

BOARD OF HEALTH PROFESSIONS

REVIEW OF DENTAL HYGIENIST SCOPE OF PRACTICE REGULATIONS WRITTEN COMMENT SUMMARY: INDIVIDUALS

All individual written comments received were from members of the Dental Hygienist community, including Registered Dental Hygienists, educators and students.

SUPPORTING

Option 1: 0

Option 2: 4

Option 3: 68

Option 4: 65

Option 5: 65

Option 6: 65

OPPOSING

Option 1: 0

Option 2: 0

Option 3: 0

Option 4: 0

Option 5: 0

Option 6: 0

Note: Most (65) of the individual letters incorporated, in whole or in part, language from the following paragraph in the Virginia Dental Hygienists Association's submission.

The VDHA supports the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, we recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth.

This includes 59 who incorporated language supporting collaborative care supervision by physicians. Nine incorporated language supporting the inclusion of educators at the Associate, Bachelors *and* Masters level in any workgroups or committees.



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January 27, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

I appreciate the opportunity to comment as I have suggestions for modification. The title, Review of Dental Hygienist Scope of Practice is misleading as it is not a study of scope of practice, it studies supervision. The study does not suggest any additional duties a dental hygienist can perform rather it discusses the locations a dental hygienist may perform these duties and under what type of supervision direct, indirect, general or remote. On page five, the table describes the work performed by a dental assistant I, dental hygienist and dentist should be derived from 18VAC-20-230 (dental assistant) 18VAC-20-220 (dental hygienist) and 18VAC-20-190 (dentist) instead of the 2014 US Bureau of Labor Statistics, Occupational Handbook. Specifically, a dental hygienist is educated to perform an initial examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets or other abnormal conditions for assisting the dentist in the diagnosis. The ability to assess patient needs both oral and systemic differentiates the educational and skill level of a dental hygienist.

On page eleven, paragraph three, the last sentence states "The protocol does not allow root planing, scaling with rotary instruments or anesthesia use, limiting services they may provide"; there are no rotary instruments in use for scaling. The only rotary instrument a dental hygienist may use is a slow speed hand piece to rubber cup polish teeth to remove extrinsic stain which is preventive in nature.

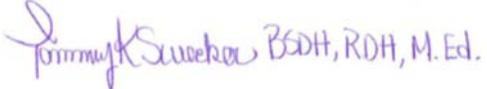
Dental hygienists working under remote supervision of a dentist should be required to hold a Baccalaureate degree with a minimum of two years of clinical practice experience. Currently with the VDH model, a dental hygienist can supervise assistants but shall not permit assistants to provide direct clinical services to patients. A dental hygienist should be able to supervise up to four dental assistants while placing sealants and applying fluoride. This models a nurses' ability to supervise practical nurses and certified nursing assistants. A registered nurse has similar education requirements as a dental hygienist (baccalaureate in hospitals with Magnet status).

On page 16 of the report, paragraph one states the yearly costs for emergency dental care in Florida, Georgia, Wisconsin, Iowa, Nevada and New York. The American Dental Association estimates 80% of these visits are preventable through fluoridation, hygiene and preventive routine care. Dental hygiene education is focused on preventive therapies. The ability of a dental hygienist to provide a medical history assessment (review medications and conditions, take blood pressure and blood sugar readings),

recognize oral manifestations of systemic disease makes an dental hygienist the ideal professional for remote supervision. A dental hygienist has the education for assessment and referral to a dentist for oral care and the ability to screen for systemic disease and make appropriate referrals to a physician. Dental hygienists also have the knowledge of systemic sequela to educate patients on the need for dental or medical care.

The inability to hire a dentist in underserved areas as documented by VDH's Dental Health Program supports having a dental hygienist in remote supervision that works with a centrally located dentist. Dental hygienists and dentists have a unique working relationship. As seen in pages 44-48 of the report many states have some type of remote supervision and direct access to care for the dentally underserved. Virginia has a working model through the Department of Health that demonstrates evidence based need for expansion in order to meet the needs of Virginians. For these reasons, I support options 3 and 4. It is time for all Virginians to have access to oral health care. Dental hygienists are the healthcare provider educated to meet these needs through assessment, providing preventive services and referral to a dentist.

Sincerely,

A handwritten signature in purple ink that reads "Tammy K. Swecker BSDH, RDH, M.Ed." The signature is enclosed in a thin black rectangular border.

Tammy K. Swecker
Associate Professor, Dental Hygiene Program
Virginia Commonwealth University

Trish Bonwell's Comments on Criteria Regarding Dental Hygienist Scope of Practice

CRITERIA FOR EVALUATING THE NEED FOR REGULATION

CRITERION ONE: RISK FOR HARM TO THE CONSUMER

The unregulated practice of the health occupation will harm or endanger the public health, safety or welfare. The harm is recognizable and not remote or dependent on tenuous argument. The harm results from: (a) practices inherent in the occupation, (b) characteristics of the clients served, (c) the setting or supervisory arrangements for the delivery of health services, or (d) from any combination of these factors.

Neglecting to expand the dental hygienists' scope of practice contributes to an increased risk of harm for the general population. The neglect to expand the scope of this profession continues to limit access to needed oral health/dental care that is crucial to overall health of the general public.

- a) Practices inherent in the occupation – training and education gained from accredited dental hygiene programs prepares the graduates to address possible harm stemming from the practice of this occupation. All accredited programs include public health courses that focus on the issues of harm and/or endangerment of public health, safety or welfare. This knowledge empowers hygienists to prevent harm or endangerment of the public health, safety or welfare.
- b) Characteristics of the clients served – also training and education gained from accredited dental hygiene programs prepare the graduates to address possible harm stemming from the practice of this occupation, especially in accredited Bachelor of Science Dental Hygiene programs that include exposure to various socioeconomic, cultural and aged populations/clients.
- c) Setting or Supervisory arrangements for the delivery of health services – Accredited dental hygiene programs include education and training pertaining to how to practice dental hygiene treatment in various settings. Supervisory arrangements for the delivery of health services should be decided/legislated based on the educational and training levels of the practicing occupation with limited restrictions placed on those dental hygienists who have graduated from higher level accredited dental hygiene programs. This should be done so the members of the dental hygiene profession/ occupation can practice at the appropriate level of education and training they received in order to properly assist in improving the health, safety and welfare of the public.

CRITERION TWO: SPECIALIZED SKILLS AND TRAINING

The practice of the health occupation requires specialized education and training, and the public needs to have benefits by assurance of initial and continuing occupational competence.

Dental hygiene students graduating from accredited dental hygiene programs enter the profession with the ability to implement the specialized education and training received as this type of training is mandatory for the accreditation process. Especially when considering dental hygiene students graduating from a Bachelors Degree Accredited Dental Hygiene Program. Course materials taught in the accredited programs (didactic, clinical and extramural/community projects), focus on the higher level of educational components utilized in the Bachelor of Science in Dental Hygiene programs.

CRITERION THREE: AUTONOMOUS PRACTICE

The functions and responsibilities of the practitioner require independent judgment and the members of the occupational group practice autonomously.

Because Dental hygiene students, graduating from accredited dental hygiene programs, enter the professional workforce with the ability to implement the specialized education and training received, as this type of training is mandatory for the accreditation process, they are responsible and capable enough to practice independently. Especially when considering dental hygiene students graduating from an Accredited Bachelors Degree or higher level Dental Hygiene Program. Evidence based research demonstrates the positive impact expanding the scope of this profession would have on increasing and improving the provision of oral health/dental care and the economy, especially when considering the lower socioeconomic population. This expansion would increase access to care much like the established role of a nurse practitioner has done.

Course materials taught in the accredited programs (didactic, clinical and extramural/community projects), focus on the higher level of educational components utilized in the Bachelor of Science in Dental Hygiene programs. Include info on the experience of dental hygienist who have been practicing, as a strength. Focus on the research (such as that shared in the report) about the impact that even just the limited amount of expansion of duties that has been allowed has had such a positive impact.

CRITERION FOUR: SCOPE OF PRACTICE

The scope of practice is distinguishable from other licensed, certified and registered occupations, in spite of possible overlapping of professional duties, methods of examination, instrumentation, or therapeutic modalities.

The Scope of Practice for the Dental Hygiene profession should be written and implemented in a manner that enables individuals from this profession to practice at the highest level based upon their experience, education and training and in the best manner that addresses public health needs that can be addressed by these educated and trained individuals. Limiting a profession to practice at the highest level of their education and training produces a negative impact on overall health and the economy.

CRITERION FIVE: ECONOMIC IMPACT

The economic costs to the public of regulating the occupational group are justified. These costs result from restriction of the supply of practitioner, and the cost of operation of regulatory boards and agencies.

Evidence based research demonstrates the positive impact expanding the scope of this profession would have on the economy, especially when considering the lower socioeconomic population. Focus on the information shared in the report about this.

CRITERION SIX: ALTERNATIVES TO REGULATION

There are no alternatives to State regulation of the occupation which adequately protect the public. Inspections and injunctions, disclosure requirements, and the strengthening of consumer protection laws and regulations are examples of methods of addressing the risk for public harm that do not require regulation of the occupation or profession.

Current State regulations are already in place for the occupation of dental hygiene, which adequately protect the public based on the current scope of practice of a dental hygienist in the state of Virginia. State regulations for the expansion of the scope of the occupation of dental hygiene can be created to adequately protect the public. This can be done confidently, knowing that those who graduate from an accredited Bachelor of Science or higher level educational programs are prepared and capable of handling the responsibilities associated.

CRITERION SEVEN: LEAST RESTRICTIVE REGULATION

When it is determined that the State regulation of the occupation or profession is necessary, the least restrictive level of occupational regulation consistent with public protection will be recommended to the Governor, the General Assembly and the Director of the Department of Health Professions

If determined that the State regulation of the profession of dental hygiene is necessary, the least restrictive level of occupational regulation consistent with public protection can be confidently recommended because of the level of education received by those in the profession graduating for an accredited Bachelor of Science or higher level dental hygiene program. The members of the profession without this level of education will be required to take educational courses and training to help them reach the same level of education allowing them to practice under the expanded scope of practice for dental hygiene.

Patricia Brown Bonwell, RDH, BSDH, MSG, PhD
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Dental Hygienist Scope of Practice
Comments From: Patricia “Trish” Bonwell, RDH, BSDH, MSG, PhD
tbonwell@embarqmail.com

Hello, my name is Trish Bonwell. I am a gerontologist and a registered dental hygienist and my focus is on oral health in the geriatric population, with special attention paid to under and uninsured members of this population. The following is my comment from a personal aspect addressing the Scope of Dental Hygiene Practice. I have also included, in a separate document, my comments addressing issues described in the Criteria for expanding the dental hygienist scope of practice.

Neglecting to expand the dental hygienists' scope of practice contributes to an increased risk of harm for the general population. The neglect to expand the scope of this profession continues to limit access to needed oral health/dental care that is crucial to overall health of the general public. Evidence based research demonstrates the positive impact expanding the scope of this profession would have on the economy, especially when considering the lower socioeconomic population.

I serve as the dental clinic coordinator for a free dental clinic located in a nursing home facility. The goal of this dental clinic is to provide oral/dental health care not only to residents of the facility, but also to eligible members of the geriatric population residing in the surrounding community. Individuals age 65 years and older generally have the lowest level of dental insurance coverage, in part due to loss of employer-provided insurance after retiring. Estimates of the percentage of nursing home residents with unmet dental needs range from 80% to 96%. According to the Centers for Disease Control, whether older adults get needed dental care is closely related to whether they have dental insurance. Only 30% of adults age 65 and over have dental insurance meaning much of their dental care is paid for out of pocket. Funding is a significant barrier impacting access to needed dental care in residents of LTC facilities.

This dental clinic is part of the dental safety net and all oral/dental care is provided by volunteer oral health care professionals free of charge to eligible members of the geriatric population. Studies show an increase in the prevalence of periodontal disease in the geriatric population. There is much periodontal and basic restorative treatment needed by geriatric patients seen in the clinic. The dental clinic also serves as a preceptor site for the rotation of dental and dental hygiene students from the VCU School of Dentistry. However, without a licensed dentist on site, the dental students are not able to provide basic restorative care and without routine exams performed by a dentist dental hygiene orders cannot be written for dental hygienist or dental hygiene students to provide dental hygiene care. It is very challenging to secure volunteer dentists and coordinate their schedules to provide exams for the provision of restorative and dental hygiene treatment and oversee dental students while on rotation at the clinic. An example of this limitation, occurring at this clinic, was when a volunteer dentist who was scheduled on 2 different Wednesdays, was unable to attend as scheduled so the dental student rotation was cancelled and patients in need of dental care had to be cancelled. Patients scheduled for dental hygiene care were still seen by the dental hygiene students because the patients had received previous exams and I was able to oversee the dental hygiene students, as a licensed registered dental hygienist. If the scope of practice for dental hygienists was expanded, and if I received adequate training, this type of barrier limiting the provision of dental care could be avoided and needed care could be provided to members of an underserved population. In this example, needed restorative care could have been provided aiding in improving oral health, overall health and quality of life for members of the underserved geriatric population.



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February 1, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
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I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

As an educator, researcher and dental hygienist practicing in the Commonwealth of Virginia, I have seen first-hand the crisis we face in access to oral health care for our fellow Virginians. Unfortunately, Virginia is one of the 8 worst states in providing oral health care to the underserved and this is directly linked to strict oversight requirements of dental hygienists by dentists. In 2009, the General Assembly enacted legislation that allowed a remote supervision model for dental hygienists employed by the Virginia Department of Health to provide oral health care to underserved communities. The outcome of this bold move was extremely successful and well-received by the community. I support expanding this model across the Commonwealth to include licensed dental hygienists providing preventive and therapeutic oral health care to the underserved in other health care facilities and alternative health care settings.

Because of regulations and practice restrictions, most dental hygienists must work in the private practice setting. Expanding the remote supervision model will allow dental hygienists to provide care in other settings, such as long term care facilities. The oral health of dependent older population is neglected, impacting on their frail overall health and contributing to needless suffering and sometimes death. Allowing dental hygienists in such settings is a win-win situation – an underserved population receives oral health care and dental hygienists gain employment. Knowing that dental hygienists are educated and licensed to provide oral disease management and educational/preventive and therapeutic services, utilizing dental hygienists to their full clinical and educational abilities will better meet access to care issues and the needs of our underserved communities.

I am in support of:

- R 7-97 Preventive Programs
Increased funding for preventive programs designed to provide oral health services to underserved sectors of the population
- R 6-98 Community Projects
Community health education programs and multiple approaches to the prevention of oral

diseases

- R 11-10 Community Projects
Optimal oral health for all people and is committed to collaborative relationships, partnerships and coalitions that improve access to oral health services.
- R2-93 Roles and Settings
Broadening of the scope of dental hygiene practice to meet the health care needs of the public of Virginia
- Implementation of the scope of dental hygiene practice through a variety of settings in which oral health care is delivered. Within these settings a dental hygienist may serve as a clinician, health promoter/educator, consumer advocate, administrator/manager, change agent or researcher
- Broadening of the scope of dental hygiene practice by actively pursuing legislative avenues. Soliciting the cooperation of other health organizations and governmental agencies to affect positive change in the statutes of the Commonwealth of Virginia, which govern the practice of dental hygiene and in the Rules and Regulations of the Virginia Board of Dentistry for the practice of dental hygiene
- R4-04 Expanding Access
Expanding access to preventive and restorative care within the dental hygiene scope of practice
- R 13-10 At-Risk Populations
Providing health care to at-risk populations

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians or nurse practitioners. Option 4 may be the most advantageous and timely option to address the immediate needs of access to care. As the Board evaluates option 5 and 6, I respectfully request the board to include the expertise of educators within the three degree levels of study in dental hygiene (Associate, Baccalaureate and Masters) among the stakeholders in developing protocols for training, experience and educational requirements.

Together, let's make Virginia one of the BEST states in providing oral health care to the underserved.

Sincerely,

Margaret Lemaster

Margaret Lemaster, BSDH, MS
Assistant Professor, Junior Year Clinical and Didactic Director
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February 9, 2015
Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

As a dental hygienist and member of the Virginia Dental Hygienists' Association (VDHA), I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

Access to oral health care is a national issue and Virginia is no exception. Stakeholders have been meeting to discuss how Virginia tackles improving oral health care, examining how to divert patients from emergency departments and ways providers can practice in settings to access additional patient populations that are not being reached. In 2009, the General Assembly enacted legislation reducing dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas and the program has documented public health and economic success. I support expansion of this program to enable the utilization of all licensed dental hygienists' across the Commonwealth in safety net facilities and every other health-oriented setting accessible to Virginians. Implementing this model will enable dental hygienists to fully utilize their education and training in supporting solutions that improve the quality of life for all Virginians. Dental hygienists are college educated and licensed to provide oral disease management and educational/preventive services, allowing Registered Dental Hygienists to work to their full capacity will improve access to care more efficiently and economically meet the needs of our underserved communities and advance the team-based approach to improving the public's quality of life.

I support the Board of Health Professions policy options 3 and 4. Due to the long standing shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 combined with option 3 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth.

Most importantly is that change is facilitated, now, to enable the public direct access to obtaining the needed services available from the Virginia college educated, competent and licensed professional, the registered dental hygienist.

Maureen M. Thompson BSDH, RDH

Respectfully,

February 8, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

As a dental hygienist and member of the Virginia Dental Hygienists' Association (VDHA) for 44 years, I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

Access to oral health care is a national issue and Virginia is no exception. Stakeholders have been meeting to discuss how Virginia tackles improving oral health care, examining how to divert patients from emergency departments and ways providers can practice in settings to access additional patient populations that are not being reached. In 2009, the General Assembly enacted legislation reducing dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas and the program has documented public health and economic success. I support expansion of this program to enable the utilization of all licensed dental hygienists' across the Commonwealth in safety net facilities and every other health-oriented setting accessible to Virginians. Implementing this model will enable dental hygienists to fully utilize their education and training in supporting solutions that improve the quality of life for all Virginians. Dental hygienists are college educated and licensed to provide oral disease management and educational/preventive services, allowing Registered Dental Hygienists to work to their full capacity will improve access to care more efficiently and economically meet the needs of our underserved communities and advance the team-based approach to improving the public's quality of life.

I had to wait 39 years for this expansion of general supervision to affect our private practice in March, 2010 along with the dentist finally being allowed to have up to four hygienists or DA II's instead of two. Access to the public was thereby increased greatly. Previously we had not been able to take new patients and now we continue to be able to see new patients.

I support the Board of Health Professions policy options 3 and 4. Due to the long standing shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 combined with option 3 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth.

Most importantly is that change is facilitated, **now**, to enable the public direct access to obtaining the needed services available from the Virginia college educated, competent and licensed professional, the registered dental hygienist.

