STATE REPRESENTATIVE

KATHY BERNIER

March 22, 2017

Assembly Committee on Health

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

Good morning Chairman Sanfelippo and committee members. Thank you for scheduling Assembly Bill 146 for this public hearing and allowing me time to present testimony in favor of the bill.

The bill before you today is a common-sense proposal that has received overwhelming bi-partisan support in the legislature and is endorsed by a 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 will have on improving the oral health of Wisconsin residents.

AB 146 expands the setting in which a registered dental hygienist can perform his or her work without requiring supervision of a practicing dentist. Simply put, the bill allows hygienists to do what they already do, only in more locations. AB 146 allows 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 this bill, 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.

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 reduces barriers to dental care, and in many cases provides vulnerable populations, like nursing home residents and our Medicaid population, access to preventive care that they may not have had for years.

Mr. Chairman, AB 146 is a simple and straightforward bill that will have far-reaching health benefits for Wisconsin residents. It is a fiscally sound measure that 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 Mr. Chairman and committee for the opportunity to speak in favor of AB 146. There are several dental hygienists and health care organizations here to testify after me, but if I can, I would be happy to answer any questions.

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State Senator Sheila Harsdorf

Date: March 22, 2017

To: Assembly Committee on Health

From: State Senator Sheila Harsdorf

RE: Assembly Bill 146

Dear Chair Sanfelippo and Committee Members:

Thank you for holding a public hearing on Assembly Bill 146 (AB 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. Assembly Bill 146 would expand the locations in which dental hygienist 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.

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, AB 146 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 Assembly Bill 146. I would be happy to respond to any questions you might have.

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Testimony in support of AB 146 related to dental hygiene
Lisa Davidson, Director of Government Relations, Wisconsin Primary Health Care Association

Chairman Sanfelippo and Members of the Committee, thank you for the opportunity to speak in favor of AB 146 – related to increasing the practice settings for dental hygienists. I will present some broad based comments on behalf of Wisconsin's Community Health Centers, and then Carrie Roberts of the NorthLakes Community Clinic will share with you how this legislation furthers their efforts.

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.

AB 146 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 Representative Bernier and Senator Harsdorf 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.

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Testimony in support of AB 146
Presented by: Matt Crespin, MPH, RDH
March 22, 2017

Good morning Chairman Sanfelippo, Vice Chair Bernier and members of the Assembly Committee on Health. 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 Assembly Bill 146 (AB 146), 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. As a state, we rank near the bottom on access to dental services for Medicaid enrollees.

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. 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. AB 146 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.

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.

(over)

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. AB 146 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 more than 60 co-sponsors of this bill from the Senate and Assembly. Please support and advance AB 146 out of committee and let us continue working together to improve the oral health of Wisconsin.

Respectfully submitted by
Matt Crespin, MPH, RDH
Associate Director
Children's Health Alliance of Wisconsin
mcrespin@chw.org
(414) 337-4562

Testimony in favor of AB 146 presented to the Wisconsin Assembly Committee on Health on March 22, 2017

Good morning Chairman Sanfelippo and members of the Assembly Committee on Health. Thank you for the opportunity to share with you remarks in favor of Assembly Bill (AB) 146. My name is Alyssa Palmer and I am the Wisconsin Oral Health Coalition project manager at Children's Health Alliance of Wisconsin. I am here today speaking on behalf of the Wisconsin Oral Health Coalition. The Wisconsin Oral Health Coalition is a statewide membership organization that mobilizes policies and initiatives proven to improve oral health for Wisconsin residents. With more than 170 members, the Wisconsin Oral Health Coalition is comprised of health care providers, educators, advocacy and provider organizations, state and local government entities, and community members.

First and foremost, the coalition's broad-based membership supports AB 146. One of the unique features of working within a coalition is that members come from diverse backgrounds and different viewpoints. They have to figure out how to respect each other's differences and collectively come together towards the good of the whole. AB 146 is that good of the whole. For many years, we have heard from members regarding the challenges faced by their patients or community members in accessing even the most basic of dental services. At our 2016 summer regional meetings that were held across the state, concerned members addressed the critical need to resolve inequities in oral health affecting their communities. Recognizing the growing need, the sentiments of our members and the timeliness, the governing body of the Wisconsin Oral Health Coalition voted to support this bill.

In August 2013, the coalition and its partners released the state oral health plan, referred to as *Wisconsin's Roadmap to Improving Oral Health*. Within the plan are four high level strategic areas and goals that a working group identified as a starting point to improve the oral health of Wisconsin residents. The coalition supports AB 146 because it addresses two strategic areas of the state oral health plan: Access and workforce. It would address access by improving the accessibility of oral health care services, especially for our most vulnerable populations (i.e. pregnant women, children, individuals with special health care needs and the elderly). Similarly, it would impact workforce by increasing interprofessional collaboration and leveraging the projected dental hygiene surplus.

We all acknowledge that lack of access to preventive oral health care for all ages remains a public health challenge. With such agreement, let us institute a strategy to help tackle this challenge. We, therefore, strongly encourage you to consider passing AB 146. Thank you for your consideration.

Respectfully submitted: Alyssa Palmer, JD, project manager, Children's Health Alliance of Wisconsin, apalmer@chw.org or 414-337-4575.

WISCONSIN HOSPITAL ASSOCIATION, INC.

Date: **March 22, 2017**

To: **Members of the Assembly Health Committee**

From: **Laura Rose, Vice President, Policy Development**

Re: **WHA Testimony in Support of Assembly Bill 146**

On behalf of nearly 140 hospitals and health systems in our state, the Wisconsin Hospital Association strongly supports Assembly Bill 146 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 AB 146 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 AB 146, 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.

AB 146 is an important initiative for improving the oral health care of Wisconsin residents. WHA urges members of the Assembly Health Committee to vote in favor of AB 146.

Children's Hospital of Wisconsin
Kids deserve the best.

Testimony in support of AB 146
Pamela Fraser, MSM
Director, Dental Services
Children's Hospital of WI
March 22, 2017

Good Morning Chairman Sanfelippo, Vice Chair Bernier and members of the Assembly Committee. My name is Pamela Fraser and I serve as the Director of Dental Services at Children's Hospital of Wisconsin. I am here in support of the Assembly Bill 146. I want to start by sharing some information about Children's Dental Center.

