

AMERICAN DENTAL EDUCATION ASSOCIATION

# STATEUPDATE

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## Governor of Maine Signs Dental Hygiene Therapy Bill Into Law

On April 28, Gov. Paul LePage (R-ME) signed into law [L.D. 1230](#), "*An Act to Improve Access to Oral Health Care*," thereby creating the role of dental hygiene therapist in the State of Maine. The bill passed with bipartisan support. The new law authorizes dental hygiene therapists to perform both preventive and routine restorative dental care under the supervision of a licensed dentist in the State of Maine.

L.D. 1230 was originally introduced during the 2013 legislative session but failed to pass the Maine Senate. As a result, the bill was carried over to the current legislative session for consideration. In the current session, the bill was sponsored by the Speaker of the House, Mark Eves (D-ME), and co-sponsored by 42 members of the State legislature, including Reps. Anne-Marie Mastraccio (D-ME) and Heather W. Sirocki (R-ME), both of whom are dental hygienists.

The following are brief excerpts from the law (using the language and terminology of the law) which delineate the supervision, scope of practice and educational requirements to become and practice as a licensed dental hygiene therapist in the State of Maine:

### Supervision

A dental hygiene therapist may practice only under the direct supervision of a dentist who is licensed in Maine. The new law refers to this individual as "the supervising dentist." In addition, a written practice agreement is required which must be signed by both the dental hygiene therapist and the supervising dentist. The written practice agreement must include the following elements (this list is not exhaustive):

- The services and procedures and the practice settings for those services and procedures that the dental hygiene therapist may provide, together with any limitations on those services and procedures;
- Protocols for administering and dispensing medications, including the specific circumstances under which medications may be administered and dispensed; and
- Criteria for providing care to patients with specific medical conditions or complex medical histories, including requirements for consultation prior to initiating care.

### Scope of Practice

A dental hygiene therapist may provide the care and services listed below only under the direct supervision of a dentist licensed in Maine (this list is not exhaustive):

- Perform oral health assessments, pulpal disease assessments for primary and young teeth, simple cavity preparations and restorations and simple extractions;
- Prepare and place stainless steel crowns and aesthetic anterior crowns for primary incisors and prepare, place and remove space maintainers; and
- Conduct urgent management of dental trauma, perform suturing and extract primary teeth and perform nonsurgical extractions of periodontally diseased permanent teeth if authorized in advance by the supervising dentist;

Upon completion of 2,000 hours of supervised clinical practice, a dental hygiene therapist may provide services within their scope of practice under the direct supervision of a dentist licensed in Maine in certain settings such as hospitals, public schools, clinics and federally qualified health centers licensed in Maine.

## Licensure and Educational Requirements

To qualify for licensure as a dental hygiene therapist, a person must pay the application fee, complete the appropriate forms and demonstrate to the Maine Board of Dental Examiners ([Board](#)) that the applicant:

- Possess a valid license to practice dental hygiene or independent practice dental hygiene or qualifies for licensure to practice by endorsement;
- Has successfully completed a dental hygiene therapy education program;
- Has been awarded a Bachelor of Science degree in dental hygiene. Note: in order to meet this requirement, an applicant must hold at least an associate degree in dental hygiene before entering a dental hygiene therapy education program, which may be completed concurrently or consecutively with a Bachelor of Science degree in dental hygiene;
- Has passed a comprehensive, competency-based clinical examination approved by the Board and administered independently by an institution providing dental hygiene therapy education and has passed an examination of the applicant's knowledge of Maine laws and rules relating to the practice of dentistry; and
- Has completed 2,000 hours of supervised clinical practice under the supervision of a licensed dentist.

The Board has until January 1, 2015 to adopt rules establishing requirements for the dental hygiene therapy education program. Also, the Board has the option to approve a dental hygiene therapy education program until an education program has been accredited by the Commission on Dental Accreditation (CODA) or a successor organization. ADEA prepared a [memo](#) that provides additional details regarding the newly enacted law.

