

172 NAC 10 - U.C.A.

HEARING SUMMARY

REGULATION: Title 172, Chapters 53, 56, 57, Unlicensed Dental Assistants and the Licensure of Dental Assistants; Licensure of Dentists, Minimal, Moderate, or General Anesthesia/Deep Sedation; Licensure of Dental Hygienists.

• Additional info in August for Regs.

DATE OF HEARING: July 8, 2019

Name/Affiliation of Person Commenting	Comments	Department Response
<p>1. Comments are included from 71 different commenters including:</p> <p>Ashely K from Prairie Dental  Drs. Kelly and Adam Anderson  Dr. Addison Killeen  Dr. Amy J. #6617  Dr. Amy Wennighoff  Dr. Andrew Stadler  Brent Rising, DDS  Josanna M. Stephenson DDS  Dr. Brett Thomsen, DDS  Caitlyn M. Lastovica DDS  Dr. Charles S. Skoglund DDS  Dr. Christine Dregalla  David G. Meier DDS  David Zalewski DDS  Diane Ochuba DDS  Dr. Adrian Fuss  Dr. Ch R W?  Dr. Debra West</p>	<p>I am writing to object to the language in the proposed drafts of <b>172 NAC 53.007.01</b> and <b>172 NAC 57.008.01</b>. Both sections allow the expanded function <b>simple restoration for one surface</b> or <b>complex restoration on multiple surfaces</b> to be taught as part of an accredited dental assisting or hygiene program. In addition, the title of the section where this language resides states: <b>EXPANDED COURSE APPROVAL CRITERIA</b>. There would be no need to name the section <b>EXPANDED</b> if the procedure was intended to be part of a <b>STANDARD</b> hygiene curriculum. There would be no need of a special permit, if the procedure is part of a standard hygiene license. The Department is ignoring the intent of LB 18. Therefore, the phrase "part of an accredited dental assisting or hygiene program" must be removed from those two sections.</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p> <p><i>IF BAD disagrees, Jesse will take back to Dept. Legal for review.</i></p> <p><i>Find draft for both for "adoption" or send back to BOO.</i></p>

<p>Dr. James Howard  Dr. Kenneth Tusha DDS  Dr. Lindsey R. Zeboski  Dr. Thomas J. Nelson  Dr. Elizabeth Biehl DDS  Dr. Ke De?  Dr. Muralee Barger?  Dr. James R. Doyle DDS  Dr. Kim McFarland  Dr. Kathryn Marche' Schulte,  RDH, DDS  Dr. Jon D. Stineman  Judith A. Belitz, DDS, MAGD  Dr. Kathy DeFord  Dr. Kaylene Harms  Dr. Kelsey Buckley  Dr. Kyle Pap..?  Leasa Dornbier, DDS  Dr. Liz Papineau  R. Mark Hinrichs DDS  Dr. Matthew R. Serbousek  Melanie A. Steckelberg, DDS  Dr. Monte K. Zysset, DDS,  FACS  Dr. Natalie Leader  Dr. Richard Carstens DDS, MS  Marvin A. Swan DDS  Dr. Riley Santin  Dr. Sam F. Jacoby  Dr. Sami Webb  Scott L. Morrison DDS, MS</p>		
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<p>Dr. Stacy L. Moffenbier  Dr. Timothy L. Davis, DDS  Dr. Tyler L. Smith  Dr. Dana L Bailey DDS?  Dr. Daniel R. J?  Dr. James E. Buttermore DDS  Dr. James G. Gerner, DDS,  MAGD  Dr. Jenna L. Hatfield, DDS  Dr. Jumarie L. P. Jr. DDS?  Dr. John R. Pantalone DDS  Dr. Katherine A. Kusek  Dr. Matthew C. Neumann  Dr. Michael J. Knott DDS  Dr. Natalie Frost  Dr. Roger Roubul DDS ?  Adam Langan, DDS  Dr. Noah Piskorski DDS  Dr. Robert Pheifle DDS  Dr. Mark Schlothauer DDS  Dr. Stephen Wendt DDS  Dr. Corey Auch DDS  Dr. John Engel  Dr. Richard Heidemann DDS  Dr. Antonia Jones  Dr. Toby L Comer DDS</p>		<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136. The proposed language does not mandate the expanded function courses be included into</p>
		<p>Educators for hygiene programs in Nebraska have already indicated that they intend to include this advanced procedure as part of their hygiene program. Forcing all hygiene students to be educated to an advanced level of practice will</p>
<p>2. Comments are included from 71 different commenters including:  Ashely K from Prarie Dental  Drs. Kelly and Adam Anderson</p>		

<p>Dr. Addison Killeen  Dr. Amy J.  Dr. Amy Wrenninghoff  Dr. Andrew Stadler  Brent Rising DDS  Josanna M. Stephenson DDS  Dr. Brett Thomsen, DDS  Caitlyn M. Lastovica DDS  Dr. Charles S. Skoglund DDS  Dr. Christine Dregalla  David G. Meier DDS  David Zalewski DDS  Diane Ochuba DDS  Dr. Adrian Fuss  Dr. Ch R W?  Dr. Debra West  Dr. James Howard  Dr. Kenneth Tusha DDS  Dr. Lindsey R. Zeboski  Dr. Thomas J. Nelson  Dr. Elizabeth Biehl DDS  Dr. Ke De?  Dr. Murallee Barger?  Dr. James R. Doyle DDS  Dr. Kim McFarland  Dr. Kathryn Marche' Schulte,  RDH, DDS  Dr. Jon D. Stineman  Judith A. Belitz, DDS, MAGD  Dr. Kathy DeFord  Dr. Kaylene Harms</p>	<p>increase the cost of their education and create overqualified dental auxiliaries because I will not need to hire a dental auxiliary with this level of education. They will expect to be paid a higher wage, but will be disappointed because only a small percentage of dental practices will incorporate an expanded function auxiliary into their practice.</p>	<p>curriculums nor does this language directly affect the cost a school may charge for a program.</p>
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<p>Dr. Kelsey Buckley  Dr. Kyle Pap..?  Leasa Dornbier, DDS  Dr. Liz Papineau  R. Mark Hinrichs DDS  Dr. Matthew R. Serbousek  Melanie A. Steckelberg, DDS  Dr. Monte K. Zysset, DDS,  FACS  Dr. Natalie Leader  Dr. Richard Carstens DDS, MS  Marvin A. Swan DDS  Dr. Riley Santin  Dr. Sam F. Jacoby  Dr. Sami Webb  Scott L. Morrison DDS, MS  Dr. Stacy L. Moffenbier  Dr. Timothy L. Davis, DDS  Dr. Tyler L. Smith  Dr. Dana L Bailey DDS?  Dr. Daniel R. J?  Dr. James E. Buttermore DDS  Dr. James G. Gerner, DDS,  MAGD  Dr. Jenna L. Hatfield, DDS  Dr. Jumarie L. P. Jr. DDS?  Dr. John R. Pantalone DDS  Dr. Katherine A. Kusek  Dr. Matthew C. Neumann  Dr. Michael J. Knott DDS  Dr. Natalie Frost</p>		
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<p>Dr. Roger Roubul DDS ?  Adam Langan, DDS  Dr. Noah Piskorski DDS  Dr. Robert Pheifle DDS  Dr. Mark Schlothauer DDS  Dr. Stephen Wendt DDS  Dr. Corey Auch DDS  Dr. John Engel  Dr. Richard Heidemann DDS  Dr. Antonia Jones  Dr. Toby L Comer DDS</p>		
<p>3. Comments are included from 71 different commenters including:  Ashely K from Prairie Dental  Drs. Kelly and Adam Anderson  Dr. Addison Killeen  Dr. Amy J.  Dr. Amy Weninghoff  Dr. Andrew Stadler  Brent Rising DDS  Josanna M. Stephenson DDS  Dr. Brett Thomsen, DDS  Caitlyn M. Lastovica DDS  Dr. Charles S. Skoglund DDS  Dr. Christine Dregalla  David G. Meier DDS  David Zalewski DDS  Diane Ochuba DDS  Dr. Adrian Fuss  Dr. Ch R W?</p>	<p>I also noticed that Dental X-Ray course approval appears under the expanded function section. This has never been an expanded function and should appear as a stand-alone permit, similar to Coronal Polishing.</p>	<p>The Department disagrees that this should be a separate section as approval of the course to do this function must be approved. However, the Department agrees that the Heading should be changed to "COURSE APPROVAL CRITERIA".</p>