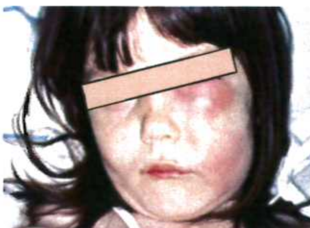
Our Vision

- **Healthiest Kids in the Country**
  - Oral Health Matters!
  - Pediatric dental services provided at 4 Milwaukee County Locations
    - Operating Room and Surgicenter
- **Safety net within the community**
  - 93% of Children's Dental Center patients have Medicaid/Medicaid HMO
  - Over 14,500 unique patients, generating over 34,000 annual visits
    - Very young and fearful children
    - Individuals with special health care needs
      - ~ 40% of patients have some type of special health care need
      - Over 425 of special patients are over the age of 18
- **Training for the future**
  - Nationally Accredited Pediatric Dental Residency Program

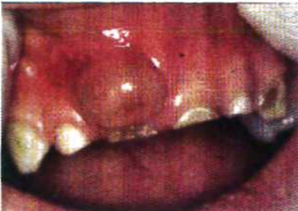
The Problem

Dental caries (aka: tooth decay or cavities) is the most common childhood disease with more than 40% of children having caries by the time they start kindergarten. Caries is 20 times more common than diabetes and 5 times more common than childhood asthma. If left untreated, caries causes pain and infection and can limit a child's ability to eat and speak, disrupts sleep, distracts a child from learning and playing, and negatively affects self-esteem. These consequences can have a long-term negative impact on a child's physical growth and development and overall quality of life.

The American Academy of Pediatrics, American Academy of Pediatric Dentists and American Dental Association all recommend that a child's first dental visit occurs by age one. Despite evidence that early prevention can increase the likelihood of having preventive visits in the future - thus potentially heading off disease - few children actually see a dental professional by their first birthday. The majority have their first dental visit between the ages of 3-6. The overwhelming reason for this first visit is due to dental caries and its complications. Sometimes the first visit takes place in the Emergency Department (ED). Nationally, it is estimated that up to 79% of dental ED visits could be diverted to community settings

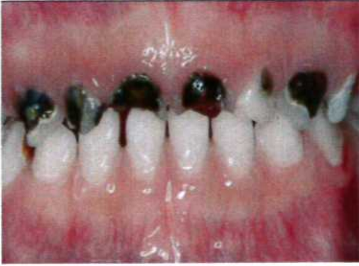


Cellulitis



Dental Infection

Emergency Room Visits: In 2016, 945 children presented to Children's Hospital of WI's ED for dental related issues. Although some visits were due to injury and complications related to a medical diagnosis; 62% involved gum disease, dental caries and dental infection and cellulitis (facial swelling); all preventable issues best treated in a dental home. Dental infections and cellulitis can be life threatening. 27 children were hospitalized in 2016 due to advanced infection or cellulitis. Others presented with early childhood caries requiring that treatment be provided in a surgical setting.


Early Childhood Caries

Early Childhood Caries (ECC): Last year, approximately 900 individuals had dental care provided in a surgical setting at Children's Hospital of WI. 400 of these children were patients of Children's Dental Center. 36% were ≤ 3 years of age and more than 75% presented with ECC.

Dental care provided in EDs and surgical settings could be avoided with a stronger focus on prevention strategies. Children who present to these settings have experienced chronic pain and may have more serious long-term consequences because of delayed care. Dental care provided in the ED and surgical setting also come at a significantly higher cost than care provided in a community dental clinic. The cost associated with a child's pain and suffering is difficult to put a number on.

What we know is most *dental disease is preventable* and the earlier a child is provided a dental assessment the better chance they have to be caries free. Our long term vision is to "Prevent more to Treat Less." This can become a reality through the partnership between dental hygienists and primary care.

One Solution

Parents/caregivers may not take young children to the dentist for a variety of reasons. However, they do take them to primary medical doctors for well child checks. A child may see their medical doctor at least 7 times between when their first tooth comes in at~ 6 month of age and their 3rd birthday. What a great opportunity for a dental hygienist, embedded in a primary care office, to partner with the medical team and incorporate risk assessment, anticipatory guidance, cleaning and application of fluoride at select visits over the first few years of a child's life. *Dental disease is preventable* and the earlier a child is provided a dental assessment the better chance they have to be caries free.

Although, the impact of early intervention for young children is a key focus, the dental hygienist would serve children of all ages by performing periodic cleanings and application of fluoride and sealants – the same services they currently provide in a school based setting. Ongoing collaboration and education with families on prevention strategies, including brushing and flossing and nutritional counseling are the other critical interventions provided most effectively by a dental hygienist. Dental hygienists practicing within Children's Primary Care network would be supported by Children's Dental Center so that children requiring more definitive care and those ready to be transitioned to a dental home will have a continuum of service.

AB 146 is an important initiative for improving the oral health care of children in Wisconsin by increasing an access point to preventive care within the primary care setting.

Reference

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  Brian K. Bruen, MS, Erika Steinmetz, MBA, Tyler Bysshe, MPH, Paul Glassman, DDS, MA, MBA, Leighton Ku, PhD, MPH. The Journal of the American Dental Association. Volume 147, Issue 9, Pages 702-708 (September 2016)

Legislative Testimony Regarding AB146 Hygienist Location of Practice

My name is Bill Solberg and I am the Director of Community Services for Ascension|Columbia St. Mary's. I am responsible for overseeing our community clinics serving vulnerable people in Milwaukee. One of our most important programs is Seton Dental Clinic, which provides urgent and restorative dental care to uninsured and underinsured people. Last year, Seton served 1,517 patients within the clinic and 10,181 patients in our Smart Smiles school-based preventive care program. Last year, we added to our primary care services at the Family Health Center, a residency clinic in Milwaukee's central city, by beginning to provide dental hygiene care

With all of the oral health activity through Seton and Milwaukee Schools, why would we start a pilot project of hygienists in primary care?

