



State Senator Sheila Harsdorf

Date: April 6, 2017
To: Senate Committee on Health and Human Services
From: State Senator Sheila Harsdorf
RE: Senate Bill 114/Assembly Bill 146

Dear Chair Vukmir and Committee Members:

Thank you for holding a public hearing on Senate Bill 114 (SB 114) and Assembly Bill 146 which would expand the locations in which dental hygienists can practice.

Under current law, dental hygienists are limited to where they can practice, which means Wisconsin's hospitals, health systems and clinics are unable to fully leverage the skills and services of dental hygienists for preventive oral hygiene care. This legislation would expand the locations in which dental hygienists can practice, under their existing scope of practice, without a dentist's supervision or prescription. Additional practice settings established in the bill include hospitals, medical clinics, nursing homes, and nonprofit dental care programs.

Persons with intellectual, cognitive and behavioral developmental disabilities are often underserved in dentistry. Senate Amendment 1 to SB 114 would further expand practice settings to include licensed or certified adult family homes, licensed adult day cares and community rehabilitation programs. This amendment would allow dental hygienists to access these patients where they are most comfortable.

Without access to and utilization of dental care, preventable dental conditions can develop into serious dental emergencies. Wisconsin Hospital Association data from 2015 shows that over 33,000 emergency room visits were attributed to preventable dental conditions. Expanding access to preventive oral health care could help to reduce hospital emergency room visits and reduce health care costs.

Co-locating preventive dental services with primary care services would allow providers to deliver quick access to preventive dental care to patients that, otherwise, may not have access to preventive care and, as a result, suffer from more costly and painful conditions down the road.

By expanding the settings in which dental hygienists can practice, SB 114 would allow the skills and services of dental hygienists to be utilized to increase access to preventive dental care and improve oral health.

I urge your support for Senate Bill 114 and Assembly Bill 146. I would be happy to respond to any questions you might have.



STATE REPRESENTATIVE

KATHY BERNIER

April 6, 2017

Senate Committee on Health and Human Services

Testimony on Assembly Bill 146 / Senate Bill 114 – relating to the practice of dental hygienists

Good morning Chair Vukmir and committee members. Thank you for scheduling Assembly Bill 146 and Senate Bill 114 for this public hearing and allowing me time to present testimony in favor of both bills. I also want to thank Senator Harsdorf and her staff for their work in bringing these bills forward.

These bills before you today are common-sense proposals that received overwhelming bi-partisan support in the legislature and are endorsed by a wide coalition of our state's leading health care provider organizations. Many of these organizations are here today and will provide expert testimony on the impact AB 146/SB 114 will have on improving the oral health of Wisconsin residents.

AB 146/SB 114 expand the settings in which a registered dental hygienist can perform his or her work without requiring supervision of a practicing dentist. Simply put, the bills allow hygienists to do what they already do, only in more locations. AB 146/SB 114 allow hygienists to reach more people who otherwise may not have access to preventative care. They can address conditions that left untreated would lead to higher health care costs.

Under these proposals, locations that hygienists could be sited at, or co-located with, include nursing homes, resident group homes, hospitals, medical clinics, day care centers, community clinics, and prisons. These are critical areas which could easily be served by hygienists' to increase prevention and early detection of dental conditions. Assembly Amendment 1/Senate Amendment 1 were brought forward by interested parties in an effort to incorporate the following sites where hygienists can practice: Adult Family Homes, Adult day care centers and community rehabilitation programs.

The Wisconsin Hospital Association reports that since 2015 over 33,000 emergency room visits were attributable to preventable dental conditions. Simple access to the type of care dental hygienists provide would significantly reduce this number, reduce health care costs and make Wisconsin healthier. AB 146/SB 114 Make great strides in reducing costs and improving oral health of our population.

AB 146 and SB 114 reduce barriers to dental care, and in many cases provide vulnerable populations, like nursing home residents and our Medicaid population, access to preventive care that they may not have had for years.

(608) 266-9172
Toll-Free: (888) 534-0068
Fax: (608) 282-3668
Home: (715) 720-0326

P.O. Box 8952 • Madison, WI 53708-8952
Rep.Bernier@legis.wi.gov

Madam Chair, AB 146 and SB 114 are simple and straightforward bills that will have far-reaching health benefits for Wisconsin residents. They are fiscally sound and will help reduce expensive treatments by providing access to preventative care and encourage for early detection of preventable conditions among an underserved population.

