Report to the Legislature

Neb. Rev. Stat. §38-1130(7): Evaluation of Services Provided by Public Health Dental Hygienists

Health and Human Services Committee Members
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Sen. Steve Erdman, Vice Chair
Sen. Sue Crawford
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Sen. Mark Kolterman
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Introduction

In 2007, the public health designation for dental hygienist was established by LB 247. This designation is given by the Division on Public Health of the Department of Health and Human Services if the dental hygienist has completed 3,000 hours of clinical experience and only performs statutorily approved services on children in public health settings or in health care or related facilities. LB 484 had an additional requirement that the 3,000 hours must be completed in four of the last five years.

In 2013, Senator Karpisek introduced LB 484 to eliminate the 3,000 hour requirement established in 2007, eliminate the requirement of completing the hours within four of the last five years, and adding a second public health designation to allow dental hygienists to complete 3,000 hours of clinical experience and only perform statutorily approved services on adults in public health settings or in health care or related facilities. LB 484 also require data collection by the Department of Health and Human Services and to provide an annual report to the Board of Dentistry and the State Board of Health. Finally, LB 484 mandated to Health and Human Services Committee to evaluate the services provided by dental hygienist under the public health designation to ascertain the effectiveness of such services in the delivery of oral health care within five years after September 6, 2013. The Health and Human Services Committee is to provide such report to the Legislature and be submitted electronically.

This report is submitted to fulfill the requirements established in Neb. Rev. Stat. § 38-1130(7).

Neb. Rev. Stat. § 38-1130

38-1130. Licensed dental hygienist; functions authorized; when; department; duties; Health and Human Services Committee; report.

(1) Except as otherwise provided in this section, a licensed dental hygienist shall perform the dental hygiene functions listed in section 38-1131 only when authorized to do so by a licensed dentist who shall be responsible for the total oral health care of the patient.

(2) The department may authorize a licensed dental hygienist to perform the following functions in the conduct of public health-related services in a public health setting or in a health care or related facility: Preliminary charting and screening examinations; oral health education, including workshops and inservice training sessions on dental health; and all of the duties that a dental assistant who is not licensed is authorized to perform.

(3)(a) The department may authorize a licensed dental hygienist to perform the following functions in the conduct of public health-related services to children in a public health setting or in a health care or related facility:

(i) Oral prophylaxis to healthy children who do not require antibiotic premedication;

(ii) Pulp vitality testing;

(iii) Preventive measures, including the application of fluorides, sealants, and other recognized topical agents for the prevention of oral disease;

(iv) Upon completion of education and testing approved by the board, interim therapeutic restoration technique; and

(v) Upon completion of education and testing approved by the board, writing prescriptions for mouth rinses and fluoride products that help decrease risk for tooth decay.

(b) Authorization shall be granted by the department under this subsection upon (i) filing an application with the department and (ii) providing evidence of current licensure and professional liability insurance coverage. Authorization may be limited by the department as necessary to protect the public health and safety upon good cause shown and may be renewed in connection with renewal of the licensed dental hygienist's license.

(c) A licensed dental hygienist performing dental hygiene functions as authorized under this subsection shall (i) report authorized functions performed by him or her to the department on a form developed and provided by the department and (ii) advise the patient or recipient of services or his or her authorized representative that such services are preventive in nature and do not constitute a comprehensive dental diagnosis and care.

(4)(a) The department may authorize a licensed dental hygienist who has completed three thousand hours of clinical experience to perform the following functions in the conduct of public health-related services to adults in a public health setting or in a health care or related facility:

(i) Oral prophylaxis;

(ii) Pulp vitality testing;

(iii) Preventive measures, including the application of fluorides, sealants, and other recognized topical agents for the prevention of oral disease;

(iv) Upon completion of education and testing approved by the board, interim therapeutic restoration technique;

(v) Upon completion of education and testing approved by the board, writing prescriptions for mouth rinses and fluoride products that help decrease risk for tooth decay; and

(vi) Upon completion of education and testing approved by the board, minor denture adjustments.

(b) Authorization shall be granted by the department under this subsection upon (i) filing an application with the department, (ii) providing evidence of current licensure and professional liability insurance coverage, and (iii) providing evidence of three thousand hours of clinical experience. Authorization may be limited by the department as necessary to protect the public health and safety upon good cause shown and may be renewed in connection with renewal of the licensed dental hygienist's license.

(c) A licensed dental hygienist performing dental hygiene functions as authorized under this subsection shall (i) report on a form developed and provided by the department authorized functions performed by him or her to the department and (ii) advise the patient or recipient of services or his or her authorized representative that such services are preventive in nature and do not constitute a comprehensive dental diagnosis and care.

(5) The department shall compile the data from the reports provided under subdivisions (3)(c)(i) and (4)(c)(i) of this section and provide an annual report to the Board of Dentistry and the State Board of Health.

(6) For purposes of this section:

(a) Health care or related facility means a hospital, a nursing facility, an assisted-living facility, a correctional facility, a tribal clinic, or a school-based preventive health program; and

(b) Public health setting means a federal, state, or local public health department or clinic, community health center, rural health clinic, or other similar program or agency that serves primarily public health care program recipients.

(7) Within five years after September 6, 2013, the Health and Human Services Committee of the Legislature shall evaluate the services provided by licensed dental hygienists pursuant to this section to ascertain the effectiveness of such services in the delivery of oral health care and shall provide a report on such evaluation to the Legislature. The report submitted to the Legislature shall be submitted electronically.

Process

To complete the statutory requirements established in Neb. Rev. Stat. 38-1130(7) the Health and Human Services Committee held a hearing on December 10, 2018 to obtain public input to evaluate the services provided by licensed dental hygienist with public health designations. The Committee also request information from the Department of Health and Human Services Division of Public Health regarding discipline of individuals with this designation, and from associations whose members may have received public health services from dental hygienists.

Findings

In a 2018 information request to the Department of Health and Human Services Division of Public Health, the Committee requested data regarding disciplinary actions of license dental hygienist and registered dental hygienist with a public health designation since 2013. The Department confirmed there have been no disciplinary actions taken against any license dental hygienist or registered dental hygienist with a public health designation.

In 2017, the Nebraska Department of Health and Human Services' Office of Oral Health and Dentistry contracted with the University of Nebraska Medical Center's Health Professions Tracing Service to execute two surveys to better understand registered dental hygienist and those dental hygienists that also have a public health designation. **For the survey results please see Appendix A.**

According to the survey's findings:

> The 45 dental hygienists with public health designations reported providing 45,915 services in 2017, including oral prophylaxis, pulp vitality testing, topical fluorides, dental sealants and other topical agents. In addition, 26,825 oral screenings/preliminary chartings were performed and 22,161 educational sessions were provided. The most common preventive services provided by registered dental hygienist with public health designations are topical fluorides (48%) and dental sealants (43%) The percentage of services provided to recipients in age groups were 0 to 5 (35%), 6 to 18 (54%) 19 -64 (4%) and 65+ (7%).
>
> Of the 44 registered dental hygienists with public health designation who reported they did not provide services in 2017, the most common reasons include:

Unable to make the time commitment 70%
Lack of interest, information or supplies 16%
Limited opportunity in their area 16%
Lack of Medicaid providers for referrals 07%
Lack of local knowledge about PH services 07%

The 2017 Survey results found 46% of registered dental hygienist indicated that they were interested in obtaining a public health designation (adult/child), with 38% interested in child designation only and 54% interested in volunteering to provide preventative care in a community setting. The survey did not specifically address whether or not the 3,000-hour requirement was a barrier to seeking the adult public health designation.

The letters for the record and testimony received for the December 10, 2018 hearing providing further information about the public health designations and support for the work performed by these individuals. **Please see Appendices B and C.**

Based on the information received by the Committee, the services provided by licensed dental hygienists appear to be effective in providing services in the delivery of oral health care.

Suggested Future Policy Research

Based on the information received at the December 10, 2018 hearing, the Committee recommends additional areas that may need to be studied to better understand oral health in Nebraska. These recommendations are:

- Investigate dental manage care concerns addressed at the December 10, 2018 hearing with the Department of Health and Human Services and the dental managed care company regarding payments and access.
- Investigate access issues throughout the state for dental services.
- Determine whether the 3,000-hour requirement for adult public health services needs to continue or if a lower threshold is more appropriate.
- Assess how the Department is improving outcomes for recipients through coordinated managed care efforts to address the whole person.
- Determine status of the promulgation of rules and regulations from LB 18(2017).
- Clarify reporting requirements of the Department of Health and Human Services regarding Neb. Rev. Stat. § 38-1130(5) and where public health services are being provided throughout the state.

Appendix

Appendix A: Neb. Rev. Stat. § 38-1130 Reports from Department of Health and Human Services

2017 Nebraska Registered Dental Hygienists Survey Summary
2017 Nebraska Public Health Authorization Dental Services Report
2016 Public health Authorization Dental Services Report
2015 Public Health Authorization Dental Services Report
Report of Public Health Authorization (2014)

Appendix B: Transcript of the December 10, 2018 Hearing Neb. Rev. Stat. § 38-1130

Appendix C: Documents received from testifiers at the December 10, 2018 or received for the record for the December 10, 2018 hearing

2017 Nebraska Registered Dental Hygienist Survey Summary

DHHS Office of Oral Health and Dentistry
University of Nebraska Medical Center
College of Public Health, Health Services Research and Administration
Health Professions Tracking Service

Introduction

In 2017, the Nebraska Department of Health and Human Services' Office of Oral Health and Dentistry (OOHD) contracted with the University of Nebraska Medical Center's Health Professions Tracing Service (HPTS) to execute two surveys. The first survey included Nebraska Registered Dental Hygienists (RDH) and the second survey included Public Health RDHs (PHRDH) holding a Public Health Authorization (PHA) or Public Health Authorization for Treating Children (PHA-C). Some of the new information has been compared to the results of the 2010 RDH survey and the 2012 PHRDH survey.

SURVEY 1 – REGISTERED DENTAL HYGIENISTS

Using Nebraska DHHS licensure data dated July 17, 2017, HPTS identified 1,401 licensed RDHs. Of the 1,401 RHDs, surveys were sent to 1,368 RDHs identified with a Nebraska, Iowa, Missouri, Kansas, Colorado, Wyoming, or South Dakota address. HPTS received 750 responses, a 55% response rate.

RDH Licenses

In 2017, 6.2% of the 1,401 licensed RDHs held an active PHA or PHA-C compared to 3.4% of the 1,098 licensed RHDs in 2010. Additionally, 84% of the licensed RDHs held Local Anesthesia Certification compared to 75% in 2010. In 2017, there were 81 RDH licenses were newly issued which was similar to the 79 newly issued RDH licenses in 2010.

Work Status in Nebraska

Of the 750 survey responses, 679 (91%) of RHDs indicate they practice in Nebraska. Nine percent (9%) indicated they do not practice in Nebraska. Eighty seven percent (87%) of RDHs responding to a 2010 survey indicated they practiced in Nebraska.

Fifty-three percent (53%) of the 679 RDHs practicing in Nebraska indicated they worked 32+ hours per week and 47% indicated they work less than 32 hours per week.

Age Groups

Fifty-four percent (54%) of RDHs licensed in Nebraska are age 40 or younger while 48% of RDHs identified as practicing in Nebraska are age 40 or younger. The medium age of practicing RDHs is 41 and the average age is 42.

The following chart identifies the age groups of licensed RDHs, RDHs reported practicing in Nebraska and a breakdown of the reported hours per week.

Age Group	Licensed	*% of Total*	Practicing in NE	*% of Total*	32+ hours per week	*% of Total*	< 32 hours per week	*% of Total*
		n=1401		*(n=679)*		*(n=363)*		*(n=316)*
≤ Age 40	758	*54.1*	327	*48.2*	198	*54.5*	129	*40.8*
Age 41 - 60	530	*37.8*	281	*41.4*	135	*37.2*	146	*46.2*
Age 61+	100	*7.1*	61	*9.0*	26	*7.2*	35	*11.1*
Age Unknown	13	*.9*	10	*1.5*	4	*1.1*	6	*1.9*
Total	**1401**		**679**		**363**	**53%**	**316**	**47%**

Note: Percentages may not add to 100% due to rounding.

Practice Locations – Urban/Rural

Nebraska urban counties include Douglas, Lancaster and Sarpy. Fifty-three percent (53%) of RDHs report practicing in an urban setting, 41% report practicing in a rural setting, 2% report practicing in both urban and rural settings and 5% did not report a setting.

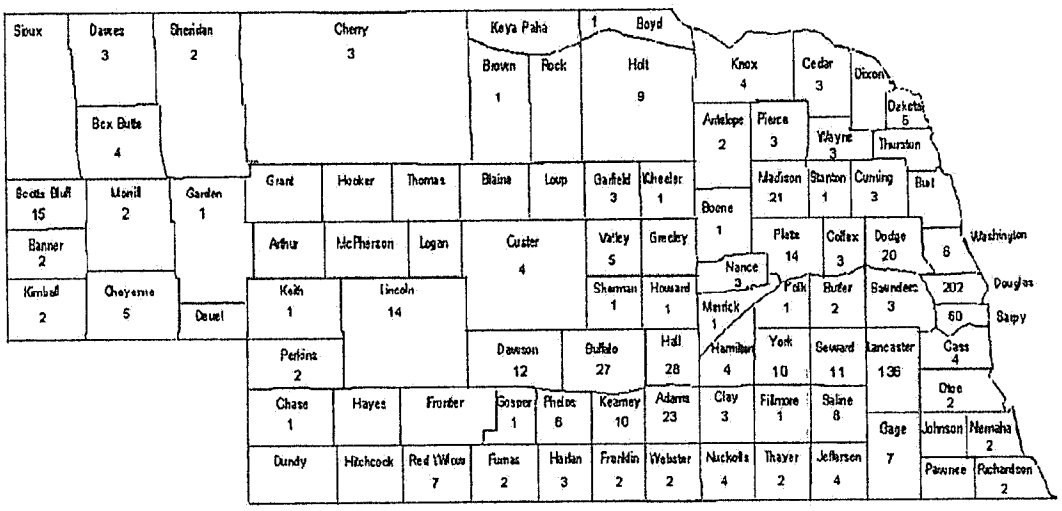
Forty-six percent (46%) of RDHs practicing in an urban setting are age 40 or younger. Fifty-three percent (53%) of RDHs practicing in a rural setting are age 40 or younger.

Age Group	Urban	*% of Urban*	Rural	*% of Rural*	Urban/Rural	*% of Urban/Rural*	Unknown	*% of Unknown*
		(n=359)		*(n=275)*		*(n=14)*		*(n=31)*
≤ Age 40	164	*45.7*	146	*53.1*	9	*64.3*	8	*25.8*
Age 41 - 60	155	*43.2*	104	*37.8*	3	*21.4*	19	*61.3*
Age 61+	36	*10.0*	19	*6.9*	2	*14.3*	4	*12.9*
Age Unknown	4	*1.1*	6	*2.2*				
Total	**359**		**275**		**14**		**31**	
% of Practicing in NE (n = 679)		*52.9*		*40.5*		*2.1*		*4.6*

Note: Percentages may not add to 100% due to rounding.

RDHs report practicing in 71 of 93 (76%) Nebraska counties. Eleven percent (11%) of Nebraska RDHs reported practicing in more than one county. 22 counties have no practicing RDHs.

The following map documents the count of RDHs who reported practicing in Nebraska by county.



Practice counties identified by 645 Registered Dental Hygienists responding the 2017 survey

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December 2017

Practice Settings

Of the 679 RDHs reporting a practice location in Nebraska, 75% reported working at one facility, 18% reported practicing at two or three facilities and 4% reported practicing at four or more facilities. Thirteen RDHs reported practicing at 10 or more facilities.

The RDHs were provided a list of nine different types of practice settings and asked to identify the setting(s) that best describe their practice location(s). Of the 679 RDHs practicing in Nebraska, 641 identify one practice setting, 28 reported two practice settings, seven reported three practice settings, three reported four practice settings and three did not identify their practice setting. The breakdown of practice settings types reported is as follows:

Setting Type	Total Settings Reported	*% of Practicing RDHs*	*% of Total Settings*
		(n=679)	*(n=730)*
Private Practice	633	*93.2*	*86.7*
Corrections	1	*.1*	*.1*
Federal	5	*.7*	*.7*
Hospital			
Nursing Home/ Assisted Living	9	*1.3*	*1.2*
Preschool	7	*1.0*	*1.0*
Student Health	13	*1.9*	*1.8*
State/Local Government	27	*4.0*	*3.7*
Dental School	35	*5.2*	*4.8*
Total Locations	**730**		

Note: Percentages may not add to 100% due to rounding.
Percent of Practicing RDHs total is greater than 100% due to 679 RDHs reporting 730 settings.

Of the 679 RHDs, ninety-three percent (93%), reported working in private practice. Of the 730 different practice locations reported, the most common was private practice with eighty-seven percent (87%). Five percent (5%) work in a dental school setting and four percent (4%) in state or local government. Fifty-nine percent (59%) of the private practice settings reported are in an urban location.

Sixty-seven percent (67%) of the nursing homes/assisted living settings, seventy-one percent (71%) of the preschool settings and sixty-two percent 62% of the student health settings are in rural locations.

Demographics

Ninety-nine percent (99%) of RDH practicing in Nebraska are female and one percent (1%) are male.

Ninety-seven percent (97%) are white, fewer than two percent (2%) reported race as American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and Other. One percent (1%) did not respond.

Education

According to survey responses, fifty-one percent (51%) of RDHs hold an associates' degree and forty-seven percent (47%) hold a bachelor's degree. One percent (1%) hold masters or doctorate degrees.

Of RDHs practicing in Urban Nebraska, 45% hold an associate's degree, 53% hold a bachelor's degree and 1% hold a master's level degree. Of RDHs practicing in Rural Nebraska, 60% hold an associate's degree, 38% hold a bachelor's degree and 1% hold master's or doctorate level degrees.

Services for Children Ages 0 to 5

Eighty-six percent (86%) of RDHs practicing in Nebraska routinely see children age 0-5, ninety-two percent (92%) apply fluoride varnish, seventy-nine percent (79%) place dental sealants, seventy-three percent (73%) perform risk assessments, and seven percent (7%) apply silver diamine fluoride.

Eleven percent (11%) of RDHs reported they do not see children under the age of five. Of the 11%, 62% reported they would be willing to if continuing education were available.

RDHs were questioned regarding the routine services provided to children age 0 to 5:

Do you routinely:	% of RHDs Practicing in NE	*% of Urban*	*% of Rural*	*% of Urban/Rural*	*% of No Location Reported*
	(n=679)	*(n=359)*	*(n=275)*	*(n=14)*	*(n=31)*
Perform risk assessments	*72.5*	*72.4*	*73.1*	*78.6*	*64.5*
Apply fluoride varnish	*91.5*	*89.7*	*94.5*	*100*	*80.6*
Apply dental sealants	*78.5*	*76.0*	*82.5*	*71.4*	*74.2*
Apply silver diamine fluoride?	*6.9*	*5.8*	*8.4*	*7.1*	*6.5*

Note: Percentages may not add to 100% due to rounding.

Services for Adults Age 65+

Ninety-five percent (95%) of RDHs practicing in Nebraska routinely see adults age 65+, seventy-eight (78%) perform risk assessments, fifty-three percent (53%) apply fluoride varnish, and five percent (05%) apply silver diamine fluoride.

Three percent (3%) of RDHs reported they do not see adults age 65+. Of the 3%, 12% report they would be willing to if continued education were available.

RDHs were questioned regarding routine services provided to Adults Age 65+:

Do you routinely:	% of RHDs Practicing in NE	% of Urban	% of Rural	% of Urban/Rural	% of No Location Reported
	(n=679)	*(n=359)*	*(n=275)*	*(n=14)*	*(n=31)*
Perform risk assessments	*77.6*	*79.1*	*74.9*	*85.7*	*80.6*
Apply fluoride varnish	*52.9*	*51.5*	*56.0*	*42.9*	*45.2*
Apply silver diamine fluoride?	*5.0*	*4.2*	*6.2*	*7.1*	*3.2*

Patient Characteristics

The RDHs were questioned regarding patient characteristics, and the data reflects that RDHs see a wide variety of vulnerable patients. However, there was no survey data to indicate how many of these types of patients are seen routinely and the results should not be compared to the two previous questions.

Patient Characteristics	% of RHDs Practicing in NE	% of Urban	% of Rural	% of Urban/Rural	% of No Location Reported
	(n=679)	*(n=359)*	*(n=275)*	*(n=14)*	*(n=31)*
Low Income	*90.4*	*88.3*	*93.8*	*100*	*80.6*
Medicaid Recipients	*69.2*	*59.3*	*81.1*	*100*	*64.5*
Minority Population	*90.4*	*90.8*	*90.5*	*100*	*80.6*
People with special healthcare needs or disabilities	*94.3*	*93.3*	*95.3*	*100*	*93.5*
Refugees/new immigrants	*50.2*	*55.4*	*43.6*	*57.1*	*45.2*
US Military Veterans	*88.5*	*87.5*	*90.2*	*100*	*80.6*

Interest in Public Health

Forty-six percent (46%) of RDHs (44% of urban, 50% of rural) indicated an interest in using the Public Health Authorization (adult/child) to provide preventive care in a community setting. Forty-seven percent (47%) indicated they did not have an interest.

Overall, thirty-eight percent (38%) of RDHs (35% of urban, 45% of rural) identified an interest in using the Public Health Authorization for Treating Children to provide preventive care in a community setting. Fifty percent (50%) indicated they did not have an interest.

Fifty-four percent (54%) of RDHs (54% of urban, 58% of rural) indicated they would be interested in volunteering to provide preventive care in a community setting. Thirty-eight percent (38%) indicated they did not have an interest.

SURVEY 2 – PUBLIC HEALTH AUTHORIZATION AND PUBLIC HEALTH AUTHORIZATION- CHILD

Questionnaires were mailed to 117 Public Health Registered Dental Hygienists (PHRDH) regarding use of the Public Health Authorization (PHA) or Public Health Authorization-Child (PHA-C) during 2017. The 117 included PHRDHs who either held an active PHA or PHA-C permit at the end of 2017 (87) or whose permit expired during 2017 (30).

PHRDH Authorizations

Of the 117 RDH sent questionnaires, 100 held a PHA and 17 held PHA-C. Eighty-nine (89) responses were received, 80 PHA and 9 PHA-C, reflecting a 76% response rate.

PHRDH Work Status in Nebraska

Forty-five (45) PHRDHs provided services in 2017, indicating that 38.5% of PHRDHs holding a PHA or PHA-C during 2017 utilized the permit. Of the 45 PHRDHs providing services, 84% reported providing public health services fewer than 32 hours per week and 16% reported providing public health services 32 or more hours per week.

PHRDH Services

The 45 PHRDHs reported providing 45,915 services in 2017, including oral prophylaxis, pulp vitality testing, topical fluorides, dental sealants and other topical agents. In addition, 26,825 oral screenings/preliminary chartings were performed and 22,161 educational sessions were provided. The most common preventive services provided by PHRDHs are topical fluorides (48%) and dental sealants (43%) The percentage of services provided to recipients in age groups were 0 to 5 (35%), 6 to 18 (54%) 19 -64 (4%) and 65+ (7%).

Of the 44 PHRDHs who reported they did not provide services in 2017, the most common reasons include:

Unable to make the time commitment	70%
Lack of interest, information or supplies	16%
Limited opportunity in their area	16%
Lack of Medicaid providers for referrals	07%
Lack of local knowledge about PH services	07%

PHRDH – Workshops, Training & Education

Eighteen (18) PHRDHs reported providing a total of 233 group-setting workshops during 2017.

Thirteen (13) PHRDHs reported providing a total of 62 group setting in-service trainings during 2017.

PHRDHs provided oral health education (individual setting) to 22,161 recipients and caregivers.

Twenty-seven percent (27%) of the PHRDHs reported providing services to between 51 and 100 recipients and caregivers.

PHRDH Practice Locations

Nebraska PHRDHs report providing preventive services in 60 of 93 counties (65%). Thirty three (33) counties are without the services of a PHRDH. Of the 45 respondents, 31 (69%) reported working in rural counties, 10 (22%) reported working in urban counties and 4 (9%) reported working in both urban and rural counties. In 2012 PHRDHs reported working in 16 rural counties (17%).

PHRDH Practice Settings

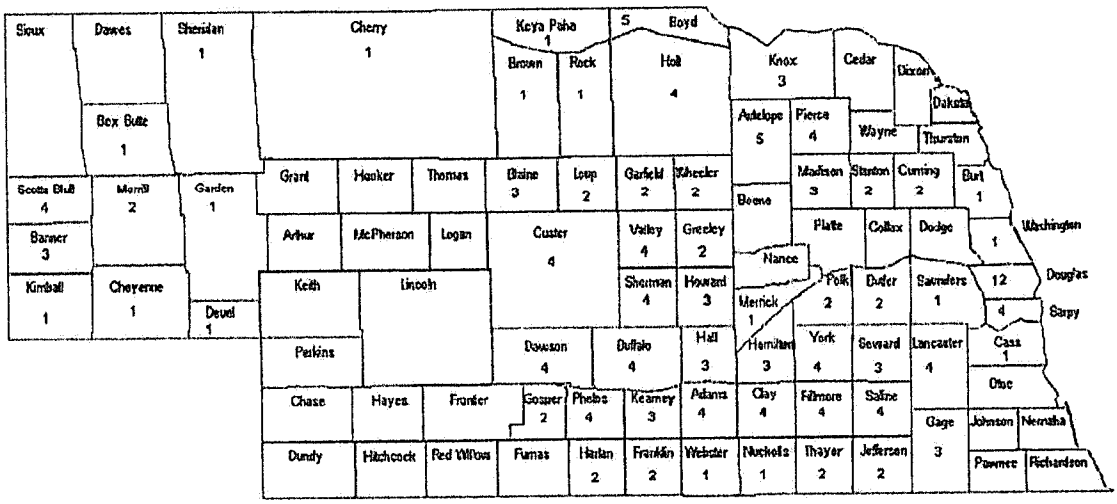
Overall, the 45 PHRDHs reported 119 practice locations with 30% being school based, 19% Head Start, 10% WIC, 10% Assisted Living and 7% State/Local Government.

Coordination of PHA or PHA-C Services

PHRDHs indicated they coordinate services through local health departments (49%), Federally Qualified Health Centers (FQHCs) (24%), independently/private practice (17%) and through other sources (22%).

Counties Identified Supported by PHRDH Services

The following map documents the count of PHRDHs who report practicing in Nebraska by county.



Counties supported - 45 Registered Dental Hygienists holding a Public Health Authorization or a Public Health Authorization - Child identified using the permits in 60 counties

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Future Interest in Working in Public Health

Eighty-one percent (81%) of 89 PHRDHs responding to the survey reported they are interested in working in a public health setting in the future. Of the PHRDHs responding yes, the following percentages responded that they would be interested in working in public health:

- more than one day per week 28%
- one day per week 19%
- once or twice a month 35%
- once or twice a year 18%

Eighty-nine percent (89%) of the PHRDHs who responded indicated they would recommend other RDHs obtain and utilize the PHA or PHA-C.

Caries Risk Assessment

Sixty-two percent (62%) of the PHRDHs providing services responded that they routinely perform caries risk assessments. Thirty-one percent (31%) responded they do not routinely perform caries risk assessments. A common reason stated for not doing risk assessments was a lack of enough time.

Challenges to PHRDHs to Utilize Authorizations

PHRDHs were asked to describe any challenges encountered utilizing or reasons they may have limited use of the PHA or PHA-C. The top six of 129 responses include:

- Lack of public interest/knowledge 13%
- Time constraints/unable to make time commitment 12.5%
- Difficulty receiving reimbursement 12%
- Medicaid payments 12%
- Difficulty obtaining consent forms 11%
- Lack of funding 11%

This survey was conducted by Marlene Deras through the University of Nebraska Medical Center, College of Public Health, Health Services Research and Administration, Health Professional Tracking Service (HPTS) in 2017. Additional data analysis was performed by the OOHD and Rajvi J. Wani, MS, PhD.

