Texas
Dental Hygienists' Association

April 22, 2016

Mr. Ken Levine, Director
Sunset Advisory Commission
PO Box 13066
Austin TX 78711

Dear Mr. Levine,

On behalf of the Texas Dental Hygienists' Association, (TDHA) thank you for allowing us to respond to the recently-released Sunset Staff Report regarding the State Board of Dental Examiners. We share the concern of the board and commission for the safety and welfare of the public.

Issue 1

Key Recommendation 1: Reduce the size of the board.

TDHA is in favor of reducing the size of the board, for the reasons elaborated in the report. However, to more proportionately represent the number of licensed dentists (17,540) and dental hygienists (13,740) and to consider future projections for the next decade, the composition of the smaller board should be 4 dentists, 3 dental hygienists and 2 public members. The shortage of dentists in Texas is projected to intensify during the next decade and the number of dental hygienists will increase faster than the number of dentists. The Health Resources and Services Administration projects that the current dentist shortage will substantially worsen in the next decade (1) and in Texas within that decade more than a third of general dentists will be at or past retirement age. (2)

Key Recommendation 2: Allow the board's advisory groups to expire.

TDHA is opposed to eliminating the Dental Hygiene Advisory Committee. Although the report has identified the important issue that the committee has been relatively inactive in the past few years, eliminating the advisory committee altogether is not the appropriate remedy. While the goal of diversifying stakeholder input is worthwhile, delegating complete autonomy to the board to decide when, if, and the manner in which feedback is solicited requires a significant assumption that the board will act in good faith. Without the advisory committee, the level of commitment to seeking feedback from dental hygienists would be dictated by current board members and staff and would likely change from year to year. Maintaining the Dental Hygiene Advisory Committee provides a greater and more consistent opportunity for stakeholders to weigh in on matters impacting the health of the public and the dental hygiene profession. A better alternative would be for the board to more fully utilize the committee by delegating more responsibilities to the committee, such as initial review of applicants for dental hygiene licenses, review of submissions relating to continuing education and disciplinary matters involving dental hygienists, as well as proposing rules to the full board.

(1) U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis, National and State-Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2015.

(2) Texas Department of State Health Services, Health Professions Resource Center ,"Trends, Distributions, and Demographics: Dentists (General) 2014" http://www.dshs.state.tx.us/chs/hprc/Publications/2014FactSheets.aspx

Issue 2

Key Recommendation: Discontinue the board's dental assistant certificate programs.

TDHA is opposed to eliminating all dental assistant certificate programs. TDHA agrees the present system is expensive, confusing and inconsistent. The Association recommends the certificate programs be combined and streamlined into one easily understood certification process for all dental assistants who perform any of the four currently-regulated procedures. TDHA believes the public will be at risk if all dental assistants are on-the-job trained or if the decision to require national credentialing or CODA-accredited education for dental assistant employees is left up to the dentist. In addition it should be noted that certification of formal training of dental assistants in the four areas of x-ray, pit and fissure sealant, coronal polishing and nitrous oxide monitoring was instated originally because it was strongly believed harm could be done to patients by these procedures being incorrectly performed. There also was concern dentists would not have the time to adequately train employees each time a new assistant was hired, thus putting patients at risk. The current formal training for the procedures require a board approved course and examination for taking x-rays, an 8-hour course for sealants, an 8-hour course for coronal polishing and an 8-hour course for nitrous oxide monitoring. It is difficult to see how dentists would be able to provide comparable training on-the-job for each dental assistant employed.

Issue 3

TDHA is in favor of both key recommendations.

Issue 4

TDHA is in favor of the four key recommendations.

Issue 5

TDHA is in favor of continuing the State Board of Dental Examiners for 12 years in order to protect the public.

Finally, TDHA would like to address one of the Sunset questions posed for occupational licensing as found on page 20 of the report. Specifically, the question is: Does the program provide the least restrictive form of regulation needed to protect the public interest?

The practice of dental hygiene in Texas is over-regulated with antiquated statutes and rules which do not protect the public, but rather control what dental hygienists can do and where they can do it so that the financial interest of dentists is protected.

1. Dental hygienists, with some very limited exceptions, cannot treat a patient unless a dentist has seen the patient first. This restricts hygienists from practicing to the full extent of their

education and licensure in long term care facilities, assisted-living facilities, schools, Head Start centers, homebound patients' residences, and remote areas of the state. Dental hygienists are primary care providers who are an essential entry point to the health care system and should be able to work in collaborative agreements with dentists to treat these patients within their current scope of practice and refer patients when needed. Dental hygienists also should be able to have collaborative agreements and provide preventive care in remote sites, using "telehealth" technology to confer with dentists, arranging further treatment as needed. Direct access to dental hygiene services is especially critical for vulnerable populations such as children, the elderly, the poor, and the geographically isolated who often struggle to overcome limited transportation options, lack of insurance coverage, and other barriers to oral health care. Direct access to the preventive services provided by dental hygienists is cost effective, will save taxpayer dollars, and should be welcomed in a state facing financial issues and budgetary shortfalls.

2. Dental hygienists in Texas are not allowed to administer local anesthesia to their patients who are experiencing pain during dental procedures. This is the standard of care in 44 other states and the evidence is clear this is a safe procedure when hygienists are properly educated. The public is not at risk, as shown by decades of experience in other states, some since 1971. This is over-regulation and the law should be changed but organized dentistry in Texas has policy against allowing hygienists to administer local anesthesia and they have been successful in defeating legislation to allow it. The argument they present to legislators is that it is not safe for the public, although all the evidence is to the contrary.

Thank you for consideration of our concerns. Please feel free to contact me if you have any questions or need additional information.

Sincerely yours,

Lynda Bean, RDH, BSDH
President
Texas Dental Hygienists' Association
l.bean@texasadha.org

TDHA is an organization of licensed dental hygienists whose main purpose is to serve the citizens of Texas with quality dental health services. The focus is primarily on prevention of oral disease and the maintenance of good oral health.