- Integration of oral health and primary care. Medical research has shown the connection of oral health to overall physical health. Inflammation and infection from periodontal gum disease has impact on cardiac health and on care of diabetes. Diabetics with oral infection and inflammation find that essential challenges such as managing insulin dosage is much more difficult as a result of the biochemistry of infection activity. Pregnant women are more likely to have oral infections related to pregnancy and unfortunately, infection makes premature delivery more likely. Dental hygienists, in their normal work do an excellent job of improving periodontal disease and reducing infections.
- A Window of Opportunity approach. The greatest advice I can give providers who are concerned about serving people in poverty is to adopt a Window of Opportunity approach. Consider every interaction with a person with few resources to be an opportunity to provide as much service as possible. When patients come to our Family Health Center, we can take the opportunity of improving oral health for women coming for prenatal care to get dental hygiene cleanings, for children coming for a well-child check to get dental sealants to prevent cavities, for diabetics with inflammation to have cleanings to improve their ability to manage their diabetes.
- The possibility of an efficient model of care. Since hygienists can physically co-locate into primary care settings, their location at a clinic can offer the ability to serve pregnant women, diabetics, and children without requiring another appointment and the logistical challenges involved. The relationship of the patient to clinical providers supports a hand-off of the patient to the dental hygienist.

The current pilot was a small scale effort to serve 114 patients over a year, with a hygienist located in the clinic 4 hours a week. The limiting factor is the current requirement for a dentist to provide each of those patients with a prescription for the hygienist services. Requiring a separate prescription means that the Window of Opportunity is closed. Patients must come for a separate prescription before receiving hygiene care, rather than receiving the care along with their regular primary care appointments. Too often, the patients who would most benefit have not been the ones seen by the dentist during a prescription visit session.

Ascension

AB146 re-opens the Window of Opportunity. It removes the requirement for a dentist prescription before hygienist's treatment. It allows more of our patients to receive this important care and improve their health. It will allow me to place the hygienist in this clinic for 20 hours a week and to add hygienists to at least three clinics in the year following AB146 approval. Greater expansion will follow. Patients who receive preventive services and need additional follow up would be referred to Seton Dental Clinic or another dentist. In our experience, patients who have received preventive care are more open to seeing a dentist for restorative care.

Thank you for considering this important bill. I urge you to approve the bill so the Window of Opportunity can be opened and dramatically expand the ability of hygienists to provide this important care in primary care clinics across the state.

Testimony in support of AB 146 related to dental hygiene

Carrie Roberts, Clinic Director of Dental and Outreach Services, NorthLakes Community Clinic

Chairman Sanfelippo and Members of the Committee, thank you for allowing me the opportunity to share with you how supporting AB 146 – related to increasing the practice settings for dental hygienists will allow NorthLakes Community Clinic the ability to increase access to dental care. NorthLakes serves the far Northern counties in Wisconsin.

As Lisa Davidson previously stated, Community Health Centers are required to provide access to medical, dental and behavior health for our patients. A large initiative for our health center is integrated care for our patients. We understand that we need to start looking at the patients care as a whole and remove the silos that exist between professions. We have learned that this means much more than just co-locating our services in one building. It takes a team based approach to delivering care. We have piloted a program to address the needs of one of our most vulnerable populations, expecting women. Medical, dental and behavior health work together to address the needs of our patients within their initial OB appointment.

Our team consists of the primary physician, a behavioral health therapist and a dental hygienist. As the primary physician completes their assessment of the patient, they bring in the dental hygienist to discuss the importance of oral health. The hygienist takes the time to answer any questions, explain the patient's dental benefits, and schedules the appropriate appointment for future care within the dental clinic based on their conversation.

Efficiency has been a barrier for this program. As the current guidelines read, hygienists are not allowed to practice in a medical facility without the supervision of a dentist. This limits the care the patient can receive during their appointment time with a hygienist. Once the hygienist has delivered education to the patient, the physician then returns to the room to prescribe fluoride treatment and delegates the task of placing fluoride varnish to the medical assistant. The medical assistant will then provide the fluoride treatment and escort the patient to the waiting room. Changing the practice setting to allow hygienists to practice within a medical facility would allow our patients to have a fully integrated experience to care during this visit. It would also allow the physician to move on to the next patient increasing efficiency and create increased access within their schedules.

Supporting the change to the practice settings would allow our team to work to the full scope of their licensure. Hygienists would be able to assess the oral cavity and address the current state of the patient's oral health. It would also allow the hygienist to provide dental cleanings and fluoride varnish, utilizing the time spent with the patient in the most efficient manner possible.

As Lisa had also mentioned, Rural Wisconsin has a health care workforce shortage. Dental currently has the highest Health Professional Shortage Area (HPSA) score for our health center. This represents the population to provider ratio. On an average, dental appointments are booked out over 100 days for our providers due to the extensive need for dental care in our communities. As a result, dental has had to limit access to meet the needs of those who fall within the most vulnerable populations. The high demand for care and the limited number of dentists in our health center has also limited our growth in other outreach locations, including nursing homes.

NorthLakes currently has one of the largest school based preventative dental programs in the State of Wisconsin. Mission driven providers who work to the full scope of their licensure have allowed us to grow from 10 school districts to 43 school districts throughout 14 counties in Northern Wisconsin, over the past three years. We currently see just under 10,000 children per year; many who would have no access at all to preventative dental treatment without the extension of the practice settings for hygienist within schools. In the communities where we have both the school based program and a dental clinic, the majority of our high risk children have a dual relationship; they are both patients of record within the clinic within our school based program. Our dentist work closely with our school based hygienists to address the needs of our patients and encourage services in the setting that allows all providers to work to the full scope of their licensure. This has helped to open access to appointment times within the clinic schedule to provide treatment which requires supervision by a dentist.

Supporting the increase to settings in which a dental hygienist can practice would allow for a similar team based approach to care in our integrated model as our school based program. Our hygienist would be able to provide treatment in a setting that is familiar, as many patients have a fear of the dental office. It would also allow us to meet the needs of our patients in one visit and help to remove several barriers our patients face. Transportation, time away from work, and navigating a complex health care system are a few barriers faced on a daily basis by our patients. We also want to ensure that we can replicate this model of care and build stability for the program. Staffing a hygienist to provide treatment for our patients is much more cost-effective than staffing a dentist.

For all of the reasons I have addressed, I strongly urge you to support this bill. Thank you for your attention to this important issue and working together to support increased access to preventative dental care for our communities. If you have any questions, I would be happy to answer them for you.

Testimony presented to the Assembly Committee on March 22, 2017

Good morning Chairman Sanfelippo and members of the Assembly Committee on Health. I am here today speaking on behalf of the HyLife Oral Health Alliance in favor of AB146 . My name is Angie Stone. I am a dental hygienist licensed in WI and I am the founder and CEO of The HyLife Oral Health Alliance(HOHA). HOHA is committed to enhancing the oral health of older adults because no elder needs to suffer from dental disease or worse yet, die from dirty teeth.