## Rhode Island Debates Public Health Dental Hygienists

Reps. Joseph M. McNamara (D-RI) and K. Joseph Shekarchi (D-RI) have introduced [H7984](#). The bill authorizes the practice of public health dental hygienists. According to the bill language, a public health dental hygienist may practice in a public health setting without the supervision or direction of a dentist. A written collaborative agreement is required between the hygienist and a state/local government agency, institution or dentist outlining the appropriate level of communication and consultation between the parties.

The bill also defines public health settings to include the following (this list is not exhaustive): schools, nursing homes, hospitals, community health centers and mobile and portable dental health programs. Additionally, the bill provides that public health dental hygienists shall be directly reimbursed for services administered in a public health setting by Medicaid or the state health care insurance program. However, in certain instances the bill text allows for a third-party payor.

On April 16, the bill was heard by the House Committee on Health, Education, and Welfare. The committee has recommended that the measure be held for further study.

## Ohio Bill Filed to Add Dentistry to Existing State Scholarship Program

On April 8, Sen. Joe Uecker (R-OH) filed [S.B. 327](#). The bill has been referred to the Senate Commerce & Labor Committee for further consideration. Thus far, four senators have joined as co-sponsors of the bill. S.B. 327 would expand the [Choose Ohio First Scholarship Program](#) by adding dentistry to the existing list of qualifying fields. Currently the program focuses on recruiting students to study in the fields of science, technology, engineering, mathematics and medicine (STEMM). However, with the passage of this bill, dentistry would be added to the list.

The Choose Ohio First Scholarship Program provides funding for state colleges and universities to develop initiatives to recruit and retain more Ohio students into STEM fields. Specifically, the funding colleges and universities receive is used to offer scholarships to current and potential students.

Additionally, S.B. 327 doubles the current capacity of the Ohio Dentist Loan Repayment Program ([ODLRP](#)). The ODLRP is fully funded through dentist licensing fees, and a provision in S.B. 327 increases the portion of each fee that will be allocated to the ODLRP.

The legislation increases the number of dental hygienists that can practice under the supervision of a dentist from three to four and allows dental hygienists, dental assistants and expanded function dental auxiliaries to provide certain services when the dentist is not physically present. According to the bill, a dental assistant and expanded function dental auxiliary may perform the following when the supervising dentist is not present (this list is not exhaustive): the re-cementation of temporary crowns; the application of fluoride varnish, topical fluoride and desensitizing agents; and caries susceptibility testing.

S.B. 327 also establishes a temporary workgroup to study the issue of Medicaid payment rates for dental services and requires the workgroup to submit a report to the governor and general assembly by December 31, 2014.

"There have been 84 parts of our state identified as 'Dental Shortage Areas,' making it difficult for Ohioans in those regions to have access to quality dental services we know are so important to overall health," said Sen. Uecker. "What we are doing through this bill is to streamline access to dental care by addressing multiple barriers that result in the current shortage."

A companion bill, [H.B. 463](#), has been filed by Rep. Terry Johnson, D.O., (R-OH) and referred to the Committee on Health and Aging for consideration. H.B. 463 is co-sponsored by 26 members of the Ohio House of Representatives.

### **FDA Releases Proposed Rules for E-Cigarettes**

Despite decades of efforts to reduce tobacco use, it continues to be the leading cause of preventable disease and death in the United States, according to information provided by the U.S. Food and Drug Administration ([FDA](#)). To address this public health problem, the FDA proposed a new rule that would extend the agency's tobacco authority to cover additional tobacco products that meet the definition of a tobacco product under the [proposed rule](#): Tobacco Products Deemed To Be Subject to the Food, Drug & Cosmetic Act.

Currently, the FDA regulates cigarettes, cigarette tobacco, roll-your-own tobacco and smokeless tobacco. However, the proposed rule would expand this list. Tobacco products that would be deemed subject to FDA regulation would include electronic cigarettes, cigars, pipe tobacco, nicotine gels, waterpipe (or hookah) tobacco and dissolvables currently not under the authority of the FDA.

