

## Kimberly L. Moore, RDH, BS Ohio Dental Hygienists' Association House Health Committee House Bill 541 Proponent Testimony April 11, 2018

Chairman Huffman, Vice Chairwoman Gavarone, Ranking Member Antonio, and members of the committee, I am Kimberly Moore, President of the Ohio Dental Hygienists' Association and I am providing a proponent statement on behalf of my colleagues to support House Bill 541, sponsored by Representatives Patterson and LaTourette.

The challenge of access to oral health care is real and can have significant impact on total overall health. Total health and oral health are an integrated issue; when your oral health is good chances are your total health is good. If I see a patient with poor oral health, I immediately know that there may be more going on with this patient. We know now that lack of oral health care has an impact on the overall health of Ohioans living in underserved communities. Poor oral health increases the risks associated with diabetes, leads to poor pregnancy outcomes, and can increase the risk of cardiovascular disease. In addition, Ohioans with bad oral health and missing teeth often have difficulty finding employment. There is an economic impact when dental care is not available. Dental problems are among the highest number of expensive and avoidable visits to area hospital emergency rooms. Untreated dental issues lead to lost work hours and missed school days.

We appreciate the goal of House Bill 541 and bringing oral healthcare professionals to our state to provide free care and doing so without seeking their own remuneration. In our profession, many of our members participate in mission trips to other countries to participate in free care programs there. It is eye opening that similar "mission" trips are taking place to Ohio. In a state of plenty, with a robust adult and children's Medicaid dental program, although not without its challenges of low reimbursement rates and administrative burdens, that Ohio citizens must rely on out-of-state practitioners to care for the dental care needs of our own citizens should be disturbing to all of us. Clearly, we have a broken system.

A survey of my members finds that Ohio hygienists are already dealing with issues of underemployment, with some hygienists only able to find part time work when they desire full time employment. Current laws place unnecessary restrictions on hygienists. ODHA, recognizing the current employment issues of its members and looking to the future, has

endorsed a workforce-based solution to better serve the unmet oral health care needs of Ohioans. The solution is the creation of a dental mid-level provider called a dental therapist/dental hygiene therapist that has been embraced by other states. Senators Lehner and Thomas have introduced Senate Bill 98 to address this issue.

While we support House Bill 541 we see one potential deficiency in the bill. The bill allows practitioners from other states to come to Ohio to provide this free and uncompensated care if they are licensed in their home state, but *only* if Ohio has a corresponding practice act for that practitioner. House Bill 541 allows dentists and dental hygienists from other states to come here to provide care as proscribed. What is missing from this upcoming clinic is that trained and licensed dental therapists/dental hygiene therapists from other states would be prevented from coming to Ohio for this and future events because our practice act does not recognize this practitioner. Dental therapy practitioners from Alaska, Minnesota, Maine, Vermont would be prevented from volunteering with a group like the Remote Area Medical (RAM) Volunteer Corps. Soon practitioners from Kansas and Michigan could be added to this list of volunteers prevented from coming to Ohio. If we are in a situation where we need to rely on out-of-state practitioners, why would we refuse any unpaid help to provide free care? We simply believe that an all-hands on deck approach is warranted in this case.

House Bill 541 could be amended to allow dental therapists/dental hygiene therapists to provide the same *volunteer* care as dentists and dental hygienists outlined in the bill. To be clear we are not advocating adding Senate Bill 98 to House Bill 541, as that requires more significant committee deliberation to create a new dental practitioner. ODHA points out that allowing recognition of a licensee, in these circumstances, from another state to practice here even though we do not license a similar practitioner, under the guidelines of their home state, could be beneficial.

Arguments against unsupervised or substandard care are mitigated because dentists will be participating in the volunteer event and providing onsite supervision, just as they do in other states that utilize this practitioner. Dental therapists/dental hygiene therapists carry their own professional liability insurance so there is no concern about patients being adversely harmed, in fact, no state has leveled any safety violations against a dental therapist. Utilizing dental therapists/dental hygiene therapists could allow more patients to be seen during these types of events because their scope of practice is narrowly focused on restorative issues like simple extractions and filling cavities, freeing up the volunteer dentists to perform the more involved procedures for patients. Allowing dental therapists/dental hygiene therapists to participate in these events could prove to be a good pilot project for Ohio to show the effectiveness of this practitioner. ODHA sees nothing but upside from this allowance.

Mr. Chairman, members of the committee, we support the bill and are appreciative of groups like RAM Volunteer Corps coming to Ohio to provide these services. It is our hope that House Bill 541 will be used sparingly as we collectively work to address oral health care needs in Ohio.