


Report of Final Findings and Recommendations

By The
Technical Committee for the Review of the
Application for A Change in Scope of Practice by the
Nebraska Dental Hygienists Association

To The
Director of Health and the Nebraska Legislature



December 16, 1985

The members appointed by Gregg F. Wright, M.D., M.Ed., Director of Health, to serve on the Dental Care Credentialing Review Technical Committee are as follows:

Richard Powell, O.D. - Chair, Board of Health member

Connie Edstrom, L.D.H. - dental hygienist, University of Nebraska Dental College (Lincoln)

Jody Jurging - Home Economics Extension Agent, University of Nebraska (Fremont)

Robert P. Marshall, R.P. - Executive Director, Nebraska Pharmacist Association (Lincoln)

Margaret Moravec, M.D. - anesthesiologist, private practice (Lincoln)

Keith J. Mueller, Ph.D. - Professor of Political Science, University of Nebraska-Lincoln (Lincoln)*

Richard Tempero, D.D.S., M.D. - oral and maxillofacial surgeon, private practice (Omaha)

* Keith Mueller was appointed to replace Judy Cada, who resigned after the first two committee meetings.

Committee Recommendations

The committee decided by a vote of 7-0 to recommend that only dentists should supervise hygienists. Then the committee recommended by a vote of 7-0 to allow dental hygienists to practice under general supervision. The committee recommended that the Board of Dental Examiners investigate appropriate work setting facilities required for the provision of various dental services and make necessary recommendations for rules and regulations changes.

The committee decided by a vote of 4-3 to recommend that dental hygienists be allowed to use local anesthetics under the indirect supervision of a dentist. The committee also recommended by a 7-0 vote that a comprehensive program of study in anesthesia be made mandatory for those dental hygienists who wish to administer local anesthetics. By a vote of 7-0 the committee recommended that dental hygienists be allowed to monitor nitrous oxide under the indirect supervision of a dentist. Then the committee voted 5-2 to recommend approval of the proposal as amended.

Introduction

The Nebraska Credentialing Review Program, established by the Nebraska Regulation of Health Professions Act (LB 407), is a review process advisory to the Legislature which is designed to assess the necessity of state regulation of health professions in order to protect the public health, safety, and welfare.

The law directs those health occupations seeking credentialing or a change in scope of practice to submit an application for review to the Director of Health. At that time, an appropriate technical committee is formed to review the application, conduct a public hearing, and make recommendations. The recommendations are based upon whether or not the health profession should be credentialed according to the criteria contained within Section 21 of LB 407; and if credentialing is necessary, at what level should the health profession be credentialed. The three criteria are:

1. Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument;
2. The public needs, and can reasonably be expected to benefit from, an assurance of initial and continuing professional ability; and
3. The public cannot be effectively protected by other means in a more cost-effective manner.

The four levels of credentialing are: inspection, registration, certification, and licensure. The relevant materials and recommendations adopted by the technical committee are then sent to the Board of Health (after 1985) and the Director of Health for their review and recommendations. All recommendations are then forwarded to the Legislature.

In order to accommodate the health professions that submitted credentialing legislation in the 1985 session, priority was given to them so they could complete the review process before the 1986 legislative session. This resulted in a shortened review process in which the technical committee recommendations are sent directly to the Director of Health, bypassing the Board of Health, for his review and recommendations.

Summary of the Proposal

The Nebraska Dental Hygienists Association seeks an expanded scope of practice for dental hygienists by the State of Nebraska. According to the proposal, the expansion in the practice of dental hygiene would come from administering and monitoring nitrous oxide analgesia, and administering and monitoring block and infiltration local anesthesia.

The term monitoring in this proposal refers to the listening, viewing, and checking of the condition of a dental patient that has been given analgesia. Administration refers to the actual application of analgesia to a dental patient by either a dentist or a dental auxiliary.

Other terms that will be used in this report are direct supervision, indirect supervision, and general supervision. Direct supervision refers to that degree of supervision where the licensed dentist authorizes the procedure to be performed by a dental auxiliary and is physically present to observe such procedures as they are being performed by the dental auxiliary. Indirect supervision refers to that degree of supervision where the licensed dentist authorizes the procedures to be performed by a dental auxiliary and is physically present on the premises where and when such procedures are being performed by the dental auxiliary. General supervision refers to that degree of supervision where the licensed dentist authorizes the procedure to be performed by a dental auxiliary but is not physically present on the premises where and when such procedures are being performed by the dental auxiliary.

In order to administer anesthesia, a licensed dental hygienist would have to successfully complete a course dealing with the administration and monitoring of local anesthesia approved by the Board of Dental Examiners.

In addition, the proposal would provide for an expanded employment/practice setting for licensed dental hygienists. The proposal would define general supervision as requiring authorization from a licensed dentist, but would not require the presence of the authorizing dentist in performance of some procedures. This would allow licensed dental hygienists to practice in colleges, universities, public or private schools, hospitals, geriatric facilities, maternal/infant care centers, physically or mentally handicapped care centers and additional agencies and other institutions providing oral health care services as approved by the Department of Health. At no time can a dental hygienist work without some form of supervision from a licensed dentist.

The proposal would also empower the Department of Health, if necessary, to prescribe by rule and regulation, functions, services, and procedures in addition to those listed by the proposal which may be performed by a licensed dental hygienist under the supervision of a licensed dentist.

Overview of Committee Proceedings

The Dental Care Credentialing Review Technical Committee first convened on August 8, 1985, in Lincoln at the State Office Building. An orientation session given by the staff focused specifically on the role, duties, and responsibilities of the committee under the credentialing review process. Other areas touched upon were the charge to the committee, the three criteria for credentialing contained within Section 21 of LB 407, and potential problems that the committee might confront while proceeding through the review.

