MARY FELZKOWSKI
STATE SENATOR • 12TH SENATE DISTRICT

Testimony in Support of Senate Bill 392

Senator Mary Felzkowski
Senate Committee on Insurance, Licensing, and Forestry
July 21, 2021

Good morning members of the committee, and thank you for this opportunity to testify in favor of Senate Bill 392, allowing for Expanded Function Dental Auxiliaries (EFDAs) in Wisconsin.

Under the current dentistry profession in Wisconsin, the dentist is assisted by two other members of the care team, dental assistants and dental hygienists. However, in over twenty states, as well as the military, EFDAs are also a member of the team as another kind of dental practitioner. EFDAs have training and education requirements and work under the supervision of the dentist. They can perform functions including completing restorations, taking impressions, and providing sealants. An EFDA can be incredibly useful in taking care of patients who are scheduled for standard visits and do not require intense or comprehensive care. Our bill would allow for EFDAs to operate in Wisconsin.

EFDAs have proven to allow dental offices to be more efficient and to see more patients. EFDAs are not meant to replace any current member of the team, but are successful in allowing each team member to operate at the top of their scope. Efficiency is absolutely crucial as we continue to work to improve access to oral health care for all Wisconsinites. While EFDAs are by no means the solution to the access issue, they are one piece of a multi-pronged approach (an approach that also includes reimbursement rate increases just passed in the budget, and hopefully dental therapy licensure later this session).

Thank you for your time, and I would be happy to answer any questions.

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JON PLUMER
STATE REPRESENTATIVE • 42nd ASSEMBLY DISTRICT

Testimony – **Senate Bill 392** – Relating to certification of expanded function dental auxiliaries

Senate Committee on Insurance, Licensing and Forestry
July 21, 2021

Chairwoman Felzkowski and members of the committee, thank you for the opportunity to testify in favor of this legislation today. Senate Bill 392 is an important step in expanding access to dental care in our state. This legislation would add Expanded Function Dental Auxiliaries (EFDA) to oral care teams in Wisconsin.

EFDAs would join dental assistants and dental hygienists as those authorized to practice under dentists in this state. They would be certified to apply sealants and fluorides, make impressions, assist dentists with restorations, and other activities detailed in the legislation. This legislation also explicitly prohibits the licensing board form allowing EFDAs to cut tissue, diagnose patients, or make treatment plants. The skill set and scope of an EFDA allows them to handle standard dental visits that do not require higher levels of training possessed by the dentists and hygienists on their oral health care team.

More than twenty other states and the military already utilize EFDAs as members of dental care teams. This legislation would authorize the Dental Examining Board to certify individuals as EFDAs who have practiced as a dental assistant for a certain number of hours and have completed an accredited training program. Additionally, these EFDAs would be required to practice under the supervision of a dentist.

This legislation on its own will not solve the dental access issues in Wisconsin, but it is an important start. Senate Bill 92 will allow dental offices to operate in a more efficient manner and allow more patients to be seen. This legislation is supported by the Wisconsin Dental Association, the Wisconsin Primary Health Care Association, and numerous other stakeholders.

I look forward to your support on this legislation and am happy to answer any questions you may have.

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Wisconsin Dental Association, Dr. Paula Crum
Testimony on SB 392
July 21, 2021

Good morning Chair Felzkowski, Vice-Chair Stafsholt, ranking member Taylor and members of the Senate Committee on Insurance, Licensing, and Forestry. My name is Dr. Paula Crum. I am a periodontist from Green Bay and the current President of the Wisconsin Dental Association. I am testifying today in support of SB 392, which authorizes expanded function dental auxiliaries, or EFDAs, in Wisconsin.

EFDAs are a proven, safe model utilized around our nation and in our military to expand access to dental care. Nearly half of our nation has authorized EFDAs to practice in their states. The Wisconsin Dental Association has been working on this legislation for over a decade, so we are very grateful to Senator Felzkowski and Representative Jon Plumer for leading the charge on this legislation, as well as their continued attention to oral health in Wisconsin. In 2018, a nearly identical bill was passed by voice vote in the Assembly. This current legislation has an impressive list of bipartisan co-sponsors. I want to especially thank Senator Taylor and Senator Ringhand for being co-sponsors.

It is no secret that our state faces an oral health crisis, and it is no secret that there is not a silver bullet to solve all of these issues. It will take a collection of targeted solutions to improve access for our most vulnerable populations. Authorizing EFDAs is one of those solutions.

So what is an EFDA?
An EFDA is a highly trained and skilled dental team member (usually a dental assistant) who receives additional education to enable them to perform reversible, intraoral procedures, and additional tasks that may be legally delegated by a licensed dentist under the supervision of that licensed dentist.

Dentists around the state are clamoring to bring EFDAs to Wisconsin. In many cases dentists will actually sponsor the assistant to receive the additional training and education needed. This is a wonderful way to not only help a primarily female workforce further their careers, but also help address workforce shortages we are facing, like so many other health professions.

Recently, members of the legislature were sent a video by the Wisconsin Dental Hygienist Association's President, who is a registered dental hygienist. This video uses scare tactics when talking of "razor sharp instruments" and the bottleneck EFDAs will create within a dental practice. The instruments are sharp, but no different than an instrument that dental students and dental hygiene students also use and become proficient at using with training. The major flaw I find in this video is that the demonstration is done on a patient that a dentist would never have an EFDA scale in the first place. There is so much deposit on the tooth in the video that you all were given, both above and below the gumline, that this would be a patient who would definitely see a hygienist. The dentist, the leader of the dental team, would assess this patient's oral needs at an initial examination appointment and the patient would be placed with the appropriate team member to provide the treatment. The whole sequence of events that the hygiene video describes would not happen in that way. There would be no bottlenecks in treatment because it would be planned ahead of time and then checked at the end of the procedure. Taking the time to check the satisfactory completion of the work by an EFDA would take no more time than it takes to check our dental hygiene patients at the end of their appointments.

I see the use of an EFDA as a benefit when we see patients back for restorative treatment or in my case as a periodontist, after surgery. We get patients in all the time that have buildup on their lower front teeth. An EFDA could remove this deposit while the dentist is checking hygiene patients or anesthetizing another patient. EFDAs could do this during an appointment time when they are actually placing a restoration, or doing sealants, or any number of other treatments. Patients love having their front teeth clean when they leave the office and in a busy practice the dentist and/or hygienists are not available to do that treatment. An EFDA could also clean children's teeth who do not have heavy buildup. At a time when we are dealing with dental hygiene shortages in our state as well as nationally, it would be invaluable to have other dental auxiliaries with an expanded scope working under the dentist's supervision.

The use of EFDAs to remove cement from around a crown after it is placed takes the same hand skills and the same instruments as supragingival scaling. This is a component of EFDA training in many other states and part of their scope that the Wisconsin Dental Hygiene Association has no problem with. Opposition to supragingival scaling is merely trying to protect one small aspect of the dental hygiene scope of practice.

No one wants to see EFDAs replace dental hygienists. We need more dental hygienists, and we need all of our dental team members working together in order to provide access for as many patients as possible. My practice employs 5 dental hygienists, and we would like to hire a 6th, but every day I am made aware in my community and around the state, that there is a hygiene shortage. I know several dentists in the Green Bay area who have been trying to hire a dental hygienist for over a year. The rural areas of our state are in even greater need. I have three wonderful assistants with many years of experience, and they are excited for this opportunity. And I will be thrilled to sponsor them to receive the necessary EFDA training. EFDAs can provide dentists with the time to deal with more pressing issues and promote flexibility in our schedules to accommodate emergency care. The dental hygiene community could support this EFDA legislation by sharing a small part of their scope with another trained dental team member in order to increase access and workflow. It would also allow the dental hygienist the time to treat the patients only they can treat.