The data used for this summary is based on a self-reported survey and hence, this report has several limitations. 'Acquiescence Response' is a standard limitation of self-reporting, occurring when respondents have a tendency to provide affirmative answers regardless of the nature of the question. Also, some respondents may have provided socially desirable responses which can limit the reliability and validity of the data.

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number T12HP30315, Grants to States to Support Oral Health Workforce Activities for the amount of $500,000.00 (40% financed with nonfederal sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

2017 Nebraska Public Health Authorization Dental Services Report

One hundred seventeen (117) registered dental hygienists (RDH) were mailed questionnaires regarding usage of the Public Health Authorization (PHA) or Public Health Authorization-Child (PHA-C) during 2017. The 117 included RDHs who either held a PHA or PHA-C permit at the end of 2017 (87) or those whose permit expired during 2017 (30).

Of the 117 RDH sent questionnaires, 100 held a PHA and 17 held PHA-C. Eighty-nine (89) responses were received, 80 PHA and 9 PHA-C, reflecting a 76% response.

Forty-five (45) RDHs reported they provided services in 2017, indicating that 38.5% of the total RDHs who held a PHA or PHA-C during 2017 utilized the permit. Services were provided in 60 of the 93 counties in Nebraska. Services were provided in the following locations (number of RDHs reporting this location type):

Nursing Facility (14)
School-Based Preventative Health Program (38)
Federal, State or Local Public Health Department or Clinic (9)
Community Health Center (5)
Assisted Living (12)
Other (6 total) - Head Start (23)
WIC (12)
Daycare (3)
Preschool at Church (1)
VA/Tribal (1)
Did not specify (1)

No services were reported in the following allowable settings: Correctional Facility, Hospital, and Tribal Clinic.

Provided services are broken down by age range as seen in the tables below.

10 of the 45 RDHs providing services did not record Preliminary Charting and Screening service numbers.

2017 Preliminary Charting and Screening Breakdown by Age				
Total: 26,825				
Age Range	0 to 5	6 to 18	19 to 64	65+
Total Service Provided	8,514	17,243	429	639

2017 Oral Health Education to Recipient Breakdown by Age				
Total: 18,723				
Age Range	0 to 5	6 to 18	19 to 64	65+
Total Service Provided	6,015	10,828	1,063	817

2017 Oral Health Education to Caregiver Breakdown by Age				
Total: 3,438				
Age Range	0 to 5	6 to 18	19 to 64	65+
Total Service Provided	1,137	1,214	831	256

Oral Health Education provided is Group Settings: 295 presentations total.
The total number of workshops provided in 2017 was 233. Age information was not included.
The total number of in-service trainings in 2017 was 62. Age information was not included.

2017 Oral Prophylaxis Breakdown by Age				
Total: 2,983				
Age Range	0 to 5	6 to 18	19 to 64	65+
Total Service Provided	306	519	1,090	1,068

2017 Pulp Vitality Testing Breakdown by Age				
Total: 0				
Age Range	0 to 5	6 to 18	19 to 64	65+
Total Service Provided	0	0	0	0

2017 Topical Fluorides Breakdown by Age				
Total: 21,917				
Age Range	0 to 5	6 to 18	19 to 64	65+
Total Service Provided	8,078	12,195	792	852

2017 Other Topical Agents Breakdown by Age				
Total: 1,492				
Age Range	0 to 5	6 to 18	19 to 64	65+
Total Service Provided	260	133	30	1,069

2017 Sealants Breakdown by Age				
Total: 19,523				
Age Range	0 to 5	6 to 18	19 to 64	65+
Total Service Provided	7,387	12,136	0	0

2017 Advised Patient Breakdown by Age				
Total: 24,656				
Age Range	0 to 5	6 to 18	19 to 64	65+
Total Service Provided	7,391	15,810	698	757

2016 Public Health Authorization Dental Services Report

74 forms were returned out of 134 registered dental hygienists with a public health authorization by January 27, 2017. 55 registered dental hygienists (RDH) reporting having a public health authorization for treating children and adults. 11 RHDs reporting having a public health authorization for treating children. 5 RDHs did not identify which type of public authorization they hold.

34 RDHs provided services in 2016, or 25.37% of RDHs with a Public Health Authorization are utilizing the permit. Services were provided in 52 of 93 counties in Nebraska. Services were provided in the following locations (number of RDHs reporting the location type):

Nursing Facility (9)

Correctional Facility (1)

School-Based Preventive Health Program (26)

Federal, State, or Local Public Health Department or Clinic (9)

Community Health Center (3)

Similar Program or Agency that Serves Primarily Public Health Care Programs Recipients (11)

Assisted Living Facility (1).

No services were provided in the following allowable settings: Hospital, Tribal Clinic, or Rural Health Clinic. Provided services are broken down by age range as seen in the tables below.

2016 Preliminary Charting and Screening Breakdown By Age															
Total: 35,156															
Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	167	896	6850	13619	9665	1033	167	388	596	322	238	237	359	345	304

2016 Oral Health Education to Recipient Breakdown By Age															
Total: 16,895*															
Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	26	429	4661	4954	2533	644	162	380	565	300	308	355	570	484	329

2016 Oral Health Education to Caregiver Breakdown By Age															
Total: 6,004*															
Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	143	428	404	2355	2104	2	2	3	11	4	10	19	64	98	138

Oral Health Education provided in a Group Setting: 1,454 presentations total
The total number of workshops provided in 2016 is 1,406. Age information was not collected.
The total number of in-service trainings in 2016 is 53. Age information was not collected.

2016 Oral Prophylaxis Breakdown By Age															
Total: 1,152															
Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	0	2	3	2	5	7	0	2	5	22	101	232	348	277	146

2016 Pulp Vitality Testing Breakdown By Age															
Total: 0															
Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2016 Topical Fluorides Breakdown By Age															
Total: 22,026															
Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	194	985	6024	7880	4038	212	160	378	487	269	253	293	383	272	140

2016 Sealants Breakdown By Age															
Total: 14,170															
Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	0	0	3292	7593	5324	47	0	0	0	0	0	0	0	0	0

2016 Advised Patient Breakdown by Age															
Total: 24,362															
Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	937	582	6053	9019	5714	163	391	550	258	253	284	435	374	271	0

*Multiple RHDs submitted totals without indicating age breakdown; total number discrepancy indicative of this.

2015 Public Health Authorization Dental Services Report

72 forms were returned out of 108 registered dental hygienists with a public health authorization by April 8, 2016. 55 registered dental hygienists (RDH) reporting having a public health authorization for treating children and adults. 12 RHDs reporting having a public health authorization for treating children. 6 RDHs did not identify which type of public authorization they hold.

44 RDHs provided services in 2015, or 40.74% of RDHs with a Public Health Authorization are utilizing the permit. Services were provided in 52 of 93 counties in Nebraska. Services were provided in the following locations (number of RDHs reporting the location type):

Nursing Facility (11)

Correctional Facility (1)

School-Based Preventive Health Program (31)

Federal, State, or Local Public Health Department or Clinic (7)

Community Health Center (3)

Similar Program or Agency that Services Primarily Public Health Care Programs Recipients (9)

No services were provided in the following allowable settings: Hospital, Assisted Living Facility, Tribal Clinic, or Rural Health Clinic. Provided services are broken down by age range as seen in the tables below.

2015 Preliminary Charting and Screening Breakdown By Age

Total: 34,993

Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	442	955	6585	13776	7813	2324	181	461	509	200	807	198	328	255	159

2015 Oral Health Education to Recipient Breakdown By Age

Total: 30,468

Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	59	81	5509	14764	5122	1182	127	430	484	233	1281	263	391	331	211

2015 Oral Health Education to Caregiver Breakdown By Age

Total: 5,956

Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	497	962	1576	1553	751	113	113	1	3	1	12	5	43	77	67

Oral Health Education provided in a Group Setting: 4,852 presentations total
The total number of workshops provided in 2015 is 4,798. Age information was not collected.
The total number of in-service trainings in 2015 is 54. Age information was not collected.

2015 Oral Prophylaxis Breakdown By Age															
Total: 1,963															
Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	0	0	0	4	7	4	0	0	6	39	1149	156	251	202	85

2015 Pulp Vitality Testing Breakdown By Age															
Total: 0															
Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2015 Topical Fluorides Breakdown By Age															
Total: 25,716															
Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	167	985	5940	13239	2848	458	110	414	423	160	153	189	256	192	122

2015 Sealants Breakdown By Age															
Total: 14,021															
Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	0	0	1069	9992	2956	4	0	0	0	0	0	0	0	0	0

2015 Advised Patient Breakdown by Age															
Total: 31,023															
Age Range	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Total Service Provided	495	1022	5174	15275	5464	178	458	476	145	171	133	189	141	82	0

Report of Public Health Authorization

Eighty-four forms were returned by 63 registered dental hygienists with a public health authorization by July 1, 2015. Sixteen dental hygienists provided services both in 2013 and 2014. Provided services are broken down by year and age range as is seen in the tables below.

Year 2013

Twenty-two dental hygienists (22 cases of 84 cases) reported the services they provided in 2013. The total number of dental hygienists reporting is 63. The total number of forms returned is 84.

2013 Preliminary Charting and Screening Break Down by Age, Total is 6,839

Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	336	608	2949	3762	3042	212	96	447	322	124	64	37	2	0	1

2013 Education to Recipient Break Down by Age, Total is 2,655

Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	19	34	1837	1193	942	212	96	407	320	124	64	37	2	0	1

2013 Education to Caregiver Break Down by Age, Total is 229

Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	381	643	1540	816	339	72	98	108	40	12	5	5	0	0	1

Total number of Oral Health Education Workshops provided is 4,016. No age information was collected.
Total number of Oral Health Education In-Service Trainings provided is 10. No age information was provided.

2013 Oral Prophylaxis Break Down by Age, Total is 0

Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2013 Pulp Vitality Testing Break Down by Age, Total is 0

Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2013 Topical Fluorides Break Down by Age, Total is 2,340

Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	183	656	2855	1595	798	53	97	431	286	105	55	31	1	0	0

2013 Sealants Break Down by Age, Total is 4,362

Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided		0	705	2602	1,841	0	0	0	0	0	0	0	0	0	0

2013 Other Topical Agents Break Down by Age, Total is 0															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2013 Advised Patient Break Down by Age, Total is 6,839															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	381	643	1876	3300	3033	212	106	417	325	124	64	37	2	0	1

Year of 2014

Thirty-five dental hygienists (35 cases of 84 cases) reported the services they provided in 2014. The total number of dental hygienists reporting is 63. The total number of forms returned is 84.

2014 Preliminary Charting and Screening Break Down by Age, Total is 17,096															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	512	1045	5701	85241	5902	266	123	509	450	190	127	99	121	117	105

2014 Education to Recipient Break Down by Age, Total is 6,891															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	130	283	3903	3418	2251	174	122	502	437	190	127	99	111	101	100

2014 Education to Caregiver Break Down by Age, Total is 4,940															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	505	1020	2547	2062	1429	266	110	81	70	4	0	0	60	66	24

Total number of Oral Health Education Workshops Provided 71. No age information was collected.
Total number of Oral Health Education In-Service Trainings Provided 10. No age information was provided.

2014 Oral Prophylaxis Break Down by Age, Total is 1															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0

2014 Pulp Vitality Testing Break Down by Age, Total is 0															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2014 Topical Fluorides Break Down by Age, Total is 11,519															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	132	971	4234	5461	2854	173	111	466	389	116	65	30	5	1	0

2014 Sealants Break Down by Age, Total is 13,537															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	0	0	2799	7800	3957	0	0	0	0	0	0	0	0	0	0

Note: One dental hygienists did not provide the break down information for sealants, but reported the total he/she provided, so the total does not match the breakdown.

2014 Other Topical Agents Break Down by Age, Total is 0															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2014 Advised Patient Break Down by Age, Total is 16,680															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	505	1030	5508	8519	5899	266	123	509	430	130	67	39	61	57	14

Those who did not provide year information

Twenty-seven dental hygienists (27 cases of 84 cases) did not report the year they provided services. The total number of dental hygienists reporting is 63. The total number of forms returned is 84.

Preliminary Charting and Screening Break Down by Age, Total is 2,373															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	1	128	575	796	427	23	0	15	18	30	45	52	218	296	166

Education to Recipient Break Down by Age, Total is 1,455															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	0	0	334	416	267	15	0	15	18	30	45	52	218	296	166

Education to Caregiver Break Down by Age, Total is 943															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	1	128	245	389	170	10	0	0	0	0	0	0	0	1	2

Total number of Oral Health Education Workshops Provided 4. No age information was collected.
Total number of Oral Health Education In-Service Trainings Provided 19. No age information was provided.

Oral Prophylaxis Break Down by Age, Total is 210															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	0	0	0	0	0	0	0	3	7	30	41	45	42	148	106

Pulp Vitality Testing Break Down by Age, Total is 0															
Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Topical Fluorides Break Down by Age, Total is 2,180

Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	0	128	575	786	415	19	0	15	17	30	41	45	92	148	136

Sealants Break Down by Age, Total is 26

Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	0	0	0	25	13	0	0	0	0	0	0	0	0	0	0

Other Topical Agents Break Down by Age, Total is 0

Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Advised Patient Break Down by Age, Total is 2,381

Age	<1	1-2	3-5	6-9	10-14	15-18	19-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Service provided	37	54	375	611	351	8	0	15	17	30	45	50	165	196	166

Health and Human Services Committee
December 10, 2018
Rough Draft

RIEPE: [00:00:03] When you get just like a director or something that; gives you the flag you're to go. First of all, thank you very much for being here. This is the Health and Human Services Committee and I had asked-- it's a good way to get Monday started at 9:00, meaning I had asked for a 7:00 one but then no one thought that that was reasonable. So here we are. I am Merv Riepe. I am the sitting Chairman of the Health and Human Services Committee. I represent District 12, which is Millard and Ralston. And as we get started, I'd like to, before we go into some of the rules of engagement here, I'd like to have the committee members who-- introduce themselves. I very much appreciate their being here. This is recess time so they're here on their own and for that I do truly appreciate it. And so I'd like to start over here on my right.

KOLTERMAN: [00:00:58] I'm Senator Mark Kolterman from Seward. I represent Seward, York, and Polk Counties.

HOWARD: [00:00:59] Senator Sara Howard. I represent District 9 in midtown Omaha.

KRISTEN STIFFLER: [00:01:08] Kristen Stiffler, legal counsel.

WILLIAMS: [00:01:11] Matt Williams, Legislative District 36, live in Gothenburg: that's Dawson, Custer, and the north portion of Buffalo Counties.

LINEHAN: [00:01:16] Good morning. Lou Ann Linehan and I represent District 39, which is everything west of 180th Street in Douglas County.

TYLER MAHOOD: [00:01:23] Tyler Mahood, committee clerk.

RIEPE: [00:01:26] And we're fortunate today we have Austen with us as the page and he's, I believe, a sophomore here at the university. Our hearing today is-- is your public opportunity to participate in the legislative process and it's your opportunity to express your position on the proposed resolution and to be engaged with the process of this hearing. The committee members may come and go during the hearing. It is not an indication of their interest in your particular testimony or your thing. There are just other things that go on with their office, even during the recess period. Today, to better facilitate our hearing, we're going-- I'm going to ask you to please make sure your telephone or any other electronic devices are muted and to-- to move to the-- I know we have a large crowd here. So normally we ask people if they're going to testify to move to the front, but we're pretty-- we're in good shape today. We're going to testify on a first come, first served basis of those who want to. We'll ask you to sign in. And we'll ask you also to hand your pink slip sheet to Tyler over here when you come up to testify so that we know your name and we can get the record done well. And when you come up to testify we'll be using a five-minute clock today. And we'll ask you to spell your name, state your name and who you represent. We'll ask you also if you can to be concise, although we don't have a large number of testifiers. Any written materials may be distributed to the committee members. And if so, we will need ten copies of those. If you need copies, Austen over here, he's fast like a bullet and he can make copies for you and we can get those distributed. The committee members, as I said, are here today on their recess time and I do again want to repeat my appreciation for their engagement. We will begin the legislative process. My opening remarks are this hearing is pursuant to Nebraska Revised Statute Section 38-1130. The Health and Human Services Committee is required to evaluate the services provided by licensed dental hygienists within five years after September 6, 2013. This hearing is to assist the committee with completing its report to the Legislature. And I would like to ask my-- my committee members to, immediately following this hearing, I'd like to go into Exec Session, given the length of the remaining days in the session, so that we can complete that report and comply with

the statutory requirements. So with that, who is it going to give us our opening?

KRISTEN STIFFLER: [00:04:37] Just [INAUDIBLE].

RIEPE: [00:04:37] Just-- just hearings, huh?

KRISTEN STIFFLER: [00:04:41] Yep.

RIEPE: [00:04:41] Wow! You're getting the speed edition here, CliffsNotes. Are there any parties here that would like to-- in the public like to testify? You can be the-- break the ice here.

HEATHER HESSHEIMER: [00:04:58] Yeah, I'll break the ice.

RIEPE: [00:04:58] Again, if you'd be kind enough to just state your name, spell it, and tell us who you represent. And we'd love to hear from you.

HEATHER HESSHEIMER: [00:05:04] All right. I'm Heather Hessheimer, that's H-e-a-t-h-e-r H-e-s-s-h-e-i-m-e-r, and I am here to represent the Nebraska Dental Hygienists' Association. I'm presently the vice president of the Nebraska Dental Hygienists' Association. I provided a copy of my testimony and--

RIEPE: [00:05:25] Thank you.

HEATHER HESSHEIMER: [00:05:25] -- so I'll read through that. And if anybody has any questions when we're done, I'd be happy to answer anything, so. On behalf of the Nebraska Dental Hygienists' Association and our 342 members, we would like to provide feedback to the Health and

Human Services Committee's special hearing today in your-- our-- in your effort to evaluate the services provided by licensed dental hygienists performing the public health services pursuant to the statute that was read before. The Nebraska Dental Hygienists' Association and its membership are very concerned about access to oral healthcare services across the state of Nebraska. We understand the tremendous need for preventative services, especially in our underserved rural communities, and want to help mobilize our members to retain access to care in Nebraska. Our health is integral to overall health, oral health, excuse me, is integral to overall health, and access to dental services is essential to promoting and maintaining good oral health. Yet those who need dental care the most are often the least likely to receive it. Underserved and vulnerable populations face significant barriers that significantly affect their ability to access and navigate the oral healthcare system. These include low socio-economic status, the shortage and maldistribution of dentists, a lack of professional training regarding current evidence-based oral health guidelines, deficient continuity of care due to inadequate interdisciplinary collaboration, low oral health literacy, and patient perceptions and misconceptions about preventative dental care. As an example, the number of dentist per 100,000 population in the state has decreased from 57.1 to 56.5 over the last ten years. In addition, you can see from the chart provided in the testimony there is also a maldistribution of dentists in Nebraska. We believe that dental hygienists, the dental hygiene profession is poised to play a pivotal role in the resolution of some of these oral health disparities. Nebraska is fortunate that state law allows dental hygienists to obtain a public health authorization permit enabling them to provide services such as oral prophylaxis, pulp vitality testing, application of fluoride sealant and other topical agents, and other functions that any dental assistant is authorized to perform in various public health settings but without the supervision of a dentist. Dental hygienists with this status could provide services to underserved populations. In order to be granted a public health authorization permit, a dental hygienist must provide proof of working at least 3,000 hours. In 2012 only 75 dental hygienists in Nebraska had this permit. Currently there are over 100 dental hygienists with this permit and many are providing a significant amount of care to Nebraska citizens.

However, if barriers were addressed, more dental hygienists could be recruited to apply for this permit, providing even more care to Nebraska's underserved population. In 2017 the Nebraska Department of Health and Human Services Office of Oral Health and Dentistry contracted with the University of Nebraska Medical Center's health professions tracing service to execute two surveys. Questionnaires were mailed to 117 public health registered dental hygienists regarding the use of the public health authorization or the public health authorization child, which is a permit for those who don't have the 3,000 hours yet. They can do some work with children. The 117 included public health hygienists who either held an active public health permit that year or their permit was expiring during 2017. We've included the results of the survey in the appendix of this testimony, but would like to highlight that nearly 95,000 procedures were performed by public health hygienists that year and-- and it is estimated to be worth approximately $2.3 million in services. In the 2017 survey, public health hygienists were also asked to describe any challenges encountered utilizing or reasons they may have limited use of the public health authorization. The top 6 of the 129 responses included a lack of interest or knowledge, time constraints, difficulty receiving reimbursement, Medicaid payments, difficulty obtaining consent forms, or lack of funding. While we celebrate the care many dental hygienists have been able to deliver due to the public health permits, we also believe that U.S. policymakers should continue to explore the potential for expanding the scope of practice of public health hygienists to address these barriers, including the elimination of the 3,000-hour requirement to obtain the permit. Students in Nebraska dental hygiene schools all graduate with experiences in nursing home settings, yet they're not allowed to get a full public health authorization till a couple years later. The future of geriatric care is trending toward home health, so it would also be worth investigating the potential for allowing public health hygienists to be freed from the community setting. Oral health is an essential part of everyday life and enhances our ability to communicate, speak, smile, smell, taste, chew, swallow, and convey emotions. Oral diseases range from cavities and gingivitis to oral cancer. Bacteria in an oral cavity leads to diseases in other organ systems and can be especially dangerous in our geriatric populations. Additionally,

poor oral health affects children's ability to learn, potential to thrive, and quality of life. We need as many educated dental professionals as possible to be providing access to care across the state. In many cases, this means meeting the patient where they are at, and public health hygienists are showing they can be that provider. Thank you.

RIEPE: [00:10:31] OK. Thank you very much. I have a question, not seeing any right off, and that is I know in the nursing profession where we have a large concern and primarily an aging population of nurses, how does that-- I think in nursing I think it's something like the average nurse is 50-some years old, not that that's old by any means. But, saying that, how does that compare with dental hygienists? Is it-- are you a younger group on average or-- ?

HEATHER HESSHEIMER: [00:11:03] I don't have the numbers in front of me or anything. I could probably get that to you. But I, from what I understand, the dental hygiene population tends to be a younger age group. Dental hygienists on average don't work as many years full time as nurses do. The statistics I'm aware of are actually probably about a decade old, but a lot of times hygienists work part time or only for-- for so many years. And they might come back to it later on in the profession, so I could be wrong on that too. But I know first out of school a lot of times hygienists, the old statistic that I'm aware of was six years.

RIEPE: [00:11:46] OK.

HEATHER HESSHEIMER: [00:11:46] So it was a very young population.

RIEPE: [00:11:49] Of course, you're not working 24/7 on rotating shifts and stuff like that either.

HEATHER HESSHEIMER: [00:11:54] Right. Yeah.

RIEPE: [00:11:56] You talked here in your presentation about, and I quote here, it says: including elimination of 3,000-hour requirement to obtain the PHA permit. Students in Nebraska dental hygiene-- hygiene schools are graduate with-- graduate with experiences in a nursing home setting. How much time do they get that would. justify eliminating the two year? I know CPAs have to work for-- or at least had to work for two hours under a-- in a CPA firm to get eligible to sit for the CPA exam.

HEATHER HESSHEIMER: [00:12:30] Sure.

RIEPE: [00:12:31] How many hours do-- how much-- do they get sufficient experience in a-- as a student in a nursing home to justify not having to have some more concentrated training or-- ?

HEATHER HESSHEIMER: [00:12:45] Yes. So I also work for the University of Nebraska in our dental hygiene department and I know at the University of Nebraska the students go into the nursing homes. On average they have one rotation a month for their senior year. So they have probably-- probably around 20 hours of experience in the nursing home setting, in that portion of the public health.

RIEPE: [00:13:11] Do you think that's sufficient that they're then prepared to go out and--

HEATHER HESSHEIMER: [00:13:12] You know, I really--

RIEPE: [00:13:12] --rather practice independently?

HEATHER HESSHEIMER: [00:13:17] I really do. You know, the hygienists obviously when

you get years of experience do a great job, but sometimes when you catch them right out of school and their experience, they're used to what they had to take to go into a setting like that, they remember what it took for forms to get consent, whereas hygienists who have been out of practice for a few years, it's a little bit more playing catch up and trying to remember, how did we do this, how did we get the authorization, the consents, and dealing with the power of attorneys and such when we need that as well. And then physically doing the scaling and other procedures, I think it's fresh in their mind what they had to do and what, like I said, what supplies to take with them. And so I think that they've done a great job, from what I've heard from our faculty that do take them. And Central Community College is our other dental hygiene program that's in the state of Nebraska and I know that they are providing care in nursing homes as well. I don't know, I can't speak to how many hours that they do. But, yes, I-- from the faculty's perspective that I've spoken to, they said that they are prepared and ready upon graduation.

RIEPE: [00:14:27] As dental hygienists, do you have a continuing education requirement on an annual or biennial basis?

HEATHER HESSHEIMER: [00:14:33] Yes, we have 30 hours every two years we have to provide--

RIEPE: [00:14:37] OK. OK. Are there other-- ? Senator Howard.

HOWARD: [00:14:41] Thank you, Senator Riepe. Thank you for visiting with us today. I wanted to see if you could elaborate on your bullet points around difficulty receiving reimbursement and Medicaid payments.

HEATHER HESSHEIMER: [00:14:51] Yes, and I know that some of our public health hygienists

that are going to testify today probably have a little bit better firsthand knowledge. But I know that they've had a difficult time with-- with some of the procedures getting-- getting through and getting reimbursed for. I don't have firsthand knowledge on that but that was some of the information that was provided, both from the survey and to the public health hygienists when we notified them about this hearing.

HOWARD: [00:15:16] OK. And then somebody behind you--

HEATHER HESSHEIMER: [00:15:17] Uh-huh.

HOWARD: [00:15:17] -- can you elaborate.

HEATHER HESSHEIMER: [00:15:18] Yeah.

HOWARD: [00:15:19] All right. I will save the question for them.

HEATHER HESSHEIMER: [00:15:20] Oh, sounds great.

HOWARD: [00:15:20] Thank you.

HEATHER HESSHEIMER: [00:15:21] Yes.

RIEPE: [00:15:25] Senator Williams, please.

WILLIAMS: [00:15:26] Thank you, Chairman Riepe. Heather, thank you for being here. I want to follow up on-- on the questions that Senator Riepe was asking. From your association's standpoint,

do you have a recommendation on the 3,000-hour limit?

HEATHER HESSHEIMER: [00:15:41] You know, our legislative committee is-- is working on figuring out what we want to do from, perhaps, a future legislative bill on changing that. I think that the goal is to completely eliminate it so that new graduates could even get the public health authorization.

WILLIAMS: [00:16:03] OK.

RIEPE: [00:16:04] Go ahead,--

WILLIAMS: [00:16:04] Not finished yet.

RIEPE: [00:16:04] -- please.

WILLIAMS: [00:16:04] In-- early in your testimony you talked about underserved and vulnerable populations. And one of the issues there was deficient continuity of care due to inadequate interdisciplinary collaboration. Can you describe what that means so I can better understand that?

HEATHER HESSHEIMER: [00:16:28] Yes, absolutely. So especially in the nursing home care, some of the continuity of care can be a little bit difficult with the way things are set up that we don't have access maybe to their charts or we don't have the ability to talk directly to their physician. So we need to address some of those barriers. That way we can do a better job for those patients.

WILLIAMS: [00:16:50] So the collaboration is between different medical providers--

HEATHER HESSHEIMER: [00:16:55] Right. Yeah.

WILLIAMS: [00:16:55] -- concerned with that. Thank you.

RIEPE: [00:16:59] I also understand there's a difference between the 3,000-hour requirement for children and adults. And the rationale that I've heard about that, and you can either set me straight on this or not, is that because they baby teeth. And I'm kind of going, but they get permanent teeth after they've had baby teeth, hopefully. Why-- why the variance?

HEATHER HESSHEIMER: [00:17:21] I-- I don't know why it ended up having to be that way. It was, I think, a negotiation that that got put in there. I think some of it came from the fact that they didn't know if new graduates were ready for scaling teeth on-- some of our geriatric patients have a lot more buildup on their teeth, especially if they don't have good oral healthcare. They don't have anybody else providing that. They don't have the dexterity to do a good job brushing. And so I think the concern was whether they had the ability to do that in that setting. Because [INAUDIBLE] dental professionals know that baby teeth are very important, so I don't think it came so much from them being baby teeth as it was just whether they were prepared to take-- take care of and manage the care of somebody who's on multiple medications, in a lot of settings too.