Respectfully,

Margaret J. Martin, BSDH, RDH

February 7, 2015

Justin Crow, MAP
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

On behalf of myself, a currently working Registered Dental Hygienist and a degree completion student, I would like to express my gratitude to the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

I currently am employed at Piedmont Access to Health Services, in Danville Virginia. This center is there to provide better access to care for the underserved population. We provide excellent care to all age groups, ethnicities, and economic backgrounds. We served the insured and the uninsured. Southside Virginia was hit very hard by the economic downturn in 2008 and has had a hard time recovering. We are just 40 minutes away from Martinsville, Virginia which has the highest unemployment rate in Virginia. Our area has seniors and disabled adults living on very fixed incomes, but they still need care and access to care. Our center does its best to provide as much care and access to care for as many people as we can.

We have a dentist on staff that sees patients Monday-Wednesday and half a day on Thursday. He is there on most Thursday afternoons for meetings, grant work, or has to go to our Boydton office to meet with the dentist there. We also have dental and dental hygiene students that come on rotations from Virginia Commonwealth University. There are three months out of the year we do not have any students on rotations and that causes our schedules to fill up even faster. When the students are there we are booked out 2-3 months ahead, and it will be a longer wait when we no longer have students. We do the best we can to work in emergencies and usually fit them in our schedule when someone calls to cancel or reschedule.

I work Monday-Friday, usually a half day on Fridays. It is very hard to schedule patients on Fridays for me because of the restrictive laws Virginia has. If I were able to initiate care, I could help relieve the back log of patients we have. I could get them established and educate them on the importance of keeping regular visits, limiting the sugar in their diets, and how to properly care for their teeth. I do have patients that used to see a dentist regularly and once they lost their insurance, they couldn't afford to go. I also have patients that haven't seen a dentist in decades. If I were allowed to initiate care, I could get a treatment plan together, so that when they come in for an appointment with the dentist they can immediately start working on what is most urgent. The dental students do see patients for comprehensive exams, however their time would be better spent doing extractions or restorative work. If I were allowed to initiate care when we don't have a doctor working, our clinic could be more efficient and provide care to more people.

I feel very confident in my abilities, my education, and my experience to be able to initiate care. In most offices, the doctor wants to know what the hygienist has found to help make their exam more efficient. I graduated from hygiene school in May 2011, since then I have worked in various offices and practice settings. I take the knowledge and experiences I have had into work every day. Because of the wonderful education and experience I have had, I am very comfortable with the idea of being allowed to initiate care if it is something Virginia would allow a dental hygienist to do.

I also feel that the dental field needs to catch up to the medical field with different levels of practitioners. The medical field has various levels of providers and various levels of education for those providers. I would love for the dental field to have a mid-level provider. The American Dental Hygienist's Association has established a curriculum for an Advanced Dental Hygiene Practitioner which would be a great asset for the dental profession. It would provide more providers, therefore providing more access to care.

Virginia could have many options for providing more access to care by expanding the role of the dental hygienist. There is a surplus of hygienists in Virginia and the state should take advantage of the assets it already has. There are two Baccalaureate dental hygiene programs in Virginia and one of those schools, Old Dominion, has a degree completion program that is all online. I am currently enrolled in this program to further my education. If Virginia accepted the Advanced Dental Hygiene Practitioner curriculum I would, without a doubt, seek out that program and enroll. There should be incentives to increasing education. I would love to be a mid-level practitioner and have even considered changing careers because I feel I am capable of more. I am very excited that changes are being discussed and hope that in the future my role as a dental hygienist can be expanded to reach more people. As a practicing hygienist, I feel that I cannot reach my potential because I am restricted by strict supervision laws. With the experience I have, I feel that I can provide the same excellent care whether there is a dentist on site or not.

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I would recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 may be the most advantageous and timely option for the commonwealth at this time. I would like to see the board allow dental hygienists to initiate care and work with a dentist to provide better access to care. This could be done in the same practice or through remote sites. I believe strongly that a dental hygienist can and should be the answer to providing more access to care. I would also ask that the board consider Advanced Dental Hygiene Practitioner as an answer for future shortages. The dental field should have a mid-level practitioner to help provide treatment needs that are beyond the scope of dental hygiene. I encourage them to work with a Virginia University to develop a program and advance our state in dental care.

Thank you for your time and consideration,

Jessica Bevins, RDH

Monday February 9, 2015

Mr. Justin Crow, MPA

Virginia Board of Health Professions

9960 Maryland Drive, Suite 300

Henrico VA 23233-1463

Dear Mr. Crow,

My name is Mrs. Danielle Smith, RDH and I would like to first start by thanking the Board of Health Professions for the opportunity for individuals to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

As we know healthcare has been heated topic for a long time especially now in light of the Affordable Care Act. The state of healthcare is an issue that transcends state lines. Oral health in particular goes unnoticed and unchanged quite often. Access to oral health care is limited in most states and especially so in the low-income, underserved communities.

After carefully reading through the draft I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

The Virginia Department of Health utilized dental hygienists in low-income communities with decreased direct dentist oversight, legislature that was passed by the General Assembly in 2009. In October 2014 the program was evaluated and was overall successful. In the Technical report on "Remote Supervision Hygienists", the hygienists made a significant impact on the communities. They were able to expand the oral healthcare services to these communities, decrease cost of services, and provide oral health education. As stated in the report "The remote supervision model offers an effective alternative method of delivery for safety net dental program services with increased access for underserved populations". Seeing the success of this program tells us that allowing a dental hygienist to practice at their maximum potential will better meet access to care issues and the needs of our low-income, underserved communities.

Lastly as the Board evaluates option 5 and 6, please consider including the expertise of educators administering the three levels of study in Dental Hygiene: Associate, Baccalaureate and Masters, among the group of professionals that will assist in developing protocols for training and educational requirements.

Thank you for allowing me to express my thoughts,

Respectfully,

Mrs. Danielle N Smith, RDH

February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

As a dental hygienist and member of the Virginia Dental Hygienists' Association (VDHA), I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

Access to oral health care is a national issue and Virginia is no exception. Stakeholders have been meeting to discuss how Virginia tackles improving oral health care, examining how to divert patients from emergency departments and ways providers can practice in settings to access additional patient populations that are not being reached. In 2009, the General Assembly enacted legislation reducing dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas and the program has documented public health and economic success. I support expansion of this program to enable the utilization of all licensed dental hygienists' across the Commonwealth in safety net facilities and every other health-oriented setting accessible to Virginians. Implementing this model will enable dental hygienists to fully utilize their education and training in supporting solutions that improve the quality of life for all Virginians. Dental hygienists are college educated and licensed to provide oral disease management and educational/preventive services, allowing Registered Dental Hygienists to work to their full capacity will improve access to care more efficiently and economically meet the needs of our underserved communities and advance the team-based approach to improving the public's quality of life.

I support the Board of Health Professions policy options 2 combined with options 5 and 6. I feel that dental hygiene curriculum provides the knowledge and skills to practice independently but that the public would best be served if additional experience was required prior to independent practice. I think that a work group needs to be formed in order to propose regulations pursuant to what services should be provided under the independent practice model and to propose the appropriate amount of experience required. Adoption of these options would provide the largest impact on access to care. The second scenario that I would offer support for is Options 3 and 4. Due to the long standing shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 combined with option 3 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth.

Most importantly is that change is facilitated, now, to enable the public direct access to obtaining the needed services available from the Virginia college educated, competent and licensed professional, the registered dental hygienist.

Respectfully,

Dawn P. Southerly, RDH

Dawn Partlow Southerly, RDH, BSHS
Assistant Dean, Dental Hygiene
Northern Virginia Community College
dpsoutherly@nvcc.edu
(703) 822-6573

February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Mr. Crow,

My name is Bobbie Lindsay and I am a registered dental hygienist (RDH) who currently resides in the state of Virginia. Before becoming a hygienist, I was an expanded functions dental assistant and I have over 10 years of experience in the dental field. I am writing this letter to let you know that I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians'.

Scope of practice for dental hygienists is restrictive in the state of Virginia and there are many services that could be provided to patients that are not being utilized because the dental hygienist may only work under the direct supervision of a practicing dentist. Dental hygienists are educated and licensed to provide oral disease management and educational/preventive services and the dental hygiene curricula in Virginia and across the nation, prepares graduates to work to the full capacity of the profession without supervision but neglecting to expand the dental hygienists' practice settings and supervision requirements limits access to needed oral health care and contributes to increased risk to the general public.

Many people in the state are being under served especially in rural areas where there are not an abundance of dental care providers and facilities in the community. If dental hygienists were allowed to practice independently without being supervised by dentists they could better serve the community through the expansion and utilization of the remote supervision model into nursing home/assisted living facilities, community health clinics, institutions, home health agencies and any other health facilities where dental hygienists could provide patient care without direct supervision. The Virginia Department of Health has already documented improved oral health care outcomes in the community where the remote supervision model for dental hygienists is being used.

By allowing Virginia dental hygienists a wider scope of practice, dental care can be provided to children whose parents cannot take time off of work to take them to a dentist. If patients could be seen in schools, and other health facilities it would be an avenue to allow hygienists to reach out to the community and offer services to those who may not receive regular dental care because of limited access to care. By seeing patients without direct supervision of a dentist, time and money could be saved. If hygienists could initiate care, administer local anesthesia, and diagnose, then they would be able to work in settings where dental care is being missed, or over looked.

I hope you'll consider expanding the remote supervision model and allowing registered dental hygienists to practice throughout Virginia so that they can provide dental care and education to the under-served community.

Sincerely,

Bobbie Lindsay, RDH

February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

There are many restrictions that affect the scope of practice of Registered Dental Hygienists (RDHs). These restrictions include diagnosis, prescriptions, referrals and patient care. A hygienist is not allowed make a definitive diagnosis. If he/she could, this would save time, and be much more efficient. This could potentially save a tooth if left undetected by a dentist if the patient is seen under general supervision.

Another area of restriction includes prescriptions. Whether a patient needs oraquix in the office, or a prescription fluoride toothpaste, the need for the prescription is present. By allowing a hygienist to prescribe substances such as these, time would be much more effective.

A hygienist is not allowed to refer a patient to another practice. For example, if pockets are too deep and beyond the capability of a certain practice, a hygienist should be able to refer a patient to a periodontist.

Lastly, and most importantly we are limited to provide patient care. A hygienist is not able to provide care for patients unless it is under the supervision of a dentist. This is frustrating because it puts limitations on the people that hygienists can see or treat. It limits the services we can provide and the places in which we can provide them. If a hygienist wanted to provide care to medicaid patients, she could not. By lessening the restrictions placed on dental hygienists, it would help the general public by increasing access to care. More people would be able to be seen for regular routine cleanings and check ups by allowing the hygienist to see more patients including those using medicaid. This would also help the whole body for patients with periodontal disease. By providing these services especially for diabetic, pregnant or heart diseased patients, this could make a huge difference in their overall health.

I agree with VDHA in that, "Dental hygienists are educated and licensed to provide oral disease management and educational/preventive services, utilizing Registered Dental Hygienists to their full capacity will better meet access to care issues and the needs of our underserved communities. The Virginia Department of Health has already documented improved oral health care outcomes using the remote supervision model for dental hygienists. The dental hygiene curricula in Virginia and across the nation, prepares graduates to work to the full capacity of the profession. Neglecting to expand the dental hygienists' practice settings and supervision requirements limits access to needed oral health care ad contributes to increased risk to the general public."

Thank you for your time in reading this letter and understanding the challenges that our profession faces.

Respectfully,

Anna Shoemaker, RDH

February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
Dear Mr. Crow,

As a dental hygienist and member of the Virginia Dental Hygienists' Association (VDHA), I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*. As a hygienist, I am continually looking for ways to help people with their oral health and overall health.

In 2009, the General Assembly enacted legislation reducing dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas and the program has documented public health and economic success. I support expansion of this program to enable the utilization of all licensed dental hygienists' across the Commonwealth in safety net facilities and every other health-oriented setting accessible to Virginians.

Access to oral health care is a national issue and Virginia is no exception. Stakeholders have been meeting to discuss how Virginia tackles improving oral health care, examining how to divert patients from emergency departments and ways providers can practice in settings to access additional patient populations that are not being reached. Implementing the model established in 2009 will enable dental hygienists to fully utilize their education and training in supporting solutions that improve the quality of life for all Virginians. Dental hygienists are college educated and licensed to provide oral disease management and educational/preventive services, allowing Registered Dental Hygienists to work to their full capacity will improve access to care more efficiently and economically meet the needs of our underserved communities and advance the team-based approach to improving the public's quality of life.

I support the Board of Health Professions policy options 3 and 4. Due to the long standing shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 combined with option 3 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth.

Most importantly is that change is facilitated, now, to enable the public direct access to obtaining the needed services available from the Virginia college educated, competent and licensed professional, the registered dental hygienist.

Respectfully,

Gail Stone, RDH, BSDH

[Sent from Yahoo! Mail for Windows 8](#)

February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

As a registered dental hygienist and member of the Virginia Dental Hygienists' Association (VDHA), I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

Access to oral health care is a national issue and Virginia is no exception. Stakeholders have been meeting to discuss how Virginia tackles improving oral health care, examining how to divert patients from emergency departments and ways providers can practice in settings to access additional patient populations that are not being reached. In 2009, the General Assembly enacted legislation reducing dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas and the program has documented public health and economic success. I support expansion of this program to enable the utilization of all licensed dental hygienists' across the Commonwealth in safety net facilities and every other health-oriented setting accessible to Virginians. Implementing this model will enable dental hygienists to fully utilize their education and training in supporting solutions that improve the quality of life for all Virginians. Dental hygienists are college educated and licensed to provide oral disease management and educational/preventive services, allowing Registered Dental Hygienists to work to their full capacity will improve access to care more efficiently and economically meet the needs of our underserved communities and advance the team-based approach to improving the public's quality of life.

I support the Board of Health Professions policy options 3 and 4. Due to the long standing shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 combined with option 3 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth.

Most importantly is that change is facilitated, now, to enable the public direct access to obtaining the needed services available from the Virginia college educated, competent and licensed professional, the registered dental hygienist.

Respectfully,

Megan Wilson

Megan R. Wilson
Wilsonmr101@gmail.com

Comments on Dental Hygienist Scope of Practice

Dental Hygienist Scope of Practice

TO:

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

As a dental hygienist and member of the Virginia Dental Hygienists' Association (VDHA), I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

Access to oral health care is a national issue and Virginia is no exception. Stakeholders have been meeting to discuss how Virginia tackles improving oral health care, examining how to divert patients from emergency departments and ways providers can practice in settings to access additional patient populations that are not being reached. In 2009, the General Assembly enacted legislation reducing dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas and the program has documented public health and economic success. I support expansion of this program to enable the utilization of all licensed dental hygienists' across the Commonwealth in safety net facilities and every other health-oriented setting accessible to Virginians. Implementing this model will enable dental hygienists to fully utilize their education and training in supporting solutions that improve the quality of life for all Virginians. Dental hygienists are college educated and licensed to provide oral disease management and educational/preventive services, allowing Registered Dental Hygienists to work to their full capacity will improve access to care more efficiently and economically meet the needs of our underserved communities and advance the team-based approach to improving the public's quality of life.

I support the Board of Health Professions policy options 3 and 4. Due to the long standing shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 combined with option 3 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth.

Most importantly is that change is facilitated, now, to enable the public direct access to obtaining the needed services available from the Virginia college educated, competent and licensed professional, the registered dental hygienist.

Respectfully,

Deirdre Kane, RDH

Fw: Dental Hygiene Scope of Practice

Dear Mr. Crow,

I would like to thank the Board of Health Professions for the opportunity to comment on the draft report, Dental Hygienist Scope of Practice.

Dental hygiene has been my profession for over thirty-five years and I have seen many changes. Unfortunately, I have never been able to work to the full potential of my scope of practice. As a full-time clinical hygienist and now as a part-time clinical instructor, I have been restricted to working only in a dental office.

Across the nation dental hygienists have been given the opportunity to work in public health settings such as nursing homes and schools under remote supervision or teledentistry. It does not make sense that those of us passing the same national board and regional board are not able to work in those same settings.

I would ask that the Board of Health Professions support policy options 3 through 6 which would provide dental hygienists the opportunity to reach those populations who are not able to afford dental office visits. This would also be beneficial to patients who are homebound or in institutions.

I appreciate your time and concern,

Pamuela A Kitner, RDH, BSDH



WYTHEVILLE COMMUNITY COLLEGE

1000 East Main Street • Wytheville, VA 24382

Phone: (276) 223-4831 • Fax: (276) 223-4859 • EMAIL – rphillips@wcc.vccs.edu

Web Address: <http://www.wcc.vccs.edu>

February 10, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

As a dental hygienist and educator, I would like to take the opportunity to comment on the *Dental Hygienist Scope of Practice*.

As most of us know, oral health care in America is not being addressed as are other medical conditions. Oral health is an integral part of total health and an individual cannot have one without the other. Virginia is certainly not alone in the attempts to address this issue. The dental hygiene workforce has been underutilized for many years both nationwide but particularly in Virginia. The educational process for dental hygienists is stringent and patient-centered. Because of these rigorous standards, I believe that the public would best be served by using dental hygienists to the fullest capacity.

I support the Board of Health Professions policy options 3 and 4. Due to the long standing shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 combined with option 3 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth.

I believe that these policy options, with proposed amendments, would be to the benefit of the underserved populations that we are desperately trying to serve.

Sincerely,

Rita Phillips, BSDH, RDH, PhD, CTCP

Fusion Dental

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TO: <u>Justin Crow</u>	FROM: <u>Cathy</u>
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 ■ Michael E. Little, D.D.S. ■ Mark R. Perez, D.D.S. ■ Scott A. Synnott, D.D.S.

February 10, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

As a dental hygienist licensed in Virginia, I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

Access to oral health care is a national issue and Virginia is no exception. Stakeholders have been meeting to discuss how Virginia tackles improving oral health care, examines how to divert patients from emergency departments and ways providers can practice in settings to access additional patient populations that are not being reached. In 2009, the General Assembly enacted legislation reducing dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas and the program has documented public health and economic success. I support expansion of this program to enable the utilization of all licensed dental hygienists across the Commonwealth in safety net facilities and every other health-oriented settings accessible to Virginians. Implementing this model will enable dental hygienists to fully utilize their education and training to support solutions that improve the quality of life for all Virginians. Knowing that dental hygienists are college educated and licensed to provide oral disease management and educational/preventive services, allowing Registered Dental Hygienists to work to their full capacity will improve access to care more efficiently and economically meet the needs of our underserved communities and advance the team-based approach to improving the public's quality of life.

I support the Board of Health Professions policy options 3 and 4. Due to the long standing shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 combined with option 3 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth.

Most important is that change is facilitated, now, to enable the public direct access to obtaining the needed services available from the college educated, competent and Virginia licensed professional, the registered dental hygienist.

Respectfully,



Catherine A. Berard, BSDH, RDH

908 McMillen Court

Great Falls, VA 22066

February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

As a dental hygienist licensed in Virginia, I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

Access to oral health care is a national issue and Virginia is no exception. Stakeholders have been meeting to discuss how Virginia tackles improving oral health care, examining how to divert patients from emergency departments and ways providers can practice in settings to access additional patient populations that are not being reached. In 2009, the General Assembly enacted legislation reducing dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas and the program has documented public health and economic success. I support expansion of this program to enable the utilization of all licensed dental hygienists across the Commonwealth in safety net facilities and every other health-oriented settings accessible to Virginians. Implementing this model will enable dental hygienists to fully utilize their education and training to support solutions that improve the quality of life for all Virginians. Knowing that dental hygienists are college educated and licensed to provide oral disease management and educational/preventive services, allowing Registered Dental Hygienists to work to their full capacity will improve access to care more efficiently and economically meet the needs of our underserved communities and advance the team-based approach to improving the public's quality of life.

