

**REPORT OF RECOMMENDATIONS AND FINDINGS
ON TWO DENTAL AUXILIARIES PROPOSALS TO LICENSE DENTAL
ASSISTANTS AND ENHANCE THE SCOPE OF PRACTICE OF DENTAL
HYGIENISTS**

By the Nebraska
State Board of Health

To the Director of the Division of Public Health of the Department of
Health and Human Services, and the Members of the Health and
Human Services Committee of the Legislature

June 22, 2015

Table of Contents

Part One: Preliminary Information.....	Pages 3-4
Part Two: Summaries of Recommendations by the Board Members.....	Pages 5-16
Part Three: Summaries of the Two Proposals.....	Pages 17-25
Part Four: Discussion on the Issues by the Board Members.....	Page 26-27
Part Five: Recommendation on the Proposals by the Members of the Full Board of Health.....	Page 28

Part One: Preliminary Information

Introduction

The Credentialing Review Program is a review process advisory to the Legislature which is designed to assess the need for state regulation of health professionals. The credentialing review statute requires that review bodies assess the need for credentialing proposals by examining whether such proposals are in the public interest.

The law directs those health occupations and professions seeking credentialing or a change in scope of practice to submit an application for review to the Department of Health and Human Services, Division of Public Health. The Director of this Division will then appoint an appropriate technical review committee to review the application and make recommendations regarding whether or not the application in question should be approved. These recommendations are made in accordance with statutory criteria contained in Section 71-6221 of the Nebraska Revised Statutes. These criteria focus the attention of committee members on the public health, safety, and welfare.

The recommendations of technical review committees take the form of written reports that are submitted to the State Board of Health and the Director of the Division along with any other materials requested by these review bodies. These two review bodies formulate their own independent written reports on the same credentialing proposals. All reports that are generated by the program are submitted to the Legislature to assist state senators in their review of proposed legislation pertinent to the credentialing of health care professions.

The Members of the Nebraska State Board of Health

Kevin Borchert, PharmD, RP

Teresa Konda, PE

Paul Salansky, OD (Secretary)

Wayne Stuber, PhD, PT

Travis Teeter, MD

Joshua Vest, DPM

Anthony Moravec, DVM

Russell Hopp, D.O.

Diane Jackson, APRN

Kevin Low, DDS

Dale Michels, MD

Debra Parsow (public member)

Roger Reamer, MBA (hospital administrator)

Jim Trebbien (public member)

Shane Fleming, BSN, MSN, RN

Douglas Vander Broek, DC

Jeromy Warner, PsyD, LP

Meetings Held

The Meeting of the Credentialing Review Committee of the Board, March 5, 2015

The Meeting of the Full Board of Health, March 23, 2015

Part Two: Summaries of Recommendations by the Board Members

Recommendations of the Board's Credentialing Review Committee

Comments by Wayne Stuberg, PT, PhD, Chairperson of the Dental Auxiliaries' Technical Review Committee

Dr. Stuberg provided an overview of the work of the technical review committee. He stated that the technical review committee members thoroughly and thoughtfully studied the information provided to them by the contending parties.

Dr. Stuberg provided a brief overview of the background of the issues under review, stating that a task force consisting of representatives of each of the three dental professions worked closely together for three years in an attempt to develop a common proposal to reform the regulation of dental services in Nebraska. He went on to state that this effort failed to achieve consensus on the issues among the parties, and that this eventually led to the current situation wherein there are two competing proposals.

Dr. Stuberg stated that the committee members received extensive information from both applicant groups (NDHA and NDA/NDAA) and that they concluded that the NDA/NDAA proposal fits the needs of Nebraskans better than does the NDHA proposal. The committee members were concerned that the NDHA proposal seeks to venture too far beyond current understanding of safe practices and current definitions of regulatory terminology pertinent to oversight, for example.

Dr. Stuberg went on to state that there are points of commonality between the two contending proposals, such as:

- Licensure for dental assistants needs to be established, but that 'OJT' dental assistants would not be required to become licensed
- Some expansion of dental hygiene functions is needed
- Some expansion of dental assistant functions pertinent to nitrous oxide administration is needed
- Expansion of prescriptive authority for dental hygienists is needed

Dr. Stuberg then identified points of contention between the two proposals, such as:

- The amount of additional education and training licensed dental assistants would need to safely perform such procedures as fitting crowns, coronal polishing, applying sealants, or monitoring nitrous oxide administration, for example

- The type of oversight necessary to ensure safe services by ‘OJT’ dental assistants, including whether or not a new tier of supervision should be created for that purpose, namely, direct supervision, for example
- Whether or not there should be an expanded functions credentialing category for licensed dental assistants
- Whether dental hygienists should be allowed to administer local anesthesia under general supervision
- Whether dental hygienists should be allowed to perform such irreversible procedures as tooth extractions, for example
- The education and training necessary to apply dental sealants
- The number of licenses and permits to be created for the respective dental auxiliary professions

Ms. Jackson asked Dr. Stuberger whether ‘OJT’ dental assistants would be required to become licensed under these two proposals. Dr. Stuberger responded that neither proposal requires these dental assistants to become licensed. He went on to state that the members of the technical review committee agreed that the training and oversight of these dental assistants would continue to be the responsibility of the supervising dentist and that this has worked well in Nebraska for many years. He added that under both proposals ‘OJT’ dental assistants would have a pathway to licensure if they satisfy specific clinical requirements and take and pass the examination used for licensing dental assistants.

