

Dear Board of Dentistry,

I am writing in support of dental hygienists providing dental care in schools. Frequent preventative services and education by these hygienists help students learn that good oral hygiene is a necessary component to their overall health. It is essential for students to have a solid understanding that dental caries are directly associated with behaviors such as unhealthy eating and poor oral hygiene. Tooth decay in children can lead to many health problems, pain, poor nutrition, and speech difficulty.

Establishing healthy nutritional habits through screenings and education at an early age can lessen their risk factors for chronic diseases such as hypertension, diabetes, and heart disease as adults. Oral health education also highlights the risks of tobacco use and traumatic oral injuries related to sports.

School health programs provide an ideal setting to provide oral health education, prevention, and treatment. Providing health services in school offers the advantages of parents not needing to take time off work, students miss less school, and avoid travel to and from a dental clinic.

These interventions can greatly lessen barriers to care for the underserved population. It also offers the opportunity for early detection of dental concerns. Frequent dental screenings encourage students to think about and discuss the importance of their teeth with age appropriate education. These screenings and education can provide students with a better quality of life. I believe that it is essential that these screenings continue in order to provide the best outcomes.

Sincerely,

Crystal Menick FNP-C

Southern Peigan School Based Health Clinic in Heart Butte, MT



Superintendent
406-293-8811
Business Office
406-293-8812

LIBBY SCHOOL DISTRICT #4

Special Services
406-293-8815
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April 22, 2020

To Whom It May Concern:

I would like to share my support for allowing dental hygienists in the schools to provide care. Our community has had the opportunity of dental care for our students in the schools for the past three school years.

I have enthusiastically invited them to come back to work in our schools. Our schools serve over 1200 students, and many of them come from very low-income families. Currently 56% of our students qualify for free and reduced meals. In our county 72% of children under the age of 18 qualify for SNAP benefits, and many attend our school. Their work has promoted much needed oral health care for our most at-risk children. This has also decreased the amount of time they would have to spend out of school getting the same care.

I have no doubt the benefits a dental hygienist in schools could provide throughout our district and others. These services will not only promote better oral health, but it will be the first time, for many, to have anyone evaluate the status of their oral health. The preventative care that the hygienists provide will help alleviate future health issues.

The quality of the work I witnessed in the hygienists that worked with our students is what ALL of the children and young adults need in our district and throughout the state. When we look at the overall health and education of our students this has proven to be a wonderful preventative service.

If I can be of any assistance, do not hesitate to contact me.

Sincerely,

Craig Barringer, Superintendent



Department of Public Health and Human Services

Director's Office ♦ PO Box 4210 ♦ Helena, MT 59620 ♦ (406) 444-5622 ♦ Fax: (406) 444-1970 ♦ www.dphhs.mt.gov

Steve Bullock, Governor

Sheila Hogan, Director

May 18, 2020

Montana Dental Hygienists' Association
78 Sun River Rd.
Great Falls, MT 59404

Dear Montana Board of Dentistry,

The Montana Department of Public Health and Human Services (DPHHS) supports evidenced based preventive dental care activities for children in Montana communities. Community-based programs offer an opportunity to engage families, increase awareness about dental disease, support preventive activities and make referrals to a dental home. DPHHS recognizes there are challenges for families in establishing a dental home either due to social determinants of health barriers or access to dental providers in some communities.

The lack of access contributes to a higher rate of dental decay experience among Montana children as compared to national estimates. Children in our most rural areas and in schools with a high number of free and reduced meal programs experience the highest disparities.¹ Given the importance of oral health to overall health, DPHHS supports community programs that engage families to reduce barriers to care. A 2015 issue brief by the National Governors Association recognized the potential role of dental hygienists to increase access to preventive dental care in community settings and identified models in other states.²

Increasing access to services such as school-based sealants and routine applications of fluoride varnish, offer an opportunity to utilize evidence-based strategies to reduce the burden of dental disease for Montana families. DPHHS supports Limited Access Permit dental hygienists to address dental needs among high-risk children.

Sincerely,



Sheila Hogan, Director
Montana DPHHS

¹ Montana Department of Public Health and Human Services. Surveillance data in kindergarten and third grade children.

² National Governors Association. (2015). The role of dental hygienists in providing access to oral health care.

To whom it may concern:

I am a nurse and knew little about oral health until I was asked by American Indian community members to help them deal with the oral health crisis facing their children. I had little idea what to expect. It is hard for members of the majority culture or those with access to regular dental care to comprehend what they showed me. The oral health crisis in rural Montana and in Montana's American Indian communities is real. Two-thirds of AI/AN preschoolers have decay experience and 36% have untreated decay. These very young children are referred to dentists 100 miles away because the few local dentists do not feel they have the skills to work with most children younger than five.

I've talked with scores of families about the barriers to oral health care they face. I have heard some describe individual level barriers to seeking dental care such as lack of transportation, money and time off from work. Some spoke about community level issues around poor oral health literacy, provider shortages, and inadequate screening and prevention programs. Families talk about the shame they feel about their mouths and the fear they have that their children will suffer the same fate.

What I have seen is parents who love their kids and want the very best for them. When we went into the preschool classrooms and offered access to regular preventative oral health care, 89% of families signed up to participate. Local dentists have moved mountains to help us make the referrals to pediatric providers. They say they would join us in the classrooms but they do not have the providers, hygienists or assistants to meet the needs in the community. We have created an interprofessional partnership in Indian Country to improve the oral health crisis. It includes Head Start teachers, dentists, dental hygienists, dental assistants, students from several states, parents, one nurse, one local historian and one non-profit mobile dental operation.