RIEPE: [00:18:11] Do you think that difference should be retained?

HEATHER HESSHEIMER: [00:18:14] Excuse me, what was that?

RIEPE: [00:18:15] Do you think that the variance between the 3,000 hours for adults and children should be retained?

HEATHER HESSHEIMER: [00:18:21] No. The Nebraska Dental Hygiene Association would really like to move towards not having the 3,000-hour requirement and basically just having one permit that was able to be received without the 3,000 hours.

RIEPE: [00:18:37] OK. Senator Linehan.

LINEHAN: [00:18:38] Thank you, Chairman Riepe. Thank you very much for being here. I'm going to admit my lack of knowledge here. How long are you in school? Is it a--

HEATHER HESSHEIMER: [00:18:48] It's a--

LINEHAN: [00:18:49] -- associate degree or-- ?

HEATHER HESSHEIMER: [00:18:49] Like nursing, it-- there's associate degree programs in dental hygiene and then there's bachelor degree programs in dental hygiene. They are able to perform the same functions upon graduation, just like in nursing. They just have a different degree.

LINEHAN: [00:19:02] So in nursing it takes over three years for an associate's degree in nursing, I think, so is that the same for--

HEATHER HESSHEIMER: [00:19:07] Yes. Yup.

LINEHAN: [00:19:09] OK. So when it-- you say 3,000 hours, I'm thinking up, that's 40 hours a week, it's like 75 weeks. That's how long you have to practice under dentists? Is that what you have to do?

HEATHER HESSHEIMER: [00:19:22] Yes. Yup.

LINEHAN: [00:19:23] So is that about right, 75 weeks?

HEATHER HESSHEIMER: [00:19:26] I don't know the numbers off the top of my head, but most people it takes longer than that because a lot of dental hygienists don't work 40 hours a week. A lot of dental practices are open maybe 36 hours a week or shorter, or hygienists maybe work part time. They might work for multiple dentists. So for a lot of them, it takes longer than that.

LINEHAN: [00:19:45] OK. OK. Thank you very much.

HEATHER HESSHEIMER: [00:19:49] Uh-huh.

RIEPE: [00:19:49] Is it difficult for a hygienist to find a dentist that's willing to oversee them for those hours?

HEATHER HESSHEIMER: [00:19:56] I think that there are a lot of dentists in the state that are very pro public health and I think honestly it probably comes from them being just very busy in their practices that they would like their hygienists to be working out of the practice instead of doing some other public health. But I can't speak for the dentists. I'm not 100 percent sure on that. And I think in all that there you'll see a variety of situations from the dentists. Some of them are very happy to be general supervision and allow their hygienists to go into different facilities and-- but I know that dentists are also very, very busy professionals and sometimes just don't want to take over that responsibility of care for a more difficult population in some cases too.

RIEPE: [00:20:38] I think one of our concerns would be if we have trained hygienist that then

they're queued up because they can't get a placement. Then-- then we've got a problem. So trying to make sure that we can move them along in the supply chain, if you will, is-- is critically important. Are there other questions from the committee? Seeing none, thank you for this early meeting.

HEATHER HESSHEIMER: [00:21:03] Thank you.

RIEPE: [00:21:04] We appreciate you being here. Welcome.

CYNTHIA CARLSON: [00:21:19] Hello.

RIEPE: [00:21:19] If you'd be kind enough to state your name, spell your name, then tell us who you represent, please, then go.

CYNTHIA CARLSON: [00:21:22] My name is Cynthia Carlson, C-y-n-t-h-i-a C-a-r-l-s-o-n, representing the NDHA and myself. I've been a dental-- public health dental hygienist for four and a half years, license number three. I was really excited about that. I've done fluoride varnish programs, school programs, worked with Head Start, and work with Four Corners Health Department. I'm currently working with Bluestem, which is the federally qualified health center here in Lincoln, and I go into an Alzheimer care facility using my public health permit. A couple facts that I would like to share with you: The Department of Health and Human Services here in Nebraska in an "Oral Health 2016" report stated that the mission is being-- their mission is helping people live better lives. And I do believe public health hygienists can help with this. We can help decrease costs for dental care and costs related to the systemic health-related illnesses with the dental connection. We do this by preventing-- by providing preventative and education services. Also, just newly released for 2018, the U.S. Office of Management and Budget released the occupational reclassification for dental hygienists. We have been changed as a profession to the

health care diagnosis and treating practitioner. This is now in the same class as dentists are in the United States. Also just last week a report was issued in accordance with an executive order of the President, which was issued last year, that had the goal of creating more choice in healthcare delivery. Supporting organizations include the DHHS, the FTC, the White House, and the Departments of Labor and Treasury. Dental therapy and dental hygiene are mentioned most notably under the scope of practice section. Excerpt-- experts-- excerpts from the state report included that states should consider changing, making changes to the scope of practice statutes to allow all healthcare providers to practice to the top of their license utilizing their full skill set. Burdensome forms of dental supervision are generally not justified by legitimate health and safety concerns. And states should particularly be wary of undue statutory and regulatory impediments to the development of new occupations, which I think public health hygiene is, falls into. Some of the benefits of public health hygienists, number one, with LB18 passing, it did expand some of the functions that we can do: the minor denture adjustments, the interim therapy restorations which is a temporary filling, and prescription writing for fluorides. Public health hygienists do reach many of the vulnerable citizens of Nebraska, as was spoken to, but I'd like to point out that access to care is not necessarily physical access, being able to get somewhere. It's limited by high costs and providers that are not accepting that person's insurance. Head Start staff and parents report that the number one issue affecting children in the Head Start program is the lack of access to oral health services. Nebraska Department of Oral Health report on-- reports on public health services. It gives specific ages and specific services that are provided. These numbers have increased over the five years of the public health existence. Public health hygienists provide care that traditional dental offices cannot. Like I said, I bring my services to an Alzheimer care facility and this basically eliminates the difficulty of transporting people to an office. The weather, travel, the fear of the unfamiliar, and then physical barriers such as being in a wheelchair or being even bedridden, these are not a concern when I go to the facility. I am able to spend my time needed and adhere-- not adhere to a strict time schedule. I have time to relax the patient; educate the staff, because they're

right there, and family; and address all the concerns while providing care. Public health hygienists also can help decrease costs for dental care, such as the hospital surgeries for childhood decay. I was surprised to learn that Nebraska in 2008, ten years ago, spent 35 million Medicaid dollars. That's a huge chunk and I'm sure that's gone up in the last ten years. Childhood dental surgery typically costs over $6,000 and often the children are repeat surgery candidates, which is sad. Preventative care can decrease this, this-- this issue. And as spoken to, dental hygienists are now using the silver diamine fluoride, which is a new fluoride, very easy to apply. This is a dynamic new way of treating decay. It actually stops decay even after it's progressed past the outer enamel layer of the tooth. This will give the patient time to find or-- find a dentist or even be seen by the dentist. Some of the barriers that I see in public health dental hygiene: It's very difficult to make referrals to dentists. Most offices are not taking MCNA clients, and if they are listed as taking clients, they're not taking new clients. They service the few that they already have. Many clients have no dental home because they are turned away. Many have just moved here and can find no provider. And like the Alzheimer population I work with, they don't remember and usually the family has no idea. We did a-- our association did an informal phone survey last spring to verify the offices that were listed on the MCNA Web site. The results were very disappointing. There are barriers to becoming an MCNA provider, just even being recognized as a public health hygienist, along with working with their process and getting payment. The code assessments need to be updated. There are many MCNA code that are-- that not-- not acknowledging codes for the hygienists, yet the service is in our scope and it is being paid for when a dentist does this. Hopefully there are new codes being developed for teledentistry and this can help coordinate the public health and establish a dental home with a dentist. Codes are not all reimbursable, but they are a way to document services and quality of care being provided. I have had patients ask me to provide home care and I've had requests for this. It would be great to work with a home healthcare agency, like nurses do, and be able to help in that aspect. And I do question, with Medicaid expansion, 90,000 new Medicaid people, where they can possibly find dental care because those current

[INAUDIBLE] are not getting care now. In the clinic I work in there is a ten-month wait for a standard six-month hygiene appointment, and that doesn't include people who should be seen every three or four months because we've done more of a deep cleaning for them. So standard of care is not even being able to be provided. Let's see, try to cut this down. So with the newly revised standard occupational classification in the executive order dealing with reforming America's healthcare system recommendations, I think it's time to embrace the public health hygienists and provide for further growth in scope of practice and to meet the needs of our Nebraska citizens, and public health hygienists can do this. And I'd be glad to entertain any questions.

RIEPE: [00:29:51] OK. Thank you very much.

CYNTHIA CARLSON: [00:29:53] Uh-huh.

RIEPE: [00:29:53] You talked about-- some about access. Is that access more harsh the further you get out, away from urban centers where you probably have a higher density of dentists?

CYNTHIA CARLSON: [00:30:07] No, I don't think so. I think there's a huge access problem in Lincoln, because that's where I'm familiar and that's where I work. And I just see patients every day that can't get the treatment done in the public health setting that I work at. Also, in the nursing home settings there just isn't care provided. And like I said, referring to a dentist is difficult because they don't want to come into the facility.

RIEPE: [00:30:37] Uh-huh. I think there's a point well-made here in the sense that, while the benefit may be there, if you can't access it--

CYNTHIA CARLSON: [00:30:45] Right.

RIEPE: [00:30:45] -- then fundamentally--

CYNTHIA CARLSON: [00:30:46] Right.

RIEPE: [00:30:46] -- you don't have it. I mean that's the bottom line of this thing.

CYNTHIA CARLSON: [00:30:48] Uh-huh.

RIEPE: [00:30:48] Are there other questions from committee members? Senator Williams.

WILLIAMS: [00:30:54] Thank you, Chairman Riepe. And thank you again for being here. Could you help us so that we-- we all have a better understanding of this? In your testimony you talked about the systemic health-related illnesses--

CYNTHIA CARLSON: [00:31:09] Uh-huh.

WILLIAMS: [00:31:09] -- with a dental connection.

CYNTHIA CARLSON: [00:31:10] Yes.

WILLIAMS: [00:31:11] Can you talk a little bit--

CYNTHIA CARLSON: [00:31:13] Sure.

WILLIAMS: [00:31:13] -- about those, especially you work sometimes in an Alzheimer's--

CYNTHIA CARLSON: [00:31:17] Uh-huh.

WILLIAMS: [00:31:17] -- unit and what you see there?

CYNTHIA CARLSON: [00:31:22] Uh-huh. Definitely. People so often think of the mouth as totally separate from the body, and it's not. Just even inflammation in the mouth can affect, if it gets into the bloodstream, affects every organ. Relate-- there's statistics relating to, you know, stroke, pneumonia, heart health, just, you know, it connects to everything. Working in an Alzheimer facility is nice because then I have that staff right there that can work with me. I do have access to the records and the staff in the home care. So having a healthy mouth is a window to the whole body health. It affects everything. So at that point, later stage in life, they don't need dental problems complicating any other healthcare issues that they have, so.

WILLIAMS: [00:32:13] And I'm assuming with that, that in particular in the elderly population,--

CYNTHIA CARLSON: [00:32:18] Uh-huh.

WILLIAMS: [00:32:18] -- they have more problems doing dental hygiene themselves and they need more help to do some of those things. Is that correct?

CYNTHIA CARLSON: [00:32:25] Oh, very much so. And usually that's why it's so important to work with the staff because the staff is doing it. Last Monday I had a patient who hadn't taken her denture out for-- staff didn't even know how long, and that was a horrible situation. But I was able to get in there and clean the denture and do an oral cancer screening. And, you know, it was just a bad situation.

WILLIAMS: [00:32:50] But it's also oftentimes beyond the scope of the staff at the facility itself to do those kind of things, correct? And so having you come in is--

CYNTHIA CARLSON: [00:32:59] Right.

WILLIAMS: [00:32:59] -- an important part of that healthcare providing situation.

CYNTHIA CARLSON: [00:33:01] Uh-huh. And often the person in the nursing home providing care is the lowest educated and lowest paid staff member, and they've had maybe 30 minutes of education on dental health. So it's not that they don't want to. They just don't know how. And they have so many other things to take care of that it often slides down the list.

WILLIAMS: [00:33:24] Thank you.

CYNTHIA CARLSON: [00:33:30] Uh-huh.

RIEPE: [00:33:30] OK. Thank you very much.

CYNTHIA CARLSON: [00:33:30] Thank you. I appreciate your time.

RIEPE: [00:33:33] We appreciate your being here. How many more testifiers do we have? OK. Well, we don't have-- OK. I was just-- I've been kind of generous with the red light and I'm just curious whether or not I need to be a little bit more disciplined to it. Thank you very much. If you'd be kind enough to state your name, spell it, and then tell us who you represent.

DIANE ALDEN: [00:34:00] My name is Diane Alden, D-i-a-n-e A-l-d-e-n, and I am representing the Nebraska Dental Hygienists' Association and also North Central District Health Department where I am a public health hygienist.

RIEPE: [00:34:15] OK. Please, go forward.

DIANE ALDEN: [00:34:16] Thank you for letting me share the positive impact that public health hygienists are making. Children dental disease is the number one disease in the United States today and it is the number one preventable disease. I've been involved in three oral health programs with North Central District Health Department. The first one I'm going to share with you is the Miles of Smiles program. We cover nine counties and we're in 38 schools. We see preschool through eighth graders. We provide twice a year to the students a dental screening where we screen the teeth, the throat, the tissue, the tongue. We check for abnormalities and we also do our oral cancer screening. We do a lot of education on nutrition, proper brushing and flossing, and we give each child a new toothbrush and toothpaste. We provide fluoride varnish, which has been proven to be significant in preventing dental decay. Fluoride varnish should be placed four to six times a year for it to be most effective. So if it's done twice in the dental office and twice in the school setting, we are being effective. We refer students to dental offices if we see any concerns and follow-up is done by the school nurse. We see children where 90 percent of the teeth are decayed. We have children who are thankful for a new toothbrush because they have to share their toothbrush with a sibling. I had a little girl who had a lot of decay and plaque and I said, oh, sweetie, if you would just brush those teeth in the morning, at night, that would help so much. She said, my siblings or my brothers sleep in the bathroom so she doesn't have access. We do at least six dental sealant programs each year. Sealants reduce decay by 80 percent in molars. And we offer silver diamine fluoride to students in the Santee school with great success. Silver diamine fluoride is an antibiotic liquid and when placed on cavities it helps stop tooth decay. It is the greatest product and it is going to save Medicaid a lot

of money. I'm excited that the Nebraska Community Foundation and other local foundations have partnered with the Miles of Smiles program. They see what an important program we have. The second program is offering the same services as I mentioned to WIC and Head Starts, and we have many referrals from both of these entities and we struggle finding dental providers who take Medicaid. At WIC we use a lot of the silver diamine fluoride on teeth on the children and on the parents, and on the second visit we have noticed that those teeth, the decay has not progressed. So we've been able to place the second application, which is in the guidelines to make-- to make the best end results. All-- we also go into nursing homes and all the places have welcomed us in. I lost my train here. I apologize, taking up. In the nursing homes, we provide the same services as mentioned. We do also prophys, cleanings. We clean the dentures and the partials. It is-- I did take a significant pay reduction. Public health is very difficult and it has also been the most rewarding. In the nursing home I saw a lady that had never had her teeth cleaned. And if you see on the handout I gave you, that is the amount of calculus tartar that was removed just between the lower front teeth. I also had a lady who had-- they had not been able to get her denture out. When I removed that denture, she had a lot of denture sores and the odor was horrible. Severe, severe periodontal disease, denture sores, gross decay, and dry mouth is the norm. I have not had one complaint or any concern from any of the facilities we've been in on the services we've provided. The Board of Dentistry gave approval for the public health hygienists to do a debridement, which is a gross scale, and I've been in the process of trying to get it approved by Medicaid and MCNA, and I'm not making headway. We used to be able to bill for two cleanings if we had a difficult patient or that took more time, and we do not have that available. Public health hygienists with further education, as Cynthia has mentioned, we can do denture adjustments and also therapeutic restorations. These services have not been approved by Medicaid or MCNA. This is a huge barrier for the public health hygienist licensed to do both, but we cannot bill for those. So it would be very great for our program. We are in the beginning stages of making an enormous impact on better oral health and we hope to continue this great service. Thank you so much.

RIEPE: [00:39:16] OK. Thank you. Are there questions from the committee? Senator Howard, please.

HOWARD: [00:39:23] Thank you. Thank you for visiting with us today. So are you paid directly through the health department?

DIANE ALDEN: [00:39:29] I am. I contract.

HOWARD: [00:39:30] You-- you contract with them?

DIANE ALDEN: [00:39:32] Uh-huh.

HOWARD: [00:39:32] So you don't get a salary from them.

DIANE ALDEN: [00:39:34] I get a salary.

HOWARD: [00:39:35] You do get a salary.

DIANE ALDEN: [00:39:36] I get paid by the hour.

HOWARD: [00:39:38] OK.

DIANE ALDEN: [00:39:38] But the time that I give them, like I get paid from the time I leave my house to I go to a facility.

HOWARD: [00:39:45] Uh-huh.

DIANE ALDEN: [00:39:45] But the time going home I don't. So if I go to, for instance, Cody, Kilgore, Valentine,--

HOWARD: [00:39:52] Uh-huh.

DIANE ALDEN: [00:39:52] -- I give an extra two hours of my time.

HOWARD: [00:39:55] And then-- and then the health department itself will bill for the service.

DIANE ALDEN: [00:40:00] That is correct.

HOWARD: [00:40:01] OK. Great. Thank you.

RIEPE: [00:40:06] Senator Linehan, please.

LINEHAN: [00:40:06] Thank you, Chairman Riepe. Thank you very much for being here. So when you go into the schools, how do you know? Do you see all the kids, all the students, or do you see the ones that are Medicaid or CHIP or what parents? How does that work?

DIANE ALDEN: [00:40:22] The program is open to everyone. Everyone in the school gets a letter and we have to have parent permission. And I did put a copy in there of our permission forms. So it has to be signed by a parent that we provide any services to them. And we probably see-- some schools it's over 90 percent but in an average of 50 percent of the students.

LINEHAN: [00:40:45] So most of the kids are on CHIP or Medicaid.

DIANE ALDEN: [00:40:47] No. I don't think that's true. We do see a lot of them. But we also see a lot of children that are not. And we do ask for a $15 donation for the children who are not on the Medicaid.

LINEHAN: [00:41:03] So I was at an NCL conference in the spring and there was a dentist there. And one thing, it stuck with me, he said if we could just give every kid a new toothbrush and toothpaste every-- every three months or every four months,--

DIANE ALDEN: [00:41:18] Yeah, three or four.

LINEHAN: [00:41:18] -- it would be a huge, huge step forward. Have you seen anybody that's actually tried to have a program, if a child is on Medicaid or CHIP, that they automatically get mailed to them a toothbrush?

DIANE ALDEN: [00:41:31] Not that I'm aware of. When we-- in the beginning when we were in the schools, if the parent returned a form, no matter what, if they would let us screen or let us do the varnish, we provided a toothbrush and toothpaste to all of them. But then as costs go up we didn't. We only give it now to the children that we see, so.

LINEHAN: [00:41:52] OK. All right. Thank you very much for being here.

RIEPE: [00:41:58] Are there any other-- ? OK. Thank you very much for being here.

DIANE ALDEN: [00:42:00] Thank you.

RIEPE: [00:42:00] We appreciate it. Welcome. If you'd be kind enough to state your name, spell it, and then tell us who you represent, please.

ROXANNE DENNY-MICKEY: [00:42:15] Roxanne Denny-Mickey. That is R-o-x-a-n-n-e, Denny, D-e-n-n-y, hyphen Mickey, M-i-c-k-e-y. Well, good morning. I've got some handouts there that just kind of elaborate on some of the things I hope to testify on. Today I come here representing NDHA, myself as a public health coordinator with Two Rivers Public Health Department. And I want to address just a few things quickly. One is the value and the need of the public health authorized hygienist, also the success of the collective impact we've had, the support we've been shared, what we are doing and what we should be doing, and of course barriers, and you've heard that and I will kind of elaborate in my own story. First of all, the value, access to care: There are few dentists, and we've heard this story, that are accepting new Medicaid. It's not really the best business decision. There is a reduced amount of reimbursement with Medicaid. So you see that. It's also the credentialing process is a little bit difficult, is a kind way to put it. And, hence, that just makes it not really attractive to a lot of dental offices and taking that in actually reduces a lot of their-- it is a business as well as providing healthcare. With the public health authorized hygienist, we can be that mid-level care provider. We can still work and try to keep those relationships with the dentist and hopefully get those patients in. And we also educate many on how to be a good patient. And so hopefully, when they do get into a practice, then they are valuable and it's a good relationship. We can educate and do the prevention services and at least get those services out to our communities and improve health. MCNA is laboring to connect Medicaid patients with dental homes as well. So I've been getting calls from MCNA, the managed care entity, and sharing, can we put you on that list? I said, yes, as a preventive source. I get calls every week and people are searching up to 40 and more dentists that they've called without any luck and they're in pain and they're trying to get into a dentist. And this is an every week ordeal. This is not isolated. Success:

We are having a lot of success with our outreach. I've shared an infographic with you. The numbers are pretty impressive considering that is one full-time hygienist and one part-time hygienist, very part time, one to two days a week. Those are the statistics, and their conservative because some of the education outreach I was unable to get everybody to sign in if it was a health fair or if it was a presentation. We have massive amount of education outreach and the services that I noted and the value does not include that of what we provide in free homecare supplies or the education literature that we hand out. I only included what I could be able to be reimbursed for and that's only a handful of services. So we have some very, very big outreach with so little and it's been a very cost-effective way to do that. And we really need to expand and spread, but it's all about funding. The Office of Oral Health and Dentistry also has statistics that I think you have been privy to that is sharing a positive trend of more and more hygienists reaching out for their authorization, as well as doing the outreach. So we're going in the right direction and we're also reaching the most vulnerable populations. We're targeting them as best as we can of reaching those very young, reaching those that are of high-risk status, and the very-- our older adults. We have many letters of support. We've got letters from dentists, long-term care facilities, schools, preschools, Head Starts, and WIC. All of them are very grateful for the collaboration. Many of us share a mission in trying to improve health of those we're serving. The dentists have reached out and said they're very grateful because they're seeing patients that they hadn't, that had fallen off the radar, patients that were already established with them. And we're reeducating them of how important that is to get into a dentist. Also, if they are going to see somebody, we're able to identify and give them a better idea of what they're looking at and what they can schedule appointment for. It makes a much more efficient appointment for them to schedule, instead of maybe an hour for something that might only take ten minutes, that kind of thing. With our expert knowledge, we can kind of share with that. So that's been a good collaboration on many levels. Services we are providing: We're doing sealants; we're doing oral cancer screenings; fluoride varnish treatments; assessments; screenings. But it's only a handful of services that we can do and we have actually within our scope of practice in our education level,

because we are that equated to be a nurse. So we could do more. And I've shared with you there are many other codes and reimbursements that would be logical to look at because it would be a low, light reimbursement for a heavy return. That dollar for every 50 dollars saved in restorative kind of feeds to that, and that would help sustainability for programs such as mine, because we really struggle for that. It's hard when you only get maybe $20 at most, if you're lucky, for that occasional Medicaid patient, because we do serve a lot that are uninsured as well. The barriers: For instance with MCNA-- well, initially, with Medicaid itself, it took us over a year to get our first claim reimbursement. They had signed us up incorrectly. I made no queries to acting like I knew what I was doing when I signed up for it to be a provider, so I had called every step of the way to have my handheld to be signed up for. And we still had issues for over a year. Now our regular hygienist out on their own would never be able to last that long. They would need to pay some bills. I had the support of my health department so I was lucky and I could hang in there.

RIEPE: [00:48:22] OK.

ROXANNE DENNY-MICKEY: [00:48:22] But it took that long to get that saved. MCNA, the credentialing, it doesn't really fit with us too. So there's a lot of barriers there.

RIEPE: [00:48:29] We've hit the red light and I try [INAUDIBLE]--

ROXANNE DENNY-MICKEY: [00:48:31] I see that. I see that.

RIEPE: [00:48:33] -- so if you can, maybe conclude or--

ROXANNE DENNY-MICKEY: [00:48:36] Yes, I would just add that private insurance up until now has been able to turn a blind eye to the public health hygienist as a provider. Not quite sure

why that's allowed or legal. And there are still limited employment opportunities. We've got health departments that are valuing this but, again, we have to look at having sustainability to get these programs going as well as growing where they're needed.

RIEPE: [00:49:01] OK. I assume your greatest frustration is sustainability, or greatest fear.

ROXANNE DENNY-MICKEY: [00:49:05] It is. It keeps me up at night once in a while because I've got a lot of great people on my team and they're doing amazing things, working well above what they've ever been asked to do. And this is their job but it's also their passion. So I want to keep those programs going. And I get calls every week: Can you come into our school? Can you come into our care facility? WIC is wanting us in more of their WIC clinics that are mobile. And-- and so we're needed and wanted in many other areas, but we've got to increase and-- and get funds to do such.

RIEPE: [00:49:38] OK. Are there questions? Senator Linehan, please.

LINEHAN: [00:49:40] Thank you, Chairman Riepe. Couple of questions: What is the coordination, if any, with the university here in Lincoln, the Dental School, or Creighton Dental School or if there's-- somebody mentioned Central Community College? Do any of these, well, especially the two dental schools, do they do any outreach across the state? I know they do a lot of work.

ROXANNE DENNY-MICKEY: [00:50:04] We haven't had them, as far as--

LINEHAN: [00:50:06] I don't know about Lincoln, but--

ROXANNE DENNY-MICKEY: [00:50:06] -- UNMC and Creighton, come that far out. I have had collaborations with OneWorld and the Ronald McDonald care vehicle. We had such high need in the Lexington area, which is one county you're familiar with that, Senator. We had such great needs because that's like second in homelessness in the-- in the state and high minority status, high-risk people there, that they would come that far out. Their van hasn't been--

LINEHAN: [00:50:30] When you say "they,"--

ROXANNE DENNY-MICKEY: [00:50:30] OneWorld.

LINEHAN: [00:50:30] OK.

ROXANNE DENNY-MICKEY: [00:50:30] -- and Ronald McDonald. We haven't had that for the last couple years because their vehicle has been a little limited on how far it can go. But we've worked with the colleges. We work with CCC in Hastings because it's a little closer to us, and they're consistently working with trying to make a little more reduction on costs, sometimes pro bono if we know that it's a desperate enough case. But transportation is a barrier as well. And they're only providing prevention services, so that's maybe the case that we have a periodontal issue but we can't get restorative, as needing to get a cavity filled and that kind of thing.

LINEHAN: [00:51:07] And then one-- one of the people who testified earlier said where they don't have fluoride. Are there communities of large sizes? Lexington doesn't have--

ROXANNE DENNY-MICKEY: [00:51:14] There are still.

LINEHAN: [00:51:14] -- fluoride in their water?

ROXANNE DENNY-MICKEY: [00:51:16] They-- they do. But here there's a trend in a change. Fluoridation is a wonderful thing and it has-- CDC recognizes it as, you know, one of the greatest things that's happened. But--

LINEHAN: [00:51:26] Right.

ROXANNE DENNY-MICKEY: [00:51:26] -- more are drinking bottled water. We have children that are not drinking water very much at all. They're drinking juice, because that's what maybe WIC hands out. That's where we come in and try to do education on that, drink the tap water, that kind of thing, and try to increase water consumption because there's not that many that are drinking the water. And also fluoridation is wonderful, but if we have behavior such as poor or hygiene, if we're exposing to high sucrose, lots of sugary foods which we know is cheaper to purchase. You know, you buy that bag of grapes, boy, you can buy a lot of Twinkies for how much it cost to buy that bag of grapes. And many that are in poverty status, they're not purchasing always the right foods. There are things that encourage decay and encourage oral disease. So without, we've got a lot of issues to address, which we do when we're adding these programs.