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<p>4. Drs. Kelly and Adam Anderson</p>	<p>Using the language outlined in the proposed drafts, assistants would no longer be able to take X-rays without first attending an accredited assisting program, and subsequently attending an expanded functions course if their accredited</p>	<p>The Department disagrees that this should be a separate section as approval of the course to do this function must be approved. However, the Department agrees that the Heading should be changed to "COURSE</p>



APPROVAL CRITERIA”.		
<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>	<p>schooling did not include this training. We would not have any assistants if this were the case. All of our assistants have kids and families and for them to have to leave their home for months at a time to obtain a license/certificate for things that they already know how to do would be absurd. The X-ray certification should remain a separate license as it is now.</p> <p>Additionally, this is going to increase the expectations for pay from both hygienists and assistants in all practices, not just the practices that plan on utilizing expanded functions. With more training and time invested in their schooling, these auxiliaries are going to expect higher wages that may not necessarily be warranted. Imagine being a dentist that is not going to utilize the expanded functions, and having several overqualified, overtrained employees who are going to increase your overhead and not increase your production. Every business owner can quickly see that this is not in the best interest for every practice. However, if the language is changed to include only those who are interested in obtaining an Expanded functions license and their employer/dentist agrees, then this would benefit the practice financially and operationally.</p>	<p>5. Drs. Kelly and Adam Anderson</p>
<p>No change will be made in the draft, the term prophylaxis is not cited in regulation and therefore it could not be included in the definitions.</p>	<p><b>172 NAC 57 002. Definitions</b>—There has been much discussion and confusion amongst dentistry for quite some time regarding the <b>definition of a prophylaxis</b>. It has been addressed by our Board of Dentistry numerous times and I believe our current definition, as specified in rules and regulations, is outdated. I would like to suggest updating to the current definition from the American Academy of Periodontology which defines it as: The removal of plaque, calculus and stain from exposed and unexposed surfaces of the teeth by scaling and polishing as a preventive</p>	<p>6. Annette Byman</p> <p><i>in the table</i></p>

		measure for the control of local irritational factors.	
7. Annette Byman	<i>2 hrs. CE</i>	<b>172 NAC 57 006.05 (F)</b> I question the reasoning for this requirement... as we do not require dentistry to adhere to such a requirement. I do not see the justification in making it mandatory for dental hygienists and am advocating this requirement be removed.	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stat. § 38-1118.01. Chapter 56 includes a similar requirement for dentists who hold a sedation permit to have a certain number of hours of CE pertaining to sedation (172 NAC 56-007.04(G)).
8. Annette Byman	<i>1.</i>	<b>172 NAC 57 008.01--06</b> —I strongly believe in including a minimum number of hours for didactic and clinical components to ensure patient safety and provide consistency amongst dental hygienists providing these duties.	The Department will bring this comment to the Board for additional discussion to see if the Board would like to set the number of hours for didactic and clinical hours
9. Annette Byman		<b>172 NAC 57 008.07.</b> The approval to administer local anesthesia should not be included in this section as it is listed as a scope of practice duty – it is NOT considered an expanded function duty. This section can be removed.	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.
10. Annette Byman		<b>172 NAC 57 009</b> – Remove the language “to administer local anesthesia”.	Agree with the comment, 172 NAC 57-010 is applicable to local anesthesia. 172 NAC 57-010 should read: LOCAL ANESTHESIA PERMIT. To obtain a local anesthesia permit an individual must submit a completed application provided by the Department and meet the requirements set forth in Neb. Rev. Stat. § 38-1132.
11. Annette Byman	<i>Prohibited Services</i>	<b>172 NAC 57 012. A (i,ii,iii,iv)</b> — The passage of LB 18 allows for restorative procedures (simple and complex restorations) by dental hygienists, as well as IRT. By nature of performing these procedures, I believe the following sections can be removed (i), (ii), (iii) and (iv).	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.
12. Annette Byman		<b>172 NAC 57 (v) Fabricating a treatment plan</b> – There is a difference between a “dental treatment plan” and a “dental hygiene treatment plan”. I would like to recommend changing this language to specify a <b>Dental</b> treatment plan.	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.

13. Annette Byman	172 NAC 53 Rules and Regulations for Dentists and Dental Hygienists contain language specific to a Remedial Course. Currently there is none listed for Dental Assistants. I would advocate that licensed dental assistants and expanded function dental assistants have an identical section addressing remediation.	No change will be made to the draft. The Department believes this language is covered with Neb. Rev. Stats. §§ 38-1119
14. Annette Byman	172 NAC 53 007.02 – 007.07: I believe it critically important that each of these expanded function duties include minimum hours of clinical and didactic specifications in order to ensure consistency and provide high standard of care to all patients.	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-11135, and 38-1136.
15. Annette Byman	172 NAC 53 010.02 (B): I would advocate an additional two exceptions of what a dental assistant is NOT able to perform to this list: (vi). A prophylaxis, including supra and subgingival scaling with hand and/or ultrasonic instrumentation(vii). Sealants	No change will be made to the draft. The Department believes this language is covered in the draft.
16. Annette Byman	172 NAC 56 008. Q – As dental professionals, we take a Hippocratic oath to provide the best care possible with no harm intended. I strongly believe this section should include language that protects the patient in a more comprehensive manner. I am advocating for two items here: 1) a written consent for each patient acknowledging the care/treatment they are receiving is being performed by a dental assistant or a dental hygienist and; 2) the dentist perform a final check of the work prior to dismissal of the patient, to ensure it meets standard of care. I have a family member who practices as an expanded function dental assistant in the state of Minnesota. Unfortunately greed has taken over dental practices. EFDA are expected to produce a certain dollar amount of treatment each day. The office is being run like a mill, the dentists are	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-178, 38-179, 38-1118.01, 38-1118.03, 38-1135, and 38-1136.

	<p>not checking the work performed by dental assistants prior to dismissal of the patient and consequently, the patients are receiving substandard care. <u>Their practice</u> is currently under investigation by 2 insurance companies due to a high number of abscesses and root canals on teeth treated by dental assistants. Personally, I feel this is a tragedy and would like to see NE prevent situations from this happening. By adding in the language I am proposing, it would provide a much more ethical manner of providing dental care to the citizens of Nebraska.</p>	
<p>17. Annette Cserna DDS, MS</p>	<p>I would like to say that this bill is a huge concern for a number of reasons.  1) <u>Extra cost to the student</u>- this places an additional financial strain on the student when they might not get hired for the hourly wage that they are then demanding to be paid.</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136. The proposed language does not mandate the expanded function courses be included into curriculums nor does this language directly affect the cost a school may charge for a program.</p>
<p>18. Annette Cserna DDS, MS</p>	<p>2) Extra cost to a dentist to hire-if the dentist is just starting their practice-then this cuts into the overhead costs-the average dentist coming out of a program is already saddled with high debt and likely will have an even higher overhead if he/she is forced to hire an overqualified assistant or hygienist or if the dentist is established but wants to keep the dental procedures cost effective for the patient-this increases the cost of overhead and will cost the patient more to have a procedure done.  3) I am a specialist and I personally do not want to hire an assistant who has expanded duties already taught since what they will be taught and what I need for them to do with regards to expanded duties in the area of orthodontics is not</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136. The proposed language does not mandate the expanded function courses be included into curriculums nor does this language directly affect the cost a school may charge for a program.</p>

