HB

182

CS FOR HOUSE BILL NO. 182(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

NINETEENTH LEGISLATURE - FIRST SESSION

BY THE HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:
Referred:

Sponsor(s): REPRESENTATIVES TOOHEY, Nicholia

A BILL

FOR AN ACT ENTITLED

"An Act allowing a dentist to delegate certain duties to a dental assistant."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

* Section 1. AS 08.32.110 is amended by adding a new subsection to read:

(d) This section does not prohibit a dental assistant from applying topical preventive or prophylactic agents or pit and fissure sealants when those duties have been delegated to the assistant by a dentist licensed under AS 08.36 or by a dentist exempt from licensure under AS 08.36.350(a)(2).

HOUSE COMMITTEE REPORT

(7)
Date Referred: February 15, 1995 FURTHER REFERRALS:

Date of Committee Action: 3/7/95

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered: HB 182

HOUSE BILL NO. 182 DELEGATION OF DUTIES TO DENTAL ASSISTANTS

"An Act allowing a dentist to delegate certain duties to a dental assistant."

recommends it be replaced
with the following committee substitute CS HB 182 (HES)

[X] the same title
[ ] a new title

[ ] additional referral to _____ Committee
[ ] attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(s): (Dept) APPROVES PREVIOUS: (Dept/Date)

[ ] fiscal note(s) _____ [ ] fiscal note(s) _____

[X] zero fiscal note(s) CED [ ] zero fiscal note(s) _____

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
			✓	
	✓			
			✓	
	✓			
			✓	
			✓	

CHAIR'S SIGNATURE Cal Beadle _____

FISCAL NOTE

STATE OF ALASKA **BILL NO. HB 182**

1995 LEGISLATIVE SESSION

Revision Date: February 28, 1995 Department: Commerce and Economic Development

Title: An Act allowing a dentist to delegate certain duties to a dental assistant. BRU: Occupational Licensing

Component: Operations

Sponsor: Reps. Toohey, and Nicholia

Requestor: Representative Toohey COMPONENT SERIAL #: 1844

Expenditures/Revenues (Thousands of Dollars)

OPERATING EXPENDITURES	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL EXPENDITURES						
CHANGE IN REVENUES	0.0	0.0	0.0	0.0	0.0	0.0

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 General Fund						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY 95) cost: $ 0.0

POSITIONS

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

Funding is not required to implement HB 182.

Prepared by: Jennifer Strickler, Admin. Officer Phone: 465-2144

Division: Occupational Licensing Date: 2/28/95

Approved by Commissioner: William L. Hensley Date: 3/2/95

Agency: Commerce and Economic Development

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HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES

STATE CAPITOL, JUNEAU 99801
(907) 465-3759

MEMORANDUM.

TO: members of the HESS Committee

FROM: Representative Toohey

IN RE: Subcommittee on HB 182

DATE: March 6, 1995

The Subcommittee on HB 182 met Saturday morning to consider possible amendments to this legislation.

The Subcommittee became thoroughly aware of the extensive safety precautions that exist in all dental offices because of the regulations of the Occupational Safety & Health Administration (attachment [a]). Please refer to these if you are in doubt about the meticulous steps that are routinely taken to prevent the spread of infectious disease to or from dental patients.

The Subcommittee decided that the bill should be passed out as amended on Thursday, March 2nd. This will change Alaska Statutes to allow dentists to delegate the three tasks in question to their assistants. The Subcommittee also determined that the State Board of Dental Examiners currently has statutory authority to license or otherwise regulate dental assistants (attachment [b]), so no language regarding licensing will be put into HB 182. The Subcommittee hopes that the Dental Society, the Dental Hygienists' Association, and all interested dental assistants will work with the Board of Dental Examiners to design whatever regulations are necessary and desired by these three groups.

INFECTION CONTROL PRACTICES FOR THE DENTAL OFFICE

A. Infection Control Program General Policy

SEARHC Dental Clinic is implementing CDC and ADA infection control recommendations and will adopt the following concepts and procedures, which are specifically required by OSHA.

1. Universal precautions - Because not all patients with infectious diseases can be identified by medical history, physical examination or laboratory tests, the blood and saliva of all dental patients should be treated as if they were infective. As a result, the same infection control practices should be used with all patients. This approach is known as universal precautions.

B. Use and Selection of Personal Protective Equipment

1. Personal protective equipment - When there is potential for occupational exposure the employee should use appropriate personal protective equipment such as, but not limited to, gloves, gowns, or laboratory coats; face shield or masks and eye protection and resuscitation bags; pocket masks and other ventilation devices.
2. Gloves - Gloves must be worn to prevent skin contact with blood, saliva or mucous membranes. Gloves should also be worn when touching items or surfaces that may be contaminated with blood, body fluids or secretions. After contact with each patient, hands must be washed and re-gloved with new gloves, before treating another patient. Repeated use of a single pair of gloves by disinfecting them between patients is unacceptable. A second pair of gloves, such as examining gloves may be placed over the first pair of gloves when it is necessary to briefly examine a second patient or there is a need to touch anything else while in the middle of a procedure. Latex gloves and the glove/glove are stored in the central sterilization area and each operatory.
3. Masks - Surgical masks or chin length plastic face shields must be worn at all times by the doctor, assistant and hygienist, when providing treatment. It is recommended to change the mask when it becomes visibly soiled or at least once during the day. Masks should be positioned on the face before gloves are put on and removed after gloves are removed to prevent cross contamination.
4. Protective Eye - Wear - Protective eye-wear must be worn to protect the eyes from spatter of blood, saliva and hazardous chemicals. Safety glasses or face shields are to be worn by all doctors, assistant and hygienist. It is recommended that glasses or face shields be put on when you arrive for work and be left on until you leave for the day. It is also recommended that safety glasses have side shields. When wearing a face shield it is recommended to wear a mask and glasses as well.

attachment

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5. Gowns - All dental health care providers should routinely wear the appropriate attire to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated. Reusable or disposable gowns, laboratory coats or uniforms with long sleeves and high collars that protect the user from spatter of body fluids and cover street clothing provide greater coverage. Gowns should be changed before you leave the building. Gowns will be laundered at SEARHC expense by an outside laundry service.
6. Heavy Duty Gloves - Heavy duty gloves are found in the Central Sterilization area. They are to be used for handling instruments to go into ultrasonic cleaner, when placing on trays and anytime sharp instruments are to be scrubbed.
7. Protecting Environmental Surfaces - Surfaces that may be contaminated by blood or saliva for example: light handles or x-ray heads, may be wrapped with impervious backed paper, aluminum foil or clear plastic wrap. Gloves should be used to remove and discard the covering. After removing gloves and washing hands the covering should be replaced with clean material. Alternately these surfaces may be decontaminated with chemical disinfectant. Surfaces and equipment that cannot be covered or removed for cleaning and sterilization should then be applied and left moist on the surface for the amount of time specified on the disinfectant label.

The location of personal protective equipment in our office is as follows:

Personal Protective Equipment	Location
Gloves, nonsterile	Each operatory & sterilization area
Gloves, utility	Sterilization area
Masks	Each operatory
Protective eyewear	Each operatory
Protective gowns	Supply closet
Resuscitation equipment	Emergency kit, oxygen in surgery room

Contact Dr. Puryear, if you need additional information on the location and use of these items.