Gladys in nursing home. Age 64.
Our last Christmas together

In 2002 my mother in law, Gladys, was admitted to a nursing home due to the inability to take care of herself. She suffered from Chronic Obstructive Pulmonary Disease (COPD). Before her entry into the facility I was managing her periodontal disease in a dental office. Periodontal disease effects the health of the gums and bone that surround the teeth. When left untreated, it can lead to the loss of teeth.

With her COPD taking a toll on her ability to ambulate, she was unable to get to the dental office for care. I asked the facility if they had dental services available for their residents and the answer was no. As a WI dental hygienist I was not allowed to provide treatment without the involvement of a dentist. There were no dentists who worked in the facility. As a result she was left without access to necessary treatment.

As time went on, she endured recurrent lung infections. The medical team prescribed antibiotics. The infection would subside only to return in a short time. As a dental professional I knew what was going on in Glady's mouth was likely infecting her lungs. Due to Wisconsin state laws, my hands were tied. I stood by and watched. At age 65 Gladys died from COPD...or did she? I can't help but wonder if her periodontal disease was the origin of her multiple lung infections and subesquent death. I wonder if I had been allowed to provide her with dental hygiene care, would she have had an improved quality of life and might she have been with us for a longer time. This is the fuel that initally ignited my passion for caring for vulnerable older adults.

My Grandmother, Helen, also lived in a nursing home at the end of her life. She too, suffered the effects of not having access to a dental hygienist. In a two year period...between the ages of 90-92...she lost 60% of her teeth. Imagine my guilt and heart break. I am a dental hygienist. I am the professional who assists people in avoiding dental disease. Unfortunately, due to Wisconsin laws, I was unable to assist my grandmother with her dental health at the most vulnerable time in her life. As a result she suffered from rampant dental decay, which is completely preventable. This experience provided the fuel that keeps my passion burning today.

GRAM HELEN

July 2010 **June 2012**

60% OF TEETH LOST IN 2 YEARS
CNA'S, NURSES, DENTIST RESPONSIBLE FOR AND OVERSEEING ORAL CARE

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Oral Health Alliance

Unfortunately, Gladys and my grandmother are not isolated cases. In fact, the surgeon general has reported, "Elderly nursing home residents have extensive oral disease, poor oral hygiene and suffer the worst oral health of any population." The results of the 2012 Wisconsin Healthy Smiles Survey, which looked at 1009 nursing home residents, echo the surgeon generals report. The survey, discovered 42% of the residents had untreated tooth decay and 31% of those screened had root tips in their mouths. This means that the portion of the tooth you see in the mouth had broken off and only the root of the tooth remained in the jaw bone.

The Wisconsin state survey also reported 35% of nursing home residents had substantial oral debris, 22% had severe inflammation of the gum tissues and 27% had a need for periodonatal care. All of the conditions observed in the survey are things dental hygienists are trained to prevent. Furthermore, a reduction in dental disease is not the only thing dental hygiene services can achieve.

Nursing home residents have a 3 fold risk of aquiring aspiration pneumonia (AP) compared to older adults residing in the general population. AP is the second most common cause of infection, transfer to a hospital and death. It is often caused by uncontrolled bacteria and debris in the mouth. So is aspiration pneumonia taking lives or is the condition of mouths taking lives?

It's estimated there are 32,000 cases of AP in the United States annually. At the cost of $30,000 per case the cost of treating AP in the United States tops $968 million annually. Numerous studies show oral cleanliness prevents aspiration pneumonia in vulnerable populations. Dental hygiene services can help reduce the bacteria in mouths, keep gums and lungs healthy and reduce costs related to treating aspiration pneumonia.

Diabetes has a corelation to periodontal disease. The two have a bidirectional relationship. If a person has uncontrolled diabetes, they are likely to develop periodontal disease and vice versa. Over 24% of nursing home residents, in the United States, have diabetes. This means it is likely that 7800 nursing home residents in WI are affected by this disease. People with diagnosed diabetes incur additional medical expenditures of $7900 per year. Extraploation of these numbers suggest this population is costing the WI Medicaid system over $62 million annually.

The systemic health of Wisconsin's nursing home residents is dependent on the status of their oral health and we have proof their oral health is poor. The most effective way to improve the oral health of this population is to access to the dental disease prevention specialists...the dental hygienists. In the process, systemic health is also likely to improve.

Please strongly consider passing this bill to ensure Wisconsin's vulnerable ursing home residents are provided the option of dental health for a life time and to ensure they don't die from dirty teeth. I'm sure it's not how you want your loved ones to die. I certainly didn't choose it for mine.

Thank you for your time.

Respectfully submitted: Angie Stone, RDH, BS, Founder and CEO, HyLife Oral Health Alliance, angie@hylifeoha.com or 608.884.0038

Testimony supporting AB 146 Re: Dental Hygiene Practice Settings
Presented by Debbie Schumacher ME-RDH
March 22, 2017

Good morning Chairman Sanfelippo and members of the Assembly Committee on Health. My name is Debbie Schumacher and I am a dental hygiene instructor at Chippewa Valley Technical College in Eau Claire. I am proud to say that Representative Bernier is my legislator and want to publicly thank her for championing this piece of legislation. I'm here speaking in support of AB146.

As dental hygiene educators, we have the responsibility to make sure students learn what is required based on our practice act. Our curriculum is responsive to the changing scope of our practice. For example, when pain management was added to our scope, the educational component was adjusted to meet the needs of current students and past graduates.

The rigorous standards from the Commission on Dental Accreditation (CODA) are evaluated regularly to ensure programs are preparing competent and safe dental practitioners to meet the needs of the public. In Wisconsin, there are 8 DENTAL HYGIENE programs and we all use standardized statewide curriculum that was agreed upon by the faculty and meets current CODA Standards.

Dental hygiene education has been preparing students for outreach in the community for as long as there has been DENTAL HYGIENE
education. While in the program, the students learn to provide care in a variety of settings including the traditional dental office. More recently because of our understanding of the connection between oral and systemic health we recognize the need to incorporate an interdisciplinary approach to total patient care.

