



California Dental Hygienists' Association
The Voice of Dental Hygiene

2017 Legislative Day Talking Points

***Issue 1:* Dental hygienists comprise an available, educated workforce, which can be better utilized to help address California's healthcare needs.**

- The Dental Hygiene Committee of CA, which regulates the dental hygiene profession, reported that, in December 2016, there were **17,390 Registered Dental Hygienists (RDH)** and **539 RDHs in Alternative Practice (RDHAP)**, actively licensed. Many can only find part-time employment, and are limited by supervision and setting restrictions.
- Hygienists specialize in **preventive oral health care**. Allowing hygienists to work in more settings could better utilize this workforce. (Pediatrician's offices, clinics etc.)
- RDHs earn degrees ranging from **Associates of Science to Masters in Dental Hygiene**. All RDH must complete an intensive 2 year accredited program in dental hygiene and pass the national dental hygiene board exam as well as state clinical exams to be licensed.
- Over many years, education and training for the RDH has significantly increased, resulting in a profession **specialized in preventive oral health treatments**. (*Teaching oral health in schools, hygiene services above and below the gum line, administration of fluoride and placement of locally administered antibiotics*)
- Most RDH preventive dental hygiene treatment is performed under **general supervision**, which means a dentist is not required to be physically present. Care is provided through standing orders and protocols. Only the administration of nitrous oxide, local anesthesia and subgingival curettage require a dentist's direct supervision.
- **RDHAPs** on the other hand, have additional training and education beyond the equivalent of a baccalaureate degree, allowing them to **practice independently, without any supervision**. Since their creation by the Legislature in 1997, **RDHAPs serve California's most vulnerable and underserved populations** living in dental health professional shortage areas, including the elderly. They receive specialized education to treat those who are cognitively and physically disabled.



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***Issue 2:* The public remains largely unaware of the prevalence of periodontal disease, its negative impact on overall health, and the cost benefits of preventive services provided by dental hygienists.**

- **Support Senate Concurrence Resolution #19 (Nguyen)** to proclaim March as **Periodontal Disease Awareness Month**.

- The goal is to increase oral health literacy, thereby reducing the prevalence of this chronic disease.

- Preventing and treating periodontal disease for those with chronic medical illnesses resulted in **better health outcomes, fewer inpatient hospital admissions, and reduced overall healthcare spending by the State**, according to research published in the Journal of Preventive Medicine (2014).

- Untreated periodontal disease significantly correlates with an **increased risk and/or worsening of many serious medical conditions** including cardiovascular disease, diabetes, pregnancy complications, metabolic syndrome, respiratory diseases, rheumatoid arthritis, Alzheimer's, dementia and even some cancers.

- The Center for Disease Control (CDC) estimates that about **46-47% of California adults** over the age of 30 have some form of periodontal disease, with the percentage increasing with age and disproportionately affecting the poor and disadvantaged (2009-12 study). That percentage increases to 70% of Americans for those over 65 years of age, per the Gerontological Society of America (2017).

- **Support Assembly Bill 15 (Maienschein)** which would increase reimbursement rates for the top 11 preventive treatment and oral evaluation services, which should include periodontal disease treatment and maintenance.



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Issue 3: Denti-Cal changed its dental hygiene policies in 2016, and slashed the approval of and reimbursement rates for periodontal disease treatment provided by RDHAPs.

- The new Denti-Cal policies have resulted in **the loss of necessary oral health care for many Californians.**
- RDHAPs are educated and trained **specifically to provide care to special needs patients independently**, often at the bedside.
- Most of these patients have cognitive and/or physical disabilities and cannot go to a dental office to receive care. Most often the patients are homebound or reside in nursing homes.
- The RDHAP patients negatively impacted are **constituents of the legislator.** (RDHAP – share information about your patients)
- **Since July, Denti-Cal is denying over half of all Treatment Authorization Requests (TARs) submitted by RDHAPs.** There does not appear to be a consistent explanation for the denials or approvals.
- This policy is resulting in the **loss of Denti-Cal providers.** Many RDHAPs simply can not afford to remain Denti-Cal providers, because the reimbursement does not cover the costs to provide these services. Several have put their practices on hold.