As I stated earlier, there is no one answer to expanding access to dental care in Wisconsin, but EFDAs can be one part of the solution to improve access and improve the overall health of all our communities.

Thank you for your time and consideration of this legislation. At this time, I can answer any questions you may have.

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Wisconsin Dental Association, Dr. Patrick Tepe
Testimony on SB 392
July 21, 2021

Good Morning Sen. Felzkowski, Vice-Chair Stafsholt, ranking member Taylor and members of the Senate Committee on Insurance, Licensing and Forestry, My name is Dr. Patrick Tepe. I practice in Verona, here in Dane County. I am a past president of the WDA and I serve as the current WDA Legislative Advocacy Committee Chairman. I am testifying in support of SB 392, which authorizes Expanded Function Dental Auxiliaries or EFDA's in Wisconsin.

Over the last half year, I have had the privilege of working quite a bit with Sen. Felzkowski and Rep Plumer as they crafted their dental therapy legislation in collaboration with the WDA. This has been a very positive experience and one that we are very grateful for. We are very appreciative that Sen. Felzkowski and Rep. Plumer have made oral health a priority and strive to improve access to dental services.

You will hear testimony from several groups and some of my colleagues who will share how EFDA's can help more patients receive more care in a timely fashion. I, on the other hand, want to touch on the politics of this bill.

Today, you will hear from the Wisconsin Dental Hygienists Association and several RDH who oppose this legislation over two words- Supra-gingival Scaling. Supra-gingival scaling is the removal of tartar or calculus deposits from above the gum line. It's the chalky material that so many of us feel between our lower front teeth and after it is removed, it almost feels like there is a space between our teeth. To my patients, I often refer to tartar as being like barnacles that form on the bottom of a boat. Supragingival scaling is not a procedure by itself but is a learned skill that many dentists and I believe can be performed safely by a properly trained Expanded Function Dental Auxiliary.

The hygiene association is going to tell you that only a hygienist is capable of providing this service and suggests that no one other than a RDH can be trained to provide supragingival scaling. The hygiene association is objecting to this part of the legislation to protect their scope. This is an interesting viewpoint, since the same association has for the last 3 legislative sessions been such a vehement supporter of Dental Therapy and accused the WDA and dentists of the same scope protection that the WDHA is so hypocritically doing now.

We are not here to debate dental therapy, but we do feel it's important to point out the blatant hypocrisy. I will speak candidly; this is like deja-vu but with the roles reversed.

Over the last three sessions, the Wisconsin Dental Association had been opposed to the concept of Dental Therapy, also authored by Senator Felzkowski. Over last summer and fall, we as an association had tough discussions and realized that our state needs an all-hands on deck approach toward solving our access issues. That's why we worked for months with Sen. Felzkowski and Rep. Plumer on the most recent dental therapy legislation and have registered neutral.

In discussions on EFDA legislation, it was requested that the Dental Hygiene Association come back to the authors with suggestions to make the bill more palatable- like we did with dental therapy. But, they did not. According to them, no one else can be trained to perform supragingival scaling.

You'll hear from them that 70 hours isn't enough training. The legislation sets a minimum number of hours and is not constrictive on our wonderful technical colleges. In our discussions with technical college program directors, they believe they can adequately and safely train EFDA's to the scope listed in the bill. They have indicated that it will take additional hours. We welcome more hours of training. We have confidence that the colleges will serve Wisconsinites well and train to the scope authorized. If the Wisconsin Dental Hygiene Association wants to propose a specific number of hours that they believe are necessary to train supragingival scaling, we are all ears.

You'll hear from them that introducing EFDA's into the workflow won't increase efficiency, that it will create a "bottleneck". I'm here to tell you as a small business owner and dentist, EFDA's will increase efficiency and provide an extension of the dentist's hand to serve more patients. What does the data say? In 2018, the American Dental Association Health Policy Institute polled dentists nationwide who employ EFDA's, 92% of respondents said it allowed them to use time more efficiently. And 70% said it allowed them to see more patients daily.

You'll hear from the hygiene association that supragingival scaling isn't part of the CODA standards for dental assistant training. This is an interesting argument because the dental therapy bill that they so strongly support includes a much more invasive scope item that isn't part of the DT CODA standards either.

You'll hear from the hygiene association that an EFDA completing supragingival scaling is not safe. They have no valid data to support that claim. They are trying scare tactics to persuade you. Of course, any procedure that is not adequately trained and supervised has a safety risk. We have full confidence that our technical colleges can train to scope. Keep in mind, the same programs and faculty that train dental hygienists currently, and that the hygiene association supports training dental therapists will be educating EFDA's.

The same hygiene group that supports a dental therapist to extract a tooth is now saying a trained EFDA cannot remove tartar from above the gum line.

Over the last decade, with the support of the Wisconsin Dental Association, dental hygienists have not only seen an expanded scope, but also expanded settings where they can practice. With shortages in every health profession, expanding scope and practice is a trend we are seeing nationwide. Wisconsin has led the way in this. This is another way to do that.

As I conclude- The most important thing to remember: the dentist retains all responsibility and liability for the EFDA. In fact, the dentist must remain in the dental clinic, delegate the procedure to the EFDA, supervise the procedure and must verify that the procedure has been performed successfully.

Thank you for our time and consideration of this legislation. At this time, I can answer any questions you may have.

WPHCA
Wisconsin Primary Health Care Association

July 21, 2021

To: Chair Felzkowski
Members of the Senate Committee on Insurance, Licensing and Forestry

RE: In support of Senate Bill 392, Expanded Function Dental Auxiliaries (EFDAs)

Chair Felzkowski and Members of the Senate Committee on Insurance, Licensing, and Forestry, thank you for the opportunity to testify today on behalf of The Wisconsin Primary Health Care Association in support of SB 392.

My name is Richelle Andrae, and I am the Government Relations Specialist for WPHCA. WPHCA is the member association for Wisconsin's 17 Federally Qualified Health Centers (FQHCs, or Community Health Centers). Community Health Centers are non-profit, community-directed primary care clinics. Medical, behavioral health, and pharmacy are all part of the Community Health Center primary care model, along with oral health care. In Wisconsin, Health Centers annually served over 300,000 patients in 2019, providing care for residents from every single county.

Community Health Centers provide care to all patients, regardless of their ability to pay. The majority of our patients, 54%, earn at or below 100% of the Federal Poverty Level, which in 2019 was $25,750 for a family of four. Across Community Health Centers, 1 in 5 are uninsured and 57% of patients are Medicaid enrollees. Since 2008, Community Health Centers have tripled their dental capacity to answer the call of Wisconsinites who are living without oral health care. Over 172,000 people received dental services at Community Health Centers in 2019.

We support SB 392 as one tool to improve access to oral health and improve oral health outcomes for patients. We appreciate the Wisconsin legislature's attention to addressing oral health access issues, including the Chair's ongoing efforts to advance Dental Therapy – one of our top legislative priorities this session – and the biennial budget's investment in improving reimbursement rates in the Medicaid program. We also see critical opportunities for improving and streamlining licensure processes to rapidly ensure that qualified clinicians can provide patient care in Wisconsin, including increasing staff capacity at DSPS and updating technology systems.

We believe that adding EFDAs to the Community Health Center team would allow dentists and dental hygienists to practice at the top of their license, allowing efficient and high-quality delivery of patient care. Community Health Centers often see patients whose oral health needs are complex and untreated, and the community need frequently outweighs the available clinical resources. Therefore, every clinician's time is valuable and should be used most efficiently in direct patient care wherever possible.

