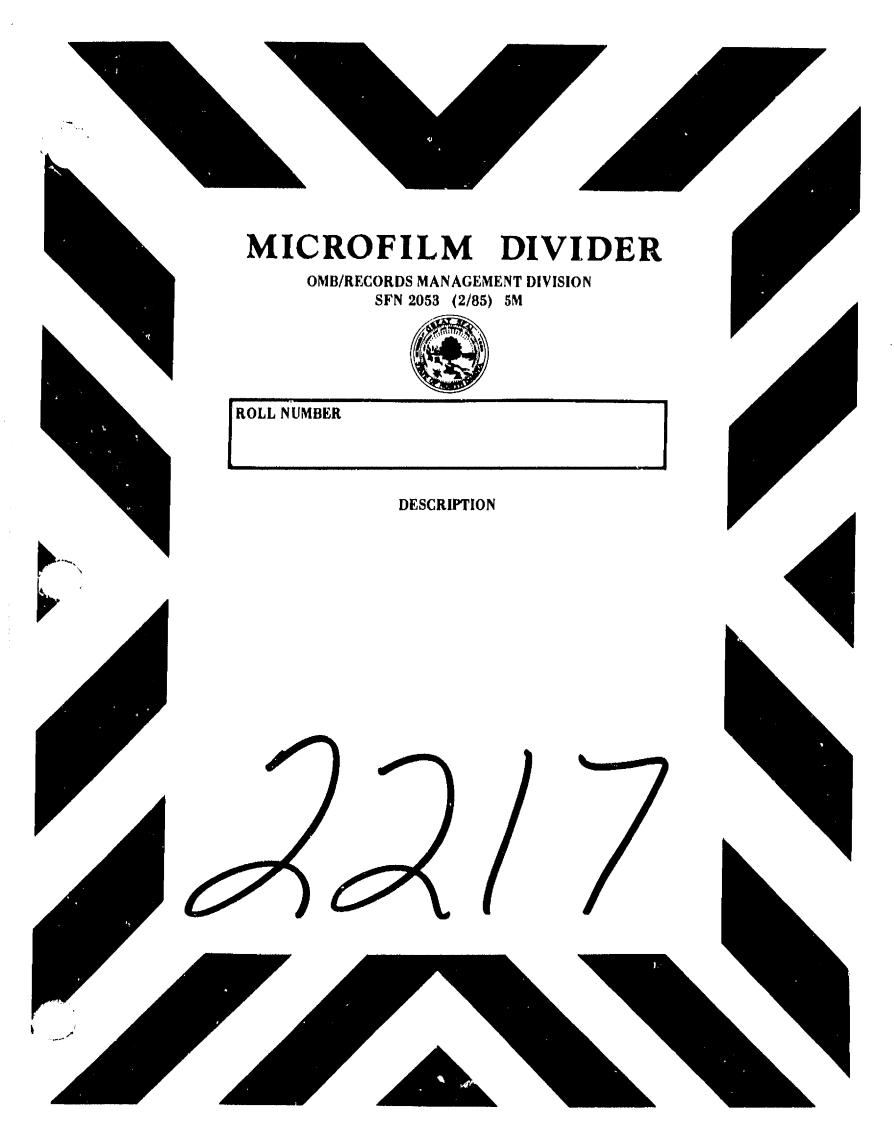


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2003 SENATE HUMAN SERVICES

SB 2217

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#### 2003 SENATE STANDING COMMITTEE MINUTES

#### **BILL/RESOLUTION NO. SB 2217**

Senate Human Services Committee

☐ Conference Committee

Hearing Date January 28, 2003

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	X	0- 2050
X	X	3528 - end
	, X	0 - 416
Donna	Lamer	
	X Donna	Nonna Kramer

#### Minutes:

SENATOR JUDY LEE opened the public hearing for SB 2217 relating to the administration of anesthesia by dental hygienists under dental supervision.

SENATOR JOHN M. ANDRIST introduced the bill. (Written testimony provided)

CALVIN ROLFSON, Attorney and representing the North Dakota Dental Hygienist Association, testified in support of SB 2217. (Written testimony) (Meter # 3360 - 4340)

SENATOR BROWN: Is it the intent of this proposed legislation that anesthesia be administered by a hygienist only for their patients or for all the patients that might be visiting in a dental office that day?

CALVIN ROLFSON: It is my understanding that it is for the hygienist's patient, but if the dentist wishes to delegate administration of anesthesia to one of the dentist's patients, I imagine

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Page 2 Senate Human Services Committee Bill/Resolution Number SB 2217 Hearing Date January 28, 2003

with the board's approval, that would be permitted, as well. That is not the intent to do that.

(Meter # 4430 - 4525)

SENATOR POLOVITZ: Who pays for the liability insurance? (Meter # 4540)

CALVIN ROLFSON: Testimony that follows me will answer that. (Meter # 4592 - 4673)

SENATOR FAIRFIELD: Patients under 18? (Meter # 4720 - 4760)

CALVIN ROLFSON: Matter has been resolved. Do not oppose an amendment to age

limitation. (Meter # 4770 - 4852)

SENATOR POLOVITZ: As a patient, would I have the right to choose?

CALVIN ROLFSON: Absolutely. Referred to education of hygienist. (Meter # 4909 - 5052)

KIM RICHTER, Registered Dental Hygienist and the President of the North Dakota Dental

Hygienists's Association, testified in support of the bill. (Written testimony with attachments)

(Meter # 5075 - 5770)

SENATOR LEE: Administrating of local anesthetic part of training now?

KIM RICHTER: When I was in training, graduating in 1992, I received the classroom

education. Minnesota and surrounding states have allowed that. It has been reintroduced at the

ND State College of Science. (Meter #5780 - 5920)

SENATOR BROWN: Is it the intent of this legislation for hygienists to only apply anesthesia to their patients or is it to all patients in the dentist's office? In your practice, what would be your

intent?

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KIM RICHTER: Added benefit that the dentist can delegate. (Meter #5973 - 6060)

SENATOR BROWN: How many patients in a typical month would require this for you?

KIM RICHTER: Varies. Three - four patients per week. (Meter #6129 - 6150)

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Page 3 Senate Human Services Committee Bill/Resolution Number SB 2217 Hearing Date January 28, 2003

LESLIE PFEIFLE, a registered dental hygienist, testified in support of the bill. (Written testimony provided) (Tape 1, Side B, Meter # 80 - 338)

WAYNE MATTERN, Executive Director and Board Member of the North Dakota State Board of Dental Examiners, testified in favor of SB 2217. (Written testimony attached) (Meter # 451 - 717)

CATHY CORNELL, Registered Dental Hygienist, testified in favor of the bill. (Written testimony enclosed) (Meter # 790 - 1055)

SENATOR LEE: How many states do allow independent practice by dental hygienists?

CATHY CORNELL: Just Colorado.

#### Opposed:

(Meter # 1788 - 1845)

Annual Str

BRENT L. HOLMAN, DDS, President-Elect of North Dakota Dental Association, testified in opposition of the bill and offered an amendment. (Written testimony) (Copy of Local Anesthesia Training Course from NDSCS attached) (Meter # 1140 - 1530)

SENATOR ERBELE: Bill is permissive ... "dentists may", why wouldn't we leave the 18 language in there? (Meter # 1565)

BRENT L. HOLMAN: Adverse effects. Training standards. Services to periodontal patients.

(Meter # 1604 - 1758)

SENATOR LEE: Would we strengthening the standards for licenses? Meter # 1760 - 1787)

BRENT L. HOLMAN: Obviously, that is something everyone should be concerned about.

SENATOR LEE: Do you know about the states that are currently allowing administration of anethestic by hygienists - how many of them do have an age limitation?

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Page 4
Senate Human Services Committee
Bill/Resolution Number SB 2217
Hearing Date January 28, 2003

BRENT L. HOLMAN: Michigan, that I am aware of.

JOSEPH CICHY, lobbyist, explained the first line of the proposed amendment.

SENATOR LEE closed the public hearing for SB 2217. (Meter # 2050)

SENATOR LEE reopened the discussion for SB 2217 to talk about the amendments. (Meter

3528)

SENATOR POLOVITZ: Question regarding limitation of education and practice?

SENATOR LEE: No, we would have to put that in law. Training for children discussed. (Meter

# 3665 - 3767)

KIM RICHTER: Training for all age groups in training. (Meter #3786 - 3906)

SENATOR ERBELE: See bill as being permissive ... why mircromanage. The dentist still has

the option to say I don't want you doing it. (Meter # 3907 - 3950)

SENATOR BROWN quoted Dr. Wayne Mattern as to how the amendment should be worded.

(Meter # 4090 - 4300)

SENATOR ERBELE: Move that the amendment, Line 10, after "requirements", delete

"recognized by the American Dental Association" and add "as required by the" be accepted.

SENATOR FISCHER seconded the amendment.

Roll call was read. 6 yes 0 no.

SENATOR BROWN moved that the second amendment on the age 18 years and older be accepted.

SENATOR FAIRFIELD seconded the motion.

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Senate Human Services Committee
Bill/Resolution Number SB 2217
Hearing Date January 28, 2003

Further committee discussion on agreement being jeopardized on age limit, and relationship

between dentist and hygienist. (Tape 2, Side A, Meter # 4778 - end) (Tape 2, Side B, Meter 0 -

120)

Problem statement which the problem statement is a single statement of the statement of the

Roll call was read. 3 yes 3 no. Motion failed. Second amendment failed. (Meter # 146)

SENATOR ERBELE made a motion to Do Pass.

SENATOR POLOVITZ second the motion.

Roll call was read. 4 yes 2 no. Motion passed.

SENATOR ERBELE to be the carrier. (Meter # 416)

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## 2003 SENATE STANDING COMMITTEE MINUTES BILL/RESOLUTION NO. SB 2217

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 24, 2003

Tape Number	Side A	Side B	Meter #
1		X	1967 - 2360
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ommittee Clerk Signature	o Honn	worken	rer, Clerk

#### Minutes:

4

SENATOR JUDY LEE reopened the committee discussion on SB 2217 relating to dental hygienists and whether we want the hygienists to administer only to people over 18. The bill was moved out of here to the House and they wanted this amendment.

The bill said dental hygienists would be able to administer anesthetic. We moved it out here, because it is permissive, saying that we didn't want that 18-year old or below people to be treated. The House put it in.

SENATOR BROWN moved to DO CONCUR.

SENATOR FAIRFIELD seconded the motion.

SENATOR LEE asked for discussion.

SENATOR POLOVITZ stated that the bill had left it up to the dentist to make those decisions. ...

Roll call on the DO CONCUR motion. 4 no 2 yes. Motion failed.

SENATOR FISCHER made a motion that we DO NOT CONCUR.

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Page 2 Senate Human Services Committee Bill/Resolution Number SB 2217 Hearing Date March 24, 2003

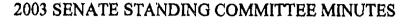
SENATOR ERBELE seconded the motion.

Roll call on the DO NOT CONCUR motion. 4 yes 2 no.

SENATOR LEE: We not concur. I will choose the conference committee. (Meter # 2360)

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#### **BILL/RESOLUTION NO. SB 2217**

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 25, 2003

Tape Number	Side A	Side B	Meter#
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Committee Clerk Signature	Donne	a Kramer	Clerk

#### Minutes:

1

SENATOR JUDY LEE reopened the committee discussion on SB 2217 relating to dental hygienists. She stated she had some breaking information for the committee. She said she had gotten an e-mail message from Cal Rolfson who represents the dental hygienists. ... You may recall that the House added the provision requested by the ND Dental Association that restricted the administration of anesthesia by hygienists to those 18 years of age or older ... My clients, Mr. Rolfson said, would rather see the Board of Dental Examiners deal with that issue. However, the Hygienists Association met and decided to recommend to you and the committee that Senate concur on the House amendment. If there is a need to deal with that the next session, they hope to have the Dental Association on board at that time and come to the Legislature. ... The Board suggest concurring as well. (Meter # 5000 -5030)

We had voted not to concur yesterday, but if you would like to reconsider your actions.

SENATOR FISCHER made a motion TO RECONSIDER.

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Page 2 Senate Human Services Committee Bill/Resolution Number SB 2217 Hearing Date March 25, 2003

SENATOR POLOVITZ seconded the motion.

All in favor to reconsider the motion - 5 yeas. Opposed - 1.

SENATOR BROWN made a motion TO RECONCUR.

SENATOR FISCHER seconded the motion

All in favor - 5. 1 opposed.

