

## General Information

1. **Group or organization represented:** The University of New England
2. **Position on Proposed legislation:**
  - a. **LD 1246:** We recognize that many benefits may come from expanding the scope of practice for the dental hygienist by creating a mid-level license category. Changes could be made to this legislation that creates both a mid-level advanced dental hygiene practitioner, (ADHP) and a mid-level practitioner. (Comparable to the Nurse Practitioner and a Physician's Assistant respectively.) The ADHP should obtain a Bachelor in Dental Hygiene degree and complete another degree program that is the equivalent of a master's level of education. This would directly correlate to the requirements of a Nurse Practitioner. Also, the second mid-level practitioner would require a Bachelor of Science and a required Master's level program. (Similar to but not identical to the ADHP curriculum). This should also be created with this legislation to provide similar services. (Specific Curriculum to be determined by a task force) This practitioner would be comparable to the Physician's Assistant. These categories would better maintain the standard of care for the people of Maine than what is proposed in the current language of the bill.
  - b. **LD 550:** We support this legislation with the caveat that the independent practice should be available for the newly created ADHP (created by LD 1246) only after two years of practice in a traditional dental setting. This position would then be comparable to that of the independent Nurse practitioner. This would enable only the ADHP to diagnose and manage most common and chronic "dental-illnesses" (to be defined by the task force), either independently or as part of a health care team. Also, independent practice within the current scope of practice for the dental hygienist should be allowed provided the hygienist has a Bachelor of Science in Dental hygiene and at least two years experience in a traditional dental setting. Maintaining the standard of care for the people of the State of Maine is essential and this can best be accomplished with a highly qualified and educated group of providers.
  - c. **LD 1129:** On its face, this proposed legislation seems to address many of the access to care issues in the State of Maine. However, it creates many questions as well. The "acceptable standards" of the Maine Board of Dental Examiners will need to be framed to address the great differences in foreign education standards. Some Dental schools in the United States already have transitional programs in place to train these students to provide the quality and standard of care that is expected. The University of New England is pleased to support any type of legislation that respects an accreditation process that requires a minimum level of competency to maintain our standard of care. In light of this and other proposed pieces of legislation that seek to expand the

existing dental care providers, it would be beneficial to the Board of Dental Examiners to have among its rank a member who can focus not only on dental care issues that come before the board but on dental education and curriculum issues.

- d. **LD 1462:** There could be benefits to the quality and delivery of patient care with a separate board for Dental Hygiene. When nursing became independent not so long ago, measures such as “nursing orders” allowed nurses to provide better care to their patients without waiting for a doctor’s order. A separate board for Dental Hygiene could do the same for their patients. Dental hygienists and the ADHP developed by LD 1246 should have their own board within the Department of Professional and Financial Regulation. As stated above the medical model provides a wonderful example of self regulation with the nursing profession. This provides a convenient template that would work effectively for dental hygiene, the proposed ADHP and Dentists.

There is no practical reason to combine denturists and hygienists as the technical skills and practices do not naturally go together. However, the denturists could be added to the Board of Complementary Health Care Providers.

#### **Evaluation Criteria:**

1. **(a) Dental Hygienists:** This professional group is responsible for providing preventive, educational and therapeutic services for the control of oral diseases and the promotion of oral health. These practitioners are licensed after obtaining an Associate of Science degree at an accredited institution and passing all State, Regional and National exam requirements.

**Mid-level Practitioners:** There should be two distinct groups.

**(b) The Advanced Practice Dental Hygienist (ADHP)**

Licensed dental hygienists with a Bachelor in Dental Hygiene who graduate from a program with this proposed curriculum (or something similar to be determined by a dental task force) See [www.adah.org/downloads/ADHP\\_Draft\\_Curriculum.pdf](http://www.adah.org/downloads/ADHP_Draft_Curriculum.pdf)  
This Mid-level practitioner would be licensed to practice within the expanded scope of the proposed LD 1246 either as part of a health care team or, independently, only after two years of clinical experience in a traditional dental setting. The ADHP, like the Dental Hygienist would be licensed and regulated by the separate board created for hygiene by the passage of LD 1462.

