

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Senator Roy M. Ehrlich at
Chairperson

10:00 a.m. ~~pm~~ on March 6, 1985 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Conferees appearing before the committee:

Jim Simpson, Director of Legal Research, Western Center of Health Planning,
San Francisco, CA
Elizabeth Taylor, Kansas Dental Hygienists Association
Linda Zaudke
Carla Wright
Sally West

Others Attending: See Attached List

Jim Simpson spoke to the Public Health and Welfare Committee concerning the Certificate of Need and Section 1122 programs. Mr. Simpson wanted to alert the committee to possible future difficulties if the Certificate of Need is allowed to sunset and the state has not entered into a Section 1122 agreement with the Federal Government. This agreement may be entered into by the Governor on behalf of the state.

SB-275 - concerning the practice of dental hygiene - requiring training in cardiopulmonary resuscitation

Elizabeth Taylor testified and presented written testimony with a balloon on SB-275 and other information. Ms. Taylor stated that the hygienists did not support the original bill as line 90 had not been changed to their satisfaction. Consequently the balloon was presented striking "at the office of such licensed dentist". This amended bill is the one the hygienists support. SB-275 would allow for two changes in current law: 1) allowing a dental hygienist to perform dental hygiene under the "general" supervision of a dentist. "General" supervision means "that the dentist must personally diagnose the condition to be treated, personally authorizes the procedures for each patient, and such procedures are carried out in accordance with the diagnosis and treatment plan for that patient established by the dentist; 2) dental hygienists would need training in CPR." Attachment I Attachment II

Linda Zaudke testified and presented written testimony supporting the balloon SB-275. Ms. Zaudke stated that "preventative dental care outside the dental office is an appropriate response when the circumstances warrant such procedures to keep a patient comfortable and reasonably functional." Attachment III

Chairman Ehrlich welcomed the Pages of Senator Hayden who were serving the Public Health and Welfare Committee this morning.

Carla Wright identified herself and read the testimony from Ruth L. McCune, Administrator of Indian Creek Nursing Center, Overland Park, Kansas. Ms. McCune requested that the committee give consideration to the dental health care needs of our growing population that do not have the mobility to seek treatment outside their homes. Attachment IV

Sally West, an instructor of Dental Hygiene at Johnson County Community College testified and presented written testimony on SB-275. Ms. West stated that dental hygienists are trained and qualified to be the dental team preventative specialist. They are required to extend a variety of preventative dental hygiene services to the public in hospitals, extended care facilities, homes for exceptional children, schools for the handicapped, and public school

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10:00 a.m./~~p.m.~~ on March 6, 1985

systems. However, once graduated these fully qualified licensed professionals cannot continue these preventative services to 50% of residents in Kansas who have no dental care. Ms. West stated that 42 of the states have some form of existing "general" supervision now. Attachment V

Meeting adjourned.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE March 6, 1985

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Lynelle King	Ks ST NURSES Assn
Marilyn Bralt	KINH
Dr Lois R. Scibetta	KS BON
Ray Petty	KACEH
TONI FASCIANO	Ks DENTAL Hygienists Assoc.
Linda Zaudke	Ks " " "
DICK Hummel	KACRA
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Ric Silber	DoB
LaVon Sander	visitor
PAT SCHAFER	DIVISION OF BUDGET
Gary Robbins	Ks opt ASSN
Phillis Setchell	Ks Dental Hygienist Assoc
Sally West-Winship	Ks Dental Hygienists Assoc
Mary Jo Neff, Wichita Ks	Ks Dental Hygienists Assoc
Cousla J Wright " "	" "
Valerie D. Gush Arkansas City, Ks.	Ks Dental Hygienist Assoc
Sup. P. H. #18 Topeka, Kan.	Ks Dental Assoc
Mad M. John	U.S.A.N.E.K.
Glaire Cumbie	HEANEK
Tom Parker	ASANEK
ROBERT R. WAGGENER	us Dept. of H.S. / Public Health Services
John Peterson	Ks Assn of Prof Psychologists
Elizabeth E. Saylor	Ks Dental Hygienists Assoc
Jamie Meneses	" "
Barbara Haney	" "