A new CODA Standard: 2-15 reflects this, stating;

" the need for graduates to be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care"

I would like to share an example of how we prepare our students to rise to the call.
The CVTC dental hygiene and respiratory therapy students are doing a study at a Vent Center in Chippewa Falls. The students work under the direction of a pulmonologist, in collaboration with the nurses and alongside the respiratory therapists. The students are calibrated ensuring consistent data collection, trained to provide oral care, then they assess the patients using a standardized tool before performing the oral care. This was repeated daily over two weeks and results evaluated. From our initial study, we saw overall improvement in the condition of the oral cavity and the patients reported an improved quality of life.

Some bacteria found in the mouth have been identified as bacteria associated with pneumonia. Pneumonia can be life-threatening with treatment costing as much as $50,000. This spring we are repeating the study and we are adding a bed-side test to identify the types of bacteria present in the mouths of the patients. Upon completion of the study we will re-evaluate whether the addition of daily oral care did reduce or eliminate the oral bacteria identified in pneumonia.

As part of their education, the students have experience providing oral care in non-traditional settings such as nursing homes, school-based clinics, community outreach projects like Give Kids and Give a Veteran a Smile Day as well as the chance to be part of interdisciplinary teams. Unfortunately, at this time once they cross the threshold from student to licensed professional they are limited and are unable reach some of our most vulnerable members of society who lack access to preventive oral care. Dental hygienists are prepared by virtue of their education to provide their scope of practice in all settings to help improve the overall health of the patients in WI.

I strongly urge you to support this bill. Thank you for your time.

Testimony in Support of AB 146 – Settings Where Dental Hygienists May Practice

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My name is Linda Jorgenson. I am the Wisconsin Dental Hygienists' Association past president and now the Advocacy chair. In front of me is a picture of the very first dental hygienist in the United States. Her name was Irene Newman. The year was 1913, the place was Bridgeport, Connecticut and in this picture, Irene is directing a tooth-brushing drill in a classroom of school children. In 1913, tooth decay was often rampant and severe and began early in life. There was no fluoride in the water. There was no fluoride in the toothpaste...indeed – there probably was no toothpaste at all! At that time it was very common for people to lose all their teeth to decay and gum disease long before they reached retirement age... if they were fortunate enough to live that long. Most people considered complete tooth loss as inevitable.

Irene was successful at improving oral hygiene and preventing cavities as a result of her tooth-brushing drills. Continuously since then, the profession of dental hygiene has focused its attention on prevention of dental diseases and improving the health of the people we care for. And over the 100 years of its existence, the dental hygiene profession has evolved into an effective and skillful workforce of knowledgeable, caring individuals whose primary objective is to apply their skills in every corner of the communities where we live. When communities have open access to preventive oral health care – the type provided by dental hygienists – they are healthier over all; they keep their teeth for an entire lifetime and they experience fewer dental problems. In some cases, they never experience tooth decay at all.

Sadly, there are individuals for whom dental care of any kind is an impossible dream. The most vulnerable are those in low-income families, the very young, the very old, the disabled and the very sick. We operate by a guiding principle that when it becomes difficult or impossible for people to come to us for care, we should go to them. If we bring preventive dental care to people in places where they are, instead of waiting for them to come to us – we have the potential of reducing the disease burden as well as catching diseases and conditions in early stages and treating them before they become devastating problems.

> The dental hygienist's focus is mainly **PREVENTION.**
>
> Dental diseases are nearly 100% **PREVENTABLE.**

It is especially important to dismantle the barriers standing between preventive dental care and vulnerable populations.

One such barrier is the current statutory requirement that says a patient may not be seen by a dental hygienist until *after* a dentist has first examined and diagnosed them and gives a

written or oral prescription – thereby giving authorization for the hygienist to proceed. Because so many people don't or can't utilize dental services, they never benefit from modern preventive dentistry. When things get bad enough, they will utilize hospital emergency rooms – the least effective and most expensive way of getting into the health care system. We can do better!

This proposed legislation would eliminate the requirement for a dentist to see all patients before they can be treated by hygienists. It means that hygienists would be able to join other health care teams such as those in hospitals, nursing homes, group homes, home health care agencies and medical clinics. As always, when hygienists identify problems in their patients that they cannot treat – they are knowledgeable enough to help the patient navigate their way to an appropriate provider.

REGULATION AND PRACTICE OF DENTAL HYGIENISTS:

There are 190,000 licensed dental hygienists in the United States and nearly 5000 in the state of Wisconsin. The first dental hygiene licenses were issued in 1915 in Connecticut amidst a fair amount of controversy in the dental community. Regulations were established to place strict limitations on what hygienists could do and how they were to be supervised. Since then, the trend across the country has been for hygienists to be given more freedom to practice within their scope, but under their own authority. This proposal has the potential to bring patients direct access to effective and affordable preventive dental care in places where it's not available right now.

CALLING FOR NEW SETTINGS and FEWER RESTRICTIONS in SETTINGS WHERE HYGIENISTS CURRENTLY PRACTICE:

Because hygienists in Wisconsin have been providing services successfully in schools and local health departments with no supervision restrictions for several years, the Wisconsin Dental Hygienists' Association asserts that restrictive supervision requirements should be lifted so that hygienists could join other health care teams in providing care. This shouldn't be viewed as independent dental hygiene practice, but rather dental hygiene practice that is integrated into a broader health care system outside of dental practices.

- Nursing homes / long-term care facilities
- Hospitals
- Medical clinics
- FQHC clinics
- Group homes
- Prisons / Jails / Detention centers

BENEFITS of LIFTING RESTRICTIONS:

Allowing direct access to dental hygiene services would result in better access to preventive dental services, improved outcomes and health care cost reductions.

That's a vision that Irene Newman would have appreciated!

For more information contact:
Linda Jorgenson, RDH, BS, RF — lmjorgensonrdh@yahoo.com
Peter Theo – WI-DHA lobbyist — petertheo@theoconsulting.net

Members of the Assembly Health Committee:

My name is Megen Lube, a dental hygienist, licensed in the State of Wisconsin and I speak in support of AB146. I would like to start by explaining some aspect my journey in the dental hygiene field thus far, and my passion for helping others and realizing there is so much more to dental hygiene than cleaning teeth within a dental practice. My education began 10 years ago when the whole-body connectedness of the oral cavity to the rest of the body was reemerging as an important aspect of patient health. I was lucky enough to attend a college institution in which the instructors valued this connection and valued exposing their students to it as well.