RIEPE: [00:52:20] OK. Thank you. As a committee, I'd like to go on record that we're not against Twinkies.

ROXANNE DENNY-MICKEY: [00:52:28] Nor am I, [LAUGHTER] occasionally, with a tooth brushing afterwards.

RIEPE: [00:52:31] OK. Are there any other questions from the committee? Seeing none, thank you very much for being here.

ROXANNE DENNY-MICKEY: [00:52:34] Thank you very much.

RIEPE: [00:52:35] Our next testifier, please. Welcome.

JULIE NILES: [00:52:35] Thank you.

RIEPE: [00:52:35] If you'd state your name, spell it, and--

JULIE NILES: [00:52:50] Yes.

RIEPE: [00:52:50] -- please share with us who you represent.

JULIE NILES: [00:52:51] Thank you. My name is Julie Niles, J-u-l-i-e N-i-l-e-s. I am representing myself as a public health dental hygienist and also the Nebraska Dental Hygiene Association. And I do work with Roxanne at Two Rivers Public Health Department. So I'll keep this brief but I just want to add on to a couple of things that she has gone over. A lot of what I do is-- is working in the nursing home setting and I do a lot of collaboration. Best practices in healthcare are using a lot of interprofessional collaborations and this is where they're finding them their most success. As a mid-level provider, dental hygienists, public health dental hygienists are in an ideal position to play an integral role in these collaborations. Working in schools, WIC clinics, long-term care facilities, jails, and hospitals, we have the ability to-- and responsibility to collaborate with team members from all of these entities. Providing an interprofessional approach in safe and proactive healthcare is the goal of all of our communities. I recently spoke with our local hospital administrator about working with our local physicians to help reduce the number of dental emergency room visits, which they tell me is just astronomically high; to help train CNAs about

basic oral healthcare; and in helping to reduce the incidence of inhalation pneumonia and upper-respiratory infections in our geriatric population. He was very excited about the possibility of having a way for physicians to recommend oral healthcare to individuals who came to them with oral problems and he could see definite ways to save on cost of medical care by utilizing these preventive services that we can provide. In the local nursing home, I've been providing preventive oral care for the last year and a half. Since I've been going there, directors of nursing has documented reduced upper-respiratory infections on average for every month since I have been there. This not only provides better care for these individuals but lowers the cost of care for these individuals, many of which are on Medicaid. Not only can the public health dental hygienist help to reduce the cost of care, but additionally and more importantly I have seen a dramatic increase in the attitudes and health of the residents. Providing oral care and gives these individuals a sense of wholeness that comes from being able to smile and feel good about oneself. I have noticed that after having their teeth cleaned the resident sits up straighter in their chair, visits with other residents more easily, and one resident tells me every week that I go see him that coming to get his teeth clean is the highlight of his week. Now I'm not sure why that would be but I'm glad to hear it nonetheless. Access to care is a great problem that you have heard about so far in our school-aged children as well. The last time I looked there were at least seven counties that did not have a dentist located in it in our neck of the woods and several more only had one. This is a travesty for our communities. Providing preventive care services and education to our children is the only way we have to reduce the amount and severity of the most common childhood disease that there is. Fluoride varnish, sealants, toothbrushes and toothpaste we provide these individuals not only reduces the amount of decay that is seen but the education we provide helps these children to have the knowledge to make better choices and to help themselves take better care of their teeth. One nursing home patient that in our-- the spirit of collaboration that I see in-- in Holdrege has had Stage 4 oral cancer since I've been seeing them. It started in the neck. When I did my initial screening I noticed a lump there and the-- the nurse quietly said, we'll discuss that in a minute. And when we

got done she says, yeah, she has Stage 4 oral cancer. We're just monitoring it. The family has a desire to not treat it because of her dementia and age. And she, the nurse, relies on me to update her on the progression of the disease, which I have taken photos and-- and sent to her, which she then also passes on to the oncologist as it has progressed in the mouth and grown onto the tongue and about halfway across her throat. So that is one way that we can coordinate the care and be of benefit with everybody that provides healthcare to these individuals. That's just pretty much everything that I had to add to the conversation. You've heard a lot of information, so I'll stop there.

RIEPE: [00:57:43] OK. Thank you very much. Senator Williams.

WILLIAMS: [00:57:46] Thank you, Chairman Riepe. If you didn't know, Julie is passionate about what she does. And I know that because Julie is a friend of mine. So she gets the tough questions.

JULIE NILES: [00:57:57] OK.

WILLIAMS: [00:57:59] We've-- we've talked a little bit, but-- but help me understand, Julie, a little more if there is dental, from a dentist, supervision--

JULIE NILES: [00:58:08] Uh-huh.

WILLIAMS: [00:58:08] -- of what you do when you're going into these facilities.

JULIE NILES: [00:58:13] Supervision is-- is-- we don't have to have supervision of a dentist in these programs. Now, we do voluntarily contact the dentist when we see a patient in the nursing home and they do have a dental home listed on their face page that we get from the nursing home. We contact that dentist, say that this individual has signed up for our program; we will be

providing, you know, oral care services to them; and we will, you know, contact them, if we see, you know, anything that looks like it could need further treatment, for their help. I have, you know, initially when we first started this program and I spoke with the dentists, they were kind of like, yeah, OK, you know, just a little bit unsure of how this would all play into the-- their-- their perspective of having that as their patient. But included in Roxanne's forms that she sent out are many support letters from these dentists that I work with. And they are very, very grateful to have these services. They know the challenges that these people in nursing homes have. They are there for a reason. They can no longer take care of themselves. They need help. And they are glad that we are in there and-- and I have been able to reduce the time that these people have to, you know, when they need restorative work done and things like that, I am able to send a picture, I describe what surfaces that are in question so that the dentist can locate it quickly. They already have a better idea of what they're going to need to do so they can generally get any treatment done in one visit rather than having to have them there for an exam and then schedule another time to have them come back for treatment, which is wonderful for these individuals that hate leaving the nursing home. It makes them uncomfortable and it's just a problem.

WILLIAMS: [01:00:02] I noticed you had letters from Dr. Hecox and Dr. Davis, both who are also from our legislative district. Are the dentists, in general, supportive of what you're doing?

JULIE NILES: [01:00:16] Yes, very.

WILLIAMS: [01:00:20] Based on your history, having a couple of years ago not been doing this and working as a hygienist in a dentist office,--

JULIE NILES: [01:00:28] Uh-huh.

WILLIAMS: [01:00:28] -- did-- did those dentists, do they openly take Medicare, Medicaid patients?

JULIE NILES: [01:00:36] The dentist that I worked for, for 17 years, did not take Medicaid patients. Other dentists in my location, one takes a few but not-- in general, it's just the ones that they started.

WILLIAMS: [01:00:53] Again demonstrating the fact that there is a lack of--

JULIE NILES: [01:00:59] Yes.

WILLIAMS: [01:00:59] -- the ability to offer that.

JULIE NILES: [01:01:00] A large lack of resources there.

WILLIAMS: [01:01:04] You mentioned that you made this change.

JULIE NILES: [01:01:10] Yes.

WILLIAMS: [01:01:11] Can you explain and tell us why you made that change?

JULIE NILES: [01:01:15] [LAUGH] So I had been a dental hygienist in a general practice for-- for 30 years and I have been on the Dental Hygiene Association board for 16 years and have been there to put in place a lot of these, the legislation that has created the public health dental hygienist. And I did feel passionately at this-- at this point of my career that I wanted to do something more in the line of access to care of public health to give back. It was not a financial move, by any means

[LAUGH], but--

WILLIAMS: [01:01:54] You're telling your banker that?

JULIE NILES: [01:01:58] I know. I'm so sorry. [LAUGHTER] Yeah, exactly. But it is very rewarding and I'm glad that I have made this change at this point in my career. It's been very rewarding and I hope that-- to see it grow, and I feel like with my experiences that I hopefully can.

WILLIAMS: [01:02:16] Well, you're making a significance in our area,--

JULIE NILES: [01:02:19] Thank you.

WILLIAMS: [01:02:19] -- as evidenced by the letters from the after-school program from Lexington and all of that. Help us, one more question, going back to the 3,000 hours.

JULIE NILES: [01:02:31] Uh-huh.

WILLIAMS: [01:02:31] With all of the years that you had as a dental hygienist, did that help you? Did you still have to do 3,000 other hours that qualified--

JULIE NILES: [01:02:45] No, I could-- I could use--

WILLIAMS: [01:02:45] You qualified already--

JULIE NILES: [01:02:45] Yes.

WILLIAMS: [01:02:45] -- because of that.

JULIE NILES: [01:02:46] I could.

WILLIAMS: [01:02:46] OK.

JULIE NILES: [01:02:46] Uh-huh.

WILLIAMS: [01:02:48] OK. Thank you.

JULIE NILES: [01:02:48] Yes.

WILLIAMS: [01:02:49] And thanks for getting up early.

JULIE NILES: [01:02:51] Thank you. Yes. Any other questions?

RIEPE: [01:02:54] Thank you. Thank you, Senator Williams. Any other questions? Seeing none, thank you. Again, thanks for making the journey.

JULIE NILES: [01:02:59] Very good. Thank you.

RIEPE: [01:03:02] Our next testifier, please. Thank you, sir. Welcome. If you'd be kind enough to state your name, spell it, and--

DAVID O'DOHERTY: [01:03:19] Good morning, Senators. My name is David--

RIEPE: [01:03:21] -- what's the organization.

DAVID O'DOHERTY: [01:03:22] -- David O'Doherty, O-'-D-o-h-e-r-t-y. I'm the executive director of the Nebraska Dental Association. LB484 is where this reporting requirement came into play in that LB484 was actually a compromise bill from several years before between the Nebraska Dental Association and the NDHA about public health hygienists. And we wanted specifically that reporting requirement in there, because at the time that was all going on, as you've heard, dentists aren't taking Medicaid, so we'll go out to these underserved areas and we'll do Medicaid. I did not include this map of the underserved areas which you may have seen that highlights the counties that's our shortage areas for dentists. They calculate the shortage areas by the number of dentists taking Medicaid, not that there aren't dentists in there but the number of dentists that take Medicaid and if it's over a certain ratio. I think it's 4,000 to 1. So it's not that there aren't dentists there, but there aren't dentists taking Medicaid. That's a problem. And I think you've seen or heard from the prior testifiers there are some serious barriers. Reimbursement is a problem. We've told them that would be a problem ten years ago. Just the administration part of it is a problem. Getting things approved, that's also a problem. So they're running into the same issues that dentists, who decided to take Medicaid, are running into. It's a problem. One of the reasons what I passed out was this form, and ten or five years ago or more I sent this form. I made up this form. I grabbed their logo. So DHHS did not make this form. But I made this form just as an example. And the page behind that is an example from Washington, who also had a public health hygienist program. And as an example to DHHS, I said this is what we'd like to see, something similar that Washington is doing, and specifically we'd like to know what counties these procedures are being performed because are they really going out into the underserved, the access shortage area counties? That was the main goal behind this. So we don't-- we don't know that. We know the types of procedures and the numbers of the procedures and some of the age ranges. We don't know where specifically they've been performed. So that's why we wanted this form used by the department, and I'd love if they would do

it now, going forward, so we can know. One of the other things we were concerned was with the participation in the program. About 50 percent of the dentists take Medicaid. And when we were-- when this was going through on LB484, historically, other states' participation by hygienists was relatively low, 2 to 3 percent, and that's held true for Nebraska. And Nebraska has 1,484 hygienists, I believe, in 2017 and 44 responded as providing services, so that's 3 percent. So only 3 percent of the hygienists are active in this public health hygiene. And as you've heard, they are passionate, which is awesome, but you have to have passion because all the other things-- reimbursement-- those aren't happening. So if you don't have a passion for public health and the dentists in the state that take Medicaid have a passion for it but they still-- it's a business decision to get involved, so 50 percent of the dentists are involved and 3 percent of the hygienists are involved in public health. We wish more could be and we'd like to know. We hope they are getting out to these underserved areas, but we just don't know if they are or not because the report doesn't require them to report where they're doing services. So that would be nice to know. Getting back to the 3,000 hours that's come up, that was a concern with anyone going into a nursing home because the medically compromised position of the folks in the nursing home versus kids in school, we just wanted to make sure that the hygienists had some experience and didn't walk right out of school going into a nursing home. I'm personally involved in a dental clinic, mobile clinic in Omaha that goes to nothing but nursing homes to deliver dental care. So we know-- to deliver dental services. So we know that there are some real problems in the nursing home area. That's almost a separate issue because-- because it's so involved. I mean working with nursing homes, working with kids who are responsible for their parents, those have a lot of issues, and then the reimbursements are also same issues. So mainly wanted to talk about this reporting form that hopefully DHHS will adopt. I sent it to them five years ago. They've chosen apparently not to adopt it. But we-- we really need to know where these services are being performed. Let's see, there's a lot more to talk about but with less than a minute left I'll just ask-- sit and wait for questions, if you have any questions.

RIEPE: [01:08:12] OK. One of the questions I have, I know you provided the two forms. The one form from the Nebraska DHHS--

DAVID O'DOHERTY: [01:08:19] Now that's my form. I made that up.

RIEPE: [01:08:22] Oh, that's--

DAVID O'DOHERTY: [01:08:22] I did a mockup to say this is-- they don't-- they're not using that. This is my form.

RIEPE: [01:08:28] So this is counterfeit.

DAVID O'DOHERTY: [01:08:28] Huh?

RIEPE: [01:08:28] This is counterfeit.

DAVID O'DOHERTY: [01:08:28] Kind of. Well, I would hope that they would just say, oh, we'll just use it. But what it could look--

RIEPE: [01:08:36] This probably violates some copyrights or something like that?

DAVID O'DOHERTY: [01:08:39] Could be, but I'm not admitting to that right here.

RIEPE: [01:08:40] OK. OK. Well, we've never had anyone take the Fifth in here but [INAUDIBLE] first. I notice on it though it says services and the other one is much more specific. It says the Washington, says, School.

DAVID O'DOHERTY: [01:08:54] I was trying to keep it to one page.

RIEPE: [01:08:56] So my question gets to be is under Nebraska DHHS do you see a specific school form as opposed to a all-encompassing service [INAUDIBLE]?

DAVID O'DOHERTY: [01:09:06] Well, you could make one form and you could check is this-- is for schools or is this for the adult population.

RIEPE: [01:09:13] And have you made this proposal to DHHS?

DAVID O'DOHERTY: [01:09:15] Yeah, I sent it to them five years ago as an example to use because they didn't have a form. You know, it was new legislation. So I said, well, here's-- trying to help them out, here's an example based on Washington so you're free to use it if you wish. They apparently chose not to.

RIEPE: [01:09:32] OK.

DAVID O'DOHERTY: [01:09:33] So.

RIEPE: [01:09:35] Senator Kolterman.

KOLTERMAN: [01:09:35] Thank you, Senator Riepe. Thank you for coming today. You-- you indicated that 50 percent of the dentists are accepting Medicaid. Of those 50 percent that are accepting, are they accepting new patients do you know or-- ?

DAVID O'DOHERTY: [01:09:47] That percentage I don't know. I would say it's probably pretty high that are not.

KOLTERMAN: [01:09:52] Yeah. Most-- I've got quite a few dentists in my district and most of them aren't taking new. But they service ones that have been there.

DAVID O'DOHERTY: [01:10:00] The problem was when, before MCNA came into play, there were such problems, especially the RAC audits. That was a problem with the department. And we lost a lot of providers. They were just fed up--

KOLTERMAN: [01:10:12] Yeah.

DAVID O'DOHERTY: [01:10:12] -- with that, so they bailed. And so if there's only two providers in the county and one gives up, that that means all those other folks are going to show up at your door and you just don't have the capacity with your other patient base.

KOLTERMAN: [01:10:27] Right. Thank you.

DAVID O'DOHERTY: [01:10:29] Did somebody ask about fluoride?

_____: [01:10:29] Yes.

DAVID O'DOHERTY: [01:10:31] I would, we would love to have a sponsor for fluoride. We tried it in 2008. We passed it statewide, but we, in order to get it passed, we had to have an opt-out provision, which most of the communities opted out. At the time, Grand Island, Hastings had I think 25-30 wells. They were in the process of revising or rebuilding their structure, and now they

only have two. It would have been a financial burden for them to do every well. But now they only have two well heads or something. So we would love to revisit statewide fluoridation, if there would be a senator that's interested.

RIEPE: [01:11:05] Can that be done on a voluntary basis, though, in each community--

DAVID O'DOHERTY: [01:11:06] It can. It can now.

RIEPE: [01:11:13] -- as opposed to the--

DAVID O'DOHERTY: [01:11:14] It can now.

RIEPE: [01:11:15] I am a big fan of doing it as-- in local control if you can.

DAVID O'DOHERTY: [01:11:18] Well, Iowa has 96 percent fluoridation, and we're next door and we're 67 percent. We don't want to let Iowa win, so--

RIEPE: [01:11:32] OK, we won't go there. Senator Williams, go ahead.

WILLIAMS: [01:11:35] Thank you, Chairman Riepe. I just had one quick question because you-- you meant it-- you mentioned, from the dentists' position, you mentioned the 3,000-hour training. Is it your position that you would want to retain that?

DAVID O'DOHERTY: [01:11:48] Absolutely. It's not training; it's just experience, clinical experience.

WILLIAMS: [01:11:52] OK.

DAVID O'DOHERTY: [01:11:52] It's not walking right out of school and going right into a-- a, you know, nursing facility and seeing Medicaid medically compromised.

WILLIAMS: [01:11:58] I just wanted to be sure. So that would be the position of the-- of the dentists.

DAVID O'DOHERTY: [01:12:03] Uh-huh. Yes.

WILLIAMS: [01:12:03] Thank you.

RIEPE: [01:12:03] Senator Linehan.

LINEHAN: [01:12:08] Thank you for being here. So do dentists have to do that? Do you have to have, when you graduate from dental school, do you have to practice under somebody for a certain amount of hours?

DAVID O'DOHERTY: [01:12:18] No.

LINEHAN: [01:12:19] So as soon as you get your degree, you're-- can put out your shingle and go.

DAVID O'DOHERTY: [01:12:23] Uh-huh.

LINEHAN: [01:12:23] OK. Thanks.

RIEPE: [01:12:26] I have a question in terms of your form, and I very much appreciate one-page forms as opposed to the Washington, which is a two-page form. Was this based on-- I assume you reviewed the current DHHS form.

DAVID O'DOHERTY: [01:12:39] I'm sorry?

RIEPE: [01:12:39] Did you currently review the current DHHS form--

DAVID O'DOHERTY: [01:12:44] I haven't seen--

RIEPE: [01:12:44] -- before you-- ?

DAVID O'DOHERTY: [01:12:45] No. This is like what-- I just showed you what I sent five years ago. The main issue really was where is it being performed? Is it-- the results are coming in but it doesn't say what county. So we don't know where it's being performed.

RIEPE: [01:13:01] OK. And there's-- OK. I assume then that there is some process or procedure for collecting that information once it's gathered.

DAVID O'DOHERTY: [01:13:07] Whatever form they use, just add county. That would be really easy to do. I'd love to have the dental director here, but the department would not let him show up today, so--

RIEPE: [01:13:19] Oh?

DAVID O'DOHERTY: [01:13:19] -- because--

RIEPE: [01:13:19] OK. Maybe he had a dental appointment. OK. Any other questions? Seeing none, thank you--

DAVID O'DOHERTY: [01:13:28] Thank you.

RIEPE: [01:13:28] -- very much, sir, for being here. Good morning.

KIM ROBAK: [01:13:37] Good morning.

RIEPE: [01:13:39] Welcome. We know you, but if you'd be kind enough to state your name, spell it, and then--

KIM ROBAK: [01:13:43] Senator Riepe and members of the committee, my name is Kim Robak, K-i-m R-o-b-a-k. I'm here today on behalf of the Nebraska Dental Association. I want to just give a little bit of background on several items that have been discussed this morning, and most of you or many of you have some of this background, who've been around for a while, but some of it goes back further than that. Specifically, public health hygiene and the dental hygiene bills, there were a couple of bills that were introduced that didn't pass to begin with. But working with the dental hygienists, the Nebraska Dental Association supported this legislation that passed and very much supported it and supported the fact that we would be able to do many of the things that were mentioned today. And I think that the people who testified this-- this morning are saints for doing a lot of what they do because, as was stated, the reimbursement is low. The conditions are not great. And what we end up with are a few people who are providing services to very many in need. The problem comes in, is that we have a lack of appropriation. We have a lack of appropriations for our public health facilities. We have a lack of appropriation for our Medicaid services. And over the

past couple of years, we have cut the amount of money that we will provide for young people, children's dental health services, and we have cut the amount of services that we can provide for adult Medicaid services. In fact, at one point the department talked about completely eliminating adult dental Medicaid. So what you're hearing is a tremendous need with a lack of funding for this need. So if anybody intends to look at the appropriations bills next year or maybe be working on appropriations, that would be something that you might want to consider. The second thing is that we, the-- the Nebraska Dental Association, the Nebraska Hygiene Association, and the dental assistants got together and worked on scope of practice changes in order to help address some of those issues. And so for several years they got together and hammered out some changes that you all saw the past couple of years. And we thank you all for adopting those changes that will allow for dental hygienists and dental assistants to do far more in both the dental offices as well as in dental health hygiene. But they can do more services that will allow us to bring in more Medicaid patients and provide those services at a lower cost. And so that was really exciting. That bill passed, I believe, two years ago. Those regulations are not yet adopted. They are sitting over in the department. We have talked to the Governor's Office. We've talked to HHS. But it would be helpful to get those regulations adopted which would allow these services to get put in place, and then we can provide more services along the way. I-- I give that model to you because when those organizations work together, we can come up with a better result. And so some of the stuff that I've heard today, I don't know whether or not there's going to be a push, Senator, for the removal of the 3,000-hour requirement. But you heard one of the testifiers today talk about the fact that mouth is not disconnected from the rest of the body. And the reason for the 3,000 hours was, Senator, was not the baby teeth but it was the fact that seniors are a very vulnerable population. And we desperately want to have public health hygienists in-- in the nursing homes, but-- but we want them to have a little bit of experience before they go in, because they're-- the seniors are a substantially more vulnerable population with substantially more difficult issues. But it's very important that they do-- that they do provide services to that population. And that's why you hear the dentists

supporting it, because it is very important and we would like to see that continue. Finally, I will echo what David O'Doherty said, and that is that we would just like some data. The department was supposed to gather this data about how this system worked, and that was part of the deal, when we-- when this bill passed, between the hygienists and the dentists. And the deal was let's just see where, where we're providing those services. Oftentimes, the argument is that in rural areas we're not providing the services or in certain urban areas we're not providing the services. But what happens is people-- people, providers, dentists or hygienists, generally don't live in those areas. So are we actually providing the services where they are needed and are we preside-- providing those services to that population? And if they are, great. We can provide more. We can beef it up. And if not, what-- what barriers are there in place that is preventing that from happening? So we just want data and I just don't think the department has done it. There is a dental director in the department who could be doing this. Maybe that's something that the Legislature would want to do, is put this on that individual in order to get those services done or ensure that we-- we continue to work with the dental director. But-- but with that said, I will also end because I have a red light.

RIEPE: [01:19:07] OK. Thank you. Senator Kolterman.

KOLTERMAN: [01:19:08] Thank you, Senator Riepe. Thank you for testifying. Would you-- would the Dental Association be open to a compromise on that 3,000 hours?

KIM ROBAK: [01:19:20] Senator, I think it really is, is the 3,000 hours a barrier? Who are the people who are providing these services? Are they people who have been in the practice for 20 or 30 years? If that's the case, it's not a barrier.

KOLTERMAN: [01:19:32] OK.

KIM ROBAK: [01:19:32] And so I think again that's the data question, are people who are coming out of dental hygiene school wanting to go into those services and are being-- are not being able to do that? So without the data, I can't say that the Dental Association would, would go there yet.

KOLTERMAN: [01:19:48] Good answer.

KIM ROBAK: [01:19:50] OK. [LAUGH] Senator Riepe.

RIEPE: [01:19:51] And for those of you in the room who don't know, Ms. Robak was the Lieutenant Governor at one time, which means she had to be very smart to get there. So I have a real tough question for her.

KIM ROBAK: [01:20:00] Or very lucky, one of the two.

RIEPE: [01:20:04] Are there any states that could serve as a model to us? I'm not a fan of reinventing the wheel. I'd like to, if you will, lift or plagiarize other states to get good ideas.

KIM ROBAK: [01:20:16] Well, quite honestly, Senator, I-- I at one time had-- I could have answered that question. But we-- I haven't looked at that for a while. I'm sure it's--

RIEPE: [01:20:22] Back when you were Lieutenant Governor?

KIM ROBAK: [01:20:24] Back-- no, back when we were dealing with this, with this legislation. I'm sure it's in a file someplace in my office. But I'm sure that David O'Doherty would also have that information. We can provide it to you in your office.

RIEPE: [01:20:33] OK.

KIM ROBAK: [01:20:33] Thank--

RIEPE: [01:20:34] Thank you very much. Sounds like our-- our-- one of our major issues here is the regulatory, I don't want to call it a stalemate, but for some reason that we're caught up in some--

KIM ROBAK: [01:20:49] I'm not-- I--

RIEPE: [01:20:49] -- type of action, if you will.

KIM ROBAK: [01:20:51] There-- there has been some question about how-- what the language is going to look like. I think that had been resolved and-- but the last I heard the regs had not been adopted. So that also prevents the classes from being created to move forward.

RIEPE: [01:21:05] I think that's a concern and something that's a responsibility of the legislative oversight to talk about promulgation of legislation and also the process of getting regulation completed.

KIM ROBAK: [01:21:20] Thank you. I appreciate it.

RIEPE: [01:21:21] OK. Other comments from the committee? Seeing none,--

KIM ROBAK: [01:21:25] Thank you.

RIEPE: [01:21:25] -- thank you for being with us. Merry Christmas to all.

BRANDI DIMMITT: [01:21:38] Good morning.

RIEPE: [01:21:39] Welcome. If you'd be kind enough to state your name and spell it, and please share with us the organization you represent.

BRANDI DIMMITT: [01:21:46] OK. My name is Brandi Dimmitt, B-r-a-n-d-i D-i-m-m-i-t-t, and I don't-- I'm representing myself, not representing an organization at this point. Good morning. I have been a licensed dentist in Nebraska for 22 years. I worked the first 17 years in private practice and currently I am working on the Santee Sioux Reservation. It is not part of Indian Health. It is actually a tribally owned facility. I'm here in support of the public health hygienists. They are invaluable to the practice of dentistry. Every hygienist I have met, either in private practice, Indian Health, public health, are the utmost professionals. Hygienists are an irreplaceable part of dentistry when it comes to prevention and education. I personally have seen how hygienists can interact with the patient and actually see that change. They can make those patients change their habits for the better. All hygienists are vital to the overall health of the patient, as we have said earlier today. The oral connection to the rest of the body is-- is a true statement. These hygienists provide oral cancer screenings, education on oral care and nutrition and those interactions. They provide cleanings, place fluoride, place sealants, place silver diamine fluoride in certain instances, and many, many, many other services for their patients. These services are crucial in public health. Some children, their only exposure to dentistry is when that public health hygienist comes in to their school and provides them a screening and a fluoride treatment. I know this is true in the communities that I service. Seventy percent of the kids, that's the only time we see them is when we're at school. I have personally asked the program that comes to my area, the Miles for Smiles program, I've asked them to come every year to my facility-- or not to my facility but to my schools because that's the only time that we get to see some of those kids. They do not come in for care otherwise. I personally

started using silver diamine fluoride in my practice in-- early in 2015. Silver diamine is liquid that contains silver, ammonia, fluoride, and water. This product was approved by the FDA in '14, in 2014. Silver products have been used in dentistry for over 80 years with no adverse events. Silver acts as an antimicrobial agent that actually stops the decay process. So for us, as dentists, as public health hygienists, we can go in to these people's mouths, you see an area, you can apply this product. It stops the decay process, buys that patient time to find a facility, to find a dentist, to find someone to fix that problem, saves Medicaid dollars on having that tooth go farther, go to an abscess, leads that to an ER visit. So this, this product has changed the way I practice dentistry. I can bring those kids back. I can have a kid that's two or three years old, apply this, have them back when they're five or six and actually fill those teeth. OK? So if we prevent them going to the hospital for the dentistry cases. The only setback to using silver diamine fluoride is that it stains the teeth really dark, so a lot of parents do not want that placed on their child's front teeth. So that's-- that's the only drawback that I've seen to that product. I have actually went out to O'Neill, Nebraska, and did a training for local hygienists and dentists there just on my experiences with silver diamine fluoride. My hygienist in my practice per-- places all the silver diamine. She also goes out into the community and does the same thing. She has her public health authorization. Like I stated before, many children, this is, when the hygienist goes to the school or any other public health setting that we do like public health clinics, that's the only time they see a dental provider. In my opinion, you know, the education requirement of the 3,000 hours is kind of a moot point. We need troops on the ground. And if we've got young hygienists that are willing to get out there and do this for public health, we need to put them in those positions to do that. As a dentist, I don't-- I feel that they're trained enough to do those skills in a public health setting. Those patients, those people deserve that care. I've never had anyone have any negative feedback from any patients, parents, etcetera, on any of the services that have ever been provided by a public health hygienist.