SENATOR FISCHER to be the carrier. (Meter # 5280)

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#### PROPOSED AMENDMENTS TO SENATE BILL NO. 2217

Page 1, line 10, remove "recognized" and insert immediately thereafter "provided by an institution that is accredited"

Renumber accordingly

41

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Date

Date: 01-28-03
Roll Call Vote #:

## 2003 SENATE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. 22/7

Senate Human Services				_ Com:	mittee	
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Legislative Council Amendment Nun	nber _	LC	2: 38300.0	101		
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Senator Richard Brown - V. Chair.				Ī		require
Senator Robert S. Erbele	/					require
Senator Tom Fischer	1					70
Senator April Fairfield	V					
Senator Michael Polovitz	1					
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Date: 01-28-03
Roll Call Vote #: 2

## 2003 SENATE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. 22/7

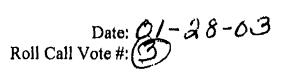
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Senator Richard Brown - V. Chair.					
Senator Robert S. Erbele		<i>V</i>			
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#### 2003 SENATE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. 2217

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Legislative Council Amendment Nun	nber _		.C:38 300.	0101	
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Senator Richard Brown - V. Chair.	V				
Senator Robert S. Erbele					
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If the vote is on an amendment, briefly	indicate	e intent:	Passed		

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REPORT OF STANDING COMMITTEE (410) January 29, 2003 1:46 p.m.

Module No: SR-17-1288

Carrier: Erbele

Insert LC: 38300.0101 Title: .0200

REPORT OF STANDING COMMITTEE SB 2217: Human Services Committee (Sen. J. Lee, Chairman) AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (4 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). SB 2217 was placed on the Sixth order on the calendar.

Page 1, line 10, replace "recognized" with 'as required" and remove "American dental association"

Renumber accordingly

(2) DESK, (3) COMM

Page No. 1

SR-17-1288

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Date: 03-24-03
Roll Call Vote #: 1

## 2003 SENATE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. 22/7

Senate Human Services				Com	mitte
Check here for Conference Com	mittee			ŀ	
Legislative Council Amendment Nun	nber _				
Action Taken	D	2	Concur.	,	
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Senators	Yes	No	Senators	Yes	No
Senator Judy Lee - Chairman					
Senator Richard Brown - V. Chair.	<u>/</u>		· · · · · · · · · · · · · · · · · · ·		ļ
Senator Robert S. Erbele	455	V			<b></b>
Senator Tom Fischer					<u> </u>
Senator April Fairfield		<u> </u>			<b></b> _
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Roll Call Vote #:

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#### 2003 SENATE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO.

Legislative Council Amendment Num	~ -		st Conce	w	
Action Taken Will Motion Made By Sen. Fis	iher	∠ Secor	nded By Sen. (	Ple	les
Senators	Yes	No	Senators	Yes	No
Senator Judy Lee - Chairman					
Senator Richard Brown - V. Chair.		V			
Senator Robert S. Erbele	<b>/</b>				
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2003 HOUSE HUMAN SERVICES

SB 2217

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Date

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#### BILL/RESOLUTION NO. SB 2217

2003 HOUSE STANDING COMMITTEE MINUTES

#### House Human Services Committee

#### ☐ Conference Committee

Hearing Date March 5, 2003

Tape Number	Side A	Side B	Meter #
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2 x			0.0 - 40.6
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	V1		
mmittee Clerk Signature	AMIN	n Markraw	

#### Minutes:

Sen. Andrist appeared as prime sponsor in support stating by nature, most licensure bills restrict what people can do, all be it in the name of protecting our citizens. This bill is an empowering bill, because I think we should as much focus on that in state government as we do on preventing people from doing what they want to do.

Rep. Niemeier: What is the difference between these two commissions that are in the formal bill and then changed to the engrossment? Sen. Andrist couldn't answer.

<u>Cal Rolfson</u>, Attorney for the ND Dental Hygienists Association appeared in support with written testimony.

Rep. Pollert: If the dentist is on vacation, the hygienist can't administer? Answer: yes

Kim Richter, Dental Hygienist & President of the ND Dental Hygienists Association appeared in support with written testimony.

Rep. Amerman: If this bill passes, will there be added hours of education for this? Answer: yes

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Page 2 House Human Services Committee Bill/Resolution Number SB 2217 Hearing Date March 5, 2003

How many hours does a dentist have to take? Its similar.

Rep. Niemeier. Do you expect the dentist to pay for the training? Answer: Its option with each

dental office. Do you expect a higher wage? Answer: Up to each dentist and hygienist

Rep. Potter: When in hygienist school, have you had this training? Answer: we had the full

class room but not the clinical (actual injections)

Rep. Kreidt: Do you have any information that people are getting this education here and then go

to out-of-state because they can't do this now? Answer: Yes

Lori Beckius, Registered Dental Hygienist appeared in support with written testimony. Also read

testimony from Leslie Pfeifle who had written testimony.

Rep. Niemeier: have you done this on people? Answer: No, we did it on each other.

Rep. Pollert: Continuing Ed Courses, if this passes, do you need to go back to school for this?

Answer: Yes.

Wayne Mattern, Dentist, Executive Director and Board member of the ND State Board of Dental

Examiners appeared in support with written testimony.

Rep. Porter: on line 9, I'm confused with supervision and direct supervision.

Answer: direct supervision has to be in the office.

Regarding age limits: Doesn't the dentist decide if his hygienist performs these or not? Answer:

Yes.

John Fishpaw, Dentist from Minot appeared in support with written testimony.

Ron Seeley, Dentist from Williston and President of the ND Dental Assoc. appeared in

opposition with written testimony.

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Page 3
House Human Services Committee
Bill/Resolution Number SB 2217

Hearing Date March 5, 2003

Aguil Str

Rep. Porter: In looking at the proposed amendment, is there anything, if the bill was passed as is, you would probably not allow in your practice your hygienist to do local anesthetic on pediatric patients as is your right, is there any reason why you think that the Legislature should micro-manage the practice of dentistry?

Answer: Most important thing here is, I'm not trying to micro-manage, but I think we need some guidelines that based on the Commission of CODA, which the Board of Medical Examiners has already said that's what they use. Their telling me it's not taught and if its not taught I'm not sure why we would want to cut people loose to perform a procedure they aren't familiar with.

Rep Porter: Do you see that there is going to be situations where practitioners basically say, I don't want you doing it to anybody and even though the law passed and the language is there that in their particular office, there going to retain that control of local anesthetic as the boss, the practitioner, the dentist.

Answer: Yes I would and for a couple of reasons, each dentist is gonna make that determination, if I'm gonna delegate this out to someone who does not have the clinical training that I have and maybe doesn't do it as often because its not required as often, am I still better just doing it myself, because even though you may not ever end up in a malpractice situation where you do something that would cause a patient to sue you. If the patient has a bad experience, they may just go down the street and find another dentist, so ya, I think \_\_\_\_\_\_, they are going to draw their own conclusion.

Rep. Devlin: If it isn't being taught, where is there earlier testimony indicated that only 1 state out of the 31 surveyed has the age restriction?

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Page 4
House Human Services Committee
Bill/Resolution Number SB 2217
Hearing Date March 5, 2003

Answer: That's a really good question, I'm going to give you an answer that I feel is an answer, but I can't back this up statistically. I think what you'll find, is that in a lot of states where this is already passed, it becomes a \_\_\_\_\_ issue. The dentists are here and they are fighting it, the hygienist are here and they want it. I feel they are trying to come together for common ground. There is just no educational experience.

Further concerns of the committee on direct supervision, oversight when this was being drafted, did they start with adults originally on the bill and concerns with dealing with developmentally disabled, etc.

Rep. Wieland: Why would you limit this to age 18 and above and not the age of 12 and above, why that particular age?

Answer: Got that from the CODA people, 18 is an adult, the training is adult.

Dr. Seeley gave explanation about CODA.

Closed the hearing.

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#### 2003 HOUSE STANDING COMMITTEE MINUTES

#### **BILL/RESOLUTION NO. SB 2217**

#### House Human Services Committee

☐ Conference Committee

Hearing Date March 18, 2003

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Minutes: Committee work.

Rep. Weisz: Was there any testimony on how many if any, have the 18 year old requirement? Is that typical of the States that allow the local anesthesia?

Rep. Devlin: Testimony was given that says there is 31 states that have the local anesthesia, only one of them has the age restriction.

Rep. Pietsch: moved amendments prepared by Joe Cichy, second by Rep. Price.

Rep. Porter: I'm going to resist the amendment. I think that while I totally agree that there might be concerns from the Dentists that they need to directing the educational components, but I believe totally that as you look at the whole steam of things, we're trying to run a dental practice from a room at the capital. Right now, the way this bill is written, with no age restriction in there, that each individual dentist will have the authority to regulate and run their practice the way that they choose. They will be able to make sure that they have their people trained whether they want to do pediatrics or whether they want to do geriatrics. I would think that as a

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House Human Services Committee
Bill/Resolution Number SB 2217
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professional they would be more concerned with the anesthesia being delivered to the geriatrics population because they are on all the medications for all the different health problems from cardiac to blood thinners, etc. The population risk of reactions to dental anesthesia isn't from 0 to 18, its someone from 50 on up that's on whole vast majority of medications. I think we're allowing the dentist to let the hygienist do the procedure on those individuals that are at higher risk of reaction and if the dentist chooses in their practice with their patients that their hygienist won't do it someone who's 12, then so be it. If they choose to train them or send them to be trained to be able to perform that so that their office will run more efficient, then they won't allow them to do 16 or 15 yr. olds.

Rep. Kriedt: Dentists were under the understanding that there was an age provision in the bill and were upset that there wasn't and said if they would have known, this bill would never have come forward.

Rep. Wieland: Originally would have been opposed to the amendment, but I have since been convinced that they can't put it in for their rules and regulations where I thought it should have belonged. It should have been a part of what they as a Board should have been able to do but as I understand they can't do an age restriction of that type, therefore I am going to support the bill.

Rep. Price: A couple sessions ago, we had a bill like this where the Pharmacists were asking for some power for like doing immunizations. That's why we chose not to do children for some of those reasons that were stated in this one. I'm supporting the amendment at this time, # 1 because it was part of the originally agreement, #2 - 55% of the dentists are asking for this based on the survey. 55% wanted the age restriction. But the 3rd reason is, I was not convinced that there is at this time, adequate training for doing this with children. That's not to say that they

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House Human Services Committee
Bill/Resolution Number SB 2217
Hearing Date March 18, 2003

won't come back in 2 years or 4 years and I won't change my mind based on what the hygienist training is at that time, but at this time I want to be thoroughly convinced they are trained to deal with kids.

Rep. Niemeier: In her area, the dentist approves the amendment and will support this amendment.

Rep. Devlin: Not everyone agrees with the education and received a letter from a registered dental hygienist in Fargo says they don't agree with the amendment. Read from letter and couldn't understand or hear the words. Rep. Devlin will resist the amendment and feels we are micro-managing the dentists practice and feels there is no dentist in the state that's going to be forced to allow their hygienist to practice on someone under the age of 18.

Rep. Potter: I will resist the amendment because I haven't heard from any dentist in the Grand Forks that have any kind of trouble one way or the other and I think I should have heard someone particularly from those that get their feathers all ruffled up.

Rep. Pollert: I've had contact with 2 dentist in his area and one wants the bill killed and the other passed. So I have to go back to where the compromise is at so that nobody is happy.

VOTE: Amendment passes.

Rep. Wieland motioned to DO PASS as Amended, second by Rep. Amerman.

Rep. Amerman: question on line 10.

Rep. Devlin: That's a question on whether the Board could just put the requirements onto the rules or if we needed legislation and that might have been the question.

VOTE: 12-0-1

Rep. Wieland will carry the bill..

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Date: March 10, 2003 Roll Call Vote #:

### 2003 HOUSE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. SB 2217

House	HUMAN SERVICES			Committee	
Check here for Conference Co	mmittee				
Legislative Council Amendment N	_	<u></u>			
Action Taken Do Y	ass !	asa	Inended		····
Action Taken Do r  Motion Made By Rep Wie	land	Se	consied By Rep Anu	crinar	
Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price - Chair	V		Rep. Sally Sandvig		
Rep. Bill Devlin, Vice-Chair	V		Rep. Bill Amerman	1	
Rep. Robin Weisz	V		Rep. Carol Niemeier	<i>\\\\\</i>	
Rep. Vonnie Pietsch	<b>V</b>		Rep. Louise Potter	\(\mu^2\)	
Rep. Gerald Uglem	V	l			
Rep. Chet Pollert	1				
Rep. Todd Porter	<b>\</b>				
Rep. Gary Kreidt	V				
Rep. Alon Wieland	V				
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Total (Yes)	2	No	<u>O</u>	,,,	
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Floor Assignment Rep W	ielan	d			·········
If the vote is on an amendment, brie	fly indicat	e inten	::		

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REPORT OF STANDING COMMITTEE (410) March 18, 2003 2:57 p.m.

Module No: HR-48-5090 Carrier: Wieland Insert LC: 38300.0201 Title: .0300 THE REAL PROPERTY.

