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TESTIMONY OF

PENNY VAILLANCOURT, EXECUTIVE DIRECTOR
MAINE BOARD OF DENTAL PRACTICE

IN OPPOSITION TO 1457

“An Act to Improve Access to Dental Hygiene by
Authorizing Dental Hygienists to Perform Dental Hygiene Diagnosis”

Sponsored by Representative Grohoski

BEFORE THE JOINT STANDING COMMITTEE ON
HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

April 27, 2021 10:00 A.M.

Good morning Senator Sanborn, Representative Tepler, and Members of the Committee. My name is Penny Vaillancourt and I am the Executive Director of the Maine Board of Dental Practice. Thank you for the opportunity to provide testimony on LD 1457, as presented today with amended language.

The Board of Dental Practice (“the Board”) is a professional licensing board affiliated with the Department of Professional and Financial Regulation (“the DPFR”), and its sole purpose is to protect the public health and welfare of Maine citizens. The Board accomplishes this mission by ensuring that the public is served by competent and honest practitioners through its licensure process, conducting investigations into allegations of unprofessional conduct and imposing sanctions when deemed appropriate.

The Board is opposed to the bill for two primary reasons. First, the recommended changes to the levels of supervision are inconsistent with recommendations that were subject to significant stakeholder participation over the past few years. The Board has worked closely with the committee to ensure that any changes to the Dental Practice Act be vetted using a stakeholder process. The proposed changes identified in this bill would benefit from such a collaboration.

Second, public protection. The Board is mandated with protecting the public and it does that in part by identifying standards when a dental professional is administering local anesthesia, nitrous oxide analgesia and other sedation medication to address patient pain and anxiety during a dental procedure.

The Board enforces those standards when at the conclusion of an investigation, it makes a determination that potential or actual harm to a patient occurs when administering or utilizing such medications without taking the proper precautions. Patients presenting with complex medical histories and/or underlying conditions in even the most controlled practice settings can result in adverse reactions requiring immediate emergency medical attention. The Board receives reports of adverse events and receives consumer complaints regarding such procedures and has taken immediate action to protect the public.

If a change in the level of supervision from direct to general for a dental hygienist to administer local anesthesia and nitrous oxide analgesia is an appropriate expansion of practice, then the Board urges the committee to allow it to convene a stakeholder group to collect that information and report out recommended changes to that end. Recommended changes to a scope of practice, such as a level of supervision in a particular practice area, deserves the work necessary to ensure the committee is well informed to make such a significant policy decision.

Similarly, the Board respectfully asks that before the committee accepts a request to bring forward changes to the dental hygiene scope of practice to include the introduction of the term “dental hygiene diagnosis” that it has the same opportunity to reconvene a stakeholder group to do the necessary work to best inform such policy decisions. As noted in earlier legislative efforts, the Board is committed to doing the work in a collaborative manner.

Again, thank you for the opportunity to comment. I would be happy to answer any questions now or at work session.