AND

**(c) The Mid-level Dental practitioner:**

A person with a Bachelor of Science degree who has graduated from an accredited dental Mid-level/ Master’s program, similar to but not exactly like, the proposed Curriculum above. (To be determined by the task force) This practitioner would be a licensed dental professional who practices dentistry under the supervision of a Dentist. This provider

provides a broad range of dental care services that were traditionally performed by a dentist. Before beginning employment in Maine, this practitioner must be registered with a Primary Supervising dentist by completing and submitting a Form registration (similar to that required for Physician's Assistant to complete). These Mid-level practitioners would conduct dental exams, diagnose and treat dental-illnesses, order and interpret X-rays, counsel on preventive dental care, assist in dental surgery. These providers *must* work under the supervision of a dentist and their duties are determined by the supervising dentist. However, this practitioner may be the principal care providers in places where a physician is present for only 1 or 2 days each week/ (month?). In such cases, this practitioner maintains contact with the supervising dentist and other dental professionals as needed or as required by law. This practitioner would be licensed by the Maine Board of Dental Examiners.

#### **Evaluation criteria 1(a)**

- (a) The number of individual mid-level practitioners subject to these regulations would be determined by the number of individuals who successfully complete the proposed required educational components and yet to be created licensing exams. The number of business entities subject to regulation would be determined by how and where the mid-level practitioners choose to practice. At present time there are approximately 1200 active registered dental hygienist and 80 inactive registered dental hygienists. See Office Of Health Data And Program Management > 2004 Maine Hygienists Tables (with approximately 90 students a year since 2004 graduating from in State Hygiene schools added). Of these 77 have graduated from the University of New England with Bachelor of Science degrees in Dental Hygiene. See also [www.maine.gov/dhhs/bohodr/documents/SER13\\_2.pdf](http://www.maine.gov/dhhs/bohodr/documents/SER13_2.pdf)
  
- (b) Groups representing potential licensees:  
American Dental Hygienists' Association / Maine Dental Hygiene Association  
444 North Michigan Avenue, Suite 3400  
Chicago, Illinois 60611  
(800) 243-2342
  
- (c) The current number of potential licensees for the dental hygiene mid-level practitioner students is approximately 77.  
The number of potential licensees for the dental mid-level practitioner with a B.S. degree from a Maine institution who complete all the requirements is approximately 1600 a year as of 2005 See [www.nces.ed.gov/programs/digest/d05/dt05\\_303.asp](http://www.nces.ed.gov/programs/digest/d05/dt05_303.asp), from a U.S. institution as of 2005 that number would be approximately 300,000. See Id.

#### **2. Specialized Skill:**

**Mid-level hygienist/dental mid-level practitioner (LD 1246)** the changes proposed would require the specialized skills comparable to those of a hygienist and a dentist. As with these groups, the public would not be qualified to select a competent provider without the assurances provided by that of a licensing board. The best person to answer this question would be the Public member of the Maine Board of Dental Examiners, Thomas R. Palmer. He can be reached at:  
143 State House Station 161 Capitol Street  
Augusta, ME 04333-0143

Phone: 207-287-3333 • Fax: 207-287-8140

**The Dental Hygienist practicing independently without supervision of a licensed dentist (LD 550) same as above.**

**3. Threat to public health, safety, or welfare:**

- (a) The threat to public dental health, safety and welfare by not expanding the scope of the hygienist to create this mid-level practitioner and by not allowing other types of mid-level practitioners is great and unnecessary:

“Maine does not have a dental school or dental residency program, the best source for newly trained dentists who want to continue living and practicing in our state. This leaves Maine dependent on other states to increase their number spaces reserved for non-resident students, something not likely to happen as the number of Dental Health Professional Shortage Areas (DHPSA) increases. Large numbers of dentists are expected to retire here in Maine in the next few years. Because of this, demand is expected to grow substantially through 2012.”

See The Maine Department of Labor Special Report 2006 health Care occupations. Pages 51-64. [www.maine.gov/labor/lmis/pdf/HealthcareReport.pdf](http://www.maine.gov/labor/lmis/pdf/HealthcareReport.pdf) (note this was written before the University of New England had a residency program in place)

A mid-level practitioner could more easily move into an established rural practice and double the amount of restorative care provide without forcing the existing dentist to take on a partner or pay another dentist's fee thus helping to address this impending shortage. New dentists, with an average of \$200,000 in school loans and the estimated cost of \$250,000 to open a new office, cannot fill the need for dental care in the more rural areas of Maine as easily with this kind of debt. (See id. at 55.)

The success of the medical models of the PA and the Nurse Practitioner prove that a mid-level practitioner increases access to care without sacrificing the standard of care, if their scope of practice is carefully crafted. As the baby-boomers age and keep more and more of their teeth (a growing trend reflecting the success of the preventive measures of oral hygiene) the need for more restorative work will continue to increase as the number of providers decrease. The ADHP (hygienist's whose numbers are expected to increase in the next few years. see

[www.maine.gov/labor/lmis/pdf/HealthcareReport.pdf](http://www.maine.gov/labor/lmis/pdf/HealthcareReport.pdf)) and proposed mid-level practitioner would be poised to fill this void.