SENATE BILL No. 275

By Committee on Public Health and Welfare

2-19

PREPARED BY THE KANSAS DENTAL HYGIENISTS' ASSOCIATION

0017 AN ACT relating to dental hygienists; concerning the practice
0018 thereof; requiring training in cardiopulmonary resuscitation;
0019 amending K.S.A. 65-1455, 65-1456, as amended by section 103
0020 of chapter 313 of the 1984 Session Laws of Kansas, and
0021 65-1457 and repealing the existing sections.

0022 *Be it enacted by the Legislature of the State of Kansas:*

0023 Section 1. K.S.A. 65-1455 is hereby amended to read as fol-
0024 lows: 65-1455. (a) No person shall practice as a dental hygienist
0025 in this state until such person has passed an examination by the
0026 board under such rules and regulations as it may deem fit and
0027 proper to formulate the board may adopt. The fee for such
0028 examination and the certificate fee shall be fixed by the board
0029 pursuant to K.S.A. 65-1447 and amendments thereto. An annual
0030 registration fee shall be paid to the board in the amount fixed by
0031 the board pursuant to K.S.A. 65-1447 and amendments thereto.
0032 The board shall issue licenses and license certificates as dental
0033 hygienists to those who have passed the examination in a manner
0034 satisfactory to the board. Each license certificate shall be posted
0035 and displayed in the office in which the hygienist is employed;
0036 but no person shall be entitled to such license and license
0037 certificate unless such person shall be a citizen of the United
0038 States of America, more than eighteen (18) years of age, of good
0039 moral character, and a graduate of a school approved by the
0040 board for dental hygienists.

0041 (b) No person shall be entitled to a license and license
0042 certificate as a dental hygienist unless such person:

- 3 (1) Is more than 18 years of age;
- 0044 (2) is a graduate of a school approved by the board for dental
0045 hygienists; and

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Attachment I

① Elizabeth Sawyer - SB 275 - 3-6-85

0046 (3) for licenses issued on and after July 1, 1986, has success-
0047 fully completed a course of instruction in cardiopulmonary
0048 resuscitation approved by the board.

0049 (c) Any person practicing dental hygiene in violation of the
0050 provisions of this act shall be guilty of a misdemeanor, and the
0051 board may revoke or suspend such person's license therefor.

0052 Sec. 2. K.S.A. 65-1456, as amended by section 103 of chapter
0053 313 of the 1984 Session Laws of Kansas, is hereby amended to
0054 read as follows: 65-1456. (a) The board may suspend or revoke
0055 the license, license certificate and renewal certificate of any
0056 registered and licensed dentist who ~~shall permit~~ *permits* any
0057 dental hygienist operating under such dentist's supervision to
0058 perform any operation other than that permitted under the pro-
0059 visions of article 14 of chapter 65 of the Kansas Statutes Anno-
0060 tated, or acts amendatory *of the provisions* thereof or *supple-*
0061 *mental thereto*, and may suspend or revoke the license of any
0062 *dental* hygienist found guilty of performing any operation other
0063 than those permitted under article 14 of chapter 65 of the Kansas
0064 Statutes Annotated, or acts amendatory *of the provisions* thereof
0065 *or supplemental thereto*. No license or certificate of any dentist
0066 or dental hygienist shall be suspended or revoked in any ad-
0067 ministrative proceedings without first complying with the notice
0068 and hearing requirements of the Kansas administrative proce-
0069 dure act.