Deb Parsow asked Dr. Stuberger why both of the proposals under review seek to create multiple tiers of credentialed providers. Dr. Stuberger responded that the rationale for multiple tiers is that this will foster the creation of definable career paths for dental auxiliaries which in turn might reduce the high turnover rate among dental auxiliaries.

Comments by David O’Doherty on behalf of the NDA/NDAA proposal

Mr. O’Doherty stated that a dental task force met for three years attempting to create a single, common proposal for comprehensive reform of the dental statute pertinent to the credentialing of dental auxiliaries. Unfortunately, this attempt failed and the two proposals before the Credentialing Review Program today are the result of this failure to maintain commitment to the goal of a common proposal.

Mr. O’Doherty commented about the multiple tier approach to credentialing in this proposal by stating that this is an approach that has been used in other states to regulate dental auxiliaries and that it has worked very well.

Ms. Jackson asked Mr. O’Doherty why the applicant group for this proposal seeks to perpetuate the ‘OJT’ dental assisting category. Mr. O’Doherty responded that eliminating this category would have serious negative consequences for access to care

in rural areas of Nebraska. Ms. Jackson asked for clarification on this point. Mr. O'Doherty responded that there are relatively few people available to work as dental auxiliaries in rural areas and that there is rapid turnover of auxiliary personnel in these areas. Eliminating the 'OJT' category would compound these problems. He continued by stating that the NDA/NDAA proposal would create a clear career path for these persons and thereby give them a reason to continue working as dental auxiliaries.

Ms. Parsow asked Mr. O'Doherty if there would be a way in which patients could understand the differences between the various tiers of credentialing. He responded that it is not likely that the patient is going to understand this, and that the patient needs to trust the supervising dentist to ensure quality of care in his or her dental practice.

Comments by Deb Schardt, RDH, on behalf of the NDHA proposal

Ms. Schardt stated that she would focus of her comments on dental assistants. Ms. Schardt stated that under the current situation in Nebraska those providing dental assisting services can be anyone, and that there is no assurance of competency in this situation. Ms. Schardt stated that the public needs assurance that dental assistants are educated and trained to safely and effectively perform the services they provide. She commented that the NDHA proposal would accomplish this, whereas the NDA/NDAA proposal would not.

Ms. Schardt went on to criticize the approach used in the NDA/NDAA proposal, commenting that this proposal would create a complex hierarchy of credentialing categories that are going to be difficult and costly for the Department of Health and Human Services to administer, as well as being impossible for the public to understand. She went on to state that the NDHA proposal is superior to the NDA/NDAA proposal in that it offers career advancement and improved education and training without creating an unnecessarily complex, confusing, and costly credentialing process.

Discussion on the Issues by the Board Members

Dr. Teetor asked about nitrous oxide administration, specifically how this procedure is monitored. Dr. Jessica Meeske, DDS, responded that currently this is done via visual observation of the patient for any indications of distress. Dr. Meeske stated that nitrous oxide administration can occur under the indirect supervision of a dentist.

Dr. Meeske commented that, currently, a dental assistant may only monitor nitrous oxide administration, but under the NDA/NDAA proposal licensed dental assistants would be allowed to administer this procedure.

Ms. Parsow asked Dr. Meeske to clarify the difference between general supervision and indirect supervision. Dr. Meeske responded that under general supervision procedures are delegated by the dentist to an auxiliary, and the dentist does not have to be on the premises. Under indirect supervision the dentist must be on the premises but does not have to be in the room where the procedure is occurring.

Dr. Meeske commented that new sedation guidelines defined in LB 80 which is currently under consideration by the Legislature this session hold promise of improving the professionalism and sophistication of all sedation procedures used in dental care. Deb Schardt commented that this proposed legislation does not address education and training issues pertinent to the role of dental auxiliaries in such procedures. Ms. Schardt continued her comments by stating that dental hygienists are leaving Nebraska to find better opportunities in other states where there are greater opportunities for career advancement and where they are allowed to provide more services.

Formulation of Recommendations on the Proposals by the Board Committee Members

Actions taken on the NDHA proposal:

- Action taken on the four criteria: These actions pertain to the dental assisting portion of the NDHA proposal.

Criterion one: Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public.

Voting yes were Parsow and Jackson. Voting no were Stuberg and Teetor. These Board committee members commented on their votes as follows:

- Dr. Teetor stated that he could not identify any serious safety concerns inherent in the current situation.
- Dr. Stuberg expressed agreement with Dr. Teetor.
- Ms. Jackson stated that there is no way of knowing for sure whether or not harm might be occurring, and that it might be a good idea to provide greater assurance of safe practices for the public.
- Ms. Parsow commented that potential for harm exists under the current situation.

Criterion two: Regulation of the profession does not impose significant new economic hardship on the public, significantly diminish the supply of qualified practitioners, or otherwise create barriers to service that are not consistent with the public welfare and interest.

Voting yes were Parsow and Jackson. Voting no were Teetor and Stuberg. These Board committee members commented on their votes as follows:

- Dr. Stuberg stated that this proposal would create an excessive amount of regulation and consequently would be too restrictive.
- Dr. Teetor expressed agreement with Dr. Stuberg.

