Testimony
Health Services Committee
Wednesday, April 13, 2016
North Dakota Dental Hygienists’ Association

Chair Lee and members of the Health Services Committee, my name is Judy Bernat, RDH, LNHA, MBA, and I am the President of the North Dakota Dental Hygienists’ Association. Our Association has been asked to provide information regarding how the expanded restorative functions language approved by the Board of Dental Examiners (NDBODE) will improve access to dental services for underserved populations in rural areas of the state as well as the continuing education requirements and related costs. Thank you for extending the invitation to our Association.

The NDBODE recently expanded the scope of practice for dental assistants and registered dental hygienists to include the expanded restorative functions. Dental assistants and registered dental hygienists are allowed to perform a very limited range of reversible clinical procedures under the direct supervision of a licensed dentist. This includes placing and adjusting a limited classification of restorative materials once a dentist has removed the dental disease known as caries (cavities) or otherwise has prepared the teeth. Other capacities include adaptation and cementation of stainless steel crowns.

Other states utilizing the restorative functions auxiliaries have demonstrated increased office production while maintaining high quality of care. I would caution that looking at the data metrics of increased production is not the same as increased access. We cannot equate improved procedural efficiency, increased volume of services, or improved potential profit margins to increased access to care. Access to dental care is a multifaceted problem and includes such issues as monetary, transportation, time away from work, language, cultural barriers, as well as a lack of providers in the rural populations. The credentialing of restorative expanded functions can address only a small component of the access issue, and that pertains to increased office efficiencies in the service lines that are already being provided.
The limited restoration procedures permitted by the administrative code are not for the painful areas of decay that have caused patients to present to the emergency room, rather these are small limited restorations with minimal potential for dental auxiliaries to utilize their new skill sets. (See attached graphics)

While the expanded functions auxiliary credentialing has been advocated by the Dental Association as a means to address the access to care issues within the state, in an informal survey at our Association’s spring meeting held on April 1, not one of the dental hygienists in attendance had been approached by their employing dentist or office manager regarding the education, or utilization of these expanded functions.

The North Dakota State College of Science, the only North Dakota dental auxiliary educational center, does not offer the continuing education necessary for ND dental assistants and registered dental hygienists to become certified in restorative functions. Finding any course which meets the NDBODE requirements has been extremely difficult. The only person who has been granted the restorative functions credentials in ND attended the University of Minnesota restorative functions course several years ago. It is an 80 hour course set out in 3 phases: classroom, which is onsite at the University of Minnesota campus; practical, which is under the preceptorship of the employing dentist within the dental practice setting; and testing, completed by the course instructors, after the requirements of phase one and two have been completed.

- The Tuition, $2,895.00 covers the entire 80-hour training program (Phase One- consisting of 4, 3-dayweekends). It includes continental breakfasts, lunches, written materials, laboratory and clinical supplies and parking. Transportation and lodging are additional expenses.
- Examination fee: $150 per course participant, plus travel expenses for the instructor (mileage, food, lodging, if applicable) **Determined after the completion of phase one and two.

The NDBODE requires taking and passing the Western Regional Exam Boards (WREB) restorative functions exam or other Board approved test to verify competency. There is only ten WREB restorative functions exams scheduled in
2016; eight of these are either in the state of Washington or Oregon, and one is in Alaska and one in Idaho. The costs are $440 plus a school use fee for the exam, not to include costs of transportation, lodging, and meals. The Candidates must supply all restorative armamentarium for the placement, carving, and finishing of one (1) class II amalgam and one (1) class II composite restoration. The candidate is actually tested and must prove competency on a restoration that they will not be able to perform in North Dakota.

Registered dental hygienists welcome the opportunity to expand our scope of practice and to work to the fullest extent our professional licensure allows, however we find that in the case of restorative functions auxiliaries, the accepted language, along with the educational and testing requirements are a barrier to care. The expanded services are limited to placement of the restoration provided under the direct supervision of the dentist. Because only a dentist can prep the tooth prior to a filling, if we have a demographic without a provider, we also lack service; and thus patients lack access. A 2010 North Dakota Department of Health workforce survey indicated that nearly half (46%) of North Dakota dentists reported to be planning retirement within the next 15 years. That statistic alone will compound the access to care issues within the state.