The second meeting of the committee was held on August 23, 1985, in Lincoln at the State Office Building. After study of the proposal and relevant material compiled by the staff and submitted by interested parties between the meetings, the committee formulated a set of questions and issues it felt needed to be addressed at the public hearing. Contained within these questions and issues were specific requests for information that the committee felt was needed before any decisions could be made.

The committee reconvened on September 19, 1985, in Lincoln at the State Office Building for the public hearing. Proponents, opponents, and neutral parties were given the opportunity to express their views on the proposal and the questions and issues raised by the committee at their second meeting. Interested parties were given ten days to submit final comments to the committee.

The committee met for the fourth time on October 28, 1985, in Lincoln at the State Office Building. After studying all of the relevant information concerning the proposal, the committee then formulated its recommendations. The three criteria found in Section 21 of LB 407 formed the basis for the discussion.

Information Provided by the Applicant Group

The advocates of the proposal state that the current law concerning dental hygiene practice in Nebraska restricts public access to dental hygiene services. The practice settings of the hygienist are restricted to those places where dentists can directly or indirectly supervise their work. In the opinion of the proponents, a greater emphasis on general supervision would allow the hygienists to provide services in a greater variety of settings (such as nursing homes) without the physical presence of a dentist.

The proponents argued that the current law regarding administration of local and general anesthetics prevents the hygienist from alleviating the pain, fear, and anxiety associated with deep scaling, root preparation, and curettage. This may cause those who suffer from periodontal disease to delay or forego treatment. They believe that the statutory limitations on hygienists are therefore not in the public's interest. These limitations should be revised so as to allow hygienists to use anesthetics. (pp. 29-31 of the Application.)

Proponents state that patients are at no greater risk receiving hygiene services from a properly trained dental hygienist than from a dentist. Hygienists are well-trained health professionals, and it is inappropriate and counterproductive to try to monitor every move they make. Many visits to the dentist are for routine dressing changes, scaling, and oral hygiene instruction, and do not require the direct supervision of the dentist. If there are complications that require the intervention of the dentist, the hygienist, who is under indirect supervision, can and will call upon the dentist for assistance. (p. 30 Transcript of the Public hearing of the Dental Care Committee.)

Proponents acknowledge that there are some risks involved in nitrous oxide sedation and block and infiltration local anesthetics. Hygienists who choose to provide these services would be required to complete appropriate educational requirements approved by the Board of Dental Examiners, (p. 28 of the Application) but the hygienist is certainly capable of learning to administer anesthesia. Studies have shown that no serious consequences have resulted from the administration of such injections by hygienists. Liability insurance information and complaint information from other states was cited by proponents as additional evidence of the ability of dental hygienists to use anesthetics safely.

Information Provided by Opponents

The opponents counter the arguments by the proponents stating that the Nebraska Dental Association has done much to meet the needs of all Nebraskans. For example, the Dental Association has implemented a program to have dentists make regular visits to the majority of nursing homes. This program operates in conjunction with the association's county dental health consultants.

The opponents also disputed the accuracy of the claim by proponents that 50 percent of the population is not receiving adequate dental care. Some recent surveys suggest that 86 percent of the population availed themselves of dental care. The opponents argued that economic conditions can influence the frequency of visits to the dentist. When economic conditions are bad, dental care is one item that people tend to eliminate from their budget.

The opponents disputed the claims of the proponents concerning the availability of dentists to serve Nebraskans. Nebraska has a very high ratio of dentists to total population. Nebraska has two dental colleges

and 120 new dentists are graduated every year. Many of them remain in Nebraska. Because of this, the opponents state that there is more than adequate dental services for Nebraskans. (pp. 42-45 of the Transcript of the Public Hearing of the Dental Care Technical Committee.)

The opponents state that dental hygienists lack sufficient training to warrant the changes in scope of practice sought in their proposal. The opponents focused their remarks on the hygienists' proposed use of anesthetics, on their proposed expansion of practice settings, and on the question of the degree of supervision of hygienists by dentists that is consistent with quality dental care.

Concerning the use of anesthetics by dental hygienists, the opponents argue that dental hygienists lack sufficient training to safely administer anesthesia to dental patients. All anesthetics can be dangerous when administered. (Memorandum of Timothy McVaney, D.D.S. to the Dental Care Committee, October 14, 1985.)

Dental care professionals must have sufficient understanding of the patient's life history in order to properly cope with this and any other unusual reactions to anesthetics. The opponents do not believe that dental hygienists have such in-depth knowledge. These situations require diagnostic skills and treatment planning skills at each subsequent appointment that only a dentist has the training to conduct. (Memorandum of Timothy McVaney, D.D.S. to the Dental Care Committee, October 14, 1985.)

The opponents of the proposal have also commented on the proposed expansion in the number of practice settings for dental hygienists. The opponents have focused most specifically on the proposed expansion of dental hygiene practice to nursing home environments. Opponents are skeptical of this aspect of the proposal because it would entail general supervision.

The opponents believe that granting the hygienists unlimited general supervision in nursing homes would virtually make them the principal providers of dental care. The hygienist would in a de facto sense replace the dentist as a provider of diagnosis and treatment of basic oral health problems. The proposed practice situation might create the illusion in the patient's mind that there was no need to visit a dentist. The patient would come to believe that his hygienist could take care of all of his dental needs, and the opponents do not believe that the hygienist is qualified to do this. (Memorandum of Timothy McVaney, D.D.S. to the Dental Care Committee, September 9, 1985.)