



August 4, 2017

MDHA appreciates the opportunity to provide testimony at this Missouri Dental Board hearing concerning rules that we consider ineffective, unnecessary and unduly burdensome.

Before moving to that issue, MDHA would like to thank the board for voting to promulgate a rule to change the “patient of record” provision to one that is more realistic and will hopefully allow dental hygienists to better serve the public. MDHA hopes this moves forward.

MDHA is suggesting that rule 20 CSR 2110-2.001 Definitions be amended to allow for both verbal and written authorization for general supervision. There are times when the dentist might be out of the office and there is an opportunity for a patient to be seen by the hygienist and the dentist will not have the chance to first “write in the chart” but is able to give verbal or electronic authorization. Written authorization stating that “verbal authorization was given for the hygienist to see the patient under general supervision” could be written into the chart after the fact by the dentist. Always requiring written authorization beforehand is burdensome for patients who could be seen but will need to wait to schedule an appointment at a later date due to the written authorization requirement. Or, unlicensed staff might book the patient and forget to get the signature and the patient would need to be sent home. MDHA does not feel this helps access to care. Some suggested language is noted below:

(5) “General supervision”—a level of supervision in which the dentist has authorized the procedure for a patient of record and which does not require the physical presence of the dentist in the treatment facility during the performance of the procedure. The patient must be informed that the dentist is not in the treatment facility. The authorization shall be verbal or written in the patient’s record and is valid from the date of the most recent examination for a maximum of twelve (12) months. If the dentist gives verbal authorization for dental hygiene care, that authorization will need to be written in the patient’s record following that care. The authorization is not renewable without an examination of the patient by the dentist.

MDHA would like to amend 20 CSR 2110-2.130 Dental Hygienists subsection (3) which outlines which procedures the hygienist may perform under general supervision. Although this has been discussed before, MDHA would still like to see the addition of local anesthesia under general supervision, especially for experienced dental hygienists. Direct supervision is a burden for patients who need pain control when the dentist is not on site. It will be needed for future care utilizing teledentistry. A mandatory protocol could be put into place for each facility to

prepare the dental hygienist for a rare emergency. Note that there are now nine states that allow local anesthesia under general supervision including AK, AZ, CO, ID, MN, NV, NM, OR and WA. [http://www.adha.org/resources-docs/7514 Local Anesthesia Requirements by State.pdf](http://www.adha.org/resources-docs/7514_Local_Anesthesia_Requirements_by_State.pdf) MDHA has previously contacted state dental boards in states where dental hygienists have administered local anesthesia without the dentist present and evidence demonstrates that hygienists have administered it safely and effectively in these states.

MDHA does not object to requiring dental personnel to follow the Occupational Safety and Health Administration (OSHA) and Center for Disease Control and Prevention (CDC) guidelines for rendering dental hygiene services, but it does feel that dental hygienists are singled out to abide by them in 20 CSR 2110-2.132 Dental Hygienists— Equipment Requirements for Public Health Settings. Because of this, FQHCs must yearly submit documentation that providers will abide by these standards. Private practice providers do not have to do this. It seems that this rule is either unnecessary since the OSHA Standards and CDC Guidelines are already required through federal regulations and are unfairly applied only to dental hygienists in public health settings. Or, the rule to follow these standards/guidelines should apply to all practitioners.

Because teledentistry is still in its infancy and several rural Missouri communities lack access to high speed internet, MDHA would like to see a way for all experienced dental hygienists to have the opportunity to work with dentists through a partnering written agreement. The board could create a type of extended access supervision that would allow a dentist to authorize a dental hygienist who is duly registered and currently licensed in Missouri to provide dental hygiene services through a partnering written arrangement with a dentist who is duly registered and currently licensed in Missouri. Specific rules could be written up to enhance this concept.

Again, MDHA would like to thank the board for the respect it has giving our representatives at the board meetings and for giving us an opportunity to express our concerns.