EFDAs would be highly beneficial in the placement of sealants, which is allowed in several other states. As a preventative tool in school-based care and other settings, allowing practice by EFDAs would permit other members of the oral health team to treat dental disease. Adding EFDAs to the

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Wisconsin Primary Health Care Association

oral health team would also allow for more career mobility, and several Community Health Centers have indicated they would be eager to train and hire EFDAs.

WPHCA greatly appreciates the bipartisan support for licensure of EFDAs. Thank you for the opportunity to share information regarding the potential benefits for Community Health Centers and our patients, and for your consideration of SB 392. I will be happy to answer any questions now, or address them after our Community Health Centers speak with the Committee.

Thank you.

ABOUT WPHCA:
WPHCA is the membership association for Wisconsin's 17 Federally Qualified Health Centers (FQHCs) also known as Community Health Centers (CHCs). Community Health Centers work to create healthier communities by improving access, providing quality health care and reducing health disparities for Wisconsin's underserved and low-income populations. Our aim is to ensure that all Wisconsinites achieve their highest health potential. We execute our mission and focus our aim through providing training and technical assistance to Wisconsin's Community Health Centers and advocating on their behalf.

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July 21, 2021

To: Chair Felzkowski
Members of the Senate Committee on Insurance, Licensing and Forestry

RE: In support of Senate Bill 392, Expanded Function Dental Auxiliaries (EFDAs)

Chair Felzkowski and Members of the Senate Committee on Insurance, Licensing, and Forestry, thank you for the opportunity to testify today on behalf of Community Health Systems.

My name is Dr. Cynthia Riffle and I am the Quality Assurance Dentist at Beloit Community Health Center, where I was previously the Dental Director. In my 37 years as a practicing dentist, I have served as the Dental Director at Progressive Community Health Center, was a full time clinical professor at Marquette University School of Dentistry and worked in private practice. I served on the Wisconsin Dentistry Board and am a Past President of the American Board of Dental Examiners.

I support SB 392 as one tool to improve access to oral health and improve oral health outcomes for patients. As with mid-level practitioners in medicine, EFDA's will enable dentists and dental hygienists to practice at the highest scope of their licenses, allowing them to deliver more patient care. This would be particularly beneficial at community health centers, where often the needs of the community are greater than the capabilities of dental clinics to meet those needs. From a community health perspective, the greatest advantage of utilization of an EFDA would be in the placement of sealants. Many other states already allow this. This could vastly increase our preventive services at outreach clinics in school based and other programs. In our clinic, the dentists and hygienists would have more time to treat dental disease, with the delegation of sealant placement to EFDA's. CHS would definitely add EFDA's to our dental team. We would start by training our current DA's who are interested, thereby offering them advancement in their careers and creating more job satisfaction. This is another advantage of allowing EFDA's to practice in Wisconsin. There is no career ladder within dental assisting. To move up you need to attend a dental hygiene program, which is time consuming, expensive and have long waiting lists for students. DA's often leave their positions to seek new challenges and greater earning potential, which creates a hardship for dental clinics.

I would like to suggest that one more item be added to the list of allowed duties for EFDA's, and that is the application of Silver Diamine Fluoride. SDF is an important treatment for arresting caries in children and adults who, for several reasons, may not be able to sit for a dental restoration. Adding this duty would greatly increase the number of patients who would benefit from this treatment.

A concern I have regarding the bill is the inclusion of supragingival scaling and the placing of restorations. I believe that this practice would cause unnecessary risk to patients and ask that it not be included in the EFDA scope. Supragingival scaling is duty that requires extensive training and development of hand skills and has the potential for harming a patient if the practitioner should slip or the patient moves. If a patient requires both supra and subgingival scaling, it would not be efficient to have the EFDA remove the supra and the hygienist or dentist remove the sub.

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Placement of dental restorations also require excellent hand skills, is very technique sensitive and presents many challenges when placing them. Also, finishing of the restorations would require the use of a highspeed handpiece, which can damage hard and soft tissues if a mistake should occur. If the restoration is placed incorrectly, the dentist would be responsible for drilling it out so that it can be redone, subjecting the tooth to more trauma. Both scaling and placement of restorations are skills tested by clinical board exams, which would not be the case for EFDA's, further lowering the standard of care.

We also support licensure of Dental Therapists in Wisconsin as part of a range of tools needed to address access shortages and thank the Chair for your ongoing work to advance Dental Therapy legislation.

Thank you for the opportunity to testify on behalf of Community Health Systems and our patients, and for your consideration of SB 392. Please contact me if you have any questions.

Thank you.

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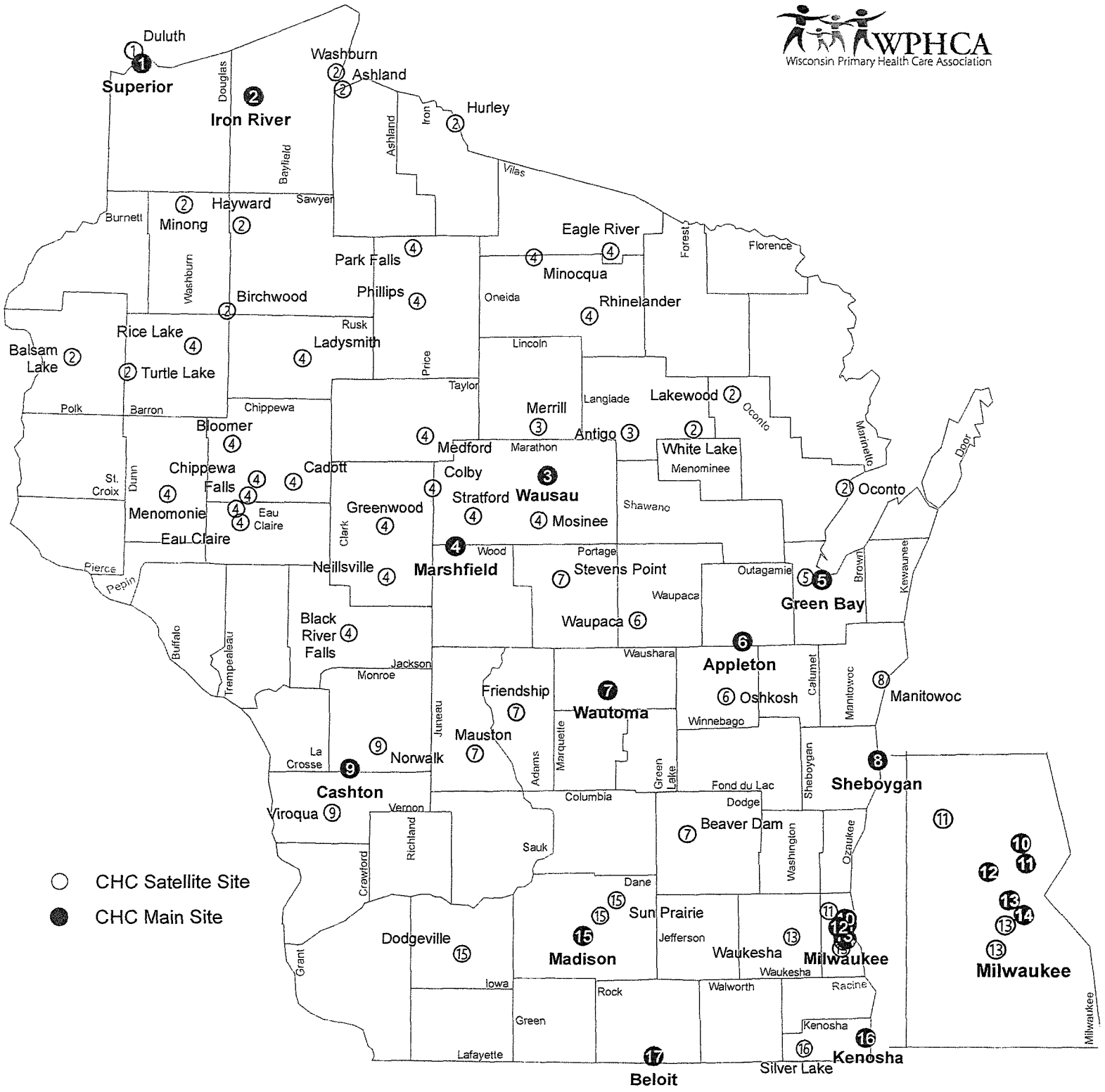
Wisconsin Community Health Centers 2020