Once the proposed rule becomes final, the FDA will be able to use regulatory tools, such as age restrictions and rigorous scientific review of new tobacco products and claims to reduce tobacco-related disease and death.

The FDA is now accepting public comment on the proposed rule until July 9, 2014. Comments may be submitted through the Federal eRulemaking Portal at [www.regulations.gov](http://www.regulations.gov).

## State Policy Updates

- Indiana

[H.B. 1061](#) was signed into law on March 24 by Gov. Mike Pence (R-IN). Under the new law, dental hygienists may practice under the prescriptive supervision of a licensed dentist in the following locations: dental offices, clinical settings, health facilities or other locations approved by the State Board of Dentistry. Under the definition of prescriptive supervision, a licensed dentist is not required to be physically present in the facility when patient care is provided by the dental hygienist if the following conditions are met:

- The dental hygienist has completed at least two years of active practice as a dental hygienist under the direct supervision of a licensed dentist;
- A licensed dentist has:
  - in a dental office setting, provided the patient with a comprehensive oral examination and any appropriate care in the previous seven months, issued written authority for the care to be provided in a dental office and notified the patient that the licensed dentist will not be present when the dental hygienist is providing the patient care; or
  - in a setting other than a dental office, provided the patient with a comprehensive oral examination and issued to the patient, on the same day, a written prescription that is valid for 45 days; and
- The patient has provided a current medical history.

- Michigan

On April 7, Gov. Rick Snyder (R-MI) signed [H.B. 4865](#). The new law requires mobile dental facilities to establish relationships with local area dentists to ensure patients are referred for proper follow-up dental procedures and improved treatment. Owners of these facilities must apply for a permit through the Department of Community Health. The bill also defines appropriate equipment and supplies for a mobile dental facility.

“Good dental health contributes to good overall health. Children and seniors are among our most vulnerable residents and they are also the most common customers of mobile dental facilities,” Gov. Snyder said. “Raising the quality of care delivered by these facilities will help ensure all Michiganders receive the services needed to live healthy lives.”

## Reports of Interest

- **The U.S. Preventive Services Task Force (USPSTF)** released a final [recommendation statement](#) on the prevention of dental caries in children from birth through five years of age. The USPSTF recommended the following: (1) that primary care clinicians prescribe oral fluoride supplementation starting at six months of age for children whose water supply is deficient in fluoride, and (2) that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption. In addition, the USPSTF concluded that the current evidence is insufficient to assess the balance of benefits and harms of routine screening examinations for dental caries performed by primary care clinicians in children from birth to five years of age.
- **The Joint Committee on Higher Education’s Subcommittee on Student Loan and Debt** within the General Court of the Commonwealth of Massachusetts issued a [report](#) finding that the

primary driver of student loans is the considerable cost for attending a college or university, coupled with decreased federal and state support. In addition, the report cites the gross lack of financial literacy and understanding by students and their families about what student loans are and how best to pay for college. With 66% of Massachusetts students taking out loans to pay for college, the Commonwealth ranks 12<sup>th</sup> in the nation for number of students carrying debt. Nationally, the total amount of student loan debt has tripled in the past decade and currently stands at about \$1.2 trillion. According to a [press release](#) issued by Sen. Eileen M. Donoghue (D-MA), Senate Chair of the Subcommittee on Student Loans and Debt, student loan debt has been the only type of consumer debt to rise during the Great Recession and is now the second largest form of household debt behind home mortgages.

In its report, the subcommittee limited its recommendations to ideas that can be proposed and implemented at the state level. Recommendations include (this list is not exhaustive):

- Decreasing the time it takes to earn a degree by making advanced placement course credit equally valuable for public and private colleges and promoting transfer agreements,
- Expanding financial literacy for all Massachusetts students by requiring institutions of higher learning to uniformly describe financial aid information,
- Advancing student loan forgiveness programs, and
- Regulating for-profit schools by limiting state-based funds used by for-profit schools to classroom instruction.

