

FEBRUARY 9, 2012

TESTIMONY ON HOUSE BILL 2631

PROPONENT – DR CINDI SHERWOOD, GENERAL DENTIST IN INDEPENDENCE, KANSAS

Chairman Landwehr and committee, thank you for your consideration on House Bill 2631. I know that you are a group of Kansans that have more knowledge about the issues surrounding access to dental care to the poor in our state than anyone else outside the profession. We think this bill includes steps in the right direction to alleviate the need.

My name is Cindi Sherwood and I am graduate of the Wichita State Dental Hygiene School and a graduate of UMKC's School of Dentistry. I practice general dentistry in my home town, Independence, Kansas

My goal today is to inform you about the concept of the Extended Care Permit hygienist, the education required for Extended Care Permit Dental Hygienist III and the expansion of services that this position would provide.

The ECP hygienist concept was developed to improve access to dental care for Kansas citizens who sometimes have had difficulty receiving certain dental services. So, the statute allows ECP hygienists to provide services to persons with developmental disabilities and persons 65 and older who live in care homes, subsidized housing, a state institution or hospital long term care unit. The ECP II hygienists can treat children in foster care, those in the juvenile justice system and in runaway and homeless shelters or schools. Other recipients include people in a correctional institution, treatment in a local health department, FQHC or other community health center. So you can see that the scope of practice for the ECP hygienist is already broad.

The education for a dental hygienist is minimally an Associate's degree with many having a Bachelor's degree. There are further requirements for Extended Care permit hygienists.

1. The ECP III dental hygienist must have performed 2,000 hours of dental hygiene care (or a year of full time employment as a dental hygienist) under direct supervision of a licensed dentist or been an instructor at a dental hygiene school for 3 out of the last 4 years. So the hygienist would have to qualify to become an ECPIII by working at least a year in a dental office.
2. The dental hygienist must take 18 additional hours of education that specifically relates to the expanded functions that the ECPIII would be allowed to do. This includes, but is not limited to, emergency dental care techniques, the placement of temporary restorations, the adjustment on dental prostheses and appropriate pharmacology. Also the ECPII

hygienist takes an additional 6 hours of education concerning treating special needs patients.

3. The dental hygienist must be sponsored by a licensed Kansas dentist, including a signed agreement that the dentist shall monitor the dental hygienist's activities. A Kansas dentist cannot monitor more than 5 ECPIII hygienists. The dental hygienist must also show proof of liability insurance.

When the ECPIII concept was being explored the question was asked "What are some procedures that can be safely performed by an ECP hygienist that would improve the dental condition of the targeted populations?" So a list of 6 additional procedures were developed.

1. Identify and remove decay using hand instrumentation and placing a temporary filling. Basically this means if someone has a hole in their tooth with soft decay, the ECPIII can "spoon" out the decay and fill in the hole with a material that will harden and help reduce pain, smooth out sharp edges and keep food from going down into the cavity. There is a material available called glass ionomer that can be used for this purpose that continually releases fluoride and can keep a patient comfortable for several months until they can have a more permanent restoration placed.
2. Adjust dentures and partial dentures if patients have sore spots. Sometimes we use an indelible pencil to mark the sore place in the patients mouth, put the denture back in and the exact location of the rubbing spot is identified. This is something an ECPIII can do to reduce pain until the dentist can evaluate for the need for a new denture or a permanent reline. The statute also allows the hygienist to place temporary soft reline material in the denture. People have dentures and partial dentures that become loose over time. Frequently it is due to weight loss or just normal shrinkage of the bone and gum tissue. So a powder and liquid are mixed together and placed into the denture and back into the patient's mouth. This soft reline material flows into the "gaps" where the denture doesn't fit well and the excess material "squishes out" over the edges. Then the excess material is trimmed off and the patient has a much tighter denture or partial. This temporary reline material can sometimes last for several weeks to several months. The last procedure in this section is to place permanent identification labeling in dentures. This means that the patient's name is placed under the surface of the acrylic so that there is no confusion who the denture belongs to.
3. Smoothing of a sharp tooth with a slow speed dental handpiece. A slow speed handpiece is what dental hygienists use to polish teeth and restorations. So, by placing a different

attachment to the end of the slow speed drill, that they already use routinely, the hygienist can make a patient much more comfortable until the tooth can be restored. When a tooth has a sharp point it hurts the tongue or the cheek and can make speaking, eating or even swallowing uncomfortable.

4. The use of local anesthetics, when appropriate, and if the dental hygienist has completed an additional Board-approved course of instruction, to help accomplish the other procedures that the hygienist is using to help the patient. Local anesthesia could only be used in a setting that has emergency medical services available should a medical emergency occur. This would primarily occur in a nursing home or health clinic.
5. Extraction of a baby tooth that is very loose and obviously trying to fall out. The hygienists that work in school settings find that this is a common occurrence and would be helpful to those kids with these sore, wiggly teeth.
6. Under a standing order from the sponsoring dentist, the ECPIII could prescribe fluoride, chlorhexidine, antibiotics and antifungal medications. Fluoride is the best cavity “preventer” that we have. We frequently recommend extra fluoride in the form of prescription strength toothpaste, a brush on gel or drops to put in water for infants. Chlorhexidine is a rinse that is used for patients that have periodontal disease (or gum disease) and would be helpful for adults – especially the elderly and people that are immune compromised. Antibiotics are generally used for either abscessed teeth or gum infections. We also need to give antibiotics as a premedication to patients that are having their teeth cleaned and have had a recent joint replacement (like a knee) or have certain heart issues. Antifungal medications are used for yeast infections in the mouth. Sometimes they call this infection “thrush”. Yeast infections are common in the elderly, particularly in patient’s with dentures.

I hope that this explanation has been somewhat helpful. I am happy to answer any questions from the panel. Thank you for your attention.

Cindi Sherwood, D.D.S.