0070 (b) The practice of dental hygiene shall include those edu-
0071 cational, preventive, and therapeutic procedures which result in
0072 the removal of extraneous deposits, stains and debris from the
0073 teeth and the rendering of smooth surfaces of the teeth to the
0074 depths of the gingival sulci. Included among ~~those~~ *the* educa-
0075 tional, preventive and therapeutic procedures are the instruction
0076 of the patient as to daily personal care, protecting the teeth from
0077 dental caries, the scaling and polishing of the crown surfaces and
0078 the planing of the root surfaces, in addition to the curettage of
0079 those soft tissues lining the free gingiva to the depth of the
0080 gingival sulcus and such additional educational, preventive and
0081 therapeutic procedures as the board may establish by rules and
0082 regulations.

0083 (c) Subject to such prohibitions, limitations and conditions as
 0084 the board may prescribe by rules and regulations, any licensed
 0085 dental hygienist may practice dental hygiene and may also
 0086 perform such dental service as may be performed by a dental
 0087 assistant under the provisions of K.S.A. 65-1423 and amendments
 0088 thereto.

0089 (d) The practice of dental hygiene shall be performed under
 0090 the ~~direct or indirect~~ *general* supervision of a licensed dentist at
 0091 the office of such licensed dentist. ~~The board may designate by~~
 0092 ~~rules and regulations the procedures which may be performed~~
 0093 ~~by a dental hygienist under direct supervision and the proce-~~
 0094 ~~dures which may be performed under the indirect supervision of~~
 0095 ~~a licensed dentist. As used in this section, "indirect supervision"~~
 0096 ~~means that the dentist is in the dental office, authorizes the~~
 0097 ~~procedures and remains in the dental office while the proce-~~
 0098 ~~dures are being performed and "direct supervision" means that~~
 0099 ~~the dentist is in the dental office, personally diagnoses the~~
 0100 ~~condition to be treated, personally authorizes the procedure and~~
 0101 ~~before dismissal of the patient evaluates the performance. As~~
 0102 ~~used in this section, "general supervision" means that the den-~~
 0103 ~~tist personally diagnoses the condition to be treated and per-~~
 0104 ~~sonally authorizes the procedures for each patient, and such~~
 0105 ~~procedures are carried out in accordance with the diagnosis and~~
 0106 ~~treatment plan for that patient established by the dentist,~~
 0107 ~~whether or not the dentist is present on the premises where such~~
 0108 ~~procedures are performed.~~

0109 (e) The board may issue a permit to a licensed dental hy-
 0110 gienist to provide dental screening as an employee of the state of
 0111 Kansas, or any subdivision thereof, at any public institution or
 0112 facility under the supervision of the governing body of such
 0113 public institution or facility under such terms and conditions as
 0114 the board may reasonably establish in such permit. Such permit
 0115 shall be for a period of one year and shall be subject to renewal
 0116 annually at the time the license for dental hygiene is renewed.

0117 Sec. 3. K.S.A. 65-1457 is hereby amended to read as follows:
 0. 65-1457. ~~It shall be the duty of~~ (a) On or before December 1 each
 0119 year, all licensed dental hygienists who engage in the practice of

Striking "at

the office of such licensed dentist"

0120 dental hygiene ~~to be registered~~ *shall register with the board* and
0121 ~~have issued to them receive~~ a renewal certificate ~~annually issued~~
0122 by the board ~~on or before the first day of December of each year.~~

0123 The form, method and renewal certificate fee, and all provisions
0124 relating to the renewal of licenses of dentists as provided herein
0125 shall apply to the annual registration and renewal of licenses of
0126 dental hygienists.

0127 *(b) On and after July 1, 1986, no licensed dental hygienist*
0128 *who was issued a license and license certificate under K.S.A.*
0129 *65-1455 and amendments thereto prior to July 1, 1986, shall be*
0130 *issued a renewal certificate unless such person has successfully*
0131 *completed a course of instruction in cardiopulmonary resusci-*
0132 *tation approved by the board. The board may grant waivers or*
0133 *extensions of time to complete the requirement of this subsec-*
0134 *tion (b) for good cause shown because of sickness, disability,*
0135 *hardship or such other good cause beyond the control of the*
0136 *licensee as the board may determine.*

0137 Sec. 4. K.S.A. 65-1455, 65-1456, as amended by section 103
0138 of chapter 313 of the 1984 Session Laws of Kansas, and 65-1457
0139 are hereby repealed.