In spite of states such as Washington and Oregon having had restorative functions auxiliaries for decades (since 1971), they too are still struggling with access to care issues and are having discussions regarding dental hygiene based mid-level providers; in Minnesota, they have already successfully moved to this provider based model. The North Dakota Dental Hygienists’ Association would propose this committee also consider our proposal for a mid-level oral health practitioner. It would allow for the full scope of care from tooth preparation to placement of the restoration. The mid-level provider would complete a CODA-approved educational program, be licensed and be highly skilled and proficient in any prescribed procedures as a true means to improve access to care.

Chair Lee, members of the committee, this concludes my testimony. I would be happy to answer any questions you may have.
Addendum pages

History: Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; July 1, 2004; April 1, 2006; January 1, 2011; April 1, 2015.
General Authority: NDCC 43-20-10
Law Implemented: NDCC 43-20-03, 43-20-11, 43-20-12

37. A dental hygienist under the direct supervision of a dentist may:
a. Place, carve, and adjust class I and class V supragingival amalgam or glass ionomer restorations with hand instruments or a slow-speed handpiece;
b. Adapt and cement stainless steel crowns; and
c. Place, contour, and adjust class I and class V supragingival composite restorations where the margins are entirely within the enamel with hand instruments or a slow-speed handpiece.

- Class I Caries affecting pit and fissure, on occlusal, buccal, and lingual surfaces of posterior teeth, and palatal of maxillary incisors.
- Class II Caries affecting proximal surfaces of molars and premolars.
- Class III Caries affecting proximal surfaces of centrals, laterals, and cuspids.
- Class IV Caries affecting proximal including incisal edges of anterior teeth.
- Class V Caries affecting gingival 1/3 of facial or lingual surfaces of anterior or posterior teeth
- Class VI Caries affecting cusp tips of molars, premolars, and cuspids.
ARTICLE 20-04
DENTAL HYGIENISTS
Chapter
20-04-01 Duties
CHAPTER 20-04-01
2. The board may issue or renew a permit on forms prescribed by the board to authorize a dental hygienist under the direct supervision of a dentist to provide restorative functions under the following conditions:
   a. The applicant meets any of the following requirements:
      (1) The applicant successfully completes a board-approved curriculum from a program accredited by the commission on dental accreditation of the American dental association or other board-approved course and successfully passed the western regional examining board's restorative examination or other equivalent examinations approved by the board within the last five years, and was successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination; or
      (2) Successfully passed the western regional examining board's restorative examination or other board-approved examination over five years from the date of application and provides evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least twenty-five restorative procedures within the previous five years from the date of application.

Restorative
The Board may issue a permit authorizing a dental hygienist under the direct supervision to provide restorative duties if the applicant successfully completes the following:

   a. Completes a board approved course; AND
   b. Passes the Western Regional Examining Board’s restorative examination or other equivalent examination approved by the Board; AND
   c. Completes the restorative function component of the Dental Assisting National Board’s certified restorative functions dental assistant examination.

Restorative procedures allowed under direct supervision of a dentist are as follows:
   a. Place, carve, and adjust Class I and Class V supragingival amalgam or glass ionomer restorations with hand instruments or a slow-speed handpiece;
   b. Adapt and cement stainless steel crowns;
   c. Place, contour, and adjust Class I and Class V supragingival composite restorations where the margins are entirely within the enamel with hand instruments or a slow-speed handpiece.

https://www.nddentalboard.org/practitioners/hygienist/index.asp#Permits
Restorative Expanded Functions: An 80-hour Training Program

Tuition

$2,895 dental hygienist or licensed dental assistant

Tuition covers the entire 80-hour training program (Phase One). It includes continental breakfasts, lunches, written materials, laboratory and clinical supplies and parking.

**A $595 deposit is due at the time of registration.** You may either pay the balance of the tuition by August 12, 2016, or pay $800 installments on each of the following dates:

- September 15, 2016;
- October 15, 2016; and
- November 15, 2016.