C. Hand-washing Techniques

All Infection Control recommendation and guidelines stress hand-washing. Hands should be washed thoroughly for 2 minutes with an antimicrobial hand wash solution such as Chlorostat, at the beginning of the day, before lunch break, after break and before leaving the building for the day. Hands should also be washed periodically throughout the day with an antimicrobial handwash. The rationale for this procedure is because this hand wash solution has residual action. The residual action combats the tendency for increased skin microbe replication while gloves are worn. The interim hand washing solutions to be used is Derma Scrub. Remove gloves and wash hands between patients and after touching inanimate objects likely to be contaminated with blood or saliva.

Precautions should be taken to avoid hand injuries during procedures. When gloves are torn, cut or punctured, remove them as soon as it is compatible with the patient's safety. Wash hands thoroughly and re-glove before completing the dental procedure.

D. Use and Care of Sharp Instruments

A sterile syringe, new disposable needle and new local anesthetic solutions should be used for each patient. Needles, scalpel blades and other sharp instruments should be handled carefully to prevent unintentional injuries.

* Sharp items (needles, scalpel blades and other sharp instruments) should be considered as potentially infective and must be handled with extraordinary care.

* An individual patient may require multiple injections of anesthetic or other medications from a single syringe, a number of techniques can be used to minimize injuries: Recap the needle by laying the cap on the tray or place the cap in a holder to guide the needle into it without injuries.
* Disposable needles should not be bent or broken after use. Needles should not be manually removed from disposable syringes, needles, scalpel blades and other sharp items into a puncture resistant containers located as close as practical to the area in which they have been used. Hemostats or pliers may be used to handle sharp items.
* Items considered sharp include: New or used hollow bore needles, sutures, scalpel blades, pointed instruments, burs, gla (especially broken pieces), anesthetic capsules, orthodontic wires and any other items likely to cause a puncture wound if not disposed of in an imperious container.
* Sharps containers are located in all dental operatories.

E. Decontamination of Laboratory Supplies and Materials

Blood and saliva should be thoroughly and carefully cleaned from laboratory supplies and materials that have been used in the mouth(impression materials, bite registration etc.) especially before polishing and grinding intra-oral devices. Materials, impressions and intra-oral appliances should be cleaned and disinfected before being handled, adjusted or sent to dental laboratory. These items should also be cleaned and disinfected when returned from the dental laboratory and before placing in the patients mouth.

1. Alginate Impressions: First remove saliva, blood and debris with tap water and gently shake to remove excess water. The surface of the alginate impression will be sprayed with Biocide Solution and placed into a zip-lock plastic bag. The impression should remain in the bag for 10 minutes, immediately after, the impression should be cast in stone.
2. Polysulfide (Rubber Base) Addition, Silicone (Express, Reprosil) and Polyether (Impergum) Impression materials: First remove saliva, blood and debris with tap water and gently shake to remove excess water. The surface of the impression should be sprayed with Biocide Solution and placed in a zip-lock plastic bag. The impression is to be sent to the lab for casting in stone.
3. All impressions for dentures, partials, framework try-ins, wax try-ins, partial/denture repairs or relines or any other appliance being sent to the laboratory must be disinfected before sending out. The procedures is identical to the above, outlined for crown and bridge impressions.
4. Lathe Areas: Each case that is worked on will need new pumice. Use new paper tray each time and dispose of it after completing the work, also use a sterilized rag wheel for each case that is worked on.

F. Handling of Biopsy Specimens

In general, each specimen should be put in a sturdy container with a secure lid to prevent leaking during transport. Care should be taken when collecting specimens to avoid contamination of the outside of the container. If the outside of the container is visibly contaminated, it should be cleaned and disinfected or placed in an impervious bag.

Proper Handling of Equipment and Materials

A. Standard Operating Procedures

The Material Safety sets forth the proper precautions to be used in handling each specific materials, however, it is the policy of SEARHC that gloves, safety glasses, and masks be used while mixing and/or pouring chemicals. The following are precaution measures when using various pieces of equipment in the office.

Sterilization Area:

1. Ultrasonic cleaner - use gloves, mask and safety glasses.
2. Autoclave - use mitts, mask and safety glasses.
3. Special note - spore testing is done on a weekly basis, for all sterilization units. Test will be conducted by Terese Jones or designated assistant in her absence. Results will be kept in a log book. Anyone wishing to know the results contact the Chief of Dental Services, Dr. Puryear.

Laboratories

1. Lathe - mask and safety glasses.
2. Ultrasonic cleaner - use gloves, mask and safety glasses.

Operatory:

1. Curing light - use specially tinted safety glasses or shield that accompanies curing light. Without special tinted protection for the eyes - Do Not Look directly into the light.
2. X-Ray machine - always use lead apron on patients and stand in safety zone when exposing film which is behind wall or divider.
3. Cleaning of operatory - use gloves, mask and safety glasses.
4. Cleaning canister traps - use gloves, mask and safety glasses.
5. Lubricating handpieces - use gloves, mask and safety glasses.

Dark Room:

1. Developer - for cleaning and maintenance, use heavy duty rubber gloves, mask, safety glasses and vinyl apron.

B. Mixing And Using Disinfectants

Keep patients and other people out of the mixing area. Do not mix or transfer disinfectants unless there is good lighting and ventilation. Before handling a disinfectant container, put on gloves, mask and protective glasses or face shields. Each time you use a disinfectant, read the directions for mixing. Do this before you open the container. When pouring a disinfectant out of the container, keep the container and chemical below eye level. This will avoid a splash or spill on your glasses or face. Containers with chemicals in the form of powders should be opened with care to avoid breathing the powders.

If you splash or spill a concentrated disinfectant while mixing:

- *Stop right away*
- *Remove contaminated clothing*
- *Wash body thoroughly with large amounts of water*
- *Use soap or detergent if recommended on label*
- *Put on clean clothing*
- *Clean up the spill*

When mixing disinfectants, measure carefully. Use only the amount called for on the label. Mix only the amount you plan to use. To prevent spills, replace all pour caps and close containers after each use. Equipment used in mixing or applying a disinfectant must be cleaned as soon as you finish using it. Do not forget to clean both the inside and outside of any measuring devices used in mixing the product. Follow the manufacturers directions. The disinfectant label is extremely important to you as a disinfectant user. The information on the label tells you how to use the disinfectant effectively and safely while protecting yourself, your patient and the environment. Always read the label before using any disinfectant or or other chemical. Follow the use directions on the disinfectant label. This will assure control of the target microorganisms, safety to you, and safety for your patients.

C. Minor Spills

Keep people away from the spilled chemicals. Do not leave the spilled area unless there is someone there to confine the spill and warn the danger. If the chemicals was spilled on someone, remove the person from the contaminated area and wash them off immediately. The label or MSDS should be consulted however, for cleanup information for specific products. Place all contaminated material in a leak proof container for disposal. Dispose of it as you would an excess chemical. Do not let anyone enter the area until the spill is completely cleaned up.

D. Proper Handling of Waste

The liability for hazardous waste management remains with the original generator.