RIEPE: [01:27:03] OK. Are there questions? Senator Kolterman.

KOLTERMAN: [01:27:04] Thank you, Senator Riepe. Thanks for coming today. Walk me through the process. I guess I don't know how to ask this question. If somebody can't get public health,--

BRANDI DIMMITT: [01:27:21] OK.

KOLTERMAN: [01:27:21] -- they go to the emergency room.

BRANDI DIMMITT: [01:27:25] Correct.

KOLTERMAN: [01:27:25] The people in the emergency room aren't trained to work as dentists or--

BRANDI DIMMITT: [01:27:28] That is correct.

KOLTERMAN: [01:27:30] -- dental hygienists, so what do they do?

BRANDI DIMMITT: [01:27:31] Well, basically--

KOLTERMAN: [01:27:32] -- I mean give them a pill and say, take this and--

BRANDI DIMMITT: [01:27:34] Yeah.

KOLTERMAN: [01:27:34] -- kill the pain?

BRANDI DIMMITT: [01:27:34] Well, basically what happens when you go to an ER visit for a dental emergency, typically the patient has pain. Sometimes they have swelling. It depends on what drives them there. But typically the ER doc will put them on antibiotics and pain pills and say, find a dentist. Sometimes now with the opioid crisis they're not getting those opioids, so they, you know, are getting-- are trying to find a dentist to relieve that problem. But, as my colleagues have stated before, it's very difficult to find a dentist that takes Medicaid. You know, and MCNA, now it's $750 a year for an adult. That is the reimbursement per year. I mean that's-- that's barely any services, you know, even at the Medicaid rates.

RIEPE: [01:28:33] Senator Williams.

WILLIAMS: [01:28:33] Thank you, Chairman Riepe. And thank you, Doctor, for being here. A quick question back on the 3,000 hours.

BRANDI DIMMITT: [01:28:41] Uh-huh.

WILLIAMS: [01:28:41] And I think it was your position that it would-- treating the people is worth more than the extra training. But you talked specifically about the pediatric side or the--

BRANDI DIMMITT: [01:28:56] Uh-huh.

WILLIAMS: [01:28:56] -- young people side. Do you feel the same way with the geriatric side of public health and the 3,000 hours?

BRANDI DIMMITT: [01:29:03] Yes, I do. I, you know, I myself have been in to quite a few nursing homes. In my private practice I went in and saw my clients at the nursing home. The care

that they need, those patients need, if we have a hygienist that is willing to go that has been trying to scale, to do screenings, to do preventive services, they've been trained. They know how to do it on--

WILLIAMS: [01:29:32] And they receive that training in school.

BRANDI DIMMITT: [01:29:34] In school, plus they also go out to all different kinds of facilities so that those young hygienists can get the experience on ages from kids all the way to our geriatric population. So it's not like they haven't put their hands on those people before. So, yeah, if, you know, and if we're going to talk about making a requirement for some sort of training for geriatrics, then, you know, having I think 3,000 hours is excessive. You know, that's, for some hygienists, that could be five, six years, ten years before they would ever get enough hours if they're only part time.

WILLIAMS: [01:30:17] Thank you.

BRANDI DIMMITT: [01:30:22] Uh-huh.

RIEPE: [01:30:22] OK. Do you subscribe a bit to the theory of something is better than nothing?

BRANDI DIMMITT: [01:30:28] Yeah. Sometimes, yes. The-- the having these patients have some sort of healthcare, having someone look in there that's trained to look in their mouth and say, you have an issue, you need to see a dentist, you know, that is better than having no one ever look in there, yes.

RIEPE: [01:30:51] OK. Any other questions from the committee? Thank you. Thank you very much for coming in here today.

BRANDI DIMMITT: [01:30:56] Uh-huh. Yeah, thank you.

RIEPE: [01:30:56] And thank you for your work [INAUDIBLE].

BRANDI DIMMITT: [01:30:56] Thank you.

RIEPE: [01:31:02] Are there other individuals who wish to testify? Seeing none, Tyler, I know we have a number of letters.

TYLER MAHOOD: [01:31:15] Yes, I have the following letters: Cori Garrett on behalf of herself; Erin Haley-Hitz on behalf of herself; Kerri Dittrich on behalf of herself; Amy Behnke on behalf of the Health Center Association of Nebraska; Chuck Cone of Friends of Public Health in Nebraska; Liz Pearson on behalf of herself; Jeff Yost on behalf of the Nebraska Community Foundation; Heath Boddy on behalf of the Nebraska Health Care Association; Kimberly Showalter and Carmen Chinchilla on behalf of the Public Health Solutions; Kristy Sigler on behalf of herself; Juleen Johnson on behalf of the Plainview Manor and Whispering Pines Assisted Living facility; Tammy Jorgensen on behalf of Hastings Head Start; Sandy Keech on behalf of herself; Sara Twibell on behalf of the North Central District Health Department; and Tyler Stracke on behalf of the North Central District Health Department.

RIEPE: [01:32:18] Do you have a total count, how many? Do you know how many that was offhand?

TYLER MAHOOD: [01:32:26] I had 14.

RIEPE: [01:32:27] Fourteen?

TYLER MAHOOD: [01:32:27] Yes.

RIEPE: [01:32:27] All of them expressing concern about reform or was there a general theme, do you recall?

TYLER MAHOOD: [01:32:34] I don't.

RIEPE: [01:32:35] OK. Thank you very much. Hearing nothing else, that will conclude our hearing. We think that we've had a full and fair hearing. And we appreciate everyone's coming. Have a Merry Christmas. I'm not a happy holiday fan. I'm a Merry Christmas guy. So thank you very much and Happy New Year.

Testifiers at Hearing		
First Name	**Last Name**	**Organization**
Heather	Hessheimer	Nebraska Dental Hygienists' Association
Cynthia	Carlson	Nebraska Dental Hygiene Association
Diane	Alden	NDHA - Public Health Hygienist, North Central District Health Department
Roxanne	Denny-Mickey	Nebraska Dental Hygienists' Association and self
Julie	Niles	Nebraska Dental Hygiene Association and self
David	O'Doherty	Nebraska Dental Association
Kim	Robak	Nebraska Dental Association
Brandi	Dimmitt	Self

Letters for the Record		
First Name	**Last Name**	**Organization**
Cori	Garrett	Self
Erin	Haley-Hitz	Self
Kerri	Dittrich	Self
Amy	Behnke	Health Center Association of Nebraska
Chuck	Cone	Friends of Public Health in Nebraska
Liz	Pearson	Self
Jeff	Yost	Nebraska Community Foundation
Heath	Boddy	Nebraska Health Care Association
Kimberly	Showalter	Public Health Solutions
Carmen	Chinchilla	Public Health Solutions
Kristy	Sigler	Self
Juleen	Johnson	Plainview Manor and Whispering Pines Assisted Living
Tammy	Jorgensen	Hastings Head Start
Sandy	Keech	Self
Sara	Twibell	North Central District Health Department
Tyler	Stracke	North Central District Health Department

Nebraska
Dental Hygienists' Association

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December 10, 2018

Chairman Riepe, and
Members of the Health and Human Services Committee
Nebraska State Capitol, Room #1402
P.O. Box 94604
Lincoln, NE 68509

RE: Support for the PHRDH Program in Nebraska

Dear Chairman Reipe and Members of the Health and Human Services Committee,

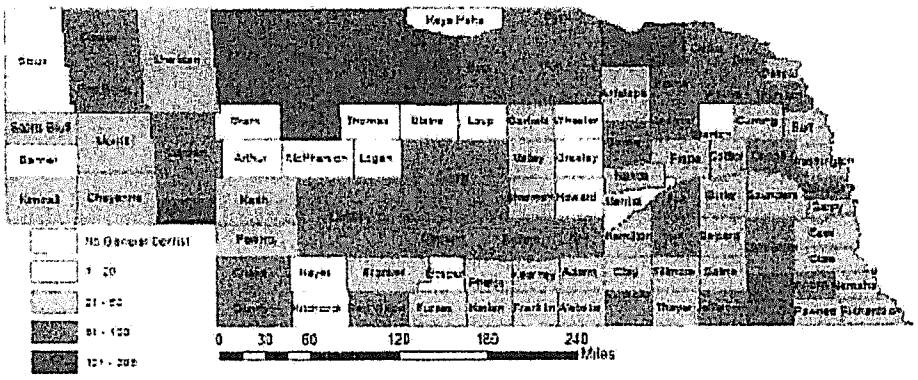
On behalf of the Nebraska Dental Hygienists' Association and our 342 statewide members, we would like to provide feedback to the Health & Human Services Committee's Special Hearing today in your effort to evaluate the services provided by licensed dental hygienists preforming public health services pursuant to Neb. Rev. Stat. 38-1130.

The Nebraska Dental Hygienists' Association (NDHA) and its membership are very concerned about access to oral health services across the State of Nebraska. We understand the tremendous need for preventive services, especially in our underserved rural communities and want to help mobilize our members to retain access to care in Nebraska.

Oral health is integral to overall health and access to dental services is essential to promoting and maintaining good oral health. Yet, those who need dental care the most are often the least likely to receive it. Underserved and vulnerable populations face significant barriers that significantly affect their ability to access and navigate the oral health care system. These include low socioeconomic status; the shortage and maldistribution of dentists; a lack of professional training regarding current evidence-based oral health guidelines; deficient continuity of care due to inadequate interdisciplinary collaboration; low oral health literacy; and patient perceptions and misconceptions about preventive dental care.

As an example, the number of dentistist per 100,000 population in the state has decreased from 57.1 to 56.5 over the last 10 years. In addition, you can see from the chart below, there is also a maldistribution of dentists in Nebraska.

Figure 13. Number of active general dentists per 100,000 population by county, Nebraska



We believe that the dental hygiene profession is poised to play a pivotal role in the resolution of these oral health disparities.

Nebraska is fortunate that state law allows dental hygienists to obtain a Public Health Authorization (PHA) Permit, enabling them to provide services such as oral prophylaxis; pulp vitality testing; application of fluorides, sealants, and other topical agents; and other functions that any dental assistant is authorized to perform, in various public health settings but without the supervision of a dentist.[25] Dental hygienists with this status could provide services to underserved populations.[25] In order to be granted a PHA permit, a dental hygienist must provide proof of working at least 3000 hours. In 2012, only 75 dental hygienists in Nebraska had this permit.[8] Currently, there are over 100 dental hygienists with this permit and many are providing a significant amount of care to Nebraska citizens; however, if barriers were addressed, more dental hygienists could be recruited to apply for this permit, providing even more care to Nebraska's underserved population.

In 2017, the Nebraska Department of Health and Human Services' Office of Oral Health and Dentistry (OOHD) contracted with the University of Nebraska Medical Center's Health Professions Tracing Service (HPTS) to execute two surveys. Questionnaires were mailed to 117 Public Health Registered Dental Hygienists (PHRDH) regarding use of the Public Health Authorization (PHA) or Public Health Authorization-Child (PHA-C) during 2017. The 117 included PHRDHs who either held an active PHA or PHA-C permit at the end of 2017 (n=87) or whose permit expired during 2017 (n=30). We have included the results of the survey in the Appendix of this testimony, but would like to highlight that nearly 95,000 procedures were performed by PHRDHs that year and is estimated to be worth approximately $2.3 million worth in services.

In the 2017 survey, PHRDHs were also asked to describe any challenges encountered utilizing or reasons they may have limited use of the PHA or PHA-C. The top six of 129 responses include:

- Lack of public interest/knowledge
- Time constraints/unable to make time commitment
- Difficulty receiving reimbursement
- Medicaid payments
- Difficulty obtaining consent forms
- Lack of funding

While we celebrate the care many PHRDHs have been able to deliver due to the public health permits, we also believe that you as policymakers should continue to explore the potential for expanding the scope of practice of PHRDHs to address these barriers, including elimination of the 3000 hour requirement to obtain the PHA permit. Students in Nebraska dental hygiene schools all graduate with experiences in nursing home settings yet they are not allowed to get a full PHA until a couple years later. The future of geriatric care is trending toward home health so it would also be worth investigating the potential for allowing PHRDHs to be freed from the community setting.

Oral Health is an essential part of everyday life and enhances our ability to communicate, speak, smile, smell, taste, chew, swallow, and convey emotions. Oral diseases range from cavities and gingivitis to oral cancer. Bacteria in the oral cavity leads to diseases in other organ systems and can be especially dangerous in our geriatric populations. Additionally, poor oral health affects children's ability to learn, potential to thrive, and quality of life. We need as many educated dental professionals as possible to be providing access to care across the state. In many cases, this means meeting the patient where they are at and PHRDHs are showing they can be that provider.

Respectfully Yours,

Heather Hessheimer, MS, PHRDH
Vice President, NDHA

APPENDIX A

SURVEY 2 – PUBLIC HEALTH AUTHORIZATION AND PUBLIC HEALTH AUTHORIZATION- CHILD

Questionnaires were mailed to 117 Public Health Registered Dental Hygienists (PHRDH) regarding use of the Public Health Authorization (PHA) or Public Health Authorization-Child (PHA-C) during 2017. The 117 included PHRDHs who either held an active PHA or PHA-C permit at the end of 2017 (87) or whose permit expired during 2017 (30).

PHRDH Authorizations

Of the 117 dental hygienists sent questionnaires, 100 held a PHA and 17 held PHA-C. Eighty-nine (89) responses were received, 80 PHA and 9 PHA-C, reflecting a 76% response rate.

PHRDH Work Status in Nebraska

Forty-five (45) PHRDHs provided services in 2017, indicating that 38.5% of PHRDHs holding a PHA or PHA-C during 2017 utilized the permit. Of the 45 PHRDHs providing services, 84% reported providing public health services fewer than 32 hours per week and 16% reported providing public health services 32 or more hours per week.

PHRDH Services

The 45 PHRDHs reported providing 45,915 services in 2017, including oral prophylaxis, topical fluorides, dental sealants, and other topical agents. In addition, 26,825 oral screenings/preliminary chartings were performed and 22,161 educational sessions were provided. The most common preventive services provided by PHRDHs are topical fluorides (48%) and dental sealants (43%) The percentage of services provided to recipients in age groups were 0 to 5 (35%), 6 to 18 (54%) 19 -64 (4%) and 65+ (7%).

Of the 44 PHRDHs who reported they did not provide services in 2017, the most common reasons include:

Unable to make the time commitment	70%
Lack of interest, information or supplies	16%
Limited opportunity in their area	16%
Lack of Medicaid providers for referrals	07%
Lack of local knowledge about PH services	07%

PHRDH – Workshops, Training & Education

Eighteen (18) PHRDHs reported providing a total of 233 group-setting workshops during 2017.

Thirteen (13) PHRDHs reported providing a total of 62 group setting in-service trainings during 2017.

PHRDHs provided oral health education (individual setting) to 22,161 recipients and caregivers.

Twenty-seven percent (27%) of the PHRDHs reported providing services to between 51 and 100 recipients and caregivers.

PHRDH Practice Locations

Nebraska PHRDHs report providing preventive services in 60 of 93 counties (65%). Thirty three (33) counties are without the services of a PHRDH. Of the 45 respondents, 31 (69%) reported working in rural counties, 10 (22%) reported working in urban counties and 4 (9%) reported working in both urban and rural counties. In 2012 PHRDHs reported working in 16 rural counties (17%).

PHRDH Practice Settings

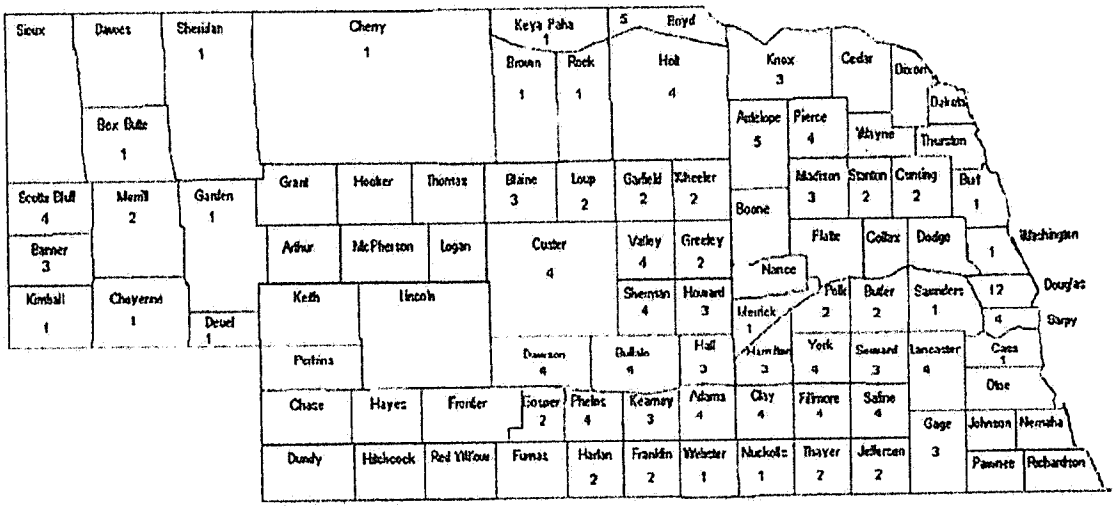
Overall, the 45 PHRDHs reported 119 practice locations with 30% being school based, 19% Head Start, 10% WIC, 10% Assisted Living and 7% State/Local Government.

Coordination of PHA or PHA-C Services

PHRDHs indicated they coordinate services through local health departments (49%), Federally Qualified Health Centers (FQHCs) (24%), independently/private practice (17%) and through other sources (22%).

Counties Identified Supported by PHRDH Services

The following map documents the count of PHRDHs who report practicing in Nebraska by county.



Counties supported - 45 Registered Dental Hygienists holding a Public Health Authorization or a Public Health Authorization - Child identified using the permits in 60 counties

Future Interest in Working in Public Health

Eighty-one percent (81%) of 89 PHRDHs responding to the survey reported they are interested in working in a public health setting in the future. Of the PHRDHs responding yes, the following percentages responded that they would be interested in working in public health:

- more than one day per week 28%
- one day per week 19%
- once or twice a month 35%
- once or twice a year 18%

Eighty-nine percent (89%) of the PHRDHs who responded indicated they would recommend other RDHs obtain and utilize the PHA or PHA-C.

Caries Risk Assessment

Sixty-two percent (62%) of the PHRDHs providing services responded that they routinely perform caries risk assessments. Thirty-one percent (31%) responded they do not routinely perform caries risk assessments. A common reason stated for not doing risk assessments was a lack of enough time.

Challenges to PHRDHs to Utilize Authorizations

PHRDHs were asked to describe any challenges encountered utilizing or reasons they may have limited use of the PHA or PHA-C. The top six of 129 responses include:

- Lack of public interest/knowledge 13%
- Time constraints/unable to make time commitment 12.5%
- Difficulty receiving reimbursement 12%
- Medicaid payments 12%
- Difficulty obtaining consent forms 11%
- Lack of funding 11%

Cynthia Carlson PH-RDH

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preventivedentalhygienecare.com

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Testimony for NE Legislative Health and Human services committee on Public Health Dental Hygiene

My name is Cynthia Carlson I have been a PH-RDH for 4 ½ years. I have done Fluoride Varnish programs, school programs, worked with Head Start and Four Corners Health Dept. Currently I work in a FQHC in Lincoln and provide care in an Alzheimer's Care facility. So as you can see I have a range of experiences as a PH-RDH. I believe most PH-RDH are doing this part-time due to scope limitations and difficulties with MCNA.

Purpose of testimony;

To show the benefits of PH-RDH's in NE and list some barriers that prohibit full utilization of these providers.

Noted FACTS;

The NE Department of Health and Human Service report on Oral Health 2016 states: their "mission is helping people live better lives". PH-RDH's help decrease costs for dental care and decrease costs for systemic health related illnesses with a dental connection, by providing hygiene services that are preventive and educational in nature.

The US office of Management and Budget released the newly revised 2018 Standard Occupational Classification (SOC). This reclassified the Dental Hygiene profession to a "Health Care Diagnosing or Treating Practitioner" We are now in the same classification as Dentists.

Also on December 4, 2018 a report was issued in accordance with an Executive Order the President issued last year with the goal of creating more choice in healthcare delivery. Supporting organizations include DHHS, FTC, White House, Dept. of Labor and the Dept. of Treasury. Dental Therapy and Dental Hygiene are mentioned. Most notably under the scope of practice section. Excerpts; States should consider changes to their scope of practice statutes to allow all healthcare providers to practice to the top of their license, utilizing their full skill set. Burdensome forms of physician and dentist supervision are generally not justified by legitimate health and safety concerns. States should be particularly wary of undue statutory and regulatory impediments to the development of such new occupations.

BENEFITS ;

*LB 18 passed expanded functions for PH-RDH which include, Minor denture adjustments, Interim Therapy Restoration (IRT), which is a temporary therapeutic restoration, and Prescription writing which will allow for Fluoride prescriptions.

*PH-RDH's are reaching many of NE most venerable citizens that have no access to dental care. Access is not only being limited by physical location but limited by high cost and by providers that are not accepting insurances or

MCNA coverage. HS staff and parents report the #1 health issue affecting children in HS is lack of access to oral health services.

The NE Dept. of Oral Health yearly report on PH-RDH's services specific ages and services provided are highlighted. The numbers have increased over the 5 year period of PH-RDH existence.

*PH-RDH's provide care that traditional dental offices cannot. I bring my services to an Alzheimer's Care facility which eliminates the difficulty of transporting to an office. Weather, travel, fear of unfamiliar and physical barriers such as wheelchair and being bed ridden are not a concern. I am able to spend the time needed and not adhere to a strict time schedule, I have time to relax the patient, educate staff and family and address concerns while providing care.

*PH-RDH's help decrease costs for dental care such as hospital surgeries for childhood decay, which was over $35 million Medicaid dollars in 2008 in NE. Child dental surgery typically costs over $6,000 and often the child has this done more than once. Preventive care decreases systemic health related illnesses with a dental connection such as pneumonia, and decrease emergency room visits for oral pain. California saw a 68% increase in emergency room visits in 2009 when they eliminated adult Medicaid coverage.

*PH-RDH's are using Silver Diamine Fluoride (SDF). SDF can actually stop decay progression and provides dynamic results. This gives the patient time until they can find or be seen by a dentist.

Barriers;

The Governor requested a review and rewrite of the Rules and Regulation process. This has caused a delay in allowing PH-RDH's to utilize the new scope of practice that LB 18 provided. I question if this review and rewrite process has been started by the dental board?

*Making referrals to dentists is difficult. Many offices are not taking MCNA clients. Many offices that are listed as taking MCNA clients are not taking new ones, they just service the few they have. Many clients have no dental home because they are turned away. Some have just moved here and can find no provider and with the Alzheimer group they don't remember and family doesn't know.

The NDHA did an informal phone survey throughout the state last spring, to verify if the offices listed on the MCNA website were actually taking any new MCNA clients, the results were disappointing. A true representation of those providing care would be to list the dollar amounts paid out and where the MCNA monies were distributed. Like it previously was done as public knowledge.

*There are barriers to becoming a MCNA provider being recognized as a PH-RDH and working the MCNA process takes time along with payment difficulties.

*Code assessments need to be updated. There are many codes MCNA is not acknowledging for PH-RDH's yet the service is in our scope of practice, and they are covered if done by a dentist. Examples, denture adjustments, debridement, IRT and exam for children under 3 years of age.

Hopefully new codes being developed for Tele-dentistry will be incorporated as this is a perfect way to integrate the PH-RDH and establish a Dental Home.

Codes are not all reimbursable but are intended to help documenting services that are provided by PH-RDH's and helps to ensure comprehensive preventive care and assessments.

*The limitation of a RDH needing 3,000 hours of work experience limits a new graduate from providing adult PH-RDH services that they are trained for and have provided while in school. Dentists have no time limitations for any functions when they graduate.

*Unable to provide home care. I have had requests for providing home care service. It would be great to work with a home healthcare agency an nurses do.

In Closing;

PH-RDH's are trained and willing to help NE citizens needing preventive dental care services. With the expanded Medicaid passed there is anticipated 90,000 new MCNA recipients, where will these people expect to access dental care? The current recipients cannot all access care.

I personally question the lack of limitations for monies spent on childcare. This gives free reign to providing expensive hospital care with repeated surgeries, shouldn't there be limitations and monitoring of monies spent at the high end of care and more emphasis spent on preventive care.

PREVENTION is the KEY and should be the base line service covered and emphasized.

With the newly revised 2018 Standard Occupational Classification and the Executive Order dealing with the Reforming Americas Healthcare System recommendations this is the time to embrace the PH-RDH and provide for further growth in scope of practice to meet the needs of our NE citizens.

Nebraska needs PH-RDH's to help decrease dental costs for our citizens and allow us to increase preventive care. Doing so will effect costly systemic as well as dental health concerns.

Thank you, I would be glad to entertain any questions,

Cynthia Carlson

https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-competition.pdf

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Dec. 7, 2018

Report issued in accordance with an Executive Order the President issued last year with the goal of creating more choice in healthcare delivery. Supporting organizations DHHS, FTC, White House, Dept. of Labor and Dept. of Treasury.

Dental Therapy and Dental hygiene are mentioned. Most notably under the scope of practice section. Excerpts;

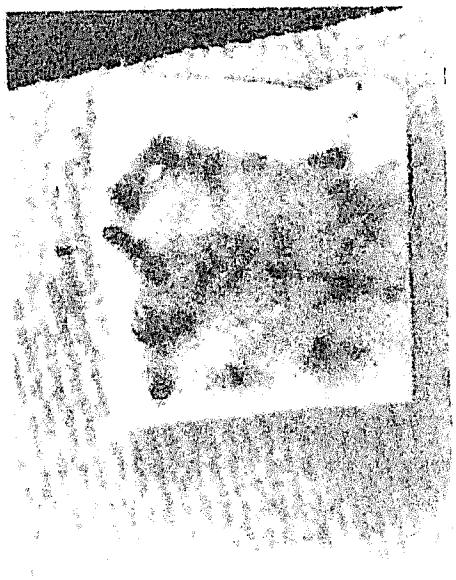
Extremely rigid collaborative practice agreements and other burdensome forms of physician and dentist supervision are generally not justified by legitimate health and safety concerns. Thus, many states have granted full practice authority to APRN's but there is significant room for improvement in other states and for other professions. Emerging healthcare occupations such as dental therapy can increase access and drive down costs for consumers, while still ensuring safe care. States should be particularly wary of undue statutory and regulatory impediments to the development of such new occupations.