REPORT OF STANDING COMMITTEE

SB 2217, as engrossed: Human Services Committee (Rep. Price, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2217 was placed on the Sixth order on the calendar.

Page 1, line 9, after "anesthesia" insert "to a patient who is at least eighteen years old. The dental hygienist must be", replace "if" with "and", and replace "completes such" with "must complete the"

Renumber accordingly

HR-48-5090

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2003 TESTIMONY SB 2217

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## SB 2217 Testimony Before the North Dakota Senate Human Services Committee By John M. Andrist Monday, January 27, 2003

#### Madame Chairwoman:

I am pleased to be the primary sponsor of this legislation, because I believe it is our reponsibility to do as much as we can to enable North Dakota professionals to broaden their scope of practice whenever we can.

SB 2217 permits dental hygeinists to administer novocaine, in the scope of their practice, but only after they have received adequate training, and only under the supervision of a licensed dentist.

Particularly in this time of serious shortage of dentists, it is good that we utilize every resource to make certain that quality dental care is available to everyone.

North Dakota is certainly not on the cutting edge of being enablers. These highly trained dental professionals are permitted even more latitude in other states. There are states where they can conduct totally independent practices.

I'm hopeful you will listen carefully to the testimony they provide and that you will give this legislation a do-pass recommendation.

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#### **TESTIMONY**

# BY CALVIN N. ROLFSON ON BEHALF OF NORTH DAKOTA DENTAL HYGIENIST ASSOCIATION IN SUPPORT OF SENATE BILL NO. 2217

My name is Cal Rolfson. I am an attorney here in Bismarck and I represent the North Dakota Dental Hygienist Association. I appear before your committee today to present testimony in support of Senate Bill 2217.

My testimony will briefly review the legal aspects of the Bill along with comment on some of the exhibits attached to my testimony. Following my testimony you will hear from representatives of the North Dakota Dental Hygienist Association and the Board of Dentistry. Out of respect for the shortness of time, we will all keep our comments brief.

Currently, many people in our state cannot have their teeth cleaned without pain. More often they are our older citizens, although people at all ages can experience such pain. As a result, they either postpone or fail to regularly have this preventative oral hygiene procedure.

Under our current law in North Dakota, it is necessary for a dental hygienist

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to interrupt the care of her patient, and for the dentist to interrupt the care his or her patient, in order to give anesthesia (novocaine) to the dental hygienist patient. This professional musical chairs is disruptive to patients and practitioners alike. Senate Bill 2217 seeks to correct this problem.

Dental hygienists are independently educated, trained and licensed by the Board of Dental Examiners. They must be employed by a licensed dentist in order to practice dental hygiene. There are currently approximately 490 dental hygienists practicing in North Dakota, along side 350 licensed dentists. A licensed dental hygienist is to be distinguished from a dental assistant who does not require licensure by the Board of Dentistry.

Senate Bill 2217 seeks to correct the disruption that now exists. Under this Bill, a licensed dentist may (and "may" is the key word) delegate to a dental hygienist licensed by the Board the administration of block and infiltration anesthesia. That means novocaine. This administration of anesthesia must be under the direct supervision of a dentist. "Direct supervision" is defined in the rules of the Board of Dental Examiners and essentially means that the dentist must be in the office at the time the administration of anesthesia occurs, must diagnose the patient and order the level of anesthesia for each patient.

This administration of anesthesia, under the direct supervision of a dentist,

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can only be done under this Bill if the dental hygienist completes the necessary education requirements to do that procedure effectively and safely. The educational requirements must be those that are provided by an institution that is accredited by the American Dental Association's Commission on Dental Accreditation. The Board of Dental Examiners recognizes courses taught at institutions that are accredited by this Commission. In addition to that, any education requirements must also be approved by the Board of Dental Examiners - the entity that is established by the Legislative Assembly to regulate the practice of dentistry and dental hygiene. The Bill also proves that the Board shall adopt rules to implement this section.

It is important to remember that Senate Bill 2217 is strictly permissive.

Under this Bill dentists who do not wish to delegate this function to their employed, trained and licensed hygienist, need not do so. Those many dentist in North

Dakota who do wish to do so, cannot do so now because the law currently does not permit it. This Bill will correct that.

The clear majority of states (31) have laws similar to Senate Bill 2217. All of the states surrounding North Dakota allow it, so we are currently an island. In fact, our surround states, Minnesota in particular, has long allowed dental hygienists to administer not only block and infiltration anesthesia, but also nitrous oxide. I invite

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your attention to the map attached to my testimony that outlines each state that permits anesthesia by dental hygienists.

The North Dakota Board of Dental Examiners is on record supporting this change. I have attached to my testimony a copy of the September minutes of the Board that describes that support.

The North Dakota Dental Association is essentially evenly spit on this issue. You will hear from them today. The wonderful thing about Senate Bill 2217 is that for those dentists who do not wish to allow their hygienist to do this procedure, they are free to disallow it. However, those who professional wish to delegate and direct this function to their trained and educated hygienists, will now have the support by which to do that. This is truly a "WIN-WIN" for the dentist's practice, for the dentist's patient, and for the dental hygienist's patient.

The triple protection that is provided by Senate Bill 2217 should give comfort to law makers, professional dentists and dental hygienists, as well as their patients. This triple protection first requires the employer dentist to approve the delegation to the hygienists, requires the hygienist to have completed educational programs that are approved by those national and state entities that are specifically designed for that purpose, and allows the public and the profession input into the regulation process through administrative rules.

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It is my understanding that the North Dakota Dental Association will propose some amendments to this Bill. One will seek to statutorily require specific minimum hours of education, thereby asking the legislature to essentially micromanage the practice of dentistry that is now required to be done by the Board of Dental Examiners. Dental Hygienists opposes that concept. They would rather have the Board, through the sunlight of public hearings, thrash out that issue.

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Secondly, it is also my understanding that the North Dakota Dental Association wishes to statutorily restrict to 18 or over, the age at which hygienist may administer anesthesia under the direct supervision of a dentist. The hygienist association is equally opposed to that. While younger patients do not typically have the pain associated with dental hygiene work compared to older patients, there is no evidence of which I am aware that the training provided to dental hygienist is not more than adequate to safely administer anesthesia to younger patients. In addition, under the definition of "direct supervision" in the rules, it is now and will continue to be the dentist that decides whether or if a particular dose is given to a younger patient. This, to, should be a matter for the Board.

As an example, if the size of the patient is the reason for that proposal, my wife is 100 pounds and 61 years of age. We all know there are 14 year olds who are 150+ pounds. These matters should be left to the Board that is established

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specifically for this purpose and to the dentist under his or her direct supervision responsibility.

I urge a "do pass" on Senate Bill 2217. Attached to my testimony is also a fact sheet that should provide additional background for you. Thank you for this opportunity to appear before you on behalf of the North Dakota Dental Hygienists Association. I would be pleased to respond to your questions.

Calvin N. Rolfson Legislative Counsel

North Dakota Dental Hygienist Association (Lobbyist No. 144)

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# North Pakota State Poard of Pental Examiners

January 28, 2003

Madame Chairperson and members of the committee:

My name is Wayne Mattern and I am currently serving as executive director and board member for the North Dakota State Board of Dental Examiners.

I am here today to speak in favor of SB No. 2217. The N.D. Board of Dentistry has reviewed the issue for a good number of years. In all the evaluations completed the findings have always been similar. That is if a properly trained Dental Hygienist is allowed to administer local anesthesia, the consumer is the beneficiary. The Board has considered whether malpractice insurance for the dental office increases if the procedure is allowed. In no case has the premium increased. The reports from the Insurance Companies indicate they consider the risk to be equal for hygienist or dentist.

Statements and letters from neighboring states provide no negative comments and again list the benefits to the patients.

In addition the Dental Board does feel patient access to care will be improved if SB 2217 is passed. The Dentist will, if he or she so chooses, be able to delegate the duty which at this time may only be provided by a Dentist. The long term effect should be the ability for a dentist to treat more people each week. (Good for the consumer and the Dental Team.)

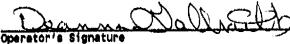
ADMINISTRATIVE OFFICE

P.O. Box 7246 Bismarck, ND 58507-7246 701-258-8600 Fax 701-224-9824

http://www.nddentalboard.org

ndsbde@aptnd.com

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At the September 2002 meeting of the Dental Board, the vote to support this concept was 6-1 in favor. The Board has not seen any evidence that this Bill would in any way be harmful to the dental patient. The group felt that the Bill will result in increased communication for the Dental Team and subsequently a stronger Team. (Good for all concerned.)

In conclusion, I thank you for your attention. I strongly urge a do pass on SB 2217 and I would be happy to answer any questions.

Wayne Mattern 1714 M. 9th Besmerck, MD 5850/ 223-1474

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#### **Senate Human Services Committee**

January 28, 2003

#### Brent L Holman DDS, President-Elect North Dakota Dental Association

Madame Chairman and committee members......my name is Dr Brent L Holman from Fargo and I am President-Elect of the North Dakota Dental Association. We speak in opposition to SB 2217 in its current form and offer an amendment. We support the intent of the bill to allow properly-trained dental hygienists to administer local anesthesia. I would like to supply some additional background.

Section 43-28-01 of the North Dakota Century Code states that "the term "practice of dentistry' includes examination, diagnosis, treatment, repair, administration of local or general anesthesia, etc....." The delegation of local anesthesia to dental hygienists is an unprecedented change in the statutory definition of the practice of dentistry and dental hygiene in North Dakota and was determined by the Attorney General to require statutory change by the legislature to allow such delegation (1999). The AG opinion stated, "this office has consistently found that the prescription and administration of medication is so intimately connected to the health of the public that it is for the legislature to define which persons are authorized to prescribe or administer medication".

Thirty-one states allow delegation of local anesthesia to hygienists, primarily by statute, and all have varying standards to determine adequate levels of training for hygienists. Educational standards for both recent graduates of accredited dental hygiene programs and for those hygienists that have been in practice for a specified period (without experience) are usually specifically and separately defined. The average **dental school** education curriculum provides about 4,900 total hours of instruction including about 2,200 hours of patient care experiences. Many, if not most, of these patient encounters will involve administration of local anesthesia. The dental graduate has 4 years of professional training and usually 4 years of college education. The average **dental hygiene program** is a two-year program involving 1,900 total hours of instruction, which includes 700 hours of patient care experiences. The formal training course in local anesthesia for dental hygiene students at the ND State College of Science program in Wahpeton requires 26 total hours with 4 injections (shots).

The justification for the delegation of local anesthesia to hygienists is the improvement in the efficiency for hygienists and the convenience of patients by being able to administer local anesthesia in conjunction with the preventive periodontal services that hygienists provide. With this intent in mind, the Michigan legislature enacted a provision to restrict the administration of local anesthesia by dental hygienists to patients over the age of 18......adult patients that typically have gum disease and are most likely to benefit from local anesthesia in conjunction with their preventive services. Of all of the procedures that a dentist does each day, local anesthesia is the most likely to produce systemic adverse effects. Although not

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usually serious, adverse reactions include inadvertent intramuscular injection causing trismus (limited jaw opening), inadvertent intravascular injection causing epinephrine effects (increased heart rate), potential interactions with medications that the patient is currently taking, and syncope (fainting). This last effect is particularly common in children. Although all of these reactions can occur in either adults or children, any anesthesiologist will tell you that the margin of error is smaller in children. Local anesthesia is also often the most stressful procedure for the operator and patient alike. For children, it is intimately linked to the behavior management of the child and the development of a positive attitude about dentistry. Local anesthesia also almost always requires a dental assistant to be safely administered in younger children. We feel that moderating the effect of this change in training standards by restricting the administration of local anesthesia by hygienists to patients over the age of 18 is prudent and reasonable. It also does not detract from the main intent of the bill.....to allow hygienists to provide anesthesia to their periodontal patients that need it in the course of the usual services that the hygienist is trained to provide.

The North Dakota Dental Association opposes SB 2217 as currently drafted. However, we support the delegation of local anesthesia to properly-trained hygienists. Due to the desire to support this change in an incremental and reasonable way, we recommend the following amendment:

✓ Require that administration of local anesthesia only be delegated to dental hygienists for patients 18 years of age and older.

Attached to this testimony is the specific amendment.

Thank you.

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Date

#### Amendments to SB 2217

Line 10, after "requirements" Celete "recognized by the American Dental Association" and add "as required by the"

Line 11, after "board." add "This procedure may only be performed on patients 18 years old and older."