One day every Montana community will have enough providers. Until then, we all need to pitch in and help. We must find creative ways to bridge the access gap across Montana and bring proud smiles to the rural children of our state.

Sincerely, Dr. Laura Larsson



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March 2, 2020

Aimee Ameline, D.D.S., President
Montana Board of Dentistry
P.O. Box 200513
Helena, MT 59260
Delivered electronically: DLIBSDDEN@MT.GOV

Dear Dr. Ameline and Members of the Board,

On behalf of the American Dental Hygienists' Association (ADHA), the largest national organization representing the professional interests of dental hygienists across the country, I am writing to share our support for guidelines that would streamline the process for the Board of Dentistry to approve other public health facilities and programs, such as schools, where dental hygienists with a limited access permit may practice.

ADHA works to ensure access to quality oral health care and promote the highest standards of dental hygiene education, licensure, practice and research. Our association advocates for delivery of evidence-based dental hygiene services by licensed dental hygienists in all settings and affirms that dental hygienists are competent to provide dental hygiene services without supervision¹.

ADHA defines direct access as the ability of a dental hygienist to initiate treatment based on their assessment of a patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship.ⁱⁱ Montana's Limited Access Permit meets this definition and allows dental hygienists to provide valuable preventive oral health care to patients throughout the state. With broad guidelines for approving additional settings, Montana's Board of Dentistry could further the reach of dental hygienists by allowing them to practice in more schools. Research from the Pew Charitable Trusts exemplifies why it is so important to improve access to preventive oral health:

- Sealants can reduce the risk of decay in permanent molars by 80 percent in the first two years after application and continue to be effective after more than four years.
- Most low-income children lack sealants and are also the least likely to receive routine dental care.
- 61 percent of low-income 6 to 11-year-olds lacked sealants.
- If all 6.5 million of these children were to receive sealants it would prevent 3.4 million cavities over 4 years.

- The Centers for Disease Control and Prevention, the Association of State and Territorial Dental Directors, the American Association of Public Health Dentistry, and other organizations recommend sealant programs in schools, especially as an optimal location to provide low-income children with preventive care.ⁱⁱⁱ

The policies cited above are further supported by research demonstrating the impact dental hygienists have on access to care and public policy recommendations supporting dental hygienists providing care in direct access settings, including:

- In December 2018, the U.S. Departments of Health and Human Services (HHS), Treasury, and Labor in collaboration with the U.S. Federal Trade Commission (FTC) and White House offices, made policy recommendations on state and federal policies to improve choice and competition in the health care markets. The report says dental hygienists can safely and effectively provide some services offered by dentists, as well as complementary services. It goes on to recommend states should consider changes to their scope-of-practice statutes to allow all healthcare providers to practice to the top of their license, utilizing their full skill set. It also recommends that States eliminate requirements for rigid collaborative practice and supervision agreements between dentists and hygienists that are not justified by legitimate health and safety concerns.^{iv}
- The National Governor's Association specifically says, "the rationale that state dental boards most commonly used for restricting hygienists from practicing in unsupervised settings focuses on concerns about quality and safety, even though no clear evidence exists to support such restrictions."^v
- The Oral Health Workforce Research Center concluded in 2016 that "Scopes of practice which allow dental hygienists to provide services to patients in public health settings without burdensome supervision or prescriptive requirements appear to increase access to educational and preventive care."^{vi}

Dental hygienists are skilled and competent oral health professionals. Adopting broad guidelines leading to the ability for dental hygienists to practice in more school settings is an important step to improve oral health access in Montana. If you should have any questions, please do not hesitate to contact Ann Lynch, ADHA Director of Advocacy and Education, at 312-440-8942 or Annl@adha.net.

Sincerely,



Matt Crespin, RDH, MPH
President

Cc: Kelley Oakes, RDH, BSDH, Montana Dental Hygienists' Association President
Amber Reap, RDH, BS, LAP, Montana Dental Hygienists' Association President-Elect
Crystal Spring, RDH, BS, ADHA District X Trustee
Ann Battrell, MSDH, ADHA Chief Executive Officer
Ann Lynch, ADHA Director of Advocacy and Education

ⁱ American Dental Hygienists' Association. (2019). *Policy Manual*. Retrieved from: https://www.adha.org/resources-docs/7614_Policy_Manual.pdf

ⁱⁱ Ibid.

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- ⁱⁱⁱ The Pew Charitable Trusts. (2018). *When Regulations Block Access to Oral Health Care, Children at Risk Suffer*. Retrieved from: https://www.pewtrusts.org/-/media/assets/2018/08/schooldentalsealant_brief_final.pdf
- ^{iv} U.S. Department of Health and Human Services. (2018). *Reforming America's Healthcare System Through Choice and Competition*. Retrieved from: <https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>
- ^v National Governors Association. (2014) *The Role of Dental Hygienists in Providing Access to Oral Health Care*. Retrieved from: <https://www.nga.org/wp-content/uploads/2019/08/1401DentalHealthCare.pdf>
- ^{vi} Oral Health Workforce Research Center. (2016). *Development of a Dental Hygiene Professional Practice Index by State, 2016* [Health Workforce Policy Brief]. Retrieved from http://www.oralhealthworkforce.org/wp-content/uploads/2017/03/SOP_Policy_Brief_2016.pdf.