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Most important is that change is facilitated now, to enable the public direct access to obtaining the needed services from the college educated, competent and Virginia licensed professional, the registered dental hygienist.

Respectfully,



Shawn Miller-Culp RDH

Fusion Dental

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 ■ Michael E. Little, D.D.S. ■ Mark R. Perez, D.D.S. ■ Scott A. Synnott, D.D.S.

February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

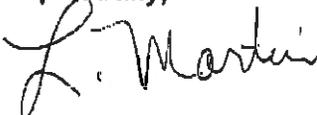
As a dental hygienist licensed in Virginia, I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

Access to oral health care is a national issue and Virginia is no exception. Stakeholders have been meeting to discuss how Virginia tackles improving oral health care, examines how to divert patients from emergency departments and ways providers can practice in settings to access additional patient populations that are not being reached. In 2009, the General Assembly enacted legislation reducing dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas and the program has documented public health and economic success. I support expansion of this program to enable the utilization of all licensed dental hygienists across the Commonwealth in safety net facilities and every other health-oriented settings accessible to Virginians. Implementing this model will enable dental hygienists to fully utilize their education and training to support solutions that improve the quality of life for all Virginians. Knowing that dental hygienists are college educated and licensed to provide oral disease management and educational/preventive services, allowing Registered Dental Hygienists to work to their full capacity will improve access to care more efficiently and economically meet the needs of our underserved communities and advance the team-based approach to improving the public's quality of life.

I support the Board of Health Professions policy options 3 and 4. Due to the long standing shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 combined with option 3 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth.

Most important is that change is facilitated, now, to enable the public direct access to obtaining the needed services available from the college educated, competent and Virginia licensed professional, the registered dental hygienist.

Respectfully,

 L. Martin RDH B.S.

February 8, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

As a dental hygienist, member of the Virginia Dental Hygienists' Association (VDHA) a former, ten year member of the Virginia Board of Dentistry, Governor's appointee to serve on the Board of Health Professions and former Acting Chair of the Old Dominion University School of Dental Hygiene, I thank the Board of Health Professions for the opportunity to comment on the draft report, *Dental Hygienist Scope of Practice*. I applaud the in-depth research you have conducted validating the profession of Dental Hygiene being over regulated and the need for regulatory change. The evidence contained in this draft report has confirmed the recognition by the Virginia Health Reform Initiative Advisory Council (VHRI) that scope of practice laws need updating.

As the former, Acting Chair of Old Dominion University's School of Dental Hygiene, I can tell you that the curriculum embraces preparing clinicians to work collaboratively, endorses interprofessional care and team-based delivery and promotes student dental hygienists and licensed practitioners being technologically proficient so they will be equipped to extend oral and general health care utilizing telehealth.

Implementation of Option 3 is unquestionably needed now, as the Department of Health has consistently proven the safe and cost effective benefits yielded by this modality; however, the disparity being that only those persons qualified for care within the public health system are afforded this regulatory flexibility. All Virginians, as consumers of oral health services, deserve to have easier and direct access to the licensed dental hygienist in any setting.

Recognition of the continuing shortage of dentists, both geographically and in forecasted retirement figures, Option #3 should be amended for inclusion of the physician to extend collaborative care supervision in order to broaden the capacity and productivity of the team-based oral health services the public could more readily access. According to 2014 Manpower Survey of 5,563 licensed dental hygienists, only 82% of the Dental Hygiene workforce is being utilized, only 47% hold one full-time employment position, 11% of respondents reported being underemployed and 3% are looking for employment; therefore, we are looking at an untapped public health resource and an idle capacity that

with minimal or no regulatory restriction could positively and economically impact the health of all Virginians.

I support combining Option 3 with Options 4 and 5. However, regulation should enable licensed dental hygienists to practice to their fullest extent as prepared by their accredited, college education and competently confirmed by possession of Virginia licensure. To further restrict a population's access to the care provided by the dental hygienist or a setting within which the dental hygienist may practice is a disservice to the public and lacks evidence of being unsafe. The dental hygienists' educational preparation and clinical training mandates experience and demonstration of cultural and clinical competence with diverse populations and in all health oriented settings; therefore, scope of practice for the traditional role of the dental hygienist does not warrant these categories of restriction.

As the Board evaluates option 5 and 6, and looks toward influencing change, please arrange for the experts of Dental Hygiene education from all three college degree programs: Associate, Baccalaureate and Masters, to be actively involved in developing any protocol impacting its profession and the people it is striving to serve. Any collaborative work focused on the Options and ultimately eliminating the unnecessarily stringent restrictions would facilitate the growth of the team-based practice as a result of the dental hygienists referring the now greater audience of patients they would be able to serve and assist in securing a dental home.

Thank you for considering my input. Should you have the need for any further information, I may be contacted at mgreenrdh@gmail.com or 757-503-1516.

Sincerely,

Margaret Lappan Green, RDH, MS

Past President, American Dental Hygienists' Association
Past President, Virginia Dental Hygienists' Association
Trustee, Peninsula Dental Hygienists' Association

CC: Michelle McGregor, VDHA President



Gene W. Hirschfeld School of Dental Hygiene
4608 Hampton Blvd.
Norfolk, Virginia 23529-0499
Phone: (757) 683-3338
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February 5, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*. This document was well prepared and reflects current, evidence-based data demonstrating a vital change is necessary in the Scope of Practice regulating dental hygienists in the Commonwealth to meet the oral health needs of our citizens.

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. I recommend option 3 be amended to include collaborative care supervision by physicians as a reflection of current, interprofessional care throughout the United States and supported among academic institutions. I strongly recommend the Board evaluates option 5 and 6 with consult from academicians and educators administering the three degree levels of study in Dental Hygiene: Associate, Baccalaureate and Masters to determine protocols for training, experience and educational requirements. As an educator I feel education level should be reflected in Scope of Practice functions and perhaps residency programs used as a means to acquire standardized experience specific to the oral needs of individuals or institutions.

In my observation over the past 20 years, the capability of educated, licensed dental hygienists in Virginia to provide care to the citizens has been strongly suppressed by the current Scope of Practice. As my senior Baccalaureate-degree dental hygiene students are preparing to take their 8-hour national written board exam, clinical competency exam and become licensed in Virginia they quickly learn employment options in the Commonwealth are limited. The existing Scope of Practice limits their employment options to the private dental practices and sparingly few dental clinics in the Commonwealth due to supervision regulations. The successful remote supervision program offered by the VDH is unfortunately limited by budgetary constraints yet has demonstrated effective outcomes. I hope in the future, dental hygienists in Virginia will be able to access and provide oral health care to the patients in need of these services outside the private dental practice setting.

In dental health,

Joyce Marie Flores, RDH, MS
Assistant Professor

RECEIVED
FEB 10 2015
Board of Dentistry

DR. SUSANA RAYAGADA
DR. NANCY S. CHANG
5211 LYNNGATE COURT
BURKE, VIRGINIA 22015

PHONE: 703-323-1400
FAX 703-426-0415

TO: Justin Crow, MPA

FAX: 1-804-527-4471

COVER SHEET PLUS 1 PAGES

REMARKS:

Please find comments on the draft report
on Dental Hygienist Scope of Practice

I have you,
Julie Simms, RDH, BSDH

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FEB 10 2015

Board of Dentistry

February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

As a licensed dental hygienist for 32 years and member of the Virginia Dental Hygienists' Association (VDHA) for 32 years, I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

Access to oral health care is a national issue and Virginia is no exception. Stakeholders have been meeting to discuss how Virginia tackles improving oral health care, examining how to divert patients from emergency departments and ways providers can practice in settings to access additional patient populations that are not being reached. In 2009, the General Assembly enacted legislation reducing dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas and the program has documented public health and economic success. I support expansion of this program to enable the utilization of all licensed dental hygienists' across the Commonwealth in safety net facilities and every other health-oriented setting accessible to Virginians. Implementing this model will enable dental hygienists to fully utilize their education and training in supporting solutions that improve the quality of life for all Virginians. Dental hygienists are college educated and licensed to provide oral disease management and educational/preventive services, allowing Registered Dental Hygienists to work to their full capacity will improve access to care more efficiently and economically meet the needs of our underserved communities and advance the team-based approach to improving the public's quality of life.

I support the Board of Health Professions policy options 3 and 4. Due to the long standing shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 combined with option 3 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth.

Most importantly is that change is facilitated, now, to enable the public direct access to obtaining the needed services available from the Virginia college educated, competent and licensed professional, the registered dental hygienist.

Respectfully,


Julie F. Simms, RDH, BSDH

Dear Mr. Crow,

My name is Tania De La Paz and I am writing on behalf of Old Dominion University's School of Dental Hygiene in reference to the draft. I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

As a dental hygiene student, who is very well capable of providing preventative services to individuals, I cannot work without the supervision of a dentist unless treatment is first prescribed. As a part of community class, dental hygiene students go out and educate individuals of the community on how to take care of their mouth. Many of these individuals have serious issues, such as, periodontal disease, caries, and suspicious lesions. Even though I am capable, I will not be allowed to provide scaling and root debridement to these individuals or provide fluoride treatments to them when I graduate. The reason for this is because the law says I have to have general supervision from a dentist. Well, in my opinion, the law is restricting me from providing care to those who need it. If hygienists were allowed to work remotely, several individuals in nursing homes, schools, hospitals and prisons would benefit from these preventative services. That, in turn, will reduce the number of emergency room visits from periodontal abscesses and mouth pain. Also, the rest of the body would benefit from these services, as well. For example, millions of dollars would be saved from lower amounts of pre-term births in the country due to pregnant women receiving the oral care they need. Fewer problems would exist for individuals with diabetes because their periodontal disease would be under control due to receiving preventative oral health care services. Oral health is essential for holistic health. If I were not restricted by the law, not only would oral health improve for several individuals, but also the health of the rest of the body could be preserved. There is an abundance of hygienists in Virginia. We can make a much bigger impact on our communities and get the care to those individuals who need it and cannot afford it if we were allowed to provide this care without a dentist being by our side. General supervision for hygienists is a hindrance. We could do so much more with remote supervision. There is no research to prove that hygienists providing care, which we have been educated to do, is harmful or dangerous without a dentist by our side. In fact, the opposite has been proven. Evidence based research shows that no harm has come to anyone where hygienists have provided remote care. Please consider these facts.

Respectfully,

Tania De La Paz
Student Dental Hygienist

February 8, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Maryland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

My name is Jamie Barlow. I am a registered dental hygienist in Manassas Virginia. I am currently enrolled in Old Dominion's degree completion program in pursuit of my baccalaureate degree and taking these classes at the graduate level in preparation for the graduate program. I have been practicing dental hygiene for four years in the Commonwealth.

I have a sincere passion for dental hygiene, and with recent possibilities of the dental hygiene scope of practice being lessened to "Remote Supervision Hygienist" this passion has turned into all out fervor. The very first role of the dental hygienist was of an educator. The dentist that proposed this role, Dr Alfred C. Fones, made it very clear that the hygienists services were needed in a private practice model just as much as their services were needed outside of the private practice and with the community. The dental hygiene curricula in Virginia and across the nation, prepares graduates to work to the full capacity of the profession. With that being said, as a practicing hygienist, I do not feel I have any opportunity to take my knowledge and skills that I am not only trained but licensed to use outside of a private operatory.

For my first graduate level class, I had to complete a proposal for a thesis. I chose the topic of "Disparity in Oral Health Care". The findings/results of many of the diagnoses were fascinating in the sense of the subjects access to care. The study subjects or more commonly referred to as "patients" were found to have limited or no access to any community dental facility, private dental facility or any knowledge of dental health information. These people with life threatening dental diseases were underserved and a very neglected population based solely on the fact that the dental hygienists in the areas that were monitored were limited to their scope of practice and were not permitted to reach out to these people. The information gathered for this study was not based solely on the Commonwealth but nationwide research was gathered.

I would like to conclude my letter by stating that I support the Board of Health Professions policy options 3 and 4, to include evaluation of options 5 and 6 in support of options 3 and 4. Due to the shortage of dentists in the underserved communities, I would recommend option 3 be amended to include collaborative care supervision by physicians. Dental Hygienists, myself included, have long been underutilized and restricted in their capabilities. Dental hygienists are educated and licensed to provide oral disease management and educational/preventive services, utilizing Registered Dental Hygienists to their full capacity will better meet access to care issues and the needs of our underserved communities.

I feel it is time that we were able to actually, without reservation, make a difference in our communities nationwide , as intended when we accepted our role of Registered Dental Hygienist.

Respectfully,

Jamie Barlow, RDH

February 8, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive , Suite 300
Henrico, VA. 23233-1463

Dear Mr. Crow,

On behalf of representing Old Dominion University, as a current online student in the Masters of Science in Dental Hygiene Program, I would like to thank the board of health Profession for the opportunity to provide comment on the draft report, Dental Hygienist Scope of Practice.

Access to oral health care is of great concern to everyone, Many people who need oral health care are not able to access it. Enabling the Dental Hygienist to reach those who are in great need of preventive dental services is a huge step in addressing the needs of this underserved population.

I am a resident of Massachusetts, in my state we have Public Dental Hygienist who have remote supervision in setting such as community health clinics, nursing homes , public schools, and hospitals. The underserved communities in MA. have benefited greatly from the services of Public Health Dental Hygienist. The access to care that was out of reach to many due to finances is now available. The Dental Hygienist is a key player in providing preventive care and partnering with patients and Dentists in improving the oral care in underserved areas. I can give an account to the tremendous improvement in patient lives. I currently work in a community health clinic , we deliver much needed service to patients who would otherwise not be able to afford dental care. This underserved population is helped by the clinic through preventive services such as oral hygiene education, fluoride application, prophylaxis, oral cancer screening, dental needs assessment as well as providing financial affordability for these patients. We deliver preventive dental care that fills a gap in our health care system for patients who would otherwise end up in the emergency room due to lack of access to early preventive dental intervention, which is provided by the Dental Hygienist.

Virginia is a state that has the opportunity to improve it's underserved populations access to oral health care by enabling the Dental Hygienist to provide preventive dental care through remote supervision. I believe the overall dental health of Virginians' will benefit from the direct access to a Dental Hygienist. Therefore I support the Board of Health Professions policy option 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4.

Dental Hygienists are educated professionals who are licensed to provide oral health care. In utilizing Dental Hygienists as partners for preventive health care services the needs of the underserved communities would be better met.

Respectfully,

Luzia Grace Goncalves RDH, BA

Julia Wiench
2616 Poinciana Drive
Virginia Beach, VA 23451
February 8, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Dear Justin Crow, MPA

On behalf of the Virginia Dental Hygienists' Association (VDHA), I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

In the listed policies developed by the Board staff, the Virginia Dental Hygienists' Association supports the Board of Health Profession's policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, we recommend option 3 be amended to include collaborative care supervision by physicians

In Virginia, as a dental hygienist, we cannot practice dental hygiene without being under the direct or general supervision of a dentist. I also cannot diagnose disease in the mouth or on a radiograph, even though I have been taught to identify it in school.

As a licensed dental hygienist, I feel that I would be capable of administering certain services to patients without being under direct supervision. When I go out in to community sites, I see disease that could have been prevented if I were able to be branched outside of a dentist's supervision. I see older adults without sealants that have deep pits in their teeth with disease that would have been prime candidates for sealants previously. I see demineralization that could possibly have been prevented with fluoride and education. It also angers me when I see so many people who have had special dental work done but have not been educated on how to maintain and properly clean the areas (bridges, crowns, implants). I feel that as a hygienist I could effectively go in to a school, hospital, elderly care facility, etc. and provide an assessment, take radiographs, remove calculus, and polish without the supervision of a dentist. In private practice, dentists usually rely on the first-hand knowledge of the hygienist when coming in to the exam room and inquiring about a patient. For us to be restricted, it just seems absurd to me. I hate that the state gives me a license to practice and use sharp instruments in a patient's

Justin Crow, MPA

February 8, 2015

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mouth, but they don't trust me to do it without a dentist present. A dentist was not present when I was learning to use these instruments. A dentist was not present when I gave my first local anesthesia injection! It angers me and I hope that through advocating and making this known, we may someday be able to branch outside of the dentist's underhand and move on to our own practices. We are more than qualified. I feel that what inhibits us the most from having unsupervised treatment is the business aspect of a dental office. I feel that if we as dental hygienist specialize in prevention and dentists specialize in restoring something that could have been prevented, but was not, that it puts our value in just money. Our value is so much more. A patient should be able to receive full preventative care and take control of their overall health. Please consider these items for the future and the future of our profession.

Sincerely,

Julia Wiench

February 8, 2015

Virginia Department of Health Professions
9960 Mayland Drive
2nd Floor Conference Center
Board Room 2
Henrico, Virginia 23233-1463
Attn: Justine Crow

RE: Letter of Support for Dental Hygiene Scope of Practice Expansion

Dear VA Department of Health Professionals,

As a graduate student of dental hygiene at Old Dominion University with over 12 years of clinical experience in a private general dentistry and periodontal practice. I am writing to give my support for the expansion of the dental hygiene scope of practice.

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians. I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians'.

In my 12 years of clinical experience, I am acutely aware many in our population are severely underserved for either lack of affordable care, lack of dental practices in rural areas, and lack of dentist in populated areas that are willing to provide services to patient's that are unable to pay using the traditional dental practice model methods.

Five state dental hygiene programs are publically funded, and what better use of resources by the state and otherwise to allow hygienist to expand the scope of practice to be able to better serve the people of Virginia.

Many dental practice owners will report that there is a shortage of dental hygienist to argue their non-support for expanded scope of practice for the dental hygienist, but allow me to do some simple math. The State of Virginia has one dental school and five public dental hygiene schools and one private dental hygiene program. VCU dental school graduates ninety-five (95) dentists every year. Many of these dentists are from out of state and will pursue dental careers outside the state of Virginia. Dental hygiene schools each will graduate twenty-five to thirty (25-30). Most all hygiene students will stay in the state of Virginia. With the state ratio of one dentist

per two hygienists, there are more dental hygiene graduates than dentist that will practice in Virginia. There is a clear saturation of dental hygienist in the State of Virginia and across the country, ask any gradate looking for full-time employment. Most hygienist will be part-time and to achieve a full-time job of 4 days per week will be employed by two separate offices.

