. I have seen other states with a strong coalition and that group has been a real driving force with legislative efforts.

Ohio House Bill 59 Signed By Governor 06/30/2013

This bill specifies that the requirement for a dentist to perform an examination and diagnose a patient prior to the patient receiving dental hygiene services through a program operated by a school district or other specified entity does not apply when the only services to be provided are the placement of pit and fissure sealants.

Q: Why was the legislation needed?

A: (Beth Tronolone, BSDH, MOL, president, Ohio Dental Hygienists' Association; Jeanne Huber, RDH, BA, legislative chair, Ohio Dental Hygienists' Association; Matt Whitehead, Ohio Dental Hygienists' Association lobbyist) The legislation was needed to make sealants more available to as many eligible students as possible by easing constraints of the dentist prior exam, thereby conserving time and state funds to serve additional students.

In January 2013, the Pew Charitable Trusts released a report on the 50 states' efforts on dental sealant programs, and Ohio received a ranking of "C"; in 2011 Ohio was ranked a "B". In order to increase our ranking, an immediate thing that we could do is to change our law that requires a dentist to see a child before a hygienist could apply the sealant.

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