Again, thank you Madam Chair and committee for the opportunity to speak in favor of AB 146/SB 114. I urge your support in passing these bills and moving them forward.



SB 114
Testimony of Rehabilitation for Wisconsin in Action
and
Residential Services Association of Wisconsin

My name is Lincoln Burr and I work for Rehabilitation for Wisconsin in Action. RFWiA represents organizations that provide residential and employment opportunities for people with disabilities.

I would like to thank Representative Bernier who graciously introduced an amendment to the Assembly version of this bill based upon my testimony a few weeks ago. I would also like to thank Senator Harsdorf for introducing that same amendment here in the Senate.

I have been working with and designing supports for people with disabilities for over twenty years. Two of Wisconsin's most pressing problems are transportation and dental care. While this bill won't solve all our problems, it holds promise to make a very significant difference.

As is well documented, dental care for Wisconsin residents who are experiencing a disability is difficult to find. We live in a mostly rural state and even if you can find a dental clinic with an interest in billing Medicaid, you may not find one with the expertise necessary to work with people who are resistive to dental care. If you can find both, you may still need to drive several hours to get there. All this comes at a very significant price to both public health and the state's taxpayers.

I applaud the sponsors of this bill for recognizing that people need better dental care. Without care costs skyrocket. The costs I'm addressing are varied. First, there is the money spent on dramatic interventions after years of poor oral care. There are also the very real nutritional impacts of bad oral hygiene. Please also consider that it is very common for people with disabilities, some of whom have a limited a capacity to communicate, to suffer in silence or even strike out against themselves or others because of their pain.

Unfortunately, people in our profession carry labels. Too many times, I have assessed people labeled "behavioral" only to learn that they were actually reacting to pain caused by poor oral hygiene. Please understand that this isn't as simple as someone saying, "Boy my tooth hurts!" For Wisconsin residents with a limited ability to communicate, sometimes problems aren't discovered for years. This dramatically increases the cost of both medical intervention and the day to day support that Wisconsin funds through Family Care and IRIS.

While I wholeheartedly support this bill, I ask that you lend consideration to Senator Harsdorf's amendment that adds three additional allowable location categories to your bill.

There are over 9,500 people currently working in Community Rehabilitation Programs in Wisconsin. With 75 locations from Superior to Kenosha they cover the state. These gathering places would be a wonderful augment to an already great bill. Many of these locations employ a significant number of Medicaid recipients. The larger setting may provide a greater incentive for a hygienist to come on-site because of the significant number of people working there who need dental care. I would also ask that you consider adding certified adult day cares and licensed adult family homes. These programs support people with disabilities as well as the elderly and are also scattered across the state.

By adding these three categories we would see people with disabilities from across Wisconsin have a better chance of finding adequate dental care. People will have an opportunity to get dental care closer to home, in a setting familiar to them, near people with whom they are comfortable.

Thank you for your kind consideration.

WISCONSIN HOSPITAL ASSOCIATION, INC.



Date: April 6, 2017

To: Members of the Senate Health and Human Services Committee

From: Laura Rose, Vice President Policy Development

Re: WHA Testimony in Support of Senate Bill 114

On behalf of nearly 140 hospitals and health systems in our state, the Wisconsin Hospital Association strongly supports Senate Bill 114 to increase access to dental hygiene care for adults and children in Wisconsin.

The oral health status of Wisconsin residents is an important issue to our members. This is partially because hospitals, as safety net providers in Wisconsin communities, see thousands of patients each year in their emergency departments (EDs) for preventable dental conditions. According to a 2013 research brief of the ADA's Health Policy Institute, national data shows that dental ED visits have been growing faster than overall ED visits.

In Wisconsin, data from the WHA Information Center shows that in 2015, there were 33,113 patient visits to hospital EDs for preventable dental conditions. In addition, there were 8,274 ED visits that same year where preventable dental conditions were not the primary presenting condition, but appeared in the ED patient record. When these two figures are combined, there were 41,387 ED patients in 2015 with a primary or secondary diagnosis of a preventable dental condition.

Further, WHA's data shows that in 2015, 56% of dental-related ED visits were paid for by Medicaid. Wisconsin's Medicaid reimbursement rates, which are the second lowest in the country, have created a "hidden health care tax" for Wisconsin families and businesses by shifting Medicaid costs onto private payers of health care. Statewide, the hidden health care tax from Medicaid alone has a \$1 billion impact.