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	<p>compatible since I do not do fillings. The expanded duties that I would require should be provided by continuing education in my area, with a certified program related to orthodontics. 5) I believe expanded should not be part of a core curriculum but an option for the assistant or hygienist to pursue after the core curriculum is taken—just like if a dentist wants to pursue added specialty training or education. This would give the assistant and hygienist and dentist the option of whether to go on and would keep costs down for everyone concerned. [Should an assistant or hygienist want to pursue expanded duties once they have worked for a dentist, it has been my experience that the dentist often will cover the cost of this added education for the staff member—again—keeping the cost down for everyone and receiving the proper training for each specific expanded duties]</p>	
<p>19. Annette Cserna DDS, MS</p>	<p>4) Extra cost to the patient—there is a flow-through effect that would happen, where the patient would end up paying more for a procedure regardless of whether the dentist utilized the expanded duties option or not just to cover the added expense of hourly wage. This would rise the cost of dental health care overall.</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136. The proposed language does not mandate the expanded function courses be included into curriculums nor does this language directly affect the cost a school may charge for a program.</p>
<p>20. Crystal Stuhr, CDA, BS, LDA</p>	<p><b>Ch 53 007. Expanded Course Approval Criteria.</b> The following must be met to obtain approval for all courses except coronal polishing <b>and x-ray (add):</b> <b>A. Be a part of an accredited dental assisting training program or (remove) offered as a separate course by a program accredited by the American Dental Association Commission on Dental Accreditation or a substantially equivalent</b></p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>

	accrediting organization to assistants with 1500 hours of work experience as an LDA. (add)	
21. Crystal Stuhr, CDA, BS, LDA	<b>Ch 53 007.8A</b> does not correctly indicate how Radiology is currently taught, no lab hours are included within the 16-hour requirement. This area needs more clarity lecture and lab hours. <b>Ch 53 007.08</b> Coronal Polishing and X-ray (add) to obtain approval for all courses except (remove) coronal polishing and x-ray (add): A. Be a part of an accredited dental assisting training program or be offered at an accredited college or institution (remove) program.	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1135
22. Crystal Stuhr, CDA, BS, LDA	<b>Ch 53 007.08</b> Coronal Polishing and X-ray (add) to obtain approval for all courses except (remove) coronal polishing and x-ray (add): A. Be a part of an accredited dental assisting training program or be offered at an accredited college or institution (remove) program.	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.
23. Crystal Stuhr, CDA, BS, LDA	<b>Ch 57 008</b> Course Approval Criteria. The following criteria must be met to obtain approval for all courses except simple restorative and complex restorative (add): <b>Ch 57 A (add)</b> separate/new number is needed for restorative to be worded: <b>Course Approval Criteria. The following must be met to obtain approval for simple and complex restorative course approval:</b> A. Be offered as a separate course by a program accredited by the American Dental Association Commission on Dental Accreditation or a substantially equivalent accrediting organization to hygienists with 1500 hour of work B. Be taught by an instructor who is qualified by education and experience and C. Provide the attendee with written verification of demonstrated competency upon completion of the courses.	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.
24. Crystal Stuhr, CDA, BS, LDA	<b>Ch 57 A (add)</b> separate/new number is needed for restorative to be worded: <b>Course Approval Criteria. The following must be met to obtain approval for simple and complex restorative course approval:</b> A. Be offered as a separate course by a program accredited by the American Dental Association Commission on Dental Accreditation or a substantially equivalent accrediting organization to hygienists with 1500 hour of work B. Be taught by an instructor who is qualified by education and experience and C. Provide the attendee with written verification of demonstrated competency upon completion of the courses.	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.
25. Crystal Stuhr, CDA, BS, LDA	1. <b>002.01 (A) Final Impression. (remove)</b> final impressions are not part of the scope of practice for Dental Hygienist.	No change will be made to the draft, section 2 is for definitions and does not authorize scope of practice.

<p>26. Crystal Stuhr, CDA, BS, LDA</p>	<p><b>2. 008.04 Minor Denture Adjustment.</b> In the LB18, page 9, line 30, under 38-1130(3)(a)(vi), it states that this is <b>only a duty for the Public Health Dental Hygienist</b>. This needs to be clear in the regulations.</p>	<p>No change will be made to the draft, section 8 is criteria for course approval and does not authorize scope of practice.</p>
<p>27. Crystal Stuhr, CDA, BS, LDA</p>	<p><b>3. 012. (A)(i) Cutting of hard and soft tissue; only to be done with hand instruments for an ITR procedure, listed in 008.01. (add)</b></p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
<p>28. Crystal Stuhr, CDA, BS, LDA</p>	<p><b>4. 012. (C) Perform duties for which training has occurred in CODA accredited programs and as directed by a licensed dentist. (Remove)</b> There are many variables and little control over how a duty was covered in their training and a nightmare for the board to regulate in our state without proof of the level of training. For example, school A could cover the duty in 30 hours to a clinical competency, verses school B, they could teach to familiarity and not even have a lab to cover the material, not alone a competency. When duties such as the expanded functions are regulated by the states, it is important for the state to have very specific requirements to ensure that the level of competency being taught as they wish to ensure that our patients are safe in our state. See <b>Table 24: Services Taught to Perform and Taught to Clinical Competence at Accredited Dental Hygiene Education Programs, 2017-18</b> at the end of this document. First column states that they teach the skill and the second column states that they teach it to clinical competency.</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
<p>29. Crystal Stuhr, CDA, BS, LDA</p>	<p>Lastly, NDAA was wondering where the information on the <u>fiscal impact statements</u> was derived? Did the data come from a survey to Program Directors of accredited programs in our</p>	<p>This information was based off of information used by the department to create the impact summary for LB 18 in 2017.</p>

	<p>state? How can we deem this information valid without the data?</p>	
<p>30. Deb Schardt, RDH, PHRDH</p>	<p>172 NAC 53 007.02---007.07-- This section needs to include a minimum number of hours for didactic and clinical experience so that there is consistency in courses and expectations of training to protect the public. We have in statute local anesthesia requirements for RDH, and X-ray and Coronal Polishing minimums and I feel that we should at least provide minimum requirements.</p> <ul style="list-style-type: none"> <li>• What does the clinical portion look like for expanded functions? Are they only lab competent prior to testing? If they have live patient experiences, who oversees this and with what training or calibration? Should patients be given notice if they are part of this "practicum" if this occurs in a dental office? Or would this be required to take place in an accredited institution as well?</li> <li>• Dentistry and Dental Hygiene regulations contain a section on Remedial Courses and what they need to include. Would it not make sense to also include this for dental assisting for expanded functions? Do they just get to keep trying without remediation to "get it right"?</li> </ul>	<p>The Department will bring this comment to the Board for additional discussion to see if the Board would like to set the number of hours for didactic and clinical hours</p>
<p>31. Deb Schardt, RDH, PHRDH</p>	<p>172 NAC 53 • 010.02—With listing exceptions for what a dental assistant cannot do, the language from the previous rules and regulations should be brought forward to include scaling of teeth, including subgingival regions and root planning with hand and ultrasonic instruments. (002.01A) Also placement of dental sealants, as this is not allowed in the statutes for dental assistants.</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
<p>32. Deb Schardt, RDH, PHRDH</p>	<p>172 NAC 56 008. Q—Statute 38:1135 (2) gives the department with the recommendation of the Board the authority to promulgate rules and</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-</p>