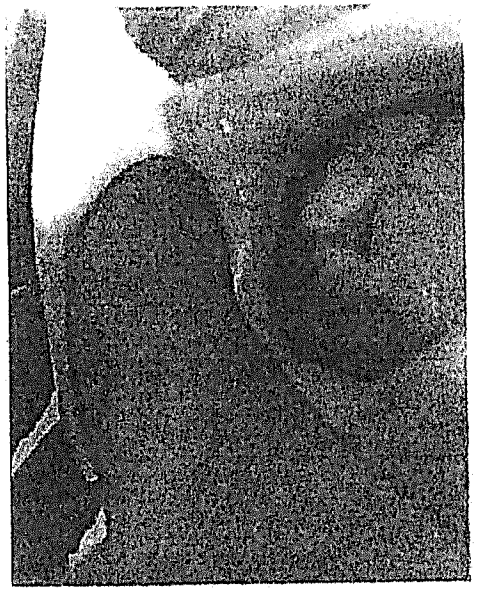
Recommendation; Broaden Scope of Practice

States should consider changes to their scope of practice statutes to allow all healthcare providers to practice to the top of their license, utilizing their full skill set.

The Federal government and states should consider accompanying legislative and administrative proposals to allow -- non-physician and non-dentist providers to be paid directly for their services where evidence supports that the provider can safely and effectively provide care. States should consider eliminating requirements for rigid collaborative practice and supervision agreements between physicians and dentists and their care extender (e.g. physician assistants and hygienists) that are not by legitimate health and safety concerns.

... for example, advanced practice registered nurses (APN's) 96 physician assistants (PA's) 97 pharmacists, 98 optometrists, 99 and other highly trained professionals can safely and effectively provide some of the same healthcare services as physicians in addition to providing complimentary services. Similarly dental therapists and dental hygienists can safely and effectively provide some services offered by dentists as well as complementary services.





I am a Registered Public Health Dental Hygienist and I have contracted with North Central District Health Department located in O'Neill, NE for the past five years.
Research shows children's dental disease is the number one disease in the United States and the number one preventable disease.
I have been involved in three oral health programs, and the first program that I would like to introduce to you is Miles of Smiles.
Our area covers nine counties and 38 schools. We see preschool thru 8th grade.
We provide twice a year to students (with permission forms signed by parents):

1. Dental Screening using a disposal mirror and explorer. We screen the teeth, tongue, throat and tissue inside the mouth. We look for face abnormalities and perform oral cancer screenings.
2. Dental Education. We discuss brushing, flossing and nutrition. We show students how much sugar is in the energy drinks, sodas, and juices. We provide each student with a toothbrush and toothpaste.
3. Fluoride Varnish. It has been proven to be more than 30% effective in preventing dental decay. For it to be most effective it should be placed 4-6 times each year; two times at the dental office, twice at the school setting, and two times at the medical office. (Hand out Sheet)

We refer students to dental offices if we see any concerns. A take home sheet is given to each student on what we did and what we recommend. The school nurse will do follow up to ensure the children are taken care of. Unfortunately, there are ones that slip through the cracks. We have had several success stories. We have set up appointments with Midtown Health Center in Norfolk where they do a sliding fee. We see children where 90% of the teeth are decayed. We have children who are so thankful for a new toothbrush because they must share with their siblings.
I had one little girl who had a lot of decay and a lot of plaque in her mouth. I asked her if she would please brush her teeth for me and she stated she couldn't get in the bathroom before school because her brothers slept there.
We do at least six dental sealant programs per year in our schools. Dental sealants reduce the risk of decay by nearly 80% in molars. (Hand out Sheet)
We also offer silver diamine fluoride to the students in the Santee School with great success. Silver diamine is an antibiotic liquid and when placed on cavities it helps stop tooth decay. It is the greatest product and will save Medicaid a lot of money. (Hand out Sheet)
We see an average of 50% of the students at each school.
I am excited that the Nebraska Community Foundation and other Local Foundations and County Commissioners have partnered with us in the Miles of Smiles Program. They recognize what an important program we have. The Miles of Smiles Program would not continue without the help from this funding. With extra funding we are increasing our outreach by educating school personnel and parents. We provide infant dental kits to hospitals and clinics for all newborns in our nine counties. We also are increasing our sealant clinics in the schools.

The second program that I have worked with the past five years is offering the same services as above to WIC clinics (O'Neill, Atkinson and Spencer) and Head Start programs (Valentine and Ainsworth). We had many referrals from both entities. We struggle finding dental providers that will take those patients

with Medicaid or have limited funds. (Handout on Medicaid Providers) We also have issues with patients not showing for appointments. At WIC clinics silver diamine fluoride was placed on teeth of children and parents. At the next visit, even though the patients had not done follow-up with a dental provider it was noted that the visual decay had not advanced. As per guidelines, we were able to place the silver diamine fluoride again to give us the best results.

We were part of a HERSA grant with The Nebraska Teeth Forever Program and that funding ran out, so we have not been able to continue services since August of this year. This program offered many great benefits, so I am sad that it ended.

The final program that I am involved in is seeing residents at nursing homes and assisted living facilities. We have been in four nursing homes/assisted living facilities twice in the past year. This program was part of the HERSA grant also.

We gave presentations to the facilities on the importance of good oral hygiene, the problems that arise from periodontal disease and the risk of aspiration pneumonia. We were welcomed in by all four of the facilities that we presented to. (Letters of support from Nursing Homes)

We were awarded a portable chair, compressor, auto clave, ultra-sonic, instruments and supplies. We were provided a room in each facility and we set up a mini dental clinic.

We provide with consent from resident or POA the following:

1. Debridement (gross cleaning)
2. Prophy (cleaning)
3. Denture/partial cleaning
4. Dental Screening
5. Fluoride Varnish
6. Silver Diamine Fluoride
7. Oral cancer screenings

Even though I took a significant pay reduction, nursing home visits have been the most rewarding dental hygiene I have ever done. It has also been the most difficult.

Loading and unloading the equipment and setting up the equipment is hard work.

I saw a lady that had never had her teeth cleaned. (Picture) That amount of calculus on that piece of gauze was removed between her lower front teeth. (Picture) It takes much longer on nursing home patients and it much more challenging.

With advanced age many older adults, are unable to tell whether the mouth is clean or not. This is called oral stereognosis

At one of the facilities they stated they could not get a patient's dentures out. The dentures had not been removed for months. After talking with the lady and assuring her I wouldn't hurt her she allowed me to take them out. She had many sore spots and the smell was horrible. Under my mask I wear a lot of Vicks up my nose to help with the odor.

I see severe periodontal disease, denture sores, gross decay and dry mouth.

I have placed silver diamine fluoride on 200+ teeth in the nursing homes. On my second visit (6-month recall) I observed that the teeth were hard and placed a second application. This product can and will save Medicaid big dollars. I have not had a complaint or a concern about this product.

With the help of the resident's physician, we have prescribed Chlorhexidine and Prevident 5000+ and I am happy to say that the staff have been great about helping the residents with these products.

We give each resident a new ultra-soft toothbrush or denture brush and toothpaste. We also have other special oral hygiene tools that we give to residents. I personally have purchased several tubes of Fixodent plus for residents. We give the staff oral hygiene instructions on each resident.

Our funding for the nursing home program has also stopped. We are working on ways to continue this much needed program.

I contacted the Board of Dentistry to get approval of a debridement for public health hygienist and it was approved. I am in the process of trying to get it approved my Medicaid and MCNA, so we can be reimbursed, and I am not making any head way.

We were able to bill for two prophy's, with documentation through Medicaid if the prophy took longer due to a special needs patient or a patient that needed extra care and time. This is no longer available.

It is difficult to become a Medicaid provider; I have a number through the health department but have never been able to obtain my own number.

We have been working on getting a dental hygiene screening code and an education code as we spend a great amount of time on this service that we provide. MCNA has not granted this as a reimbursable code for the public health hygienist.

Public health hygienist can (with further education) do interim therapeutic restoration and make minor denture adjustments; these services have not been approved for payment from Medicaid and MCNA either. This is a huge barrier for the public health hygienist. I am licensed to do both services and it would benefit our program and allow for sustainability of the program.

The feedback on all our oral health programs has been very positive.

In Nebraska, public health hygienists have made a tremendous impact on oral health advancement these past five years. We are in the beginning stages of making an enormous impact on better oral health for all ages.

To continue the oral health benefits for patients we need to sustain the public health hygienist.

As a public health hygienist, I will continue to emphasize the importance of prevention; I truly believe that prevention is the answer.

State of Nebraska

Department of Health and Human Services
Division of Public Health

This is to certify that **Diane M Alden, DH**

Having submitted satisfactory evidence of compliance with the laws of the State of Nebraska is granted
License No. **14** to practice as a

Public Health Authorization

Reissued: November 26, 2013

Expanded Scope Function(s)
Interim Therapeutic Restorations
Writing Prescriptions for Mouth Rinses and Fluoride Products
Make Minor Denture Adjustments

Issued under the name and Seal of the Department of Health and Human Services Division of Public Health
State of Nebraska on 01/14/2008

SEAL

State of Nebraska

Department of Health and Human Services
Division of Public Health

This is to certify that **Diane M Alden, DH**

Having submitted satisfactory evidence of compliance with the laws of the State of Nebraska is granted
License No. **786** to practice as a

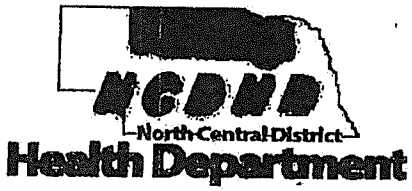
Dental Hygienist

Reissued: November 26, 2013

Expanded Scope Function(s)
Interim Therapeutic Restorations
Writing Prescriptions for Mouth Rinses and Fluoride Products
Monitoring, Administration and Titrating Nitrous Oxide

Issued under the name and Seal of the Department of Health and Human Services Division of Public Health
State of Nebraska on 09/12/1988

SEAL



Please fill out and return to your school.

Your child will receive a free toothbrush and toothpaste if you return this form COMPLETED

Child's Name:_____ Grade_____

Date of Birth:___/___/_____ Age_____ Gender _____M _____F

Parent / Guardian Name: _____

Address:_____City:_____Zip:_____

Phone: _____

1. Does your child receive Medicaid or Kids Connection? ___Yes ___No

Kids Connection or Medicaid # _____

1. Do you have a family dentist? ___Yes ___No
If Yes, Name of Dentist: _____

3. Does your child have any allergies including latex? ___Yes ___No
If Yes, Please List:

☐ **Yes,** I would like my child to receive fluoride varnish and a screening.

☐ **No,** I do not want my child to receive fluoride varnish, but **Yes,** I would like them to receive a screening.

☐ **No,** I do not want my child to receive fluoride varnish or a screening.

_____ _____
Signature of Parent / Guardian Date

North Central District Health Department
Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce and Rock Counties

Miles of Smiles

North Central District Health Department (NCDHD) and your school have partnered together to bring dental health services to pre-school, elementary, and middle school students through our *Miles of Smiles* program.

Miles of Smiles is coming to your school on **September 13th 2018.**

A Registered Dental Hygienist will provide a dental screening and apply an antimicrobial protective coating called fluoride varnish, which helps prevent tooth decay. This service is offered to all children in your school. For those children covered by Medicaid this service is free of charge; a $15.00 donation is appreciated if your child is not covered by this program however, if you are unable to pay, **your child will not be refused service**.

- All children who participate in this program will receive a **FREE toothbrush and toothpaste**.
- A note will be sent home with your child showing the screening results.
- This service does not take the place of regular checkups by your family dentist or daily brushing and flossing. You are encouraged to have your child participate even if you have a family dentist.

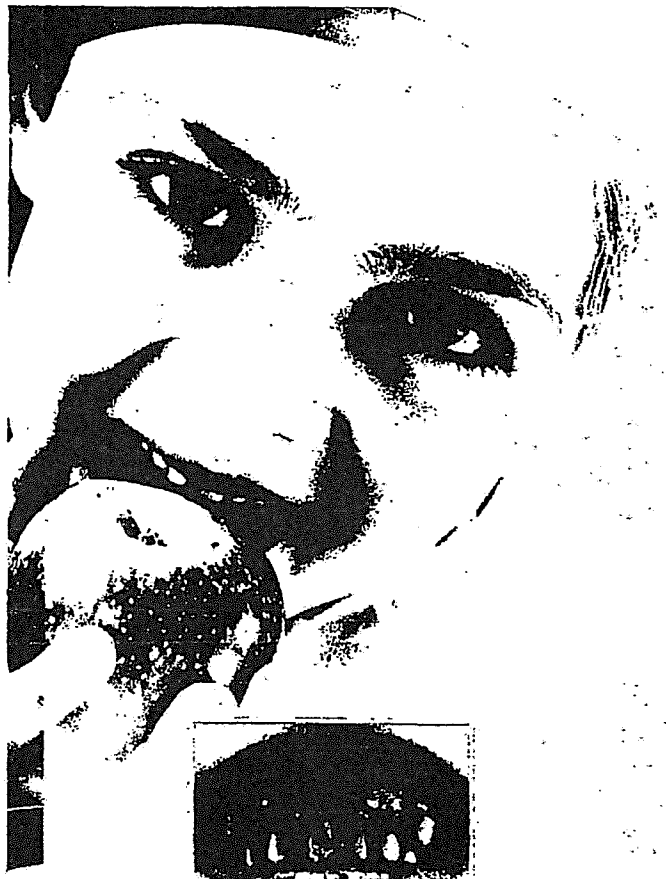
The permission form on the back of this page must be completed and returned to school before the date listed above.

If you have any questions or would like more information, please contact Sara Twibell at (402) 336-2406. We are looking forward to providing this service in your school.

Fluoride Varnish Facts

- Fluoride varnish is a sticky, honey-like material applied to the teeth with a small brush. It is called varnish due to its sticky consistency.
- A typical fluoride varnish application costs between $22 and $48 in a dental clinic.
- Fluoride varnish is safe. It adheres to the teeth once it comes into contact with saliva and is precisely applied to the teeth.
- Fluoride varnish is approved by the American Dental Association and the Federal Drug Administration.

Fluoride varnish should be applied 4 to 6 times per year, and can decrease further cavity development by about 38%.



Early Childhood Decay

Millions of school hours are lost each year due to dental-related illness.

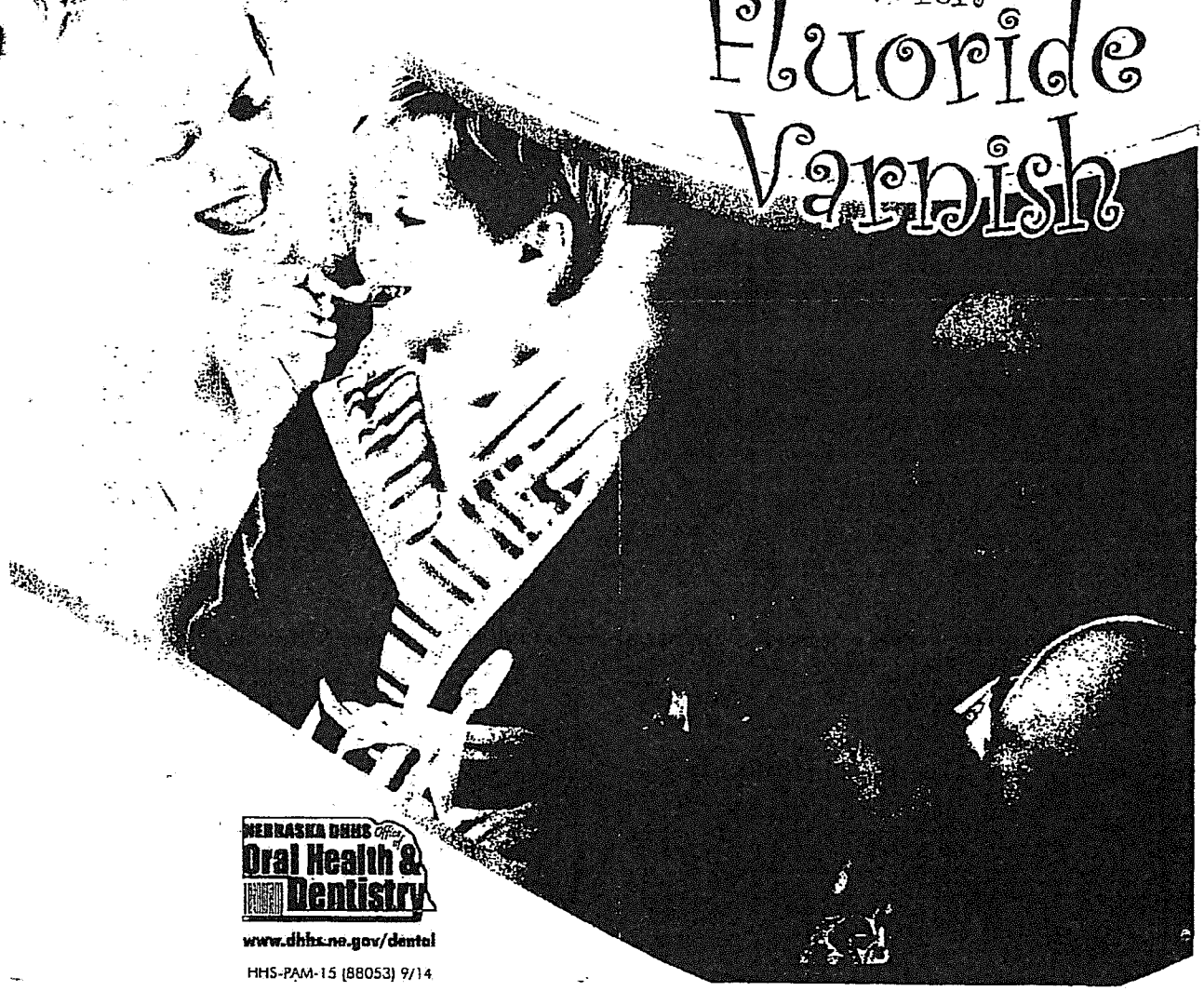
Early tooth loss and dental decay can result in:

- Impaired speech development
- Inability to concentrate in school
- Loss of self esteem
- Damage to permanent teeth
- Hospitalization

Department of Health & Human Services

DHHS
NEBRASKA

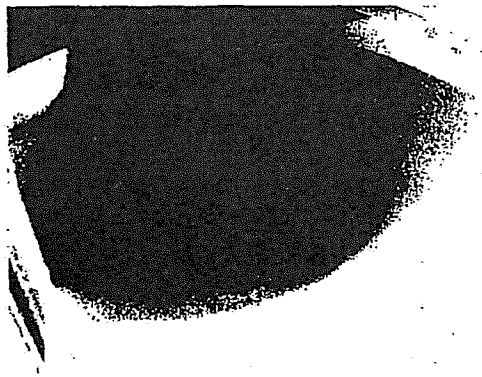
Protect your child's teeth with Fluoride Varnish



NEBRASKA DHHS Office of
Oral Health & Dentistry

www.dhhs.ne.gov/dental

HHS-PAM-15 (88053) 9/14



What is a Fluoride Varnish Application?

Fluoride varnish is 5 percent sodium fluoride resin that is painted on teeth to help make the enamel stronger and more resistant to dental decay.

- This process is easy and takes less than a minute.
- Fluoride may leave teeth feeling temporarily sticky or tacky but is well worth it and will feel smooth again after brushing.
- Your child can eat and drink right after fluoride varnish is applied with limited restrictions. Avoid alcohol, hot beverages and gum.
- Your child can brush your teeth after 6 hours of fluoride application.
- Reapplications of fluoride varnish are recommended to be most effective. Ask your dentist or hygienist how many are most beneficial for your child.
- Fluoride varnish is a good way to help prevent dental cavities, but you and your child will still have to play a big part in the prevention of cavities by daily brushing.

Molar with Dental Sealant

Other ways to improve your child's health?

- Visit the dentist by age one.
- Brush twice a day with a soft toothbrush.
- Floss daily.
- Limit sugary snacks, juices and soda pop.
- Visit the Dentist and Hygienist regularly.
- Eat healthy snacks.
- Dental sealants are beneficial to protect the grooves of molars.

Is Fluoride Varnish Safe?

Fluoride varnish is applied with a small soft brush and takes less than a minute to apply.

Fluoride varnish is safe to use on children of all ages, beginning as soon as they get their first tooth.

This method of providing fluoride to teeth has been used safely in Europe for more than 25 years.

North Central District Health Department

Sara Twibell, Program Coordinator
422 E Douglas St
O'Neill, NE 68763
1.877.336.2406

Fluoride Varnish Was NOT Given

_____ By your request, your child did not receive a fluoride varnish treatment, but did receive an oral exam.

_____ Upon completion of the oral exam, the dental hygienist suggests that fluoride varnish would be beneficial for your child. It is recommended to apply fluoride varnish 4 to 6 times per year to help decrease cavity development by 38%.

A Dental Visit is Recommended in the Near Future Due to a Concern

Yes ☐ No ☐

If yes, reason:

North Central District Health Department

Sara Twibell, Program Coordinator
422 E Douglas St
O'Neill, NE 68763
1.877.336.2406

Fluoride Varnish Was Given

As requested, your child received a fluoride varnish treatment today.

- Fluoride varnish is a sticky, honey-like material that is applied to the teeth with a small brush, dries quickly on the tooth surface, and can decrease further cavity development by about 38%.
- After application, it is recommended to wait at least four hours to brush. The varnish will cause a yellowish film on the teeth that will go away with regular tooth brushing.
- This program should NOT replace regular visits to the dentist or daily brushing and flossing. It is an additional protection against cavities for your child.

A Dental Visit is Recommended in the Near Future Due to a Concern

Yes ☐ No ☐

If yes, reason:

Miles of Smiles

Dear Parents or Guardians,

North Central District Health Department (NCDHD) and your school are partnering together to bring additional dental health services to your elementary and middle school students through our *Miles of Smiles* program. These services will be available at your school on **(Date)**.

After two and a half years of *Miles of Smiles* being offered at your school, Niobrara Elementary School has been selected to participate in a dental sealant program. Public Health Authorized Registered Dental Hygienists will conduct a dental screening; apply fluoride varnish treatment and sealants if needed. Sealants are a thin plastic coating placed on the chewing surfaces of teeth to prevent cavities.

- If your child has Kids Connection/Medicaid or private dental insurance, we will be billing for these services. Please include your insurance information on the back of this page.
- If your child does not have dental insurance, a $15.00 donation is appreciated. However, if you are unable to pay, **your child will not be refused service**.

Children participating in *Miles of Smiles* will also receive a free toothbrush and toothpaste. A note will be sent home with your child to let you know what was done during the visit. This service does not replace regular checkups by your family dentist. Your child should receive a complete dental exam from his or her dentist at least once a year.

Please fill out the form on the back of this letter and return to your child's teacher today!

Thank you!

Sara Twibell, Outreach Coordinator

(School) Elementary School

DENTAL SEALANT PROGRAM

(Date)

*Please Print Below

Child's Legal Name: _____

Birthdate: ____ / ____ / ____
Month Date Year

Age: _____ Grade: _____ Male ☐ Female ☐

What services would you like your child to receive? (Check all that apply)

- **Dental screening** ☐
- **Fluoride varnish** ☐
- **Sealants (if needed)** ☐
- **None** ☐

Do you have a family dentist? Yes No
If yes, name of dentist: _____

Does your child have any allergies, including latex? Yes No
If yes, please list:

Does your child have Medicaid / Kids Connection? Yes No
Medicaid / Kids Connection #: _____

Does your child have private dental insurance? Yes No
Insurance Company: _____
Policy #: _____ Group #: _____
Name of policyholder (subscriber) on insurance card: _____

Parent / Guardian Name: _____
Street Address: _____
City: _____ Zip: _____ Phone Number: _____

Parent / Guardian Signature: _____ Date: _____

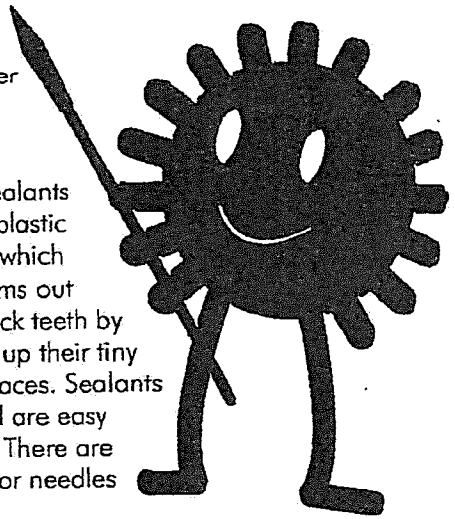
Additional Comments: _____

Now Your Children's Teeth Can Benefit From a New Kind of Protection

Most cavities start on back teeth because they have many small gaps called "pits" and "fissures" where germs and food can hide and cause tooth decay. Teeth need protection from cavities.

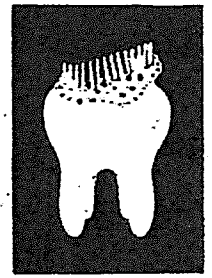
Fluoride, in water, toothpaste and mouthrinse is great for the sides of the teeth, but the tops of teeth have tiny gaps and need special protection. Everyday brushing and flossing help, but tooth-brush bristles cannot fit into those tiny crevices, and flossing only cleans the sides of your teeth.

NOW your children's teeth can be protected with a plastic coating called sealants. With dental sealants your child may never have a cavity or filling, and you will probably have lower dental bills!



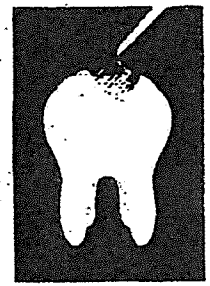
Dental sealants are safe plastic coatings which keep germs out of the back teeth by covering up their tiny hiding places. Sealants work and are easy to apply. There are no drills or needles involved!

Toothbrush bristles cannot fit into these small gaps

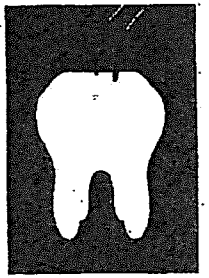


Applying Sealant, an Easy Three Step Process

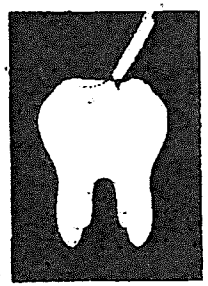
A dentist or dental hygienist cleans your child's teeth with a special toothpaste.



A special cleansing liquid, on a tiny piece of cotton, is gently rubbed on the teeth and is washed off in a minute.



Finally, the sealant is painted on the teeth. It takes about a minute for the sealant to form a protective shield.



"Fewer cavities and fillings, lower dental bills, and big smiles"

For more information contact your local dentist or health department.

Besides sealants, the other ways to prevent tooth decay are brushing with a fluoride toothpaste and drinking fluoridated water. Fluoride makes teeth more resistant to decay before they become large cavities.

Sealants and fluoride together can prevent almost all tooth decay.

NEBRASKA DHHS Office of Oral Health & Dentistry

NCDHD
North Central District
Health Department

Informed Consent for Silver Diamine Fluoride

Facts for consideration:

- Silver diamine fluoride (SDF) is an antibiotic liquid. We use SDF on cavities to help stop tooth decay, We also use it to treat toot sensitivity. SDF application every six to 12 months is necessary.
- The procedure: I Dry the affected area. 2 Place a small account of SDF on the affected area. 3, Allow SDF to dry for one minute. 4. Rinse.
- Treatment with SDF does not eliminate the need *for* dental fillings or crowns to repair function.
- I should not be treated with SDF if: 1, I am allergic to silver, 2. There are painful sores or raw areas on my gums (i.e., ulcerative gingivitis) or anywhere in my mouth (i.e., stomatitis).

Benefits of receiving SDF:

- SDF can help stop tooth decay.
- SDF can help relieve sensitivity.

Risks related to SDF include, but are not limited to:

- The affected area will stain black permanently, Healthy tooth structure will not stain. Stained tooth structure can be replaced with a filling or crown,
- Tooth.colored fillings and crowns may discolor if SDF is applied to them. Color changes on the surface can normally be polished off, The edge between a tooth and filling may keep the color.
- Ifaccidentallyappliedtotheskinorgums,abrownorwhitestaymayappearthatcausesno harm, cannot be washed off and will disappear in one to three weeks,
- You may notice a metallic taste, This will go away rapidly,

If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment, such as repeat SDF, a filling or crown, *root* canal treatment or extraction.