Not allowing both experienced Bachelor of Science dental hygienists working in their current scope of practice, and the ADHP with experience (amount to be determined by the task force) to practice independently without supervision of a licensed dentist would continue to compound the access to care issues that exist in this State.

Combined with the decrease in the number of dentist expected by the year 2012, the dental profession's ability to treat the already underserved communities in Maine could threaten not only our population's dental health but their overall health as well. More and more evidence points to the relationships between cardiovascular disease,

oral inflammation, and dental hygiene. See Journal of Practical Hygiene Volume 16/Number 4, May 2007, There are also connections between pre-term birth rates and oral care not to mention the socioeconomic impact that poor dental care can have on employment to name only a few issues. It is time for state government to forward a policy that protects the dental care of the people by increasing access to care. These proposed Mid-level dental providers are based on the evidence of success of the model (see the medical mid-levels) and dental initiatives successfully treating patients in our own country, see [www.dhfs.wisconsin.gov/health/Oral\\_Health/taskforce/pdf/modelsummary.pdf](http://www.dhfs.wisconsin.gov/health/Oral_Health/taskforce/pdf/modelsummary.pdf) and throughout the world. see [www.bium.univparis5.fr/sfhad/iahd/iahd01e.htm](http://www.bium.univparis5.fr/sfhad/iahd/iahd01e.htm)

The Threat to public health, safety or welfare if regulation of dental graduates of foreign universities to become licensed is not expanded, is in the details of the proposed language of the bill. That language provides that licensure be "pursuant to standards acceptable to the Maine Board of Dental Examiners." It is the profession's regulatory board's duty to oversee the standard of care. However, the Maine Board of Dental examiners at this time, does not require any of its members to have an educational background. Having at least one member with this experience would allow the board to act with a better understanding of the various levels of education that are provided to foreign trained dentists (depending on where they were educated) and how those various levels compare to our accreditation and competency standards here in the United States. Further, if the Board were to decide that a residency program, like the one currently established at the University of New England, were needed, then having a licensed member familiar with the process and procedures of curriculum would be most beneficial. Beyond just passing a licensing exam, careful monitoring of the educational background of these foreign educated dentists is essential. Otherwise, an increase in access to dental care may come at the cost of a diminished standard of care; a price too high for the people of Maine to pay.

(b) I was only able to find one complaint handled by the Board of Dental Examiners concerning a hygienist with a substance abuse problem. I did not find any legal cases against hygienists in the state of Maine in the last 5 years.

**4. Voluntary and past regulatory efforts.**

Dental hygienists have made successful past efforts to protect the public by supporting the expansion of the scope of hygiene practice in a public health setting. See [www.mainedha.org](http://www.mainedha.org) They would like to add self-regulation to their efforts with LD 1462. Combined with a greater scope of practice and independent practice comes the responsibility of self regulation by a body of peers who understand the parameters of the hygienist's new and changing roles.

**5. Costs and benefits of regulation**

I personally am not qualified to answer this set of questions. Our legal department at the University would need more time than is available to answer this set of questions.

**6. Service availability under regulation**

A mid-level dental provider (either the ADHP or the mid-level dental practitioner described above) would increase availability of oral health services to the public. To begin with, these students would have to have patients to treat in their school setting. This would allow the University of New England to expand their dental hygiene clinic to provide restorative work as well as other services that a task force might see fit to add to their scope of practice. After graduation and licensing, the mid-level providers could potentially double the restorative output of the private practice dental office. Further, after two years of experience, the ADHP could open their own office providing a greater opportunity to reach the more rural areas. This is not to mention in the alternative, continuing to run a practice with established patients taken over from a retiring dentist who could not sell his or her practice to another dentist.

Dental Hygienists practicing independently without supervision as described above could provide more locations for preventive care as well thus increasing access to dental care and to education of the importance of oral hygiene on overall health. With the estimated number of hygienists expected to increase by 2012, this would not create a deficiency in existing offices but would, with the provided recommendations create more opportunity for the people of Maine to seek treatment, continue preventive treatment and receive referrals from these appointments. This independence then goes hand in hand with the mid-level practitioner. If you treat more patients and find more decay early, you will need more practitioners to treat them; an issue solved with the creation of the mid-level practitioners.