- Ms. Jackson stated that this proposal could improve regulation and provide better practice standards.

Criterion three: The public needs assurance from the state of initial and continuing professional ability.

Voting yes were Parsow, Jackson, Teetor and Stuberg. These Board committee members commented on their votes as follows:

- Dr. Stuberg stated that this proposal does not clearly define the amount of additional training for dental assistants that this applicant group says they need.
- Ms. Parsow agreed with Dr. Stuberg's comment.
- Ms. Jackson also expressed agreement with this comment.
- Dr. Teetor commented that credentialing of these practitioners would benefit the public.

Criterion four: The public cannot be protected by a more effective alternative.

Voting no were Parsow, Jackson, Teetor and Stuberg. These Board committee members commented on their votes as follows:

- Ms. Jackson stated that this proposal calls for too much regulation.
- Ms. Parsow expressed agreement with Ms. Jackson.
- Dr. Stuberg stated that this proposal is too restrictive.
- Dr. Teetor stated that this proposal is too confusing pertinent to education and training issues.

- Action taken on the six scope of practice criteria: These actions pertain to the dental hygiene portions of the NDHA proposal.

Criterion one: The health, safety, and welfare of the public are inadequately addressed by the present scope of practice or limitations on the scope of practice.

Voting yes was Stuberg. Voting no were Parsow, Jackson, and Teetor.

- Dr. Stuberg stated that education and training should be at a maximum for good quality of care.
- Ms. Jackson commented that current licensure requirements are adequate and that the proposed enhancements are not necessary.
- Dr. Teetor stated that the current provisions of the public health dental hygiene licensure category are adequate to address the need and that nothing more is needed.

- Deb Parsow expressed agreement with Dr. Teetor.

Criterion two: Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public.

Voting no were Parsow, Jackson, Teetor and Stuberg.

- Ms. Parsow stated that this proposal provides no additional benefits for the public.
- Dr. Teetor expressed agreement with Ms. Parsow's comment.
- Dr. Stuberg stated that this proposal has too many irreversible procedures.
- Ms. Jackson expressed agreement with Dr. Stuberg.

Criterion three: The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public.

Voting no were Parsow, Jackson, Teetor and Stuberg.

- Ms. Parsow commented that this proposal would create significant risk of new harm for the public.
- Dr. Teetor expressed concern about the irreversible procedures in this proposal.
- Dr. Stuberg agreed with Dr. Teetor.
- Ms. Jackson also agreed with Dr. Teetor

Criterion four: The current education and training for the health profession adequately prepares practitioners to perform the new skill or service.

Voting no were Parsow, Jackson, Teetor and Stuberg.

- Dr. Teetor expressed concern about lack of clarity in this proposal as to the 'what-and-where' of the additional training necessary to perform the irreversible procedures defined in the proposal.
- Deb Parsow expressed agreement with Dr. Teetor.
- Ms. Jackson also expressed agreement with Dr. Teetor's comments.
- Dr. Stuberg commented that it was when he saw the expression "dental hygiene diagnosis" that he became concerned about the safety of this proposal.

Criterion five: There are appropriate post-professional programs and competence assessment measures available to assure that the practitioner is competent to perform the new skill of service in a safe manner.

Voting no were Parsow, Jackson, and Teetor. Voting yes was Stuberg.

- Ms. Jackson stated that she could see no indication that such programs and measures exist.
- Dr. Stuberg commented that such mechanisms would be provided via continuing education.
- Deb Parsow expressed agreement with Ms. Jackson and Dr. Stuberg.
- Dr. Teetor expressed concern as to who would do such assessments and how such assessments would be done.

Criterion six: There are adequate measures to assess whether practitioners are competently performing the new skill or service and to take appropriate action if they are not performing competently.

Voting no were Parsow, Jackson, Teetor and Stuberg.

- Ms. Parsow commented that the proposed new supervisory categories are a problem for her. These are not clear.
- Ms. Jackson commented that it is not clear in this proposal how competency would be assured.
- Dr. Teetor commented that this proposal is not clear as to who provides oversight or evaluates who is performing competently.
- Dr. Stuberg commented that course work is in place for the purposes of this criterion but it is not clear who oversees the process.

- Action taken on the entire NDHA proposal

The Board Credentialing Review Committee Members took action to advise the full Board of Health on whether or not to recommend approval of the NDHA proposal.

Voting no were Parsow, Jackson, Teetor and Stuberg. By this action the Board committee members recommended against approval of the NDHA proposal.

- Ms. Parsow commented that the proposal is too complex and unclear.
- Ms. Jackson commented that the risks associated with this proposal would outweigh the benefits.
- Dr. Teetor commented that this proposal is not needed and that the current public health dental hygiene category should suffice for career advancement for this profession. He added that he has concerns about the new irreversible procedures being proposed, and that the proposed new provisions pertinent to sedation were also a concern.
- Dr. Stuberg commented that he too is concerned about the proposed inclusion of new irreversible procedures in this proposal. He added that this proposal is too restrictive regarding dental assistants.

Actions taken on the NDA/NDAA proposal:

- Action taken on the four criteria: These actions pertain to the dental assisting portion of the NDA/NDAA proposal.

Criterion one: Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public.

Voting yes were Parsow and Jackson. Voting no were Stuberg and Teetor.