	<p>regulations for the degree of supervision provided by a dentist for any procedures performed by a dental assistant, a licensed dental assistant or an expanded function dental assistant. Even though “indirect supervision is listed in 38-1135 (7), the Board of Dentistry’s role is for public safety. With that, we would like to have a patient provide written consent for treatment and acknowledgement that a dental auxiliary will be doing their restorative placement, OR making sure the DDS checks the final restoration prior to dismissal. As a consumer, I expect that when I have a restorative procedure done, it will be done or approved by the DDS prior to my dismissal. The medical field offers different options and you know whether you are being seen by an MD, a PA or an NP. It can be your choice. We feel as a profession we are not providing standard of care and are being unethical in considering what is in the best interest of the public by not requiring this final check by the DDS.</p>	<p>1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
<p>33. Deb Schardt, RDH, PHRDH</p>	<p>172 NAC 57 002. Definitions—Include the definition of a prophylaxis based on the American Academy of Periodontology: Prophylaxis: American Academy of Periodontology—presents the most comprehensive definition of the oral prophylaxis as the “removal of plaque, calculus and stain from exposed and unexposed surfaces of the teeth by scaling and polishing as appropriate as a preventative measure for the control of local irritational factors.</p>	<p>No change will be made in the draft, the term prophylaxis is not cited in regulation and therefore it could not be included in the definitions.</p>
<p>34. Deb Schardt, RDH, PHRDH</p>	<p>172 NAC 57 008.01 -- 06—There needs to be a minimum number of hours for didactic and clinical components. Nitrous would have fewer hours for the dental hygienist as they have already completed the coursework in their dental hygiene curriculum. A dental hygienist would also need</p>	<p>The Department will bring this comment to the Board for additional discussion to see if the Board would like to set the number of hours for didactic and clinical hours</p>

	<p>fewer hours for restorative than the dental assistants due to our education and licensure in dental hygiene. We have these requirements outlined in statute for local anesthesia. Minimum hours and experiences also need to be required of the expanded function permits for restorative and list those requirements in the rules and regulations. It would make it a lot easier for the BOD to provide consistency and competency in approving courses!</p>	
<p>35. Deb Schardt, RDH, PHRDH</p>	<p>1722 NAC 57 009. The approval to administer local anesthesia should not be included with an expanded function permit. This is already in the dental hygiene curriculum and scope of practice.</p>	<p>Agree with the comment, 1722 NAC 57-010 is applicable to local anesthesia. 1722 NAC 57-010 should read: LOCAL ANESTHESIA PERMIT. To obtain a local anesthesia permit an individual must submit a completed application provided by the Department and meet the requirements set forth in Neb. Rev. Stat. § 38-1132.</p>
<p>36. Deb Schardt, RDH, PHRDH</p>	<p>1722 NAC 57 009.01 Education—There seems to be concern with whether the training for the Expanded function permit can be offered in a traditional dental hygiene curriculum. The statute 38-118.01. Expanded function dental hygiene; application for permit; qualifications. These requirements are in no particular order in statute. The requirements just need to be met to apply for the permit. This is what is in statute and our dental hygiene programs should not be prohibited from offering this in the curriculum if they choose to. A dental hygienist applying for the permit that already had the training and testing would still need to meet the 1500 hour work requirements, just as a Public Health dental hygienist needs to work for 3000 hours before applying for a PH permit, even though they are trained. By allowing dental hygiene programs to include this if they choose to, it allows for hygienists to not have to</p>	<p>This comment is in support of the current draft and no change in the draft regulations would be required.</p>

	<p>take time from work to go back and complete the training. It would be a win for both the hygienist and the employer. Dental hygiene students pay per credit hour and if it is included in the curriculum there will not be an additional financial burden. It would be up to the RDH if they chose to go ahead and take the clinical restorative exams.</p>	
<p>37. Deb Schardt, RDH, PHRDH</p> <p><i>Approved</i></p>	<p>172 NAC 57 012. A (i,ii,iii)— We would like to see all of these be removed because we are doing all of these things with our expanded scope. (i) Are we not "cutting" when we use instruments to clean out decay for ITR? (ii) Placing a permanent restoration is irreversible and (iii) Placing permanent restoration and ITR would be included in "restorative dentistry"• (v) Fabricating a treatment plan - Recommend changing this to Dental treatment plan.</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
<p>38. Deb Schardt, RDH, PHRDH</p>	<p>172 NAC 57 014.01 Fees for "expanded functions" it appears that in the language above that Local Anesthesia and PH permit are included in the "expanded functions permit" does this mean there will be \$25 additional fee for anesthesia; PH; each of the 4 additional scope expansions as well as the two restorative permits? Perhaps list the permits that are included or excluded in this additional fee.</p>	<p>Only the Restorative permits have a fee attached to them. The Department will ensure fees will be correctly reflected in 172 NAC 2.</p>
<p>39. Dr. Alley with Lincoln Periodontics</p>	<p>I am writing in regards to LB 18. I was under the impression that training for expanded duties would occur after graduation from an accredited institution. I am not against staff seeking to further their training after graduation, but I am opposed to allowing the curriculum for expanded duties for hygienists and dental assistants to be included in the undergraduate training. I felt compelled to share my feelings and would</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>

	<p>appreciate your consideration of the situation. Thank you!</p>	
<p>40. Erin Haley-Hitz RDH, BSDH, MS, PHRDH, OM</p>	<p><b>172 NAC Chapter 56</b>  I have concern with the language stating that a dental auxiliary may place restorations without the final result being checked by a licensed dentist. As I seek care with medical providers I know before hand who is providing my care and I know that they are either a Nurse practitioner, Physician assistant, or a medical doctor. Within this model of dental care, there is not a clear definition of the provider that will be completing the restoration and this presents a problem as a consumer. If we aren't able to provide clear communication and documentation on who the provider will be then the licensed dentist should be checking the final restoration prior to the patient's departure from the dental office.</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
<p>41. Erin Haley-Hitz RDH, BSDH, MS, PHRDH, OM</p>	<p><b>172 NAC Chapter 57</b>  I have concerns regarding the language around the education ( section 0009.01) of the expanded function dental hygienist. It is not clear on the timing of education neither in the statute or the rules and regulations. There is not a time line set in statute as to when the educational piece should be completed prior to application for an expanded function permit. The language states that there must be 1500 hrs of clinical experience as a licensed dental hygienist and appropriated education and testing be completed as approved by the Board. This being said, can the education be completed withing initial dental hygiene education and testing completed during initial licensure of the dental hygiene student? This would then mean that the dental hygiene student would not be practicing any restorative procedures for 1.5 years until they can apply for the permit when the 1500hrs as a licensed dental</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>

hygienist is finally obtained. I find this to be a public safety concern, as procedures and dental materials change rapidly and if a dental hygienist waits 1.5 yrs to obtain the permit for expanded restorative functions their restorative clinical skills may have declined in that time frame. The intent is to provide the best care to patients in Nebraska. Is this providing for the best trained provider for our patients? In my opinion it is not. What was the intent of the legislation? I feel the intent of the statute was for a dental hygienist to be licensed and practicing for 1.5yrs and obtaining the 1500hrs, then they may complete the approved education, and pass the approved testing and then they can apply for the expanded functions permit. I don't feel the language is meant to allow for restorative functions within initial licensure of the dental hygienist in Nebraska. This needs further review and clarification from the board of dentistry to determine the timing of education prior to the application for a permit for expanded duties. This would be fair for all in this process, I have obtained the 1500hrs and so therefore I am eligible to take the approved education and testing and then upon completion of those requirements I can apply for an expanded function permit. Within those same comments, chapter 53 section 8.01 is listed in the same fashion for dental assistants. the 1500hrs of experience needed prior to completing education and testing or can this be done within a program for initial licensure of the dental assistant? I believe that there is confusion on this issue and it is important that the intent of the legislation be reflected within the rules and regulations. As pointed out by the Nebraska Dental Association they feel this is not