1. *Liquid waste - Blood, suction fluids or other liquid waste may be carefully poured into a drain connected to a sanitary sewer system.*
2. *Solid waste - All sharp items include: Injection needles, Sutures, Scalpel blades, Pointed instruments, Burs, Glass - especially broken, Anesthetic capsules and Orthodontic wire*
   Note: These items must be placed in a puncture proof container.
3. *Human tissue - Teeth, all paper products and ^N visibly soaked with blood or saliva are to be placed in a biohazard container, located in each operatory.*
4. *Amalgam scrap - all amalgam scrap is to be salvaged and stored under photographic fixer solution in a tightly closed container. When the containers are filled they are to be sent to the precious metals officer in Anchorage for disposal.*
5. *Other Infectious Waste - Potentially infectious materials include any items that have been exposed to blood or saliva, such as used protective covers, disposable items and gloves used during patient treatment. These materials will be placed in a biohazard container. Employees should familiarize themselves with the locations of containers.*

B. Hazard Communication Noncompliance Incidents

1. *Recordings - Noncompliance incidents shall be recorded in a book kept by the respective office manager. These incidents are to be recorded by members of the Infection Control Committee, Doctors, Management and Administration.*
2. *Corrective Actions - The following corrective actions will be taken for noncompliance by an employee.*

- *First Offense - Verbal reprimand*
- *Second Offense - Verbal reprimand and write-up in the employee's personnel manual.*
- *Third Offense - Meeting with the Doctor in charge of Personnel and the Office Manager in charge of the individual's work section.*

DENTAL OFFICE SAFETY

The following section contains information on potential hazards from materials, instruments and equipment that may be encountered in the dental office. All effects are dependent upon the extent and duration of exposure and biological variability. In most instances, in this office the amounts of chemicals used are small and therefore risks should be small as well. The risks can be further minimized if recommended procedures and precautions are followed.

For information on specific products always refer to the materials safety data sheets. If any of the information here varies from that of the MSDS always rely on the MSDS first and foremost.

A. General precautions

1. *Handle chemicals properly in accordance with manufacturers or suppliers instructions*
2. *Avoid skin contact with chemicals*
3. *Minimize chemical vapor in the air*
4. *Do not leave chemical bottles open*
5. *Do not use flame near flammable chemicals*
6. *Do not eat or smoke in areas where chemicals are used*
7. *Wear appropriate protective eye-wear and masks*
8. *Know proper cleanup procedures*
9. *Dispose of all hazardous chemicals in accordance with MSDS instructions and applicable local, state and federal regulations*

B. Acid etch solutions and gels

1. *Example - Solutions and gels for acid etch technique associated with placement of composites, sealants and orthodontic brackets usually contain phosphoric acid.*
2. *Hazards - Acid burns with possible sloughing of tissue, eye damage.*
3. *Recommendations:*

- *Handle acid soaked material with forceps and gloves*
- *Clean spills with a commercial acid spill cleanup kit*
- *Avoid skin or soft tissue contact*
- *Rinse with a large amount of running water in case of eye or skin contact*

C. Flammable Gases

1. *Examples - Nitrous oxide and Oxygen*
2. *Hazards - Fire*
3. *Recommendations:*

- *Test for leaks*
- *Avoid contact between compressed oxygen gas and lubricants or grease*
- *Avoid having sparks or flames near flammable gases*

D. Flammable Liquid

1. Examples - Solvents such as acetone and alcohol
2. Hazards - Fire or explosions
3. Recommendations:

- *Store flammable liquids in tightly covered containers*
- *Provide adequate ventilation*
- *Avoid sparks or flames in areas where flammable liquids are used*

E. Mercury

1. Examples - Bulk mercury, pre-capsulated alloy scrap amalgam
2. Hazards - Nausea, loss of appetite, diarrhea, fine tremors, depression, fatigue, increased irritability, headache, insomnia, allergic manifestations, contact dermatitis, pneumonitis, nephritis, dark pigmentation of marginal gingiva, loosening of teeth
3. Recommendations:

- *Avoid direct skin contact with mercury*
- *Salvage amalgam scrap and store under photographic fixer solution in a closed container*
- *Clean up spilled mercury using appropriate procedures and equipment, do not use a household vacuum cleaner*

F. Nickel

1. Examples - Nickel containing alloys, solders, particles released during grinding of nickel containing alloys
2. Hazards - Allergic manifestations, irritation to eyes and respiratory system
3. Recommendations:

- *Wear protective eye-wear and mask when grinding nickel containing alloys*
- *Use high velocity evacuation systems*

G. Other Metals

1. Examples - Casting alloys may contain cobalt and chromium; alloys for amalgam contain silver, tin and copper

2. Hazards - Metal dust and fumes may irritate eyes and respiratory system; contact dermatitis
3. Recommendations:

- *Wear Protective eye-wear and mask while grinding metal prosthesis*

H. Nitrous Oxide

1. Hazards - Spontaneous abortions, congenital abnormalities, depressed blood cell formation and function, nervous system disorders, liver disease and kidney disease
2. Recommendations:

- *Use of scavenger equipment*
- *Limit patients conversation when nitrous is used*

I. Organic Chemicals

1. *Examples - Alcohols, ketones, esters, solvents and monomers such as methyl methacrylate and dimethacrylates. The halogen containing organic liquids used in dental offices primarily include chloroform and carbon tetrachloride and some solvents and cleaners*
2. *Hazards - Fire, allergic manifestations, contact dermatitis, possible mutegensis, irritation to mucous membranes, respiratory problems, nausea, liver and kidney damage, central nervous system depression, headache, drowsiness, loss of consciousness*
3. *Recommendations:*

- *Avoid skin contact*
- *Avoid excessive inhalation of vapors*
- *Work in well ventilated areas*
- *Use forceps or gloves when handling contaminated gauze or brushes*
- *Keep containers tightly closed when not in use*
- *Store containers in flat sturdy surfaces*
- *Clean outside surfaces of containers after each use to prevent residual material from contacting the next user*
- *Use a commercially available flammable solvent cleaning kit in case of spills*

J. Photographic Chemicals

1. *Examples - Developer and Fixer solutions*
2. *Hazards - Contact dermatitis, irritation of eyes, nose, throat and respiratory system from vapors and fine particulates of chemicals*
3. *Recommendations:*

- *Use protective eye-wear*
- *Avoid skin contact with photographic chemicals and solutions by wearing heavy duty rubber gloves*
- *Work in well ventilated areas*
- *Clean up spilled chemicals immediately*
- *Wash off chemicals with large amounts of water and a PH-balance soap if contact occurs*
- *Regularly launder clothing that comes in contact with photographic solutions*
- *Store photographic solutions and chemicals in tightly covered containers*

K. Plaster and other Gypsum Products

1. *Examples - Gypsum products contain silica and calcium sulfate*
2. *Hazards - Irritation and impairment of respiratory system, silicosis, irritation of the eyes*
3. *Recommendations:*

- *Wear protective eye-wear and mask while handling powders or trimming models*
- *Minimize exposure to powder during handling*

L. X-Radiation

The source of X-Radiation are the primary radiation from diagnostic X-Ray units and the secondary scattered radiation from patients. For intra-oral radiography, the primary beam is virtually all absorbed by the patients head. For extra-oral radiography, the primary beam is blocked by the back of the cassette and by the cassette-holder. Accordingly, scattered radiation from a patient is the most likely source of occupational exposure to X-Radiation in a dental facility. A rule of thumb is that six feet of air is an adequate barrier for scattered radiation. An intervening wall or partition in addition to adequate distance provides an extra margin of safety. The adverse effects of occupational exposure to X-Radiation are the following: Malignancies, genetic effects in off-spring and effects on growth and development. The following are standard operating procedures for making X-Ray exposure:

- *Every patient is to be covered with a lead shield.*
- *Use film holders to position film, when possible. Do not hold film in place for the patient.*
- *Stand at least 6 feet away from the patient and outside the path of the useful beam when exposing a radiograph.*

Note: X-Ray monitor Badges will be made available and results will be located in radiology manual in Dr. Puryear's office.