- Dr. Stuberg commented that no evidence was presented to indicate that any harm is occurring under the current situation.
- Dr. Teetor expressed agreement with Dr. Stuberg.
- Ms. Jackson commented that under the current situation there is no way of knowing if harm is occurring or not.
- Ms. Parsow commented that potential for harm is there.

Criterion two: Regulation of the profession does not impose significant new economic hardship on the public, significantly diminish the supply of qualified practitioners, or otherwise create barriers to service that are not consistent with the public welfare and interest.

Voting no were Parsow, Jackson, Teetor, and Stuberg.

- Dr. Stuberg commented that this proposal would not create barriers to services.
- Ms. Parsow expressed agreement with Dr. Stuberg's comment.
- Dr. Teetor stated that this proposal provides for greater access to care for the public.
- Ms. Jackson commented that this proposal would decrease barriers to services.

Criterion three: The public needs assurance from the state of initial and continuing professional ability.

Voting yes were Parsow, Jackson, Teetor, and Stuberg.

- Dr. Stuberg commented that this proposal is clear regarding what is expected of dental auxiliaries pertinent to education, training, and oversight.
- Ms. Parsow commented that the public needs assurance of competency and this proposal does this.
- Dr. Teetor stated that the proposed tiers of credentialing holds promise of greater professional development among dental auxiliaries.
- Ms. Jackson expressed agreement with Dr. Teetor's comment.

Criterion four: The public cannot be protected by a more effective alternative.

Voting no were Parsow, Jackson, and Teetor. Voting yes was Stuberg.

- Dr. Stuberg commented that this proposal is not necessary to protect the public from harm since there is no evidence that there is any harm, but added that the proposal has potential to improve standards of practice and the quality of services.
- Ms. Parsow commented that there are other ways of addressing concerns about quality of care than those described in this proposal.
- Dr. Teetor expressed agreement with Ms. Parsow.

- Action taken on the six scope of practice criteria: These actions pertain to the dental hygiene portions of the NDA/NDAA proposal.

Criterion one: The health, safety, and welfare of the public are inadequately addressed by the present scope of practice or limitations on the scope of practice.

Voting no was Parsow. Voting yes were Jackson, Teetor and Stuberg.

- Dr. Stuberg commented that some elements of this proposal would help improve access to care.
- Dr. Teetor commented that access would improve under this proposal.
- Ms. Jackson commented that this proposal could help to ensure continuity of care.
- Ms. Parsow commented that it is not clear whether this is the case or not.

Criterion two: Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public.

Voting no was Parsow. Voting yes were Jackson, Teetor and Stuberg.

- Ms. Jackson commented that this proposal could improve opportunities for dental auxiliaries.
- Dr. Stuberg expressed agreement with Ms. Jackson.
- Dr. Teetor also expressed agreement with Ms. Jackson.
- Ms. Parsow commented that there is no clear benefit to this proposal.

Criterion three: The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public.

Voting no was Parsow. Voting yes were Jackson, Teetor and Stuberg.

- Dr. Teetor commented that he sees no new harm from this proposal.
- Dr. Stuberg commented that this part of the proposal lacks clarity.
- Ms. Parsow expressed agreement with Dr. Stuberg's comment.
- Ms. Jackson also expressed agreement with Dr. Stuberg's comment.

Criterion four: The current education and training for the health profession adequately prepares practitioners to perform the new skill or service.

Voting yes were Parsow, Jackson, Teetor and Stuberg.

- Dr. Stuberg commented that other states have implemented these changes and these changes are consistent with current national guidelines.
- Dr. Teetor commented that the education and training being proposed is sound.
- Ms. Jackson commented that there would be 'CE' and that this would help address concerns about training raised during the review.

Criterion five: There are appropriate post-professional programs and competence assessment measures available to assure that the practitioner is competent to perform the new skill of service in a safe manner.

Voting yes were Parsow, Jackson, Teetor, and Stuberg.

- Dr. Stuberg commented that the post professional requirements including the 'CE' would have skills assessment.
- Dr. Teetor expressed agreement with Dr. Stuberg's comment.

Criterion six: There are adequate measures to assess whether practitioners are competently performing the new skill or service and to take appropriate action if they are not performing competently.

Voting yes were Teetor and Jackson. Voting no were Parsow and Stuberg.

- Dr. Stuberg commented that this proposal places too much responsibility on the dental supervisor, and that the consumer cannot know or assess what is going on vis-à-vis the services.
- Dr. Teetor stated that he has confidence that dentists would continue to provide good oversight under the terms of this proposal.
- Ms. Jackson commented that she has confidence that the 'CE' would provide assurance of competency.

- Action taken on the entire NDA/NDAA proposal

The Board Credentialing Review Committee Members took action to advise the full Board of Health on whether or not to recommend approval of the NDA/NDAA proposal.

Voting yes were Jackson, Teetor and Stuberg. Voting no was Parsow. By this action the Board committee members recommended approval of the NDA/NDAA proposal.

- Dr. Teetor commented that he sees this proposal as the lesser of the two evils. Both proposals are complex and confusing, but this proposal offers more for the public than does the NDHA proposal.
- Dr. Stuberg commented that this proposal is the least restrictive of the two proposals, yet it provides reasonable assurance of competently delivered services.
- Ms. Jackson expressed agreement with Dr. Stuberg's comment.
- Ms. Parsow commented that this proposal is not necessary. It would greatly complicate the ability of the consuming public to know and assess the services they are receiving without clear benefits to compensate for these shortcomings.