Private business owners would have the State of Virginia believe that this expanded scope for dental hygienist will affect their ability to provide care due to a shortage of dental hygienist, which is simple not true. **Their answer will be to “expand” the scope of the dental assistants duties. Please do not allow this to happen. A dental assistant is a nine-month program that allows the basics of the anatomy of the “teeth” and dental materials that are used to help the dentist do restorative work. It is a totally different educational path. It would be the same as allowing a surgical technician in the hospital to do nursing care. They are totally different educational paths. For the dentist it is clearly a goal to expand the duties of the “lesser” paid employee to benefit the practice and not the patient.**

The State of Virginia is in the business of the people of Virginia to provide the best care possible to the citizens and not to expand the bottom line of a private practice dentist. There are many who are underserved, for example the oral care in nursing homes is practically non-existent. There is a preponderance of evidence that systemic health conditions are aggravated and worsened by poor oral health. This has all been supported in documentation already provided by the Virginia Dental Hygiene Association long with the American Dental Hygiene Association.

Thank you for your consideration for the expansion for the scope of the dental hygienist to better serve the ALL citizens of Virginia.

Sincerely,

Traci Beveridge, RDH

February 8, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Maryland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

My name is Heather Abrego and I am a senior dental hygiene student at Old Dominion University who is working toward receiving a bachelor's degree in dental hygiene. I would like to first thank you for the opportunity to comment on the review of the scope of practice for dental hygienists. I would also like to state my position; I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians'.

By limiting the scope of practice for dental hygienists, access to dental care is being limited. When I become a registered dental hygienist (RDH) in three months, I will be restricted as to where I can provide my dental hygiene services. While working in Virginia, RDH's must be employed by a dentist or public health agency and may only work under the general supervision of the dentist. That means that RDH's can only provide dental hygiene services that have been prescribed by the dentist after he/she has evaluated that patient within the last ten months. That also means that dental hygienists cannot fulfill any of their professionally trained duties such as performing an initial examination or assessment of teeth and surrounding tissues, measuring periodontal pockets, evaluating abnormal oral conditions, providing therapeutic prophylaxis or scaling of teeth, or provide preventative dental sealants or topical fluoride without the prior evaluation or prescription from a dentist. With remote supervision and an expanded scope of practice for dental hygienists all of this would be possible and would aid in providing access to dental care. As a soon to be RDH, I will have received four years of education and specialized training in the field of dental hygiene, performed more than 600 hours of clinical experience, meet all of my clinical requirements as required by the Board of Dentistry, worked with patients of all ages and oral conditions and passed the National Board of Dental Hygiene along with the clinical exam. That being said, I feel that I am more than confident and capable of providing the

previously mentioned services with remote supervision. Remote supervision and an expanded scope of practice would allow dental hygienists all over Virginia to provide care to populations that otherwise do not have access to care such as rural areas, areas with shortages of dentists, nursing homes, hospitals and schools. If RDH's could practice in more settings we would be able to reach a larger amount of people; thus be able to reduce current disease and prevent future disease. Dental cavities and periodontal disease are among the most chronic diseases in the United States and can be prevented through education and increased access to care. When RDH's provide therapeutic dental care we are reducing the prevalence of cavities, periodontal disease, emergency room visits, premature term babies and even oral cancer. Many of the communities that RDH's cannot reach such as the elderly, young children or underprivileged are at high risk for oral disease and need oral care the most. If access to care was increased, RDH's could not only decrease disease in the mouth but also decrease systemic disease as well. That is because disease of the mouth is related to bodily disease such as cancer, heart disease, diabetes and premature babies. Please consider the numerous oral and systemic diseases that can be prevented by dental hygienists with an increase in access to care. If you have further questions, please email me at habre001@odu.edu.

Respectfully,
Heather Abrego

Dear Mr. Crow,

In reference to the Draft, I Danielle Newton, a senior in the Old Dominion University Dental Hygiene program supports the Board of Health Professionals policy options 3 and 4 to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians'.

As a future Registered Dental Hygienist I should be allowed to initiate care outside of a dental setting. Being able to educate as well as initiate care outside of a dental setting would allow more individuals to receive preventative care which in return reduce the number of people visiting the emergency rooms for a toothache or dental related problems. As an RDH I should have the choice to be able to provide care to Medicaid patients even if the dentist does not want to offer Medicaid patients care. No matter the type of insurance one may have everyone deserves care. I also think as an RDH I should be able to provide or initiate care in other medical offices such as Endocrine, Oncology, and Cardiovascular offices to name a few. There are many correlations between the oral cavity and systemic conditions. Allowing an RDH in those types of office to provide care would allow many patients to be proactive with their oral care and prevent them from losing teeth in the future, radiation caries, mucositis and prevent any unnecessary pain they may experience. Also, allowing an RDH to provide care without the dentist being on the premise is a change that definitely needs to take place. I am educated and capable of doing my job with or without a dentist on the property as well as initiating care without the dentist seeing the patient before me. I also think we should be able to diagnosis a patient with caries or periodontal disease. I have the education and capabilities to differentiate between carious and non-carious lesions and the knowledge to establish the periodontal classification with the capabilities to diagnosis the patient with periodontal disease. These types of changes are necessary and crucial not only for Dental Hygiene as a profession, but for the people of Virginia to receive they care they deserve.

Respectfully,

Danielle Newton

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

On behalf of Old Dominion University and the Dental Hygiene Program, I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope or Practice*.

I would like to re-iterate the request from the Virginia Dental Hygienists' Association (VDHA), that we support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4.

As a licensed and practicing dental hygienist in the state of Virginia, I am very concerned with the access to care, specifically oral health care. Oral health care is a National issue, especially in underserved communities. Underserved communities have statistically had some of the highest risks for dental disease. As hygienists, we are facilitators of education and licensed to provide oral disease management. In many states around the United States, there is an oversaturation of dental hygienists. If hygienists were able to collaborate with dentists via "tele-dentistry" then many rural communities that may not have regular access to care, would then be able to be partnered up to a licensed hygienist and a mobile dental unit. Hygienists could then provide education and care within their scope of practice, while still collaborating and receiving instructions from a licensed dentist. Funding for this type of endeavor would employ many hygienists whose first priority to the public is education and prevention.

The root of the dental hygiene profession is its focus, treatment, and prevention of oral disease. We are clinicians, educators, advocates, administrators, managers, and researchers. Dental hygienists undergo a rigorous degree program and are experts at being co-therapists with dentists. Our primary goal is to better educate the public and provide safe effective treatment to all. We, as licensed healthcare providers are not being utilized to our full capacity, which is ultimately hurting access to care to those that desperately need our services.

Respectfully,

Shannon Keary-Brinton, RDH

February 8, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

My name is Jacqueline John and I am a senior dental hygiene student representing Old Dominion University's Gene W. Hirschfield School of Dental Hygiene. First and foremost, I would like to thank the Board of Health Professions for the opportunity to provide public comment on the draft report, *Dental Hygienist Scope of Practice*.

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

Gaining access to oral health care is a national issue of increasing concern and Virginia is no exception to the crisis. The current scope of practice regulations in Virginia places tremendous restrictions on dental hygienists. As oral health care providers, we endure and successfully complete numerous examinations and complete hundreds of hours of patient clinical care with a diverse population of patients prior to getting licensed. We are highly skilled in radiographic technique and interpretation, scaling and root debridement, periodontal maintenance, nutritional counseling, local anesthesia, nitrous oxide sedation, and oral health patient education. Dental hygienist's are oral disease prevention and oral health promotion specialists whom strive to bridge the gap in patient education between oral health and its strong correlation with systemic health. We are limited in our ability to provide the highest standard of care that we are capable of implementing; due to the legal regulations that blockade us from reaching out to the underserved and underinsured populations. This population of individuals needs our help the most and, although we are capable to provide the therapy needed, we are legally bound to general and direct supervision guidelines. It is extremely upsetting and frustrating as a soon-to-be licensed registered dental hygienist that the laws regarding scope of practice are the way they are currently. Along with becoming a health care provider comes an empathetic appreciation for those we provide care to and, when I take a step back to observe the populations being neglected it makes me question where the morals and ethical concerns for this population lie. We have the educational and practical capabilities to save and prevent these people from experiencing oral disease burdens. We truly could make all of the difference in the overall health care costs annually by providing this care that we are so equipped to handle.

Due to the abundance of dental hygienists available to provide care, the revision for remote supervision would offer an effective alternative to deliver care to these people. As

a representative from Old Dominion University, I support the expansion of this program to include utilizing licensed dental hygienist's in safety net facilities across Virginia. By doing so we will thoroughly utilize the educational capabilities of our Registered Dental Hygienists while meeting the needs of the underserved populations.

Respectfully,

Jacqueline T. John
Senior Dental Hygiene Student
Old Dominion University
jjohn216@odu.edu

February 6, 2015

Dear Mr. Crow,

My name is Haley Bobadilla, and I am a senior Dental Hygiene student at Old Dominion University. As I prepare myself to enter the working field of dentistry, I would like to acknowledge the issues of the scope of practice for dental hygienists.

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians'.

Dental hygienists should be utilized as mid-level providers through a remote supervision model in order to reach other facilities outside of a traditional dental office setting. This may include nursing home/assisted living facilities, community health clinics, and other health agencies to reach those in need. Through Old Dominion University's Dental Hygiene Program, we learn how to educate and provide for the needs of others in these settings on our own. We also put into practice what we learn about specific populations and how to cater to each one's needs. For instance, we understand what to teach geriatric patients about denture care, nutritional needs, and also what lesions to identify as suspicious. Dental hygienists are also educated and licensed to provide preventative services, in addition to education, thus it will utilize Registered Dental Hygienists to their full capacity. Therefore, hygienists can better meet access care issues and needs of underserved communities if they are permitted to apply all of their acquired skills.

The Virginia Department of Health has already documented improved oral care outcomes while using the remote supervision model for dental hygienists. Under this model, hygienists will be able to further outreach their services without the limitation of a dentist's direct supervision. This should be no concern to the patient, as hygienists are well educated in potential medical complications that prevent treatment and how to cater to patients with specific medical conditions. Hygienists are also able to identify suspicious intraoral and extraoral findings, as well as various restorations and suspicious caries. Dentists also seek for a hygienist's evaluation of periodontal disease and oral health status classifications. Remote supervision greatly demonstrates how dependent dentists are to their hygienists and also how they trust hygienists' capabilities and judgments.

Neglecting to expand the dental hygienist's scope of practice, practice settings, and supervision requirements limits the public's access to the oral health care they need. Therefore, not utilizing all of the dental hygienist's skills would contribute to increased health risk in the public.

Sincerely,
Haley Bobadilla



February 8, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

On behalf of Old Dominion University dental hygiene students, we would like to thank the Board of Health Professions for the genuinely engaging opportunity to provide significant contribution to comment on the draft report, *Dental Hygienist Scope of Practice*. We support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4.

According to the Centers for Disease Control, most oral health problems are preventable with proper fluoridation, prophylactic cleaning, and treatments such as the application of dental sealants. Additionally, oral infections and periodontal disease have been linked to other health problems including diabetes and heart disease. Despite this, more than a quarter of US children age 2 to 5 suffer from tooth decay. To address prevention of these oral health problems, we must actively engage the dental hygienist in this process, as dental hygienists are expert in oral disease management and prevention. However, dental hygienists in Virginia have restrictive scope of practice that stand as huge obstacle to access preventive dental services and reach underserved population. To overcome this obstacle, experienced dental hygienist should practice independently to fully utilize dental hygienist role toward oral health.

Bachelors and masters of dental hygiene programs do not offer expanded clinical practice opportunities. Rather they provide dental hygienists with the knowledge and skills needed to fill education, research, public health, business and related administrative roles. Anecdotally, if the expansion of dental hygiene education provides broadening of the scope of dental hygiene practice, access to oral care will improve by allowing the

hygienist to practice in nursing home/assisted living facilities, community health clinics, institutions, home health agencies and any other health facilities than a non-traditional dental office setting. As over 92 percent worked primarily in dental solo or group practices in 2013. Besides, it will help to accommodate the shortage in dental hygienists by attracting more students to this profession. The Virginia Dental Hygienists' Association supports the broadening of the scope of dental hygiene practice by actively pursuing legislative avenues. Soliciting the cooperation of other health organizations and governmental agencies to affect positive change in the statutes of the Commonwealth of Virginia, which govern the practice of dental hygiene and in the Rules and Regulations of the Virginia Board of Dentistry for the practice of dental hygiene, is also pursued. At the end, if the dentist and the hygienist cooperate to improve and maintain oral health without restrictions, all Virginians will receive optimal dental services and prevent most oral problems.

Sincerely,

Futun Alkhalifah

Graduate Student Dental Hygienist

Old Dominion University

falkh003@odu.edu

Dear Mr. Crow,

My name is Ashley Berry, and I am a senior Dental Hygiene student at Old Dominion University. I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

As the draft report states, most likely due to regulatory supervision restrictions, over 92% of dental hygienists work primarily in solo or group practices. Knowing that dental hygienists are educated and licensed to provide oral disease management and educational/preventive services, utilizing Registered Dental Hygienists to their full capacity will better meet access to care issues and the needs of our underserved communities.

In 2009, the General Assembly enacted legislation that reduces dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas. The program has documented success and below is direct language from the October 2014 VDH Technical Report on “Remote Supervision Hygienists”:

- “As this and previous reports indicate, the remote supervision model offers an effective alternative method of delivery for safety net dental program services with increased access for underserved populations.”
- “This effort has improved access to preventive dental services for those at highest risk of dental disease, as well as reducing barriers and costs for dental care for low-income individuals.”
- “This expanded access model for preventive services presents a potential opportunity to have impact on the oral health of more Virginians than has been possible with other comprehensive clinical models in place in the past.”
- “Across the State, “remote supervision” hygienists are making a significant contribution to the oral health of their communities, not only through direct services but through education, raising awareness of local dental challenges, capturing oral health status data, partnering with providers and linking children to the services they need.”

Dental hygienists should be utilized as mid-level providers and maximizing their usage through expanding the remote supervision model into nursing home/assisted living facilities, community health clinics, institutions, home health agencies and any other health facilities than a non-traditional dental office setting. This could allow Registered Dental Hygienists to reach populations that may not have access to oral health care.

Some of the VDHA policy associated with access to care effort includes:

- R 7-97 PREVENTIVE PROGRAMS

The Virginia Dental Hygienists' Association advocates increased funding for preventive programs designed to provide oral health services to underserved sectors of the population.

- R 6-98 COMMUNITY PROJECTS

The Virginia Dental Hygienists' Association supports community health education programs and multiple approaches to the prevention of oral diseases.

- R 11-10 COMMUNITY PROJECTS

The Virginia Dental Hygienists' Association affirms its support for optimal oral health for all people and is committed to collaborative relationships, partnerships and coalitions that improve access to oral health services.

- R2-93 ROLES AND SETTINGS

The Virginia Dental Hygienists' Association supports the broadening of the scope of dental hygiene practice to meet the health care needs of the public of Virginia. The Virginia Dental Hygienists' Association endorses the implementation of the scope of dental hygiene practice through a variety of settings in which oral health care is delivered. Within these settings a dental hygienist may serve as a clinician, health promoter/educator, consumer advocate, administrator/manager, change agent or researcher. The Virginia Dental Hygienists' Association supports the broadening of the scope of dental hygiene practice by actively pursuing legislative avenues. Soliciting the cooperation of other health organizations and governmental agencies to affect positive change in the statutes of the Commonwealth of Virginia, which govern the practice of dental hygiene and in the Rules and Regulations of the Virginia Board of Dentistry for the practice of dental hygiene, is also pursued.

- R4-04 EXPANDING ACCESS

The Virginia Dental Hygienists' Association supports expanding access to preventive and restorative care within the dental hygiene scope of practice.

I would again like to thank the Board of Health Professions for the opportunity to comment on the draft report, *Dental Hygienist Scope of Practice*. If you have further questions, they can be addressed to aberr009@odu.edu.

Respectfully,

Ashley Berry

February 8, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

Hello, My name is Kelly Sterling. I appreciate you taking the time out to read this letter. I am a current practicing dental hygienist. I am writing you today because *'I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians'*. Due to the current scope of practice for dental hygienist, we are not able to help the underserved population and provide care to them unless under supervision of a dentist. If this restriction was lifted we could reach out to those in need and they would not have to come to us. Dental hygienists should be utilized as mid-level providers and maximizing their usage through expanding the remote supervision model into nursing home/assisted living facilities, community health clinics, institutions, home health agencies and any other health facilities than a non-traditional dental office setting. The Virginia Dental Hygiene Association came up with a great policy for those in need of desperate dental care that can help improve one's quality of life:

- R 13-10 AT-RISK POPULATIONS

A specific individual, group or subgroup that is more likely to be exposed or is more sensitive to a disease or condition than the general population whether it is due to health status, socioeconomic status, ethnicity, or other factors.

- R2-93 ROLES AND SETTINGS

The Virginia Dental Hygienists' Association supports the broadening of the scope of dental hygiene practice to meet the health care needs of the public of Virginia. The Virginia Dental Hygienists' Association endorses the implementation of the scope of dental hygiene practice through a variety of settings in which oral health care is delivered. Within these settings a dental hygienist may serve as a clinician, health promoter/educator, consumer advocate, administrator/manager, change agent or researcher. The Virginia Dental Hygienists' Association supports the broadening of the scope of dental hygiene practice by actively pursuing legislative avenues. Soliciting the cooperation of other health organizations and governmental agencies to affect positive change in the statutes of the Commonwealth of Virginia, which govern the practice of dental hygiene and in the Rules and Regulations of the Virginia Board of Dentistry for the practice of dental hygiene, is also pursued.

- R4-04 EXPANDING ACCESS

The Virginia Dental Hygienists' Association supports expanding access to preventive and restorative care within the dental hygiene scope of practice.

With your help we can make a huge difference in people's lives. Living with dental pain and disease can be crippling to one's health. Let dental hygienist make the effort to change their quality of life. With the shortage of dentist, we need dental hygienist, in the field to give these people education, prevention, and treatment.

Again, I cant thank you enough for taking the time to read the importance of dental hygienist and the benefits they can provide the community. We can make a difference.

Respectfully,

Kelly Sterling, RDH



January 17, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

I would like to begin this letter by saying thank you for providing the opportunity for me to deliver feedback on the current draft report. My name is Brooke Wengler and I am currently a senior dental hygiene student at Old Dominion University. Although my time in the dental hygiene field only began two years ago, I have first hand experiences with several patients and situations which the following policy options advocate for: I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians

Dental emergencies are all too common and preventable. Option 3, with the recommended amendment, dental hygienists would have the opportunity to go out into hospitals, nursing homes, and care facilities to provide the necessary treatment the people living in these institutions need. With generalized supervision dental hygienists are allowed to provide care without the dentist on the premises with informed consent. If we are allowed to initiate care without the dentist present I don't understand why we have to have supervision. As a dental hygienist with a degree I feel as if we are capable to take on a patient and make the decisions for proper means of treatment. Also in VA, dental hygienists are only allowed to deliver local anesthetic to those above the age of 18 years old and with a dentist present. I feel that that law should be altered because if we are capable of administering local while the dentist is in the other room then I don't understand the significant difference. Another topic to address is the public health aspect of dental hygiene. There are many elderly and special needs patients in the population who do not have proper access to dental care. With the inter-professional collaboration of the medical and dental field I feel as if dental hygienist should be able to go out and help these populations. Dental hygienists are educated and licensed to provide oral disease management and educational/preventive services, utilizing Registered Dental Hygienists to their full capacity will better meet access to care issues and the needs of our underserved communities. Laws are restricting the access to patients and with holding healthcare benefits from those who truly could benefit from them.