Starting with rotations to public health clinics, including school-based sealant programs in a variety of counties, school-based fluoride varnish programs and Head Start events, Boys and Girls Club educational sessions, visits to local nursing homes, free dental days such as Give Kids a Smile Day and Mission of Mercy, etc. These experiences allowed me and my fellow classmates to see firsthand where dental hygienists could be utilized to bring health to patients. In addition to our local exposures, we were exposed dental hygiene at the national level by attending a national dental hygiene conference. There we were exposed to dental hygienists throughout the country who continue to treat patients in a variety of settings, and they all have their own success stories. Through these exposures, and education and projects relating to the oral-whole body connection, we knew there was so much more to our profession.

These exposures throughout school led to confidence to start my own school based sealant program when approached by the Clark County Health Department, who was interested in focusing on oral care as one of their primary initiatives, in 2010. Knowing the impact the school-based programs could have on a community, I felt privileged to provide care to those in need, in the primarily impoverished county. Initially, the program started small, treating 3 schools and 40 students. Since that first year, the program has grown to treat all 15 public and private schools within the county and treating over 1,500 students at least twice per year. Through these experiences in the schools I was exposed to a variety of dental need. Some children visited their dental office regularly and simply needed help in maintaining their oral health between visits, we educated these students on proper brushing and flossing, educated them on the plaque present on their teeth and its negative implications, we also removed the plaque for them, and applied fluoride varnish treatments to strengthen the teeth. Other children, however, presented with desperate dental need.

One child in particular presented in 3rd grade with a large area of decay on one of his permanent 6 year molars, knowing children in 3rd grade are about 8-9 years old it was shocking to find the tooth was so badly decayed after just a few short years in the mouth. We contacted his father to inform him of the large decay and need for care. To our surprise when we visited him again a few months later, the decay was still present! That same day we contacted the boy's father again, and through persistence and follow up with both the father and the dental clinic we were happy to find that the tooth had been treated when we returned the following fall. Up until treatment, the child was not in pain though the decay was large. I was happy to have made an impact in his life and avoid dental pain through timely detection and treatment.

Another child neglected brushing her teeth because she had so many loose teeth in her mouth, she had plaque covering almost all of the teeth and explained that she was nervous to brush them due to the fact the teeth wiggled when she brushed. I explained to her the importance of keeping the teeth clean since her adult teeth were currently entering the mouth. I removed the plaque for her that day, encouraged her to brush at home, and to wiggle her teeth so she could remove them quickly for the sake of her adult teeth's health. We also applied fluoride varnish that day, which was very important for this particular child who was lacking with her homecare skills. When we returned a few months later, the child had wiggled most of her teeth and was proud to show us that her mouth was much cleaner.

My final story, and most impactful on me, was a special needs child while who presented to my treatment area with a classroom aide. The aide started by saying, "I don't think you will be able to do anything today or even get him into the chair." Knowing the treatment I was providing could be delivered without pain or discomfort, I felt confident. I had the privilege of being able to spend time with the student and to make him feel comfortable. We started with little steps of explaining the treatment, worked his way into the chair, and treated half his mouth. Throughout the process of providing the first half of treatment he lost interest and did not want to continue that day. So, I made a deal with him and explained that he could go back to class today if he came down to see me the following school day to finish the other half of his treatment. He reluctantly agreed. The next day I was greeted the child smiling and excited to finish "protecting" his other teeth with sealants. He jumped right into the chair and we were able to finish treatment with a positive attitude and impression of dental treatment.

I share these stories to explain the impact I, as a dental hygienist, have had in settings outside the walls of a dental clinic. The impact of bringing care who do not or cannot come to you. The strong impact a dental hygienist's education, knowledge, training, patience, and compassion can bring to those who need it most.

I have worked in a variety of areas of the field of dental hygiene and have been exposed to many aspects of the profession. I have developed a passion for patient care and bringing care to those in need. I have seen the value in exposing students and new graduates to opportunities in which they can provide care and help patients, which is why, I look forward to the potential opportunities this bill will bring for dental hygienists to do just that, tap into their passion to help others who need their skills most.

Thank you for your time and consideration to support AB146,

Megen Lube

March 22, 2017

SB114/AB 146 Remove Barriers to Dental Hygiene Care: Amend Practice Act 447

Hello my name is Anne Hvizdak. I am a dental hygienist that has been able to serve the citizens of Wisconsin in a variety of practice settings including private practice and public health. **I am in favor of SB114 and AB146 bill that removes barriers to dental hygiene care.**

I started out my career as a private practice dental hygienist when dental hygienists were required to work under direct supervision or only when a dentist was physically present in the dental office. If the dentist was not able to be present, all clients, including the ones that were appointed with the dental hygienist needed to reschedule care for a later date. In the early 90's, when dental hygienists were able to practice by prescription in a dental office, it was viewed as a much need improvement for clients to have access to a dental hygienist in a private practice setting, whether the dentist was present or not.

In early 2000, I was fortunate to be part of the Wisconsin Seal-a-Smile program, coordinating one of the first five school-based dental sealant clinics in Portage and Wood Counties. This work also involved creating fluoride varnish programs at Head Start schools in Central Wisconsin. I was also able to serve as a Regional Oral Health Consultant for the Wisconsin Department of Health Services Oral Health Program providing technical assistance to local public health departments. In the first few years of the Seal-A-Smile Program, it was a requirement that a dentist provide a dental screening for the school children before the dental hygienist could then provide dental sealants and fluoride varnish treatments. While I was fortunate to have a great group of dentists that volunteered their time so the schools could have the programs available, many of my colleagues were not as fortunate. We had many school systems that could not implement school-based dental sealants programs because they were unable to find a dentist that could offer their time on a volunteer basis to provide screenings. Some of the barriers were clearly logistical, with the school being 40-50 miles away from the nearest dental office. It was at this time that dental hygienists and the Wisconsin Oral Health Program worked with the Dental Examining Board to reduce the supervision requirements, as we see them now, for dental hygienists to be able to provide dental hygiene care for citizens in the three practice settings: 1) health departments; 2) schools and 3) dental hygiene schools. Dental hygienists refer clients to dentists to care for the unmet dental needs that they observe while providing dental hygiene care for them in the schools. This model is much more efficient use of a dentist's time, in that they are being utilized for the care of unmet dental needs for the students that need this assistance. I worked in this setting for 10 years seeing an average of 1,000 students per year.

