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Committee Members:

I sold my private dental practice in Atkinson, Nebraska, after thirty years of practice. I now work part time in public health dentistry.

I support dental hygienists providing a vital service that dentists in general, are opposed to or unwilling to provide themselves. The hygienists are willing to visit school situations or nursing home environments and provide general screenings and would also prescribe fluoride or needed prescription mouth rinses to individuals if allowed, who would otherwise find these services unavailable.

The basis for opposition to the provision of these services, by hygienists stems, as I understand, from a perceived infringement by hygienists of dentists protected right to diagnose. Detection of dental problems by a hygienist in a school or nursing home environment and subsequent referral to a dentist is

just that, a justification for referral. Treatment of said problem is ultimately at the discretion of the referral dentist. I can perceive of no valid argument against the endorsement by Nebraska dentists for the continued provision of the above delineated services by a licensed Nebraska Dental Hygienist to an underserved segment of Nebraska population, and allowing them to provide a dental hygiene diagnosis and referral to a dentist.

Registered Dental Hygienists find employment in most dental offices throughout the state of Nebraska. They are employed in public health, general practices as well as board certified specialist practices. Within these settings hygienists provide not only improved services but significantly increase the volume of service these settings are able to provide. Under current law, hygienists are allowed to administer local anesthetic under indirect supervision, a service allowed by law and encouraged by their dentist employers. These dentists don't just allow this function by hygienists, but encourage it and benefit from it by allowing increased exposure to services for the Nebraska population. Many patients seen by hygienists require the administration of local anesthetic during procedures. Under current law procedures necessitating local anesthetic cease to be provided in the absence of a dentist. This absence does not alter the

dentist's endorsement of the hygienist's ability to provide quality comprehensive service; it simply means that in the dentist's absence these services cease to be available.

The current proposal would allow services presently endorsed in the presence of a dentist to continue to be available if the dentist is absent. The question, as I see it, is, does a dentist's confidence in a hygienist's skills diminish in their absence. Are hygienists skills diminished, are their services less conscientious, and are their concern for patient's welfare changed due to a dentist not being on site? I would certainly hope not, to feel otherwise would question the motivation of dentists to provide quality service to all patients under all circumstances.

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