M. Curing Light

Dental visible light activated resin systems are polymerized by light in the 470nm range. The adverse effects for occupational exposure to the Dental Curing Light are as follows:
Possible premature aging of the retina. Possible senile macular degeneration. Formation of cataractby close ultraviolet and blue lights and light induced retinal damage hastened by increased exposure to visible light with wavelengths of less than 500 nm. The following are standard operating procedures for using the Dental Curing Light:

- *Use protective filtering device, glasses or shields, while Curing light activated resin.*
- *Never look directly into the light.*

Bloodborne Pathogens

A. Hepatitis B Virus Infection

1. *Nature of the disease - Hepatitis is an inflammation of the liver. It can be caused by infectious agents, medications or toxins. There are several types of infectious hepatitis (A, B non-A, non-B and Delta) but hepatitis B presents the greatest risk to workers in the health care industry.*
2. *Symptoms - About one third of infected individuals have no symptoms when infected with the virus, one third have relatively mild clinical case of a flu like illness, that is usually not diagnosed as hepatitis and the remaining third have as much severe clinical course of jaundice, yellowing of the eyes and skin, dark urine, extreme fatigue, anorexia, nausea, abdominal pain and sometimes joint pain, rash and fever. Of the estimated 18,000 infection in health care workers each year in the United States, approximately 1000 of these health care workers will become carriers of HBV, at risk of chronic liver disease cirrhosis and liver cancer.*
3. *Mode of Transmission - Blood and body fluids contaminated with blood contain the highest quantities of virus and are the most likely vectors of HBV transmission. Certain other body fluids such as saliva and semen contain infectious virus but at one thousandth of the concentration. Other body fluids such as urine and feces contain only small quantities of virus, unless they are visibly contaminated with blood. Lesions on the hand from injuries incurred at the work place or at home or from dermatitis may provide a route of entry for the virus. In addition, transfer of contaminated blood via inanimate objects or environmental surfaces has been shown to cause infection in health care workers. In general, fewer than 20% of infected health care workers report discrete needlestick injuries from a known infected patient.*
4. *Vaccination - A hepatitis B vaccine is available that is safe and effective in the prevention of HBV infection. Staff at MFDA, that are classified as high risk in contracting hepatitis B are Doctors, Hygienists and assistants, are strongly encouraged to be vaccinated.*

   The currently licensed Hepatitis B vaccines are given in three doses over a 6 month period. These vaccines induce protective antibody levels in 85% to 97% of healthy adults. Protection against both the illness and the development of the carrier state, lasts at least 7 years after immunization. If these individuals are exposed to HBV, they develop rapid immunologic memory response and do not become ill or develop the HBV, they develop rapid immunologic memory response and do not become ill or develop the HBV carrier state. A booster dose of Hepatitis B vaccine after the initial series is not currently recommended, but may be in the future if significant breakthrough infections occur in vaccinated individuals. Concerns about the safety of plasma-derived vaccine have been shown to inactivate HIV and representatives of all known viral groups. The vaccine has been shown not to contain HIV DNA, and those receiving the vaccine do not develop HIV antibodies.

   Studies have shown that healthcare workers are at greater risk than the general population of contacting Hepatitis B disease as a result of occupational exposure. The benefits of receiving vaccination are that it is highly effective in preventing Hepatitis B and its complications.

B. Human Immunodeficiency Virus Infection

1. *Nature of the disease - Aids is a bloodborne and sexually transmitted disease in which a virus invades the body, damages the immune system and allows other infectious agents to invade the body and cause disease.*

2. *Symptoms - Within a month after exposure an individual may experience an acute retroviral syndrome, the first clinical evidence of HIV infection. This is a flu like illness with signs and symptoms that can include fever, lymphadenopathy, myalgia, arthralgias, diarrhea, fatigue and rash. This syndrome is usually self limiting and is followed by or accompanied by development of antibodies. Following this acute illness, HIV infection leads to a continuum of events in which the patient is initially asymptomatic and apparently healthy and then after an indeterminate amount of time, sometimes longer than 10 years, may develop symptoms uniquely associated with a larger stage of HIV infection that is classified as Acquired Immune Deficiency Syndrome or AIDS. Some of the signs and symptoms of HIV infection are persistent generalized lymphadenopathy, significant weight loss, persistent diarrhea or a combination of these, an individual with HIV infection is considered to have AIDS when one or more indicator disease have been diagnosed. The most common of these indicator disease are pneumocystic carinii pneumonia, esophageal candidiasis, neurological disorders or dementia and cancers such as Kaposi's sarcoma and non-Hodgekins lymphoma.*
3. *Mode of Transmission - HIV has been isolated from human blood, semen, breast milk, vaginal secretions and possibly breast milk in the transmission of the virus. Documented modes of HIV transmission include: Engaging in sexual intercourse with an HIV infected person; using needles contaminated with virus; having parenteral mucous membrane or non-intact skin contact with HIV infected blood, blood components or blood products; receiving transplants of HIV infected blood, blood components or blood products; receiving transplants of HIV infected organs and tissues including bone; receiving transfusions of HIV infected blood and perinated transmission (from mother to child, around the time of birth). The actual amount of virus may be very important in the likelihood of transmission since it appears that there is greater probability of infection from HIV contaminated blood transfusions (890 infectious per 1,000 persons receiving such transfusion) than from accidental needlestick with HIV (three to five infections per 1,000 persons injured with contaminate needles).*
4. *Vaccination - To date, no vaccine is available to prevent AIDS and no anti-viral drugs are available to cure AIDS. Some drugs, however, have been found to inhibit the action of the virus and others are able to fight certain opportunistic infections. Research is currently underway to develop anti-viral drugs and vaccines, however, prevention is currently the only approach to control the virus.*

TASK CATEGORIES

A. Employee Records

The employee records that are maintained by the chief dental officer, will contain the following Infection Control and Hazard Communication documentation:

1. *Infection Control Training*
2. *Hazard Communication Training*
3. *Employee classification according to task Categories*
4. *Immunization record for Hepatitis B vaccine and booster*
5. *Recorded Noncompliance Incidents*
6. *Exposure Incident form (OSHA form #200)*

B. Categories

Category I - Tasks that involve exposure to blood, body fluids or tissues. All procedures or other job related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, tissues or potential spills or splashes of them are in this category. Use of appropriate protective measures is required for every employee engaged in category I tasks. The following are Category I tasks:

1. *Doctor's patient treatment duties*
2. *Hygienist's patient treatment duties*
3. *Assistant's patient treatment duties*
4. *Central Sterilization duties*

Category II - Tasks that involve no exposure to blood, body fluids or tissues, but employment may require performing unplanned Category I tasks. The normal work routine involves no exposure to blood, body fluids or tissues, but exposure or potential exposure may be required as a condition of employment. Appropriate protective measures should be readily available to every employee engaged in Category II tasks. Clerical or non-professional workers who may as part of their duties help clean up the office, handle instruments or impression materials or those who send out materials to laboratories, would be classified as Category II.