1 Lake Superior Community Health Center
2 NorthLakes Community Clinic
3 Bridge Community Health Clinic
4 Family Health Center of Marshfield
5 N.E.W. Community Clinic
6 Partnership Community Health Center
7 Family Health La Clinica
8 Lakeshore Community Health Care
9 Scenic Bluffs Community Health Centers
10 Outreach Community Health Centers
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Wisconsin Dental Association, Dr. Ned Murphy
Testimony on SB 392
July 21, 2021

Good morning Chair Felzkowski, Vice-Chair Stafsholt, ranking member Taylor, and members of the Senate Committee on Insurance, Licensing, and Forestry. My name is Dr. Ned Murphy, I am a practicing dentist in Racine and a Past President of the Wisconsin Dental Association. I am testifying in support of SB 392, which authorizes expanded function dental auxiliaries, or EFDAs in Wisconsin.

Since my graduation in 1965 various states have expanded access to dental treatment by developing the Expanded Function Dental Assistant program. For a period of time, during the 1970s Marquette employed the concept calling it part of their TEAM program with the dentist being responsible for all patient care but assisted by Expanded Functional Dental Assistants. Those duties might include removing debris surrounding teeth above the gum line which is necessary to properly evaluate the need for dental treatment before deciding on a treatment plan. Other procedures might include fluoride treatments, sealant applications and applying topical anesthetics. All these duties are reversible, subject to revision, and performed under the direction of a Wisconsin licensed dentist.

There have been comments about training but all parties agree that training is an important part of this change. Various Wisconsin Technical Colleges have indicated they have the desire and the facilities to undertake the necessary education required for the position but individual dental practices will still determine what their practices need and their responsibility to maintain a patient safe environment.

Another comment I have heard is that the dentist supervision will create a bottleneck and treatment time will become longer as a dentist moves from one patient area to another. I assume this commenter has not seen a typical dental practice where the dentist currently may be treating a patient in one area but answering a hygienist's call, writing patient prescriptions for drugs or laboratory procedures, even to telling a coordinator how to schedule an incoming emergency. All that is to say the modern dentist is used to multitasking and would appreciate help with the schedule.

In summary I believe EFDA will be a benefit to Wisconsin dental practices and can enhance patient access to care, both a benefit to the patients we serve.

Thank you, I appreciate your allowing me to express my feelings about SB 392.

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Wisconsin Dental Association, Dr. Steve Stoll
Testimony on SB 392
July 21, 2021

Good morning Senators. I am Dr. Steve Stoll, a WDA past president and retired general dentist from Neenah, and I am testifying in **support** of SB392.

One thing I can add to the discussion is having had the opportunity to work with EFDAs when I was in the military. I spent 1½ of my service years with one other dentist in a small clinic. We shared 2 EFDAs both of whom I found to be very competent and who greatly improved our efficiency.

In fact, at one time, my dentist colleague was unable to practice for about 4 weeks because of a significant thumb injury. With the help of these 2 EFDAs and 2 standard dental assistants, working out of 4 operatories, I was able to treat patients of 2 doctors over that time span. I couldn't have done that indefinitely and good thing I was still in my 20s. But we were able to develop a coordinated system where I was always doing things only a dentist could do: numbing, preparing teeth, checking finished work and hygiene exams, optimizing my time, while they provided all the interim procedures.

Just like hygienists looking toward dental therapy, there are experienced dental assistants looking for additional responsibility and opportunities for advancement. Prior to my retirement, I had one. I would have supported her returning to Fox Valley Tech, where, like many other Technical Colleges, facilities are already in place that could accommodate EFDA training. There is no question in my mind that she could be taught to safely and competently remove tartar more easily than dental therapists can be taught to drill and extract teeth.

You may also know that there is a misdistribution of hygienists, just like dentists. I can see how an EFDA could increase a rural dental office's capacity and efficiency, especially when it's unable to find a hygienist. In addition to placing fillings and the like, they could do cleanings on children and healthy young adults, and finish cleanings where the dentist would do any needed deep scaling or root planing, and return to more "dentist only duties". Again, a system can be created to efficiently manage team members' time.

Finally, I volunteer at the TriCounty Dental Clinic in the Fox Valley. I spoke with the director while there last week. He was grateful for the increase in MA reimbursement included in the new budget and spoke about wanting to find a way to increase the number of MA patients the clinic could see. He was very excited to hear of this possible new staff member, as are other non-profit clinics, I am sure. Thank you for your time and attention.

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Wisconsin Dental Association, Dr. Eva Dahl
Testimony on SB 392
July 21, 2021

Good morning Chair Felzkowski and Senate Committee members. I am Dr. Eva Dahl and have been a licensed dentist in Wisconsin for over forty years. I served eight years on the Dentistry Examining Board, served on the faculties of both Marquette and the University of Iowa dental schools, and am a Past-President of the WDA.

The implementation of Expanded Function Dental Assistants in the state of Wisconsin is long overdue. As a dental student at Iowa in the 70's, I was educated in the training and delegation of EFDAs in the TEAM program. EFDAs have been successfully utilized for decades in the military and surrounding states such as Ohio and Iowa. My son who is a fifth generation dentist in Iowa was shocked to hear that we do not employ EFDAs in Wisconsin as Iowa has in fact two tiers of EFDAs based on training and experience.

The delegation of **reversible non-invasive procedures** to expanded function dental assistants who have been trained in accredited programs and are working under the **direct supervision and responsibility of a licensed dentist** is safe and clearly increases efficiency and productivity thereby improving cost and providing increased access to dental services for Wisconsin citizens.

The time is now for moving forward with this legislation to responsibly expand our dental workforce.

Wisconsin
Dental Hygienists' Association

RE: OPPOSITION to SB392 Expanded Functions Dental Auxiliaries (EFDA).
Assigned to the Committee on Insurance, Licensing and Forestry.

Dear Senator Felzkowski and members of the Committee,

To begin, I want to thank you, Senator for all your work on this issue and acknowledge your willingness to hear us out and listen to our concerns. You have asked very good questions and patiently listened to our concerns and justifications and have been incredibly generous with your time. Your committee members should know that you brought dental hygiene and dental leaders together in an effort to come to an agreement on the EFDA proposal. Most of the proposal language is acceptable to us as hygienists, but there is one remaining issue where we cannot agree.

On behalf of the Wisconsin Dental Hygienists' Association, and in my role as Director of Governmental Affairs and Advocacy, I'm testifying today in opposition to the inclusion of **supra-gingival scaling** in the Expanded Functions Dental Auxiliary (EFDA) bill (SB392). Dental hygienists normally would have been in support of this bill, as we generally agree it would accomplish an important goal in the dentistry workforce – that of elevating dental assistants in Wisconsin to a higher professional level – and it has the potential of giving well-educated assistants the respect and recognition they should have had long ago. But instead, and with regret, we must register in opposition to it. Please let me tell you why.