As an outgrowth of the sealant program, I started working at the Wisconsin Department of Health Services, in a department that was focused on relocation of adults with Intellectual and Developmental Disabilities to the community (Community Integration Initiative). My work was to help develop oral health care plans for clients and assist the home health and nursing staff to work with clients. The work place practice barriers that face dental hygienists were very clear during this time. When I provided care on behalf of the public health department, I could provide the full scope of dental hygiene services on the school age and preschool children that I cared for. In contrast, for the older adults and adults with

Intellectual and Developmental Disabilities that I worked with, I was not allowed to provide my full scope of dental hygiene services because of where they worked or lived, because of the practice setting restrictions. This bill would remove those barriers.

Since 2008, I have worked in the Office on Aging and am keenly aware of the lack of opportunities for dental hygienists to serve clients in Wisconsin. Clients that are dependent on the care of others to maintain health status should have access to dental hygienists. Currently, Center for Medicaid and Medicare Services (CMS), only requires that an examination be conducted on a new resident within 30 days of admission. A skilled nursing facility is required to make every attempt to address dental concerns and in most cases will seek the care of a dentist for dental emergencies if they become apparent. Most clients would benefit from the care of dental hygienists to help establish oral health care plans and dental hygiene care that would focus on maintaining health and preventing disease.

Another project that I volunteer with is Special Olympics Special Smiles. I serve as a volunteer Clinical Director at various Wisconsin Special Olympics sports venues. Dental hygienists, dentists and community members work side by side to help provide oral screenings, fluoride varnish treatments, mouth guards and referral and technical assistance to athletes and families regarding unmet dental needs. Many of the athletes are older adults, where the biggest unmet need they have is periodontal disease or a level of oral infection that is best treated by a dental hygienist with dental cleaning (dental prophylaxis) appointments or oral health daily care plans where home care is emphasized. Many of the athletes do not have needs that would require a visit by a dentist.

The work that a dental hygienist does, does not change based on the setting. If a dental hygienist is providing services in a private dental office or an alternative care setting, the scope of care is the same. If we are attempting to improve access to oral health care, Wisconsin should make every attempt to offer services where the client is. Access to care should not be dependent on whether the client can get to the care, rather oral health professionals should attempt to work with the client in their natural setting.

Thank you for your time and would welcome the opportunity to answer any questions that you have:

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Member and volunteer for:
Wisconsin Dental Hygienists Association
Wisconsin Oral Health Coalition
Dane County Oral Health Coalition
Special Olympics Special Smiles-volunteer
Madison Dental Initiative

Good morning to all the members of the committee hearing my testimony in support of AB146. My name is Cori Tucker, and the profession of Dental Hygiene will always be my passion. I visited my first college regarding the career path to becoming a dental hygienist when I was in 8th grade and fortunately have now been a Registered Dental Hygienist for 20 years. I worked exclusively in private practice for the first 11 years of my career, but then felt the need from the community to branch in to the public health sector. Within the last nine years, I was able to make the transition to public health by securing a position as a dental hygienist at a Federally Qualified Health Center called Community Health Systems in Beloit, WI. Expanding my education and achieving an additional degree provided me with the opportunity to work as an Oral Health Consultant for the Iowa Department of Public Health under the supervision of the state Dental Director and Governor Brandstad. My love of direct patient care brought me back to serving the Beloit community, where I began my career. For the past few years, I have worked in the role of managing the dental clinic at the community health center, while still doing clinical work as the need presents. Additionally, I focus on the dental health outreach efforts that my community so desperately needs.

Community Health Systems is fortunate to be a grantee into the Seal-A-Smile program through Children's Health Alliance of Wisconsin. The Seal-A-Smile (SAS) program allows dental hygienists to visit schools and provide much needed preventive dental services. This includes a decay or urgent needs assessment, sealants, and fluoride applications. Five years ago we served only 250 children in 2nd, 3rd, and 5th grade. The program has grown tremendously in participation and we now serve over 2,000 children in pre-k through 12th grade in the District of Beloit schools. Of the 6,000 children in the Beloit School District, 98% are part of the Free and Reduced Lunch program which indicates a severely high ratio of poverty in the area. The need for dental care is clearly verified by the data collected in the SAS program. The utilization of Dental Hygienists in SAS under our current rights to practice without the direct supervision of a dentist in a school setting is what contributes to the high success of the program. Therefore, by using a divide and conquer system, I am able to keep dentists in the clinic to see patients while dental hygienists practice outside of the clinic via outreach programs. Currently, the state of Wisconsin is experiencing a shortage in dentists. There is an even greater shortage of dentists working in public health. Utilizing the higher number of dental hygienists working in public health is the key to greater dental care access to the citizens of Wisconsin. Increasing the number of settings in which a dental hygienist can provide dental care without the authorization and oversight of a dentist is paramount to our mission as a community health center.

Due to the overwhelming success of our Seal-A-Smile in Beloit, the coordinators of several day care and senior living centers have approached me about creating a similar outreach program for their facilities. Under current practice acts for dental hygienists, this is not possible. For the past 10 years I have been working with 3 to 5 year olds that attend the Head Start schools that operate in my Community Health Center service area. A current Head Start report in July 2016 determined that 32% of children entering Head Start in Rock and Walworth counties started the school year with untreated cavities. I can whole heartedly tell you that allowing dental hygienists access to children in day care centers before they reach school age can help to prevent problems before it's too late. This will let the children and their families focus on learning rather than potential mouth pain.

At the other end of the age spectrum, senior citizens living in care facilities are often overlooked. However, their dental needs still need to be addressed. A dental hygienist cannot currently practice any preventive procedure to benefit a resident without the authorization and oversight from a dentist. Due to the lack of dentists working in the public health setting, the silo to care must be breached. Expanding the practice rights of dental hygienists to include day care and senior living facilities will allow hygienists to use their education and experience to benefit the community in more settings.

Representatives present today, it is imperative to support bill AB146. This will open up many opportunities to expand care to the people in Wisconsin that need it the most, specifically, children and senior citizens in the rural and urban areas of our great state. I am thankful for the ability to speak to you today in support of AB146 on behalf of the dental hygiene profession and Community Health Systems of Wisconsin.

Testimony for the Wisconsin Assembly Committee on Health Hearing
Relating to the expansion of practice setting for Dental Hygienists
2017 Assembly Bill 146 (A.B.146)
March 22, 2017

Patricia M Hooper, RDH, BSDH
420 N Prairie Dr.
Oconomowoc, WI 53066

A.B. 146; An Act to amend 447.06 (2) (a) 4, and 447.06 (2) (b) and (c) (intro); and to create 447.06 (2) (a) 9. of the statutes; relating to: the practice of dental hygienists.