Recommendations of the Nebraska State Board of Health

The members of the Nebraska State Board of Health recommended approval of the advice presented to them by the members of the Board's Credentialing Review Committee which was to recommend approval of the NDA/NDAA proposal.

Part Three: Summaries of the Two Proposals

OVERVIEW OF THE NDA/NDAA PROPOSAL

Proposed changes for dental hygienists:

Three levels of Dental Hygienists would be defined, the Registered Dental Hygienist, the Expanded Function Restorative Dental Hygienist, and the Public Health Registered Dental Hygienist.

- The duties of the Registered Dental Hygienist would include prescribing mouthrinses and fluoride products, administering local anesthesia and reversal agents, and performing orofacialmyology, all under general supervision.
- The duties of the Expanded Function Restorative Dental Hygienist would include minor denture adjustments, placement and finishing of dental restorations, and the extraction of primary teeth that are ready to exfoliate, all under general supervision.
- The duties of the Public Health Registered Dental Hygienist would include orofacialmyology including periodontal debridement, local anesthetic and reversal agents under the orders of either a dentist or a physician, prescriptions for topical mouthrinses and fluoride, minor denture adjustments and denture reline, and palliative care to include smoothing of rough edges of a tooth, and dental hygiene diagnosis, all under general supervision.

Proposed changes for dental assistants:

Three levels of Dental Assistants would be defined, the Dental Assistant, the Licensed Dental Assistant, and the Expanded Function Dental Assistant.

- The duties of the Dental Assistant would include monitoring nitrous oxide and placing topical local anesthesia under indirect supervision. These Dental Assistants would be allowed to take dental x-rays and perform coronal polishing under general supervision.
- The Licensed Dental Assistant would be allowed to place pit and fissure dental sealants, fit and cement crowns on primary teeth, and take final impressions for dental prostheses (crowns and bridges, for example) under indirect supervision.
- The Expanded Function Dental Assistant would be allowed to perform all of the duties of a Licensed Dental Assistant, plus place and finish dental restorations under indirect supervision.

Every applicant for licensure as a Dental Assistant would be required to take and pass an examination approved by the Board of Dentistry. There are two routes that a candidate can take to become eligible to take the licensure examination, and they are 1) successful completion and graduation from a training program for dental assistants approved by the Board of Dentistry, and 2) possess a high school diploma or its equivalent and have at least 1500 hours of work experience as a dental assistant. Ms. Cronick went on to state that there are four additional areas of competency available to those licensed dental assistants who satisfy the requirements for special permits in these respective areas of competency. These areas of competency are as follows: 1) fixed prosthodontics, 2) removable prosthodontics, 3) fit and cement crowns as part of pediatric care, and 4) monitor and titrate nitrous oxide.

Expanded functions available to those dental assistants who satisfy additional education and training standards would be eligible to provide certain expanded functions. These include additional functions in fixed prosthodontics and dental restorations with additional permit requirements in each category. Not all functions of dental assisting require licensure, which is why the proposal does not require licensure for all dental assistants or all dental assistant functions.

NDA/NDAA descriptions of the differences between the proposals under review:

For Dental Assistants with on-the-job-training only:

- **NDA / NDAA Proposal:** CPR training is highly recommended, but if they are to monitor nitrous oxide they must receive CPR training and work under indirect supervision. These dental assistants would be allowed to provide the following: 1) placement of topical local anesthesia under indirect supervision, 2) take dental x-rays and perform coronal polishing, in each case after satisfying appropriate certification requirements under general supervision. Current duties as outlined in current state statutes and rules and regulations would continue. This proposal does not provide for the direct supervision of any dental assisting functions or procedures.
- **AGREE BETWEEN THE PROPOSALS: Placement of topical anesthetic under indirect supervision and infection control training consistent with OSHA requirements. They may be trained on-the-job or graduate from a CODA dental assisting program.**
- **NDHA Proposal:** These dental assistants would be required to complete CPR training. A minimum age requirement of nineteen years of age would be required. These dental assistants would be allowed to provide the following: 1) monitor nitrous oxide administration under direct supervision

if they satisfy appropriate certification standards to do this, 2) perform coronal polishing and take dental x-rays after meeting appropriate training standards. Current duties as outlined in current state statutes and rules and regulations would continue. This proposal would not allow these dental assistants to provide any functions or procedures under general supervision.

For Licensed Dental Assistants with formal training:

- **NDA / NDAA Proposal:** That these dental assistants would be allowed to provide the following under indirect supervision: 1) Fit and cement crowns on primary (baby) teeth, 2) perform retractions and take impressions for fixed prosthodontic level 1, 3) perform liner and adjustments and impressions for removable prosthodontics (crowns, bridges, etc.), and 4) monitor and titrate nitrous oxide. This proposal does not provide for any functions or procedures to occur under direct supervision. This proposal does not allow dental assistants to provide placement of pit and fissure sealants. Current duties as defined in statute and rule and regulation would continue.
- **AGREEMENT BETWEEN THE PROPOSALS:** A minimum age requirement of nineteen years of age would be required for these dental assistants, as would CPR certification, graduation from a CODA dental assisting program or on-the-job training, and then passing the current Dental Assisting National Board certification examination or an equivalent board approved examination. They would also be required to pass a Nebraska jurisprudence examination. They must become licensed under the Department of Health and Human Services and complete continuing education per Uniform Credentialing Act.
- **NDHA Proposal:** These dental assistants would be required to achieve 3500 hours of chairside experience. Their licensing examination would need to include testing for clinical competency. They would be allowed to provide the following: 1) placement of dental sealants after completion of a training course, 2) fit and cement crowns on primary (baby) teeth, 4) take final impressions/records for dental prosthesis (crowns, bridges, etc. with course) under direct supervision. Current duties as defined in statute and rule and regulation would continue. The NDHA proposal does not provide for any functions or procedures for these dental assistants to occur under indirect or general supervision.