0140 Sec. 5. This act shall take effect and be in force from and
0141 after its publication in the statute book.

The Kansas Dental Hygienists' Association

Constituent of The American Dental Hygienists' Association



TESTIMONY IN SUPPORT OF SB 275

before the Senate Public Health and Welfare Committee
March 6, 1985

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Senate Bill 275 would allow for two changes in current law:

- 1) allowing a dental hygienist to perform dental hygiene under the "general" supervision of a dentist. "General" supervision means "that the dentist must personally diagnose the condition to be treated, personally authorizes the procedures for each patient, and such procedures are carried out in accordance with the diagnosis and treatment plan for that patient established by the dentist;" and
- 2) dental hygienists would need training in CPR.

OPPONENTS OBJECTION #1:

The opposition to the change allowing for "general" supervision made at hearings last year stated: firstly, that the education program does not prepare the dental hygienist to practice without supervision.

OUR RESPONSE TO THIS OBJECTION:

According to Dr. Barry Burgess (see packet), after having several dental hygienists as instructors in his preventive classes, he feels assured of their knowledge and clinical skills which enable them, as preventive specialists, to perform dental hygiene education as well as therapeutic services to patients who may otherwise receive no oral health care. Testimony much like this was heard during the hearings before this committee last year as well as before the interim committee last summer.

Also in response to objection #1, Ms. Jan Haun (see packet) details the comparison between dental students and dental hygiene students' coursework with respect to those functions which dental hygienists perform. In the courses mentioned, dental hygiene students are required to successfully complete the procedures with a proficiency level of 30% higher than the dental students. (Detailed curriculae information is in your packet and further testimony on it will be given in a few minutes.)

Therefore, we reject this first argument after considering that the dental hygienists' training as the "preventive" part of the dental team does prepare her for performing under the "personal authorization" of the dentist in accordance with the treatment plan he has established for that patient.

OPPONENTS OBJECTION #2:

The second objection is that oral disease may go unnoticed and untreated if the dental hygienist is performing dental hygiene functions under "general supervision".

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Attachment II

OUR RESPONSE TO OBJECTION #2:

The definition of "general" supervision clearly demands that each performance, each time for each patient must be personally diagnosed and prescribed by the dentist. How, then, will oral disease go untreated if the dentist is personally diagnosing and prescribing each time?

Secondly, if oral health care can be provided under "general" supervision to citizens who otherwise receive no oral health care, the oral disease could be prevented or treated rather than going completely unseen.

Therefore, we reject this argument since the provision of "general" supervision would allow a practical means for dentists to see patients in nursing homes and other care facilities where it is not practical for a dentist to do so under current law.

OPPONENTS OBJECTION #3:

The last argument used by the opposition is the issue of liability and the fact that dentists would be responsible for the performance of hygienists while the dentist is not available.

OUR RESPONSE TO OBJECTION #3:

This proposal does not change either the current relationship between the dentist and the hygienist nor does it increase any risk.

Therefore, the liability does not change under this proposal. (Please remember that dental hygienists currently carry insurance just as the dentists do. Dental hygienists are liable for their actions now and this would not change under our proposal.)

Lastly, since the proposal requires both personal diagnosis and personal authorization for each procedure each time, a dental hygienist would only be performing dental hygiene while the dentist is away if the dentist has authorized such performance. If the dentist does not give his authorization, then the dental hygienist would not perform while he is away.

The only provision not opposed is the mandate for CPR training. It is our understanding that such a provision has been attempted in the Legislature before, but due to the exclusionary language of those provisions, the measure had not passed. Under our proposal, a waiver could be granted if the applicant shows good cause for inability to comply.

Your packet contains substantiation of all the points made in this testimony. Thank you for the opportunity to once again present the concern of the Kansas Dental Hygienists' Association for the oral health care needs of so many Kansans who will not be receiving oral health care again this year.