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SB2217

# NDSCS ALLIED DENTAL EDUCATION DEPARTMENT LOCAL ANESTHESIA TRAINING Summary Information

#### 1. Continuing Education Course for Minnesota Dental Hygienists

Course offered: August 1996 and August 1997

Instructors: D.D.S Course length: 24 hours

Course resources: Local Anesthesia Course Handout (Local Anesthesia text not

required)

Course content: Lecture

Lecture and written tests

11 hours

Clinical Activities

10 hours

Outside reading

3 hours

The following injections were administered at least twice:

Posterior Superior Alveolar Middle Superior Alveolar Anterior Superior Alveolar Inferior Alveolar and Lingual

Buccal Mental

The Greater Palatine and Nasopalatine injections were administered once.

All injections were directly observed by the course instructors.

## 2. Local Anesthesia training for Dental Hygienists currently enrolled in the NDSCS Program

Course offered: Summer sessions since 1996

Course length: Local Anesthesia Clinical Course-16 hours and Local Anesthesia

Lecture Course: 10 hours

Course resources: Local Anesthesia Course Handout and Malamed's Handbook of

Local Anesthesia

The following injections were administered at designated competency level at least four times:

Posterior Superior Alveolar Middle Superior Alveolar Anterior Superior Alveolar Inferior Alveolar and Lingual

Buccal Mental

The Greater Palatine and Nasopalatine injections were administered once.

All injections were directly observed by the course instructors.

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Competency: LOCAL ANESTHE	SIA
Name:	·
Date:	21

,	·			Injection Type					
Reviews patient history and selects appropriate anesthetic.									
2. Identifies landmarks associated with injection.	gu.								
3. Dries area with 2x2 gauze and correctly places topical.									
4. Prepares syringe properly (harpoon, expel solution, bevel).									
5. Uses fulcrum or stabilizing technique.									
6. Inserts needle in proper area (add drop and walt 5 - 10 seconds).*									
7. Follows correct pathway of injection.*									
. Aspirates, re-aspirates when necessary.*									
9. Needle penetrates to proper depth.									
10. States amount of anesthetic required for injection.									
11. Injects slowly (1cc/45 sec).									
12. Recaps needle using a shield or scoop technique.									
13. Adequately rinses, evacuates and observes patient reaction.									
14. Achieves desired anesthesia.*									
15. Follows proper infection control procedures (sharps container).									
16. Provides adequate patient instruction prior to, during, and post treatment.									
17. Adequately documents procedure in chart,									

\*Indicates an essential criteria which must be completed satisfactorily. If unacceptable, the procedure must be repeated.

Data/clinic/competency21\_2 ·

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Course Title and Number: Local Anesthesia (DH 298)

Course Description: A clinical application course designed to provide student with the

knowledge and clinical skills to administer sate and effective local

anesthesia.

Prerequisites:

Current CPR

Credits:

1 credit

Evaluation:

Lab quiz - 50%

Clinical evaluation - 50%

(A 10% grade reduction will be recorded for each unsatisfactory clinical evaluation. Any unsatisfactory grade must be repeated until satisfactory).

Policies:

A 7% grade reduction will be assessed on all clinical procedures or exams not taken during assigned times. Course participants must be willing to participate as a patient for injections.

The grading criteria is as follows:

A = 100 - 94

B = 93 - 87

C = 80 - 86

D = 79 - 73

F = 72 or less

Teaching Methods: Lecture

Laboratory demonstration

Clinical observation

Text:

Course handouts

Supplemental Text: Handbook of Local Anesthesia,

Malamel, Stanley

Third Edition, Mosby, Inc. St. Louis, 1990.

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Module:

Armamentarium for Local Anesthesia

Goal:

Upon satisfactory completion of this module, the student will demonstrate the ability to properly assemble and manage local anesthetics.

Objectives:

Upon satisfactory completion of this module the student will be able to:

- 1. Identify local anesthesia used during the clinical portion of this course.
- 2. Properly assemble local anesthesic syringe.
- 3. Demonstrate proper method of recapping syringe.
- 4. Demonstrate inserting a new anesthetic carpule.
- 5. Understand the clinical significance relative to needle gauge and length.
- 6. Identify the armamentarium and supplies necessary for maxillary and mandibular injections.

#### Learning Activities:

- 1. Attend lecture.
- 2. Demonstrate syringe assembly and disassembly

#### Reading Assignment:

1. Class handout

#### Evaluation:

- 1. Written exam.
- 2. (P/F) syringe assembly

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Module:

Local Anesthetic Complications/Contraindications)

Goal: Following completion of this module, the student will be able to describe contraindications to local anesthetic and the cause, prevention and management of local anesthetic complications.

Objectives:

Following completion of this module, the student will be able to:

1. Identify various contraindications to local anesthetic,

2. Discuss the following local anesthetic complications:

needle breakage pain during injection

paresthesia trismus hematoma edema

tissue swelling or trauma

overdose allergic reaction

3. Describe the NDSCS operator needlestick protocol

#### Learning Activities:

1. Attend lecture.

#### Reading Assignment:

1. Class handout

#### Evaluation:

1. Written exam

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### North Dakota Dental Hygienists' Association

January 28<sup>th</sup>, 2003

Madam Chair Judy Lee and Members of the Committee,

My name is Kim Richter. I am a Registered Dental Hygienist and also the President of the North Dakota Dental Hygienists' Association. Our board and membership fully support this legislative effort to expand the scope of our Practice Act. We would like to include the delegated duty of administering local anesthesia under the direct supervision of a dentist. This procedure has many benefits. The first is the comfort of our patients. North Dakota's population is aging and is retaining their teeth due to advanced dental care. This increases the lihood of periodontal disease, also known as gum disease. The dental hygienist routinely provides specialized periodontal treatment called scaling and root planing. This procedure often times requires local anesthesia for the comfort of the patient. Adequate pain control is essential for the thoroughness and success of treatment. Some people can't have their teeth cleaned without anesthesia, thus avoiding treatment which causes greater health problems. Our patient's demand and deserve comfortable dental treatment.

The second benefit is the dental team. The enhanced utilization of dental personnel streamlines how our offices operate. Dental office efficiency is increased which saves time for the dentist, hygienist, and the patient. Let me give you an example of what a typical day is like in my office. Our office has three dentists, three hygienists, and four dental assistants. The dentist and hygienist have separate schedules. My appointments are one hour in length for adults and thirty minutes for children. The dentist needs to fit three hygiene exams into their schedules. Our dental team works like cogs in a wheel, where time management is a must. There are many times that I need to wait for the dentist, as there are some restorative procedures that can not be errupted, or they are doing other hygiene exams. For this purpose, I give the doctor 15 - 20 minutes

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Avanced notice that they are needed for an exam. However, if I am scheduled for scaling and root planning I need the dentist to come in immediately to give local anesthesia. Many times this interrupts their patient's treatment. There have been times that I have waited 10 - 15 minutes before they arrive. This delays and shortchanges my patient's treatment as well as the dentist's patient. Occasionally, a second injection is necessary to achieve full anesthesia. This again interrupts the dentist for the second time. As you can clearly see, a dental office has time limitations that are sometimes very stressful. If the hygienist is able to administer anesthesia, as is allowed in our surrounding states, this will decrease the interrupted care of our patients. This will also improve the quality of the care. We have a hygienist in our office that has practiced for seven years in a state in which she has been trained to administer local anesthetic. She has since moved back to her home state of North Dakota but is no longer able to use this skill. We need to have reciprocity of licensure from other states. As you all know, this state is facing a significant reduction in the number of dentists. This delegated duty would allow the doctor to spend more time on complex treatment that only they could provide. It also will improve the pacity of an office to see more patients, thus increasing the access to care. This creates a win-win situation for the dentist, hygienist, and the patient and improves comfortable oral healthcare. In talking with other states that allow this duty, there seems to be an added benefit as well. There are some dentists that are utilizing the hygienist to anesthetize their patients that are scheduled for restorative procedures, which includes children. This duty is all ready being safely used in 31 other states, beginning 33 years ago. Dental hygienists have amply demonstrated high safety and successful employment of local anesthesia. According to past letters from state regulatory boards that currently allow local anesthesia by a hygienist, there have been no consumer complaints with respect to this procedure. Malpractice insurance rates are not changed for hygienists that administer anesthesia. After successful completion of a board approved coarse, a registered dental hygienist in North Dakota will be properly and highly educated to perform this duty. I am also providing written testimony from dentists, hygienists, and educational institutions that are in support of this bill. The North Dakota Dental ंभं(glenists' Association encourages you to vote "do pass" for Senate Bill 2217.

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#### **TESTIMONY**

# BY CALVIN N. ROLFSON ON BEHALF OF NORTH DAKOTA DENTAL HYGIENIST ASSOCIATION IN SUPPORT OF SENATE BILL NO. 2217

My name is Cal Rolfson. I am an attorney in Bismarck and I represent the North Dakota Dental Hygienists' Association. I am pleased to appear before your committee today to present testimony in support of Senate Bill 2217.

My testimony will briefly review the legal aspects of the Bill along with comments on some of the exhibits attached to my testimony. Following my testimony you will hear from representatives of the North Dakota Dental Hygienists' Association and the Board of Dentistry.

Currently, many people in our state cannot have their teeth cleaned without pain. More often they are our older citizens, although people at all ages can experience such pain. As a result, they either postpone or fail to regularly have this preventative oral hygiene procedure.

Under our current law in North Dakota, a dental hygienist can not give anesthesia (novocaine) to her patients. It is necessary for a dental hygienist to

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interrupt the care of her patient, and for the dentist to interrupt the care his or her patient, in order to give anesthesia to the dental hygienist's patient. This professional musical chairs is disruptive to patients and practitioners alike. Senate Bill 2217 seeks to correct this problem.

Dental hygienists are independently educated and trained. They are also independently licensed by the North Dakota Board of Dental Examiners. Dental hygienists must be employed by a licensed dentist in order to practice dental hygiene in North Dakota. There are currently approximately 490 dental hygienists practicing in North Dakota, along side 350 licensed dentists. A licensed dental hygienist is to be distinguished from a dental assistant who does not require licensure by the Board of Dentistry.

Senate Bill 2217 seeks to correct the disruption that now exists. Under this Bill (line 7), a licensed dentist may (and "may" is the key word) delegate to a dental hygienist licensed by the Board the administration of block and infiltration anesthesia. That means novocaine. This administration of anesthesia must be under the direct supervision of a dentist under the Bill (line 9). "Direct supervision" is defined in the Rules of the Board of Dental Examiners and essentially means that the dentist must be in the office at the time the administration of anesthesia occurs, must diagnose the patient and then order the

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level of anesthesia for each patient.

This administration of anesthesia, under the direct supervision of a dentist, can only be done under this Bill if the dental hygienist completes the necessary education requirements to do that procedure effectively and safely (lines 9 - 11). The educational requirements must be those that are provided by an institution that is accredited by the American Dental Association's Commission on Dental Accreditation (line 10). The Board of Dental Examiners recognizes courses taught at institutions that are accredited by this Commission. In addition to that, any education or continuing education requirements must also be approved by the Board of Dental Examiners - the entity that is established by the Legislative Assembly to regulate the practice of dentistry and dental hygiene (lines 10-11). The Bill also provides that the Board shall adopt rules to implement this section (line 11).

It is important to remember that Senate Bill 2217 is strictly permissive.

Under this Bill dentists who do not wish to delegate this function to their employed, trained and licensed hygienists, need not do so. Those many dentists in North Dakota who do wish to do so, cannot do so now because the law currently does not permit it. This Bill will correct that.

The clear majority of states (31) have laws similar to Senate Bill 2217. All

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of the states surrounding North Dakota allow it, so we are currently an island. In fact, in our surrounding states, Minnesota in particular, they have long allowed dental hygienists to administer not only block and infiltration anesthesia, but also nitrous oxide. I invite your attention to the map attached to my testimony that outlines each state that permits anesthesia by dental hygienists.

The North Dakota Board of Dental Examiners is on record supporting this change. I have attached to my testimony a copy of the September, 2002, minutes of the Board that describes that support.

As I understand it, The North Dakota Dental Association is essentially evenly spit on this issue. You will hear from them today.

The wonderful thing about Senate Bill 2217 is that for those dentists who do not wish to allow their hygienists to do this procedure, they are free to disallow it. However, those dentists who do wish to delegate and direct this function to their trained, educated and Board-approved hygienists, will now have the tools by which to do that. This is truly a "WIN-WIN" for the dentist's practice, for the dentist's patient, and for the dental hygienist's patient.

The triple protection that is provided by Senate Bill 2217 should give comfort to lawmakers, professional dentists and dental hygienists, as well as their patients. This triple protection <u>first</u> requires the employer dentist to approve the

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delegation to the hygienists. Next, it requires the hygienist to have completed educational programs that are approved by those national and state entities that are specifically designed for that purpose. Finally, it allows public and professional input into the regulation process through administrative rules. Also, as you know, there is even a fourth protection, through the Legislative Administrative Rules Committee review of the rules.

