

**Testimony
Dental Services Study
Health Services Committee
July 31, 2013**

Good morning Chairman Lee and members of the Health Services Committee. I am Dana Schmit, president-elect of the North Dakota Dental Hygienists' Association (NDDHA). We represent 184 hygienists in the state of North Dakota. We are currently in the process of surveying both member and nonmember dental hygienists in the state to assess their thoughts on expanded functions and new delivery models in North Dakota and to gather useful information on current employment status. We feel strongly that the access to oral health care issue in our state needs to be discussed among all groups of dental professionals and policy makers and strategies to help resolve the issues need to be found and implemented.

The ND State Board of Dental Examiners reports indicate there were 372 active dental licenses and 518 active dental hygiene licenses in state in 2012, and those numbers have continued to grow. There is currently a surplus of dental hygienists in ND and many of them are unable to find employment. Dental hygienists can be used to help address many of these access issues with some slight changes in our current laws and rules. While hygienists have the ability to provide oral health education, perform prophylaxis (cleanings), deliver preventive treatments such as fluorides and sealants, and inform patients of the current health status; we are unable to diagnose or perform any restorative procedures. In many states Dental Hygienists hold expanded or restorative functions. With proper training from an accredited college the hygienist has the opportunity to take additional courses to learn how to place temporary fillings and in some cases permanent amalgam fillings.

With the expansion of our scope of practice and a better defined collaborative practice, dental hygienists in ND can make an impact on the oral health, overall health and oral health literacy of our underserved populations; but we remain unable to restore any teeth. All models that can help the underserved populations need to be fully researched and evaluated for use in ND. The NDDHA offers our assistance to the Committee to help

research new models, and to continue to help gather information from ND dental hygienists that will be helpful to you in making the best decisions to improve access to oral health care for ND. We also welcome the opportunity to work with the ND Board of Dental Examiners, the ND Dental Association and the ND Dental Assistants Association to assist the committee.

There is an abundance of good information on oral health access and treatment needs and workforce issues that has been collected by the Oral Health Program of the ND Department of Health, Medicaid data from the Department of Human Services and studies commissioned by foundations such as the Otto Bremer Foundation. This information can be analyzed to determine the areas of greatest need and the disparities that exist, and used as a foundation for determining strategies to meet these needs. We urge the Committee to look for any gaps in this data that may be critical to determining what is best for our state. While there are many possible solutions, we urge the Committee to look at each solution and ask:

- Will this strategy improve access for the low-income and underserved?
- Will it improve access for the Medicaid population?
- Will it improve access for the rural and frontier populations where dentists are few and far between?
- Will it help prevent oral disease and improve oral health?
- What is the experience or outcome in other states that have implemented this strategy?

Thank you for the opportunity to comment on this study. I would be happy to answer any questions you have at this time.