



**PRICE COUNTY DEPARTMENT of
HEALTH & HUMAN SERVICES
PUBLIC HEALTH DIVISION
104 South Eyder Avenue
Phillips, WI 54555**

November 8, 2010

Subject: Special Legislative Committee Recommendations: PRICE COUNTY FOLLOW-UP

To: The Honorable Fred Kessler Chair, and the Honorable Luther Olsen, Vice-Chair

On October 1st, 2010 Price County presented testimony before the Special Committee on Health Care Access in Marshfield, Wisconsin. At the meeting a number of the Committee Members asked questions of me. This is a follow-up to the questions that were asked of me from the Distinguished Members Dr. Sheldon Wasserman, Mr. Nathan Luedke, Dr. Jeff Patterson and Dr. Earnestine Willis.

The profession of dental hygiene is not a wealthy group as are the organized dental associations. For more than thirty years organized dentistry has been in conflict with dental hygienists. With today's workforce climate policy makers must look to dental hygienist's to practice to the full extent of their education and training. Evidence based research proves dental hygienists are making a difference in the prevention of oral disease, getting people to comprehensive treatment with those dentists who will accept the treatment needs and maintaining those people who just need prevention. Dental Hygienists should also achieve higher levels of education and training through improved education system that promotes a seamless academic progression to offer an expanded scope of services.

I. Request Self Regulation of Dental Hygienists ~ State of Wisconsin Dental Hygiene Examining Board.

Currently a majority of dental hygienists are regulated by their primary employers. As in the nursing profession, this would remove any evidence of the tremendous inherent conflict of interest seen by dentists regulating those that work for them. Examining Board funding could be obtained through dental hygiene license renewal.

II. Request a Legislative Champion to move issues forward

III. Align WI Practice Statutes for Associate Degree Dental Hygienists

To align the Wisconsin State Statutes with the American Dental Association Accreditation Standards and remove practice setting barriers. Precedence for this has been established in the State of Colorado. The following statutory amendments are recommended:

Promoting and Protecting the Health and Well-Being of Price County Residents Throughout the Life Span

Price County is an Equal Opportunity Employer and Provider

1) Recommendation:

Amend 447.01 (3) (d) by striking “preliminary” before “examination” and inserting “and presentation to a patient” prior to “of a case history” to read:

Conducting a substantive medical or dental history interview or examination of a dental patient’s oral cavity or surrounding structures, including preparation and presentation to a patient of a case history or recording of clinical findings.

2) Recommendation:

Amend 447.06 (2) (a) by striking “only” after procedures and inserting “a volunteer” prior to, “an employee” and striking “only as follows” after “independent contractor” to read:

A hygienist may practice dental hygiene or perform remediable procedures as a volunteer, an employee, or as an independent contractor.

3) Recommendation:

Repeal 447.06 (2) (a) 1, 2, 3, 4, 5, 6, 7, and 8 of the statutes.

4) Recommendation:

Repeal and re-create 447.06 (2) (b) 1, 2, 3 (a-b) to read:

447.06 (2) (b) Any agency providing services through a dental hygienist volunteer, employee or independent contractor or any dental hygienist practicing as an independent contractor must maintain written documentation between the agency or independent contractor and the medical and dental referral/consultation site(s) for patient conditions outside of the scope of dental hygiene practice.

(1) A dental referral site may include but is not limited to a private dental practice, a federally qualified health center with a dental expansion, a rural

dental health clinic, a college or university that provides dental diagnostic and clinical services.

(2) A medical referral site may include but is not limited to a family physician, nurse practitioner, a federally qualified health center, a university or medical college that provides diagnostic and clinical services.

(3) Exceptions: Written documentation of a medical or dental referral/consultation site is not required for the following:

(a) For a school board or a governing body of a private school.

(b) For a school for the education of dentists and dental hygienists.

(c) For local health department, as defined in s. 250.1 (4)

5) Recommendation:

- Repeal 447.06 (2) (c)
- Renumber current 447.06 (d) as 447.06 (c)
- Renumber current 447.06 (e) as 447.06 (d)

6) Recommendation:

Repeal Wisconsin Administrative Code DE 3.01 Supervision.

DE3.01 Supervision. *A dental hygienist shall practice under the supervision of a licensed dentist in a dental facility or a facility specified in s.447.06(2), Stats. if applicable. History: Cr. Register, February, 1982, No.314, eff.314, eff.3-1-82; correction made under s.13.93 (2m)(b) 7., Stats., Register August 2006 No.608.*

IV. Assure Medicaid Reimbursement for Dental Hygiene Services

Work with federal/state Medicaid Program (CMS) to create/modify codes specifically for dental hygienists to allow appropriate reimbursement for the services that are delivered.

Prevention of the disease is paramount and cost effective.