On the Senate side, the North Dakota Dental Association proposed some amendments to this Bill. One sought to require in the law a specific minimum number of hours of education to administer anesthesia, thereby asking the legislature to essentially micro manage the practice of dentistry that is now done by your Board of Dental Examiners. Dental Hygienists opposed that concept, believing it would be better to have the Board of Dental Examiners, through the sunlight of public hearings, deal with that issue. The Senate did not agree to add that suggested restriction to the bill.

Secondly, the North Dakota Dental Association also sought to statutorily restrict dental hygienists to administer anesthesia only to those 18 years of age or older. While the dental hygienists think that also asks the Legislative Assembly to micro manage dentistry where the Board is better equipped to deal with that, they have reached an agreement with the Dental Association to not oppose an

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amendment to put that age restriction in the Bill. The Senate chose not to put that in the Bill either, but we maintain our promise not to resist such an amendment if it is brought forward.

While younger patients do not typically have the pain associated with dental hygiene work compared to older patients, there is no evidence of which I am aware that the training provided to dental hygienist is not more than adequate to safely administer anesthesia to younger patients. In addition, under the definition of "direct supervision" currently in the rules, and the permissive word "may" on line 7 of the Engrossed Bill, it is now and will continue to be the dentist that decides whether a particular dose is given to a younger patient. Obviously, the Board can address this issue if such an amendment is not presented or approved by this Committee.

I urge a "do pass" on Senate Bill 2217. Attached to my testimony is also a fact sheet that should provide additional background for you regarding dental hygienists practice. Thank you for this opportunity to appear before you on behalf of the North Dakota Dental Hygienists' Association.

Calvin N. Rolfson Legislative Counsel

North Dakota Dental Hygienists' Association

(Lobbyist No. 144)

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# North Pakota State Poard of Pental Examiners

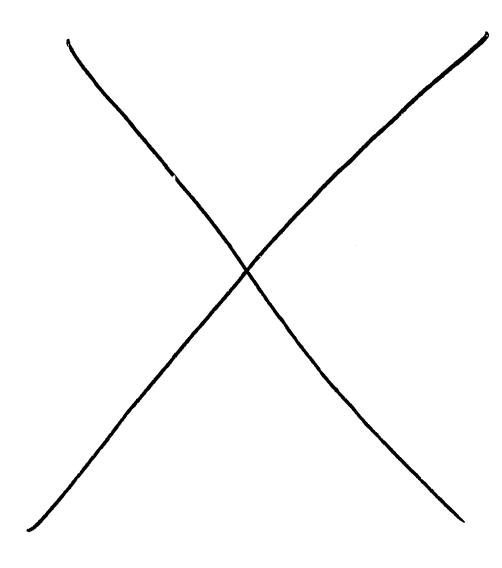
North Dakota State Board of Dental Examiners
Fall Meeting Minutes
Fall Meeting Minutes
Foliay Inn., Minot, ND 58701

#### Call to Order:

The meeting was called to order by President John Fishpaw at 8:40 a.m.

#### Present:

John Fishpaw, President -- Scott Preisier, President-Elect - Joan Pope,
Secretary/Treasurer - Mavis Patchen, Member -- Dale Dohms, Member -- Linda Neppi,
Member -- Sharyi Jacobs, Llaison NDDAA -- Leslie Pfelfle, RDH -- Wayne Mattern, Member
and Executive Director -- Kristin Kenner, DDS, NDDA -- Sue Swanson, NDSCS -- Lucinda
Johnson, NDSCS -- Kim Richter, President-Elect, NDDHA.



#### **ADMINISTRATIVE OFFICE**

P.O. Box 7246 Bismarck, ND 58507-7246 701-258-8600 Fax 701-224-9824

http://www.nddentalboard.org

ndsbde@aptnd.com

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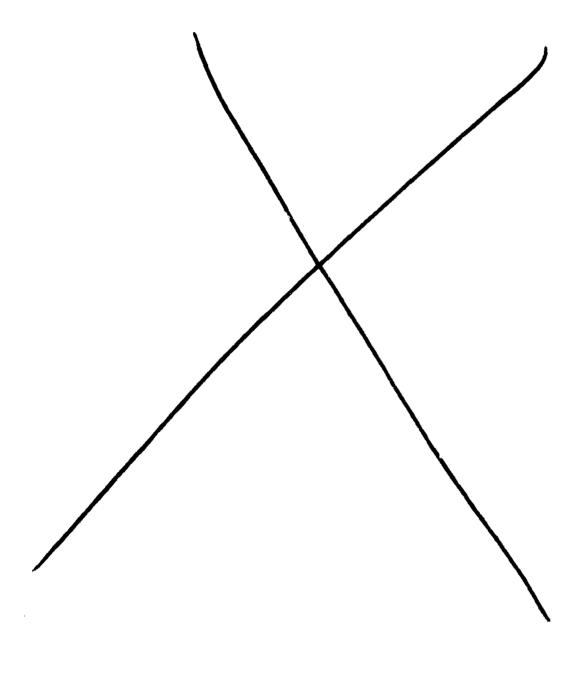
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Local Anesthesia Given by Hygienists:

Armen

Dr. Swanson and Kim Richter each gave a report on why this duty should be allowed for properly trained hygienists. Ms. Neppl, Dr. Preisler and Dr. Mattern gave positive comments regarding the procedure being done by hygienists. Kim Richter's report stated the NDDHA has hired a lobbyist to prepare a bill to be presented in January 2003. Dr. Preisler had discussed the procedure with some Minnesota dentists and all comments were positive. Dr. Mattern reported this would be a plus for the patients. The malpractice premium does not increase in offices were the procedure is provided by hygienists. Motion made by Ms. Patchen, seconded by Dr. Preisler; to support the issue of local anesthetic to be given by hygienists. The vote was 6-1 in favor of supporting this concept. The Executive Committee of the Board will determine the level of support.

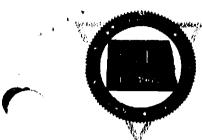


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North
Dakota
Dental
Hygienists'
Association

#### **Dental Hygiene Care In ND**

"Dental hygienists play an important role by being in the community and serving many of the populations in schools, nursing homes, and other institutional programs, as they can be involved in providing preventive oral health care services to those who have difficulty receiving care from other sources."

U.S. Surgeon General, David Satcher, MD, PhD., ADHA Access, Sept. 1998.

#### REGISTERED DENTAL HYGIENIST

 A licensed oral health care professional whose educational, therapeutic, and preventive services limit the extent of cavities and periodontal disease and promote optimal oral health and general wellness.

#### **DENTAL HYGIENE EDUCATION**

- The only college in the state that offers this program
  of study is North Dakota State College of Science,
  which is fully accredited by the Commission on
  Dental Accreditation of the American Dental
  Association.
- The Dental Hyglene program is two years in length with an eight week summer session between the first and second year. Students are provided with classroom, laboratory and clinical experience emphasizing skill development, self-assessment and professionalism. Experience includes clinical experience throughout the curriculum in the NDSCS dental clinic. Students are also offered experience in off campus affiliation sites to enhance their dental hyglene education (V.A. Medical Center, geriatric home, dental specialty practices).
- The program emphasizes the study of basic and dental sciences, including medical emergencies, pharmacology, pathology, preventive medicine, periodontology, nutrition, microbiology, and anatomy and physiology (both of the whole body and also focused on the head and neck area).
- The majority of dental hygienists possess an associate degree, but a number of them have a baccalaureate or higher degree.

#### **DENTAL HYGIENE LICENSE AND PRACTICE**

Dental hygiene is a ilcensed profession. A dental hygienist is eligible for ilcensure after graduating from a nationally accredited educational program and successfully completing a written national board dental hygiene examination, a regional clinical examination, and a state written examination.

- Registered dental hygienists (RDH's) practice according to the laws of the ND Century Code and the rules and regulations established by the North Dakota Board of Dental Examiners.
- Dental hygienists are required to have continuing education to keep their license. The requirements are 16 hours every 2 years, with no more than 3 hours of non-clinical and 5 hours of home-study.

#### **REGULATION OF DENTAL HYGIENISTS**

- The ND Practice Act defines the boundaries of the dental hygienist.
- Current regulations do not provide for the dental hygienist to administer local anesthetic or nitrous oxide.

#### **PRACTICE SETTINGS FOR DENTAL HYGIENISTS**

 The majority of the dental hygiene professionals are employed in private dental practice. Others practice in the armed forces, correctional institutions, hospitals, public health and educational settings.

#### MANPOWER ISSUES AND RESOURCES IN ND

- According to the last count of the North Dakota Board of Dental Examiners, there were 490 dental hygienists and 351 dentists that currently hold a license in ND.
- According to the State Health Workforce Profiles of ND, HRSA states in 1998 ND dentists per 100,000 population was at 42.6, which was below the national average of 48.4. The per capita ratio of RDH's was above the national average.

#### **PREVENTIVE HEALTH FACTS**

- · Oral disease is preventable and not self-limiting.
- Every dollar invested in preventive care saves between \$8 and \$50 of more costly care.
- Lack of oral health has been linked to serious systemic health problems.
- Periodontal disease can aggravate respiratory diseases, complicate diabetes, increase risk of heart disease, attacks and strokes, and the delivery of low-weight, pre-term babies.

For further information, please visit the North Dakota Dental Hygienists' Association website:

www.nddha.org

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#### March 5th, 2003

Madam Chair Price and Members of the Committee,

My name is Kim Richter. I am a Registered Dental Hygienist and also the President of the North Dakota Dental Hygienists' Association. As the initiator of this bill, our board and membership fully support this legislative effort to expand the scope of our Practice Act. We would like to include the delegated duty of administering local anesthesia under the direct supervision of a dentist. This procedure has many benefits. The first is the comfort of our patients. North Dakota's population is aging and is retaining their teeth due to advanced dental care. This increases the likelihood of periodontal disease, also known as gum disease. The dental hygienist routinely provides specialized periodontal treatment called scaling and root planing. This procedure often times requires local anesthesia for the comfort of the patient. Adequate pain control is essential for the thoroughness and success of treatment. Some people can't have their teeth cleaned without anesthesia, thus avoiding treatment that causes greater health problems. Our patient's demand and deserve comfortable dental treatment.

The second benefit is the dental team. The enhanced utilization of dental personnel streamlines how our offices operate. Dental office efficiency is increased which saves time for the dentist, hygienist, and the patient. Interrupted patient care delays and shortchanges the hygienist's patient treatment as well as the dentist's patient. If the hygienist is able to administer anesthesia, as is allowed in our surrounding states, this will decrease the interrupted care of our patients. This will also improve the quality of the care. There are an increasing number of hygienists moving into North Dakota with prior experience in local anesthesia, but due to our restrictive practice act, they are no longer able to use this skill. It is vital that we have reciprocity of licensure from other states. As you all know, this state is facing a significant reduction in the number of dentists. This delegated duty would allow the doctor to spend more time on complex treatment that only they could provide. It also will improve the

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Date

situation for the dentist, hygienist, and the patient and improves comfortable oral healthcare. In talking with other states that allow this duty, there seems to be an added benefit as well. There are some dentists that are utilizing the hygienist to anesthetize their patients that are scheduled for restorative procedures, which includes children. This duty is all ready being safely used in 31 other states, beginning 33 years ago. Dental hygienists have amply demonstrated high safety and successful employment of local anesthesia. According to other state regulatory boards that currently allow local anesthesia by a hygienist, there have been no consumer complaints with respect to this procedure. Malpractice insurance rates are not changed for hygienists that administer anesthesia. The ND Dental Association will be proposing an amendment to this bill to restrict the age limitation to 18 years and over. The Hygiene Association's original position was to oppose this. We feel this bill is well written in its simplest form. The rules and regulations should be decided by the Board of Dental Examiners. There is only one state out of the 31 that has this age restriction. The only difference in administrating anesthesia to children is the dosage or volume of anesthetic is less. The educational requirement will cover pharmacology including dosages, contraindications, and medical emergencies for all patients. There is no basis to place age limitations. This will only restrict access to care in areas where hygienists could provide the most good, in community health settings where the underserved are served. The hygiene association and the dental association have reached an agreement that the educational requirement will be left out of this bill and we will jointly recommend to the Board of Dental Examiners such requirements. The hygiene association will compromise our position on age limitations in order to have the dental associations support of this bill. Due to this informal decision, we will not oppose an amendment even though this is not our original position. After successful completion of a board approved coarse, a registered dental hygienist in North Dakota will be properly and highly educated to perform this duty. I am also providing written testimony from dentists, hygienists, and educational institutions that are in support of this bill. The North Dakota Dental Hygienists' Association encourages you to vote "do pass" for Senate Bill 2217 in its current or amended form.