	<p>the intent of the 407 process, but that is not where the intent should come from, the intent comes directly from the state legislature and discussion that occurred there an not elsewhere. I urge the board to readdress this issue to clarify is further for everyone's benefit, especially for the protection of the Nebraska patients. If an educational program wants to include this in their program that would be a futuristic move and the institution can make that decision, other states in the United States do require restorative education for initial licensure and Nebraska students do move to those states. However, Nebraska statute is not written to allow this for initial licensure. Is it appropriate to include items in education that are not legal in the state of Nebraska? The process of furthering education beyond initial licensure is an extra investment in time and financial resources, but this advanced education is exactly that, advanced education which is another level of provider. It deserves the attention of extra time and financial investment and testing to be able to perform and complete procedures to keep patients safe and healthy.</p>	
<p>42. Farra Plate DDS</p>	<p>I am writing this email to question some the language in the proposed drafts of 172 NAC 53.007.01 and 172 NAC 57.008.01.</p> <p>I have spent the past 6 months volunteering at the People's City Mission. Pat Hupp, the clinic supervisor has his radiograph certificate. He is also planning on taking the Coronal Polishing course in the next year.</p> <p>How would this new bill affect a facility like the free clinic? I rarely have an assistant, so Pat taking my xrays, cleaning up my rooms, and sterilizing the equipment is vital to the clinic remaining functional. As a former owner</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136. No applicant will be required to take additional training for a service they are already authorized to perform. Sections 007 in 172 NAC 53 and 008 in 172 NAC 57 are for the approval of the educational courses and do not set the scope of practice.</p>

	<p>of a private practice in rural NE, it would be very difficult to have gotten my 3 dental assistants to go back for training required to receive their certification for expanded functions. These 3 ladies have a combined 100 years of dental assisting experience, all have coronal polishing and radiographs certificates. None have formal dental assistant training at an educational institute. I just ask that some of this bill be re-examined to address these issues I have.</p>	
<p>43. Jason Brisbin, RDH, PHRDH, BSDH Heather Hesseheimer, RDH, MS</p>	<p>172 NAC 53.003.03 In order to keep the language consistent with all three chapters, we would recommend adding the language that scores from any of the licensure practical examinations approved by the Board are accepted for a maximum of 5 years from the date the examination was passed. Chapter 56.003.02B states, "Demonstrate passage of the practical examination with the score of 75 or above on each part of the examination within the past 5 years; and". This would fall as 003.03B for Chapter 53.</p>	<p>The Department will bring this comment to the Board for additional discussion to see if the Board would like to set the number of years at 5 to remain consistent.</p>
<p>44. Jason Brisbin, RDH, PHRDH, BSDH Heather Hesseheimer, RDH, MS</p>	<p>007.01—The dental X-ray for assistants should not be considered as "expanded scope"; however, the language for educational requirement should be included as it currently is for coronal polishing.</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
<p>45. Jason Brisbin, RDH, PHRDH, BSDH Heather Hesseheimer, RDH, MS</p>	<p>007.02---007.07—We would recommend a minimum number of hours for didactic and clinical experience so there is consistency in courses and expectations of training to protect the public. We have in statute local anesthesia requirements for RDH, and X-ray and Coronal Polishing minimums for dental assistants, and we feel we should at least provide minimum requirements.</p>	<p>The Department will bring this comment to the Board for additional discussion to see if the Board would like to adjust the hours to be consistent across all chapters.</p>

<p>46. Jason Brisbin, RDH, PHRDH, BSDH Heather Hesseheimer, RDH, MS</p>	<p>We question, "What does the clinical portion look like for expanded functions?" Are they only lab competent prior to testing? If they have live patient experiences, who oversees this and with what training or calibration? Should patients be given notice if they are part of this "practicum" if this occurs in a dental office? Or would this be required to take place in an accredited institution as well?</p>	<p>The Department will take this comment to the Board. These questions have been addressed on a case by case basis for the various programs that currently available.</p>
<p>47. Jason Brisbin, RDH, PHRDH, BSDH Heather Hesseheimer, RDH, MS</p>	<p>Dentistry and Dental Hygiene regulations contain a section on Remedial Courses and what must be included. Would it not make sense to also include this for dental assisting for expanded functions? Do they just get to keep trying without remediation to "get it right"?</p>	<p>No change will be made to the draft. Neb. Rev. Stats. §§ 38-1119 lists the requirements for remedial courses for all three professions.</p>
<p>48. Jason Brisbin, RDH, PHRDH, BSDH Heather Hesseheimer, RDH, MS</p>	<p>008.02-- We would recommend adding the language that scores from any of the licensure practical examinations approved by the Board are accepted for a maximum 5 years from the date the examination was passed to be consistent with 003.03 recommendation and with Chapters 56 &amp; 57. "Demonstrate passage of the practical examination with the score of 75 or above: on each part of the examination within the past 5 years; and"</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
<p>49. Jason Brisbin, RDH, PHRDH, BSDH Heather Hesseheimer, RDH, MS</p>	<p>010.02—With listing exceptions for what a dental assistant cannot perform, the language from the previous rules and regulations should be brought forward to include: 1) scaling of teeth, including subgingival regions and root planing with hand and ultrasonic instruments. (002.01A) and 2) placement of dental sealants, as this is not allowed in the statutes for dental assistants.</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
<p>50. Jason Brisbin, RDH, PHRDH, BSDH Heather Hesseheimer, RDH, MS</p>	<p>172 NAC 56 007.04 (H) Recommend making the language consistent with Chapter 53 and 56 in that there is a maximum of two credit hours allowed as a CE presenter.</p>	<p>The Department will bring this comment to the Board for additional discussion to see if the Board would like to set the number of hours for didactic and clinical hours</p>



<p>51. Jason Brisbin, RDH, PHRDH, BSDH Heather Hesseheimer, RDH, MS</p>	<p>008. Q—Statute 38:1135 (2) gives the department, with the recommendation of the Board, the authority to promulgate rules and regulations for the degree of supervision provided by a dentist for any procedures performed by a dental assistant, a licensed dental assistant or an expanded function dental assistant. Even though “indirect supervision” is listed in 38-1135 (7), the Board of Dentistry’s role is for public safety. With that, we recommend that all patients be provided written consent for their treatment as well as acknowledgement that a dental auxiliary will be performing their restorative placement OR making sure the DDS checks the final restoration prior to dismissal. As a consumer, we expect that when any of us has a restorative procedure done, it will be performed by, or approved by, the DDS prior to dismissal. The medical field offers different options and you know whether you are being seen by an MD, a PA, or a NP. It can be your choice. We feel as a profession we are not providing standard of care and are being unethical in considering what is in the best interest of the public by not requiring this final check by the DDS.</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-178, 38-179, 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
<p>52. Jason Brisbin, RDH, PHRDH, BSDH Heather Hesseheimer, RDH, MS</p>	<p>172 NAC 57 002. Definitions—We believe the current definition of a prophylaxis as currently defined in rules and regulations is outdated. We would recommend utilizing the American Academy of Periodontology’s current definition of an oral prophylaxis. “The removal of plaque, calculus and stain from exposed and unexposed surfaces of the teeth by scaling and polishing as appropriate as a preventive measure for the control of local irritational factors.”</p>	<p>No change will be made in the draft, the term prophylaxis is not cited in regulation and therefore will not be included in the definitions. The department feels industry defines prophylaxis sufficiently.</p>