I have been a licensed dental hygienist since 1969 (52 years). I have practiced dental hygiene in pediatric and general dental offices for decades in both Minnesota and Wisconsin. In addition to that, I taught dental hygiene at Century College in White Bear Lake for 14 years; and for 10 of those years, I was the program director. I have been retired from Century since 2013. My experience at Century College taught me precisely what it takes to prepare a student to practice dental hygiene and particularly, the central keystone competency in dental hygiene – that of scaling.

Scaling is the removal of hard deposits (calculus or tarter and stains) from the teeth using a variety of instruments. Some of those instruments are called "scalers" and they are *razor sharp*. Other instruments that are used to remove deposits are curettes, files, hoes, chisels, and ultrasonic devices. All of these instruments can do tremendous damage to teeth, skin, muscles, bone and gingival tissues (gums) in the hands of someone who isn't well educated in their use. Scaling is why dental hygiene education is as long as it is (a minimum of 3 years); it's why hygienists are independently tested for competency; and it's why dental hygiene practice requires a license in every state in the union as well as mandatory proof of continuing education.

A guiding principle in professional education is that the greater the risk – the longer the education needs to be before professional practice can be considered competent and safe.

None of that is evident in SB392. The bill would allow EFDAs to perform a number of dental procedures dental assistants cannot do now. The bill calls for a mere 70 hours of formal instruction (less than 2 weeks) to prepare students in *all* of the following procedures.

1. Placement and finishing of restoration material after the dentist prepares a tooth for restoration.
2. Application of sealants.
3. Coronal polishing.
4. Impressions.
5. Temporizations.
6. Packing cord.
7. Removal of cement from crowns.
8. Adjustment of dentures and other removable oral appliances.
9. Removal of sutures and dressings.
10. Supragingival (above the gumline) *scaling*.
11. Application of topical fluoride, fluoride varnish, or similar dental topical agent.

All of the above procedures come with some risk to the patient, but scaling carries the greatest. 70 hours of instruction is simply not enough to develop competency in this essential *and difficult* skill. Additionally, there is no independent skills testing, licensure or continuing education requirement.

Most of the procedures on this list (application of sealants, coronal polishing, removal of sutures and dressings, application of topical fluoride, fluoride varnish or other similar dental topical agent, and scaling) are already in the dental hygiene scope of practice. We recognize the importance of getting more preventive and restorative services delivered to the citizens of Wisconsin and support the inclusion of those procedures. We generally accept that well-trained EFDAs could do more, but we think this bill goes too far.

To put scaling into the EFDA list of responsibilities is too risky and is *too deep a cut* into the dental hygiene scope of practice. The education requirements simply don't match the level of risk and responsibility associated with that one procedure.

We are appealing to the makers of this proposal (Wisconsin Dental Association) to remove scaling from the list of procedures EFDAs will perform. If that isn't possible, then we ask the Committee members to not support the bill at all.

Linda M. Jorgenson RDH BS

Linda M Jorgenson, RDH, BS, RF - WI-DHA Director of Advocacy and Governmental Affairs
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June 21, 2021

Q: HOW HAS THE PRACTICE OF DENTISTRY BEEN IMPACTED BY THE COVID-19 PANDEMIC? Or … IS THERE REALLY A SHORTAGE OF HYGIENISTS in 2021?

A: If a presumed "shortage" of dental hygienists is used as a justification for creating another dental auxiliary (e.g., EFDA) to provide dental and dental hygiene services to patients, then it's important to know if there is actually a shortage – or is it something else?

Normally, licensed dentists and dental hygienists perform all the procedures involving scaling in a dental practice. WDA claims that there is a shortage of dental hygienists, but this is untrue. A nation-wide study conducted by ADA and ADHA in 2020 showed that in Wisconsin, the ratio of dental hygienists to the population is 1:1500. This ratio is *better* than most other states; and in fact, it is considered in the ideal range.

The study identified several issues associated with the COVID-19 pandemic that caused the workforce numbers to look like a shortage.

There may be unfilled dental hygiene jobs (a *functional* shortage), but this is not the same as an actual shortage. NOTE: The COVID-19 pandemic has resulted in numerous unwanted changes to the dental workplace, causing many hygienists to delay coming back to work as well as patients postponing their regular visits.

- There was an 11% drop in dental hygienists leaving the profession at the beginning of the pandemic. Follow-up surveys have observed a reversal of that trend so that one year later the percentage of hygienists leaving their jobs is now 5%.
- The dental hygiene workforce is predominantly female
- Those hygienists who are parents of young children are experiencing pressure to stay at home with their children to assist with home-schooling.
- Parents of pre-school children have had difficulty obtaining child-care during the pandemic and have chosen to stay at home with them as a result.
- Older hygienists who were close to retirement age may have decided to cut back on work or retire completely from their profession.
- Many of these issues will be resolved when the pandemic is actually over.

It may also be true that the dental hygiene workforce that is poorly distributed around the state – and this creates the illusion of a shortage. But in fact, according to the actual numbers – there is a significant reserve capacity of dental hygienists in Wisconsin.

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July, 2021

Wisconsin Dental Hygienists' Association

2 DENTAL WORKFORCE proposals in 2021

DENTAL THERAPY
(AB169/SB181)

And

EXPANDED FUNCTION DENTAL AUXILIARY
(SB392/AB402)

ONLY *ONE* WILL IMPROVE ACCESS TO DENTAL CARE

DENTAL THERAPISTS will be	**EXPANDED FUNCTION DENTAL AUXILIARIES** will be
- Educated for at least 3 years in an accredited program. - Licensed by the state. - Tested for competency (they take the same licensing test as dental students). - Deployable into rural areas where there are shortages of dentists. - Permitted to practice under collaborative agreements and general supervision. - Able to provide a wide variety of dental services (diagnostic, preventive, restorative and surgical). - A valuable addition to the dental workforce in Wisconsin.	- Trained in 70 hours (less than 2 weeks). - *Unlicensed.* - *Untested* for competency. - *Unable* to treat patients unless a dentist is on the premises. Not deployable in places where there is greater need - *Unable* to perform dental procedures to completion (a licensed dentist or hygienist would need to finish their procedures). - *Prohibited* from diagnosing or planning care. - Cheaper to hire but also a *lesser prepared* clinician who would be allowed to treat patients.

WI-DHA **opposes EFDA** and **supports DENTAL THERAPY** bill. lmjorgensonrdh@yahoo.com
Linda Jorgenson, RDH, BS, RF Director of Govt Affairs and Advocacy – WI-DHA

SB392 EXPANDED FUNCTIONS DENTAL AUXILLIARY (EFDA)

Wisconsin Dental Hygienists' Association

Scale

verb: (in dentistry) to use a razor-sharp, bladed or ultrasonic instrument to remove soft and hard deposits from the teeth (plaque, calculus and stains) above (*supra*gingival) and below (*sub*gingival) the gumline, wherever such deposits are formed.

Q: Why does WI-DHA oppose supra-gingival scaling in the EFDA list of procedures?

1. **NORMALLY EXPANDED FUNCTIONS ARE RESTORATIVE IN NATURE.** Scaling is not a restorative function.

2. **THE TRAINING PROGRAM IS TOO SHORT to include scaling**. Scaling is a complex procedure involving the use of razor sharp instruments and cannot properly and safely be taught in 70 hours.