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Date



## NORTH DAKOTA STATE COLLEGE OF SCIENCE

800 SIXTH ST. N., WAHPETON, ND 58076-0002 . 1-800-342-4325

Mayme Green Allied Health Center • (701) 671-2981 or 2984

Fax: (701) 671-2570 • E-mail: NDSCS.Allied.Health@ndscs.nodak.edu

January 23, 2003

Dear Members of the Legislauve Assembly.

's extreex war and

I am writing this letter in support of Bill # SB2217 on local anesthesia administration by a trained dontal hygienist.

I have been a faculty member at the North Dakota State College of Science Allied Denial Education Department since 1985 and the Department Chair since 1996.

Since some of our graduates chose to work in neighboring states, which allow local anesthesia to be administered/by dental hygienists, we have offered training in local anesthesia since 1996. The department is prepared to continue to offer local anesthesia training to current students and continuing education workshops for licensed dental hygienists in North Dakota. My experience in local anesthesia education would indicate that a 25-30 hour course would provide the educational background to certify a hygienist to competently administer local anesthesia.

There are numerous advantages to the dental patient should this bill be passed. Cutrently the dental hygiene care becomes fragmented or patient comfort may be sacrificed while the hygienist waits for the dentist to administer local anesthesia. There would also be more dentist/patient treatment time by allowing dental hygienists to administer local anesthesia.

The facts are clear that access to dental care, particularly in rural areas in North Dakota, will become increasingly difficult. Passage of this bill will enhance access to comprehensive dental care

I see no disadvantages to a well-trained dental hygienist administering local anesthesia. The safety records of the neighboring states attest to the safe administration of local anesthesia by a dental hygienist.

Please consider this letter of support in passing Bill # SB2217

Sincerely,

Dr. Susan Swanson

Department Chau

Allied Denial Education Department North Dakota State College of Science

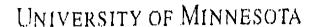
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www.ndscs.noduk.edu

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Twen Cities Campus

Department of Preventive Sciences
Division of Dental Hygiene
School of Dentistry

9-436 Malcolm Maos Health Sciences Tower 315 Delaware Street S.E. Minneapolts, MN 33438-0348 612-623-9121

January 22, 2003

Ms. Judy Lee, Chair Human Services Committee North Dakota State Senate

Madam Chair and Members of the Committee:

I am writing in support of S.B. #2217 allowing dental hygienists to administer local anesthesia. I am a clinical professor in the Division of Dental Hygiene at the University of Minnesota and have developed and taught all of the University local anesthesia courses for dental hygienists since 1996. The student dental hygienist course (24 clinical hours) and the continuing education courses (12 clinical hours) surpass the dental students' course (3 clinical hours). Both dental hygiene courses have been very successful. In addition to teaching local anesthesia, I have conducted research in this area.

Currently, practice acts in more than thirty states allow dental hygienists to administer local anesthesia. Since 1971, research has supported dental hygienists as administrators with a high level of success, safety and positive outcomes to clients and dental practices. My experiences and research demonstrate the same.

Informal assessments have shown significant cost savings (time and infection control items) when the dental hygienist administers the anesthetic rather than waiting for the dentist. In Minnesota, supervising dentists have been very supportive, delegate this pain control method at a high percentage, and frequently ask the dental hygienist to administer anesthesia for the dentists' own clients, including children.

I quote Dr. Stanley Malamed, an expert in the field of anesthesia: "They (dental patients) frequently comment on the lack of discomfort when the dental hygienists injects the local anesthetic," Because we devote many hours to precise technique and administer slowly, we often hear the same comments.

Dental hygienists are providing local anesthesia safely and effectively to clients. With escalating costs of health care, we know it is essential to provide an efficient health care delivery system. The public deserves this. It is time for North Dakota dental hygienists to assist in this goal and become administrators of local anesthesia. Please vote "Yes" for SB 2217.

Respectfully,

Jeanne M. Anderson, RDH, BS

Deanne M. anderson

Clinical Professor

Division of Dental Hygienc

University of Minnesota

ander006@umn.edu

612-625-4146

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10/2/103

TI WATE

#### Eric E. Stafne, D.D.S., M.S.D. University of Minnesota School of Dentistry

Health and Human Services Committee North Dakota

RE: SB2217-Administration of Local Anesthesia by Dental Hygienists
Committee Chair Judy Lee:

I am writing to strongly encourage passage of legislation to allow dental hygienists in North Dakota to administer local anesthesia.

At the present time, the Dental Hygiene School at the University of Minnesota is providing more didactic and clinical experiences in local anesthesia than are presented in the DDS program.

Excellent courses are providing educational and clinical experiences for practicing hygienists who want to become certified to provide local anesthesia.

Hygienists definitely should be allowed to administer local anesthesia.

Roadblocks in the legislation should not make it difficult or impossible to implement this procedure. It would be best to have the Board of Dental Examiners approve the

educational requirements.

Bottom line is that local anesthesia by the dental hygienist improves patient care.

Eric E. Stafne, D.D.S. Division of Periodontics University of Minnesota School of Dentistry

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Operator's Signature

A COLUMNIA TO

Craig E. Rothfusz, DDS 7 West Caledonia Ave. Hillsboro, ND 58009

1-6-03

Dear Legislative Assembly,

Please know that as a dentist licensed in North Dakota I am in favor of Registered Dental Hygienists (RDHs) administering local anesthesia under the direct supervision of a dentist. This would be beneficial to me as a dentist and to the patients I treat if I were able to delegate this duty to the RDH.

Currently I have to make room in my own schedule to give injections so that the RDH may comfortably perform the given duties of scaling and root planing. This would lessen my schedule and allow me to see more patients in a day. Many times a patient moves from the hygiene chair to my operatory for restorative work. If the hygienist could administer local anesthesia before escorting the patient to my operatory this again would save time and allow me to see more patients.

Please consider this legislation as a benefit to the people of North Dakota as we face a shortage in dental health care workers in the coming years.

Sincerely?

Craig E. Rothfusz, DDS

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Maria de Maria

103 Date December 30, 2002

To the Legislative Assembly:

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My name is Dr. Marlin Meharry, DDS. I have been practicing dentistry for 23 years. I have practiced with and without an RDH and have practiced with those that can administer anesthesia and those that cannot (example ND). For those of us dentists that pay more attention to periodontics, it is very helpful for our hygienists to be able to administer local anesthesia. They are fully capable to do so and I support this and would like to see our hygienists in North Dakota be able to administer local anesthesia.

Sincerely,

Marlin Meharry, DDS

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10/2/103





"Excellence With A Gentle Touch"

JAMES A. NELSON, D.D.S.

December 26, 2002

Dear Legislative Assembly,

I am in support of a new law that would allow Registered Dental Hygienists to administer local anesthesia. I would be able to focus more on the treatment and care of my patients without the interruption of a hygiene patient that is in need of anesthetic for periodontal scaling and root planing treatment.

As you are probably well aware of the shortage of dentists in North Dakota, this law would allow all dentists to care for more patients and spend more time with the patients. I feel that the four hygienists who work for me are highly qualified and very capable of administering anesthesia to our patients. Thank you for your time and consideration of this bill.

Sincerely,

90

Japas A. Nelson, DDS

Kirkwood Family Dentistry, PC

740 Kirkwood Mall • Bismarck, North Dakota 58504 (701) 222-GRIN (4746) Fax 701-222-1783

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Operator's Signature





19 December 2002

Dear Legislative Assembly,

As members of a busy, growing dental practice, we state our support for the local anesthesia bill which would allow hygienists in our state to administer local anesthesia. It is no secret that our state is currently facing a shortage of dental practitioners. This places a burden on current practitioners to meet a huge need for dental care in the state. With proper training, hygienists, under direct supervision of the dentist, should be allowed to administer local anesthesia. This would increase the overall efficiency of the dental office and allow more patients to be served. Please give this bill your utmost consideration.

Sincerely,

The Prairie Rose Family Dentists

Bradley King DDS.

Mark Persson DDS

Sidney Schmidt DDS.

Allson Fallgatter DDS

121 E Front Ave. • Bismarck, ND 58504 • 223-1194 • 1-800-223-1582

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## TROLLWOOD VILLAGE

December 19,2002

Members of the Legislative Assembly:

I am writing to give my support to the legislative bill that would allow dental hygienists to administer local anesthetic, and am encouraging you to vote for this bill.

To expand the scope of practice for dental hygienists would allow the dentist to focus on more complex needs of patients. This also would improve office efficiency, thus allowing more patients to be seen. It is important to note that this expanded function for dental hygienists in neighboring states is already implemented. To have this ability in North Dakota too would make our state more competitive in attracting prospective dental hygienists.

Respectfully,

Micahel P. Joyce DDS

MICHAEL P. JOYCE, DDS, PC

44

3101 North Broadway • Fargo, North Dakota 58102 • 701-237-3517 • 800-204-2093

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Operator's Signature

10/2/103



## Charles B. Klemz, DDS

3101 North Broadway • Fargo, ND 58102 701-237-3517 • 800-204-2093

December 19,2002

Members of the Legislative Assembly:

I am writing to give my support to the legislative bill that would allow dental hygienists to administer local anesthetic, and am encouraging you to vote for this bill.

To expand the scope of practice for dental hygienists would allow the dentist to focus on more complex needs of patients. This also would improve office efficiency, thus allowing more patients to be seen. It is important to note that this expanded function for dental hygienists in neighboring states is already implemented. To have this ability in North Dakota too would make our state more competitive in attracting prospective dental hygienists.

Respectfully,

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141



520 Main Avenue Main at Broadway – Sulte 705 Fargo, North Dakota 58124 (701) 237-4341

January 6, 2003

To the attention of the Legislative Assembly,

I am writing to voice my support for the local anesthesia bill allowing hygienists to administrate local anesthesia. As a practicing dentist in North Dakota for the last twenty-eight years it is time such a bill to be passed. Those hygienists who have completed an approved course and are under direct supervision of a dentist would be licensed to utilize anesthesia. There is little doubt that this bill would be safe for patients and increase the efficiency in my office. In my twenty-eight years of practice, I have not experienced one truly adverse reaction to a local anesthetic. Anesthetics used now are more effective than in my early years of practice, and less is needed to achieve the desired result. I would be very please to see this bill become law in North Dakota.

Respectfully,

Dr. Ron McClure

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10/2/103

Manie Lu

302 2nd Avenue SW Jamestown North Dakota 58401

December 18, 2002

Legislative Assembly State Capitol Bismarck North Dakota 58501

Legislative Assembly:

I am writing in support of the North Dakota Dental Hygienist's Association's efforts to have legislation passed which would allow a dental hygienist to administer local anesthesia under the direct supervision of a dentist. Our state is seeing a decline in the number of practicing dentists. Allowing hygienists to perform local anesthesia would free up more time for dentists to focus on more demanding patient procedures and to see more patients. This would greatly increase office efficiency and ultimately have a positive impact on the access to care issue.

North Dakota is the only state in our immediate region that has yet to pass this legislation. The NDDHA has been waiting and preparing for the day when it will be a reality here. I employ three hygienists in my dental practice. I will encourage all of them to take the training required to be able to perform this procedure.

Sincerely,

Dr. EU A. Am

Dr. Edward A. Anderson

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Operator's Signature

10/21/03

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#### To the Senators on the Health and Human Services Committee:

My name is Leslie Pfeifle. I am a registered dental hygienist. I have been certified to administer local anesthetic since 1979. Hive and have worked in North Dakota but for the past eight years I have been working in Minnesota. In that state auxiliary trained in expanded functions are encouraged to use all their skills.

In the office where I work I administer local anesthetic routinely throughout the day, not only on my patients but also for the dentist's patients of all ages. There has never been a negative incident when I have administered. Throughout the United States there are no reported negative incidents when the dental hygienist has administered local anesthetic. The insurance companies do not raise their malpractice premiums for either the dentist or the dental hygienist if she is performing this function in the office.

There are two advantages for the office when the dental hygienist may administer local anesthetic: 1) The hygienist can administer local anesthetic for her own patient and not interrupt the schedule of the dentist to administer the anesthetic for her. This keeps the office efficient because neither the hygienist's patient has to wait for the doctor, nor does the doctor's patient have to wait while he sees the hygienist's patient. This is more cost efficient for the dental office.

2) The hygienist can administer local anesthetic to the dentist's patient so that patient doesn't have to wait. This also keeps the office efficient because the dentist doesn't have to first administer the anesthetic and then wait for the anesthetic to take effect.

My training in local anesthesia is comparable to that of the dentist. Dental hygienists are required to successfully pass a state/regional board exam proving our skills.

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4

The results I get from an injection are the same as if the dentists gives it.

The patients report that they have minimal discomfort and are numb.

These are the results you wish to accomplish from an injection of local anesthetic.

The state of North Dakota faces a significant access to care issue. This rule change would benefit the patients the most because it allows the hygienist to perform a function that would save time for the dentist and patient, improving the capacity of the office by allowing more patients to be seen. By delegating local anesthetic to the dental hygienist it would allow the dentist to focus on more complex patient concerns which will facilitate increased office efficiency and productivity.