Good morning Chairman Sanfelippo and Wisconsin Assembly members of the Committee on Health. My name is Patricia Hooper. I am a practicing registered dental hygienist of 28 years and dental hygiene educator of 4 years in the state of Wisconsin. I am here today in strong support of Assembly Bill 146 for the expansion of practice settings for Dental Hygienists in the state of Wisconsin. It is my hope to give testimony today that will encourage you to support this legislative action if you do not already do so, and give you causes to encourage your fellow legislators to support AB146 as well.

My experiences while working as a clinical dental hygienist for the non-profit Waukesha County Community Dental Clinic (WCCDC) pulled me to the realm of understanding that distinct and devastating barriers to preventive oral health care and oral health literacy exist for many indigent and economically disadvantaged children, adults and elderly in my own community. The extent of pain and suffering in this patient base was something I did not experience in all my years of private practice so when the opportunity presented to develop and run a pilot program between WCCDC and Lake Area Free Clinic of Oconomowoc I saw a chance to make a difference for people within my own community. In this program, we offered dental screenings, oral health education and preventive services that included a comprehensive dental exam, X-rays and cleanings and non-surgical periodontal therapy for the Diabetic and Cardiac Care patients of Lake Area Free Clinic. We set up a mobile unit to offer patients services at the time of their clinic medical visits. I traveled Waukesha County office by office to let dental providers know about the program and seek participation as supervising dentists. While many agreed the program was needed and 22 agree to provide patients some basic restorative needs, very few were able to leave their practice for a day to provide the direct supervision needed for a dental hygienist to work. This patient base didn't have the luxury of returning for additional appointments, they needed oral health services on the days of medical appointments. After months of trying to keep the program running we just did not have enough dentists for direct supervision at the time patients were in for medical care, we just were not able to continue to offer preventive oral health services. For many of these patients we were their only point of access for oral health care and education. If the practice settings had allowed, as AB146 does, a dental hygienist could have provided all the preventive and educational services for these patients to help them improve oral health and impact their overall health in positive ways.

As a dental hygiene educator, I share this program outcome with students as a means of demonstrating the deficits in access to care for a distinct portion of the population as well as some of the limits of their chosen profession to have measurable impact these issues with confined practice settings. As I accompany students on their externship rotation to the Seaton Dental clinic, they see first hand the effects that lack of access to regular preventive oral care and oral health education has. Many of the patients they treat are pregnant and only have state coverage during pregnancy and shortly after delivery. As evidence shows it is safe to treat pregnant women and we need to be sure that curriculum in dental hygiene education includes accurate and up to date information on oral health treatment protocols for pregnant women as well as their children right from birth. In working with members of the Healthy Smile for Mom and Baby advisory board and fantastic Dental Hygiene educators, I am able to participate in the development of Educational Modules that will help enhance the education of future dental hygienists in addressing the oral health needs of this group and prepare them the seek out employment opportunities in non-traditional settings that expanded practice settings would offer, such as primary care settings, nursing homes, group homes, hospitals, day care centers, home health agencies, community clinics and prisons to help increase oral health, especially for indigent and economically disadvantaged children, adults and elderly.

I thank the Committee on Health Members and Chairman Sanfelippo for the opportunity to tell my story and truly hope that you continue to support for AB 146, expanded practice settings in Dental Hygiene and encourage your fellow legislators to do so as well.

Thank you for the time and opportunity.
Sincerely,

Patricia M Hooper, RDH, BSDH

Patricia M Hooper, RDH, BSDH

My name is Tammy Filipiak I live in Mosinee, WI and I have held a license to practice dental hygiene in the state of WI since 1987. I have an associate degree in dental hygiene, a Bachelors of Science in Business and a Masters Degree in Organizational Leadership. I am currently the Vice President of Clinical Development for a Dental Support Organization and am also a past president, and legislative chair of the WI Dental Hygienists Association. While not the voice I am speaking from today, I'd like to also inform you that I am currently the President-Elect of the American Dental Hygienists Association. I am here today to speak in favor of AB 146

As a practicing dental hygienist for 30 years I have seen the evolution of the scope of practice and changes in supervision requirements that have impacted my ability to provide more comprehensive services, and improve access to care for patients. It has been rewarding to have been part of the advocacy efforts to influence these changes over the years as well. Dental Hygienists in the state of WI are graduates of accredited programs, and complete a rigorous education program, clinical skills testing and a take a national board exam to be eligible for licensure. I am also required to complete continuing education for license renewal. The accreditation standards for dental hygiene education ensure the necessary competencies to practice the full scope of dental hygiene services in all of the settings that are outlined in statutes for dental hygienists in Wisconsin.

The American Dental Hygienists Association has published standards for clinical dental hygiene practice that provide a framework for clinical practice that focuses on the provision of patient-centered comprehensive care as well as outline the five components of the dental hygiene process of care which include: Assessment, Dental Hygiene Diagnosis, Planning, Implementation, Evaluation, and Documentation. This process of care encompasses all significant actions taken by dental hygienists and forms the foundation for clinical decision making which is applied in all settings.

The ability for patients to access routine preventive care is critical to managing disease and infection and today we are more acutely aware of the oral systemic links than ever before. Currently 39 states allow for direct access to a dental hygienist and current WDHA policy defines direct access as follows: allows a dental hygienist to initiate treatment based on his or her assessment of a patient's needs without specific authorization of a dentist to treat the patient, without the presence of a dentist, and maintain a provider-patient relationship. As you are all aware currently some settings in WI statutes allow for the dental hygienist to be accessed directly and AB 146 would expand the settings that currently exist to allow for patients to access care directly with a dental hygienist.

Additional WDHA policies support direct access to dental hygienists in ALL practice settings, as well as advocating for dental hygienists to determine the need for and administer preventive and therapeutic agents.

Prevention is important and dental hygienists are a key available workforce who can provide this type of care. The March 2017 Report on Dane County Hospital Emergency Department & Urgent Care Visits for Non-Traumatic Dental Pain highlighted a number of key points but one of particular interest was that total charges have increased as measured from the same 3 hospitals - in 2015 $2.5 million in charges were reported and in 2010 this was $1.6 million. We must ask ourselves what potential impact could increased access to the preventive services delivered by dental hygienists make? We have restrictions in current statute language that prevent provision of these important services and your support of AB 146 could remove these restrictions and create improved access. Thank you for your time and consideration.