<p>53. Jason Brisbin, RDH, PHRDH, BSDH Heather Hesseheimer, RDH, MS</p>	<p>172 NAC 57 008.01-.06—We believe there should be a minimum number of hours for didactic and clinical components. Nitrous would require fewer hours for the dental hygienist - as they have already completed the coursework in their dental hygiene curriculum. A dental hygienist would also require fewer hours for restorative than dental assistants, due to our education and licensure in dental hygiene. We have these requirements outlined in statute for local anesthesia. Minimum hours and experiences should also be required of the expanded function permits for restorative .. and list those requirements in the rules and regulations. It would make it a lot easier for the BOD to provide consistency and competency in approving courses!</p>	<p>The Department will bring this comment to the Board for additional discussion to see if the Board would like to set the number of hours for didactic and clinical hours</p>
<p>54. Jason Brisbin, RDH, PHRDH, BSDH Heather Hesseheimer, RDH, MS</p>	<p>172 NAC 57 009. The approval to administer local anesthesia should not be included with an expanded function permit. This is already included in the dental hygiene curriculum and is considered scope of practice.</p>	<p>Agree with the comment, 172 NAC 57-010 is applicable to local anesthesia. 172 NAC 57-010 should read: LOCAL ANESTHESIA PERMIT. To obtain a local anesthesia permit an individual must submit a completed application provided by the Department and meet the requirements set forth in Neb. Rev. Stat. § 38-1132.</p>
<p>55. Jason Brisbin, RDH, PHRDH, BSDH Heather Hesseheimer, RDH, MS</p> <p>56. Jason Brisbin, RDH, PHRDH, BSDH Heather Hesseheimer, RDH, MS</p>	<p>172 NAC 57 009.01 Education—We support the rules and regulations as written because it most accurately supports the current statutes.</p> <p>172 NAC 57 012. A (i,ii,iii)— We would like to see all of these be removed because we believe we are doing all of these things with our expanded scope. (i) Are we not “cutting” when we use instruments to clean out decay for ITR? (ii) Placing a permanent restoration is irreversible and (iii) Placing permanent restoration and ITR would be included in “restorative dentistry.”</p>	<p>This comment does not request a change.</p> <p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>

	<p>• (v) Fabricating a treatment plan - Recommend changing this to a "Denta" treatment plan.</p> <p>172 NAC 57 014.01 Fees for "expanded functions". This area is not clear to us. It would make sense to provide a list of permits and what the fee would be for each one. As an example: It appears that Local Anesthesia and Public Health permits are included in the "expanded functions permit". Does this mean there will be a \$25 additional fee for anesthesia, PH, each of the 4 additional scope expansions, as well as the two restorative permits? Perhaps list the permits that are included or excluded in this additional fee.</p>	<p>The Department will ensure the fees when added to 172 NAC 2 correctly reflect the restorative permits. There is no fee for the PH Authorization.</p>
<p>57. Jason Brisbin, RDH, PHRDH, BSDH Heather Hesseheimer, RDH, MS</p>	<p>172 NAC 53 003.01 I would recommend adding the language, "Scores from any of the licensure practical examinations approved by the Board are accepted for up to a maximum of 5 years from the date the examination was passed."</p> <p>172 NAC 53 007.01—The dental X-ray for assistants should not be considered as "expanded scope"; however, the language for educational requirement should be included as it currently is for coronal polishing.</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p> <p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
<p>58. Jessica Bolter, RDH Kaynda Kuhl, RDH, BS Kathryn Galvan, RDH, BS Vanessa Crookshank, RDH</p>	<p>172 NAC 53 007.02---007.07—I would recommend to include a minimum number of hours for didactic and clinical experience so there is consistency in courses and expectations of training to protect the public. We have in statute local anesthesia requirements for RDH, and X-ray and Coronal Polishing minimums for dental assistants, and we feel that we should at least provide minimum requirements.</p>	<p>The Department will bring this comment to the Board for additional discussion to see if the Board would like to set the number of hours for didactic and clinical hours</p>
<p>59. Jessica Bolter, RDH Kaynda Kuhl, RDH, BS Kathryn Galvan, RDH, BS Vanessa Crookshank, RDH</p>	<p>60. Jessica Bolter, RDH Kaynda Kuhl, RDH, BS Kathryn Galvan, RDH, BS Diane M Aiden RDH, PHRDH Vanessa Crookshank, RDH</p>	<p>No change will be made to the draft. These questions have been addressed on a case by case basis for the various programs that currently available.</p>
<p>61. Jessica Bolter, RDH Kaynda Kuhl, RDH, BS Kathryn Galvan, RDH, BS Diane M Aiden RDH, PHRDH</p>	<p>"What does the clinical portion look like for expanded functions?" Are they only lab competent prior to testing? If they have live patient experiences, who oversees this and with</p>	<p>No change will be made to the draft. These questions have been addressed on a case by case basis for the various programs that currently available.</p>

Vanessa Crookshank, RDH	what training or calibration? Should patients be given notice if they are part of this "practicum" if this occurs in a dental office? Or would this be required to take place in an accredited institution as well?	
62. Jessica Bolter, RDH Kaynda Kuhl, RDH, BS Kathryn Galvan, RDH, BS Diane M Alden RDH, PHRDH Vanessa Crookshank, RDH	Dentistry and Dental Hygiene regulations contain a section on Remedial Courses and what must be included. Would it not make sense to also include this for dental assisting for expanded functions? Do they just get to keep trying without remediation to "get it right"?	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.
63. Jessica Bolter, RDH Kaynda Kuhl, RDH, BS Kathryn Galvan, RDH, BS Vanessa Crookshank, RDH	1722 NAC 53 008.02-- I would recommend adding the language "Scores from any of the licensure practical examinations approved by the Board are accepted for a maximum of 5 years from the date the examination was passed."	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.
64. Jessica Bolter, RDH Kaynda Kuhl, RDH, BS Kathryn Galvan, RDH, BS Diane M Alden RDH, PHRDH Vanessa Crookshank, RDH	1722 NAC 53 010.02—With listing exceptions for what a dental assistant cannot perform, the language from the previous rules and regulations should be brought forward to include: 1) scaling of teeth, including subgingival regions and root planing with hand and ultrasonic instruments. (002.01A) and 2) placement of dental sealants, as this is not allowed in the statutes for dental assistants.	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.
65. Jessica Bolter, RDH Kaynda Kuhl, RDH, BS Kathryn Galvan, RDH, BS Vanessa Crookshank, RDH	1722 NAC 56 007.04 (H) Recommend making the language consistent with Chapter 53 and 56 in that there is a maximum of two credit hours allowed as a CE presenter.	The Department will take this to the Board for their consideration to set the number of hours at two to be consistent.
66. Jessica Bolter, RDH Kaynda Kuhl, RDH, BS Kathryn Galvan, RDH, BS Diane M Alden RDH, PHRDH Vanessa Crookshank, RDH	1722 NAC 56 008. Q—Statute 38:1135 (2) gives the department, with the recommendation of the Board, the authority to promulgate rules and regulations for the degree of supervision provided by a dentist for any procedures performed by a dental assistant, a licensed dental assistant or an expanded function dental assistant. Even though "indirect supervision is listed in 38-1135 (7), the	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-178, 38-179, 38-1118.01, 38-1118.03, 38-1135, and 38-1136.

	<p>Board of Dentistry's role is for public safety. With that, I would recommend that all patients be provided written consent for their treatment as well as acknowledgement that a dental auxiliary will be performing their restorative placement, OR making sure the DDS checks the final restoration prior to dismissal. As a consumer, I expect that when any of us has have a restorative procedure done, it will be done performed by, or approved by, the DDS prior to dismissal. The medical field offers different options and you know whether you are being seen by an MD, a PA or an NP. It can be your choice. We feel as a profession we are not providing standard of care and are being unethical in considering what is in the best interest of the public by not requiring this final check by the DDS.</p>	
<p>67. Jessica Bolter, RDH Kaynda Kuhl, RDH, BS Kathryn Galvan, RDH, BS Diane M Alden RDH, PHRDH Vanessa Crookshank, RDH</p>	<p>172 NAC 57 002. Definitions—I believe the current definition of a prophylaxis as currently defined in rules and regulations is outdated. We would recommend utilizing the American Academy of Periodontology's current definition of an oral prophylaxis: "The removal of plaque, calculus and stain from exposed and unexposed surfaces of the teeth by scaling and polishing, as appropriate, as a preventive measure for the control of local irritational factors."</p>	<p>No change will be made in the draft, the term prophylaxis is not cited in regulation and therefore will not be included in the definitions. The department feels industry defines prophylaxis sufficiently.</p>
<p>68. Jessica Bolter, RDH Kaynda Kuhl, RDH, BS Kathryn Galvan, RDH, BS Diane M Alden RDH, PHRDH Vanessa Crookshank, RDH</p>	<p>172 NAC 57 008.01--.06—I believe there should be a minimum number of hours for didactic and clinical components. Nitrous would require fewer hours for the dental hygienist - as they have already completed the coursework in their dental hygiene curriculum. A dental hygienist would also require fewer hours for restorative than dental assistants, due to our education and licensure in dental hygiene. We have these requirements outlined in statute for local anesthesia. Minimum hours and experiences should also be required of</p>	<p>The Department will bring this comment to the Board for additional discussion to see if the Board would like to set the number of hours for didactic and clinical hours</p>



