

Committee on Health Coverage, Insurance and Financial Services

February 6, 2024

LD 2137 An Act to Join the Dentist and Dental Hygiene Compact

Good Morning Senator Bailey and Representative Perry and members of the Committee on Health Coverage, Insurance and Financial Services.

My name is Bonnie Vaughan RDH, IPDH, MEd, MBA and I have more than 30 years experience in Maine in the oral health field. My experience includes dental hygiene education, private practice and many years in dental public health. Currently I am Executive Director of a nonprofit dental center in Augusta, Kennebec Valley Family Dentistry. Our mission is to serve the underserved residents of the greater Kennebec County area.

I'm here to support LD 2137 An Act to Join the Dentist and Dental Hygienist Compact. Maine needs more dental providers. Being part of this Compact would make it easier for currently licensed dentists and hygienists from other Compact states to apply for licensure in Maine. According to the DDH website there are 12 states with legislation pending and 4 states that have currently enacted this Compact agreement.

MDHA recently did a survey that showed 65% of respondents were looking for hygienists. We have 2 Dental Hygiene programs in Maine one at UMA & one UNE but that still doesn't provide us with enough hygienists. In our dental center our hygienists are booked out 12 months and our dentists are booked out 5 months. Currently with limited staff we have to limit the number of new patients we see. Our focus is on children and emergencies for both children and adults. There are 4 other community safety net dental centers in the Maine Oral Health Centers Alliance, and all are short staffed and are limiting dental services.

We do want to thank the Legislature for passing many oral health bills that have expanded the scope of practice for dental hygienists in Maine. Maine is one **of only three states that allow the full scope of DH practice in the United States.** In addition to private practice hygienists we have Public Health Authority, Independent Practice Authority and Dental Hygiene Therapy Authority. We see these additions to the scope of practice as significant and positive incentives to bring more hygienists to Maine.

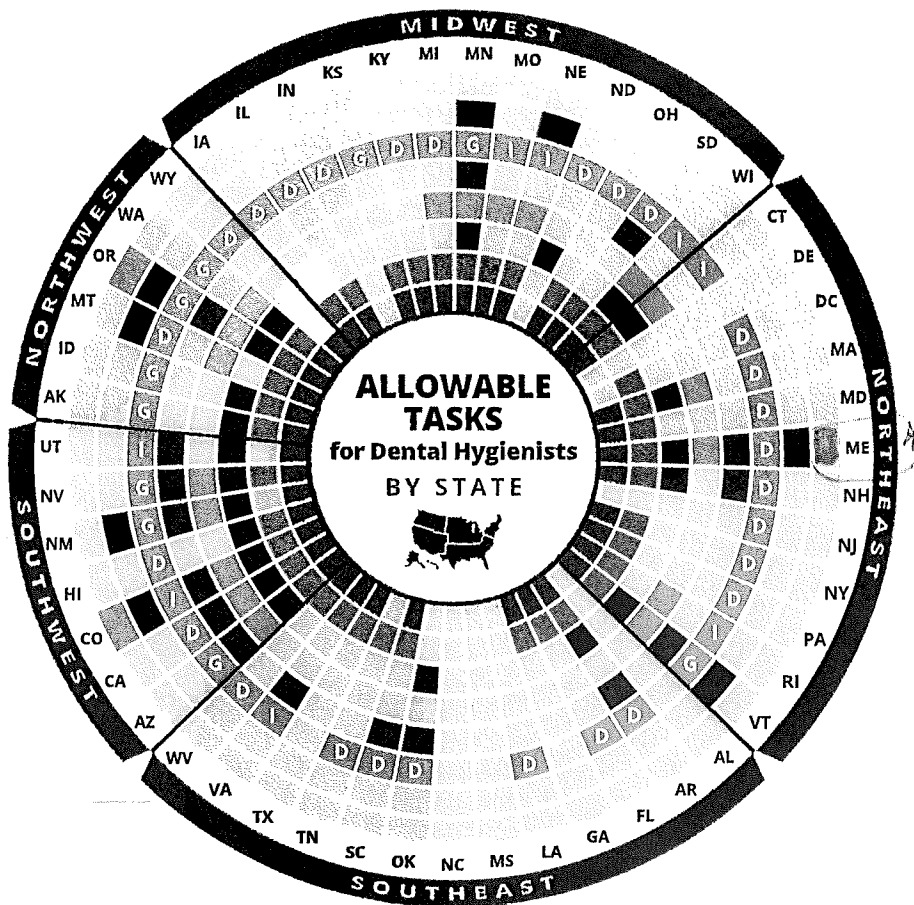
The Legislature has also expanded the Adult Dental Benefit which has encouraged more Maine Care patients to seek oral health care, but we need many more providers to meet this need.