For Expanded Function Dental Assistants:

- **NDA / NDAA Proposal:** These dental assistants would be required to be at least nineteen years of age. They must have 1500 hours as an LDA. They must complete a Board approved course. They must complete and pass the DANB EFDA examination or an equivalent Board approved examination, and then become licensed as an EFDA dental assistant under the Department of Health and Human Services and complete CE consistent with UCA requirements. These dental assistants would be allowed to perform the following under indirect supervision: Adjust and cement fixed prosthodontics 2, perform level 1 and level 2 restorations including temporary fillings, with the supervising dentist checking their work. Current duties as defined under current statutes and rules and regulations would continue.
- **NDHA Proposal:** This proposal does not include an expanded function category under its provisions for dental assistant credentialing.

For Dental Hygienists, basic license:

- **NDA / NDAA Proposal:** This proposal would allow these dental hygienists to administer and titrate nitrous oxide under a dentists orders under indirect supervision. This proposal would allow these dental hygienists to use interim therapeutic technique and write prescriptions for mouth rinses and fluoride products that reduce risk of tooth decay under general supervision. Current duties as defined under current statutes and rules and regulations would continue.
- **AGREEMENT BETWEEN THE PROPOSALS: Allow the administration of nitrous oxide under indirect supervision and allow Interim Therapeutic Technique and writing prescriptions for mouth rinses and fluoride products that help decrease one's risk for tooth decay under general supervision.**
- **NDHA Proposal:** This proposal would allow these dental hygienists to administer nitrous oxide after completion of a training course for this procedure under indirect supervision. These dental hygienists would be allowed to provide the following under general supervision: 1) Local anesthesia and reversal agents, 2) orofacialmyology, 3) dental hygiene diagnosis, 4) placing interim therapeutic restorations after completion of a training course), 5) writing prescriptions for mouth rinses and other topical products and fluoride products after completion of a training course, 6) extracting teeth if there is a 'class 1V' mobility and hopeless prognosis after completion of a training course, and 7) application of an enameloplasty sealant technique after completion of a training course.

Current duties as defined under current statutes and rules and regulations would continue.

For Expanded Function Dental Hygienists:

- **NDA/NDAA Proposal:** This proposal would allow these dental hygienists to place and finish the following dental restorations: 1) restorative level 1, including bases, sedative, temporary fillings, restorative class 1, V, and V1; 2) restorative level 2, including restorative class 11, 111, and 1V under indirect supervision. Minor denture adjustments would be allowed under public health supervision. Current duties currently defined in statute and rule and regulation would continue.
- **AGREEMENT BETWEEN THE PROPOSALS:** Both proposals would require the following: 1) Current RDH and EFDH licensure, 2) Proof of liability insurance, 3) Complete a special course, didactic and clinical, within an accredited dental school, or complete an equivalent examination from another state, 4) Pass a Board approved examination, or the DANB national examination currently under development.
- **NDHA Proposal:** Placement and finishing dental restorations and preparation of class 1 and class V restorations would be allowed under general supervision. Current duties currently defined in statute and rule and regulation would continue.

For Public Health Dental Hygienists:

- **NDA/NDAA Proposal:** This proposal would allow these dental hygienists to provide Interim therapeutic technique and prescribe topical mouth rinses and fluoride to decrease risk of tooth decay under public health supervision.
Current duties currently defined in statute and rule and regulation would continue.
- **AGREEMENT BETWEEN THE PROPOSALS:** 1) Have a current RDH licensure and have a public health permit, 2) Have proof of liability insurance, 3) Be authorized by the Department of Health and Human Services and report to this department as required.
- **NDHA Proposal:** proposes that full scope of dental hygiene practice be allowed including the following: 1) interim therapeutic restorations after completion of a training course, 2) dental hygiene diagnosis, 3) writing prescriptions for mouth rinses and other topical products including fluoride products that decrease risk of tooth decay, 4) extraction of primary teeth, without use of anesthetic, 5) extraction of permanent teeth, with or without anesthesia, under orders of either a dentist or a physician after completion of a special training course, based upon class 1V hopeless prognosis, 6)

orofacialmyology after completion of a national certification, and 7) adjustment of removable appliances and soft reline, all of these being under public health supervision.