Respectfully,

Brooke Wengler

ODU Senior Dental Hygiene Student

Therese M. Elias

254-101 Coventry Close, Chesapeake, Virginia 23320

February 9, 2015

Justin Crow, MPA

Virginia Board of Health Professionals

9960 Mayland Drive, Suite 300

Henrico, VA 23233-1463

Dear Mr. Crow,

As a senior dental hygiene student in the Baccalaureate program at the School of Dental Hygiene, Old Dominion University, Norfolk, Virginia, I welcome this opportunity to provide comment regarding the draft report, *Dental Hygienist Scope of Practice*, and thank you for your invitation to comment.

I support VBHP policy options 3 and 4, and the associated supportive evaluating options 5 and 6, with minor recommendations for change. Option 3

ought to be amended to include collaborative care supervision by physicians, and the evaluation process for options 5 and 6 ought to invite the expertise of educators familiar with the dental hygiene degree levels being considered.

I have great confidence in my skills, knowledge, and abilities; the level of training I have received has more than adequately prepared me to provide optimal oral health care, preventive care, disease screening and detection, and patient education. Yet, I have learned that regulatory restrictions severely limit my scope of practice, as a practicing professional, and impede my ability to deliver the very best care, despite my qualifications, and particularly with respect to my ability to reach out to the underserved in my community and to advocate on their behalf.

The restriction to practice only under the direct or general supervision of a dentist *has significant consequences:*

- Many patient populations in need lack access to a dentist or face significant barriers to access.
- Precludes my ability to offer my services, even on a volunteer basis, to nursing homes, schools, hospitals, the homebound, or those residing in underserved or remote areas.
- I cannot participate in health fairs or free clinics unless a dentist also elects to participate.
- Missed opportunities for early detection of disease and oral cancer and to provide prenatal oral health care, reducing the risk for preterm delivery and low birth weight.
- Missed opportunities for patient education, especially children and at-risk patients with diabetes or cardiovascular disease.

I am qualified to take and interpret x-rays, administer local anesthesia, identify oral lesions, and screen for cancer of the head/neck region – *but I am not authorized to call a cavity a cavity!*

- Undermines patient confidence in my knowledge and abilities.
- Diminishes my authority and effectiveness as a patient educator.
- Compromises my role as advocate for my patients.

Thank you for this opportunity to share my concerns, as one of tomorrow's practicing dental hygiene professionals.

Respectfully submitted,

Therese M. Elias

cc: Senator Kenneth C. Alexander

Delegate Jay Leftwich Jr.

February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

On behalf of representing myself as a student at Old Dominion University in the Baccalaureate program, I am writing in reference to the draft report, *Dental Hygienist Scope of Practice*.

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physician. Option 4 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth.

Dental hygienists should be utilized as mid-level providers and maximizing their usage through expanding the remote supervision model into nursing home/assisted living facilities, community health clinics, institutions, home health agencies and any other health facilities than a non-traditional dental office setting. The VDHA supports expansion of this program to include the utilization of licensed dental hygienists' across the Commonwealth in safety net facilities and all other health oriented settings. As the draft report states, most likely due to regulatory supervision restrictions, over 92% of dental hygienist work primarily in solo or group practices. Dental hygienists are educated and licensed to provide oral disease management and educational/preventive services, utilizing Registered Dental Hygienists to their full capacity will better meet access to care issues and the needs of our underserved communities. The Virginia Department of Health has already documented improved oral health care outcomes using the remote supervision model for dental hygienists. Neglecting to expand the dental hygienists' practice settings and supervision requirements limits access to needed oral health care and contributes to increased risk to the general public.

Some of the VDHA policy associated with access to care effort includes:

- R 7-97 PREVENTIVE PROGRAMS

The Virginia Dental Hygienists' Association advocates increased funding for preventive programs designed to provide oral health services to underserved sectors of the population.

- R 6-98 COMMUNITY PROJECTS

The Virginia Dental Hygienists' Association supports community health education programs and multiple approaches to the prevention of oral diseases.

- R 11-10 COMMUNITY PROJECTS

The Virginia Dental Hygienists' Association affirms its support for optimal oral health for all people and is committed to collaborative relationships, partnerships and coalitions that improve access to oral health services.

- R2-93 ROLES AND SETTINGS

The Virginia Dental Hygienists' Association supports the broadening of the scope of dental hygiene practice to meet the health care needs of the public of Virginia. The Virginia Dental Hygienists' Association endorses the implementation of the scope of dental hygiene practice through a variety of settings in which oral health care is delivered. Within these settings a dental hygienist may serve as a clinician, health promoter/educator, consumer advocate, administrator/manager, change agent or researcher. The Virginia Dental Hygienists' Association supports the broadening of the scope of dental hygiene practice by actively pursuing legislative avenues. Soliciting the cooperation of other health organizations and governmental agencies to affect positive change in the statutes of the Commonwealth of Virginia, which govern the practice of dental hygiene and in the Rules and Regulations of the Virginia Board of Dentistry for the practice of dental hygiene, is also pursued.

- R4-04 EXPANDING ACCESS

The Virginia Dental Hygienists' Association supports expanding access to preventive and restorative care within the dental hygiene scope of practice.

- R 13-10 AT-RISK POPULATIONS

A specific individual, group or subgroup that is more likely to be exposed or is more sensitive to a disease or condition than the general population whether it is due to health status, socioeconomic status, ethnicity, or other factors.

If you have any further questions, they can be addressed at ahous008@odu.edu

Respectfully,

Ashley Houser, RDH

February 8, 2015

Tim Wroble, RDH

5746 Colorado Ave NW #307

Washington, Dc, 20011

Mr. Justin Crow, MPA

Virginia Board of Health Professions

9960 Mayland Drive, Suite 300

Henrico, VA 23233-1463

Dear Mr. Crow,

I am a registered dental hygienist and licensed in the District of Columbia, Maryland, and Virginia. I am currently enrolled in the dental hygiene completion program at Old Dominion University. The scope of practice that a dental hygienist can currently practice under is limited. This limitation does not allow a hygienist to perform their duty to those who need it the most. Access to health care hinders one's ability to receive health treatment. By expanding the scope of practice for dental hygienist, the public will be able to obtain more health recourses which will lead to better health outcomes. The health of the oral cavity directly affects ones overall health. I fully support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

In Washington DC, a hygienist has to practice under the supervision of a dentist. Law states that a dentist must be in the facility/building in order for a hygienist to perform clinical skills. This means a dentist can still have their practice open, without them physically being present only if there is another dentist in the same building. The other dentist will "cover" for the absent dentist until the dentist comes back to work. This is not against the law since there is a dentist in the

facility/building. Dental hygienists are not allowed to diagnose treatment pertaining to teeth e.g.: decay, extractions, bridges, implants, but is able to do a dental hygiene diagnosis. If licensed, a dental hygienist can administer anesthetic. When participating in community service events, a dentist has to be on site. If dental hygienists were able to practice without supervision, we would be able to reach more people and limit dental diseases.

Sincerely,

Tim Wroble, RHD

February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

I am a student in the prestigious hygiene school at Old Dominion University. For several years I have worked very hard getting an education and pursuing my career in dental hygiene. I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

Access to oral health care is a national issue and Virginia is no exception. Stakeholders have been meeting to discuss how Virginia tackles improving oral health care and examining how to divert patients from emergency departments and ways providers can practice in settings to access additional patient populations that are not being reached. In 2009, the General Assembly enacted legislation that reduces dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas. The program has documented success and below is direct language from the October 2014 VDH Technical Report on "Remote Supervision Hygienists."

Dental hygienists should be utilized as mid-level providers. This will help maximize their through expanding the remote supervision model in nursing home/ assisted living facilities, community health clinics institutions, home health agencies and any other health facilities than a non-traditional dental office setting. Dental hygienists are educated and licensed to provide oral disease management, and educational and preventative services. The dental hygiene curricula in Virginia prepare the graduates to work to the full capacity in the profession. Because Dental hygienists need supervision from a dentist, hygienists cannot be used for their full potential. There are many limits to dental hygiene practice that also limits the access to oral care. This contributes to increased oral health risk to the general public. Hygienists should be able to work in collaboration with physicians to provide care.

The VDH has already documented improved oral health care outcomes using the remote supervision model for dental hygienists. The VDHA supports expansion of this program to include the utilization of licensed dental hygienists' across the Commonwealth in safety net facilities and all other health oriented settings. Implementing this model will enable dental hygienists to fully utilize their education and training in supporting solutions that improve the quality of life for all Virginians. As the draft report states, most likely due to regulatory supervision restrictions, over 92% of dental hygienist work primarily in solo or group practices. Knowing that dental hygienists are educated and licensed to provide oral disease management and educational/preventive services, utilizing Registered Dental Hygienists to their full capacity will better meet access to care issues and the needs of our underserved communities.

Some of the VDHA policy associated with access to care effort includes:

- **R 7-97 PREVENTIVE PROGRAMS**
The Virginia Dental Hygienists' Association advocates increased funding for preventive

programs designed to provide oral health services to underserved sectors of the population.

- R 6-98 COMMUNITY PROJECTS
The Virginia Dental Hygienists' Association supports community health education programs and multiple approaches to the prevention of oral diseases.
- R 11-10 COMMUNITY PROJECTS
The Virginia Dental Hygienists' Association affirms its support for optimal oral health for all people and is committed to collaborative relationships, partnerships and coalitions that improve access to oral health services.
- R2-93 ROLES AND SETTINGS
The Virginia Dental Hygienists' Association supports the broadening of the scope of dental hygiene practice to meet the health care needs of the public of Virginia. The Virginia Dental Hygienists' Association endorses the implementation of the scope of dental hygiene practice through a variety of settings in which oral health care is delivered. Within these settings a dental hygienist may serve as a clinician, health promoter/educator, consumer advocate, administrator/manager, change agent or researcher. The Virginia Dental Hygienists' Association supports the broadening of the scope of dental hygiene practice by actively pursuing legislative avenues. Soliciting the cooperation of other health organizations and governmental agencies to affect positive change in the statutes of the Commonwealth of Virginia, which govern the practice of dental hygiene and in the Rules and Regulations of the Virginia Board of Dentistry for the practice of dental hygiene, is also pursued.
- R4-04 EXPANDING ACCESS
The Virginia Dental Hygienists' Association supports expanding access to preventive and restorative care within the dental hygiene scope of practice.
- R 13-10 AT-RISK POPULATIONS
A specific individual, group or subgroup that is more likely to be exposed or is more sensitive to a disease or condition than the general population whether it is due to health status, socioeconomic status, ethnicity, or other factors.

The VDHA supports the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, we recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth. As the Board evaluates option 5 and 6, we request the board to include the expertise of educators administering the three degree levels of study in Dental Hygiene: Associate, Baccalaureate and Masters, among the stakeholders in developing protocols for training, experience and educational requirements. The VDHA cautions the DHP using the language "expanded scope of practice" used for option 4 and 5, as this could be misleading if the intent is to address supervision requirements not scope of practice.

Respectfully,

Catherine Elysse Moore

February 6, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Maryland Drive, Suite 300
Henrico, Virginia 23233-1463

Dear Mr. Crow,

My training as a dental hygiene student in the state of Virginia has been incredibly thorough. We have been required to successfully pass courses in anatomy of the head and neck, histology of the head and neck, pharmacology, oral pathology, and have completed many clinical hours where we received extensive training in the ability to recognize the formation (and stages of formation) of dental caries. Despite all of this, in the state of Virginia we can literally look into the mouth of any child or adult, immediately see a gaping hole in a tooth, but are legally restricted from formally diagnosing it as a cavity. We are capable of seeing yeast formation within someone's oral cavity, but we are not legally permitted to prescribe an antibiotic (such as Nystatin) to treat it, or even officially diagnose that it is yeast. We are taught the conditions in which a premedication would be required prior to initiation of dental hygiene treatment, but in the state of Virginia we as hygienists are not legally allowed to dispense that premedication ourselves. We receive the training to recognize whether an individual has a high incidence/risk of caries, but are incapable of providing them with a prescription or high strength fluoride toothpaste ourselves. We are taught the steps and proper guidelines for initiation of care, but in the state of Virginia we are restricted from entering high-need sites such as nursing homes and elementary schools to provide dental hygiene preventative services. If these restrictions that make no sense were to be removed, and we as hygienists were allowed to fully practice all that we have learned and all that we are capable of, the community would be positively impacted; more people would be reached, medical complications impacted by active oral diseases would be decreased, and dentists would have more time to devote to a resultant increase in restorative care and specialty dental work once this previously unreached population has been touched by dental hygienists. It is for all of these reasons that I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

Respectfully,

Cassandra Laubert
Senior Dental Hygiene Student at Old Dominion University

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4.

The restricted scope of practice in the state Virginia that dental hygienist has does not reflect their level of education and skill. I as a senior dental hygiene student at Old Dominion University, graduating in May feel that the restrictions need to be opened up. Once I graduate and receive my license, I can only provide care if there is a dentist on the premise or if a specific prescription for that exact patient has been written by the dentist if he is not able to be at the location that day.

Every dental hygiene student has been through the education and training to know what is best for their patients, especially since they are the ones that assess that individual far longer than a dentist. We are capable of deciding if a patient needs x-rays and what type, if there should be quad scaling, local anesthetic administered, what level of periodontal disease; if any is present, and if the patient needs a fluoride tray. We are even able to refer them to the dentist if suspected cavities are seen clinically or radiographically. We are capable of making decisions that benefits our patients in the best way whether a dentist is there or not.

Since there is a constraint of where I can provide care because of general or direct supervision, those who need care cannot always receive it. For example, those who are in nursing homes, institutions, schools or rural areas are left out of the mix because of money, transportation or the Virginia state law stating that dental hygienists cannot see a patient without general or direct supervision of a dentist. Those people too and deserve the opportunity to be taken care of by a dental hygienist whether a dentist is present or not. The amount of individuals that could be reached if the restrictions were opened would help benefit so many.

As a dental hygienist to be, our number one goal is prevention. If the people who do not have a dental home are not able to be seen because of this, then we have lost the prevention battle and hope that they come in for restorative work, which is highly unlikely.

If a registered dental hygienist were to go into the places of need such as nursing homes, elementary schools, or hospitals the only thing that they are allowed to do without a dentist in attendance is tell someone to, "open up" and then look in their mouth with a tongue depressor. That is insulting. We are so much more educated then that. If something that is suspicious such as a cavity or a lesion is found, in the state of Virginia they are not allowed to refer this patient to seek further evaluation by a doctor simply because a dentist was not there.

To emphasize how outrageous that is, I want to further mention that a head and neck specialist such as a dental hygienist, is not allowed to give fluoride to anyone if a dentist is not there or did not prescribe it. A nurse can though. Nurses are not the profession who has learned about fluoride for years and knows exactly what it can do, yet they are permitted to apply it to people.

Restricted scope of practice is hindering the society as a whole and increasing the amount of disease present. It saddens me that once I have graduated from an accredited school, passed a national board, and a clinical board that what I am qualified of doing is then restricted because of the law, not because of capability.

Hello Mr. Crow,

My name is Kelly Fox and I am currently a student at Old Dominion University attending the School of Dental Hygiene. I will be graduating this upcoming May and I can't wait until I am able to utilize my education and work with the community. As an upcoming graduate from the Old Dominion School of Dental Hygiene I am in support of these policies listed below. The dental hygiene profession is an overlooked health profession and it is time that the respect and recognition is finally appreciated. Oral Health providers (i.e. Dental hygienist) are only utilized for the benefit of the production that is provided within the dental office. Our education is underutilized and we could benefit the overall health of so many other individuals that are in need of our services. Upon graduation from Old Dominion University, I will have spent numerous hours providing education on oral health needs of the community, in areas that are not visited on a daily bases by oral health providers. We spend time with the special needs community, the free dental clinics around the Hampton Roads areas, as well as elementary schools, and nursing homes. We use our evidence based education to treat patients with periodontal disease, detection of oral cancer, the importance of fluoride treatments, local anesthesia, and teach our patients just how important their oral health is to their overall health. It is time that we put the mouth back in the body and realize that a person health begins in the mouth.

In conclusion, I supports the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, we recommend option 3 be amended to include collaborative care supervision by physicians.

Thank you for your time and I hope that you are able to see the overall benefit that an Oral Health provider can do other than generate revenue in a clinical practice setting.

Kelly Fox

ODU School of Dental Hygiene

Class of 2015

Senior Class Representative



February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

On behalf of my colleagues in the Undergraduate Baccalaureate Dental Hygiene Program at Old Dominion University, I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

I want to start off by stating that I strongly support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities in Virginia, I recommend option 3 be amended to include collaborative care supervision by physicians. Dental hygienists are highly educated and exceedingly licensed to provide oral disease management and preventive services. Upon graduation from an accredited program, dental hygienists are truly qualified individuals with extensive knowledge with clinical experiences. Utilizing Registered Dental Hygienists to our full capacity will better help solve access-to-care issues and the meet the needs of our underserved communities.

The Virginia Dental Hygienists' Association (VDHA) supports expansion of this remote-supervision program to include the utilization of licensed dental hygienists' across the Commonwealth in safety net facilities and all other health oriented settings. This collaborative and expanded scope of practice will only benefit all members of the community. Maximizing our scope of practice by expanding the remote supervision model into nursing home/assisted living facilities, community health clinics, institutions, home health agencies and any other health facilities than a non-traditional dental office setting is what we are fighting for. These individuals absolutely need this treatment and we are unable to reach them due to unfair and unjust rules and regulations.

I hope that you will truly consider my passionate opinions toward the scope of practice for my future profession.

Respectfully,

Mei Nagahama

February 8, 2015

Jean Conover, RDH
13 Maple Street, #2
Concord, NH 03301

Mr. Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

I am writing as a distance learning student from Old Dominion University. I am currently a Registered Dental Hygienist in the State of New Hampshire pursuing a Master's Degree to further my professional career. Although laws differ in the state I practice in, I would like to take this the opportunity to provide comment on the draft report, Dental Hygienist Scope of Practice.

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians. The State of Virginia has had tremendous success employing eight Registered Dental Hygienists that have worked under remote supervision, meaning working in a setting where the hygienist is working without being under the supervision of dentists.

Allowing hygienists to work in this type of setting increases access to care, care that patients would likely not receive otherwise. Expanding the scope of practice to legally allow hygienists to work to their capacity for which they are trained benefits everyone. It fully utilizes the skills acquired through our rigorous education requirements while meeting the needs of the underserved populations.

There is an abundant amount of evidence based research available to support the need for good oral health. The relationship between oral and overall health is significant. If hygienists are permitted to increase their scope of work, they could utilize laser dentistry, diagnose and refer out for treatment, as well as work in institutions such as hospitals, mental health facilities, and nursing homes. The impact dental hygienists could have on increasing health within communities where there is much need, but little available is an opportunity that cannot be passed up. Restricting the scope of work limits the ability of our profession to excel at improving health outcomes, a skill we are more than qualified to accomplish.

