

SUBJECT: Allowing dental hygienists to provide services in certain facilities

COMMITTEE: Public Health — committee substitute recommended

VOTE: 6 ayes — Kolkhorst, Naishtat, J. Davis, Gonzales, Hopson, S. King

0 nays

5 absent — Coleman, Laubenberg, McReynolds, Truitt, Zerwas

WITNESSES: For — Nancy Cline, Texas Dental Hygienists' Association; Michelle Landrum; Stuart Reynolds; Jennifer Stevens; Maribeth Stitt; (*Registered, but did not testify*: Jennifer Heisler; Rebecca Wright, Texas Dental Hygiene Educators' Association; Katherine Zackel, Texans Care for Children)

Against — William Steinhauer, Texas Dental Association; Ron Theiss, Texas Academy of General Dentistry

BACKGROUND: Licensed dental hygienists perform tasks such as teeth-cleaning and polishing and application of fluoride varnish. Licensed dentists may delegate a service or procedure to a licensed dental hygienist under their supervision if the dentist has examined the patient during the prior 12 months. A dentist is not required to be on the premises when the dental hygienist performs the delegated service.

A dental hygienist with at least two years' experience may perform a procedure on a patient without a dentist having examined the patient in the past 12 months, if the service is authorized by a dentist and performed in a nursing facility or a school-based health center that provides care to students and their families. The patient must be referred to a licensed dentist after the completion of the service. A dental hygienist may not perform a second set of services for a patient seen at one of these facilities until the patient has been examined by a dentist.

Community health centers are nonprofit corporations that are required to provide primary health care services and are governed by a board of which a majority of the members are people who are served by the community health center.

DIGEST:

CSSH 456 would add community health centers to the list of facilities at which a licensed dentist could delegate performance of certain procedures to a dental hygienist with two years' experience without the dentist having examined the patient during the last 12 months.

A dental hygienist could perform delegated tasks or procedures on a patient in a nursing facility, school-based health center, or community health center for up to six months without the patient having been examined by a dentist.

The bill would take effect September 1, 2009.

SUPPORTERS  
SAY:

CSSH 456 would address access issues among many populations in need of dental care by allowing dental hygienists to provide preventive care to patients in certain health facilities for up to six months, even if the patients first were unable to see a dentist. There are fewer than 16,000 active dentists to serve all of Texas.

People in nursing facilities often have mobility problems and only can receive dental care if a dental practitioner goes to their facility. Nursing facilities may have a difficult time recruiting dentists to come to their facilities, because it is not as lucrative as serving patients in their offices. The client populations at community and school-based health centers often are low-income or live in underserved areas. These facilities typically do not have a full-time dentist on staff. This bill would allow patients at these facilities to receive preventive services, such as cleaning, application of fluoride varnish, and preventive education, often at low costs. Community health center patients pay for services according to a sliding fee scale based on income. Twenty-two other states allow dental hygienists to serve at-risk populations without dentist supervision.

CSSH 456 would encourage patients to seek routine dental services while not compromising care. The bill would not change the requirement that a dental hygienist must refer patients to a dentist when the hygienist provides services to a patient who has not seen a dentist. Dental hygienists only would be allowed to perform procedures in their current scope of practice. For the services they were not allowed to provide, dental hygienists would link patients to a provider that met a patient's economic and dental health needs. In addition, a dentist still would be required to authorize any treatment the dental hygienist provided.

The bill would not be replacing dentists, but would provide preventive services until the patient could be seen by a dentist. Preventive services can diminish down-stream costs by thousands of dollars. Because many of the patients served at the facilities addressed by this bill would be eligible for government assistance, the savings from preventive services would benefit the state. Dental hygienists could clean teeth to eliminate build-up that could cause tooth decay and could apply fluoride varnish that could slow the progression of existing decay until a dentist could be seen. Dental hygienists also could teach people better oral hygiene and dietary habits.

OPPONENTS  
SAY:

CSHB 456 would be counterproductive to efforts to get people to seek comprehensive, routine dental care. This bill would allow some patients with undetected cavities or cancerous mouth lesions to go six months or more without proper diagnosis and treatment, allowing their oral health problems to worsen.

It is impossible to provide an accurate diagnosis of dental problems without a comprehensive exam in which a dentist reviews dental x-rays. A patient's teeth may look healthy, but much of the worst decay can develop unseen between teeth. While this bill would not change the requirement that a hygienist must refer patients to a dentist, patients could fail to follow up on a dental referral because they felt the basic cleaning they received from a dental hygienist was sufficient dental care.

Many of the patients that this bill would allow to receive six months of ongoing dental care from a hygienist could be eligible for government assistance programs. If their undetected oral health conditions worsened because they did not follow a comprehensive treatment plan developed by a dentist, patients would suffer and the state would pay for more costly treatments in the long-term.

Allowing children to be treated by a hygienist in school-based health centers for up to six months without being seen by a dentist could be particularly damaging. Ongoing treatment in the school by a dental hygienist could give parents false security. In addition, when kids are treated in a school setting without the parent attending the appointment, the parent does not receive education on contributing to the child's oral health at home.

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NOTES: The companion bill, SB 97 by Van de Putte, passed the Senate on May 5.