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407 Sub-Committee of the Nebraska Board of Health

Members of the Board of Health 407 Committee, I am Deb Schardt, a Registered Dental Hygienist, Chairperson of the Legislative Committee of the Nebraska Dental Hygienists' Association, and my testimony today is given on behalf of the NDHA.

They say that hindsight is 20-20, and from that perspective, the NDHA believes that our 407 proposal – which is before you today along with that of the Nebraska Dental Assistants Association and the Nebraska Dental Association – by attempting to deal with practice issues for both dental hygienists and dental assistants, is overly broad and thus, difficult of full comprehension. That being the case, and given the result of the review of the 407 Technical Review Committee, we want today to focus our discussion with you on the licensing and privileging of dental assistants in Nebraska.

The Nebraska Legislature meets every year, and it has been said, legislative involvement is a process, not an event. There will be other future opportunities for our association to work with the Legislature to address and update our dental hygienist scope of practice. But there may not be another opportunity in the near future to assure adequate service and patient safety and well-being with regard to the preparation, licensing and supervision of dental assistants in Nebraska.

So let's talk about dental assistants and take a hard look at each of the proposals you have before you today. The present situation is that, by Nebraska law, a dental assistant is anyone – and I repeat anyone who assists a dentist. There are no present requirements for the training, preparation, experience or initial or continuing competency assurance. There is no required education. There is no required experience. There is no minimum age, nor conditions that would preclude a person acting as a dental assistant.

There are two kinds of individuals performing dental assisting in Nebraska. The great majority of those folks have received no formal training or preparation for their positions. What they know of their duties, they have learned on the job. There is no credentialing of these folks, and there is not even a central registry for them. That is not to say that many of them are not doing a great job and serving their communities well in an essential position. But as we sit here today, there is no mechanism of assurance that they are all – each and every one – properly trained and supervised and providing quality care with assured patient safety.

The other type of person performing dental assisting in Nebraska are in the minority of such individuals who have taken a one-year course at a community college and have passed a national examination of their skills and understanding. It's unfortunate that all dental assistants have not had this kind of training and competency assurance, but that is simply not possible in a state such as our own. What we can do is properly differentiate between those duties that these respective groups of assistants can perform, helping to assure safety and good patient outcome, and in the bargain, encouraging the OJT dental assistants to go ahead and invest the time, money and effort to complete the formal community college course of training.

Our proposal separates these two groups and differentiates in those services each is allowed to perform in the dental office. Only one group would be required to be licensed by the State of Nebraska. There are two pathways to become licensed. For the group without formal training and education, we would require 3,500 hours of successful experience for state licensure. We would establish a minimum age for dental assistants, which would be 19. We also provide for candidates for licensure to perform duties in the dental office while they acquire their required experience. Our proposal – and this is important – does not force anyone who is presently successfully performing as a dental assistant out of their professional position. Dental assistants currently provide a multitude of services including assisting the dentist, sterilizing instruments, taking X-rays, etc. In addition to these services, the duties we would include in the scope of practice for OJT dental assistants are as follows:

1. Place topical anesthetic
2. Monitor nitrous oxide with a course. (Currently only dental hygienists are allowed to monitor).

Our proposal would also of course license the dental assistant who has taken the approved course at one of our fine Nebraska community colleges and passed the national exam. Additional duties we would include in the scope of practice for licensed dental assistants are:

1. Place occlusal dental sealants
2. Fit and cement crowns on primary teeth
3. Take final impressions/records for dental prosthesis (crowns, bridges, etc.)

We believe that licensing and providing specific approved duties for both types of assistants is needed, would contribute to the availability and accessibility of quality dental care in our state, plus it is manageable and understandable. Contrast with this the NDAA/NDA proposal, which provides for seven – yes, count ‘em, it’s seven – categories of licensure and respective approved scopes of practice. How in the world would the DHHS Division of Public Health effectively administer this kind of patchwork quilt of what should be a reasonably simple system?

So, that’s our proposal for the credentialing and regulation of Nebraska Dental Assistants. I also think it is important to consider the “why” of these proposals. Why bother at all in establishing minimum preparation and prescribed duties for dental assistants? To answer that question, consider for a moment that dental assistants are virtually the only profession in our state that provides hands-on patient care, often without immediate supervision. Can that be a problem? Well, consider the case of Brown vs. Rainbow Dental right here in Nebraska.

Under the care of an unsupervised dental assistant, a patient was allowed to swallow dental impression material in the course of a procedure to secure dental impressions for dentures. Surgery was required to remove the material from the patient’s small intestine, after which the surgical site became infected. While recovering from surgery, the patient developed an infection at the wound site requiring further hospitalization and treatment.

Numerous breaches of the standard of care, including allowing a dental assistant to take a final impression, failing to use proper technique to avoid ingestion or aspiration, and failing to properly position the patient for the impression procedure all led to this calamity. The result was the fault of both the dentist, who neglected his responsibility, and the dental assistant for attempting a procedure for which she was not qualified.

As I began, we are willing to devote the great bulk of our presentation today to the matter of the licensing of dental assistants and to demonstrate for you that our proposal is far superior to that of the NDAA/NDA. Again, our proposal brings to this area of health care a very reasonable, understandable and elegantly simple set of requirements and standards, and I'm happy to attempt to answer questions on it at this time.

Thank you.