It works in our office every day. The dentist appreciates the service I can provide, and I am happy to be of service to the dentist, the patient, and the staff. It is a win-win-win situation. If it works in all but two of the states west of the Mississippi River, it should work in North Dakota, too.

Respectfully submitted,

Leslie Pfeifle RDH, BSDH

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Dunn Dall Sth

Good Morning Madam Chairman, Distinguished Senators, Colleagues and Visitors:

Mail an

My name is Cathy Cornell and I am a 1974 graduate of North Dakota College of Science and have been licensed as a Registered Dental Hygienist for twenty-nine years in both North Dakota and Minnesota. Twenty-eight of those years I have practiced in North Dakota.

In the 1980s I served on the North Dakota Board of Dental Examiners for five years. At that time I also began a nineteen year term as a clinical dental hygiene examiner for Central Regional Dental Testing Service, Inc., a regional dental and dental hygiene testing service which administers clinical examinations for dentists and dental hygienists wishing to become licensed in any of the twelve member states. (North Dakota, South Dakota, Minnesota, Wisconsin, Illinois, Missouri, Iowa, Nebraska, Kansas, Colorado, Wyoming and Washington.) Of these twelve member states, North Dakota is currently the only state that does not allow dental hygienists to administer local anesthesia, yet the clinical examination that each potential dental hygiene licensee must successfully complete is same regardless where they were educated or where they were going to practice.

In addition to successfully completing the regional clinical examination, dental hygienists also take and must pass a written National Board Examination which tests their knowledge of all aspects of dental hygiene curriculum including anatomy & physiology, chemistry, microbiology, pharmacology, pathology, oral pathology, nutrition, radiology and treatment planning including medical considerations.

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It is only after successfully completion of both the National Board Examinations and the regional clinical examination, can a dental hygienist apply to the State Board of Dental Examiners in the state that they wish to become licensed to practice.

North Dakota has had mandatory continuing education for dentists and dental hygienists since the mid-1980's. This allows practitioners to keep current on all subjects related to dentistry and dental hygiene including the latest medical news that relates to the client's dental health and treatment. In addition, all dental hygienists and dentists must be current in certification for cardiopulmonary resuscitation (CPR).

The North Dakota Board of Dental Examiners determines and sets all education requirements for ALL duties currently delegated to dental hygienists and dental assistants in the Rules and Regulations section, which is NOT part of the Dental Practice Act. This is important, as educational standards do change over time and the Board of Dental Examiners can then make changes in the Rules and Regulations as needed, without having to take it back to the Legislature. This keeps the Dental Practice Act uniform.

The local anesthesia courses include courses in pharmacology, contraindications and medical interventions. States that have long-permitted this duty to dental hygienists have reported no problems with hygienists administering local anesthesia, reaffirming that local anesthesia administered by dental hygienists is a safe procedure. Without restrictions, dental hygienists can be most effective in not just private dental offices, but also in community dental health clinics where they can donate their time to serve those who do not have access to dental care.

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North Dakota dental hygienists are qualified to administer local anesthesia by basis of their education, rigid testing of didactic and clinical skills and continuing education.

I urge you to vote yes to SB2217 and increase dental access to care. Thank you.

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10/21/03

Date

**Human Services Committee** 

Testimony for SB2217

Madam Chair, & Members of the Human Services Committee,

Thank you for considering my testimony. I am a dental hygienist that graduated from the North Dakota State College of Science in 1973 and has been continually licensed since then. In addition I have been licensed in the state of Minnesota since March of 1999, when I moved to Minneapolis. In May of 2000 I had the opportunity take a Minnesota Board of Dentistry approved course to provide local anesthesia to my patients. After successfully completing this course I have been administering local anesthesia to my patients on almost a daily basis. I have had the opportunity to use this skill in both a general practice setting and a specialty practice and find that it is invaluable to all my patients. The patients no longer have to wait for a dentist to come in to do the procedure so time is used much more efficiently.

The Board of Dental Examiners will set forth standards to make sure the education is adequate to provide this duty.

Respectfully submitted, Cynthia Fretland, RDH

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Operator's Signature

19/3/103

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An in the co

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In the 1980s I served on the North Dakota Board of Dental Examiners for five years. At that time I also began a nineteen year term as a clinical dental hygiene examiner for Central Regional Dental Testing Service, Inc., a regional dental and dental hygiene testing service which administers clinical examinations for dentists and dental hygienists wishing to become licensed in any of the twelve member states. (North Dakota, South Dakota, Minnesota, Wisconsin, Illinois, Missouri, Iowa, Nebraska, Kansas, Colorado, Wyoming and Washington.) Of these twelve member states, North Dakota is currently the only state that does not allow dental hygienists to administer local anesthesia, yet the clinical examination that each potential dental hygiene licensee must successfully complete is same regardless where they were educated or where they were going to practice.

In addition to successfully completing the regional clinical examination, dental hygienists also take and must pass a written National Board Examination which tests their knowledge of all aspects of dental hygiene curriculum including anatomy & physiology, chemistry, microbiology, pharmacology, pathology, oral pathology, nutrition, radiology and treatment planning (including medical considerations).

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North Dakota dental hygienists are qualified to administer local anesthesia by basis of their education, rigid testing of didactic and clinical skills and continuing education.

I urge you to vote yes to SB2217 and increase access to dental care. Thank you.

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January 26, 2003

State of North Dakota
Human Services Committee

My name is Tamra Hellman. I am a clinical dental hygienist practicing in Bismarck, North Dakota. I am writing with regard to the proposed bill of the administration of local anesthesia by a dental hygienist under indirect supervision of a dentist.

For ten years I have been a practicing clinical hygienist and I am certified to administer local anesthesia in one of the 31 states that permits local anesthesia by a dental hygienist. Within the dental hygiene curriculum I took one semester or three credit hours of pharmacology and anesthesia, which would equal to approximately 20 hours.

About 4 years ago I moved to North Dakota and suddenly I could no longer anesthetize patients because it was not legal although I had been anesthetizing patients successfully for several years! My feeling is that dental hygienists in every state should be taught to administer local anesthesia because:

- 1. Provides more efficient use of time.
- Relieves stress of having the dentist leave a procedure to anesthetize a dental hygiene patient.
- 3. Benefits patient to more thorough treatment as well as quality of treatment depending on that patient's treatment needs.

In my experience local anesthesia has been routinely a necessary part of treatment. This would be a positive step in making North Dakota equal with neighboring states that have made this expanded function possible to the dental profession.

Sincerely,

Tamra Hellman RDH

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Dunne Bollis It

12/2/103

T White

To: North Dakota Legislative Assembly

2/26/2003

From: Verna Brownell RDH 371 Napa Loop Bismarck, ND

Re: Testimony in favor of SB 2217

I have been a dental hygienist for thirty two years and as a result of following my husband's career I have been licensed in eleven states. During this time I have been endorsed to administer local anesthesia in three states. I believe the ability to administer local anesthesia to my patients allowed me the opportunity to deliver the highest quality of care in a timely fashion. With my educational background I believe I was very qualified and competent in my knowledge and ability to deliver local anesthesia. I can honestly say that every dentist that employed me was very appreciative of my ability to independently deliver the highest quality of care to our patients. The change in North Dakota's practice act will very clearly benefit the patients we serve, as I have seen this in the other states I have been licensed.

Respectfully;

Verna Brownell RDH

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Demma Dalla

### Eric E. Stafne, D.D.S., M.S.D. University of Minnesota School of Dentistry

North Dakota House of Representatives Human Services Committee

RE: SB2217-Administration of Local Anesthesia by Dental Hygienists

Madame Chair and Distinguished Committee Members:

I am writing to strongly encourage passage of legislation to allow dental hygienists in North Dakota to administer local anesthesia.

At the present time, the Dental Hygiene School at the University of Minnesota is providing more didactic and clinical experiences in local anesthesia than are presented in the DDS program.

Excellent courses are providing educational and clinical experiences for practicing hygienists who want to become certified to provide local anesthesia.

Hygienists definitely should be allowed to administer local anesthesia.

Roadblocks in the legislation should not make it difficult or impossible to implement this procedure. It would be best to have the Board of Dental Examiners approve the educational requirements.

Bottom line is that local anesthesia by the dental hygienist improves patient care.

Eric E. Stafne, D.D.S. 612-626-0440 stafn001@umn.edu Division of Periodontics University of Minnesota School of Dentistry

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Operator's Signature

North Dakota House of Representatives Human Services Committee

Testimony for SB2217

Madam Chair, & Members of the Human Services Committee,

Thank you for considering my testimony. I am a dental hygienist that graduated from the North Dakota State College of Science in 1973 and has been continually licensed since then. In addition I have been licensed in the state of Minnesota since March of 1999, when I moved to Minneapolis. In May of 2000 I had the opportunity take a Minnesota Board of Dentistry approved course to provide local anesthesia to my patients. After successfully completing this course I have been administering local anesthesia to my patients on almost a daily basis. I have had the opportunity to use this skill in both a general practice setting and a specialty practice and find that it is invaluable to all my patients. The patients no longer have to wait for a dentist to come in to do the procedure so time is used much more efficiently.

The Board of Dental Examiners will set forth standards to make sure the education is adequate to provide this duty.

Respectfully submitted, Cynthia Fretland, RDH

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Your Best Choice

January 31, 2003

**Monday** 

Dear Members of the North Dakota Legislative Assembly,

We, the dentists at Valley Dental Group, are writing to you in support of allowing the administration of local anesthesia by dental hygienists in North Dakota. We are a multi-specialty fee-for-service dental group practice located in a suburb of Minneapolis, Minnesota.

When the state of Minnesota passed the law that allowed dental hygienists to administer local anesthesia seven years ago, our office was one of the first to pursue training for our dental hygienists. We wanted them all trained as quickly as possible, so we contracted with the University of South Dakota Dental Hygiene program to send their staff to our office to train our hygienists that are certified. We trained twelve hygienists then, and currently employ 17 hygienists. Being skilled in administering local anesthesia is one of our priorities when we hire dental hygienists.

This has been a great asset to our practice in many ways. Our hygienists are able to make our patients comfortable during procedures that require anesthesia with out interrupting the dentist and his/her patient. This has been a tremendous time-saver for the dentist and the patients. It also enhances continuity of care. In addition, if the dentist is seeing the patient after the hygienist, the hygienist can anesthetize the patient for the doctor; which is another time saver for the patient and the doctor. We have had no adverse incidents from anesthesia delivered by a hygienist.

We at Valley Dental Group support the North Dakota Dental Hygienists Association in their pursuit for administration of local anesthesia as an expanded function. We believe it will benefit your constituents as much as it has the people of Minnesota.

Sincerely,

40

Drs. Brlan T. Evensen, Sandra S. Fenske, Hugh E. Norsted, Janet G. Parsons

7501 GOLDEN VALLEY ROAD, GOLDEN VALLEY, MINNESOTA 55427-3563 763/544-2213 FAX: 763/541-1758

WWW.VALLEYDENTAL.COM WEGARE@VALLEYDENTAL.COM

ACCREDITED BY ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE, INC.

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North Dakota Legislature c/o Kim Richter President of the North Dakota Dental Hygiene Association 5226 18<sup>th</sup> St. South Fargo, ND 58104

Re: Local anesthesia administration by Registered Dental Hygienists

Dear North Dakota Legislators,

I would like this letter to serve as a recommendation for legislation being considered to expand the scope of practice for Registered Dental Hygienists in your state to include the administration of local anesthesia and N2O2. I have practiced for 25 years in Long Prairie, Minnesota and have found this expanded function to be a very valuable asset to my practice without compromising patient safety or care. In the 5 years it has been in place in my office, I have never had a complaint or injury as a result of it's use. I recommend this expanded function for Registered Dental Hygienists in North Dakota without reservation for your consideration.

Sincerely,

William H. Peterson, DDS

917 1st Ave. S.E.

Long Prairie, Mn 56347

320-732-3005

24124

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10/21/03

Date

## Testimony for SB 2217

和游台山

Local Anesthesia Administration by Registered Dental Hygienists

### Madam Chairman and Members of the House Human Services Committee,

My name is Lori Beckius. I am a Registered Dental Hygienist who lives and works in North Dakota. I am in favor of bill SB 2217 which will allow Registered Dental Hygienists to administer local anesthesia to patients of any age under the supervision of a dentist.

Registered Dental Hygienists have been administering local anesthesia to patients in 33 states- some of which have permitted it for over 30 years. As a 1980 graduate of North Dakota State College of Science, I was prepared to perform this function since it was included as part of the curriculum for dental hygienists. However, I have not been able to utilize it in ND during my 23 years of practice. Currently, ND is the only state in the Midwest that does not allow this expanded function.