Note: More detailed information on this proposal can be found at “Credentialing Review for Expanding Scopes of Practice for Dental Hygiene and Assisting: A Collaborative Model for Teamwork that Promotes Better Cost-Efficiency and Improved Access for Delivery of Dental Care in Nebraska” submitted by the Nebraska Dental Assistants’ Association (NDAA) and the Nebraska Dental Association (NDA) August 5, 2014

Additional information on the details of this proposal can be found in the following documents:

“407 NDA NDHA Comparison—Hygienists”

“407 NDA NDHA Comparison—Dental Assistants”

Note: These sources are posted on the Credentialing Review Program link which is http://dhhs.ne.gov/Pages/reg_admcr.aspx

OVERVIEW OF THE NDHA PROPOSAL

Proposed changes for dental hygienists:

The changes requested for Dental Hygienists’ credentialing includes the inclusion of the entire range of services of the members of this profession under general supervision, meaning that the supervising dentist would not be required to be on the premises while they provide their services.

The services of the Public Health Dental Hygienist would include interim therapeutic restorations, extraction of primary teeth and permanent teeth with or without anesthesia under standing orders of a dentist, adjusting removable appliances, applying sealants, and orofacialmyology.

A new Expanded Function Registered Dental Hygienist would be created. This category would place and finish restorations and extract primary teeth under general supervision within a dental practice.

Proposed changes for dental assistants:

Two levels of Dental Assistants would be defined, the Dental Assistant and the Licensed Dental Assistant.

Dental Assistants would be allowed to monitor nitrous oxide under direct supervision of a dentist. Dental Assistants would be allowed to take dental x-rays, perform coronal polishing, and place topical local anesthesia. Licensed Dental Assistants would be allowed to place dental sealants, fit and cement

crowns on primary teeth, and take final impressions for dental prosthesis (crowns and bridges, for example) under direct supervision.

NDHA comments defining the differences between the proposals under review:

For Dental Assistants with on-the-job-training only:

- **Nebraska Dental Hygienists' Association (NDHA)** proposes the establishment of a minimum age requirement, Required CPR, and Direct supervision of a dental assistant who is monitoring nitrous oxide or sedation patients. NDHA also proposes that assistants take course similar to that required for hygienists for monitoring nitrous oxide. This would mean that the dentist would check this patient prior to dismissal to assure that they are recovered.
- **AGREE: NEW: place topical anesthetic under indirect supervision, with infection control training required.**
- **Nebraska Dental Association (NDA)** opposes a minimum age requirement and recommends CPR, if an assistant is to monitor nitrous oxide. NDA agrees that they should be CPR certified per requirements in the statute.

For Licensed Dental Assistants with formal training:

- **Nebraska Dental Hygienists' Association** proposes that the hours of experience consist of 3500 hours of chairside experience
- **Under *DIRECT* supervision Nebraska Dental Hygienists' Association** proposes that dental assistants be allowed to place dental sealants, fit and cement crowns on primary teeth, take final impressions/records for dental prosthesis (crowns, bridges, etc. with course)
- **AGREE: 19 yr. old, CPR certified, Current Dental Assisting National Board certification or equivalent board approved exam to include clinical competency and testing. Pass NE jurisprudence exam. Become licensed with Health and Human Services and complete Continuing Education per Uniform Credentialing Act.**
- **Nebraska Dental Association** proposes that the procedure of placing pit and fissure sealants be removed from the entire proposal. That dental assistants are allowed to provide the following under ***INDIRECT supervision***: Fit and cement crowns on primary teeth, take final impressions/records (including digital) for dental prostheses (crowns, bridges, etc.) and **Administer and adjust nitrous oxide per dentist order. (This is the same that is being requested for licensed dental hygienists and under the same supervision level).**

For Dental Hygienists, all of whom have formal training:

- **Nebraska Dental Hygienists' Association** proposes that orofacialmyology be included in dental hygiene scope of practice, as is presently being permitted by the Board of Dentistry but should be expressed in statute.
 - Provide a dental hygiene diagnosis. (needed to determine dental hygiene treatment plan). Hygienists already do this and is part of their accredited educational requirements. Upon completion of a required training course, extract teeth with a class IV mobility and hopeless prognosis.
 - Upon completion of an appropriate training course, provide Enameloplasty sealant technique.
- **Under *GENERAL* supervision:** Administer local anesthesia and reversal agents.
 - Take final impressions (this is allowed for the proposed licensed dental assistant)
- **AGREE: Under *INDIRECT* supervision, administer nitrous oxide (already being taught in dental hygiene programs.)**
 - **Under *General* supervision: Place Interim Therapeutic Restorations (with course), write prescriptions for mouth rinses and other topical products as well as fluoride products that help decrease one's risk for tooth decay (with course)**

For Public Health Dental Hygienists:

- **Nebraska Dental Hygienists' Association** proposes the full scope of dental hygiene scope of practice with the additions that are listed above.
 - Adjust removable appliances/soft reline (**with course**) to enable hygienists to help those without a dental home to be able to carry on the activities of daily living.
 - With an appropriate training course, provide Palliative care to include smoothing of a rough edge of a tooth.

For the Expanded Function Dental Hygienists:

- **Nebraska Dental Hygienists' Association** supports **Under *General Supervision*:** current scope of practice of a licensed dental hygienist and public health permit hygienist. **ALSO:** Place and finish dental restorations and preparation of a class I and class V restoration per dentist order. **Must**

be a licensed registered Dental Hygienist and have (additional coursework required that would include completion of course with didactic and clinical components taught by an accredited dental school or has completed equivalent exam from another state). Pass board approved exam, proof of liability insurance, and licensure for expanded function. Nebraska Dental Hygienists' Association supports the same clinical competency for dentists, hygienists and assistants that are doing the same procedures. This educational requirement needs to be outlined in statute to protect the public.