3. **RISKY**. The *risks* associated with scaling include:
   a. Bleeding
   b. Permanent damage to the teeth
   c. Damage to expensive dental restorations (fillings, crowns, etc.)
   d. Laceration Injuries to the mouth (lips, tongue, gum tissues)
   e. Introduction of dangerous bacteria into the bloodstream of the patient ("bacteremia")

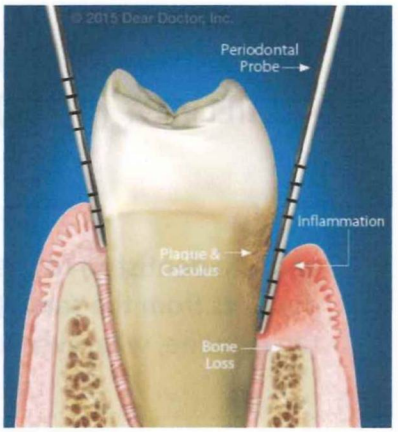
   In order to be considered competent, any dental clinician must demonstrate their ability to scale teeth, but also to prevent and manage the risks associated with scaling. This is precisely what is taught in dental and dental hygiene schools and why those programs are as long as they are and why dentists and hygienists are independently tested and licensed before they can practice.

4. **INCOMPLETE PROPHYLAXIS** - Supragingival scaling alone isn't feasible. Many calculus deposits are partly above ("supra-gingival") and partly below the gumline ("sub-gingival").

   All calculus deposits must be detected and removed in order to meet the definition of a complete prophylaxis. To claim otherwise is to allow sub-standard care and would be considered fraud by an insurance company or any third-party payer.

5. **INCOMPLETE PROPHYLAXIS** - Supragingival scaling alone isn't feasible. Many calculus deposits are partly above ("supra-gingival") and partly below the gumline ("sub-gingival").

6. **INEFFICIENT and IMPRACTICAL**. Having EFDAs performing supra-gingival scaling (above the gumline) and then requiring a dentist or hygienist complete the procedure (below the gumline) is the exact opposite *of efficient.* It's also not practical.



All calculus deposits must be detected and removed in order to meet the definition of a complete prophylaxis. To claim otherwise is to allow sub-standard care and would be considered fraud by an insurance company or any third-party payer.

7. **The instrument may be a *scaler*, but the *procedure* may not be scaling.**

Using a scaler to remove excess cement or filling material is not equivalent to scaling and wouldn't under any circumstances be interpreted as a prophylaxis. This kind of instrumentation is part of the restorative process and would be acceptable to WI-DHA in the EFDA scope of practice.

If the intended purpose is to allow EFDAs to remove excess cement or filling material, it should not be called "scaling" in the proposal. Removing "supragingival scaling" from the language would have no impact on EFDAs ability to use a scaler to complete a restoration.

If you used a scalpel to cut someone's hair, it's still a haircut – not surgery.

8. **PROPHYLAXIS** - Supragingival scaling cannot be considered a complete prophylaxis. Many calculus deposits are partly above ("supra-gingival") and partly below the gumline ("sub-gingival"). All deposits must be removed in order to meet the definition of prophylaxis. EFDAs would not be permitted to use any instrument subgingivally to detect calculus and evaluate the gingival tissues. Sub-gingival inspection is another necessary element of a complete prophylaxis.

   A licensed dentist or hygienist would be required to complete the procedure (which is inefficient) and a patient or their insurance company should never be billed for a prophylaxis unless the procedure is complete (because that would be fraud).

9. **STATUTES**. Scaling, by definition, is part of a *prophylaxis*. Under current law in Wisconsin, unlicensed persons cannot perform any part of a dental prophylaxis with the exception of coronal polishing.

10. **STANDARD OF CARE**. The standard of patient care demands that clinicians must be properly trained for the procedures they perform. And the procedures must be performed to the same standard as dentists and hygienists adhere to. The EFDA proposal is not up to that standard.

Children's Health Alliance of Wisconsin

July 21, 2021

Good morning Chairwoman Felzkowski and members of the committee. My name is Matt Crespin and I am the executive director at Children's Health Alliance of Wisconsin (Alliance). The Alliance is a statewide organization focused on improving access to care and health outcomes to vulnerable populations in Wisconsin. I have been in the dental industry for nearly 20 years and am a 2002 graduate of Marquette University's dental hygiene program and have a Masters in Public Health. I want to thank Sen. Felzkowski for championing the work to improve access to oral health by leading efforts to change the landscape of the dental workforce in Wisconsin both through Senate Bill 392 to create EFDAs and also dental therapists. As you know our organization has been supportive of all of these various efforts to improve access to oral health services including the dental therapy legislation which this committee unanimously supported along with unanimous bipartisan support in the Senate. Our organization, and more than 60 partners supporting SB 181 / AB 169, are hopeful that this bill will continue to move forward in the Assembly. We are also thankful for the legislature's focus on improving Medicaid reimbursement rates in the most recent biennial budget. We believe these contributions will have a tremendous opportunity to increase access to care as this is a multifaceted issue that requires multiple approaches to address.

The Alliance leads and manages the Wisconsin Oral Health Coalition which is made up of more than 200 organizations and individuals focused on improving oral health access. The Coalition has adopted a broad-based policy supporting workforce models that meet three criteria. It is important to note the Coalition feels all three of these criteria are critical to support workforce models. The criteria are:

1) The model results in professional licensure: Dentists, dental hygienists and the proposed dental therapy model all require that the individual in this role holds a professional license that is renewed every two years. Additionally, renewal requires the completion of between 12 and 30 continuing education credits ensuring the provider is practicing using the most current evidence-based approaches. Currently in Wisconsin dental assistants are not required to have any formal education or training and are not licensed like in other states. The current proposal for EFDA's only requires a one-time certification with no requirements for ongoing continuing education or renewal. The practice of dentistry evolves on a regular basis, and staying up-to-date on the current evidence-based approaches is critical for ensuring that the public is kept safe and appropriate care is provided.
2) The second requirement is that the model includes graduation from an accredited institution. Currently the Commission on Dental Accreditation (CODA) is the only entity granted the authority to accredit dental, dental hygiene, dental therapy and dental assisting schools including those dental assisting programs that train EFDAs. CODA sets educational standards for each of these respective programs and the CODA standards for EFDAs include all of the procedures in this bill except for one item, supra gingival scaling. This is a procedure that includes the use of an instrument that has a sharp cutting blade on both sides of the instrument along with a pointed tip. The bill being proposed includes a requirement of 70 hours of training to cover all aspects of what an EFDA must be trained or proficient in before completion of a CODA accredited program. The CODA standards do not include supra gingival scaling. The time allotted for training of an EFDA is not sufficient enough to train them to provide those procedures typically in their scope of work and part of the CODA standards along with scaling. The scope of an EFDA as proposed includes 11 different procedures some of which are quite complex such as

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Children's Health Alliance of Wisconsin

placing a finishing restorations. A 70 hour program would allot for just under 6.5 hours of education per procedure. Allowing providers to complete procedures that they are not appropriately trained on poses a safety issue for the public.

Scaling only above the gum line would also only provide part of the process of cleaning a patient's teeth. Hard deposit, even if only at and above the gum line, would require the sharp instrument to go below the gum line to fully remove it which is not in the scope of an EFDA. Additionally, it is not common that hard deposit is only at and above the gum line but typically extends below the gum line several millimeters. Allowing a provider to scale only at and above the gum line would lead to one of two things: either another provider, a dentist or dental hygienist, would have to come in and remove the remaining deposit which reduces the efficiency of the model; or the deposit will be left behind which can then lead to the development of periodontal disease for the patient. Periodontal disease can lead to tooth loss, difficulty eating and other health issues like difficulty controlling diabetes, stroke, heart attack and aspiration pneumonia.