Why is this important, and how does SB 114 help to address this issue? First, these patients are not receiving the preventive dental care they need in a hospital emergency room. Many of these patients will return for further treatment if they do not have access to appropriate preventive dental care. Second, when patients with preventable dental conditions use the ED for primary care, ED staff and resources are diverted from other patients. Finally, these are preventable dental conditions. If dental hygienists are able to practice independently in the additional settings outlined in SB 114, more individuals could have access to preventative oral health care and education. Over time, we anticipate that this bill could reduce the number of patients seeking help for preventable dental conditions in hospital emergency departments.

SB 114 is an important initiative for improving the oral health care of Wisconsin residents. WHA urges members of the Senate Health and Human Services Committee to vote in favor of SB 114.



Testimony

To: Senator Leah Vukmir, Chair
Members, Senate Committee on Health & Human Services
From: Dan Drury, President
Date: Thursday, April 6, 2017
Re: Support Senate Bill 114 \ Assembly Bill 146
Support Amendment to Expand to Facilities of Similar Type

Chairperson Vukmir and Members of the Committee.

First, I want to thank Senator Harsdorf and Representative Bernier for authoring Senate Bill 114 and Assembly Bill 146 and for proposing the amendment to address our request to have the bill include licensed and certified adult family homes (AFHs), adult day cares and community rehabilitation programs.

Here is why we are asking.

First, according to the LRB analysis the bill expands the ability of dental hygienists to practice dental hygiene, specifically in the area of long-term care to skilled nursing facilities and community-based residential facilities (CBRFs). As you maybe aware, CBRFs are allowed to provide up to 3-hours of nursing care per week. Adult Family Homes are allowed to provide up to 7-hours per week.

Second, additional practice settings established in the bill include hospitals, medical clinics, nursing homes, day cares and nonprofit dental care programs." We had asked, and the authors agreed to expand the bill to include "adult day cares."

Finally, Community Rehabilitation Programs. There are over 9,500 people currently working in Community Rehabilitation Programs in Wisconsin. With 75 locations from Superior to Kenosha they cover the state. These gathering places would be a wonderful augment to an already great bill. Many of these locations employ a significant number of Medicaid recipients. The larger setting may provide a greater incentive for a hygienist to come on-site because of the significant number of people working there who need dental care.

Like you - we are seeking to reach populations that are underserved in dentistry, specifically persons with intellectual, cognitive and behavioral developmental disabilities (I/DD). This population is suffering and like you we wish to employ every tool to try and reach these disabled individuals.

Thank you.

Residential Services Association of Wisconsin (RSA Wisconsin)
14 W. Mifflin Street • Suite 206 • Madison, Wisconsin 53703
(608) 255-0029 • E-mail: info@rsawisconsin.org
• www.rsawisconsin.org •



Current statutes restrict dental hygienists from directly accessing patients based on the sign outside the building. For example, a dental hygienist can provide care directly to low-income children at a Head Start facility, but could not go right next door to a day care facility and see children presumably with the same need unless a dentist has first examined the child. Furthermore, a dental hygienist cannot work as part of the medical team in a physician's office or federally qualified health center without a dentist first examining the patient, which is costly and inefficient.

The National Governors Association explained, "as states face more demand for oral health, they should examine the role dental hygienists can play in increasing access to care by allowing them to practice to the full extent of their education and training." Finding new and innovative ways of integrating dental hygienists into a variety of new settings has the potential for improving oral health in Wisconsin. Wisconsin has already seen great success in the school setting. SB 114 would expand settings where programs like Wisconsin Seal-A-Smile could be implemented to positively impact oral health.

The ability of a dental hygienist to be a part of the medical team in a physician's office would reduce dental disease by allowing a licensed oral health provider to begin interacting with children and families as early as 6 months of age. Children see their medical provider up to seven times between when their first tooth erupts and age 3. While the recommendations from a variety of medical and dental organizations include seeing a dentist by age 1, this simply is not happening.

Dental care for young children often is only obtained when a child is in pain or the dental disease has already taken hold of the child's mouth. A study in North Carolina found children who consistently had oral health interventions at a physician's office before age 3 were nearly 20 percent less likely to develop dental disease. Wisconsin has fewer than 5 percent of Medicaid children receiving oral health services from a non-dental provider in physician offices.

The Alliance has long supported innovative models of providing oral health services improving efficiency and access to care, without putting patient safety in jeopardy. This proposal meets all of these requirements. Colorado is a leader in this area and currently 16 health systems have integrated dental hygienists into their delivery model, providing care to children, pregnant women and other patients with systemic health issues like diabetes. Wisconsin should follow suit and remove restrictions inhibiting access to care.