Sincerely,

Jean Conover, RDH



February 08, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

On behalf of the Old Dominion University Dental Hygiene students, we would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

Access to oral health care is an alarming national issue and unfortunately Virginia is no exception to this issue. Stakeholders have been meeting to discuss how Virginia will take responsibility for improving oral health care as well as examining ways providers can practice in settings that will allow access to additional patient populations that are not being reached. If the Dental hygienist scope of practice is limited by setting strict boundaries that decide whose oral health needs get served and whose do not, then the prevention services wished to be provided becomes restricted. I have worked hard for my education and I take pride in calling myself an oral health care professional. We as dental hygienist offer so much more than just clean teeth. We save lives. Through our education we are qualified and fully capable of performing oral cancer screenings, preventing oral disease in which research has proved can lead to other diseases within the body, preventing tooth decay, treating and educating patients with periodontal disease which can also potentially reduce premature birth for pregnant women and control diabetes. Below you will find some of our supporting comments on the Draft, Scope of Dental Hygiene Practice.

- Dental hygienists are educated and licensed to provide oral disease management and educational/preventive services, utilizing Registered Dental Hygienists to their full capacity will better meet access to care issues and the needs of our underserved communities
- Dental hygienists should be utilized as mid-level providers and maximizing their usage through expanding the remote supervision model into nursing home/assisted living facilities, community health clinics, institutions, home health agencies and any other health facilities than a non-traditional dental office setting
- Dental Hygienist support collaboration with physicians with our patients best interest at heart
- Neglecting to expand the dental hygienists' practice settings and supervision requirements limits access to needed oral health care and contributes to increased risk to the general public

In 2009, the General Assembly enacted legislation that reduces dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas. The program has documented success and below is direct language from the October 2014 VDH Technical Report on "Remote Supervision Hygienists":

- “As this and previous reports indicate, the remote supervision model offers an effective alternative method of delivery for safety net dental program services with increased access for underserved populations.”
- “This effort has improved access to preventive dental services for those at highest risk of dental disease, as well as reducing barriers and costs for dental care for low-income individuals.”
- “This expanded access model for preventive services presents a potential opportunity to have impact on the oral health of more Virginians than has been possible with other comprehensive clinical models in place in the past.”
- “Across the State, “remote supervision” hygienists are making a significant contribution to the oral health of their communities, not only through direct services but through education, raising awareness of local dental challenges, capturing oral health status data, partnering with providers and linking children to the services they need.”

We support the expansion to include the utilization of licensed dental hygienists’ across the Commonwealth in safety net facilities and all other health oriented settings. Implementing this model will enable dental hygienists to fully utilize their education and training in supporting solutions that improve the quality of life for all Virginians. As the draft report states, most likely due to regulatory supervision restrictions, over 92% of dental hygienist work primarily in solo or group practices. Knowing that dental hygienists are educated and licensed to provide oral disease management and educational/preventive services, utilizing Registered Dental Hygienists to their full capacity will better meet access to care issues and the needs of our underserved communities.

Some of the VDHA policy associated with access to care effort includes:

- **R 7-97 PREVENTIVE PROGRAMS**
The Virginia Dental Hygienists’ Association advocates increased funding for preventive programs designed to provide oral health services to underserved sectors of the population.
- **R 6-98 COMMUNITY PROJECTS**
The Virginia Dental Hygienists’ Association supports community health education programs and multiple approaches to the prevention of oral diseases.
- **R 11-10 COMMUNITY PROJECTS**
The Virginia Dental Hygienists’ Association affirms its support for optimal oral health for all people and is committed to collaborative relationships, partnerships and coalitions that improve access to oral health services.
- **R2-93 ROLES AND SETTINGS**
The Virginia Dental Hygienists’ Association supports the broadening of the scope of dental hygiene practice to meet the health care needs of the public of Virginia. The Virginia Dental Hygienists’ Association endorses the implementation of the scope of dental hygiene practice through a variety of settings in which oral health care is delivered. Within these settings a dental hygienist may serve as a clinician, health promoter/educator, consumer advocate, administrator/manager, change agent or researcher. The Virginia Dental Hygienists’ Association supports the broadening of the scope of dental hygiene practice by actively pursuing legislative avenues. Soliciting the cooperation of other health organizations and governmental agencies to affect positive change in the statutes of the Commonwealth of Virginia, which govern the practice of dental hygiene and in the Rules and Regulations of the Virginia Board of Dentistry for the practice of dental hygiene, is also pursued.
- **R4-04 EXPANDING ACCESS**
The Virginia Dental Hygienists’ Association supports expanding access to preventive and restorative care within the dental hygiene scope of practice.
- **R 13-10 AT-RISK POPULATIONS**
A specific individual, group or subgroup that is more likely to be exposed or is more sensitive to a disease or condition than the general population whether it is due to health status, socioeconomic status, ethnicity, or other factors.

The Dental Hygiene students of Old Dominion University support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, we recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth. As the Board evaluates option 5 and 6, we request the board to include the expertise of educators administering the three degree levels of study in Dental Hygiene: Associate, Baccalaureate and Masters, among the stakeholders in developing protocols for training, experience and educational requirements. We also caution the DHP using the language “expanded scope of practice” used for option 4 and 5, as this could be misleading if the intent is to address supervision requirements not scope of practice. If you have further questions, they can be addressed to brams005@odu.edu .

Respectfully,

Brittany Monroe
Old Dominion University Dental Hygiene student
Future BSDH RDH

February 9, 2015

Justin Crow, MPA

Virginia Board of Health Professions

9960 Mayland Drive, Suite 300

Henrico, VA 23233-1463

Dear Mr. Crow,

My name is Ginger Barrow and I am currently a senior dental hygiene student at Old Dominion University. I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

As a student, I have been utilized to help with the underserved populations in projects such as Homeless Connect in Norfolk, Portsmouth Homeless Event at VA Wesleyan College, and with the intellectually/physically impaired in a group home. At these events I am able to do things such as provide oral health education, oral screenings, apply fluoride, and cleanings. It has been a wonderful experience for me to help my community and the need for oral care that I have seen is great. However, it is an unfortunate and upsetting realization for me along with those that I have reached out to that upon graduating I will no longer be able to provide these services under current regulations without a dentist's supervision. I do not mind having a dentist's supervision but I would be restrained due to the low number of dentists to patient ratios and having to rely on another person's willingness to address a need that I am capable of doing. I am very passionate about providing oral health care and have worked very hard to obtain the

education, knowledge, and skills in this field that I now possess. It would be devastating to not be able to apply what I know for all members of the community, especially when there is an opportunity to help those who need it most.

Thank you for your time,

Ginger Barrow

February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

My name is Angela Damergis and I am writing on behalf of Old Dominion University's School of Dental Hygiene in reference to the draft report *Dental Hygienist Scope of Practice*. I believe that access to dental care is a major issue, not only in the state of Virginia, but also on the national level. I would like to thank the Board of Health Professions for the opportunity to provide comment on this draft report.

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

As a senior dental hygiene student, I am capable of assessing patients' needs, providing preventative services, and educating on proper oral hygiene homecare. Unfortunately, I cannot work without the supervision of a dentist unless treatment has already been prescribed. This restrictive scope of practice limits access to care for clients in nursing homes, long-term care facilities, institutionalized clients, special needs patients, patients that are currently hospitalized, pregnant patients, and low-income families.

Our educational background in preparation to take board exams and to become licensed allows us the capability to provide care to all types of patients. By having a restrictive scope of practice, we are limited as to who and what services are provided. Access to care is in dire need of being expanded to low income individuals, those without transportation/limited mobility, those in rural areas, pregnant women, and countless others. Why should we be limited to who we can provide care for when everyone needs care.

While we are currently able to visit sites within the community with the supervision of faculty, we are only allowed to provide oral hygiene education at these sites. Many of the sites we visit include special needs individuals, elderly individuals and those with limited mobility. Some of the individuals that we educate during our oral hygiene lessons have more serious oral needs that cannot be met with oral hygiene education alone. Such dental issues include moderate to severe periodontal disease, missing teeth and suspicious carious lesions. Even though we are capable of providing preventive services, people we meet in the community are not benefited from our services. We are not allowed to provide scaling and root debridement, oral prophylaxis or fluoride treatment unless we are in the school's clinic under

supervision of the dentist. Once I graduate, the same issue will be present unless changes are made to allow for remote supervision for hygienists.

Access to care will be expanded greatly with remote supervision. People in nursing homes, long-term care facilities, schools, hospitals and prisons would benefit from dental hygiene services once remote supervision is approved. Therefore, restricting dental hygienist scope of care is hindering access to dental care by a major portion of our population. By utilizing the remote supervision model, dental hygienists might be able to work in pediatric offices, obstetrics and gynecology offices to work with pregnant mothers, and an endocrinology office to educate diabetic patients on risks associated with their systemic condition. This would decrease costs of emergency room visits from dental abscesses and periodontal conditions. If a diabetic patient with periodontal disease were to receive care from a hygienist within a diabetes center, their disease would be controlled due to proper oral health education and preventive services provided by the oral health professional. Collaborative care supervision by physicians would also be utilized in such situations.

This is why I believe access to care would be expanded greatly once our scope of practice becomes less restricted. With evidence-based research conducted with pilot studies, it has been shown that no harm has come to anyone who received care from a hygienist under remote care. This was already documented by the Virginia Department of Health. I hope in the near future that dental hygienists are utilized as mid-level providers in order to utilize Registered Dental Hygienists to their fullest capacity to better meet access to care obstacles in underserved communities.

Sincerely,
Angela Damergis

Old Dominion University
Gene W. Hirschfeld School of Dental Hygiene
Student Dental Hygienist
Class of 2015
Student Chapter of ADHA Secretary



February 9th, 2015

Just Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

My name is Isabel Leitsch, a senior dental hygiene student at Old Dominion University. I would like to thank you for the opportunity to comment on the draft reports, *Dental Hygienist Scope of Practice*.

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

The restrictive scope of dentistry prevents, specifically, dental hygienists from providing the dental care to those in need within our own community. Currently, the law requires a dentist to be present within the facility in order for the dental hygienist to implement dental care on patients. Due to this limitation there is a large portion of the community lacking the care they need. This portion of the community is unable to afford services from a dental office and is forced to attend free clinics or ignore the problem. If a dental hygienist were able to perform services (ex: cleanings and fluoride) on patients, with limited supervision from the dentist, they would be able to work beyond their dental office.

Hospitals, schools, and nursing homes would all benefit from routine dental cleanings and other preventative services. These facilities require the dental hygienist to travel to them and this is difficult due to the lack of a dentist in the building. In general, the need for preventative care is essential to reduce the occurrence of disease in our community. Therefore, with the ability to travel to locations and provide dental care to patients with



limited supervision from the dentist would allow hygienist to expand their care to the entire community.

Overall, our community is in need of oral hygiene instruction, prophylaxis, oral cancer screenings, and fluoride. This isn't possible to provide to the entire community with restricted scope of practice. As a student and an upcoming RDH (register dental hygienist), I feel I have the knowledge and expertise to practice and provide care to patients with limited supervision.

I appreciate you taking the time to read my letter. Thank you.

Respectfully,

Isabel Leitsch

ODU Dental Hygiene Student

Class of 2015

February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

My name is Kelly Lynch, and I am a senior dental hygiene student at Old Dominion University. It is important for me to comment in reference to the draft of the Review of Dental Hygienist Scope of Practice because I am concerned about how my profession could be progressing. I support policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. This is something that needs to be addressed because dental hygienists currently have a restrictive scope of practice in Virginia. With this current state, hygienists cannot legally practice to the full capabilities and knowledge that they possess. Hygienists are required to go through months of vigorous courses that enable them to be highly knowledgeable in all aspects of head and neck health, yet are still not able to work without having a dentist on premises. Restriction needs to be opened so that care can be provided to people who need it outside of supervision of a dentist such as in hospitals, nursing homes or public schools. Only general and direct supervision is allowed in Virginia at this time. This is detrimental to the community because populations are being left out of receiving treatment just because they do not have the access to care. Expanding the scope of hygienists would help the community by opening the access to care.

After graduation from Old Dominion University's School of Dental Hygiene this May and then earning my license, I have the capability to perform many treatment plans, however, I am restricted to treat and educate only in certain measures. This is unfair not

only to dental hygiene graduates themselves, but also to the patients who are being left out of care because they are not within access.

Sincerely,

Kelly Lynch

Old Dominion University Student Dental Hygienist

February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Maryland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

I am a student dental hygienist at Old Dominion University and would like to thank you for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*. I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, we recommend option 3 be amended to include collaborative care supervision by physicians.

As a student in the bachelors program at Old Dominion I have worked with local dentists and registered dental hygienists that have helped me master my clinical skills including radiographs, interpretation of radiographs, scaling and root planning, administration of local anesthesia, application of fluoride varnish, and the administration of local drugs. This vigorous two year program, with the hours we are required to meet and the skills we are required to master qualify us to practice dental hygiene upon graduation, however, only under supervised care. Being able to utilize our skills without the supervision of a dentists would allow hygienists in the state of Virginia to expand the access of care to our communities suffering from oral disease. This supervision hinders us as health care providers to provide services that are safe and effective in order to prevent disease to the people that need it and cannot afford the care or gain the access. Limiting the supervision of our profession would not only prevent oral disease, but improve the overall quality of an individuals life, and our level of education and experience qualifies us for a different scope of practice.

As stated, having an expansion in our scope of practice would allow for more access to care. Specifically, oncology units. As dental hygienists, we work in the mouth and experience a lot of cases. Being able to expand our scope of practice into the hospital settings would allow collaborations with physicians in order to better treat our patients. The adverse oral effects cancer patients may face following radiation treatment varies patient to patient and requires a specialist to tackle those problems. Dental professionals possess a great deal of knowledge in head and neck anatomy and their skills can help play an integral part in the medical community.

Some of the VDHA policy associated with access to care effort includes:

- **R 7-97 PREVENTIVE PROGRAMS**
The Virginia Dental Hygienists' Association advocates increased funding for preventive programs designed to provide oral health services to underserved sectors of the population.
- **R 6-98 COMMUNITY PROJECTS**
The Virginia Dental Hygienists' Association supports community health education programs and multiple approaches to the prevention of oral diseases.
- **R 11-10 COMMUNITY PROJECTS**
The Virginia Dental Hygienists' Association affirms its support for optimal oral health for all people and is committed to collaborative relationships, partnerships and coalitions that improve access to oral health services.
- **R2-93 ROLES AND SETTINGS**

The Virginia Dental Hygienists' Association supports the broadening of the scope of dental hygiene practice to meet the health care needs of the public of Virginia. The Virginia Dental Hygienists' Association endorses the implementation of the scope of dental hygiene practice through a variety of settings in which oral health care is delivered. Within these settings a dental hygienist may serve as a clinician, health promoter/educator, consumer advocate, administrator/manager, change agent or researcher. The Virginia Dental Hygienists' Association supports the broadening of the scope of dental hygiene practice by actively pursuing legislative avenues. Soliciting the cooperation of other health organizations and governmental agencies to affect positive change in the statutes of the Commonwealth of Virginia, which govern the practice of dental hygiene and in the Rules and Regulations of the Virginia Board of Dentistry for the practice of dental hygiene, is also pursued.

- R4-04 EXPANDING ACCESS

The Virginia Dental Hygienists' Association supports expanding access to preventive and restorative care within the dental hygiene scope of practice.

- R 13-10 AT-RISK POPULATIONS

A specific individual, group or subgroup that is more likely to be exposed or is more sensitive to a disease or condition than the general population whether it is due to health status, socioeconomic status, ethnicity, or other factors.

Respectfully,

Jamie Hughes
Virginia Tech- BA
ODU Student Dental Hygienist
jhugh040@odu.edu



February 9, 2015
Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

I would like to start by giving thanks for reading this comment and to ODU and the VDHA for bringing forth this opportunity to write on the Dental Hygienist Scope of Practice draft. My current occupation is a student dental hygienist at the Gene W. Hirschfeld School of Dental Hygiene at Old Dominion University and I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians. I also support option 2 while I am only at the beginning of my path to a career in the field of dentistry; I only hope to succeed at my highest potential. When I become an RDH, as a professional I would like to provide my services to those in need and shift the medical paradigm to one of prevention. Within the profession is meticulous but the outward mission is simple, provide oral health instruction and improve quality of life. A proud monarch at ODU, I embrace my learning experiences and support their commitment to learning excellence. I know I am prepared to make a difference in community that has shaped me into the young woman I am today and maybe even the world.

Thank You,

Lyndsy Reidl

Member of the Student Dental Hygienist Association

Comment on Dental Hygiene Scope of Practice

February 9, 2015

Dear Mr. Crow,

My name is Casey King, and I am currently a senior at Old Dominion University and will be graduating in May with a bachelors in Dental Hygiene. I am writing to you to express my concern on how restrictive the scope of practice is for dental hygienists. My passion for oral health can not only be used within a private practice but I feel as I have had the proper education and training through a vigorous two year program to go above and beyond and help those that are underprivileged and in need of oral health care. First, I wanted to say that I support the Board of Health Professionals policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians'. As of right now under law we are only allowed to practice directly under the dentist and there are not enough dentists to provide care in non-traditional office settings such as nursing home/assisted living facilities, community health clinics, institutions, home health agencies and prisons. Due to the shortage of dentists in these underserved populations, these people are not receiving the oral health care they deserve and which we can provide. The curriculum in Virginia and across the nations, prepares us to work to the full capacity of the profession by providing an oral cancer screening, extra-oral and intra-oral exam, application of fluoride varnish, taking and interpreting radiographs, scaling and root planning, and administration of local anesthesia. If our scope of practice was less restrictive and worked with the collaboration with physicians and practice without the direct supervision of a dentist we could contribute to a reduced number of emergency department visits. In areas where there is no dental care, those unable to travel or afford dental care are forced to go directly to the emergency room for tooth or jaw pain and that can lead to an increase in state money. Education is one of our main roles as a dental hygienist, with proper education we can help prevent and reduce oral disease along with related systemic diseases. We recently had the opportunity to attend Rally Day in Richmond, Virginia to educate the delegates and legislators about our impact on disease prevention. Many under-privileged women who are pregnant are not receiving proper oral health care and without that it leads to periodontal disease which increases the mothers chances to deliver a preterm birth baby. Neglecting to expand the dental hygienists' practice settings and supervision requirements limits access to needed oral health care and contributes to increased risk to the general public.

Respectfully,

Casey King
Virginia Tech-BA
ODU Student Dental Hygienist
cking027@odu.edu

February 09, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

My name is Rachel Stanbrook. I am writing to you as a student dental hygienist at Old Dominion University. I am in my senior year of hygiene school. I am a member of ADHA (American Dental Hygiene Association) and I support VDHA. I intend to remain an active member of my association upon graduation to have a voice to what is happening in my profession.

