

HOUSE BILL REPORT

SHB 1298

As Passed House:

March 8, 2007

Title: An act relating to dental hygiene.

Brief Description: Regarding dental hygienist employment by health care facilities and sealant programs in schools.

Sponsors: By House Committee on Health Care & Wellness (originally sponsored by Representatives Green, Campbell, Cody, Morrell, Moeller and Conway).

Brief History:

Committee Activity:

Health Care & Wellness: 2/13/07, 2/22/07 [DPS].

Floor Activity:

Passed House: 3/8/07, 62-36.

Brief Summary of Substitute Bill

- Allows, until July 1, 2009, experienced licensed dental hygienists to perform certain dental services at senior centers under a practice arrangement plan with a dentist who provides off-site supervision.
- Allows certain licenced dental hygienists performing services for low-income, rural, and at-risk populations also to remove deposits and stains from the surfaces of teeth.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 7 members: Representatives Cody, Chair; Morrell, Vice Chair; Barlow, Campbell, Curtis, Green and Pedersen.

Minority Report: Do not pass. Signed by 6 members: Representatives Hinkle, Ranking Minority Member; Alexander, Assistant Ranking Minority Member; Condotta, Moeller, Schual-Berke and Seaquist.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Staff: Chris Cordes (786-7103).

Background:

Dental hygienists must be licensed by the Department of Health (DOH) to perform specified services under a licensed dentist's supervision. These basic services include removing deposits and stains from the surfaces of the teeth, applying topical preventive agents, polishing and smoothing restorations, and performing root planing and soft-tissue curettage. A licensed dentist may also delegate other services to dental hygienists, but certain services may not be delegated, such as surgical removal of oral cavity tissue and prescribing prescription drugs.

Under a statutory exception, experienced dental hygienists may perform the basic services without dental supervision. These dental hygienists may be employed to perform these services for patients, students, and residents of health care facilities, including hospitals, nursing homes, and certain public facilities and institutions. To participate, the dental hygienist must have had, within the last five years, two years of practical clinical experience with a licensed dentist.

Licensed dental hygienists are also permitted to assess for and apply sealants and fluoride varnishes for low-income, rural, and other at-risk populations in community-based sealant programs carried out at schools. Dental hygienists who participate in these programs must complete a school sealant endorsement program created by the DOH or be licensed before April 19, 2001.

Summary of Substitute Bill:

Until July 1, 2009, the list of health care facilities that may employ experienced licensed dental hygienists to perform basic services without on-site dental supervision is expanded to include senior centers. When providing these services, however, the dental hygienist must:

- enter into a written practice arrangement plan, approved by DOH, with a dentist who will provide off-site supervision;
- collect data on the patients treated and provide the data to DOH on request; and
- obtain relevant information about the patient's health from the patient's primary care provider.

A "senior center" is a multipurpose community facility operated by a nonprofit or local government to provide health, social, nutritional, and educational services and recreational activities for persons age 60 or above.

The DOH must report to the Legislature by December 1, 2008, a summary of information about the patients served in the senior center program, including the dental health outcomes, and any recommendations about services that could appropriately be provided in senior centers by dental hygienists.

The services that licenced dental hygienists may perform for low-income, rural, and at-risk populations are expanded to allow the removal of deposits and stains from the surfaces of teeth.

When providing services under these programs, the dental hygienist must provide the patient or patient's parent with a notice that the treatment is a preventive service only, and must assist the patient to obtain a dental referral, including providing a list of dentists in the community.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on February 22, 2007.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony:

(In support) Allowing dental hygienists to offer these services at senior centers and schools is a great solution to the problem of increasing access to preventive dental care. The services are cost effective and evidence based. This was an issue that the Blue Ribbon Commission reviewed. For many years, dental hygienists have been providing this care to at-risk patients. Some practices are focused on low-income patients. These practices help patients find a dental home. Many do not have one, even though they are covered by Medicaid. This bill allows dental hygienists to provide simple services while already providing good dental prevention. From the point of view of a family practice doctor, it is a common sense solution to increasing dental care. Health costs that result from failure to provide dental care are masked because they are reported under medical, not dental, codes. Dental hygienists assess the dental condition and make a record, but are not authorized to remove tartar in the school sealant program. Low-income seniors mostly use the senior centers, and they have the greatest need for dental services. They frequently cannot afford dental services, but need lots of care because of tartar buildup. There is no need for further study of this concept. This will help the state reach its goal of being one of the top 10 healthiest states.

(Opposed) The bill expands the scope of unsupervised practice for dental hygienists. There is little therapeutic benefit of prophylaxis in children since there will be little calculus or stain that needs to be removed. If the problem is gingivitis, one cleaning will not cure the problem. When these services are provided at schools, parental education will not occur. Referrals are difficult, and dental hygienists do not have the capacity to get the right health care help. There is also a practical problem; if the patient is referred to a dental clinic, Medicaid will not pay for a second cleaning. Seniors are very vulnerable, and dental hygienists services are successful in some settings, such as nursing homes, because the patient's health care is already in place there. This is not true of senior centers. A dental home is prepared to deal with health emergencies and follow-up treatment.

Persons Testifying: (In support) Representative Green, prime sponsor; Melissa Johnson, Charlene Meagher, Kate Mills, and Doreen Naughton, Washington State Dental Hygienists Association; Roger Slater; Gary Shenkle, University of Washington Oral Health Collaborative; Gene Forrester, Washington Senior Lobby; and Helen Howat.

(Opposed) David Michener, Chris Delecki, and Mary Jennings, Washington State Dental Association.

Persons Signed In To Testify But Not Testifying: None.