3) Lastly, the Coalition supports workforce models that increase access to care. There is no doubt that adding an EFDA to the dental care team would increase team efficiency. It is not clear at this time where EFDAs might end up working, but there is nothing in this bill that would ensure that adding and EFDA would increase access to care to those who have the most difficult time accessing care. The dental therapy bill that was passed out of this committee and unanimously by the Senate includes a provision that dictates the populations and clinic types where dental therapists can work to ensure that they treat those with the biggest challenge accessing care. There is no provision in this bill that ensures that EFDA's would work in clinics serving the underserved. Allowing providers to work at the top of their license and perform procedures they are trained to complete keeps the public safe and is important in enhancing the dental workforce. This includes portions of the dental hygiene scope that are part of the CODA standards such as sealant and fluoride varnish application which could improve efficiencies in some settings safely. EFDAs will increase efficiency in offices; however, it is unclear at this time if they will have an impact on access to care as they must work under direct supervision and have a limited scope.

Overall, our organization is supportive of the EFDA model; however, we would like to see increased accountability of the provider through licensure or certification renewal and continuing education requirements. More significantly, we would like to see the provision to allow supra gingival scaling removed. Again, the Alliance appreciates the dedication to improve oral health during this legislative session and hopes the Legislature continues to move forward dental bills that recognize and promote advances in dental care and practice as well as work to expand access to care especially for vulnerable populations and Medicaid patients. We hope this bill moves forward with some modifications to the scope and ongoing continuing education requirements to renew licensure or certification. Thank you for your dedication to these important issues and if you have additional questions please do not hesitate to contact me at 414-337-4562 or mcrespin@chw.org

Respectfully submitted,
Matt Crespin, MPH, RDH

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DISABILITY
SERVICE PROVIDER
NETWORK

Date: July 21, 2021

To: Members of the Senate Committee on Insurance, Licensing and Forestry

RE: Support for SB 392 - Certification of expanded function dental auxiliaries

From: Lisa Davidson, CEO ldavidson@dspn.org 608-661-2913

Thank you, Madam Chair, and members of the committee, for the opportunity to speak regarding SB 392 and present the perspective of the Disability Service Provider Network (DSPN). DSPN is the leading state trade association for disability service providers and exists to support and be a resource for member providers through advocacy and education resources so they can provide the highest quality and full array of services for those with disabilities throughout Wisconsin.

We are grateful for the Legislature's continued interest in improving access to oral health care. As you may know, people with disabilities have complex oral health problems. According to the National Institutes of Health, data indicates that people with an intellectual disability have more untreated caries and a higher prevalence of gingivitis and other periodontal diseases than the general population.

Due to their disability, many people with intellectual/developmental disabilities are eligible for Medicaid. On top of pre-existing conditions impacting their oral health, receiving care can be challenging given the number of dentists who accept Medicaid. We know the recently approved budget addresses this, and we thank you. Given the complexity of this issue, there remain other tools available that can be addressed through state policy.

Adding another member to the dental team can also play a significant role in improving access to care. By allowing the dental team to practice at the top of their licenses, dentists can focus on more complex oral health needs and delegate more routine care. Often, people with disabilities fall into this more complex category.

We are asking your support of SB 392 to make progress on addressing the disparities that exist in oral health care. We look forward working with you to ensure people with disabilities can benefit from this legislation.

Thank you.

DELTA DENTAL

July 21, 2021

Senate Committee on Insurance, Licensing and Forestry
Senator Felzkowski, Chair
State Capitol
Madison WI 53707

Re: Senate Bill 392 - Expanded Function Dental Auxiliaries (EFDA)

Dear Committee Members,

Delta Dental of Wisconsin supports the establishment of the certification program for expanded function dental auxiliaries (EFDA). Access to oral health care relies upon educated and highly skilled dental health care professionals. Dental professionals, working at the top of their scope of licensure, are crucial to enhancing the dental workforce and improving efficiencies within the dental practice.

Numerous studies, including the Navy Dental Corp, have demonstrated the efficacy and effectiveness of EFDAs within a dental practice. With proper education and training, EFDAs are an integral component in the dental team, allowing more patients to receive dental care. In addition, EFDAs provide oral health education to patients and within their communities, which is also critical to improving oral health. [i]

Wisconsin's technical colleges have been providing excellent training and education for dental assistants and dental hygienists for years. We believe they will create the necessary curriculum and clinical training to provide Wisconsin with well-trained EFDAs. The education process for EFDAs is cost effective and individualized, providing the efficiencies necessary for various practice settings.

Delta Dental of Wisconsin supports the proposed legislation to allow expanded function dental auxiliaries to become certified and subsequently practice in Wisconsin.

Sincerely,

Gregory L. Theis DDS, MBA

Gregory Theis, DDS, MBA
Vice President, Dental Services

[i] American Academy of Pediatric Dentistry. Policy on workforce issues and delivery of oral health care services in a dental home. 2011.

July 20, 2021

Senate Committee on Insurance, Licensing and Forestry,

I would like to offer my testimony on SB392 (EFDA-Expanded Function Dental Auxiliaries). I have been a licensed Dental Hygienist and member of the ADHA for 33 years.

I would ask the committee to remove the duty of supragingival scaling from the bill. If this procedure can not be removed I would ask the committee to vote no on the bill.

I feel allowing supragingival scaling by an EFDA is not safe for the dental patient. To maintain their dental health, the majority of dental patients need supragingival scaling (above the gumline) and subgingival scaling (below the gumline). Supragingival scaling does not remove the biofilm and calculus that may be under the gumline. If proper scaling is not completed injury and disease can occur.

Think about when you personally go to the dentist. Do you know a licensed dental hygienist is providing a prophylaxis to your teeth? This is a treatment to prevent and or treat dental disease. Before completing the prophylaxis a dental hygienist completes a full periodontal probing exam. This is a trained skill to measure the periodontal pocket to determine the health of the gum tissues. It appears the EFDA will not be performing this service and this is dental neglect to the patient.

The EFDA only requires 70 hours of formal instruction. The EFDA would not be licensed. The EFDA would have no accountability to the WDEB. Access to care will not be improved because EFDA requires direct supervision by a dentist. EFDA would not be required to take continuing education classes.

The scaling skills are not just "cleaning teeth". It provides the patient with treatment and prevention of periodontal disease. Let me explain the training behind this skill. I took one year of college prerequisite classes and then spent two years in dental hygiene school. I spent two years learning how to properly

scale supragingivally and subgingivally. Along with learning these scaling skills I was also trained to treat gingivitis and periodontal disease. I know how to educate my patients on how to achieve a healthy dental life. From my education, I have had extensive training on head, neck and dental anatomy. The scalers are sharp blades that one needs to know how to sharpen. I trained for 2 years on how to safely use the scalers without causing harm to the patient. To obtain my hygiene license I had to attend an accredited dental hygiene school. I had to pass a National written board exam, a state written exam and clinical exam that was completed on a live patient.

This bill states it will help access to care. I question where the training is going to be available? The remote areas of Wisconsin may not have training available. I am concerned the dentist will feel they can "train" the EFDA. I feel allowing this duty for the EFDA undermines the dental hygienist role by assigning duties to a lesser trained, lesser paid employee.

I encourage you again, please consider striking the supragingival scaling duty. If the duty can not be removed please vote NO on SB392.

Sincerely,

Karen I Gorsline RDH
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Clerk of the Committee on Insurance, Licensing and Forestry
Stamena Ivanov Stamena.Ivanov@legis.wisconsin.gov

Wednesday July 21, 2022

Opposition for SB392- Expanded Function Dental Auxiliary

My name is Lisa Bahr, and I am the Program Director of the Waukesha County Technical College Dental Hygiene Program. I have an associate degree in Dental Hygiene, Bachelors of Science, and a Master's degree of Adult Education with an emphasis on public health. I have been a Registered Dental Hygienist for 15 years. Prior to becoming a dental hygienist I worked for 15 years as a dental assistant.