Respectfully submitted,

Elizabeth

March 6, 1985

TO: Senate Public Health and Welfare Committee

My name is Linda Zaudke, I have been a dental hygienist in Kansas for 14 years. Five years prior to entering the WSU Dental Hygiene Program I worked as a dental assistant for Dr. Howard Rush in Wichita. A total of 19 years experience in the dental field has prompted me to get involved with the legislation we are discussing today. Everyone has the right to the knowledge that we dental hygienists have about preventive dental care.

When we discuss toothbrushing, flossing and other aids for removing plaque the information should be viewed as a prescription for a healthy mouth. Dental disease is a disease that can be prevented. The kind of care a mouth receives determines the health of the teeth as well as the surrounding gums and bone. The role we hygienist play as part of the dental team, is not only that as a source of information, but also includes the actual "hands on therapy" necessary for the removal of hard deposits on teeth.

(Exhibit I if allowed) These extracted teeth came from a dental office that has never hired a dental hygienist. As part of the dental team it is the hygienists' responsibility to remove these deposits. The scenario behind these extracted teeth: 1) Gums sore and swollen 2) Bright redness in gum tissue 3) Gums bleed easily (finger pressure will start profuse bleeding) 4) Terrible odor from mouth 5) This inflammation, if allowed to continue, will attack and destroy the supporting bone which holds the teeth in place 6) Teeth become loose and are eventually lost. The buildup of this hard, damaging calculus may occur as fast as every two months for some people, other people need to have their teeth professionally cleaned only once a year. (Exhibit II if allowed) This model shows how the migration of the calculus starts between tooth gums and proceeds under the gums and involves the roots of the teeth.

As our practice act now dictates, a professional cleaning can only be received in a dental office, however, I bring with me today testimony from four patients who have approached me or my employer to have such preventive services rendered in a nontraditional setting. This is a small representation of people who over the last 19 years have had such a request. For the past seven years I have chosen to drive to Newton, Kansas (Population 17,000) 35 miles from my home in Wichita, to work 4½ days a week in an office that supports preventive

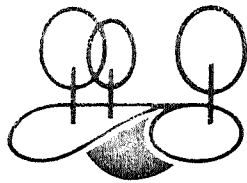
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Attachment III

services, and makes me feel uniquely part of the dental health team. These patients who have requested preventive dental care outside the office range in age from 13 years to 54 years, and have been accustomed to preventive services on a regular basis. Now that these patients cannot enter into my employers office they are denied access to the preventive care for which I was trained.

I do not feel that our request for general supervision fragments dental health care, but rather extends our profession to reach those individuals who cannot reach us. The cost of prevention is less than the cost of the treatment of dental disease. Preventive dental care outside the dental office is an appropriate response when the circumstances warrant such procedures to keep a patient comfortable and reasonably functional.

Thank You!

Linda Zaudke
LINDA ZAUSKE R.D.H.
310 S. Clifton
Wichita, KS 67218
316-682-0454



Indian Creek Nursing Center, Inc.

6515 W. 103rd STREET / OVERLAND PARK, KANSAS 66212 / 913-642-5545

Ruth L. McCune
Administrator

February 1, 1985

Dear Legislators:

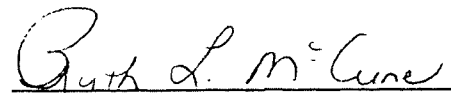
As the Administrator of the Indian Creek Nursing Center, I am in support of dental practice act changes proposed by the Kansas Dental Hygienists' Association.

I see there is a great need for preventive oral health care among our residents. Dental hygienists are professionally trained and licensed to provide these services. Services could include oral cancer and tissue examinations, thorough cleaning of the teeth, plus care and cleansing of partials and dentures. Dental hygienists in our nursing center could not only provide these services to our residents but also be instrumental in educating other staff members to be more informed and aware of dental health needs.

Our facility has a dentist but I can also foresee dental hygienists being employed directly by nursing centers and other extended care facilities.