- These side effects may include all of the possible situations reported by the manufacturer. If you notice other effects, please contact your dental provider.
- Every reasonable effort will be made to ensure the success of SDF treatment. There is a risk that the procedure will not stop the decay and no guarantee of success is granted or implied.

Alternatives to SDF, not limited to the following:

- No treatment, which may lead to continued deterioration of tooth structure and cosmetic appearance. Symptoms may increase in severity.
- Depending on the location and extent of the tooth decay, other treatment may include placement of fluoride varnish, a filling or crown, extraction or referral for advanced treatment modalities.

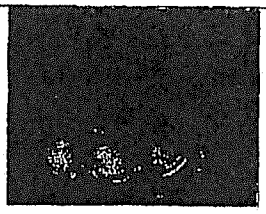
I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT AND ALL MY QUESTIONS WERE ANSWERED:

_____ (SIGNATURE OF PATIENT) _____(Date)

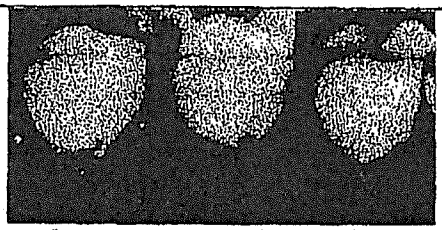
SILVER DIAMINE FLUORIDE

What is Silver Diamine Fluoride (SDF)?

- SDF is a liquid medication for tooth decay.
- SDF stops the cavity from growing by killing bacteria.
- **Arrested tooth decay turns dark brown or black**, right away or over time. (See photos below)
- Healthy areas of teeth treated with SDF will not stain and will remain a natural tooth color.
- Like other fluorides, SDF also strengthens the tooth to prevent new decay and is used to treat tooth sensitivity.



before and after SDF Application on front teeth
(Rosenblatt et al J Dent Res 88(2): 116-125, 2009)



before, after 24 hours, and after 7 days of SDF treatment
(UCSF Dental Center)

How is SDF treatment done?

- Teeth are dried and a small amount of SDF is brushed on areas of active tooth decay.
- Care must be taken to avoid allowing SDF to touch the gums, skin or clothing.
- When decay is treated, the dark color shows that the SDF is working.
- Early treatment can prevent more damage to the tooth.
- SDF may be a first stage or long-term treatment.
- A filling or other treatment may still be recommended if the SDF treatment is done after a cavity has already damaged the tooth.
- For best results, SDF may be applied every 6-12 months.

Who should not have SDF treatment? People who have:

- a silver allergy
- painful sores or raw areas in the mouth
- concerns about staining of the decay

Who should have SDF treatment? SDF may benefit:

- very young children who cannot yet cooperate for dental care
- children with decayed baby teeth that will soon be lost
- people whose treatment will delayed or need to be completed over a long period of time
- people with dry mouth from medications or chemotherapy
- people for whom other dental treatments are too challenging or not possible

Listed below are the dental offices from my area.
We have limited providers that will take new Medicaid patients.

Antelope:

Neligh Family Dentistry

Yes, New Adults. Yes, New Children (Only from Neligh)

Boyd:

Family Dentistry and Dental Hygiene

No, New Adults. Yes, New Children

Brown:

Ainsworth Dental Clinic

Yes, New Adults. Yes, New Children

Cherry:

Sandhills Family Dentistry

No, New Adults. Yes, New Children

Valentine Dental Clinic

No, New Adults. No, New Children

Holt:

Family Dentistry & Dental Hygiene

No, New Adults. Yes, New Children

Kersenbrock Dental

They do accept New Adults & New Kids, but they have no new appointments for 3-4 month.

Family First Dental of O'Neill

No, New Adults. No, New Children

Atkinson Family Dentistry

No, New Adults. No, New Children

Keya Paha:

No Providers

Knox:

Ken Tusha

Limited adults & children (only from the area)

Family First Dental of Wausa

No, New Adults. No, New Children.

Family First Dental of Creighton

No, New Adults. No, New Children.

Pierce:

Family First Dental of Plainview

No, New Adults. No, New Children.

Family First Dental of Osmond

No, New Adults. No, New Children.

Pierce Dental

No, New Adults. No, New Children.

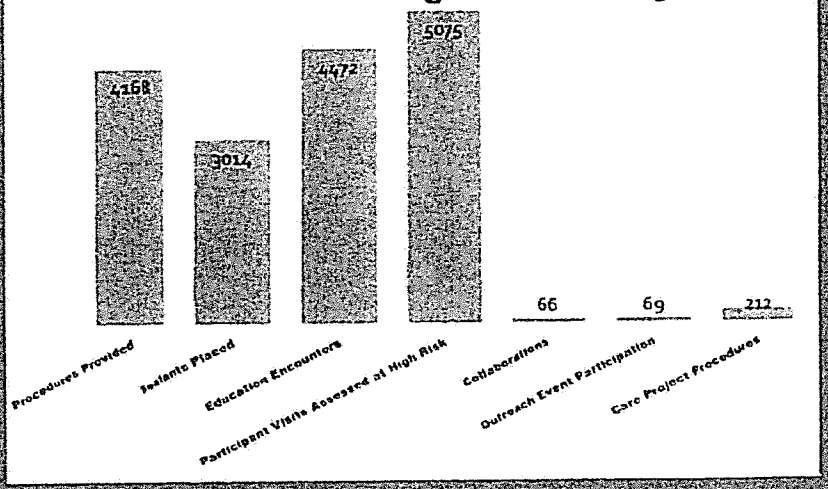
Rock:

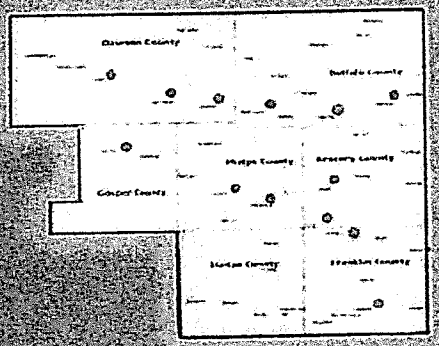
William Lurz Bassett

Yes, New Adults. Yes, New Children.

Two Rivers
PUBLIC HEALTH DEPARTMENT

LifeSmiles Program Activity





LifeSmiles
Two Rivers

2018 Data

85 Clinics providing 650 participant encounters. Total procedures valued at $ 13,885.00

237 Clinics providing 3190 participant encounters. Total procedures valued at $ 11,903.00

57 Clinics providing 3214 participant encounters. Total procedures valued at $ 120,685.00

5 days providing 37 participant encounters. Total procedures valued at $ 18,234.00

To invest in prevention services that can improve healthcare outcomes and reduce overall healthcare costs – Investment in Prevention Programs is crucial for sustainability.

Examples of services that *should* be considered for PHRDH reimbursement are:

D0190 -Screening code
D0191 -Assessment of a patient
D0601 - Caries risk assessment and documentation, with a finding of low risk
D0602 - Caries risk assessment and documentation, with a finding of moderate risk
D0603 - Caries risk assessment and documentation, with a finding of high risk
D4341 -S/RP quadrant +
D4342 -S/RP 1 to 3 teeth
D4355 – Debridement
D4346 - Scaling in presence of generalized moderate or severe gingival inflammation – full mouth
D4910 Periodontal maintenance
D4921 Gingival irrigation – per quadrant
D1310 -Nutritional Counseling code
D1320 -Tobacco counseling code
D1330 -OHI code
D9630 -Other Drugs/ Medicaments
D5410 Adjust complete denture - maxillary
D5411 Adjust complete denture - mandibular
D5421 Adjust partial denture – maxillary
D5422 Adjust partial denture - mandibular
D9932 – Cleaning & inspection of maxillary denture
D9933 – Cleaning & inspection of mandibular denture
D9934 – Cleaning & inspection of maxillary partial
D9935 – Cleaning & inspection of mandibular partial
D9311 - Consultation with a medical health care professional
D9430 - Office visit for observation (during regularly scheduled hours) – no other services performed
D9910 - Application of desensitizing medicament
D9991 - Dental case management – addressing appointment compliance barriers
D9992 - Dental case management – care coordination
D9993 - Dental case management – motivational interviewing
D9994 - Dental case management – patient education to improve oral health literacy
D9999 - Unspecified adjunctive procedure, by report

NOTE: Oral education and or dental hygiene screening is a billable service for the hygienist in the following states: Maine, Vermont, Massachusetts, Wisconsin, Washington, Colorado

DAVIS FAMILY DENTAL LLC
EXCELLENCE IN DENTISTRY

TIMOTHY L. DAVIS, D.D.S.

October 2, 2018

LifeSmiles Dental Program
Two Rivers Public Health Department

To Whom It May Concern:

I am writing this letter on behalf of LifeSmiles Dental Health. Our community benefits from Julie Niles, RDH visiting our long term care facility to provide oral care, promote oral health and provide oral hygiene instruction to the residents. The oral health of these patients is very important and this program helps improve not only their oral health but also their overall health. It is also advantageous for many of these patients to have care on-site and not have to be transferred. I have a great working relationship with Julie strongly encourage the continuation of this program for the health of our long term care facility residents. Thank you for your time and support.

Sincerely,

Timothy L. Davis, DDS, FICOI

1002 MERIDIAN AVENUE | P.O. BOX 248 | COZAD, NE 69130
PHONE: (308) 784-3377

HECOX DENTISTRY

Cozad Dental Clinic, P.C.

Dentistry that you, your family and friends deserve

Mike W. Hecox, D.D.S.
Ashton W. Hecox, D.D.S.

810 E Street, PO Box 287
Cozad, NE 69130
(308) 784-2828

1014 Lake Avenue
Gothenburg, NE 69138
(308) 537-5252

RE: Life Smiles Program

Dear Grant Committee:

I would like to encourage and commend the Life Smiles Program provided by dental hygienists in the nursing homes and assisted care facilities. Considering the poor dental hygiene amongst many residents in this environment, I find this type of hygiene care offered to be beneficial and encouraged.

I do advise that thorough dental exams and x-rays be done by dentists; however in collaboration with the Life Smiles Program, I do feel this can be a team effort that has many positive aspects for these patients in this situation.

Sincerely,

Dr. Mike Hecox

Doug Hohman, DDS
FAMILY DENTISTRY

1223 Hill Street
Holdrege, NE 68949
308-995-8639
openwide@qwestoffice.net

12-6-18

To whom it may concern,

I am in full support of the Public Health Authorized Dental Hygienists (PHRDH) authorization. In my 29 years of private dental practice, this is the first program I've been aware of that emphasizes education of the dental patient. I have patients in my practice from area care homes that have improved oral habits due to excellent dental education and treatment provided by PHRDH.

More importantly they encourage these patients to go back to their dentist or connect them with one for further examination and treatment if needed. Also, I see great value in the PHRDH authorization because they can go to these care homes and complete treatment when the patient has mobility issues.

I encourage the continuation of the PHRDH authorization because of the excellent preventive dental services they have provided in rural Nebraska.

Thank you for your consideration,

Doug Hohman DDS

September 6, 2018

To whom it may concern,

We have been blessed to partner with Two Rivers Public Health Department to offer the residents at Cozad Care and Rehabilitation Center the Life Smiles Dental Program. The program was started in May of 2017. The program offers dental care within the facility on a weekly basis provided by a dental hygienist. We have several residents that participate and benefit from dental screenings, oral cancer screenings, dental cleanings, denture and partial cleaning, fluoride varnish treatments, xerostomia care for dry mouth, and assistance with referrals to a dentist when needed. Recently the Public Health Department has been able to offer silver diamide treatment to our residents to stop dental decay when it is noted which will be very beneficial for residents who are not a candidate for full or even partial dental extractions because of other health problems that would prevent extensive procedures.

As a facility, we track infection rates for quality assurance and performance improvement. Since starting the Life Smiles Program, our respiratory infection rates have decreased and have stayed at a very low number consistently. During September of last year we did have an increase in respiratory infections but the infections resolved quickly and rates have been low since then. Data for August 2018 has not been completely collected or reviewed yet. Please see attached table:

Our residents and their families have voiced many positive comments about the program, including that it is convenient with it being provided in the facility; that it is so nice that mom (or dad) can get some dental services since there is no way we could get them into a dental chair; and that they really like the staff from the Public Health Department. Our goal is to continue to expand the program so that as many residents as possible can benefit from this program, despite their ability to contribute financially. Please consider funding the Two Rivers Public Health Department in their endeavors. Feel free to contact us at Cozad Care and Rehabilitation Center if you have any further questions at 308-784-3715 or at don@cozadhealthandrehab.com.

Thank You,

Loretta Smith RN DON

Kiley Goff Interim Administrator/CEO

Cozad Health and Rehabilitation Center
318 W 18th Street
Cozad, NE 69130
don@cozadhealthandrehab.com
308-784-3715

	Respiratory infection Rates at Cozad Care and Rehabilitation Center																
Month Year	April 17	May 17	June 17	July 17	August 17	September 17	October 17	November 17	December 17	January 18	February 18	March 18	April 18	May 18	June 18	July 18	August 18
URI (upper respiratory infections)	1	1	0	O	0	8	Not avail	0	2	0	2	0	1	2	2	1	In progress
LRI (pneumonia, lower resp. infections)	3	4	5	O	2	2	Not avail	2	1	1	1	0	1	0	1	0	In progress

community Action PARTNERSHIP of Mid-Nebraska
Helping People. Changing Lives.

Community Action Partnership of Mid-Nebraska
1023 Avenue F – P.O. Box 2288 – Kearney, NE 68848-2288

Director & Vendor Manager: 308.865.5356
Program Assistant: 308.865.5375
Fax: 308.865.5685
Website: www.communityactionmidne.com

December 5, 2018

To Whom It May Concern:

On behalf of the WIC program, at Community Action Partnership of Mid-Nebraska, we would like to lend our support to the Public Health Dental Hygienist, of the LifeSmilies Dental Program, administered by Two Rivers Health Department.

WIC currently partners with Two Rivers on serving families at the WIC clinics on oral care. Our partnership of ten years currently serves three of our fourteen clinics, which covers three counties. These three clinics benefit greatly with dental care, education and referrals within the community. These three counties receive preventive services with the ultimate goal of finding a dental home.

The WIC program serves at risk pregnant mothers, primary caregivers of young children birth to age 5, as well as children with special needs. Our collaboration with the dental care program has been a huge success in reaching our low income families, many of whom have no dental resources or services. This partnership enhances the services we provide, improves oral health, and embodies healthy habits for our families. Together we are making a difference in the communities we serve.

Sincerely,

Judy Schultz
WIC Director

December 6, 2018

Roxanne Denny-Mickey
Two Rivers Public Health Department
701 4th Avenue, Suite 1
Holdrege, NE 68949

Re: Public Health Registered Dental Hygienist

Dear Roxanne,

I am writing on behalf of Emerson Elementary students who are served by the TRPHD Health Smiles program. The dental checks, application of fluoride and sealants has made a measurable difference in the rate of tooth decay in our students.

In addition to the physical preventative measures the program provides, the length the hygienists go to in notifying parents of problems and assisting them in finding dental care providers, makes a big difference for many of our families. It is not that families do not want their children to have dental care. For many of them, finding a dentist who will provide services to a child with Medicaid or with no insurance is a daunting task, even in a community with as many providers as Kearney. Helping these families connect with dental care means their children will have a dental home and regular dental care to prevent problems before they have lifelong health conditions resulting from poor dentition. It also increases the likelihood the children will come to school ready to learn and not suffering from problems that impede their ability to participate fully in the education process. We have also depended on the hygienists to teach our students how to care for their own teeth.

I believe these services, with upfront expenses, ultimately save taxpayer money by ensuring children can maximize their education and become healthy and productive members of our community for life.

Thanks again for all your support and efforts to coordinate this program in our school.

Respectfully,

Susan Puckett, RN
Kearney Public Schools Health Services
Emerson, Meadowlark, Buffalo Hills, Kenwood and Park School Nurse

Phone: 308 27-6936
E-mail: spuckett@kearneycats.com

Community Action PARTNERSHIP of Mid-Nebraska
Helping People. Changing Lives.

Community Action Partnership of Mid Nebraska

Lexington Head Start
931 ½ W. 7th St.
PO Box 333
Lexington, NE 68850-0333
(308) 324-5282

12/5/18

RE: Life Smiles Fluoride and Sealant Program

To Whom It May Concern:

I am the Center Director to the Lexington Head Start Pre-School. Our center has 32 children enrolled every year. Our program is income based, therefore most of the children we serve meet poverty guidelines. Our program is unique in that we have monthly Family Connection Nights where we also have classes to educate the parents.

We value the services of the Life Smiles Fluoride and Sealant Program that the Dental Hygienist through the Two Rivers Health Department provide for our children. Between our Head Start Program and the Life Smiles Program this is often the first experience our families have with oral hygiene. This is sometimes their first exposure to a toothbrush, toothpaste, fluoride varnish, sealant, a dental exam, establishing a family dentist and forming the habit of brushing your teeth after every meal. This program gives the children a happy, healthy, positive first experience with dental hygiene. The parents learn the importance of oral hygiene for themselves and their children insuring that this knowledge and continual routine is passed down to future generations. They learn how essential it is to take care of their child's primary baby teeth and the significance of dental care throughout one's entire lifetime.

This program is invaluable to our children and parents and the future oral health of our families. I would like to strongly encourage you to expand this program so that other families may benefit from this education and the treatments.

It you have any questions for me, I would be happy to visit with you. I may be reached at (308)324-5282.

Sincerely,

Cindy Schulthiess
Center Director

Lexington Head Start

December 6th, 2018

To Whom It May Concern:

I am a Registered Nurse who is employed at the elementary and preschool level through Kearney Public Schools. The preschool I serve has benefited from the dental program provided through Two Rivers for several years. This has allowed for a young population, who many times lacks instruction/assistance at home, to begin to value having a good dentition at an early age. The program provided through the dental hygienists from Two Rivers is also in place at two of the Title I elementary schools I serve—Northeast Elementary and Bryant Elementary. Since the inception of the program, we have seen a decrease in the prevalence of decay at both schools. This is documented through the reduction of dental referrals that have been sent out to parents over the course of the last several years. This improved outcome benefits children in many aspects, as not only their health improves, but their self-esteem as well.

Our schools are indebted to the dental services that have been provided, as our population will reap the benefits for years to come.

Sincerely,

Kelli Urbanek, RN—Kearney Public Schools Nurse

HOLDREGE
MEMORIAL
HOMES
1320 11th Avenue • Holdrege, NE 68949 • 308-995-8631

"Holdrege Memorial Homes exists to provide quality human services in a Christian environment."

October 1,2018

Grant Committee:

Holdrege Memorial Homes has been working with the Two Rivers Public Health Department Smiles Program for more than a year. The Smiles Program has provided preventative oral hygiene to 70 residents that live in our facility.

Our residents have found the heightened oral cares to be beneficial to their oral health and in some cases their overall health. Many of the residents that live at Holdrege Memorial Homes have complex medical issues that require multiple medications which may contribute to dry mouth or increased plaque build up. The weekly attention that many of our residents receive from the program helps to minimize this. As we age we become more prone to respiratory issues and aspiration pneumonia can be life threatening. We feel that the increased emphasis on oral cares to our residents and the education to our staff on the importance helps to minimize the risk to our residents.

The benefit of the Smiles Program has been greatly appreciated by our residents, their families, our medical providers, and our staff. We are appreciative to see grant dollars used for this program and so glad that it now includes our residents.

Linda Carpenter

Director of Nurses

To whom this may concern,

I fully support the Two Rivers Life Smiles Program and the public health hygienists who coordinate and provide care for my district. As a district of over 50% poverty level there is a tremendous need for the dental services they provide. Many of my students do not have dental insurance and/or do not seek routine dental care due to costs. I depend on their assessments for my referrals. As a school nurse I'm not able to determine all appropriate reasons to see a dentist like their expertise can. I would be missing so many students needing additional care if they were not routinely visiting my district. In the last 4 years of coordinating clinics with them my referrals have decreased over 20%. Students are learning more about how important dental care is and making changes that are suggested. Families appreciate their services as well. Donations have increased to keep their services coming to my district.

I'm thankful for this program and the hygienists that provide care for my students. They are a vital need in my practice.

Ashley Billeter, RN BSN

Gibbon Public Schools

FRANKLIN PUBLIC SCHOOLS

1001 M Street
Franklin, NE 68939
(308) 425-6283
http://franklin.k12.ne.us/franklin.home.html

December 5, 2018

To Whom It May Concern:

I have had the privilege to work with the community outreach Dental Hygienists through Two Rivers Public Health Department. Last year we were contacted about the Lifetime Smiles Dental Program. This program provides free dental screenings, Fluoride and Sealants, to students who enroll, three times throughout the school year. This program has been an amazing asset to our school.

Through working with Two Rivers, we have seen a significant increase in the number of students enrolled in the Lifetime Smiles Program, more than tripling enrollment. This is an awesome benefit for the students of our school, considering the large amount of our students come from low income families with little access to routine dental care. I have also used the services of Two Rivers' Dental Hygienists to perform Dental Screenings on the whole school Preschool through 12th Grade. This has been extremely helpful to me in getting the required Dental Screenings done. I have found my partnership with these professionals to be very beneficial to my work and for my school that I serve as well.

Sincerely,
Jeralynn Lucht
Franklin Public Schools
Medical Aid

EARLY LEARNING Academy

ADMINISTRATION
Tracy Naylor, Director

S Plum Creek Parkway Lexington, NE 68850 P: (308)324-1841

December 4, 2018

To whom it May Concern,

I am writing this letter to show my support for the Life Smiles program and public health dental hygienists. I am the director of the Early Learning Academy in Lexington, Nebraska with 220 students. I have a high population of poverty stricken students. The Life Smiles program visits my preschool three times a year and holds a weeklong event in the spring to perform dental procedures at no cost to my students and their families. If it weren't for the public health hygienists, my students would not receive the dental care they so desperately need to improve their oral health. Through the Life Smiles program, the dental hygienists are able to monitor the oral health of my students. I am a strong supporter that we have to take care of our students' basic needs before we can effectively educate them. Taking care of their dental needs is essential. Please continue to fund the public health dental hygienists programs in our state. The importance of good oral health is an essential to the education of our students.

Educationally Yours,

Tracy Naylor

Tracy Naylor

Department of Health & Human Services
DHHS
NEBRASKA

Nebraska Departm
Division of Public H
Licensure Unit
PO Box 94986
Lincoln, NE 68509-

7

Dental Hygiene Public Authorization Services I

Nebraska Department of Health and Human Services

Health Services Quality Assurance in compliance with 2011 - LB330

Summary Report due to the Legislature's HHS Committee in 2014

1. Provider Name: _____ Public Hygiene Permit No. _____
2. Date(s) of Service: _____ (mm/dd/yyyy)
3. Location Name: _____. County: _____
4. Location Type: *Health care or related facility*:
   ☐ a tribal clinic ☐ a school-based preventive health program;

   Public health setting:
   ☐ a federal, state, or local public health department or clinic;
   ☐ community health center;
   ☐ rural health clinic;
   ☐ similar program or agency that serves primarily public health care program recipients: _____
5. Indicate if you have evidence of coordination with: (Select all that apply.)

   ☐ Local health jurisdiction: _____ ☐ Local oral health coalition: _____

   ☐ Other (no local health coordinator or coalition available): _____
6. Primary Method of Payment:

   ☐ Medicaid—DHHS ☐ Private Insurance ☐ School Fund ☐ Cash ☐ Grant

   ☐ Donated service (pro-bono) ☐ Other: _____
7. List Services provided on attached sheet.

Quarterly Reporting Due Dates (check one):

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
		☐ July 1, 2011	☐ October 1, 2011
☐ January 1, 2012	☐ April 1, 2012	☐ July 1, 2012	☐ October 1, 2012
☐ January 1, 2013	☐ April 1, 2013	☐ July 1, 2013	☐ October 1, 2013
☐ January 1, 2014	☐ April 1, 2014	☐ July 1, 2014	☐ October 1, 2014

1st Quarter Reports include services performed be October 1st and December 31st
2nd Quarter Reports include services performed be January 1st and March 31st
3rd Quarter Reports include services performed be April 1st and June 30th
4th Quarter Reports include services performed be July 1st and September 30th

This form is available at: http://www.dhhs.ne.gov/dental/ **Copy as needed.**

Washington State Department of Health
Dental Hygiene Program
PO Box 47852
Olympia, WA 98504-7852
360.236.4700

Dental Hygiene Services—School Report Form

Washington State Department of Health—Health Services Quality Assurance
In compliance with 2009 SHB 1309
Report due to the legislature in 2013

1. Date(s) of Service: _____ (mm/dd/yyyy)
2. County: _____
3. School Name: _____
4. Child's age: _____
5. Indicate if you have evidence of coordination with: (Select all that apply.)
   - ☐ Local health jurisdiction
   - ☐ Local oral health coalition
   - ☐ Other (no local health coordinator or coalition available): _____
6. Specify the method of reimbursement:
   - ☐ Medicaid—DSHS
   - ☐ Private Insurance
   - ☐ School Fund
   - ☐ Cash
   - ☐ Grant
   - ☐ Donated service (pro-bono)
   - ☐ Other: _____
7. Check all services provided to this student at this visit:
   - ☐ Assessment
   - ☐ Oral health education
   - ☐ Removal of deposits/stains from surface of teeth (prophylaxis)
   - ☐ Fluoride varnish
   - ☐ Sealants
   - ☐ Sealant retention check
8. If sealants were applied at this visit, how many? _____
   Did the student already have any previously applied sealants? ☐ Yes ☐ No
9. If prophylaxis was done, please check all methods used:
   - ☐ Coronal polish
   - ☐ Hand scale
   - ☐ Ultrasonic scaler/piezo scaler
   - ☐ Other: _____
10. Does the student have untreated disease? ☐ Yes ☐ No
    Did you refer the student to a dentist? ☐ Yes ☐ No
    Did the student initiate treatment with a dentist? ☐ Yes ☐ No ☐ Unknown

11. Please provide information on the following outcomes:

☐ Estimated % of eligible kids that returned permission slips: ☐ 25% ☐ 50% ☐ 75% ☐ 100%

☐ Sealant was broken or lost since last visit? ☐ Yes ☐ No

12. According to the WA State Sealant Guidelines, the following is required from dental providers who provide sealants in schools. Please let us know which ones you are following and which ones are not working for you any why.

Sealant Guidelines	Yes	No	Comments
Apply sealants to 1st permanent molars in 2nd graders			
Apply sealants to 2nd permanent molars in 6th graders			
Apply sealants to all eligible students regardless their ability to pay			
Work at schools with more than 30% students on free and reduced lunch (FRL). List available at: http://www.k12.wa.us/ChildNutrition/Reports/FreeReducedMeals.aspx.			
Coordinate and report sealant data back to local health jurisdiction (LHJ) or local oral health coalition. List of LHJs available at: http://www.doh.wa.gov/cfh/oralhealth/docs/ohcoor.pdf. List of oral health coalitions at: http://www.doh.wa.gov/cfh/oralhealth/coalition/default.htm			

The complete Sealant Guidelines are available at:
http://www.doh.wa.gov/cfh/oralhealth/docs/sealants/sealantguide.pdf

More information about school sealant programs is also available at:
http://www.doh.wa.gov/cfh/oralhealth/sealants/default.htm

13. Please share any suggestions or lessons learned to improve school sealant programs in our state.

_____

_____

_____

_____

_____

Quarterly Reporting Due Dates:

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
--	--	July 1, 2009	October 1, 2009
January 1, 2010	April 1, 2010	July 1, 2010	October 1, 2010
January 1, 2011	April 1, 2011	July 1, 2011	October 1, 2011
January 1, 2012	April 1, 2012	July 1, 2012	October 1, 2012
January 1, 2013	April 1, 2013	July 1, 2013	October 1, 2013

This form is available at: http://www.doh.wa.gov/hsqa/Professions/Dental_Hygiene/forms.htm.
Copy as needed.