I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*. The dental hygiene curricula in Virginia and across the nation, prepares graduates to work to the full capacity of the profession. As a practicing dental hygienist in Virginia there are many restrictions in the scope of practice. The main restriction placed on hygienists is the law stating hygienists must work under indirect supervision of a dentist. This means that a dental hygienist cannot initiate care to a patient. Basically the dentist must see the patient first and write a prescription for treatment before the dental hygienist can begin treatment on a patient. In a community setting, the hygienist can give oral education however, they cannot do more than just look in the mouth with a mirror and/or tongue depressor. However, in my curriculum at Old Dominion University, I am taught to assess the needs of patients and provide specific treatments based on the patient need. Dental hygienists are educated and licensed to provide oral disease management and educational and preventive services. Harnessing Registered Dental Hygienists full capacity will help to better meet access to care issues and the needs of our underserved communities. In 2009, the General Assembly enacted legislation that reduces dentist supervision obligations for dental hygienists employed by the Virginia Department of Health (VDH) in dentally underserved areas. The program has documented success and is a solid starting point to where we as hygienists want to move forward too in the future.

The VDHA supports the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, we recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth. As the Board evaluates option 5 and 6, we request the board to include the expertise of educators administering the three degree levels of study in Dental Hygiene: Associate, Baccalaureate and Masters, among the stakeholders in developing protocols for training, experience and educational requirements. The VDHA cautions the DHP using the language "expanded scope of practice" used for option 4 and 5, as this could be misleading if the intent is to address supervision requirements not scope of practice. If you have further questions, they can be addressed to president@vdha.net.

Respectfully,
Rachel Stanbrook

Dental Hygienist Scope of Practice

Dear Mr. Justin Crow,

My name is Chealsi Skinner. I am a senior dental hygiene student at Old Dominion University and an active member of the VDHA. I am contacting you in support of policy options 3 and 4 supported by options 5 and 6 with in the *Review of Dental Hygienist Scope of Practice*.

The Restrictive scope of practice in Virginia permits hygienist to practice under the general supervision of dentists. Hygienists are not allowed to initiate care in the state of Virginia. After graduating a baccalaureate level program at ODU, I feel I am capable of initiating care by performing medical histories, oral exams, periodontal assessments, x-rays, scale and root debridement, local anesthesia, and sealants with out the supervision of a dentist. My hope is in the future, hygienists will be lawfully allowed to practice under remote supervision. Remote supervision will open the door for the underserved population who are often hindered by finances, transportation, institutionalization and overall access to care. These patients would greatly benefit from the practice of remote supervision in which preventative specialist could provide care. Initiation of care by hygienists would greatly improve the health of the public: ER visits would be diminished, oral cancer survival rates would improve due to early detection, systemic disease would be better controlled with preventative services, lives would be saved and quality of life would be drastically improved. We are professionals who are trained, qualified, tested and educated to provide care and do not need the presence of a dentist to competently provide it. Hygienists are not interested in taking from the traditional private practice model, we are interested in providing care to the people who need it.

Respectfully,

Chealsi Skinner

February 9, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Maryland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

I'm a senior student of Old Dominion University and I want to thank you for the opportunity to comment on the draft report of *Dental Hygienist Scope of Practice*. I feel very blessed to be a part of the ODU dental hygiene program. In the past two years I have learned so much about dentistry. Since I'm graduating in a few months, I look forward to the opportunity to practice what I've learned over the past two years. Unfortunately, the responsibilities that fall under me in my program will no longer exist once I reach out into the real world in the state of Virginia. Responsibilities, such as radiograph interpretations or diagnosis of any kind are taken away from the dental hygienists. Due to the policies and regulations, dental hygienists have to face many barriers that prevent them from reaching their fullest potential. Similar to dental students, dental hygiene students are required to achieve certain standards and requirements set by the accreditation. These boundaries help students to fully understand the subject at hand by meeting the standard. Regardless of the standards met by dental hygienists, their responsibilities are repressed due to the politics that occurs behind the scenes. I am deeply thankful for the changes that occurred over the past years, such as allowing dental hygienists to provide local anesthesia. I believe that there are more areas that can be explored to allow dental hygienists to have additional expanded responsibilities.

After I graduate from Old Dominion University, I want to focus on public health. There are so many people in need of dental care. I feel guilty working in a traditional dental office environment. As seen in the DAD (Dental Access Day) and MOM (Mission of Mercy), many people have severely decayed teeth where their only option is to remove the tooth. Unfortunately, most people who have limited funds and dental insurances cannot afford the preventative care in traditional dental offices. Therefore, I strongly encourage expanding the remote supervision model found in nursing homes, assisting living facilities, community health clinics, institutions, and home health agencies. This non-tradition dental office setting is the key to reaching out to the people who are in need of dental care. They have the right to have access to preventative dental care. Due to regulations and barriers placed on dental hygienists, we cannot reach out to these people without supervision. Dental hygienists in Virginia are educated and licensed individuals who are fully capability of providing preventative care without close supervision. I believe that dental hygienists should have the ability to expand and reach out to underserved communities. Statistics documented by the Virginia Department of Health show signs of improvement in oral health care by using the remote supervision model for dental

hygienists. The remote Supervision model for dental hygienists works. Dental hygienists are fully capable individuals who do not require direct supervision. Expanding responsibilities for dental hygienists is the next step for the underserved communities to receive oral health care. It also allows dental hygienists to reach their fullest potential.

I support the Board of Health professions policy options 3 and 4. I'm requesting that you please evaluate options 5 and 6 in support of options 3 and 4. Dental hygiene programs required two years of hard work and passing the board exams to become a licensed dental hygienist. Nothing is handed to the student. Dental hygienists or dental hygiene students deserve more respect, trust, and responsibilities. There are many passionate individuals, such as myself, who want to offer more to the community. The acceptance of option 3 and 4 can make a difference in the health of the community.

Respectfully,

Sherri Frank

Old Dominion University Dental Hygiene Student

February 9, 2015

Jim Crow, MPA

Virginia Board of Health Professions

9960 Maryland Drive, Suite 300

Henrico, VA 23233-1463

Dear Mr. Crow,

My name is Monica Padua and I am a senior dental hygiene student from Old Dominion University. I am writing on behalf of Old Dominion University's School of Dental Hygiene in reference to the draft report, *Dental Hygienist Scope of Practice*. I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report.

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

As a senior dental hygiene student at Old Dominion University, we are given opportunities to reach out to our community and provide educational/preventative services for patients seeking oral hygiene care. We are able to provide care, under supervision, as well as educate proper oral hygiene care to those who are greatly in need and do not have insurance or the means to obtain the proper care they need. With this capability, it is unfortunate that once we graduate from the program we are not permitted to provide the same care for those who are greatly in need without the supervision of a dentist or a prescription prescribed by the dentist. The restrictive scope of practice for dental hygiene has not only limited the access for low income families, elderly residing in nursing homes as well as long-term care facilities, special needs individuals, and pregnant women but also to the trained registered dental hygienists providing care. With the education we receive and the hands on experience we encounter, we are more than capable to provide a range of care for a variety of patients, depending on the severity of their oral health

needs. Educated dental hygienists are licensed professionals who are capable of providing oral disease management, educational, as well as preventative services. Registered dental hygienist should not be restricted in their abilities and should be able to provide proper care to their fullest capacity, which will better meet access to care issues and the needs of our underserved population.

Many underserved population exist in our community today and they continue to grow. In the program, outside of our clinical settings supervised by a dentist, we are fortunate enough to help educate them on proper oral health care, with the supervision of a faculty. However, providing oral hygiene education alone will not fully help the oral health status of these underserved populations. If remote supervision for hygienists were allowed, access to care would expand greatly. Nursing homes, long-term care facilities, a range of grade schools, hospitals, and prisons would benefit from the services provided by registered dental hygienist under remote supervision. Allowing remote supervision could also expand the hygienist's field work and allow RDH's to collaborate with other professions, such as physicians, pediatricians, gynecologists, and endocrinologists. Collaborating with other health care professionals could decrease the cost of emergency visits for periodontal conditions and abscesses as well as properly treat those individuals seeking immediate care.

Access to care will significantly improve once the scope of practice for dental hygienists change and become less restrictive. The VDHA is in full support for expansion of the remote supervision program to include the utilization of licensed dental hygienists' across the Commonwealth in safety net facilities and all other health oriented settings. I hope in the near future, I will be able to witness and be part of the change of dental hygienist being referenced as mid-level providers, where they are able to provide care to their fullest capacity to better meet access to care needs in underserved communities.

Respectfully,
Monica Padua

Old Dominion University

Gene W. Hirschfeld School of Dental Hygiene

Student Dental Hygienist

Class of 2015

Ashley Crawford
1256 Etworth lane
Virginia Beach, Virginia
February 9th, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

My name is Ashley Crawford and I am a student dental hygienist at Old Dominion University. I am a senior and will be graduating this May. I am very excited to start practicing in a profession that I love.

On behalf of the Virginia Dental Hygienists' Association (VDHA), we would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

In the listed policies developed by the Board staff, the Virginia Dental Hygienists' Association supports the Board of Health Profession's policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, we recommend option 3 be amended to include collaborative care supervision by physicians.

Improving oral health care and finding ways to deter patients from visiting emergency rooms due to dental related problems are just a few topics worth visiting. The emergency room receives numerous visits a year due to dental pain. In Virginia, as a dental hygienist, we cannot practice dental hygiene without being under the direct or general supervision of a dentist. If these restrictions were to be amended, dental hygienist could reach a wider spectrum of the population. In 2009, the General Assembly enacted legislation that reduces dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas. The program has documented success. Imagine what impact dental hygienist could have on the greater population of Virginia if all registered dental hygienist had the opportunity to practice without dentist oversight.

As a student hygienist, I deeply feel that dental hygienists are more than qualified to make decisions without direct supervision from the dentist. With numerous educational hours under our belts, we were taught the causes, effects, and treatments to many issues that we may face in the community. Because the ratio of dentist to hygienist is off balance, the distribution of care is limited. We can provide a thorough health history using knowledge about medications, allergies, and premedication to fully assess and create an efficient treatment plan for each patient. We can perform cancer screenings to a wide variety of people and save lives earlier on. We can visually and radiographically see cavities. We know what every filling, crown, bridge looks like and how to clean them. We are capable of deciding which instrument to use for each patient and their needs. Once we have evaluated our patient, we put the pieces together like a puzzle and meet the needs of our patients. We can conduct a thorough plan and goals to get them in a healthy state. In Virginia, we have the privilege to administer a numbing anesthetic to help comfort our patients. In school I have successfully administered local anesthesia without direct supervision of a dentist numerous times. The registered dental hygienists that watched me as I injected were just as capable as any dentist. Dental hygienists have been trained to feel and removed tartar efficiently. We are certified to place sealants to prevent cavities, and fluoride to help with sensitivity. Dental hygienists have a long list of talents and duties. Therefore, why limit the amount of people who we can share our knowledge and skills with? Limiting is exactly what the laws are doing as of right now. The population

should not be punished or neglected simply because there are not enough dentist to serve them. There are enough hygienist to spread around, if they did not need to be directly supervised by the dentist. We could go to elementary schools, nursing homes/ assisted living facilities, community health clinics, institutions, home health agencies, cardiologist office, endocrinologist office, and any other non-traditional dental office setting to expand care. These populations are in dire need of dental care since the disease has already spread to the rest of their bodies. As a result, getting the oral cavity in a healthy state could lower future costs of hospitalizations and doctor fees. With all due respect, registered dental hygienist have spent many hours and completed various credentials to become qualified to do these services. Dental hygienists must stay up-to-date within their fields, completing a certain number of credit hours each year. If dental hygienist were allowed to go beyond their restricted scope of practice and beyond the direct supervision of the dentist, we could take steps to help prevent. We could initiate collaboration with other physicians and reach each population. We offer knowledge that many physicians may not have been vastly educated on. By working hand-in-hand with physicians, we can get to the root of the problem as a team. Please take the time to think of all the possibilities and advantages to widening our scope of practice. Think of all the mothers, fathers, grandparents, specials needs, and children who need dental care but do not have access to it. Now think of the minor policy amendments that could improve their lives forever, no more direct supervision!

Respectfully,

Ashley Crawford
Dental Hygienist Student
Old Dominion University

9 February 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow:

My name is Sarah Ragan. I am a senior dental hygiene student at Old Dominion University. The future of my profession is very important to me. As a student and a member of our professional association, I am informed of a current review of the dental hygienists scope of practice. I ask for great consideration in review of this document. As a student member of the American Dental Hygienists Association, I would like you to know that I support options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4.

The reason I support this is because I have seen first hand what underserved populations look like. The people in our communities deserve better access to preventable and treatable disease. There is no reason that individuals should have rampant decay or be losing teeth due to periodontal disease. I know if there was better access to care for these patients' years ago, tooth decay and tooth loss would have been prevented. Many patients come to our clinic with missing teeth due to periodontal involvement that is habitually getting worse because they don't have access to hygienists. I feel that if hygienists were not required to work under the general supervision of the dentists, that hygienists would be able to provide more preventative and educational services. Dental hygienists should be utilized as mid-level providers and allowed to practice under the remote supervision model in nursing home/assisted living facilities, community health clinics, institutions, home health agencies and any other health facilities than a non-traditional dental office setting. Hygienists pride themselves on the ability to treat and educate our patients about oral conditions. I implore you to give our profession a chance to make a real difference in our community.

Sincerely,

Sarah Ragan
Student Hygienist, Old Dominion University

February 9th, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

My name is Laura Kandare and I am a senior dental hygiene student attending Old Dominion University. I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

I was born and raised in Costa Rica, and as an immigrant I am grateful for all the great opportunities that this country has given me, especially being able to improve myself through higher education. From growing up in a developing country, I know there are many people that still experience limited access to basic health services, especially dental care, and Virginia is not the exception. Many remote areas in the Commonwealth would greatly benefit from dental hygienists providing services like oral health education, fluoride applications, sealants, and cleanings. Unfortunately, the restrictive scope of practice in Virginia narrows the opportunities for dental hygienists to provide essential dental care services to underserved groups and/or areas in the population.

Currently, dental hygienists in Virginia can practice under the direct or general supervision of the dentist; and remote supervision is available to a small number of hygienists working for the Virginia Department of Health (only 8 dental hygienists in the entire state). As a student, I find that the restrictive scope of practice defeats the purpose of what I have been

working so hard for: using my education and clinical skill to participate in programs that promote oral health to improve the quality of life of individuals in society.

I believe that equal access to dental care services should be a common goal of oral health care professionals, and that the opportunities to prevent, educate, reduce and treat oral diseases should not be slow down by limitations in the scope of practice of dental hygienists.

Best regards,

Laura Kandare
ODU Student Dental Hygienist
Class of 2015

February 9, 2015

Kayla Basic
1353 43rd St.
Norfolk, VA 23508

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

My name is Kayla Basic, I am currently enrolled in Old Dominion University's Dental Hygiene program. I am also a current member of the ADHA and on behalf of the Virginia Dental Hygienists' Association (VDHA), I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

Dental hygienists are educated and licensed to provide oral disease management and educational/preventive services, utilizing Registered Dental Hygienists to their full capacity will better meet access to care issues and the needs of our underserved communities. Hygienist should be able to provide this care without being overseen by a dentist or any other health care professional. Registered Dental Hygienist go through an intensive curriculum and have passed both a National and State board making them more than qualified as a professional to provide this kind of care to the underserved in the community. Neglecting to expand the dental hygienists' practice settings and supervision requirements limits access to needed oral health care and contributes to increased risk to the general public. Due to limited access to care, dental hygienists are not always able to fulfill the role that they are capable and qualified to do. Hygienists are constantly being overshadowed by a dentist; however, hygienists are more capable and better qualified to successfully provide dental hygiene care to patients. Hygienists take a course and are properly trained to deliver local anesthesia to patients yet in many states hygienists are prevented from doing so, limiting their profession.

In Virginia, dental hygienists are not able to open their own practice or even own a dental building. Other states such as Colorado and California, hygienists are able to practice independently and in California they are able to own the practice. This goes back to limited access to care, if hygienists were to independently work on their own in Virginia, dental hygiene offices would expand across the Commonwealth opening opportunities to provide to the underserved and those in rural areas with low financial status. I would also like to touch on the scope of practice in Virginia's public health. Currently there is only 1% dental hygienist in Community clinics, 0% in Long-term care, and 0% in school systems. In other states such as Massachusetts, experienced dental hygienists are capable of practicing and teaching dental hygiene in schools, nursing

homes and hospitals. As a hygiene student, I am proudly able to work with mentally disable kids in my community only because I am not a registered dental hygienist. Many of these students have very poor hygiene and could benefit from dental hygienist teaching them proper oral hygiene in their school system.

Respectfully,

Kayla Busic
Dental Hygiene Student
Old Dominion University



February 9, 2015

Justin Crow, MPA

Virginia Board of Health Professions

9960 Maryland Drive, Suite 300

Henrico, VA 23233-1463

Dear Mr. Crow,

On behalf of the Virginia Dental Hygienists' Association (VDHA), we would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

In the state of Virginia there are certain laws that make it impossible to provide care to large majority of people. With the laws that are in Virginia, you can only provide care in a private practice setting or with the presence of a dentist /with the prescription from the dentist. It would be beneficial to the public to be able to see a dental hygienist in a setting that is less restricted so that more people can have the opportunity or even ability to seek dental care. It would be helpful to teach these individuals the importance of oral home care and the proper way of completing oral home care to help not only there dental visits go more smooth but for them to have a higher self-esteem. It would be beneficial to lower the restrictions on dental care so that oral cancer screenings can be done to a wider population and more oral cancer deaths can be prevented by detecting them at an earlier stage. Giving hygienist the ability to work outside of the dentist supervision and travel to where they are needed will also help with gaining more money for the practice but also making it so not only Virginia but other state will have a better oral health status. It would benefit hygienist to be able to go into the community such as nursing home to be able to supply care to the elder. Teach the elder and their assistants how to brush properly and how to take care of a denture. If we could lower our restrictions it would help to increase the preventive care that we as hygienist and dentist are trying to instill in our patients. Being able to take x-rays on patients to catch caries at an early stage would be very beneficial to citizens. Only thing that is able to be done currently is to educate a patient, to open and look but that is it. While you are able to look you cannot say if you see anything nor can you give a referral.

The VDHA supports the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, we recommend option 3 be amended to include collaborative care supervision by physicians. Option 4 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth. As the Board evaluates option 5 and 6, we request the board to include the expertise of educators administering the three degree levels of study in Dental Hygiene: Associate, Baccalaureate and Masters, among the stakeholders in developing protocols for training, experience and educational requirements. The VDHA cautions the DHP using the language “expanded scope of practice” used for option 4 and 5, as this could be misleading if the intent is to address supervision requirements not scope of practice. If you have further questions, they can be addressed to president@vdha.net.

Respectfully,

Kendalle Weaver

Old Dominion University Dental Hygiene Senior Student

VDHA, ADHA Member

Dear Mr. Crow,

My name is Amanda Maready and I am a senior student at the Old Dominion University School of Dental Hygiene and a member of The Honors College. I would like to thank you for inviting me to comment on the Review of the Dental Hygienist Scope of Practice. This comprehensive document provides a summary of the qualifications that dental hygienists in the state of Virginia possess in order to provide the highest quality patient care. Most importantly though, it addresses how dental hygienists can impact the communities in our commonwealth that have little to no access to care, especially in rural areas. Our profession is currently limited by the outdated model that requires a dental hygienist to have supervision by a dentist in order to practice. Being able to practice independently of a dentist (Option 2) would allow for more people to have access to preventative services such as sealants and fluoride that have been proven to decrease dental decay in both children and adults. The educational qualifications of dental hygienists have come in to question regarding whether or not independent practice is actually an achievable goal. Just like how dentists, gum specialists, and orthodontists go to specialized schools to learn their role in providing oral care, dental hygienists attend schools that maintain the strict CODA standards for accreditation. We can identify areas of decay both clinically and radiographically, administer fluoride, remove calcified buildup, and educate patients on oral disease and how to prevent it.