Please give your consideration to the dental health care needs of our growing population that do not have the mobility to seek treatment outside of their homes.

Respectfully,


Ruth L. McCune, Adm.

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Attachment IV

Senate Public Health and Welfare Committee
February 28, 1984

RE: S B 275

Members of the Committee:

You have in your packet a very detailed report of the curriculum, goals, and objectives of the Johnson County Community College Dental Hygiene Program. In consideration of your time, let me highlight a few items of particular interest.

Dental hygienists are trained and qualified to be the dental team preventive specialist. The main thrust of their schooling is educating, motivating, and assisting the patient in keeping their teeth the rest of their life. Dental hygiene courses parrallel dental students' courses in many aspects, however, dental hygienists concentrate on preventive and prophylactic services while dental students concentrate on repair services. Yet after some 750 hours of patient contact, our practice act says the hygienist cannot pick up a mouth mirror and look into a child's mouth or give a special care to a geriatric patient in a nursing home without a dentist on the premise.

Our students, as in all dental hygiene programs, are required to extend a variety of preventive dental hygiene services to the public in hospitals, extended care facilities, homes for exceptional children, schools for handicapped, and public school systems. They must demonstrate competance and expertise in these services and are evaluated on process as well as end product. And yet, once graduated, these fully qualified licensed professionals cannot continue these preventive services to the 50% of the residents of Kansas who have no dental care, unless they can find a dentist who is willing to leave his private practice and be on the premise while the hygienist performs her services.

General supervision is not a new and innovative idea - 42 of the exsisting states have some form of general supervision now. Aren't the residents of Kansas deserving of these services that dental hygienists spend over 2,000 clock hours learning to provide? Aren't they deserving of the expertise of a preventive professional who can concentrate on specialized home care an individualized attention? Why can we only reach half of the residents of Kansas with our present practice act?

It is impossible to say general supervision will LOWER dental costs to Kansans, however, isn't prevention less expensive than repair?

Dental hygiene graduates have an unending capability for creativeness in patient education and motivation and a genuine concern for the "special" patients--don't kill that potèntial by keeping Kansas among the very few states that do not allow these licenced professionals to extend their proven talents to more of our residents.

-3/6/85
Attachment V

NATIONAL SUPPORT FOR GENERAL SUPERVISION

The following organizations have stated their support for the dental hygienist serving in expanded roles and providing preventive services under general supervision.

1. THE COUNCIL OF STATE GOVERNMENTS' NATIONAL TASK FORCE, 1979

"The task force felt strongly that more authority should be given to the dentist to delegate tasks based on the qualifications of auxiliaries, the degree of supervision to be provided, and the dentist's willingness to assume responsibility for auxiliaries. The task force determined that the legislation should not prohibit the hygienist from carrying out any function which with proper training could be performed safely."

"General supervision means supervision of a dental auxiliary requiring that a dentist authorize the procedures which are being carried out, but not requiring that a dentist be present when the authorized procedures are performed."

"A licensed dental hygienist, either under direct, indirect, or general supervision, as determined by the supervising dentist, may, when authorized to do so by a dentist:

- (1) Scale, polish, plane and remove dental plaque, calculus, and other accretions from the surfaces of human teeth.
- (2) Conduct screening examinations of the oral cavity for oral disease.
- (3) Provide prophylactic and preventive measures, such as the application of fluorides, sealants and other recognized topical agents for the prevention of oral disease.
- (4) Provide radiographic exposures.
- (5) Provide oral health education to patients.
- (6) Take impressions.
- (7) Perform any related extraoral procedure required in the practice of such duties."

2. THE AMERICAN DENTAL ASSOCIATION in 1975 and 1977 passed the following policies in support of general supervision:

(195-1977-H) Resolved, that a dental hygienist by education and training is an auxiliary of the dental profession, and be it further

Resolved, that the dental hygienist shall work only under the general or direct supervision of a licensed dentist who is professionally and legally responsible for the total dental care of the patient, and be it further

Resolved, that the setting in which a dental hygienist may perform legally designated functions shall be only a treatment facility under the jurisdiction and supervision of a licensed dentist.