To be read into the record at the end of the hearing on ***LB*** _____

Exhibits for the Record: No Testifier (handout only)			
	Name	Representing	Position on Legislation
EXHIBIT # 8	Cori Garrett	Self	
EXHIBIT # 9	Erin Haley Hitz	Self	
EXHIBIT # 10	Kerri Dittrich	self	
EXHIBIT # 11	Amy Behnke	Health Center Assoc of NE	
EXHIBIT # 12	Nick Cone	Friends of Public Health in NE	
EXHIBIT # 13	Liz Pearson	Self	
EXHIBIT # 14	Jeff Yost	NE Community Foundation	
EXHIBIT # 15	Heath Beddy	NE Health Care Assoc	
EXHIBIT # 16	Kimberly Stowell Carmen Chinchilla	Public Health Solutions	
EXHIBIT # 17	Kristy Sigler	self	
EXHIBIT # 18	Joleen Johnson	Plainview Manor and Whispering Pines Asisted Living	
EXHIBIT # 19	Tammy Jorgensen	Hastings Head Start	
EXHIBIT # 20	Sandy Keech	Self	
EXHIBIT # 21	Sara Twibell	North Central District Health Dept	
EXHIBIT # 22	Tyler Stracke	" "	

My name is Cori Garrett PH RDH, BS. I am grateful that I work with a team of dedicated Public Health Dental Hygienists; Stephanie Brozek, Andrea Malcom, and Mayra Perez. Together we provide preventive dental services, education and dental referrals in Head Start and Early Childhood Programs, WIC, prenatal education, and Elementary Schools. This is in addition to our regular clinic duties in which we also see adult and pediatric patients. From January 2018-November 30th 2018 we saw 2368 children in our community. This is not including the children and adults in which we provide services within our clinics.

Preventive services we provide include fluoride varnish, dental screenings, and depending on the program, sealants. Caries risk is taken into account when we are providing care. We also provide oral health education to groups large and small. Examples include our monthly oral health presentations to pregnant women at high risk of adverse pregnancy outcomes. In addition we give presentations to school age children classroom by classroom and sometimes at large student events that include parents as well. At WIC teach pregnant mothers and new mothers one-on-one about the importance of oral heath during pregnancy, how to care for their children's teeth, and discuss unhealthy oral habits and behaviors, sometimes intervening even before a baby has teeth.

One of he most important thing we do is provide dental referrals to children. It is our goal that every family finds their dental home to treat and prevent oral disease in a comprehensive setting. PH RDH's like myself act as a bridge, connecting children to dentists. Routinely we see children with pain, swelling and untreated disease during our dental screenings. When a child has urgent dental needs, the parents, school nurse and occasionally administrators and social workers are notified. We increase the likelihood that the child will see a dentist. To add to the benefit, PH RDH's help prevent the spread of new caries with fluoride varnish, education and sometimes sealants.

Unfortunately the reality is that some families are unable to bring their family to a dental clinic due to the inability to take time off of work, financial constraints, or lack of transportation. I'll never forget a school Principal who drove to a parent's house, knocked on a parent's door and took took the parent and student to see our clinic on the same day! We identify students who need to be first in line to get treatment on a mobile dental van, providing dental care at no cost. Many times we need to refer to pediatric dentist for specialty care and surgical intervention.

One challenge we have are that dental screenings are not reimbursed by Medicaid when done by PH RDH's working in their communities. If a dentist does a dental screening in a public health setting, they are reimbursed for that service under the code for a limited exam. In the same circumstance, UDS numbers that calculate the number of patient and provider encounters are not included for dental screenings and fluoride varnish programs, when done by a PH RDH . This puts a strain organizations who facilitate these much needed programs. It threatens their ability to sustain programs financially and continue their impact in the community. PH RDH's provide an essential service at a fraction of the cost of a dentist. We are a bargain. We make a difference. We are out in the community. It makes sense that if one is serious about reducing oral disease in children, that our state give incentives to midlevel providers (PH RDH's) working hard at ground level who are actively improving access to dental care in our state.

As a PH RDH, I get the sense that the services I provide only scratch at the surface of our dental needs in our state. Our work is never done. We need more dentists and PH RDH's willing to work in underserved areas. It is clear that merely hoping high risk patients show up at the door of private dental offices is not effective in reducing oral disease in NE. Considering many dental offices do not accept Medicaid, cash pay families, and even families with dental insurance that struggle to afford the even the most basic dental care, It becomes even more important that PH RDH's are supported in continuing their work.

A note about Silver Diamine Fluoride (SDF). SDF is a powerful tool if available in the PH RDH toolbox. It is safe, easy to use and costs pennies per child. It arrests active caries lesions and stops the progression of caries. No diagnosis is needed as SDF in and of itself is diagnostic. Other states are utilizing midlevel providers like PH RDHs to bring SDF to the public. It makes sense since we are at the point of contact. I think of it like vaccines. The nurses are giving them not the physicians. I worry that those that oppose PH RDH's utilizing SDF are more interested in protecting their bottom line and not the health of children.

Thank you for your time,
Cori Garrett PH RDH, BS

Dec. 10, 2018

To: Nebraska Committee on Health and Human Services

Re: Hearing to evaluate the services provided by licensed Dental Hygienists pursuant to Neb. Rev. Stat. 38-1130

My name in Erin Haley-Hitz and I am a licensed Dental Hygienist in Nebraska. I have a public health permit to provide dental hygiene services to adults and children in a public health setting. I am a resident of Lancaster County, I have been practicing as a licensed Dental Hygienist for 24 years.

I am writing to submit testimony in support of a licensed Dental Hygienist's ability to provide dental hygiene services in a public health setting in Nebraska. This has been a valuable addition to oral health care in Nebraska.

A hygienist in a public health setting brings valuable preventive services to individuals that do not have access to dental hygiene care and provides a pathway for referral for dental diagnosis and restorative care. Also by providing interventional education for at risk children and for adults that may not have access to traditional dental care settings. This has allowed children to receive services in schools, Head Start programs and for patients to receive preventive care in long term care settings or facilities. Preventive care and interventional education can help to lower inflammatory factors that contribute to poor physical health. Research now shows that oral health impacts the total health of an individual, inflammation in the oral cavity has been shown to contribute to heart disease, stroke, arthritic diseases, diabetes management and dementia related diseases. Poor oral health in children has been shown to disrupt learning in school, nutrition and can set children up for a lifetime of health impacts. A Dental Hygienist is the prevention specialist that is appropriate to assess children and at-risk adults for dental inflammation and disease, providing a pathway for referral to the appropriate healthcare provider for dental or medical diagnosis and treatment. A licensed Dental Hygienist with a public health permit bridges the gap to health care and the management of an individual's total health.

As a Dental Hygienist with a public health permit I have explored the option of developing a program within long-term care settings. This presented a few obstacles, one obstacle was financial, investing in portable equipment was costly, and the lack of sustainable reimbursement for services. I found that the process of enrollment in Medicaid was difficult and reimbursement was low and time consuming. This meant that the return on my investment would not be realized in a timely manner and maintaining supplies and equipment payments would be difficult for me, sustainability of a program would be difficult.

I found that the long-term care settings were not as open to having a Dental Hygienist as part of their team. Facilities were not open to the process of submitting claims to the managed care organization for dental care. The final hurdle I faced was finding a Dentist to refer patients to for necessary diagnosis and treatment. Local Dentists were not in support of a Dental Hygienist providing services to patients in a long-term care setting. I was told that I would be "taking patients away from them". As a Dental Hygienist I am not in the position to "take" patients, but to assess and refer patients for dental diagnosis and intervention that only a licensed Dentist can provide. Dentists were opposed to a hygienist seeing patients in long-term care and local Dentists did not want to accept referrals of patients from long-term care facilities. I feel that if a licensed Dentist is reluctant to provide preventive care to patients in long-term care then allowing Dental Hygienists to assess patients and refer accordingly seems acceptable and prudent. This is what Dental Hygienists are meant to do. Regardless of where a patient resides or what health condition, patients should have access to care. Preventive care can be provided by the highly educated Nebraska licensed Dental Hygienists with a public health permit, this can help reduce the cost of expensive health care.

I appreciate the time the committee has set aside for this matter and for the committee's commitment to Nebraska.

Respectfully submitted,

Erin Haley-Hitz, BSDH, RDH, MS, PHRD

402-440-7076

haley.erin5@gmail.com

Dear Senator Riepe,

I am submitting this letter in hope of your continued support for Public Health Dental Hygienists in Nebraska. I currently hold my Public Health Dental Hygiene license and provide much needed services along with my local health department in the Northeast Nebraska area. Currently I provide dental education to nursing staff at long term care facilities, screen children and adults, place dental sealants and fluoride for children, and provide dental teeth cleanings to adult patients in nursing home facilities.

Many of my patients have no, or very limited access to dental care. Most of my adult patients have limited mobility and cannot be easily transported away from their facility. They are always extremely thankful to have their teeth cleaned. Along with their teeth feeling better, a dental cleaning offers countless benefits to their overall health as well.

With child screenings, I'm very fortunate to work with a wonderful team at my local health department who can follow up with the children's parents, ensuring that they receive further care as needed. The services I provide for children help to prevent dental decay in the hope that we can reduce the need for further treatment altogether.

My services are mostly reliant on grant funding. I am in the process of working with my health department to keep these services sustainable through the Nebraska Medicaid program, but so far they have been very difficult to work with. We have several nursing home facilities wanting our services to be offered at their location, but because of lack of funding, that is not currently possible.

Please consider further support of this legislation, as it truly helps serve a crucial need for those who cannot access other dental care.

Thank you for your time,

Kerri Dittrich, PHRDH

M

HCAN

December 10, 2018

Senator Merv Riepe
Chairman, Health and Human Services Committee
Nebraska Legislature
Room 1402
PO Box 94604
Lincoln, Nebraska 68509

Re: Public Health Licensed Dental Hygienists

Chairman Riepe:

On behalf of Nebraska's seven Federally Qualified Health Centers (FQHCs) and the nearly 95,000 patients they serve each year, the Health Center Association of Nebraska (HCAN) submits this letter for the Interim Hearing on Public Health Licensed Dental Hygienists.

Nebraska's seven FQHCs - OneWorld Community Health Centers and Charles Drew Health Center in Omaha, Bluestem Health in Lincoln, Good Neighbor Community Health Center in Columbus, Midtown Health Center in Norfolk, Heartland Community Health Center in Grand Island, and Community Action Health Center in Gering - are nonprofit, community based organizations that provide high quality medical, dental, behavioral, pharmacy, and support services to persons of all ages. Seventy percent of our patients are racial or ethnic minorities, 93% are at or below 200% of poverty, and nearly 50% of the patients who walk through our doors are uninsured. We are not free clinics; all patients pay their fair share based on a sliding fee scale for those with no access to health coverage. We are the state's safety net for low income Nebraskans.

In 2017, Nebraska's FQHCs served over 27,000 unduplicated dental patients across 60,500 visits to one of our clinics, mobile dental units, or school-based health centers. Because of the ongoing need for access to dental care, many of our locations dedicate time each week to walk-in and emergency appointments. Those appointments are always filled and some of our centers will even have patients lining up before the clinic is even open.

Lack of access to routine, preventive dental care is a major driver of dental-related hospital visits. In addition to preventive screening, our patients are in dire need of pain-relieving and life-enhancing treatments such as fillings, crowns, root canals, dentures and emergency dental services. The link between oral health and overall health has been well established. Individuals with chronic conditions, such as diabetes, are more likely to suffer oral health issues. Oral health problems have been linked to cardiovascular disease. We have seen claim lines of oral cancer have risen 61% since 2011. Oral health is often the conduit through which other medical problems manifest.

Dental Hygienists play a key role in our health centers in ensuring access to preventative oral health care. Across the seven health centers, the 15 dental hygienists employed by the centers served patients through 12,000 visits. The dental hygienists allow the health centers to extend their reach outside of the four walls of

the health center, incorporating dental care into our school-based clinics, visiting Veterans Homes, and integrating care into behavioral health settings for one-stop service. To date, we have witnessed only the benefits of utilizing dental hygienists with the Public Health designation and have encountered little in terms of barriers or concerns.

Access to preventive oral health services is integral to overall health. Nebraska's seven FQHCs play a vital role in ensuring everyone has access to oral health care, regardless of income or insurance status. Utilizing dental hygienists allows the health centers to maximize access to high quality, affordable oral health care for all.

Sincerely,

Amy R. Behnke
CEO
Health Center Association of Nebraska

FRIENDS OF PUBLIC HEALTH IN NEBRASKA

4521 HILL DRIVE
LINCOLN NE 68510

PHONE: 402 489-5097
FAX: 402 483-0370

Date: December 10,2018

TO: Sen. Merv Riepe, Chairperson
Sen. Sue Crawford
Sen. Steve Erdman
Sen. Sara Howard
Sen. Mark Kolterman
Sen. Lou Ann Linehan
Sen. Matt Williams

FROM: Chuck Cone, Friends of Public Health in Nebraska

RE: Hearing to evaluate the services provided by licensed dental hygienists pursuant to Neb. Rev. Stat. 38-1130

The local health directors wanted to take this opportunity to share information on the role of the Public Health Registered Dental Hygienists in improving access to dental preventative services in our rural communities.

Access to Oral Health Care has been identified by several of our health departments as a priority need in their communities. It is critical that we maintain the fragile network of dentists we do have since the majority of the state is designated as dental provider shortage areas. Fifty-three of Nebraska's counties are federally - designated dental shortage areas.

To address this growing need some local health departments now provide a range of oral health care services (including screenings, cleanings, fluoride varnish treatments and/or sealants) to address the lack of dental services in their areas. They leverage their positive relationships with other community partners (such as schools) to improve access to preventative oral healthcare.

Once a child has a decayed tooth, delays in treatment are highly likely to make the experience more painful and costly.

In my health department district, we have built a relationship with every grade school, pre-school and head start. Once a year, we send licensed dental hygienists with public health certification and staff to the schools. We have an excellent oral health program we call Loup Basin Smiles. A licensed dental hygienist with public health certification provides the screening. Any child that has an immediate dental need is referred to a dentist for care. We provide fluoride varnish treatments. We also provide each child a toothbrush and toothpaste.

But how do you show that a child did not get a cavity as a result of this work? Over the years, we have tracked the number of immediate referrals from each of the schools. This is basically the best way we have found to show any measurable outcome. Over a six year period, the number of immediate referrals made to local dentists from year one to year six was reduced from 17.1% to 11.1%.

Over the last 12 months Elkhorn Logan Valley Public Health Department (ELVPHD) worked in collaboration with public health registered dental hygienists to provide preventive oral health care to children in childcare centers, preschools and elementary schools and to older adults in long-term care centers. Services were provided at 18 sites that represented 10 childcare/preschool centers, 6 elementary schools and 2 long-term care facilities.

At the childcare/preschool centers, 214 children age 0-5 were provided screenings and fluoride treatments and education approximately every three months. A total of 2,049 preventative services were completed which included visual screenings by the hygienist, application of preventative fluoride varnish and education to the children on caring for their teeth.

Six schools in the district were provided screenings, sealants, fluoride varnish and education for the student. Specific services provided included: 507 sealants placed, 261 students were provided fluoride varnish, 274 students received a visual screening and education on caring for their teeth.

Over the last 18 months, a public health registered dental hygienist has started working with Four Corners Health Department to provide preventive oral health care to children and older adults. 221 children age 0-5 have been provided thorough screenings and fluoride treatments. The team saw children in schools and placed sealants on 383 teeth. In some cases, these children had not been to a dentist for years or even at all. 182 people were referred to dentists for further care through this work.

These are examples of how we are trying to help solve some of the issues involved with the shortage of dentists in our rural areas. We have to become creative to address the issues of a dental shortage. We need to do more to ensure that preventive dental services are available to all children, especially the most vulnerable.

We will continue to work with the Medicaid Division to allow use of the federally approved codes so that the licensed dental hygienists with public health certification can continue to provide these valuable services for children.

These services impact the health of our children and reduce costly dental care.

Hello! I am so in favor of this program! Having the dental hygienist come to the facility where my mom lives in is important beyond words. My mother cannot travel well due to her advanced dementia and the fact that she is wheelchair bound. To take her out to something as simple as a dental checkup is very difficult and causes her much stress. Currently I go to the facility, they wheel my mom down the hall to a specific room. That's it! No stress, no moving her to a transport bus, no bumping around being driven, and most of all no unnecessary confusion for my mom. Please consider keeping this program!!! My mom would not get appropriate dental care without it! Thank you and I look forward to the program continuing!!!
Sincerely,
Liz Pearson

NEBRASKA COMMUNITY
FOUNDATION

December 6, 2018

Senator Merv Riepe
Chairman, Health and Human Services Committee
P.O. Box 94604
Lincoln, NE 68509

Dear Senator Riepe and Members of the Health and Human Services Committee:

In 2016, a Nebraska State Oral Health Assessment was done studying our children's oral health in Nebraska. 81.3 percent of rural students were found to have tooth decay by 3rd grade and only 53 percent of those kids are treated. These numbers are significant in rural Nebraska because tooth decay is totally preventable with proper care. Tooth decay causes cavities and other dental problems that lead to further health issues. It effects a student's ability to eat as well as their nutrition. Furthermore, it can impact their success in school due to pain which causes a lack of concentration and possible increased absences. The largest issues as to why students are not getting the proper care are a lack of access to dental providers, lack of access to Medicaid providers, transportation and education.

The Nebraska Community Foundation has developed a relationship with the North Central District Health Department with regards to their Miles of Smiles dental program. Miles of Smiles was created seven years ago to address these concerns and public health dental hygienists are essential to the program's success. This program is a school-based program conducted in the 38 elementary schools in the north central district. The program provides dental hygienists to the schools twice a year to do a visual scan of each student's teeth, provide a fluoride wash, and sometimes sealants to those students whose parents volunteer them to participate. The program has a suggested donation of $15 per student, but no student is turned away. The Miles of Smiles program is 60 percent self-supporting and the North Central District Health Department supplements the rest of the program costs.

The Nebraska Community Foundation has a donor advised fund that has provided a matching grant to the Miles of Smiles program in north central Nebraska. The match provides $25,000 each year for five years and challenges the Miles of Smiles program to match that with $25,000 each year. This grant is to assist the Miles of Smiles program to develop relationships with private donors to help sustain the program as well as allow it to expand so it can meet even more of the need. The grant also provides funding toward dental kits consisting of dental cleaning tools for newborns to young children. Miles of Smiles is working with hospitals and ob-gyn offices in the area to distribute the kits to new mothers.

P.O. Box 83107 • Lincoln, Nebraska 68501-3107 • (402) 323-7330 • Fax (402) 323-7349
www.nebcommfound.org

Because the Nebraska Community Foundation has seen such success with the Miles of Smiles program in addressing the children's oral health crisis in rural Nebraska, our donor advised fund will be offering a similar match to the panhandle school-based dental program operated by the Panhandle Public Health District. We are also working to have the new mother's kits distributed statewide. These programs rely on the licensed public health dental hygienists to implement in the schools. We hope you will see the importance of these public health dental hygienists in addressing the accessibility to oral dental care for rural Nebraskans and continue to support our licensed public health dental hygienists.

Sincerely,

Jeff Yost
President and CEO

nebraska
health care association

advocate. educate. support.

December 10, 2018

Senator Merv Riepe, Chair
Health and Human Services Committee
PO Box 94604
Lincoln, NE 68509-4604

Dear Senator Riepe and Members of the Health and Human Services Committee:

The Nebraska Health Care Association serves as the umbrella organization for:

- Nebraska Nursing Facility Association
- Nebraska Assisted Living Association
- Nebraska Hospice and Palliative Care Association
- Licensed Practical Nurse Association of Nebraska.

NHCA is writing on behalf of our more than 400 skilled nursing and assisted living facility members and the more than 20,000 vulnerable Nebraskans they care for every day.

NHCA supports dental care provided by licensed dental hygienists in skilled nursing and assisted living facilities. Our members recognize the need for access to quality dental services for nursing facility and assisted living residents in all parts of Nebraska. According to our members, access to dental services for residents relying on Medicaid has become increasingly limited.

We applaud the Committee for addressing this important issue.

Please feel free to contact me with questions.

Respectfully,

Heath G. Boddy
President and CEO

1200 Libra Drive, Suite 100, Lincoln, NE 68512 P: 402-435-3551 F: 402-475-6289 www.nehca.org

Public Health
Solutions

District Health Department
995 East Highway 33 Suite 1
Crete, NE 68333
402-826-3880 or
1-844-830-0813
www.phsneb.org

December 6, 2018

Dear Senator Riepe,

Oral healthcare is crucial in maintaining health and wellness. Public Health Solutions has been an advocate for preventive dental care, particularly for children who lack access to regular dental care. Children who do not receive appropriate dental care are at risk for serious health problems that may affect their grown and development. The unfortunate truth is that many families in our area simply cannot access the dental services they need, due to several barriers, including lack of transportation, language differences, low income, lack of dental insurance or high deductibles. Children who are most at risk for dental disease are those least likely to see a dentist. Public health dental hygienists have played an instrumental role in helping our local health department provide preventive care to the people in our five-county district by removing those barriers and bringing the care to those who need it most.

For five years now, we have worked with public health dental hygienists by providing preventive dental care and dental education to children in Early Head Start, Head Start, Women, Infant & Children clinics (WIC), and schools. Through their work, we have provided dental screenings, sealant application, and fluoride varnish to over twelve thousand people. We have also used their expertise to provide care to adults, including senior citizens, through our onsite preventive clinic, where they are able to complete screenings and prophylaxis cleanings. Throughout our work with public health dental hygienists, they have shown nothing but compassion and professionalism for the patients they care for.

Public Health Solutions looks forward to continuing to work with public health dental hygienists in our efforts to prevent tooth decay across our district. It is our hope that the legislature continues to support their important work across the state.

Sincerely,

Kimberly Showalter, RN, BSN
Health Director
Public Health Solutions
District Health Department
(402) 826-3880

Carmen Chinchilla, MA
Dental Program Manager
Public Health Solutions
District Health Department
(402) 826-3880

Our facility, the Good Samaritan Society Atkinson, cannot express how thankful we are to be able to have the dental hygiene program that Diane Alden has provided to our residents.
This program allows our residents to have the dental care they need from prophy's, education, and denture cleanings, these services are so important to have
available to them as the majority of residents are unable to make the trip to a regular dental office due to many of them are debilitated/ weak and they can't tolerate the drive and time that it takes to do so. This service is also something I have heard 1st hand from residents and their families that they are very grateful to have, as they
are aware there is a great need for it. I believe if we can provide our long-term care residents with the high quality dental care they deserve, we are doing them a great and respectable service.

Kristy Sigler
Social Services Director
(402) 925-2875

I am writing this letter in support of the dental program offered through NCDHD. It was very beneficial for the Plainview Manor and Whispering Pines Assisted Living residents. With having a dental hygienist in house, we had residents who have not been to a dentist for years participate as it was not a huge change in their environment. Residents felt very comfortable with the program and Diane did a excellent job. It was also a huge help as more and more dentists are not participating in the Medicaid program and are being forgotten about regarding their oral hygiene. At this time, our local dentist retired and are in the process of starting a new one, so this was of great help. I wish you would reconsider continuing this program and see the true benefits of the program. If I can answer any further questions regarding this topic, please do not hesitate to contact my at 402-582-3849.

Juleen Johnson, Administrator
Plainview Manor & Whispering Pines Assisted Living

HEAD START CHILD & FAMILY DEVELOPMENT PROGRAM, INC.
Central Office: 123 Marian Road, Hastings, NE 68901
Phone: (402) 462-4187 or (800) 782-7850 • Fax: 462-4568

To Whom It May Concern:

Our Head Start Program in Hastings, Nebraska which covers 6 counties is privileged to have a partnership with Deb Schardt, RDH, PHRDH and her students from CCC in Hastings, Nebraska.

They offer services to all our children, at various sites, that have no fluoride in their drinking water. They have made a big difference to our children's oral health by offering these services.

We have seen such a positive impact with our partnership with our Public Health Dental Hygienists.

Sincerely,

Tammy Jorgensen, LPN

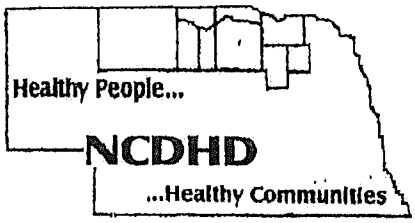
Tammy Jorgensen
GMA, Health
Hastings Head Start

20

Kent Rogert

From: Sandy <sandrak12@windstream.net>
Sent: Monday, December 3, 2018 3:24 PM
To: Kent Rogert
Subject: Public Health Dental Hygienist Review

My husband resides at High Plains Care Center for people with Dementia and/or Alzheimer and has used the services of the Public Health Dental Hygienist, Cynthia Carlson PH-RDH. The benefits of this service provided to families is so benefical and should be continued.
This service keeps patients at High Plains able to have a dental hygienist treat and examine them without transporting them in wheelchairs, walkers or in some cases unable to be transported. This service is needed and wanted. In the end, it also keeps costs and stress from these older population down, possibly avoiding painful treatments for later.
Cynthia Carlson is a very caring, through, understanding and informative person who takes excellent care of my husband and his dental needs.
I am very hopeful that you will keep this program going in the future. It is needed and wanted.
Thank you. Sandy Keech



NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

Proudly serving the counties of: Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce and Rock

December 2, 2018

To Health and Human Service Committee of the Legislature,

As the coordinator of North Central District Health Department's Miles of Smiles program, I fully support public health authorized dental hygienists. Miles of Smiles has been a very successful school based dental program for the past six years, and without them we would not be able to have our program and do our part to help prevent children's dental disease. The Miles of Smiles program goes into all 38 schools within the health districts nine county district twice a year. A dental screening, fluoride varnish, education, toothbrush and toothpaste is offered to every child who chooses to participate in the program. A referral sheet is sent home with each child, so the parents are aware of the results from the visit. So many parents, teachers, principals, school nurses and students have told me what a wonderful program this is and wondered how they ever got along without. The benefits this program brings to our rural communities are endless, without dental hygienists going into our area schools some children might go without a dental visit all year.

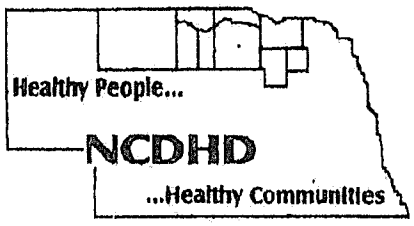
Public health authorized dental hygienists allow the opportunity for these children to be seen outside of a dental office and allows the ability for programs such as Miles of Smiles to exist.

Thank you,

Sara Twibell

Miles of Smiles Coordinator

422 East Douglas Street • O'Neill, Nebraska 68763
Phone: 402.336.2406 • Toll Free: 877.336.2406 • Fax: 402.336.1768 • Web site: www.ncdhd.ne.gov



NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

Proudly serving the counties of: Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce and Rock

To whom it may concern:

I am writing this letter in firm support of the Miles of Smiles (MOS) clinics that have been implemented throughout north central Nebraska. This program provides a much-needed public health service, bringing dental care to children who may not otherwise have access to it. I have assisted with multiple school-based clinics, and I say with great confidence that the students that take advantage of MOS are better off.

The program's strengths include not just great service and care from the hygienists, but also in the education. There is a strong emphasis on the effects of sugar and salt content in common foods and drinks. The program provides great visuals to help the participants fully grasp the information being presented to them.

The strongest aspect of the clinics is the actual health care the participants receive. Not all children have access to dental care in our area due to either fiscal or geographical restraints. This program provides fluoride care and sealants if needed. Growing up I never had access to any in school care like this, and had it been offered I know my parents would have saved a great deal of money, and I would have received better and more consistent oral health care.

In closing, I thank you for your time and consideration. The MOS program is a much-needed service in rural Nebraska, and the staff our of North Central District Health Department that coordinate and run the program are incredible at implementing it. I look forward to seeing this program continue in the coming years.

Sincerely,

Tyler Stracke
Prevention Coordinator
North Central District Health Department
Prevention@ncdhd.ne.gov