Category III - Tasks that involve no exposure to blood, body fluids or tissues. The normal work routine involves no exposure to blood, body fluids or tissues. Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way. The position of dental office manager is an example of a Category III task.

C. Personnel Categories

The following is a listing of personnel and their classification:

Category I Personnel

- *Doctors*
- *Hygienist*
- *Assistants*
- *Central Sterilization personnel*

Category III Personnel

- *Dental Office Manager*

D. Area Categories

The following is a list of the areas their classification:

Category I Areas

- *Treatment Rooms/Operatories*
- *Central Sterilization*
- *Lab and Lab areas*
- *Darkroom*

Operating Procedures

A. Standard Operating Procedures

Dr. Puryear will assure that SEARHC dental clinic is maintained in a clean and sanitary condition. Dr. Puryear will determine and implement the appropriate schedule for cleaning and method of disinfection for the various surfaces, equipment and rooms in our office.

Cleaning and disinfection

All equipment and environmental working surfaces should be properly cleaned and disinfected after contact with blood or other potentially infectious materials. Work surfaces should be decontaminated with an appropriate disinfectant (disinfectant is a chemical germicide that is approved for use as hospital disinfectant and are tuberculocidal when used at recommended dilutions) after completion of procedures; when surfaces are overtly contaminated; immediately after any spill of blood or other potentially infectious materials; and at the end of the work shift.

Protective coverings such as plastic wrap, aluminum foil, or imperviously backed absorbent paper may be used to cover equipment and environmental surfaces, but they are not required. These coverings should be removed and replaced at the end of the work shift or when they become overtly contaminated. Equipment that may become contaminated with blood or other potentially infectious materials should be checked routinely and prior to servicing or shipping and should be decontaminated as necessary.

All bins, pails, cans, and similar receptacles intended for reuse that have a potential for becoming contaminated with blood or other potentially infectious materials should be inspected, cleaned and disinfected on a regularly scheduled basis and cleaned and disinfected immediately or as soon a possible upon visible contamination. Broken glassware that may be contaminated shr ' not be picked up directly with hands. It should be cleaned up using mechanical means. Reusable items c minated with blood or other potentially infectious materials should be decontaminated prior to washing/or processing.

Instruments

Surgical and other instruments that normally penetrate soft tissue or bone such as forceps, scalpels, bone chisels, scalers and surgical burs must be sterilized after each use. Instruments that are not intended to penetrate oral soft tissues or bone such as amalgam condensers, burs, plastic instruments but may come into contact with oral tissues should also be sterilized after each use. Metal or heat stable dental instruments should be sterilized between use by steam under pressure (autoclaved) dry heat or chemical vapor. Prior to sterilization the instruments should be placed in disinfectant solution, followed by the ultrasonic cleaner. Instruments should be inspected for cleanliness & debris removal, dried and wrapped, bagged or placed in trays. After sterilization the instruments should be stored in sealed packages until they are used.

Handpieces

Handpieces should be flushed with running water for 20 to 30 seconds, discharging the water into the sink. The handpiece should then be scrubbed thoroughly with detergent and hot water to remove any adherent material. Handpieces should be lubricated before heat sterilization and again before patient use.

Air Water Syringe and Ultrasonic Scalers

Units should be flushed as described above for handpieces. These attachments should be sterilized if possible or disinfected in the same manner as for handpieces. Where practical disposable air syringe tips can be used.

X-Ray Equipment

Protective covering or disinfectants should be used to prevent microbial contamination.

Counter tops and Surfaces

Counter tops and surfaces that may have become contaminated with blood or saliva should be pre-cleaned with bleach to remove extraneous organic manner and then disinfected with lysol or bleach.

Procedure for Regular Room Cleaning (Assistants)

- *Put on a pair of heavy duty gloves*
- *Remove instruments and place in ultrasonic cleaner/sterilizer (dry or autoclavable)*
- *Discard headrest covers, patient napkin and any other disposable items*
- *Dispose plastic suction tip*
- *Remove burs from the handpiece and disinfect for ten minutes or sterilize*
- *Disinfect handpieces as described above*
- *Clean and disinfect as described above, any surfaces which have been contaminated including bracket table, counter, sink, handles, all drawers, chairs, buttons, overhead lamp and x-ray unit, if used. Re-wrap handles of lamp with plastic.*
- *Replace white cover on bracket table (always use only one sheet). Replace headrest cover, patient napkin, alligator clips.*
- *Keep the back counter of the unit as clear as possible of things unless they are covered and closed, in which case all these items need to be wiped down after they have been used.*
  Example: topical bottle, cotton roll holder, cotton pellet holder, medications, floss holder and anything else that might be used during a procedure - if touched with contaminated gloves
- *Disinfect gloves*

Cleaning Protocol for Hygiene Rooms

- *Put on a pair of heavy duty gloves*
- *Remove instruments and place in ultrasonic cleaner followed by sterilization*
- *Throw away head-rest cover, patient napkin, saliva injector and any other disposable items*
- *Clean and disinfect, as described previously, any surfaces which have been contaminated including bracket table, counter, sink, handles, drawers, chairs, buttons, overhead lamp and x-ray unit, if used. Re-wrap handles of light with plastic.*
- *Remove prophy angle and sterilize*
- *Clean and disinfect air water syringe and slow speed handpiece as previously described*
- *Replace white cover on bracket tray (always use one sheet) replace headrest cover, patient napkin and clip*
- *If Cavitron is used, clean and disinfect as described previously*
- *Remove gloves and disinfect*

Procedure for Developing Film

- *Glove before picking up film (film should be on a paper towel)in treatment room*
- *When developing radiographs spread a paper towel on counter or developer; unwrap film on towel and dispose of wrappers in paper towel; finally, place paper towel in trash container. Paper towels are located in each dark room*
- *When shutting down developer, wipe down counter and developer with lysol or bleach from your operatory. This practice should be done daily.*
- *When cleaning the developer; heavy duty rubber gloves; mask; and safety glasses are required - the tands will be cleaned with acid. It is strongly recommended that you wear an apron during cleaning procedures.*

B. Infection Control Non-compliance Incidents

1. *Recording - Noncompliance Incidents shall be recorded in a book kept by the respective office managers. These incidents are to be recorded by members of the Infection Control Committee, Office Managers, Department Coordinators, Doctors and Administration,*
2. *Corrective Actions - The following corrective action will be taken for noncompliance be employees:*

    - *First Offense - Verbal reprimand,*
    - *Second Offense - Verbal reprimand and write up in the employee personnel record,*
    - *Third Offense - Meeting with Doctor in charge of personnel and the appropriate office manager with the write up in the employees personnel record*

Safety Precautions and First Aid Procedures

A. Proper Precautions

Proper precautions against infection begins with a thorough medical history that is updated frequently. The medical history should include questions regarding any recent illness, presence of oral lesions and exposure to HIV virus. Not all patients with infectious disease can be identified by the medical history and physical examination or readily available laboratory tests. Each patient must be considered as potentially infectious and the same Infection Control procedures should be used on all patients.

Check labels of materials used to determine recommended protective equipment to be utilized. Gloves, mask and safety glasses or goggles will protect against almost all materials used.