Thank you for your time in addressing this issue and thank you to the nearly 70 co-sponsors of this bill from the Senate and Assembly. Please support and advance SB 114 out of committee and let us continue working together to improve the oral health of Wisconsin.

Respectfully Submitted

Matt Crespin, MPH, RDH
Associate Director



**Testimony in support of Senate Bill 114
Wisconsin Senate Committee on Health and Human Services
April 6, 2017**

Good morning Chairperson Vukmir, Vice Chair Moulton and members of the Senate Committee on Health and Human Services. My name is Matt Crespin and I am the associate director at Children's Health Alliance of Wisconsin (Alliance). The Alliance is a statewide organization, affiliated with Children's Hospital of Wisconsin, working to improve child health statewide. Oral health is one of the Alliance's seven key initiatives. I am here today speaking in support of Senate Bill 114 (SB114), which has strong bipartisan and health coalition-based support.

Our nation is failing to prevent disease in certain groups of our population, despite dental disease being 100 percent preventable. For instance, young children ages birth to 5 years continue to see increases in dental disease, along with elderly adults. One in three children entering Head Start at age 3 have already experienced tooth decay and more than 40% of our elderly adults in nursing homes also have suffer from this preventable disease. As a state, we rank dead last on access to dental services for Medicaid enrollees. In 2015, more than 40,000 patients in Wisconsin presented at hospital emergency rooms (ER) for preventable dental conditions. Patients presenting with dental related issues at an ER are not able to be treated with anything more than an antibiotic and pain medication which does not address the underlying disease that caused them to arrive there in the first place.

We have seen improvements in oral health access and outcomes for school-age children, through expansion of the state school-based sealant program, Wisconsin Seal-A-Smile. The Alliance manages Wisconsin Seal-A-Smile, in collaboration with the Wisconsin Department of Health Services' Oral Health Program. Over the past 15 years, Wisconsin Seal-A-Smile has cut untreated decay rates by nearly half and increased the number of third-grade children receiving dental sealants by 55 percent. These services ensure children are not sitting in classrooms, unable to concentrate due to mouth pain and reduce the amount of time the child is out of the classroom. The Centers for Disease Control and Prevention found the Wisconsin Seal-A-Smile program saved the state Medicaid program \$6 for every tooth sealed. Since 2000, this program has sealed nearly three quarters of a million teeth, saving the Medicaid program an estimated \$4.5 million.

We have seen such success; in part because this is a population where there are no restrictions placed on dental hygienists to directly access patients. Dental hygienists currently can access patients without the authorization or supervision of a dentist in three settings, including schools. Dental hygienists also can bill Medicaid for services they provide. SB 114 would allow dental hygienists to directly access patients without having to first see a dentist in settings like nursing homes, day care facilities, hospitals and physician's offices.

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April 6, 2017



Testimony RE SB 114 – The Practice Settings of Dental Hygienists

To: WI Senate Committee on Health and Human Services

From: Linda Jorgenson, RDH – WI-DHA Advocacy Chair

Thank you Senator Vukmir and members of the Committee on Health and Human Services – for your leadership and support of this bill.

Many dental hygienists – not just in Wisconsin, but around the country, are very excited to know that restrictions on the practice of dental hygiene are about to be lifted here. Other health care providers are looking forward to hiring dental hygienists so they can offer valuable, effective, affordable preventive dental services through their teams. It has been a long time coming.

While the standardized, accredited education of hygienists has, for a long time, included content and competencies in topics such as caring for patients with diabetes, Alzheimers disease, pregnant patients and others who have special health care needs, our ability to help those patients has been impeded by restrictive supervision laws. If the dentist for whom I work isn't treating them, then I can't either.

But we know that vulnerable people are out there – they are just hidden from us.

This bill will open many more doors for patients to enter the dental health care system – with dental hygienists acting as the entry or access point. Once there, hygienists are fully prepared to assist patients navigate into dental practices where they can receive more comprehensive and specialized care when it is needed.