1. In Wisconsin a dental hygienist may bill for an *oral screening* once per year with the CODE – D0999.
2. Dental hygienists also provide a more comprehensive process of care that is a dental hygiene examination and should be reimbursed as such. The dental hygiene examination includes:
 - > Assessment – the systematic collection and analysis of the following data to identify patient needs and oral health problems.
 - medical and dental histories
 - vital signs
 - extra/intra-oral examination
 - periodontal and dental examination
 - radiographs
 - indices
 - risk assessments
 - > Planning – the establishment of realistic goals and treatment strategies to facilitate optimal oral health.
 - Dental hygiene diagnosis
 - Dental hygiene treatment plan
 - Informed consent
 - Dental hygiene case presentation
3. Dental hygienists are not currently reimbursed for dental radiographs
4. Dental hygienists are not currently reimbursed for follow-up of referral needs (outside of the scope of dental hygiene) or case management of families.

V. Support the Development of an Advanced Dental Hygiene Practitioner (ADHP) / mid-level provider in the State of Wisconsin through a dental hygiene career ladder.

Level 1: Dental Hygiene Associate Degree leads to licensure as a dental hygienist and is granted by the Wisconsin Technical College System (current).

Level 2: The Wisconsin Technical College System Dental Hygiene Associate Degree programs will articulate with a Bachelor of Science degree-granting program to grant a Bachelor of Science degree in Dental Hygiene based on the Dental Therapist model found at the University of Minnesota Dental School. The incentive and benefits of the Wisconsin BSDH would be an increased scope of practice and greater access to services for Wisconsin residents. Since the Wisconsin BSDH practice would include some of the scope of practice of dentistry, this practitioner would require written consultation and referral model with oversight from a primary care provider (i.e. teledentistry or telemedicine).

Scope of practice: see attached Table 1, 2 and 3

Advanced Dental Hygiene Practitioner Licensure and Regulatory Requirements

Two year license fee to be determined

Level 3: The Wisconsin Bachelor of Science Degree in Dental Hygiene (BSDH) articulate with a Master of Science degree or directly to a Doctor of Dental Surgery degree-granting program to grant a Master of Science degree program in advanced practice dental hygiene. This practitioner would resemble the nurse practitioner model with an advanced scope of practice, limited prescriptive authority and autonomy. The Master's prepared practitioner would have the ability to work autonomously utilizing a referral and consultation (a high bred of a collaborative) model.

Level 4: The Master of Science Degree program in Advanced Practice Dental Hygiene will articulate with a Doctor of Dental Surgery degree to grant a Doctor of Dental Surgery degree consistent with the Commission on Dental Accreditation.

Specifics:

1. Legislative Statutory change
2. OR Statutory pathway to create certification of an ADHP by adding an Administrative Rule through the Dentistry Examining Board by using the following:
 - a. 447.01 (2) (g) Any other practice specified in the rules promulgated under 447.02 (1) (d)
 - b. 447.02 (1) (d) Specifying practices, in addition to the practices specified under s.447.01 (3) (a) to (f), that are included within the practice of dental hygiene

In March 2008, an American Dental Hygienists Association Task Force presented competencies developed for the Advanced Dental Hygiene Practitioner model to the ADHA Board of Trustees for approval. This document can be found at:

<http://www.adha.org/downloads/competencies.pdf>

Metropolitan State University in St. Paul, Minnesota offers an Oral Health Care Practitioner program which incorporates the competencies from the ADHA model. Details can be found at:

<http://www.metrostate.edu/msweb/explore/gradstudies/masters/msohcp/index.html>

3. Articulate an agreement with Minnesota University system to:
 - a. Buy their current Advanced Dental Therapy curriculum
4. Articulate with Wisconsin Technical College System and the University of Wisconsin system to add the curriculum for an APDH
 - a. Chippewa Valley Technical College (clinical role) possible sponsor
 - i. CVTC Dean of Health Occupations work with the UW system
 - ii. Has dental faculty at present time or dental faculty coming from an FQHC (i.e. Marshfield system).
 - b. UW Eau Claire or UW Stevens Point

VI. Develop Reimbursement for ADHP through Medicaid

VII. Referral and Consultation Agreements for Bachelors of Science of Dental Hygiene Degree:

Protocols to include

- a. Date of initial contact
- b. Name, address, phone, email, license number, and degree/certification of the Advanced Dental Hygiene Practitioner and Primary Care Provider.
- c. Where services will be provided
- d. Type of services to be provided that are within the scope of ADHP
- e. Documentation of any and all Consultations
- f. Documentation of state radiological practice standards
- g. Informed Consent
- h. Medical and Dental Histories
- i. Appropriate standing orders
- j. Description of financial arrangements
- k. Protocol for acquisition and dispensing of items requiring prescription
- l. Referral Sources and pathways – emergency, routine, specialty
- m. Documentation of liability insurance.

Supervision of Registered Dental Assistants. ADHP shall be allowed to oversee up to four licensed dental hygienists and four certified dental assistants in their practice.