(858-1975-H) Resolved, that the following definitions of supervision of dental auxiliaries be adopted:

General supervision means that the dentist has authorized the procedures and they are being carried out in accordance with his diagnosis and treatment plan.

Indirect supervision means that the dentist is in the dental office, authorizes the procedures and remains in the dental office while the procedures are being performed by the auxiliary.

Direct supervision means that the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure and before the dismissal of the patient, evaluates the performance of the dental auxiliary.

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3. **THE COUNCIL ON DENTAL HEALTH AND HEALTH PLANNING** of the American Dental Association in its handbook, Oral Health Care for the Geriatric Patient in a Long Term Facility (1981) states the following policies for initial oral health screening and oral health programs for the geriatric patient in a long-term care facility.

"The patient's first contact with the oral health program will be an initial screening of his oral health performed by the advisory dentist, dental hygienist or trained nursing staff under the supervision of the dentist. It should be noted that the initial screening is distinguished from the initial dental exam, which by law may be conducted only by a licensed dentist. The purpose of the initial screening is to simply identify any potential oral health problems the patient may have.

The presentation of the introduction to the oral health status of long-term care patients should be done by the advisory dentist or dental auxiliary. The advisory dentist or dental auxiliary should demonstrate procedures to be performed by the nursing staff in instructing self-care patients in oral hygiene, in caring for unconscious patients and in constructing physical adaptations for disabled patients.

Once a patient has been properly admitted to the program, the dentist/dental hygienist conducts the initial screening. The dentist/dental hygienist should personally instruct all nursing staff who may conduct this initial oral health screening in their absence, on procedures to be followed. If the screening is conducted by a dental hygienist, the advisory dentist should be promptly informed of any patient who may need immediate attention.

Providing dental services outside the long-term care facility has disadvantages. Services outside the facility may be more inaccessible to chronically ill or non-ambulatory patients, unless something similar to the "Medi-car Services" can be provided. In addition, scheduling patient care under this approach may be more difficult than if dental care were provided inside the facility."

4. **AMERICAN SOCIETY FOR GERIATRIC DENTISTRY** — A report of the Subcommittee on Policy and Planning stated, "The dental hygienist is a key member in the delivery of oral health care not only to persons utilizing private dental offices but also for nursing home or institutionalized patients.

The hygienist's role as part of the clinical team is to perform any clinical hygiene procedures necessary, as well as to develop patient care plans for each patient. The hygienist also provides in-service education for the nursing home staff, teaches the staff to incorporate the individual patient care plans into their daily routines and assists the nursing home's administration in providing preventive dentistry measures for their entire population of residents.

The facts are that treatment of emergency needs of institutionalized elderly on an episodic basis is economically unfeasible for a dentist in private practice whereas the hygienist working with a general dentist in private practice can be used to constantly monitor nursing homes associated with the dental practice, to periodically screen patients and arrange a system whereby there are enough patients to make it worthwhile for a dentist to take portable equipment into the facility. In this manner, there can be an economically positive incentive for private practitioners to treat this population.

Another alternative which has been shown to work is for an institution to contract with a hygienist to care for the oral needs of the residents or patients. The hygienist then acts as liaison between the patients and their dentists carrying out the care prescribed by the dentist.

To achieve this the states should modify existing practice acts where necessary to allow hygienists to practice in long-term care facilities under the general supervision of a dentist, rather than under direct supervision."

5. **THE AMERICAN ACADEMY OF PERIODONTOLOGY** has defined the scope of dental hygiene practice in the following manner.