<p>74. Lindsay Hays</p>	<p>anesthesia; Public Health; each of the 4 additional scope expansions as well as the two restorative permits? Perhaps list the permits that are included or excluded in this additional fee.</p> <p>My name is Lindsay Hays and I am one of two Registered Dental Hygienists in the state of Nebraska who is licensed to provide expanded functions under LB18. I have been actively practicing dental hygiene for the past 10 years. I have worked in a suburban fee-for-service practice in Omaha and currently work in a rural-based pediatric office. I also hold a Bachelor's of Science degree in Biology from the University of Nebraska at Omaha and a degree is Dental Assisting from Central Community College in Hastings.</p> <p>It is my understanding that there are two questions being raised in regards to how soon one can train as expanded function auxiliary. The first is so dental assistants do not have to meet the minimum requirement of 1,500 hours as a licensed dental assistant to then move on for the licensure of expanded duties. The second is the request for some dental hygiene programs to teach these expanded courses in their traditional curriculum or immediately after one graduates from an accredited program.</p> <p>I am unequivocally against these changes for several reasons. I have been part of the process of expanding the scope of practice of dental hygienists and dental assistants since 2014. I attended and testified at the 407 hearings for this bill. My understanding of the intent of this legislation, was to create a level of training and expertise that was beyond what a traditional hygienist could do. In order to do that, a hygienist needed to work first and determine if he or</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
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	<p>she had the both the desire and drive to achieve that level of expertise. That additional level of education that I pursued was at the University of Minnesota's dental school and was taught by their restorative faculty. I completed my clinicals in a private pediatric practice where there was no shortage of decay. I was required both by my instructors and my dentist employers to demonstrate a level of competency that involved restoring the tooth, managing the soft tissue and isolation and managing the child's behavior. After a year of working as a restorative function hygienist, I do quadrant dentistry in partnership with our of pediatric dentists. Having had the experience working as a traditional hygienist has been key in me understanding my role in providing restorative functions and having the maturity and ethical responsibility to manage more complex patients and parents.</p> <p>In addition, I believe only exceptional hygienists and dental assistants who have a proven track record should be provided this opportunity of learning these highly technical skills. Both hygienists and assistants in my practice were selected on a number of factors. The process was highly competitive. We have a great amount of respect for the trust in which the Board of Dentistry, the Legislature, and our doctors have given us. We do not take our expanded function roles lightly.</p> <p>The expanded scope of practice is not for everyone, nor should it be. My vision for this is to have the quote, "best of the best" pursue this addition to their license. I do not believe this is for students who are just finishing a dental hygiene or dental assisting program. These programs, though very good, do not give you the clinical judgement and needed</p>	
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	<p>experience to needed for this work. This is a learned aspect of either profession that takes at least a year if not more to develop. I am always learning in my profession, this is what fosters growth. I could not even begin to imagine completing these expanded function courses when I just graduated from school. Finally, expanded functions are new in our state. We have no idea how many dental practices will embrace their use. Why would we take valuable teaching time out of dental hygiene curriculum to teach a skill that most hygienists, at this point in time, will not be able to use. My plea to you is to consider how you were as young professionals. Take a step back and think, who do we want licensed for these expanded duties? Every dental hygienist and dental assistant in the state of Nebraska? Or just an elite few who have committed their personal time and resources to bettering themselves and the profession of dentistry? Thank you for your time and consideration. I want to express my appreciation for the Board's diligence in seeing through everything that made EF possible. Now is the time to stay the course, allow others to pursue their education as I did, and see where this is going.</p>	
	<p><b>172 NAC 53.007.01</b> – Strike the language below:  <b>Be part of an accredited dental assisting training program</b> or offered as a separate course by a program accredited by the American Dental Association Commission on Dental Accreditation or a substantially equivalent accrediting organization;  <b>172 NAC 57.008.01</b> – Strike the language below:  <b>Be part of an accredited dental hygiene training program</b> or be provided as a separate course by a program accredited by the American</p>	
	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>	

	Dental Association Commission on Dental Accreditation or a substantially equivalent accrediting organization;	
76. Nebraska Dental Association	<p>The existing Regulations 172 NAC 004 DENTAL ROENTGENOGRAMS has been completely removed from the proposed Regulations. Section 004 states: Any licensed dental hygienist, by virtue of training and professional ability, is hereby authorized, under the supervision of a licensed dentist, to take dental roentgenograms. <b>Any other dental auxiliary is hereby authorized under the supervision of a licensed dentist to take dental roentgenograms</b>, but they shall not be authorized to do so, on or after January 1, 1973, unless they have satisfactorily completed a course in dental radiology approved by the Board and the department. The only mention of Dental Roentgenograms in the proposed Regulations is the listing of DENTAL X-RAY course requirements under the expanded function Section 007.04. LB 18, modifying § 38-1135(5), states "Upon completion of education and testing approved by the board, a dental assistant may: (a) Take X-rays under the general supervision of a licensed dentist." Because Dental X-Ray education is not an expanded function duty, the proposed Regulations must be corrected to be consistent with § 38-1135(5) The proposed Regulations must remove the DENTAL X-RAY course requirements currently under the expanded function Section 007.04 so the public will not be confused that DENTAL X-RAY is an expanded function, inconsistent with § 38-1135(5). DENTAL X-RAY should have a separate section like Section 009 Coronal Polishing.</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
77. Nebraska Dental	172 NAC 57.012(C) states:	No change will be made to the draft. The

<p>Association Scott L. Morrison DDS, MS</p>	<p>012.ADDITIONAL PROCEDURES. In addition to those permitted by Neb. Rev. Stat. § 38-1133, and Neb. Rev. Stat. § 38-1136(5) a licensed dental hygienist under the supervision of a licensed dentist may perform the following: <b>(C) Perform duties for which training has occurred in CODA certified programs and as directed by a licensed dentist.</b> We have no idea what new duties any of the 350 CODA certified hygiene programs in the United States will decide to teach in the future. The Department is attempting to delegate that authority to any CODA certified program in the United States. 172 NAC 57.012(C) is an invalid delegation of the Department's authority to define new duties for a hygienist, and therefore must be stricken. We have held that it is a fundamental general principle that the Legislature may not delegate legislative power to an administrative or executive authority. An administrative agency is limited in its rulemaking authority to powers granted to the agency by the statutes the agency is to administer. The agency may not employ its rulemaking power to modify, alter, or enlarge portions of its enabling statute. <i>Mahnke, v. Department of Health and Human Services Regulation and Licensure</i>, 276 Neb. 57, 70, 751 N.W.2d 635, 645 (2008).</p>	<p>Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
<p>78. Trey Lawrence for The American Association of Orthodontists</p>	<p>In 172 Neb. Admin. Code 53.002.01, the AAO proposes changing the definitions of "final impression" and "preliminary impression" as follows (proposed revision shown in underline): .002.01(A) "<u>FINAL IMPRESSION OR DIGITAL SCAN</u>. A type of oral impression from which a positive reproduction (cast or model, whether digital or non-digital) can be formed to enable fabrication . . ."</p>	<p>The Department will take this comment to the Board for consideration.</p>