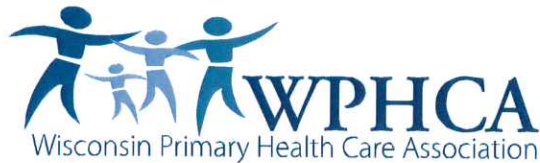
You should anticipate the development of advanced dental hygiene practice residencies in the future for those instances where hygienists are hired to work with especially vulnerable patients or those who are hospitalized and very sick. Dr Ankur Patel from the VA Hospital in Green Bay, WI has begun a pilot project to do just that. So far, two dental hygienists have completed their residencies with an emphasis on the special needs of veterans – particularly those with PTSD. It isn't hard to imagine this concept becoming the next big and important thing in dental public health.

Thank you again for your commitment to public health and access to oral health services in particular.

Linda Jorgenson, RDH, BS, RF

WI-DHA Advocacy Chair and retired Dental Hygiene Program Director – Century College, MN

lmjorgensonrdh@yahoo.com



Testimony in support of SB 114 related to dental hygiene

Lisa Davidson, Director of Government Relations, Wisconsin Primary Health Care Association

Chairwoman Vukmir and Members of the Committee, thank you for the opportunity to speak in favor of SB 114 – related to increasing the practice settings for dental hygienists.

Wisconsin has 18 Community Health Centers serving high need communities. As you may know, Health Centers are required to provide access to medical, dental and behavioral health care for their patients. Many of our locations have these three services co-located under one roof, however, due to a variety of limitations (space, funding, limited number dentists etc.), this model of care is not currently in place in all Health Centers.

This bill would allow health centers to provide education and the preventative dental services their patients need, without all the financial, operational, and structural barriers; with the ultimate goal to increase access to oral health services. Integrated care is not only more efficient for the patient, but it is more cost effective when we can meet as many of their needs at once, and with one visit. This is exactly the direction health care can and should be going.

This legislation helps reduce the silo that at times, can separate medical and dental care. It promotes a whole body approach to care and reinforces the connection between oral health care and the rest of the body. From prenatal patients, to babies and toddlers with erupting teeth, to older patients; this legislation is a win-win.

SB 114 also promotes an important theme of medical professionals practicing at the top of their license. This is important given the health care workforce shortages that already exist.

Thank you to Senator Harsdorf and Representative Bernier their work on this important issue. We are very pleased to see the strong bi-partisan support the bill has and ask you to move this forward for consideration and quick action.

Thank you, Senators, for taking up AB 146. I'm certain all of Wisconsin's dental hygienists are on the edge of their seats waiting for passage and signing of this bill by Governor Walker.

My name is Shirley Gutkowski, I am a dental hygienist and Owner of Cross Link Presentations. Since 2000 I've been speaking about minimally invasive dentistry to dental and dental hygienist audiences across the globe. In fact, in 2008 I received the Leadership award from the World Congress of Minimally Invasive Dentistry. That same year I received the Distinguished Alumna in Dental Hygiene Award from Marquette University College of Health Sciences. Today I still increase awareness of the integration between oral and systemic health to consumers, dental and medical practitioners by giving presentations about the airway and the consequences of improper breathing.

Because of my work I've come in contact with thousands of dental hygienists across the country, Europe, Canada, South Africa, and Australia. What I know is that dental hygienists want to work, they do not want to own practices they want jobs. They want to help people retain their teeth regardless of their circumstances. This bill will help accomplish the goal of dental hygienists to work.

In 2006/07 I was the Wisconsin Dental Hygienists Association president. That year a friend alerted me to a news story highlighting a young undergraduate student at the UW on the pre-med track. The student had applied for and received a grant to apply fluoride varnish to children in a low income area of Madison. My friend and I offered to help. We were warmly received, however we had to have a dentist present before we could apply the fluoride that a college sophomore could do with no training other than reading the package insert. This bill will allow more children to have fluoride varnish applied to their teeth by a licensed professional.

A 2012 study showed that professional prophylaxis in children reduced the risk for coronary heart disease in those children in adulthood. This bill supports this level of care.

Dental hygienists have nearly 3000 hours of oral care education, more, even, than dentists. This makes them primed to care for the oral care needs of dependent adults. People with teeth live better and longer. In care facilities saving one person from pneumonia can save Medicare over between \$15 to 60K. Just one case less can cover the cost of a full time hygienist on the care team in a facility. Studies tell us professional oral care can reduce about 15% of pneumonia cases in these facilities.

This bill is a move in the right direction. Cost will go down, and more people will avoid dental diseases. Everyone knows dentistry is necessary if dental hygiene fails. As a next move, other settings could be added, or the laundry list of settings could simply be removed.

I applaud this first step. Please consider the next logical step in the next months. Health care needs dental hygienists.