

Testimony of the North Dakota Dental Hygienists' Association
Health Services Committee
July 30, 2014

Good morning Chair Lee and members of the Health Services Committee. I am Dana Schmit, a registered dental hygienist and President of the North Dakota Dental Hygienists' Association (NDDHA). I am here to today to provide summary findings of a survey of North Dakota dental hygienists regarding new workforce models such as the dental therapist.

The online survey of 770 registered dental hygienists in North Dakota was conducted 2014. A total of 214 responses were received (response rate of 28%) with a margin of error of +/-5.7%. Sixty percent of the respondents were members and 40 percent were non-members of the NDDHA. A copy of the full report has been sent to Chair Lee to share with the Committee.

Key Findings:

- Suggested criteria for the new workforce model of a dental therapist have been developed. Scope of practice for a dental therapist would include everything under the registered dental hygienist (RDH) current scope of practice in addition to emergency palliative treatment of dental pain, the placement and removal of space maintainers, cavity preparation, restoration of primary permanent teeth, placement of temporary crowns, preparation and placement of preformed crowns, pulpotomies on primary teeth, indirect and direct pulp capping on primary permanent teeth, stabilization of reimplanted teeth, extractions of primary teeth, suture removal, brush biopsies, repair of defective prosthetic devices and recementing of permanent crowns. Respondents were asked if there were procedures that they would like to see added or removed. Sixty-four (30%) indicated no changes. Other respondents had a variety of comments with few commonalities regarding suggested changes.
- The suggested criteria states that a dental therapist would have to be licensed and have a collaborative management agreement with a North Dakota licensed dentist. The full report details what the collaborative management agreement would have to include under the suggested criteria. Respondents were asked if there are items they would like to see added or removed from the suggested collaborative management agreement, sixty-seven (31%) commented no.
- Respondents were asked to indicate their level of agreement with a series of statements concerning the purposed dental therapist workforce model. For each of the statements, the majority of the respondents indicated that they strongly agree/agree. Ninety-four

percent of the respondents strongly agree/agree that in order to become a dental therapist a RDH license should be required.

SUMMARY TABLE

	% Strongly Agree/Agree
A dental therapist should complete board-approved dental therapy education program and pass a board-approved examination.	94%
In order to become a dental therapist a RDH license should be required.	94%
A minimum of 12 additional months of education and an internship should be required to become a dental therapist.	81%
Based on suggested criteria, a dental therapist could help with the access to care issue for the underserved populations in North Dakota.	78%
The scope of practice seems reasonable for a dental therapist to provide under a collaborative management agreement.	72%
Dental therapists could provide a cost effective way to provide dental services.	68%
The workforce model of a dental therapist would give additional opportunities to current dental hygienists in the state of North Dakota who are unemployed or underemployed.	69%
I agree that there needs to be a new workforce model in North Dakota in order to better service our underserved populations.	67%
Incentives should be used to encourage dental therapists to practice in underserved areas in North Dakota.	67%
As part of getting a master's degree in dental therapy, 2,000 hours of clinical practice under direct or in-direct supervision should be completed.	60%
Other mid-level providers are master degree entry level. This should be a requirement for a dental therapist.	53%

- Based on the proposed level of supervision and scope of practice, the majority of respondents indicated that they thought the settings where a dental therapist should practice are in nursing homes/long-term care facilities (*54 percent*) and public health facilities (*53 percent*). Only five percent indicated n/a not in favor of a dental therapist.
- Seventy percent of the respondents strongly agree/agree that overall as a registered dental hygienist in the state of North Dakota, they are in favor of NDDHA supporting the new workforce model of a dental therapist and believe it would be good for the State of North Dakota.
- Thirty-nine percent indicated that they strongly agree/agree that based on the scope of practice they would be interested in pursuing additional education and training to become a dental therapist.
- Respondents to the survey indicated that NDDHA should support dental hygienists qualifying as dental therapists (*80 percent support*). They indicated NDDHA oppose non-dental hygienists qualifying as dental therapists (*88 percent oppose*) and both non-dental hygienists and dental hygienists qualifying as dental therapists (*75 percent oppose*).
- The majority of respondents indicated their highest dental hygiene degree is an Associate's Degree. Sixty-six respondents have a degree in an area other than dental hygiene. Forty-seven percent of these respondents have a Bachelor's Degree.
- Eighty-three percent of the respondents are actively working in a position that requires a dental hygiene license. Sixty-percent are working full-time, while 40 percent are working part-time. Seventy-four percent indicated they are working as many hours as they would like. For those that are working part-time, 67 percent are working as many hours as they would like. Of those not working as many hours as they would like, 40 percent indicated they would like to be working an additional 16 hours or more.

Based on these findings we believe the option of a dental therapist is a viable alternative to improve access to care in North Dakota. There is interest and support from hygienists in our state.

Thank you for the opportunity to present these findings. I would be happy to answer any questions you may have.