



**Shannon Sweeney, RDH**  
**Senate Bill 246 Interest Party Testimony with concerns**  
**Senate General Government and Agency Review Committee**  
**February 5, 2020**

Chairman Schuring, Vice Chairman Rulli, Ranking Member O'Brien and members of the committee, my name is Shannon Sweeney and I am President of the Ohio Dental Hygienists' Association (ODHA) and on behalf of the members of ODHA I am writing to express our position on Senate Bill 246. Senate Bill 246 seeks to allow license holders or holders of certification from other states to seek a license or certification here in Ohio, including dentists, dental hygienists, and other auxiliary dental team members.

Our Legislative Committee has reviewed this bill and we have decided to take the position of interested party with concern. If I may, I will drill down to examine our issues with the bill. I will begin with dental hygienists' level of education. Registered Dental Hygienists (RDHs) are the only degreed dental professionals aside from the dentist in the dental office. There are 13 community colleges or universities with dental hygiene programs in Ohio, the Commission on Dental Accreditation (CODA), an arm of the American Dental Association, accredits all programs. A list of schools is added to the end of my testimony.

Hygienists are educated at a national standard, required by CODA, the same body that accredits dental schools, and they are tested through an examination accepted in Ohio and across the nation called ADEX. In fact, 46 of the 50 states, plus the District of Columbia, Puerto Rico, and the U.S. Virgin Islands recognize passage of the American Board of Dental Examiners (ADEX) as the standard to achieve licensure in their states.

Upon completion of the degree and granting of a state license, dental hygienists should be able to practice to the highest level of their training. Currently, Ohio has unnecessary restrictions that hinder our practitioners and actually force them to seek employment in other states. An example is that an RDH must have one year

and a minimum of 1,500 hours of experience to be able to provide care when a dentist is not present (during a dentist's vacation, etc.). It should be noted that in Michigan, just a few miles from one of our best dental hygiene programs, there is no restriction in its practice act of this type and an Ohio graduate, licensed in Michigan can begin to practice with this reduced restriction upon hire. In Michigan, dentists entrust that their licensed hygienists are ready to serve patients without this similar restriction in the dental office on the day of hire.

The goals as outlined by the sponsors and the main proponent organizations is that we want to attract more licensees from other states to come to Ohio. Why would they come here if we have unnecessary obstacles like this in our practice act?

As it relates to the language of the bill, our comfort level was increased as we read the language in proposed ORC 9.79 (Lines 116-298). There are protections added into this section that require a criminal background check to be provided upon application. Division (G) of this section states that if a licensing authority requires an applicant under the law governing the applicable profession, occupation, or occupational activity to submit to a criminal records check to receive a license or government certification, an applicant must submit to the criminal records check to receive a license or government certification under the bill. **We believe that this is fair and a patient protection.**

However, as it relates to criminal activity or a violation of the practice act by a licensee in another state we are concerned in Division (E) with how our regulatory board cannot issue or deny a license until complaints, allegations or investigations of "unprofessional conduct or an alleged crime pending before a court, administrative agency or entity" is "resolved" (line 236) in the other state. We question what does "resolved" mean? Does it mean that the licensee is on probation in that state? They cannot practice there, but Ohio welcomes him or her with open arms because the case was "resolved"? **We would argue that "resolved" needs to be better defined in the bill or that the General Assembly should give the regulatory boards the authority to determine what "resolved" means.**

As I identified above even a neighboring state has a different practice act than Ohio. We were further encouraged to see that in lines 237-243 there is an allowance for the regulatory boards to require the administration and passage of a juris prudence exam of Ohio's dental hygiene laws and rules, similar to what our licensees take. Again, as stated above, hygienists take a licensure examination that is used and recognized in 46 states. If we are going to bring RDHs to Ohio we need to ensure that they are providing proper patient care. There are hygienists

that practice in states like Maine and Colorado that have independent practice and would come here and be shocked to learn they are hindered in their ability to practice or establish a business, but they should know what our practice act holds.

While these protections identified above allowed us to take the position we are taking on the bill, the concern emerges as we read the Chapter 4715 provisions applying to the dental team. In proposed ORC 4715.27 (RDH credentialing):

(2) The board shall issue a license to practice as a dental hygienist in accordance with section 9.79 of the Revised Code to an applicant if either of the following applies:

(a) The applicant holds a license to practice as a dental hygienist in another state.

(b) The applicant has satisfactory work experience, a government certification, or a private certification as described in that section in the practice of a dental hygienist in a state that does not issue that license.

The protections of Section 9.79 are included, but what is also added is the exception to allow someone who has not passed the national, standardized, accredited exam to come to Ohio and practice, relying on inconsistent training and experience. This is a major red flag for us as professionals and we hope that it should for you as patients. Since 46 of the 50 states, including Ohio recognize the ADEX exam, **we suggest the language in ORC 4715.27 be changed to delete (2)(b) and add language in (2)(a) that in addition to maintaining a license a hygienist has also passed the ADEX exam or similar successor examination.**

(2) The board shall issue a license to practice as a dental hygienist in accordance with section 9.79 of the Revised Code to an applicant if either of the following applies:

(a) The applicant holds a license to practice as a dental hygienist in another state **and has passed the american board of dental examiners exam similar successor examination .**

~~(b) The applicant has satisfactory work experience, a government certification, or a private certification as described in that section in the practice of a dental hygienist in a state that does not issue that license.~~

Additionally, in this same section the protections of section 9.79 are not applied to a teacher's certificate. Do we really want an educator of the next generation of dental hygienists in Ohio to not have the highest credentials and be subject to have to take a juris prudence exam themselves and trust that they are properly instructing hygienists on the Ohio dental hygiene practice act?

Additionally, this exception is included in the section dealing with the Oral Health Access Supervision Program (OHASP), where hygienists work with patients outside the dental office without direct supervision of a dentist. We are comfortable with Ohio hygienists practicing in this setting, but again out-of-state practitioners need to understand our laws and be subject to the protections of section 9.79 before practicing in these settings. The 9.79 exception is also applied to volunteer certificates, temporary volunteer certificates and dentists' teledentistry permits. **The committee needs to remove these exceptions for the sake of the health, safety, and welfare of the patient.**

Mr. Chairman and members of the committee we have expressed a lot of thoughts in this testimony, but we are trained in our hygiene schools to be ardent advocates for our patients in terms of the care they receive and the appropriate access to that care. Senate Bill 246 poses opportunities, but they must be met with the proper amount of caution. ODHA appreciates the opportunity to speak to Senate Bill 246. We ask for thoughtful consideration of the suggestions we have made and look forward to working with the committee and the sponsors as this bill advances.

#### **Dental Hygiene Programs in Ohio**

**Columbus State Community College**

**Cuyahoga Community College**

**Lakeland Community College**

**James A. Rhodes State College**

**University of Cincinnati-Blue Ash**

**The Ohio State University**

**Owens State Community College**

**Shawnee State Community College**

**Sinclair Community College**

**Stark State College of Technology**

**Lorain County Community College**

**Youngstown State University**

**Hocking Technical College (The DH clinic is located at the Perry Campus in New Lexington)**