I would encourage you to pass LD 2137 and thank you for your time and interest and helping us meet the dental health needs of all our Maine residents.

I would be glad to answer any of your questions and attend your work session.

Sincerely Bonnie Vaughan RDH, IPDH, Med, MBA, Cumberland Maine,
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Variation in Dental Hygiene Scope of Practice by State



The purpose of this graphic is to help planners, policymakers, and others understand differences in legal scope of practice across states, particularly in public health settings.

Research has shown that a broader scope of practice for dental hygienists is positively and significantly associated with improved oral health outcomes in a state's population.^{1,2}

- Dental Hygiene Diagnosis
- Prescriptive Authority
- Local Anesthesia
- Direct Indirect General
- Supervision of Dental Assistants
- Direct Medicaid Reimbursement
- Dental Hygiene Treatment Planning
- Provision of Sealants
- Direct Access to Prophylaxis
- Not Allowed / No Law

Dental Hygiene Diagnosis

The identification of oral conditions for which treatment falls within the dental hygiene scope of practice, as part of a dental hygiene treatment plan.

Prescriptive Authority

The ability to prescribe, administer, and dispense fluoride, topical medications, and chlorhexidine.

Local Anesthesia

The administration of local anesthesia.

LEVEL OF SUPERVISION

- Direct:** The dentist is required to be physically present during the administration of local anesthesia by the dental hygienist.
- Indirect:** The dentist is required to be on the premises during the administration of local anesthesia by the dental hygienist.
- General:** The dentist is required to authorize the administration of local anesthesia by the dental hygienist but is not required to be on the premises during the procedure.

Supervision of Dental Assistants

The ability to supervise dental assistants when performing tasks within the dental hygiene scope of practice.

Direct Medicaid Reimbursement

The direct Medicaid reimbursement of dental hygiene services to the dental hygienist.

Dental Hygiene Treatment Planning

The ability of a dental hygienist to assess oral conditions and formulate treatment plans for services within the dental hygiene scope of practice.

Provision of Sealants Without Prior Examination

The ability of a dental hygienist working in a public health setting to provide sealants without prior examination by a dentist.

Direct Access to Prophylaxis from a Dental Hygienist

The ability of a dental hygienist working in a public health setting to provide prophylaxis without prior examination by a dentist.

Not Allowed / No Law

Sources: 1. Langelier M, Baker B, Continelli T. *Development of a New Dental Hygiene Professional Practice Index by State*. 2016. Rensselaer, NY: Oral Health Workforce Research Center, Center for Health Workforce Studies, School of Public Health, SUNY Albany; November 2016. 2. Langelier M, Continelli T, Moore J, Baker B, Surdu S. Expanded Scopes of Practice for Dental Hygienists Associated With Improved Oral Health Outcomes for Adults. *Health Affairs*. 2016;35(12):2207-2215.

http://www.oralhealthworkforce.org/wp-content/uploads/2017/03/OHWRC_Dental_Hygiene_Scope_of_Practice_2016.pdf

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This graphic describes the highest level of practice available to a dental hygienist in a state, including dental hygiene therapy. The graphic is for informational purposes only and scope of practice is subject to change. Contact the applicable dental board or your attorney for specific legal advice.



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