B. First Aid

For cuts, abrasions, or punctures, clean thoroughly with Chlorostat, an antimicrobial hand washing solution. Cover the injury. Double glove the affected hand, this will allow it to remain dry during working hours.

If eyes have been exposed to corrosive materials, the eyes should be flushed at the Eye Wash Station. Eye wash stations are located in the sterilization area, at the sink. The material safety data sheet should be consulted for additional first aid measures recommended.

To evaluate risks in handling hazardous substance see MSDS or product label. Treatment may begin with flushing with water, then see MSDS for specific measures to be taken.

C. Incident Reporting

According to OSHA, exposure incident means a specific eye, mouth or mucous membrane, non intact skin or parental contact with blood or other potentially infectious materials that results from the performance of an employee duties. All employees in our office must report any exposure incident to Dr. Puryear as soon as possible after the incident, also, notify the treating dentist immediately. The following information must be recorded on the exposure incident report form:

1. *The name of the employee*
2. *The name of the patient*
3. *The route of exposure*
4. *The source patients antibody status (if known)*
5. *The circumstances in which exposure occurred*
6. *The date*

The treating dentist and/or a SEARHC doctor will contact the source patient (preferably at the time of the incident) and request that the source patient consent to appropriate serological testing, if the HBV and HIV antibody status of the source patient is known, with regard to potential HIV exposures, if the source patient agrees to testing and the results of the testing are negative, the employee will be informed of the results and no further follow up is required. If the patient refuses to be tested, is HIV positive and/or has AIDS, the employee testing procedures will follow. The employee will be sent to SEARHC clinic and will conduct appropriate tests. If the exposed employee consents and so desires a blood sample will be collected as soon as possible after the exposure incident for the determination of HIV anti-body status. Actual antibody testing of the blood may be done at a later date if the employee requests. The protocol for employee occupational exposure as outlined in the safety manual and posted on Dr. Puryears desk will be followed. Counseling will be provided. The employee is entitled to a medical evaluation in addition to testing for HIV antibody. The employee should report and seek medical evaluation of any acute illness accompanied by a fever that occurs within 12 weeks of the exposure incident. Employees who are seronegative will be offered retesting for HIV antibody at 6 weeks, 3 months and 6 months after the exposure incident.

If the employee chooses not to submit to HIV anti-body testing and medical evaluation they will need to complete and sign the post exposure evaluation refusal form.

Follow up procedures also applies to health care workers exposed or potentially exposed to HBV. The types of procedures will depend on the immunization status if the worker (i.e. has HBV vaccination been received) and the HBV serologic status if the source patient (see chart on the following page)

D. Special circumstances when Personal Protective Equipment use may be exempted.

Occasionally situations may arise in which the use of personal protective equipment may not be possible. These emergency situations may be interpreted to mean extraordinary unexpected events that threaten the life or safety of a patient or fellow worker. It may be judged that the time required to put on protective equipment is critical to saving the persons life. However, use of the exemption is meant to be limited in extent and time. Those practices associated with universal precautions that can be used without jeopardizing the victims life are to be implemented whenever possible. Moreover, as soon as the situation changes, for example; the patients condition stabilizes, the employee is expected to implement use of full universal precautions.

The decision not to utilize personal protective equipment in such situations rests with the employee, not the employer. Employees must exercise their professional judgment in making such a decision, but they should be aware that they may be asked to explain the reasons for their course of action.

Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth to mouth resuscitation, a pocket mask and resuscitation bags are kept in the office. In case of an emergency, each employee must be aware of his or her responsibility is to contact the hospital or rescue squad. The telephone number to call in case of an emergency is 911.

(10) at least annually cause to be published in a newspaper of general circulation in each major city in the state, a summary of disciplinary actions the board has taken during the preceding calendar year;

(11) issue permits or certificates to licensed dentists, licensed dental hygienists, and dental assistants who meet standards determined by the board for specific procedures that require specific education and training;

(12) regulate the reentry into practice of inactive dentists and dental hygienists.

(b) The board may

(1) order a licensed dentist or licensed dental hygienist to submit to a reasonable physical or mental examination if the dentist's or the dental hygienist's physical or mental capacity to practice safely is at issue; and

(2) authorize its representative to inspect the practice facilities or patient or professional records of a dentist at reasonable times and in a reasonable manner to monitor compliance with this chapter and with AS 08.32. (§ 5 art II ch 186 SLA 1955; am § 6 ch 69 SLA 1970; am §§ 15 — 18 ch 49 SLA 1980; am § 21 ch 100 SLA 1984; am § 2 ch 63 SLA 1987)

Effect of amendments. — The 1987 amendment substituted "provide for the examination of" for "examine" at the beginning of paragraph (a)(1).

NOTES TO DECISIONS

The function of former AS 08.36.310 [see now AS 08.36.315], which specified the grounds for disciplinary action by the board, was to detail the scope of the power to revoke, annul, or suspend licenses given to the board by paragraph (a)(5) of this section. State v. Smith, 593 P.2d 625 (Alaska 1979).

Practice of dentistry by persons committing acts listed in AS 08.36.310 not per se illegal. — Under former AS 08.36.310 [see now AS 08.36.315], the board could, after a hearing, revoke a dentist's license or take other disciplinary action in the event that he conducted himself in a manner described in one of its enumerated provisions. Since the power was discretionary and since the board could impose penalties less drastic than license revocation, it was clear that the legislature did not intend that it be per se illegal for persons who have committed the listed transgressions to continue to practice dentistry. State v. Smith, 593 P.2d 625 (Alaska 1979).

Sec. 08.36.080. Applicability of Administrative Procedure Act. The board shall comply with the Administrative Procedure Act (AS 44.62). (§ 2 (ch 2) ch 143 SLA 1959)

Attachment B3

Sec. 08.36.040. Meetings. The board shall meet at the call of the president at least four times annually and at other times necessary to conduct its business. In the absence of a call of the president, a majority of the board may call a meeting. (§ 3 art II ch 186 SLA 1955; am § 19 ch 100 SLA 1984)

Sec. 08.36.050. Quorum. A majority of the board constitutes a quorum for the transaction of business. (§ 4 art II ch 186 SLA 1955)

Sec. 08.36.060. Expenses and salary. [Repealed, § 3 ch 59 SLA 1966.]

Sec. 08.36.061. Reimbursement for expenses. Board members are entitled to per diem and travel expenses authorized for boards and commissions under AS 39.20.180. The department shall reimburse a member for other actual, reasonable expenses incurred in carrying out duties as a board member. (§ 20 ch 100 SLA 1984)

Sec. 08.36.070. General powers. (a) The board shall

(1) provide for the examination of applicants and issue licenses to those applicants it finds qualified;

(2) register licensed dentists and licensed dental hygienists who are in good standing;

(3) report annually to the governor and the department on the board's proceedings during the year, findings concerning the standards and availability of dental services in the state including the number of licensees, examination and licensing activities, other matters related to dental practice, and board receipts and expenditures;

(4) affiliate with the American Association of Dental Examiners, and pay annual dues to the association;

(5) hold hearings, and order the disciplinary sanction of a person who violates this chapter, AS 08.32, or a regulation of the board;

(6) supply forms for applications, licenses, permits, certificates, and other papers and records;

(7) enforce the provisions of this chapter and AS 08.32 and adopt or amend the regulations necessary to make the provisions of this chapter and AS 08.32 effective;

(8) adopt regulations ensuring that renewal of registration is contingent upon proof of continued professional competence by a licensed dentist or licensed dental hygienist;

(9) provide the department with the requirements for proof of continued professional competence and request the department to make these requirements available to each licensed dentist and licensed dental hygienist at least one year before the date on which the dentist or dental hygienist must renew registration;

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9-LS0237\C.1
Lauterbach
2/27/95

AMENDMENT

OFFERED IN THE HOUSE BY REPRESENTATIVE TOOHEY

TO: HB 182

Page 1, line 6, after "AS 08.36":

Insert "or by a dentist exempt from licensure under AS 08.36.350(a)(2)"

Article 4. General Provisions.