I am writing to you in opposition of the proposed SB392- Expanded Function Dental Auxiliary. I am concerned with section 3. 447.04 (3) (j) Supragingival scaling. I currently teach Dental Hygiene Process 1 course which is a 16 week course that teaches dental hygiene students proper use of an instrument. In this course students participate in 2 hours of didactic and 6 hours of clinical practice a week. Students learn the parts of the instrument, how to use a proper grasp, how to use a fulcrum, how to use correct angulation and stroke technique, and how to use proper lateral pressure as well as many other techniques of instrumentation. Students spend 128 hours learning these instruments in a pre-clinical environment. This is an integral part of their training for patient safety.

While this proposed bill has many advantages for a trained dental assistant I am concerned with the need to include supragingival scaling. Many of the expanded functions will be very beneficial for dental practices for functioning more efficiently and provide more services for patients. Supragingival scaling takes skills that need time to be taught and develop. This is what is done in a dental hygiene program.

I am asking that supragingival scaling be removed from SB392. I would willing stand in support of this proposed bill SB392 if supragingival scaling is removed.

Thank you for taking the time to read this letter and reconsider including supragingival scaling in this bill.

Lisa Bahr

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Linda Bohacek, MA, CDHC, RDH, FAADHA
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715-579-5009

RE: OPPOSITION TO SB392 Expanded Functions Dental Auxiliaries. Assigned to the Committee on Insurance, licensing and Forestry.

My name is Linda Bohacek and I am a licensed dental hygienist in Wisconsin. Before retirement, I owned a school-based dental sealant program in Eau Claire, WI for 15 years. This program brought dental hygiene preventative care to the children in Eau Claire County. I have been a licensed dental hygienist in Wisconsin for 26 years and 15 years in Connecticut. I have been an educator in three different dental hygiene programs over the course of my career, and have worked with an Expanded functions Dental Assistant in Connecticut.

In my opinion, the inclusion of supra-gingival scaling as part if the procedures for an EFDA is outside the scope and certification training. There is no billing code for supra-gingival scaling as it is included in a complete prophylaxis, which by licensure and education is allowed for dentists and dental hygienists only. EFDA's are trained to assist the dentist with restorative procedures and the EFDA that I worked with was excellent at providing restorative procedures. Yes, this individual removed excess cements from permanent and temporary crowns with special instruments such as carvers. However, scaling above and below the gumline with different types of sharp instruments to removed calculus (tartar), stain, and plaque requires techniques and finesse which is gained through the educational process for dentists and dental hygienists – much more than 70 hours. One would be not comparing apples to apples in this scenario.
In addition, I am concerned that supra-gingival scaling may be construed by the public as a completed treatment and therefore may be billed out as such, the dentist cannot receive payment for just supra-gingival scaling. My suggestion would be to remove the term "supra-gingival scaling" (as scaling is designated to the practice of dentistry and dental hygiene) and insert **"removal of other supra-gingival deposits associated with completing a restoration.** I feel this language would expose the true reason why organized dentistry has elected to place this wording back in the bill after WDA and WI-DHA came to an agreement to take it out. I do not want to believe that organized dentistry is being disingenuous. If they disagree with this wording, then WDA will show its true colors – taking a back door approach to creating an auxiliary that devalues dental hygienists.
Also, the claim that this bill will improve access to care, in my opinion, is inaccurate with respect to the supra-gingival scaling component. As a practicing dental hygienist, my view of access to care is to take the care to the people and to expand where one can practice outside the brick and mortar of a dental practice. Having EFDAs in dental offices will help the dentist spend less time on filling teeth, and thus complete more restorative care. However, that will not be the case with supra-gingival scaling. The dentist would have to check the patient first to direct the EFDA to provide the service. Then the dentist would have to come back in to check if the deposits above the gumline were completed, and then make sure that there are not deposits below the gum. If so, who will do the follow-up finish? Would the dentist who is already with other patients? The only other thing would be to schedule another appointment with the dental hygienist or to finish

it. I do not consider that to be my definition of access to care. It creates lost time and inefficiency. In all my years of practice, a complete dental cleaning involved checking all surfaces above and below the gumline of every tooth with an explorer to detect deposits. Deposits are found right at the gumline and below. In order to remove them, I need to place my sharp instruments just under the deposit to remove it and therefore I have to slide the instrument under the gumline to in fact remove the deposit above the gumline. I find it an insult that organized dentistry choses to ignore our years of clinical expertise and education. I understand that WDA needs dental hygienists, however, this is not a good solution. COVID threw a monkey wrench into the supply and demand and this is only temporary.
As an informed legislator, I would like you ask organized dentistry why they chose to put subgingival-scaling back into this bill when the earlier EFDA bill did not have this language in it. Organized dental hygiene supported the former bill. In my opinion it was placed back in to change the momentum and focus away from the dental therapy bill. Organized dentistry wants to create confusion and a turf war to therefore kill a bill that would really change access to care in a huge way. Disingenuous tactics reign.

Finally, my ask would be to vote NO to SB 392 as written. If you cannot do that, then remove "supra-gingival scaling" from the language of the bill, or add my suggested language. If you cannot do that, then ask to send entire proposal back to the drawing board to be re-written to include educational and credentialing safe guards which are very vague in this bill, as well.

Thank you for the opportunity to provide this written testimony.

MARQUETTE
UNIVERSITY

Be The Difference.

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TO: **Chairwoman Felzkowski and Members of the Senate Committee on Insurance, Licensing and Forestry**

FROM: **William K. Lobb, D.D.S., M.S., M.P.H., Dean of the Marquette University School of Dentistry (MUSOD)** William K. Lobb

DATE: **July 20, 2021**

RE: **Support for Senate Bill 392 Relating to: certification of expanded function dental auxiliaries, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority.**

Please accept my written comments as prior commitments will not allow me to testify before the Committee today regarding Senate Bill 392. As Dean of the Marquette University School of Dentistry, I would like to thank Senator Felzkowski and Representative Plumer for introducing Senate Bill 392 relating to certification of expanded function dental auxiliaries, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority.

Background on Marquette University School of Dentistry- Wisconsin's Dental School

Since its founding in 1894, the Marquette University School of Dentistry (MUSOD) has been committed to educating and training dentists and continues to serve as Wisconsin's dental school. The Marquette University School of Dentistry's reach spans well beyond Milwaukee and across the state.

MUSOD typically provides oral health care to patients from 66 of Wisconsin's 72 Counties and serves nearly 30,000 patients with over 110,000 patient visits annually. Additionally, MUSOD is one of the State's largest dental Medicaid providers.

MUSOD is committed to providing the best comprehensive oral health care to our patients in a "patient-centered" environment, whether it is at our main clinic site or in any outreach site that our students and faculty provide care. MUSOD is also committed to providing our students with an integrated, patient-based dental education that focuses on clinical excellence and reflects current knowledge, research and practice of dentistry.

Support for Senate Bill 392

MUSOD is supportive of Senate Bill 392 as an Expanded Function Dental Auxiliary is a member of the dental team who typically begin their career as a dental assistant and later acquire enhanced education and training that allows them to perform additional delegated procedures in a dental office. Senate Bill 392 includes important language that the dentist would remain responsible for all procedures delegated to an EFDA. Under the bill, the dentist would also be required to remain on the premises and be available to the patient throughout the performance of the delegated procedures, which helps to further ensure the patient's safety. Senate Bill 392 also includes a requirement that the dentist check the patient and verify the successful completion of the procedure prior to the patient's departure from the practice.

Thank you for the opportunity to outline key areas of Senate Bill 392 and to express the support of the Marquette University School of Dentistry as we continue to find ways address the oral health care needs of Wisconsin residents.