Examination Fee

$150 per course participant, plus travel expenses (mileage, food, lodging, if applicable) **

**The scheduling and determining of travel expenses will be possible after completing Phases One and Two of the program.

Credits

80 hours

*Minnesota Credits*

79 fundamental
1 core (Management of Medical Emergencies)

Time

8:00 AM to 5:15 PM (Fridays & Saturdays)
8:00 AM to 12:15 PM (Sundays)

Location

**Lecture:** Lynda J. Young Conference Room
(6-410 Moos HS Tower) & 4th Floor Pre-clinical Laboratory—Moos HS Tower
Minneapolis Campus
Please Register By

August 26, 2016

Register early to ensure space.

Enrollment is limited to 38.

Course Number

404917

Restorative Expanded Functions: An 80-hour Training Program

Four Weekend Sessions: September 9-11, 2016; October 7-9, 2016; November 4-6, 2016; and December 2-4, 2016

NEWLY REVISED TO INCLUDE GINGIVAL DISPLACEMENT TRAINING

MINNESOTA LICENSED DENTAL HYGIENISTS AND DENTAL ASSISTANTS: Would you like to add a new dimension to your professional career? Are you ready to take on more clinical responsibility?

The Minnesota Dental Practice Act allows a licensed dental assistant or dental hygienist to perform certain restorative procedures under indirect supervision upon completion of a board-approved course and issuance of a Restorative Functions (RF) credential. The procedures allowed include: 1) place, contour, and adjust amalgam restorations; 2) place, contour, and adjust glass ionomer; 3) adapt and cement stainless steel crowns; and 4) place, contour, and adjust Class I and Class V composite restorations where the margins are entirely within the enamel and Class II supragingival composite restorations on primary teeth. The program has been revised to include the training required of Minnesota licensed dental assistants and dental hygienists in order to perform gingival displacement procedures on patients.

This Minnesota Board of Dentistry approved training program will give you the knowledge and practical skills to confidently perform restorative expanded functions in practice. You will benefit from one-on-one interaction with experienced instructors who will share a myriad of clinical tips that come from years of practice and teaching experience in restorative and pediatric dentistry.

- Already Registered? Course Details
BENEFITS/OBJECTIVES

Phase One: During the 80-hour classroom and pre-clinical portion of the program, you will learn how to:

- recognize properties and indications for use of different dental materials.
- recognize and duplicate ideal dental anatomy in the pediatric and adult dentition.
- condense, place and contour amalgam restorations (Class I, II & V).
- place, contour and polish glass ionomer restorations.
- place, contour and finish composite restorations (Class I & V and Class II—pediatric dentition).
- adapt, cement and remove excess cement from stainless steel crowns.
- practice innovative isolation techniques.
- evaluate and adjust the occlusion for amalgam, glass ionomer and composite on newly placed restorations.
- evaluate restorations for adequate margins and correctly address for quality restorations.
- recognize the role of gingival displacement with restorative procedures.
- perform gingival retraction using single cord, double cord and mechanicochemical techniques.
- utilize a restorative expanded function professional in practice.

Phase Two: Upon completion of the 80-hour classroom pre-clinical portion of the program, you will be required to complete the following procedures on patients* under the personal supervision (chairside) of a dentist.

- amalgam—10 surfaces
- glass ionomer—5 surfaces
- stainless steel crowns—4 teeth
- composite—5 surfaces

*These are the minimum requirements and must include at least 12 patients and exhibit proficiency in both the primary and permanent dentition. Patient experiences will be completed in a dental practice.

Phase Three: After successful completion of phase one and two, you will arrange for a credentialing examination by one of the course instructors to be conducted in your dental office. For the examination you will:

- review with the credentialing instructor previously completed patient records for two restorative procedures. Records will include appropriate photographs, radiographs and study models.
- perform two of the four restorative procedures while the credentialing instructor observes and verifies satisfactory performance.

Timing: Please note that you must complete the entire 80-hour training program within one year and that you must also complete the clinical credentialing examination within one year of completing the training program.