For the Expanded Function Dental Assistant:

- **Nebraska Dental Association** proposes **Under *Indirect* supervision:** a dental assistants with 1500 hours as a licensed dental assistant who has completed a Dental Assisting National Board Expanded Function Dental Assistant exam **OR** a board approved exam. Obtain Expanded Function Dental Assistant license from Health and Human Services and complete Continuing Education per Uniform Credentialing Act. Duties: Place and finish dental restorations (fillings, crowns, etc.)

Note: More detailed information on this proposal can be found at “Credentialing Review for Expanding Scope of Practice for Dental Hygiene and Establishing a Scope of Practice in Statute for Dental Assisting: Breaking Down Barriers: Oral Health Care Stakeholders Working to Expand Access to Dental Care for Underserved Populations” submitted by the Nebraska Dental Hygienists' Association (NDHA) August 13, 2014

Additional information on the details of this proposal can be found in the following documents:

“Dental Hygienist Comparison Chart”

“Dental Assistant Comparison Chart”

“TR Proposal Introduction”

Note: These sources are posted on the Credentialing Review Program link which is http://dhhs.ne.gov/Pages/reg_admcr.aspx

Part Four: Discussion on the Issues by the Board Members

Comments by Deb Schardt, RDH

Ms. Schardt stated that the NDA/NDAA proposal is too complex and would be difficult for the Department to administer. She made the observation that this proposal would create seven different tiers of dental assistant providers, and commented that some of the procedures this proposal would allow dental assistants to perform are currently done only by dentists, and that dental assistants would be allowed to perform these procedures without any additional training or competency testing requirements. She added that the proposed level of oversight for the new dental assisting procedures would not be adequate to ensure safety. She informed the Board members that instances of harm have occurred because of inadequate oversight of poorly trained dental assistants.

Dr. Low asked Ms. Schardt if dental hygienists are qualified to perform advanced procedures. Ms. Schardt responded in the affirmative. Dr. Low then asked Ms. Schardt why the NDHA proposal includes 'on-the-job training' for dental assistants if, as she says, there is such a concern about the safety of the services provided by dental assistants who lack formal education and training. Ms. Schardt responded that this provision is needed to ensure continuation of dental assisting services in remote rural areas.

Comments by David O'Doherty, Crystal Stuhr, and Cindy Cronick

David O'Doherty, speaking on behalf of the Nebraska Dental Association proposal, responded to the assertion that the NDA/NDAA proposal would create seven tiers of dental assisting providers by stating that this assertion is not accurate. He stated that there would be three tiers of dental assisting providers, not seven. He acknowledged that within the top two tiers there would be opportunities for dental assistants to satisfy requirements for permits to perform certain advanced procedures, but that these permits do not, per se, create additional tiers of credentialed providers.

Cindy Cronick, a dental assisting instructor, commented that the purpose of the expanded functions in the NDA/NDAA proposal is to increase access to services. Expanded functions for dental assistants allows the dentist to attend to other, more serious problems.

Crystal Stuhr, a dental assisting instructor, commented that the safety of the patient is a vital concern of hers and that the NDA/NDAA proposal would provide safe dental care services to Nebraskans. She went on to state that every procedure defined for dental assistants in this proposal is reversible, which is not true of the NDHA proposal. Ms. Stuhr went on to state that dental assistants work more closely with dentists than do dental hygienists. This close relationship provides the dental assistant with more experience vis-à-vis the operative day-to-day care provided by dentists than is achieved by dental hygienists. She stated that dental hygienists focus more on

preventive care than on day-to-day patient care. Dr. Hopp commented that this may be true, but that there can be no doubt that a dental hygienist can do more when the dentist is not in the room than can a dental assistant.

Dr. Hopp asked what percentage of dental offices in Nebraska employ dental assistants, and what percentage employ dental hygienists. He was informed that about ninety-eight percent of dental offices employ dental assistants. Information about the percentage of dental offices employing dental hygienists was less exact, but the assertion was made that it is a lower percentage than for dental assistants, although it is a high number.

Dr. Hopp asked how many dental assistants would likely seek licensure. Cindy Cronick responded that there are approximately three hundred and forty certified dental assistants in Nebraska, and that of the approximately two thousand five hundred dental assistants in Nebraska these certified dental assistants would most likely be the ones who would seek licensure.

Dr. Hopp asked why sealant provisions were left out of the NDA/NDAA proposal. Cindy Cronick responded that the sealant issue was too contentious within the dental profession, with different specialties taking different stands on this issue. It became clear that continuing to seek a consensus on this matter would have been counterproductive. Ms. Cronick added that sealants are reversible procedures that are a component of preventative care, and that even a bad sealant is better than no sealant at all.

Part Five: Recommendation on the Proposals by the Members of the Full Board of Health

Actions Taken on Both Dental Auxiliary Proposals by the Full Board of Health on the advice of their Credentialing Review Committee:

The members of the full Board of Health voted to approve the advice presented to them by the Board's Credentialing Review Committee which was to recommend approval of the NDA/NDAA proposal. Voting yes were Borchert, Fleming, Jackson, Low, Reamer, Salansky, Stuberger, Teeter, Vander Broek, Vest, and Warner. Voting no were Michels and Hopp.