#### **7. Existing laws and regulations:**

Applicable statutes determine whether the risks that would generate this board exist, and if so, determine if the board will operate in the most efficient but least restrictive manner possible. Providing dental hygiene care can, in some cases, involve life endangering situations that require the application of knowledge, skill, judgment and therapeutic ability. Daily, patients can be exposed to significant risks. Incompetence in management of dental hygiene assessment and treatment can have serious consequences and most patients are not equipped with the knowledge or ability to "shop around" for competent care when they are in need of dental services. All of this justifies public regulation in the field. The types of harm that could come from either the proposed ADHP or the hygienist could be regulated through the Maine Board of Dental Examiners but not as effectively as a board comprised of members of their own professions.

This new Board would need membership from those working in the hygiene field and the mid-level practices in order to ensure that the changes in these professions are adequately reflected in its expertise. This seems to be a natural fit as the advanced practitioners are hygienists who will have graduated from an approved postgraduate program and will have passed a State/national certification examination in an area beyond that required for hygiene licensure. Also, a dental mid-level educator should also be on the board to provide some insight to the requirements for accreditation and evaluation of the professions' continuing change. This Board should be given the normal powers and duties of a regulatory board such as the power to approve educational programs, the power to examine licensees and applicants, to grant renewals and permits, to adopt rules and most significantly, the power to discipline licensees where appropriate.

With regard to the proposed hygiene board substantial risk to the public welfare exists and would increase without close regulation of the proposed ADHP and hygienists. The scope of practice of the dental hygienist has increased over time. Downward delegation from dentists has increased in many instances (administration of Nitrous Oxide, local anesthesia and public health responsibilities, etc.). A trend towards more education for hygienists has developed, as dentists increasingly specialize and the ranks of the general practitioner are declining. New areas of need have developed (lack of access for children and rural residents as well as an increasingly older population that are keeping their teeth longer). All of these trends have created a greater need for qualified ADHPs and hygienists of all types.

Dental technology and knowledge of disease has increased, so that caretakers must be even more well-informed and trained. For these reasons it is clear that hygiene practice should be regulated by practitioners who are up to date on their own profession/s and not by Dentists who have to remain current in their own field let alone hygiene and the proposed ADHP. This new board would also allow the composition of the Dental board to change and include more dental specialists (a growing group of dentists) instead of requiring two hygienists. This would increase the benefit to the public on two boards and not just one. Composition of this board could be determined by a task force but again, should include at least one educator as the ADHA curriculum is new and approval of educational programs would be within its powers.

**8. Method of regulation:**

Licensing is being proposed as it effectively deals with the threat to public health, safety and welfare in most of the other medical and dental fields. The scope of practice and the level of expertise demand a regulatory body that understands the nuances of daily practice and the issues that practitioners face in a technical and evolving field.

**9. Other States:**

No other state regulates an ADHP as it does not yet exist. As for hygiene, it is traditionally regulated under the Dental Board of examiners in Maine. California has established the Committee on Dental Auxiliaries (COMDA) under the jurisdiction of their Dental Board, see [www.info.sen.ca.gov/pub/07-08/bill/sen/sb\\_0501-0550/sb\\_534\\_cfa\\_20070423\\_181148\\_sen\\_commhtml](http://www.info.sen.ca.gov/pub/07-08/bill/sen/sb_0501-0550/sb_534_cfa_20070423_181148_sen_commhtml) and Alaska is still attempting to create one as well. The Board of Nursing is self regulated in the state of Maine and Dental Hygiene is attempting to split from dentistry as Nursing did from Medicine. The benefit from the split for Nursing has been two-fold. One, the profession is regulated by professionals who understand the ever expanding role first hand as it is comprised primarily of Nurses and two, the public's benefit comes from allowing nurses to establish and administer "nursing orders" for example that allow nurses to administer over the counter medications to patients as needed without waiting for a doctor's order. Although the Board of Dental Examiners will miss the funds generated by the hygiene licensing fees, if LD 1246 passes as proposed in this packet, they would receive licensing fees for one of the two created mid-level practitioners.

**10. Previous efforts to regulate:**

I have not been involved in the process long enough to comment on this question.

**11. Minimal Competence:**

Only the dental hygienist working independently pursuant to proposed LD 550 would be required to exceed the standards of minimal competence for that of a Dental Hygienist. Each of the new categories of mid-level practitioner would establish a new standard and would set the "minimum standard" for those roles but, the Hygienist who works independently will be required to meet all the minimum standards for a Registered Dental Hygienist in the State of Maine AND

1. have a bachelor's degree in dental hygiene
2. have two years experience (or a minimum number of hours)

**12. Financial Analysis:**

No Comment

**13. Mandated Benefits:**

No Comment