

521 First Street, PO Box 10 · Milford,
www.nedha.org



NE 68405 (402) 761-2216 ·

TR Corrections from NDA letter—Nov. 10, 2014

Earlier this week you received a letter from NDA with a substantial number of inaccuracies that we are obligated to address.

As you all are aware, representatives of the Nebraska dental, dental hygienists' and dental assistants' associations participated in a task force to develop a joint proposal for changes in the practice of the professions. In **June 2013** that task force reported out its conclusions to each of the associations for further action. The NDHA Executive Board voted to support the June 2013 task force proposal. This report is included today printed on gold paper for your reference.

In Sept. of 2013, the NDA Board of Trustees unilaterally made changes to this document that had been supported by all three groups. NDHA's position was that the current proposal put forth by NDA did not reflect the task force outcome of June and does not reflect work of the task force, but is an independent proposal of the NDA that is substantially different from the task force recommendations.

The Nebraska Dental Hygienists' Association still wanted to honor the goals and purpose of the original Task Force Committee in addressing the future of the dental profession in Nebraska-as a united group. The Nebraska Dental Hygienists' Association collaborated with the Task Force committee in good faith for over three years. We had hoped to continue with the Task Force proposals from June that would enable all three associations (NDA, NDHA, and NDAA) to develop a proposal that all three associations can support.

The letter you received from Mr. O'Doherty/NDA earlier this week suggests that NDHA deviated from the work of the Task Force when in fact the deviation came from NDA in September with the proposal brought forth by NDA's Board of Trustees and House of Delegates.

On Dec. 5th NDHA was notified by the NDA that they (NDA) were ready and willing to do everything in their power to see that the NDA proposal that passed unanimously by the NDA Board of Trustees (BOT) and NDA House of Delegates (HOD) from Sept. 19th, 2013 was implemented.

This December 2013 letter declared NDA's commitment to making sure that they followed through with the wishes of the NDA's BOT and HOD that represent the NDA's membership. NDA leadership said they had absolutely no authority to change even one letter of the proposal and after nearly 3 years of intensive debate and negotiation has no intention of readdressing this issue. NDA made it evident that they planned to do everything in their power to move the NDA proposal forward. NDA then asked for NDAA and NDHA's support of the NDA proposal.

Mr. O’Doherty’s letter implies that NDHA moved forward “unilaterally and without input” when in fact the reverse is true.

Given that the “deal breakers” were removed from the NDA proposal, which once again was substantially different from the June Task Force document, NDHA was left with no other alternative than to submit their own proposal after being told by NDA that they planned to pursue a 407 review based on their revised document with or without NDHA’s support.

Mr. O’Doherty then proceeds to list out “additions” that the NDHA has made:

- The three issues that he claims were different were extraction of teeth—which NDHA has attested to as being ones that are ready to literally fall out and are causing problems with the person’s function and ability to carry on activities of daily living.
- Supervision of anesthesia, which had been supported up until NDA’s BOT changed the document.
- Removal of sealants from the proposal, which are listed in the dental hygiene scope of practice, but a duty that the NDA seems to believe assistants can already perform without any education.

The NDHA proposal has the inclusion of these three items as they are **necessary** items that need to be thoroughly discussed and reviewed as part of the Technical Review process.

ADDITIONAL services removed by NDA BOT:

- **Orofacial myology**, which through great measure of restricting a dental hygienist from providing those services, was determined to be within the scope of practice of a dental hygienist with the appropriate certification. Orofacial myology is a specialized professional discipline that evaluates and treats a variety of oral and facial muscle disorders and habit patterns that may disrupt normal dental development. The principles involved with the evaluation and treatment of orofacial myofunctional disorders are based upon dental science. Therapy involves an individualized regimen of exercises to re-pattern oral and facial muscles. Exercises are used to correct harmful habits by using positive behavioral techniques.
- **Enameloplasty** was present in earlier proposals as you will see from the **NDA exhibit F**. The research from Khanna et al. (2009) shows that enameloplasty allows for more effective placement of sealants by allowing deeper penetration of the sealant material with less voids in the sealant allowing for better retention and outcomes.
- **Dental Hygiene Diagnosis** is integral to dental hygiene care and is a required component of coursework at accredited institutions. This process is described in the documents that were submitted to the website. A dental hygiene diagnosis is required to make a referral of a patient to a dentist for treatment.

- **Dental hygiene scope of practice in public health settings** is part of meeting the patient needs that are not being seen in a dental office. Scaling and Root planning and gross debridement to name a few are parts of the hygiene scope of practice that would benefit many patients in public health settings. Just like nurses, it allows us to serve more people with the knowledge and training we have to improve their oral health in alternative settings.
- On the NDA/NDAA proposal the dental assistant who wants to become licensed can be on the job trained and take a weekend course “approved by the Board of Dentistry” without any specific criteria and be allowed to perform dental procedures that a dentist would perform and goes to dental school to learn to do. The NDHA proposal wants education in the statute to assure standard of care for patients and requires some form of accountability since there are not routine health and safety inspections in the dental office.
- In the statute: **38-1143**. it states that an assistant can **assist** the dentist while doing anesthesia, if they are CPR certified. It says **NOTHING** about monitoring! That again is described in the dental hygiene scope of practice. **38-1132**.
- Coronal Polishing, under **Exhibit C** of the NDA proposal shows that by Rule and Regulation (**005 Coronal Polishing**.) A dental auxiliary is hereby authorized, under the **INDIRECT Supervision** of a licensed dentist, to polish all exposed tooth surfaces with a rubber cup or brush driven by a conventional slow-speed handpiece with proper education.
- The expanded function dental assistant was removed because the existing education, knowledge base, and psychomotor skills already possessed by an available pool of dental hygienists place them in a greater position to serve the needs of the public *initially*. NDHA supports an eventual movement of credentialed assistants into this area in the future.
- Allowing a hygienist to prepare a tooth for a class I or V restoration, only makes an office more efficient by delegating some of the simpler procedures to a dental hygienist.
- Lastly, when seeing patients in the nursing home setting, there is a need for hygienist to be able to adjust a denture and provide palliative care for patients who are in pain or discomfort and not able to eat.

Honestly, NDHA would like to see mandatory education for every dental assistant who works with the public. NDHA believes in standards of care to assure protection of the public and a defined scope of practice to credential a dental assistant.

Additionally, the Nebraska Dental Hygienists’ Association goal is and always has been to *ensure access to quality oral health care and to protect the public*. We have provided supporting documentation from 3rd party published articles for all services proposed.

In conclusion, the NDA proposal brought forth does not include the development of educational standards to go along with its proposal. The educational component is **critical** to ensure the safety of the public and

maintain standards of care. NDHA expressed these concerns to both NDA and NDAA in hopes to continue to collaborate but NDA and NDAA decided to move forward with the NDA proposal. The Nebraska Dental Hygienists' Association cannot support any proposal without knowing the educational component will be properly addressed in statute. Additionally, we are also concerned about the stifling of any expansion of scope and relaxing supervision for hygienists, yet expanding the role of the assistant with **NO** formal education, minimal to no regulation, minimal supervision or accountability.

NDHA appreciates your diligence in the gleaning of the evidence presented before the Technical Review Committee for accuracy and protection of the public.