Sec. 08.36.350. Application of chapter. (a) This chapter applies to a person who practices, or offers or attempts to practice dentistry in the state except

(1) a dental surgeon or dentist in the military service in the discharge of official duties;

(2) a dentist in the employ of the United States Public Health Service, United States Veterans' Administration, Alaska Native Service, or other agency of the federal government, in the discharge of official duties;

(3) a physician or surgeon;

(4) a dentist providing care in an isolated area by authority of a permit issued under AS 08.36.271;

(5) a dentist licensed in another state who is teaching or demonstrating clinical techniques at a meeting, seminar or limited course of instruction sponsored by a dental or dental auxiliary society or association or by an accredited dental or dental auxiliary educational institution;

(6) a dentist licensed in another state who provides emergency care to an injured or ill person who reasonably appears to the dentist to be in immediate need of emergency aid in order to avoid serious harm or death if the care is provided without remuneration.

(b) A person excepted from this chapter under (a) of this section shall be held to the same standard of care as a person covered by this chapter. (§ 2 art I ch 186 SLA 1955; am § 2 ch 93 SLA 1965; am § 6 ch 104 SLA 1971; am § 32 ch 49 SLA 1980; am § 37 ch 100 SLA 1984)

Sec. 08.36.360. Practice of dentistry defined. A person engages in the practice of dentistry who

(1) performs or holds out to the public as being able to perform dental operations;

(2) diagnoses, treats, operates on, corrects, attempts to correct, or prescribes for, a disease, lesion, pain, injury, deficiency, deformity, or physical condition, malocclusion or malposition of the human teeth, alveolar process, gingiva, maxilla, mandible, or adjacent tissues;

(3) performs or attempts to perform an operation incident to the replacement of teeth;

(4) furnishes, supplies, constructs, reproduces, or repairs dentures, bridges, appliances or other structures to be used and worn as substitutes for natural teeth, except on prescription of a duly licensed and registered dentist and by the use of impressions or casts made by a duly licensed and registered dentist;

March 2, 1995

To The Health, Education and Social Services Committee,

Regarding House Bill 182, subsection to the Dental Hygiene Statute 08.32.110, I am a registered Dental Hygienist with a B.S. Degree, I believe education and quality assurance are my two main concerns in this change.

I am opposed to this specific change for dental assistants and feel strongly that a more defined statute detailing exact and manditory education requirements, responsibilities and quality assurance guidelines for our public's protection be addressed!

I appreciate your time and attention to these specifics.

Sincerely,

Leslie Cummings

Leslie Cummings, R.D.H., B.S.

Southcentral Foundation

March 1, 1995

Representative Cynthia Toohey
State Capitol Building
Mail Stop 3100
Juneau, AK 99801-1182

Dear Representative Toohey:

Southcentral Foundation is in support of House Bill 182 which allows dental assistants to apply topical preventive or prophylactic agents or pit and fissure sealants when delegated by dentists. However, this provision only covers dentists licensed under AS 08.36. Non-profit tribal health corporations (P.L. 93-638 contractors) throughout the State who provide these services have dentists who are Public Health Service Commissioned Corps and are not licensed under AS 08.36. These dentists could not delegate such procedures as the bill is presented.

Southcentral Foundation recommends adding language to include dentists who are in the Commissioned Corps of the Public Health Service. Again, we support House Bill 182, however, the Commissioned Corps dentists need to be added to the delegating authority.

Sincerely,

SOUTHCENTRAL FOUNDATION

Katherine Grosdidier
Executive Director

670 West Fireweed Lane, Anchorage, Alaska 99503
Health/Admin. (907) 265-4900; FAX (907) 265-5925; Dental (907) 265-4965
Optometry (907) 265-4974; Women's Health Screening Clinic (907) 257-1561

Representative Cynthia Toohey
State Capitol
Room 104
Juneau Alaska 99801-1182

Dear Representative Toohey:

I am writing in support of HB 182, which you introduced in February. Application of Dental Sealants is a noninvasive, preventative dental procedure. Dental Assistants have a long track record of doing this procedure safely.

The Dental Assistants are crucial to the quality of care that we strive to give our patients, especially in our Village Dental Prevention Program. The technical expertise required to apply Dental Sealants is well within the skill level of Dental Assistants.

Sincerely,

Linda Hurley

Linda Hurley, AA
Kanakanak Dental Clinic
Kanakanak Hospital
Dillingham, Alaska 99576

Becky L. Newlon, RDH
P.O. Box 871262
Wasilla, Ak 99687
907-746-2446

Standing Committee of
Health, Ed. & Social Services
State Capitol, Juneau, Ak 99801-1182

Dear committee members,

I am writing in regard to House Bill 182 adding a sub-section to the dental hygiene statute 08.32.110. This bill as proposed by Cynthia Toohey would allow chairside dental assistants to place dental sealants and apply topical fluorides. I have worked in every aspect of dental offices for the past twenty years, I have held the position of a chairside assistant. The problem I have with assistants doing these procedures is this, very often the assistant has no formal training. Assistants are not licensed and do not have to meet any standard of knowledge about what they are doing. If the procedures put forth in this bill are not carried out with a level of ability and full knowledge of harm or complications that can arise if improperly done, the patient is at risk. It has been my experience that the dentist does not oversee to assure that the procedure is carried out correctly otherwise he would just do these procedures himself or herself. In the interest of time and production the dentist is busy with restorative treatment rather than these preventative procedures. I have personally seen tissue burns caused when the etching acid used in placing sealants was improperly applied.

I recently completed my degree in the field of dental hygiene and I am fully aware of how and why sealants and fluorides must be used correctly to benefit the patients and not cause undo harm.

I have a high regard for chairside assistants and if they were to be licensed with a uniform standard of knowledge I would not oppose this bill, but this is too often not the case. I must state my opposition to this bill as I feel it puts the patients at risk.

Sincerely,

Becky Newlon, RDH

24343 Lilac Court Apt D
Elmendorf AFB, Alaska 99506
March 1, 1995

House HESS Committee
State Capital
Juneau, Alaska 99801-1182

Dear House HESS Committee Members,

For eight years, I performed as an "on-the-job trained" Dental Assistant. My training came from various dentists with different teaching skills and values. This training taught me how to do a specific duty, but I never fully understood the "why" of performed procedures. Also, I never realized (through lack of proper training) the degree to which some patients' health was jeopardized. When I asked why, the answers varied from, "This is the way I do things", to, "That's the way I was trained"

A few examples of health and safety deviations I witnessed include:

1. A set of full mouth x-rays (18 films) being taken twice the same day because the first set did not turn out. I have learned, after attending a radiology course, that dental x-rays do produce biologic changes in human tissue. The National Academy of Sciences has recommended "the average exposure of the populations' reproductive cells to radiation above natural background levels should be limited to 10 roentgens from conception to age 30." There is some slight genetic risk from scattered radiation in dental radiography. The U.S. Public Health Service reported in 1969 before the introduction of group E x-ray film that the mean gonadal dose from all dental films is less than 0.1 millirad (0.0001 rad). These values compare favorably with the average daily whole-body exposure of 0.3 mR from natural background radiation.

