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Testimony of Representative Nicole Grohoski
In Support of LD 1457, *An Act to Improve Access to Dental Hygiene by Authorizing Dental Hygienists to Perform Dental Hygiene Diagnosis*

Before the Committee on Health Coverage, Insurance and Financial Services
27 April 2021

Good morning Senator Sanborn, Representative Tepler and members of the Committee on Health Coverage, Insurance and Financial Services. I am Nicole Grohoski, and I represent the communities of Ellsworth and Trenton in the Maine House. I appreciate the opportunity to speak in support of LD 1457*, An Act to Improve Access to Dental Hygiene by Authorizing Dental Hygienists to Perform Dental Hygiene Diagnosis.*

I'd like to start by thanking your committee analyst for helping me sort out drafting errors, which have been corrected in the amendment she has circulated in advance of the hearing. My testimony pertains to that amendment.

There are two specific changes this bill seeks to make to the scope of practice for hygienists:

1. Add "dental hygiene diagnosis" to the scope for dental hygienists, independent practice dental hygienists, and public health dental hygienists.
2. For dental hygienists only, move the administration of local anesthesia from being directly supervised by a dentist to being generally supervised by a dentist. Local anesthesia can only be administered by dental hygienists and faculty dental hygienists who have the authority to administer it according to the licensure qualifications in statute (Title 32, §18345).

The first is a common sense change. As written, " 'dental hygiene diagnosis' means the identification of an existing oral health problem that a dental hygienist is qualified and licensed to treat." If hygienists actively treat a specific problem, they probably take notice of what exactly they're treating in order to do it effectively. It would follow logically that they would also be capable of identifying such a problem outright. Beyond that logic, hygienists are specifically trained in nationally-accredited schools to diagnose and then treat certain oral health problems that are within their scope. In fact, "dental hygiene diagnosis" is defined identically in

this bill as in the Commission on Dental Accreditation (CODA) dental hygiene education standards.[1]

I recently had my teeth x-rayed at a routine visit to the dentist's office. My hygienist looked at the x-rays and identified a pre-cavity area on a tooth. We discussed how I could change my chocolate nibbling habits (exacerbated by Zoom meetings) to help prevent decay and she also recommended a special prescription toothpaste. The dentist later stopped by for a quick check-in and agreed with the hygienist's assessment… aka, diagnosis. I'm sure that the dentist would have seen the same issue on the x-ray had the hygienist not pointed it out, but it was helpful to have more time to discuss which of my habits had changed and how to address the problem than a quick check-in affords. It is a better use of the dentist's time to focus on more complex diagnoses that are outside of the hygienist's training scope.

A few years back, I had a serious issue with gum recession that was ultimately corrected by grafting. It was my hygienist who identified the issue, not my dentist. I don't think this circumstance was the result of anything but the fact that the hygienist spends an hour with me in the chair and the dentist spends two to three minutes. Hygienists who identify, or diagnose, such issues bring them to the attention of dentists -- that's part of the job.

The second change would increase the level of care that patients could receive when the dentist is out of the office. Local anesthesia is necessary to provide a reasonable standard of care for some tasks that hygienists are authorized to do. They are very well trained to administer local anesthesia, as you will learn from later testimony, and they have been administering it successfully in Maine since 1997. Ten states allow dental hygienists to perform local anesthesia under general dentist supervision with no issue.

These changes to the scope of practice for dental hygienists will help more Mainers safely access oral health care and improve our oral health outcomes. The Maine CDC reported that from 2011-2016 for adults aged 20-64 years who have at least one tooth, that the average number of teeth was 25.5. Do you know how many teeth you should have, if your wisdom teeth are removed? 28. Think of how many people must be missing more than three teeth in order to average with those of us who are lucky to have all of our teeth! Two percent of Maine adults in this age range have no teeth at all.[2] Fortunately, these numbers improved since the 1999-2004 time period, but we must do better. We need every person working in the oral health field in Maine to be working at their fully trained potential, especially those working in our underserved and rural areas.

I respectfully ask this committee to support this bill as amended and not delay with a stakeholder group whose members will debate, based on their own self-interests, what is already clearly laid out in the educational standards of the nationally-accredited institutions that train dental hygienists.

Thank you all for listening attentively to my testimony in support of LD 1457. I would be happy to answer any questions.

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[1] https://mymembership.adha.org/images/pdf/Dental%20Hygiene%20Diagnosis_White_Paper.pdf
[2] https://www.cdc.gov/oralhealth/publications/OHSR-2019-edentulism-tooth-retention.html