The report will be given to the full committee on higher education, which will decide if any legislation should be written.

“As higher education becomes increasingly expensive, we see all too often how students and families struggle with high costs and considerable debt,” said Sen. Donoghue (D-MA). “Meaningfully reforming student debt will require a joint effort from every stakeholder, including students and their families, our institutions of higher learning, employers in our knowledge-based economy and our elected officials on the state and federal level. But it is critical that we work together now before the crisis gets any worse.”

- **The Center on Budget and Policy Priorities** released a [report](#) finding that over the past year, most states have started restoring some of the cuts they made to higher education funding after the recession hit. However, eight states are still cutting funding and in almost all states, including those that have boosted their support, higher education funding remains well below pre-recession levels. According to the report, the large funding cuts have led to both steep tuition increases and spending cuts that may diminish the quality of education available to students at a time when a highly educated workforce is more crucial than ever to the nation’s economic future. Specifically, after adjusting for inflation, the report noted the following:
  - 48 states—all except Alaska and North Dakota—are spending less per student than they did before the recession.
  - The average state is spending \$2,026, or 23% less per student than before the recession.
  - Per-student funding in Arizona, Louisiana and South Carolina is down by more than 40% since the start of the recession (Louisiana is among the eight states that continued to cut funding over the past year).
  - Wyoming, West Virginia, Louisiana, Wisconsin and North Carolina cut funding the most over the past year. Of these, all but Wyoming have cut per-student funding by more than 20% since the recession hit.

- **The Centers for Disease Control and Prevention** released a [study](#) finding that the number of calls to poison centers involving e-cigarette liquids containing nicotine rose from one per month in September 2010 to 215 per month in February 2014. The number of calls per month involving conventional cigarettes did not show a similar increase during the same time period. More than half (51.1%) of the calls to poison centers due to e-cigarettes involved young children under age five, and about 42% of the poison calls involved people age 20 and older. The most common adverse health effects mentioned in e-cigarette calls were vomiting, nausea and eye irritation.

### ADEA State Advocacy Toolkit

ADEA has recently developed a [State Advocacy Toolkit](#), enabling ADEA members to more effectively advocate for dental education and dental and craniofacial research.

The importance of being an advocate for academic dentistry and dental and craniofacial research cannot be overstated. Getting involved is crucial—programs and funding that affect you and your institution are at stake. As leaders in the field of oral health care and dental and craniofacial research, you can help shape policy and impact funding that will affect your institution.

There are numerous points in the legislative process at which you can provide input. It is a fact that most legislators know very little about oral health care in general or about the connection of good oral health to good systemic health. Furthermore, they probably know very little about cutting-edge dental and craniofacial research, which has enabled doctors to detect certain cancers. As experts in the field, be it at the allied, predoctoral, doctoral or advanced dental education level, your input is invaluable and carries a lot of weight in the legislative process. By establishing yourself as a resource for information and establishing a relationship, you are improving your access to the policymaker. Keep in mind, as issues that affect you come before legislators, it is much easier to have the ear of a friend than a stranger!

ADEA has developed this state advocacy toolkit to better equip you to become an advocate. Resources have been assembled to provide you with information so you can effectively interface with your state legislators about funding and programs that affect you and your institution.

The toolkit contains the following information:

- An overview of state legislatures (composition, meeting frequency, etc.),
- How a bill becomes law,
- How to identify your state legislator,
- How to effectively communicate with state legislators, and
- Tips on hosting a site visit at your institution for a state legislator.

Additionally, you will have valuable local data at your fingertips as you advocate for dental education and dental and craniofacial research. The new toolkit provides data such as Title VII funding organized by grantee and NIDCR grants organized by institution. Additionally, information on state student loan repayment programs and alternative workforce models is available.

Finally, there is also a link to the ethics and lobby laws for each state.

We trust you will make good use of the advocacy toolkit; as President John F. Kennedy stated, "One person can make a difference, and everyone should try."