These skills that we have built during our years of training are needed throughout our state, and I see that need every day in our clinic at Old Dominion. I have patients that drive multiple hours in order to get to our clinic to receive necessary treatments that they cannot access or afford in their hometown. I never realized the magnitude of people with underserved dental needs in Virginia until I started working in our clinic at school. **I want more than anything to continue to help the people who need the care I can provide, yet right now *the law is all that prohibits me from reaching them.*** I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

Thank you so much for taking the time to read my letter, I hope that the Virginia Board of Health Professions considers these changes to the law that will provide care to our citizens that need it the most.

Sincerely,

Amanda Maready



February 9, 2015

Justin Crow, MPA

Virginia Board of Health Professions

9960 Mayland Drive, Suite 300

Henrico, VA 23233-1463

Dear Mr. Crow,

My name is Alisyn Olsovsky, I am a dental hygiene student at Old Dominion University as well as a member of the Virginia Dental Hygienists' Association. I would like to take advantage of the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

Dental hygienists are educated and licensed to provide oral disease management and educational/preventive services, utilizing Registered Dental Hygienists to their full capability will better meet access to care issues and the needs of our underserved communities. Preventive services and education in the community can save future hospital costs. It is beneficial to the hospitals and most importantly to the community. Being in school, I had to go through a lot of education including a pharmacology and oral pathology course, so I think myself and other dental hygienists have the ability to practice free from dentists. The community is lacking the care they need. If dental hygienists are willing to come together to help reduce

the risk of carious lesions in teeth (which are so very preventable!), then why not?
Why restrict a branch of a certain health care profession?

Dental hygienists need this restricted scope of practice to be amended. One example is how I would like to go treat occupants of nursing homes. I don't think that a dentist is needed for me personally to go to the site to assist those in need.

In general, education and preventative services are greatly needed in the community. We are willing to provide these services; all we need is an amendment of the draft.

Thank you for taking the time to read this letter. It is greatly appreciated.

Respectfully,

Alisyn Olsovsky



January 08, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

My name is Melanie Katz, and I am a senior dental hygiene student studying at Old Dominion University. Speaking as part of the Virginia Dental Hygienist's Association (VDHA), I would like to personally thank the Board of Health Professions for the opportunity to comment on the draft report, *Dental Hygienist Scope of Practice*, and also to thank you for your time and interest in the matter.

With the increasing needs and limitations of oral health care of the Virginia community, dental hygienists need to be able to exercise the high level of education and knowledge that they have rightly earned to help with the high demand of oral care. As there is a high demand for oral care in Virginia, there are many limitations that dental hygienists encounter, which provide barriers for helping the community.

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

The main area for the restricted Virginia dental hygienists' scope of practice that I would like to focus mostly on is the supervision of the dentist. While I understand the importance of being supervised by the dentist, this is a large step back for hygienists helping those in the community. There is a major shortage in dentists that are present in underserved communities, and the use of other health care physicians as supervisors may be the next step to help those in need of oral care.

If other health care physicians could supervise dental hygienists in Virginia, hygienists could work with nursing homes, hospitals, urgent cares, and other health care facilities, reaching a broader field of the community. This would also put more of the focus on preventing oral emergencies, rather than restoring oral emergencies when they occur. With the high rise in oral emergencies, Virginian hygienists could be the first to make an impact for a decline in these numbers.

Hygienists are highly educated health care providers, and should be able to exercise their knowledge to make a health impact on those who are underprivileged and do not have access to dental care. Dental hygienists are licensed to perform oral cancer screenings, cavity screenings, oral prophylaxes, sealants, fluoride, and many other procedures, which are all preventative services that can aid in the decrease of dental emergencies and increase in oral care for those who not as fortunate to receive dental care. These preventative services can make a large impact in the Virginian community, especially if health physicians, other than dentists, could supervise dental hygienists.

Thank you very much for your time, I look forward to seeing changes in the Virginia dental hygiene scope of practice in regards to hygienists being overseen by various types of health care physicians.

Very Respectfully,

Melanie Katz
Old Dominion University
Dental Hygiene Student

comments on dental hygienists' scope of practice

Mr. Crow,

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians.

As a dental hygiene student at Old Dominion University, we are able to give oral health classes to special needs groups. We reach people who can not afford dental care and identify the needs of those patients to get dental care due to active decay or plaque buildup on teeth.

In our microbiology class, we learned about how bacteria in the mouth could affect the body, systemically. This bacteria present in a patient's mouth can be removed to protect the patient from health risks, like heart attacks.

It is frustrating to know that after graduation, I will not be able to give oral education to people who need it most. These people include the uninsured, senior citizens, and pregnant women. Due to my education, I know that having a dental hygienist in mid-level provider offices would maximize the usage of dental hygienists through expanding the remote supervision model into nursing home/ assisted living facilities, community health clinics, institutions, home health agencies, and any other health facilities than a traditional dental office setting. Having hygienists in these offices would be very beneficial to patients.

The scope of practice for dental hygienists, currently, does not allow for the needs of the community to be met due to the number of dentists available to supervise dental hygienists' care for members of the community in this aspect. The VDHA supports expansion of this program to include the utilization of licensed dental hygienists' across the Commonwealth in safety net facilities and all other health oriented settings. Dental hygienists are educated to do more than they are "allowed" to do according to the regulations set forth. Because of our health education, dental hygienists would be a great asset in collaboration with physicians; which would provide better overall care of patients.

The dental hygiene curricula in Virginia and across the nation, prepares graduates to work to the full capacity of the profession.

Dental hygienists are educated and licensed to provide oral disease management and educational/preventive services, utilizing Registered Dental Hygienists to their full capacity will better meet access to care issues and the needs of our underserved communities.

The Virginia Department of Health has already documented improved oral health care outcomes using the remote supervision model for dental hygienists.

Neglecting to expand the dental hygienists' practice settings and supervision requirements limits access to needed oral health care and contributes to increased risk to the general public.

It is my firm belief that the scope of practice should be expanded to encompass the knowledge and capacity set by the Commission on Dental Accreditation (CODA) standards that many hygienists must go through to become a licensed professional.

Respectfully,

Amber Wood

ODU Dental Hygiene Student

US Navy Veteran

Virginia Department of Health Professions: RDH scope of practice

February 9, 2015

Justin Crow, MPA

Virginia Board of Health Professions

9960 Maryland Drive, Suite 300

Henrico, VA 23233-1463

Dear Mr. Crow,

I would like to thank the Board of Health Professions for the opportunity to comment on the draft report. My name is Pamela Pinkston, I am representing the dental hygiene profession as a student from Old Dominion University. In reference to the draft I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, we recommend option 3 be amended to include collaborative care supervision by physicians.

An abundance of research has been done to prove that oral health impacts general health. Heart disease, diabetes, and preterm low birthrate are diseases that can be maintained or prevented through routine oral hygiene care. Unfortunately not all citizens have access to oral health providers however, I hope to see this change someday. As a student volunteering in the community, I see the need for treatment in people of all ages several times a week. Every Tuesday from 10am-11am I help a group of 10 senior citizens at a care facility preform daily oral hygiene routines and educate them about their oral cavity. When I look in their mouth I see clumps of plaque, missing teeth, recession, calculus, decay and a huge need for professional care. Brushing a mouth with so much disease is like putting an ace bandage on a broken leg instead of a cast. It is disturbing that I cannot implement proper treatment in underserved populations like these because laws require registered dental hygienist to work under the general supervision of a dentist. The fundamentals to a healthier nation is to get care to people who need it, this can be done by extending the scope of practice for Registered Dental Hygienist (RDH). Review of RDH scope of practice regulations are needed for the safety of others and that is understandable. Remote supervision has been implemented in other states with success therefore, I believe upon reviewing the risk and benefits of expanding the scope of practice for RDH, many will be in favor. Every RDH is required to complete many years of educational requirements, acquire clinical experience, and pass board exams to obtain a license to provide preventative oral hygiene treatment. We are more than capable of providing treatment to underserved communities

with hopes to positively impact not only oral health but overall health on a large scale. One day I would like to see myself working in a medical facility such as an OBGYN office preventing preterm low birth weight deliveries, educating patients, performing oral exams and referring them to dental offices as needed for treatment. This can only be possible if the scope of practice for RDH is broadened so that all of our knowledge and skills can be utilized to the fullest and benefit lives of others. Thank you for your time and support.

Sincerely,

Pamela Pinkston

Invitation to Comment Addressed by a Dental Hygiene Student

February 9th, 2015

Dear Mr. Crow,

On behalf of my upcoming graduating class of dental hygiene students at Old Dominion University in Norfolk Virginia, thank you for having an interest in our thoughts on the draft report regarding Dental Hygienist Scope of Practice.

I believe students can provide rare, insightful input on a topic. With their ambitious drive to learn and fresh perspective, we students may be able to better explain the scope of the dental hygiene practice. I have been studying what a dental hygienist does for a little over a year and a half, and will be graduating this May with a Bachelor's in Dental Hygiene.

This is what I officially support:

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, I recommend option 3 be amended to include collaborative care supervision by physicians'.

However, I can better express my thoughts in my own words. I once read a quote that said dental decay was 100% preventable. How creditable this figure is, I do not know. What I do know, is that I am a prevention specialist. Dental hygiene intervention can prevent not only cavities, but also low birth weight, pre-term babies. A dental prophylaxis can catch oral cancer or help regulate blood pressure and blood glucose levels. If the dental hygienist was used to his or her full potential, the eradication of dental decay could be possible.

As a beginning hygienist, I am confident in my education and capabilities so much so I can provide therapeutic care to rural areas, nursing homes, hospitals, schools, and other non-traditional dental office settings. None of my abilities to treat patients requires direct supervision of a dentist. Furthermore, I understand how to provide safe care being a health care professional.

Expanding the remote supervision model into populations with restricted access of care would utilize the hygienist's scope of practice to its most beneficial way. Hygienists want to help populations that cannot simply get a tooth filled or pay for a full set of dentures. Prevention and education provided by the hygienist can show to be more valuable than restorative dental work (the dentist's specialty).

Thank you for taking the time to read my comment of Dental Hygiene Scope of Practice.

Nicole Lambert

February 8, 2015

Justin Crow, MPA
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Mr. Crow,

I graduated with an associates degree in the applied science of dental hygiene in May 2013 and have been a licensed, practicing dental hygienist ever since. I have worked in private practices focused on adults as well as pediatric dentistry. Increasing access to care and improving children's oral health have become passions of mine. I decided to go back to school to obtain my bachelorettes degree in Dental Hygiene in order to be educationally prepared to provide dental hygiene services in a non-traditional setting. It is my goal to provide preventative and educational services as an oral health specialist (mid-level provider/ dental hygienist) at a school or community based setting.

As a bachelorette student in Old Dominion's online Dental Hygiene degree completion program, it has come to my attention that comments are being accepted in your office concerning dental hygienists' restrictive scope of practice. I would like to offer my opinion. It is **time** that access to affordable oral care in Virginia, Ohio (the state in which I reside), and the entire United States of America becomes the professional standard and not the exception. In order to reach at-risk populations such as pre-school and school-aged children, those in nursing care facilities, and minorities who lack access to dental care; serious changes are being considered for dental professionals.

Through our comprehensive, preventative based, and hands-on education, dental hygienists are professionals willing and ready to provide preventative services to those in need of oral care. Expanding the scope of practice for dental hygienists, to practice without the direct or general supervision of a board certified dentist, will allow us to practice in non-traditional settings such as community centers, schools, or nursing homes, and reach those in desperate need of dental care.

Allowing hygienists to work under remote dental supervision, as the eight oral health specialists in Virginia's Public Health Agency have done, provides care for those in need and poses no threat to public safety as stated in the "Virginia Department of Health Professions Review of Dental Hygienist Scope of Practice" (Virginia Board of Health Professions, 2014, p.26). This document also reports that in states with remote supervision and independent practice laws there have been improvements in oral health indicators as well as increased access to care and results in more people reporting that they have seen a dentist in the last twelve months (Virginia Board of Health Professions, 2014, p.23).

Many Americans are unable to seek oral care in the traditional private-practice setting because they lack insurance and cannot access affordable care. Due to restrictions on hygienists' scope of practice, which limit employment options, 92% of hygienists work in a private practice setting (Virginia Board of Health Professions, 2014, p.12). The broader concern is the underserved population who cannot visit traditional dental practices. They would be better served through a redistribution of hygienists into non-traditional settings as mid-level provider/ dental hygienist.

I am a dental hygienist who prays that legislation will be enacted to decrease restrictions regarding the scope of practice. Dental hygienists will then be able to reach at-risk individuals who lack dental care. It is not my intention to take business away from dentists, but rather to reduce dental disease through prevention and education. In order to improve oral health **for all**, I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. **Please allow dental hygienist, like myself, the ability to practice in a non-traditional setting through remote supervision.** This will enable us to make a difference in the lives of those who would otherwise have no access to dental care. We are ready to make a difference, please allow us the opportunity to do so!

Sincerely,

Susan Nguyen, RDH

Dear Mr. Crow,

In references to the Draft, I Santa Burdette, a senior in the Old Dominion University Dental Hygiene program supports the Board of Health Professionals policy options 3 and 4 to include evaluating options 5 and 6 in support of option 3 and 4. Due to the shortage of dentists in the underserved communities, I would like to recommend option 3 to be amended to include collaborative care supervision by physicians’.

As a future Registered Dental Hygienist, I should be able and allowed to initiate dental care outside of a dental setting. By being able to educate both children and adults outside of a dental setting will help reduce dental disease. This will help individual receive preventative care, and will reduce the dental caries risk and other oral disease to name a few. As a future RDH not being able to go to a school and perform Fluoride treatments or sealant treatments as a preventative care, is not only affecting the children but also not preventing future dental visit for dental decay. I also believe parents should have parent information sessions given by RDH’s to educate them on proper oral care and ways to prevent dental decay and other oral diseases. As a future RDH, I should be able to provide both Medicaid and Medicare patients the oral care that is needed. Another issue is, not all dentist are accepting Medicaid or Medicare and are being refused treatment, I should be able to provide those individuals with the care that they are in need. Also, another example of the limitations of a RDH is that we are not able to perform local anesthesia in some states such as North Carolina, Florida, and Alabama to name a few. As a military spouse, these are some of the possible states we could be stationed and not being able to perform local anesthesia is just a loss of skill I am taught in school. Not only will we be able to aid the dentist in providing local anesthesia to patients, but we are able to provide the patient with confidence and comfort. As RDH we spend the majority of the time with the patients and the patients see very little of a dentist. I also think as a RDH we should be able to diagnose a patient with dental caries and/or periodontal disease. I have been educated and I am capable to differentiate between a carious lesion and a non-carious lesion, also I am able to establish if a patient has periodontal disease. As a RDH we spend the most time with the patient, and if we are able to diagnose these diseases, we are able to educate the patient on ways to prevent the disease from spreading or finding the cause of it. These are a few of the changes that are necessary and crucial not only for Dental Hygienist, but also the people of Virginia and other states in order for them to receive the care they deserve.

Very respectfully,

Santa Burdette

Draft report, Dental Hygienist Scope of Practice

February 9, 2015

Justin Crow, MPA

Virginia Board of Health Professions

9960 Mayland Drive, Suite 300

Henrico, VA 23233-1463

Dear Mr. Crow,

On behalf myself as an undergraduate student of Old Dominion University's Baccalaureate in Dental Hygiene Program, I would like to thank the Board of Health Professions for the opportunity to provide comment on the draft report, *Dental Hygienist Scope of Practice*.

Citizens of our state should not be deprived of oral health care. Many of these citizens currently reside in underserved area which is a detriment to their ability to maintain optimum oral health. Currently, the existing scope of practice which identifies the parameters under which dental hygienist must practice do not allow the means for affectively addressing this need. In 2009, the General Assembly enacted legislation that reduces dentist oversight requirements for dental hygienists employed by the Virginia Department of Health (VDH) in selected dentally underserved areas. The program has documented success and below is direct language from the October 2014 VDH Technical Report on "Remote Supervision Hygienists":

- "As this and previous reports indicate, the remote supervision model offers an effective alternative method of delivery for safety net dental program services with increased access for underserved populations."
- "This effort has improved access to preventive dental services for those at highest risk of dental disease, as well as reducing barriers and costs for dental care for low-income individuals."
- "This expanded access model for preventive services presents a potential opportunity to have impact on the oral health of more Virginians than has been possible with other comprehensive clinical models in place in the past."
- "Across the State, "remote supervision" hygienists are making a significant contribution to the oral health of their communities, not only through direct services but through education, raising awareness of local dental challenges, capturing oral health status data, partnering with providers and linking children to the services they need."

Documented reports of the VDH's use of "Remote Supervision Hygienists" have indicated the positive effect of addressing those who would otherwise go without care. Should this method be enacted on a larger scale state-wide it would provide dental hygienist the ability to reach out to the underserved. Upon reviewing ideas proposed in "the Draft" written by the Virginia Board of Health Professions, I find a few of the ideas beneficial to the modifying of the scope practice for the dental hygienist addressing the underserved while some I do not.

- Dental hygienists should be utilized as mid-level providers and maximizing their usage through expanding the remote supervision model into nursing home/assisted living facilities, community health clinics, institutions, home health agencies and any other health facilities than a non-traditional dental office setting
- The VDHA supports expansion of this program to include the utilization of licensed dental hygienists' across the Commonwealth in safety net facilities and all other health oriented settings
- The VDHA supports the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities, we recommend option 3 be amended to include collaborative care supervision by physicians
- Support collaboration with physicians
- Dental hygienists are educated and licensed to provide oral disease management and educational/preventive services, utilizing Registered Dental Hygienists to their full capacity will better meet access to care issues and the needs of our underserved communities
- The Virginia Department of Health has already documented improved oral health care outcomes using the remote supervision model for dental hygienists
- The dental hygiene curricula in Virginia and across the nation, prepares graduates to work to the full capacity of the profession
- Neglecting to expand the dental hygienists' practice settings and supervision requirements limits access to needed oral health care and contributes to increased risk to the general public

I support the Board of Health Professions policy options 3 and 4, to include evaluating options 5 and 6 in support of options 3 and 4. Due to a shortage of dentists in the underserved communities these options should be considered. Option 4 may be the most advantageous and timely option to address the immediate needs of access to care in the Commonwealth. As the Board evaluates option 5 and 6, I would suggest the board consider including the expertise of

educators administering the three degree levels of study in Dental Hygiene: Associate, Baccalaureate and Masters, among the stakeholders in developing protocols for training, experience and educational requirements.

Respectfully,

Harrison J. Bland, RDH