"Recognizing the restrictions placed on the dental hygienist by state dental practice acts, the credentialed hygienist should be able to do the following for the periodontist:

1. Under indirect, direct or general supervision:
 - a. Take and develop radiographs
 - b. Take impressions for study casts
 - c. Apply topical desensitizing agents
 - d. Apply topical fluorides
 - e. Perform periodontal probing and charting
 - f. Polish, scale and root plane dental plaque, calculus and other accretions from the surfaces of teeth
 - g. Provide oral health education for patient including the teaching of appropriate plaque control techniques.
2. Under indirect or direct supervision:
 - a. Place and remove periodontal dressings
 - b. Remove sutures
3. Under direct supervision:
 - a. Administer local anesthesia
 - b. Administer nitrous oxide sedation"

6. **COMMENTS FROM THE STATE OF IOWA** regarding general supervision.

November 24, 1982

"The American Dental Association's Access Program has encouraged state and local dental societies to develop programs to assure access to oral health care for groups of people who have traditionally been low utilizers. One of the prime groups of interest has been the homebound and institutionalized populations, most of whom are elderly. There are many citizens of Iowa (from our statewide survey, we estimate more than 200,000) who have great physical problems in accessing dental offices. This population needs to be serviced through some special type of program. While there has been a great deal of interest in geriatric dentistry in the recent past, it still remains financially unfeasible for dentists in private practice to treat patients in nursing homes or in other types of long term care facilities without the use of a hygienist who can function under the general supervision of the dentist.

Our program developed at the University of Iowa involves the use of a dental hygienist under the general supervision of the dentist to screen patients in the nursing facility, to arrange from the responsible parties, authorization for examinations and treatment by the dentist, to organize the patients' activities and to provide necessary clinical dental hygiene so that when the dentist arrives at the facility, there are a predetermined number of patients with an estimate of some of the potential needs they may have and with the heavy amounts of calculus usually found in these patients removed, so that complete dental examinations can be done and treatment rendered in an efficient manner. Thus, dentists do not experience so many of the inefficiencies usually associated with this type of program which economically prevents them from participating. This model program has been adopted in other areas of the state in private practice settings and more development continues.

Thus, we find that the use of a dental hygienist under the general supervision of a dentist has improved the oral health of an important segment of our society, which has here-to-fore been virtually ignored. Not only does the hygienist perform valuable clinical hygiene functions for this group of patients, but also allows for the efficient operation of the dentist in this facility. We feel that without the use of hygienists in this type of program, the patients who have received care certainly would not have received care, the American Dental Association's Access Program would be less well fulfilled in Iowa and the dental profession itself would stand little chance in meeting its obligations to this segment of our society."

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December 19, 1982

"Last year alone in the public school districts of Des Moines, Davenport, and Cedar Rapids 25,354 children obtained oral screenings and 45,434 were given dental health education as a result of dental hygienists working in those school systems. 40,310 students in other parts of the state participated in the Fluoride Mouth Rinse Program through the State Department of Health, and approximately 300 children received dental health education through Headstart programs that involved hygienists.

Besides oral screening, referral services, and dental health education for children in our state, general supervision has allowed hygienists other avenues to patient care. For example, there were 855 geriatric oral screenings done in nursing homes in the Iowa City area by hygienists there. Along with oral screenings and referrals, geriatric facility in-service training programs reached approximately 360 staff members. At maternal and child health clinics 3,078 patient contacts were made by hygienists working under general supervision at seven sites throughout the state.

Dental hygienists in Iowa are also employed in hospital based facilities, such as V.A. Hospitals, and can work under general supervision in those circumstances. At Broadlawns County Hospital in Des Moines there were 1,250 patient contacts in the obstetrics clinic by hygienists this year. Oral screening, referral services, as well as dental health education are all part of the hygienist's role in the hospital based facilities.

General supervision has allowed hygienists in Iowa many rewarding opportunities for dental health education in a variety of settings. In-service programs for nurses aids and home health aid programs, pre-natal classes, and teacher training have all increased dental awareness for the people involved. Hygienists are clearly prepared to deliver these and other services mentioned. We are proud to be able to use our skills and knowledge to deliver quality oral health care to the people of Iowa. Dentistry and the people we serve have jointly benefitted from dental hygienists practicing under general supervision."

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