## ADEA United States Interactive Legislative Tracking Map

Introduced in 2013, the [ADEA United States Interactive Legislative Tracking Map](#) provides access to the most up-to-date information on state legislation of interest to academic dentistry. Users can view the current status of bills, including upcoming hearing dates, as well as current bill text and bill author/sponsor information. Additionally, the interactive map features a new dropdown menu, allowing even easier access to critical state legislation.

Map users can quickly monitor high-interest topics, such as student loan repayment programs, higher education funding, alternative workforce models, teledentistry, interprofessional education, tobacco regulations, children's dental benefits under CHIP/Medicaid and adult dental benefits under Medicaid. By using the dropdown menu, users can view relevant legislation in a list format or as an interactive infographic of a U.S. map, with states that have pending legislation related to the selected topic highlighted in blue. This feature provides users with an instant visual landscape of what topics states and regions of the country are interested in, especially hot-button issues.

The map is a helpful tool not only for those in the dental education community, but also for state legislative directors, Medicaid directors, dental directors, policy analysts and national organizations with an interest in oral health care.

## ADEA AGR Twitter Account

For additional information on issues affecting academic dentistry and dental and craniofacial research in Congress, federal agencies and state legislatures, **please follow ADEA Advocacy and Government Relations on Twitter at [ADEAAGR](#)**; there is much to "tweet" about.

## ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Fellowship

Dental school faculty members or administrators who want to interface with members of Congress on issues of importance to oral health are encouraged to apply for the *ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Fellowship*. The fellow selected spends three months in Washington, D.C., working on issues and policies that could make a difference in the life of every American. This public policy fellowship coincides with congressional consideration of the federal budget and other legislative and regulatory activities important to dental education and research. The fellow functions as an ADEA Policy Center staff member who works within the AGR portfolio on ADEA's specific legislative priorities.

The fellow's responsibilities may include drafting policy, legislative language, position papers and testimony; educating members of Congress and other decision makers on matters of importance to dental education; and participating in gatherings of various national coalitions. The fellow receives a taxable stipend of \$15,000 to cover travel and expenses for approximately three months (cumulative) in Washington, D.C. (ADEA is flexible in the arrangement of time away from the fellow's institution.) The fellow's institution continues to provide salary support for the duration of the experience. Since its inception in 1985, the ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Fellowship has been generously underwritten by Sunstar Americas, Inc. Interested candidates should apply as soon as possible.

## ADEA/Sunstar Americas, Inc./Jack Bresch Student Legislative Internship

The *ADEA/Sunstar Americas, Inc./Jack Bresch Student Legislative Internship* is a six-week, stipend-supported internship in the Advocacy and Governmental Relations portfolio of the ADEA Policy Center (ADEA AGR) in Washington, D.C. This student legislative internship provides a unique learning experience for **predoctoral, allied and advanced dental students, residents and fellows**. It is

designed to encourage students to learn about and eventually—as dental professionals—to become involved in, the federal legislative process and the formulation of public policy as it relates to academic dentistry. It is open to any predoctoral, allied or advanced dental student resident or fellow who is interested in learning about and contributing to the formulation of federal public policy with regard to dental education, dental research and the oral health of the nation. Funded through the generous support of Sunstar Americas, Inc., the student intern will be a member of the ADEA AGR staff and will participate in congressional meetings on Capitol Hill, coalition meetings and policy discussions among the ADEA Legislative Advisory Committee (ADEA LAC) and ADEA AGR staff.

An applicant must be a full-time predoctoral, allied or advanced dental student, resident or fellow whose institution is willing to work with the student to identify an appropriate time, consisting of six weeks, during the school year to pursue the internship. **For additional information, please email Yvonne Knight, J.D., ADEA Senior Vice President for Advocacy and Governmental Relations, at [KnightY@ADEA.org](mailto:KnightY@ADEA.org).** Applications are accepted on a year-round basis.

The ADEA Policy Center publishes the *ADEA State Update* monthly. Its purpose is to keep ADEA members abreast of state issues and events of interest to the academic dental and research communities.

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