	<p>002.01(B) "PRELIMINARY IMPRESSION OR DIGITAL SCAN. A type of oral impression from which a positive reproduction (cast or model, whether digital or non-digital) can be formed to fabricate . . . ."</p> <p>These proposed revisions would recognize the fact that digital scans/impressions are widely utilized throughout the dental field and associated specialties, such as orthodontics, and they serve the same purposes as traditional cast impressions or models. The clarification from the proposed revisions would recognize these developments in technology and would ensure that patient health and safety is not at risk because the practitioner is utilizing a digital impression or model system rather than a non-digital cast or model for that patient.</p>	
<p>79. Trey Lawrence for The American Association of Orthodontists</p>	<p>The AAO also proposes the following addition to 172 Neb. Admin. Code 53.002.01(A) (proposed revision shown in underline): "A type of oral impression from which a positive reproduction (cast or model, whether digital or non-digital) can be formed to enable fabrication of a fixed or removable dental prosthesis, appliance, or device, including orthodontic appliances or devices." This proposed addition would ensure that patient health and safety is protected by clarifying that the restrictions on the taking of final impressions apply to all dental and orthodontic appliances for which such final impressions are used, and not just a limited subset.</p>	<p>The Department will present this comment to the Board for consideration.</p>
<p>80. Dr. Wanda Cloet, DHSc, RDH</p>	<p>172 NAC 57 002. Definitions—Include the definition of a prophylaxis based on the American Academy of Periodontology: Prophylaxis: American Academy of Periodontology—presents the most comprehensive definition of the oral prophylaxis as the "removal of plaque, calculus and stain from exposed and unexposed surfaces</p>	<p>No change will be made in the draft, the term prophylaxis is not cited in regulation and therefore will not be included in the definitions. The department feels industry defines prophylaxis sufficiently.</p>

	<p>of the teeth by scaling and polishing as appropriate as a preventive measure for the control of local irritational factors.</p>	
<p>81. Dr. Wanda Cloet, DHSc, RDH</p>	<p>172 NAC 57 008.01--06—There needs to be a minimum number of hours for didactic and clinical components. Nitrous would have fewer hours for the dental hygienist as they have already completed the coursework in their dental hygiene curriculum. A dental hygienist would also need fewer hours for restorative than the dental assistants due to our education and licensure in dental hygiene. We have these requirements outlined in statute for local anesthesia. Minimum hours and experiences also need to be required of the expanded function permits for restorative and list those requirements in the rules and regulations. It would make it a lot easier for the BOD to provide consistency and competency in approving courses!</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
<p>82. Dr. Wanda Cloet, DHSc, RDH</p>	<p>172 NAC 57 009. The approval to administer local anesthesia should not be included with an expanded function permit. This is already in the dental hygiene curriculum and scope of practice.</p>	<p>Agree with the comment, 172 NAC 57-010 is applicable to local anesthesia. 172 NAC 57-010 should read: LOCAL ANESTHESIA PERMIT. To obtain a local anesthesia permit an individual must submit a completed application provided by the Department and meet the requirements set forth in Neb. Rev. Stat. § 38-1132.</p>
<p>83. Dr. Wanda Cloet, DHSc, RDH</p>	<p>172 NAC 57 009.01 Education—There seems to be concern with whether the training for the Expanded function permit can be offered in a traditional dental hygiene curriculum. The statute 38-118.01. Expanded function dental hygiene; application for permit; qualifications. These requirements are in no particular order in statute. The requirements just need to be met to apply for the permit. This is what is in statute and our</p>	<p>Comment agrees with this section of regulation and does request a change.</p>

	<p>dental hygiene programs should not be prohibited from offering this in the curriculum if they choose to. A dental hygienist applying for the permit that already had the training and testing would still need to meet the 1500 hour work requirements, just as a Public Health dental hygienist needs to work for 3000 hours before applying for a PH permit, even though they are trained. By allowing dental hygiene programs to include this if they choose to, it allows for hygienists to not have to take time from work to go back and complete the training. It would be a benefit for both the hygienist and the employer. Dental hygiene students pay per credit hour and if it is included in the curriculum there will not be an additional financial burden. It would be up to the RDH if they chose to go ahead and take the clinical restorative exams.</p>	
<p>84. Dr. Wanda Cloet, DHSc, RDH</p> 	<p><b>1722 NAC 57 012. A (i,ii,iii)</b>— We would like to see all of these be removed because we are doing all of these things with our expanded scope. (i) Are we not “cutting” when we use instruments to clean out decay for ITR? (ii) Placing a permanent restoration is irreversible and (iii) Placing permanent restoration and ITR would be included in “restorative dentistry”</p> <ul style="list-style-type: none"> <li>• (v)Fabricating a treatment plan -Recommend changing this to Dental treatment plan.</li> </ul>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
<p>85. Cynthia S Cronick LDA, CDA, BS</p>	<p>NOAA would like to see wording added to both LOA and RDH Restorative I to include placement of liners, bases, varnishes and sedative fillings. These duties were clearly listed in the 407 on page 13 for Hygienists and page 17 for Licensed Dental Assistants. Placing bases/liners is a part of placing a restoration and is taught in the restorative courses. By listing these duties inCh 53 007.06 and Ch 57 008.05, it will be clear that</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>

<p>86. Cynthia S Cronick LDA, CDA, BS</p>	<p>these are allowed duties for expanded function auxiliary.</p> <p>NOAA would like to see wording added to the LOA Fixed Prosthodontics Permit to include the placement of gingival retraction material. This duty was clearly listed in the 407 on page 17. Placing retraction material is a part of obtaining a good final impression and is being taught in the Fixed Prosthodontics courses. By listing this duty in Ch 53 007.02, it will be clear that this is an allowed duty for the holder of a Fixed Prosthodontics Permit.</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>
<p>87. Amy R. Behnke CEO of Health Center Association of Nebraska</p>	<p>We are aware that the process to develop an expanded function for dental assistants and dental hygienists was carefully navigated and developed with the intent to enhance oral health workforce. Many of Nebraska's rural counties have been designated as state dental professional shortage areas, meaning there is not enough workforce to meet demand. The opportunities of an expanded function role for dental assistants and dental hygienists can be key to addressing that demand. However, we would respectfully caution that the Department ensures any regulations promulgated mirror the intent of the legislation that created the expanded function role.</p>	<p>No change being requested.</p>
<p>88. Cynthia Carlson PH-RDH BS</p>	<p>This would be similar to the RDH Local Anesthesia requirements how it is detailed in length of course, specific number of experiences doing the anesthesia and on live patients. It would be beneficial for the BOD to have listed for DA all the exceptions for the practices of Dentistry and Dental Hygiene. This would surely include the exception of scaling of teeth supragingival or subgingival and the placing of sealants.</p>	<p>No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.</p>

89. Cynthia Carlson PH-RDH BS	Having a definition of what a Propphy consists of would also benefit the BOD, the best currently accepted definition is by the American Academy of Periodontology.	No change will be made in the draft, the term prophylaxis is not cited in regulation and therefore will not be included in the definitions. The department feels industry defines prophylaxis sufficiently.
90. Cynthia Carlson PH-RDH BS	I have spoken to the three DDS that I work with in Public Health about the need for a DDS to visually examine any restorative work done by a RDH or DA. They all spoke the same that it would be <u>unconscionable</u> for there not to be a DDS (which is responsible for the restorative work) not to check said work after completion.	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.
91. Cynthia Carlson PH-RDH BS	A patient must be aware of who is providing care and consent to that work, by signing a consent form stating awareness and acceptance to said care.	No change will be made to the draft. The Department believes this language is consistent with Neb. Rev. Stats. §§ 38-1118.01, 38-1118.03, 38-1135, and 38-1136.
92. Janet M. Guthmiller, DDS, Ph.D. Dean and Professor	UNMC College of Dentistry is developing courses for the licensed dental hygienist or public health hygienists to be consistent with existing statute. The restorative curriculum for the expanded function dental hygiene permit is <u>not currently</u> part of our dental hygiene curriculum.	No change needed.