Price County hopes this information helps to answer the questions that the Committee Members had in regard to the practice of dental hygiene. If you have further questions I would be happy to have you contact me at 715-339-5311. Thank you for the hard work and effort you have put towards these important matters.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Nancy J. Rublee". The signature is fluid and cursive, with the first name "Nancy" and last name "Rublee" clearly distinguishable.

Nancy J. Rublee, RDH, CDHC
Price County Health and Human Services Public Health Hygienist
CC: Michelle Edwards, Interim Director

Table 1 -
<i>Associate Degree Dental Hygiene</i>

Prevention, Palliative, Diagnostic, Assessment	Restorative	Surgical	Limited Prescriptive Authority by Protocol
Examination Evaluation Assessment Treatment Planning Diagnosis			
Anticipatory Guidance			
Radiographs	Placement of Temporary Crowns/Recementing Temporary Crowns		
Oral Prophylaxis	Placement of Temporary Restorations	Suture Removal	
Nutritional Counseling/Dietary Analysis			
Fabrication of Athletic Mouth Guard			
Fluoride Application			
Full Mouth Debridement		Scaling/Root Planing	
Palliative (Emergency) Treatment of Dental Pain			
Periodontal Maintenance			
Pulp Vitality Testing			
Application of Desensitizing Medicament/Resin			
Charting of Oral Cavity			
Dental Sealants			
Space Maintainer Removal			

Table 2			
<i>Advanced Dental Hygiene Practitioner with Bachelors of Science Degree</i>			
Scope of Practice and Level of Oversight: Written Consultation and Referral Model with Oversight from a Primary Care Provider (i.e. teledentistry or telemedicine).			
Examination Evaluation Assessment Treatment Planning Diagnosis	Cavity Preparation Class I-V	Extractions: Primary and Permanent Teeth	Analgesics: Prescribe, Administer, Dispense
Anticipatory Guidance	Restoration of Primary and Permanent Teeth Class I-V	Suture Placement and Removal	Anti-inflammatory: Prescribe, Administer, Dispense
Radiographs	Placement of Temporary Crowns	Dressing Change	Antibiotics: Prescribe, Administer, Dispense
Oral Prophylaxis	Placement of Temporary Restorations	Brush Biopsies	Placement of Chemotherapeutic agents
Nutritional Counseling/Dietary Analysis	Preparation and Placement of Preformed Crowns	Tooth Re-implantation and Stabilization	
Fabrication of Athletic Mouth Guard	Pulpotomies on Primary Teeth	Incision and Drainage of Abscess	
Fluoride Application	Direct Pulp Capping: Primary and Permanent Teeth	Scaling/Root Planing	
Full Mouth Debridement	Indirect Pulp Capping: Primary and Permanent Teeth		
Palliative (Emergency) Treatment of Dental Pain	Repair of Prosthetic Appliances		
Periodontal Maintenance	Re-cementing Permanent Crowns		
Pulp Vitality Testing	Nitrous Oxide		
Application of Desensitizing Medicament/Resin			
Charting of Oral Cavity	Soft Tissue Reline of Denture		
Dental Sealants	Soft Tissue Conditioning		
Space Maintainer Placement and Removal	Atraumatic Restorative Technique		

Table 3			
<i>Advanced Dental Hygiene Practitioner with Masters of Science Degree</i>			
Scope of Practice and Level of Oversight: Written Consultation and Referral Model			
Examination Evaluation Assessment Treatment Planning Diagnosis	Cavity Preparation Class I-V	Extractions: Primary and Permanent Teeth	Analgesics: Prescribe, Administer, Dispense
Anticipatory Guidance	Restoration of Primary and Permanent Teeth Class I-V	Suture Placement and Removal	Anti-inflammatory: Prescribe, Administer, Dispense
Radiographs	Placement of Temporary Crowns	Dressing Change	Antibiotics: Prescribe, Administer, Dispense
Oral Prophylaxis	Placement of Temporary Restorations	Brush Biopsies	Placement of Chemotherapeutic agents
Nutritional Counseling/Dietary Analysis	Preparation and Placement of Preformed Crowns	Tooth Re-implantation and Stabilization	
Fabrication of Athletic Mouth Guard	Pulpotomies on Primary Teeth	Incision and Drainage of Abscess	
Fluoride Application	Direct Pulp Capping: Primary and Permanent Teeth	Scaling/Root Planing	
Full Mouth Debridement	Indirect Pulp Capping: Primary and Permanent Teeth		
Palliative (Emergency) Treatment of Dental Pain	Repair of Prosthetic Appliances		
Periodontal Maintenance	Re-cementing Permanent Crowns		
Pulp Vitality Testing	Nitrous Oxide		
Application of Desensitizing Medicament/Resin			
Charting of Oral Cavity	Soft Tissue Reline of Denture		
Dental Sealants	Soft Tissue Conditioning		
Space Maintainer Placement and Removal	Atraumatic Restorative Technique		