Allowing Registered Dental Hygienists to perform this expanded function will benefit the patient and dental learn. It will improve patient comfort during specialized dental hygiene procedures, resulting in better quality of care. Office efficiency and productivity are increased when the dental hygienist administers local anesthesia. While the dentist concentrates on more complex restorative procedures or is performing an examination, the dental hygienist can be injecting anesthesia on the dentists' or dental hygienists' patients. Increasing office efficiency equals more patients seen which ultimately improves access to care.

Registered Dental Hygienists are qualified to perform local anesthesia based on the comprehensive education they receive when graduating from an accredited program. Courses include: chemistry, anatomy and physiology, pharmacology, microbiology, pathology, periodontology, radiology, medical office emergencies and

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several other science related subjects. Dental hygienists also must pass three board examinations: state, regional and national to be licensed. Additionally, dental hygienists must attend continuing education courses annually and be currently certified in CPR to receive license renewal:

Because of the comprehensive education they receive, local anesthesia has been performed safely by Registered Dental Hygienists since 1971 on dental patients of all ages without incident. It is important to note that malpractice insurance rates do not increase when administering local anesthesia because of the high rate of safety and low rate of incidence.

The regulatory board for dentistry, the North Dakota Board of Dental Examiners is a body designed to determine criteria and specific requirements if necessary. It is important to note that they support this bill without restrictions. In this case, restrictions are not necessary since the delegation of this function to dental hygienists is left to the control and professional judgement of the dentist. It is optional, not mandatory, to allow or disallow it in his/her practice.

This bill is a perfect bill. Allowing dental hygienists to perform local anesthesia without restrictions is safe, beneficial to patients and the public, an augmentation to the dental team, and will increase access to care in ND.

Respectfully,

Lori Beckius, RDH

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### To the Representatives on the House Human Services Committee:

My name is Leslie Pfeifle. I am a Registered Dental Hygienist. I have been certified to administer local anesthesia since 1979. I live and have worked in ND, but for the past eight years I have been working in Minnesota. In Minnesota, dental professionals certified in expanded functions are encouraged to use all of their skills.

In the office where I work, I routinely give anesthetic to my patients, the patients of two other dental hygienists, and the dentist's patients, at his request. Because my training in local anesthesia is comparable to that of the dentist, the results I get from an injection are the same as if the dentist gives it. The patients report that they have minimal discomfort and are numb. These are the results you wish to accomplish from a local anesthesia injection. I have administered injections of local anesthetic to preschoolers, senior citizens and all ages in between. There has not been a negative incident when I have administered anesthetic.

I have been on several mission trips where my primary function was screening and triage. I would determine which tooth or teeth were in need of immediate treatment and then inject the area for the dentist. Our last mission trip to Peru was like most of the others in which over 100 patients were seen daily. The patients varied in age from three to eighty-three. I was responsible for seeing all of these patients first and administering anesthetic. Again, there was never a problem with the anesthetic for any of the patients, regardless of age.

Allowing dental hygienists to administer local anesthesia is safe on patients of any age. Dental hygienists are required to successfully pass state, regional, and national board exams to prove our knowledge and skills. Throughout the nation, there have been no reported negative incidents with dental hygienists injecting local anesthesia. Insurance companies do not raise their malpractice premiums for either the dentist or dental hygienist if the dental hygienist is performing this function.

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The state of North Dakota faces a significant access to care issue. Considering the declining population of dentists in North Dakota, it is important that dental offices make themselves as efficient as possible in dealing with the issue of access to care. Delegating local anesthesia to the dental hygienist increases office productivity and efficiency. Allowing dental hygienists to administer local anesthesia provides two advantages to the office: 1) The hygienist can administer local anesthetic for her own patient and not interrupt the schedule of the dentist.

2) The hygienist can administer local anesthetic to the dentist's patient. In both cases, neither the hygienist's or dentist's patient is kept waiting. This keeps the office cost efficient, saves

There is a possibility that an amendment with restrictions on age could be proposed to this bill. This amendment is not the will of all dentists in ND; in fact, it is not the will of the majority. The desire of less than a majority of dentists would limit all dentists in North Dakota who could use the skills of a Registered Dental Hygienist certified in local anesthesia administration. This bill does not mandate that a dentist allow a dental hygienist to give injections, but it does allow for the dentist to delegate this function if he/she so desires. A restriction on age would definitely affect the efficiency of our schedule in the office where I work.

time, and improves the capacity of the office by allowing more patients to be seen.

Local anesthesia administration by dental hygienists works in our office every day. The dentist appreciates the service I can provide, and I am happy to be of service to the dentist, the patient, and the staff. It is a win-win-win situation. If it works in all but two of the states west of the Mississippi River, it should work in North Dakota, too.

Respectfully submitted,

Leslie Pfeifle, RDH, BSDH

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10/21/03

Date



# North Bakota State Board of Bental Examiners

March 5, 2003

Madame Chairperson and members of the committee:

My name is Wayne Mattern and I am currently serving as executive director and board member for the North Dakota State Board of Dental Examiners.

I am here today to speak in favor of SB No. 2217. The N.D. Board of Dentistry has reviewed the issue for a good number of years. In all the evaluations completed the findings have always been similar. That is if a properly trained Dental Hygienist is allowed to administer local anesthesia, the consumer is the beneficiary. The Board has considered whether malpractice insurance for the dental office increases if the procedure is allowed. In no case has the premium increased. The reports from the Insurance Companies indicate they consider the risk to be equal for hygienist or dentist.

Statements and letters from neighboring states provide no negative comments and again list the benefits to the patients.

In addition the Dental Board does feel patient access to care will be improved if SB 2217 is passed. The Dentist will, if he or she so chooses, be able to delegate the duty which at this time may only be provided by a Dentist. The long term effect should be the ability for a dentist to treat more people each week. (Good for the consumer and the Dental Team.)

At the September 2002 meeting of the Dental Board, the vote to support this concept was 6-1 in favor. The Board has not seen any evidence that this Bill would in

### **ADMINISTRATIVE OFFICE**

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any way be harmful to the dental patient. The group felt that the Bill will result in increased communication for the Dental Team and subsequently a stronger Team. (Good

In conclusion, I thank you for your attention. I strongly urge a do pass on SB 2217 and I would be happy to answer any questions.

for all concerned.)

Wayne A. Mattern 1714 N. 9<sup>th</sup>
Bismarck, ND
223-1474

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# Dakota Dental Health Center

601 - 18th Ave. SE • Minot, ND 58701

Phone 701-852-4755

5 March 2003

Madame Chairperson and members of the committee,

My name is John Fishpaw and I practice general dentistry in Minot. I am also currently a member of and am the immediate past- president of the North Dakota State Board of Dental Examiners.

I rise to support SB 2217. As stated in Dr. Mattern's testimony, the Board of Dental Examiners spent many months and countless hours researching this concept, finally voting 6-1 in favor. Furthermore, at our last meeting on the 23 Jan 03, we voted 5-0 to keep the bill in its simplest form, to quote the minutes: "to support the concept of local anesthetic and keep the legislation to a minimum, not emphasize education, CE requirements, age limitations and leave these areas for the Board's determination."

Your State Dental Board consists of 7 competent individuals, 5 of whom are dentists. Please allow these individuals to do the research and hear the testimony by which appropriate parameters can be determined. By utilizing the rules process, as future needs dictate, changes can be made in a more judicious manner without involving the legislature. I staunchly support SB 2217 without amendments.

Thankyou,

John A. Fishpaw 2501 Brookside Dr. Minot 852-4756

> John A. Fishpaw, D.D.S. • Douglas T. Bengson, D.D.S. • Marvin D. Hoffman, D.D.S. • Ronald E. Solberg, D.D.S. Committed to Excellence in General Dentistry

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12/103

March 5, 2003

Dall Charles

Testimony before Senate Human Services Committee Fort Union Room Representative Clara Sue Price, Chairman

#### Senate Bill 2217

Madame Chairman, Committee members, guests. My name is Ron Seeley. I am from Williston. I am currently the President of the North Dakota Dental Association (NDDA). I am here to speak against SB 2217 in it's current form, and to offer an amendment to SB 2217 which would allow me and the NDDA to support SB 2217.

The whole idea behind SB 2217 is to allow hygienists to administer local anesthesia (LA) for their patients. This can make the dental office run more efficiently, as the dentist will not have to deglove, re-glove, give LA for the hygienist, de-glove, re-glove, return to his/her patient. However, in 22 years of practice I have <u>NEVER</u> had to give LA for my hygienist to a minor. They just are not yet periodontal patients, even if they have been very negligent in their care. They are just not candidates for LA in the hygiene setting.

Children are not a predictable lot. Sometimes they are comfortable, sometimes they are anxious, sometimes they look comfortable when they are quite anxious. The most stressful thing I do in my practice every day is give LA to children. They can appear to be just fine, and then they will have an unwanted reaction the minute they either "see" the needle or when you first begin administering the LA. Hands come up, heads turn, bodies squirm. This can lead to very unwanted results. To best prevent these unwanted results, we always have a dental assistant chair side. Her job is to control the movement of hands, arms and body, to keep them out of harms way. My job is to monitor the head area and determine if the procedure can be completed safely. Hygienists work alone. They do not have that extra set of trained hands and eyes, to help them complete an already stressful procedure. It would not be efficient use of staff to put an assistant with the hygienist,

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either. In the clinical dental school experience, the only place dental students use assistants, and they are required to use them, is in the Pedo (children's) department. There are very good reasons for that, and I have enumerated some of them already.

The letter from Minnesota that hygiene students are better trained than dental students is just not accurate. They could only be talking about the actual classroom hours spent preparing to administer LA. And the reason hygiene students MIGHT have more classroom training than dental students is quite simple. They come into the program with less background to prepare them for giving LA than a dental student. Hygiene students have 1 year of undergraduate training before hygiene school. Dental students have 4. Hygiene students have, at best, 1 additional year of full classroom study before their clinical experience begins. Dental students have 2. Once on the clinic floor, hygiene students have a little more than 1 year of clinical experience, almost NONE of which involves giving LA to patients. Dental students have 2 full years of clinical experience, almost ALL of which include giving LA to patients.

In my research of this issue, I have spoken with several members of the Commission on Dental Accreditation (CODA). They are the body who must accredit all dental education programs. And, any program not accredited will most likely be closed, if the program is not changed to meet accreditation standards. CODA accredits dental schools, hygiene schools, dental assistant schools, and post graduate programs in all dental professions. I spoke first with CODA Chairman, Dr. Dennis McTigue, Dean of the dental school at Ohio State. Dr. McTigue directed me to Karen Hart, director of CODA, in Chicago, and Dr. Pam Overman, chairman of "Accreditation Standards for Dental Hygiene Programs" in Kansas City. Dr. Overman is Assistant Dean of Academic Affairs at the University of Missouri, K.C. Dental School. She is in charge of a dental hygiene program there, and she has taught the local anesthetic course there and many 3 to 5 day local anesthetic courses in the continuing education department. Ms. Hart told me that any current accreditation would not include a LA program if the state the program resides in does not allow LA by law. So,

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the LA program currently in place at Wahpeton has not yet been a part of their accreditation process and has not yet included administering LA to patients. Dr. Overman told me she does not know of a dental hygiene school that teaches local anesthetic in any form except adult LA. She said (and I quote): "It is simply not taught, because it is out of the scope of their practice." I spoke with Dr. Susan Swanson, director of the hygiene school in Wahpeton. She confirmed to me that the LA course currently taught at Wahpeton is an adult LA course only, and is taught because of our proximity to states like Minn. and S.D. who have legal administration of LA for hygienists.

From all the information I have gathered it seems quite reasonable to limit the administration of LA by hygienists to adults. In fact, to do otherwise would not be in the best interests of our patients and your constituents, the citizens of North Dakota.

In the past, this issue has been one of great contention between the NDDA and the state's hygienists. This year both parties have worked hard to find common ground on which to agree for the passage of SB 2217. Kim Richter, President of the North Dakota Hygiene Association, and I have talked at some length lately to try to reach a compromise that would allow us to move forward and work together in support of the delegation of LA to hygienists. To reach some reasonable training guidelines in conjunction with Dr. Swanson and the hygiene school in Wahpeton and the Board of Dental Examiners, it is important to pass SB 2217 with our proposed amendment. Ms. Richter is very comfortable with this amendment, and it would go a long way in showing good faith on our two parts for the future, if you passed SB 2217 with the amendment we are proposing today.

Thank you for your time today. I will try to answer any questions you may have on my testimony.

Ron J. Seeley, D.D.S., President North Dakota Dental Association

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Prepared by Joseph J. Cichy

## PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2217

Page 1, line 7, after "dentist" insert "for patients eighteen (18) years old and older"

Renumber Accordingly

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