Since there is cell recovery from radiation, a specific dose will produce less damage if it is fractionated over a period of time. In dentistry, the time interval between exposures of a full mouth series is usually three to five years, further minimizing the effects. Certified Dental Assistants are given enough practice time on mannequins to produce a good set of x-rays every time. What would the patients think knowing they were being practiced on?

2. There were a couple incidents where a full mouth series of x-rays were taken with no lead shield used on the patient. The Dentist did not stress the importance of the lead shield to the Dental Assistants.

3. An incident occurred where I passed an etching material to the dentist, over the patients face, and some of the material dropped on the patients forehead. The material was not wiped off until after the procedure was completed, about forty-five minutes later. If I knew the material contained phosphoric acid, I would never have passed it over the patients face

4. I have witnessed Dental Assistants applying pit and fissure sealants on patients. Their on-the-job training did not stress the importance of isolating and completely drying the tooth prior to applying the sealant material. Patients are paying good money for a sealant to last at least five years, and the sealants I have seen did not last long enough for the patient to walk out the door

These are very basic, fundamental procedures that many Dentists "take for granted" and don't stress to Dental Assistants. It's these "fundamentals" that require formal and professional education to establish a firm foundation for proper patient care and to ensure consistency to the Dental Assistant profession. On-the-job training is **NOT** the answer. Dentists simply don't have the time to provide adequate, comprehensive Dental Assistant training. Time is money - training **WILL** suffer.

Professional education has taught me the basics, the background, the safety, and the legal ramifications that the dentists I have worked for did not take the time to teach me. In the past five years I have worked with dentists that still fail to wear gloves while in the patients mouth, because this is the way they were taught and they fail to understand the importance of wearing gloves. Many Dentists are "out of the loop" and not up to date with current safety and health requirements and methods.

Without question, if I had it all to do over, I would have gone to school to be certified as a Dental Assistant. Formal education provided me with a complete, full understanding of the procedures performed by Dental Assistants. Dental Assistants must be provided the very best education and training so they can perform their job with utmost confidence. Due to the high cost of Dental care, the patient expects a very high level of competence from the entire Dental Staff.

Please consider these consequences when making your decision. Remember, you are also a dental patient.

Respectfully,

Julie M. Bleier, Registered Dental Hygienist

TO: CON BUNDE

HEALTH, ED & Social Services Committee

PLEASE do NOT PASS Bill #182. It is NOT IN the Best INTEREST of the dental patient.

DIANNE LUND
4030 CROSSON DRIVE
ANCHORAGE AK 99517

Fax Transmittal Memo 7672

To Cynthia Toohey
Company
Location Juneau
Fax # 907-465-2137 Telephone #
Comments

No. of Pages 1 Today's Date 2-Mar-95
From Pam Trueman
Company
Location Kodiak Dept. Charge
Fax # Telephone # 907-486-2800
Original Disposition ☐ Destroy ☐ Return ☐ Call for pickup

To: Cynthia Toohey

From: Pam Trueman, RDH

Date: March 2, 1995

SUBJECT: HB 182

As an Alaska state licensed hygienist for 13 years and a Native Corporation hygienist for 10 years, I would like to give my opinion on HB 182.

I am in favor of dental assistants applying pit and fissure sealants if quality assurance measures are followed through. I approve of a OJT program for instruction and would encourage all sealants placed by an assistant to be checked by a licensed dentist or hygienist.

The number of students that we exam yearly needing sealants require numerous trips to the villages to apply them. When assistants were able to apply sealants, they would always travel with a provider who checked the retention of the newly applied sealant.

Alot of dental assistants whom I have worked with, take great pride in doing a good job in their choosen field. With the added responsibilty of applying sealants, I have seen them look closer at how they can improve other aspects of their job.

TOTAL P.01

Alaska State Legislature

Official Business

State Capitol
Juneau, AK 99801-

REPRESENTATIVE CYNTHIA TOOHEY

DISTRICT 13

SPONSOR STATEMENT

House Bill 182: "An act allowing a dentist to delegate certain duties to a dental assistant."

This bill will allow dentists practicing in Alaska to delegate to a dental assistant the ability to perform three very specific tasks: application of topical preventive agents, application of prophylactic agents, and application of pit and fissure sealants. These practices by dental assistants have been judged to be technically illegal by an opinion issued by the Attorney-General, which has made the provision of dental care to Alaskans more difficult to effect. Enabling dentists to delegate certain specific duties to assistants whom they trust, and on whom they rely, is a step that must be taken in order to give dentists as much flexibility as possible in doing their jobs. HB 182 will help dentists throughout the State, but will be most helpful to dentists who serve the rural population. The lack of practical discretion currently available to dentists hinders their ability to see as many patients as possible. For practitioners in rural settings, especially for itinerant dentists travelling from village to village, this problem is acute enough that it can result in a patient not being seen due to time constraints. For the sake of Alaskans' oral health, HB 182 must be passed by the Nineteenth State Legislature.

HB 182 is supported by the Alaska Dental Society, the Alaska Native Health Board, Tanana Chiefs Conference, Inc., the Coastal District Dental Society, Bristol Bay Area Health Corporation, the Southeast Alaska Regional Health Consortium, and numerous dental health professionals across the State.

Please support and vote for HB 182.

INTERIM ADDRESS: 716 West 4th Avenue, Suite

Alaska Dental Society
3400 Spenard Road, Suite 10
Anchorage, Alaska 99503
(907) 277-4675 • FAX: 274-2960

February 20, 1995

Representative Cynthia Toohey
Alaska State Legislature State Capitol (MS 3100)
Juneau, Alaska 99801-1182

Dear Representative Toohey:

The Alaska Dental Society would like to strongly support HB 182 which was introduced by you on February 15th - "An act allowing a dentist to delegate certain duties to a dental assistant." Dentistry has long had a real concern in this state with providing quality treatment to as many citizens as possible yet needing to be assured that those individuals who deliver the care are qualified to do so. In the zeal to be "the last frontier", proper checks and balances on ability need to be in place - not only for safety sake, but, self-servingly for the dentist who is legally liable for all treatment rendered in his/her office.

The language in this bill will empower *the dentist* to delegate certain duties to a dental assistant who *the dentist* knows has the skill level and capability to provide those services. The ability for the dental assistant to now legally do, what *the dentist* feels he/she is trained to do - "application of topical preventive or prophylactic agents" and "pit and fissure sealants," allows the dental hygienist to more efficiently concentrate at a higher skill level outlined in the current dental statute and evaluated by the state dental board. The current dental hygiene statute has been interpreted by the attorney general to say that any treatment task listed for a dental hygienist may only be performed by a dental hygienist. Dentistry feels this is not fair to dental assistant's, restricts the duties of the dental hygienist and certainly does not provide the most efficient use of skill levels for the consumer.

We would appreciate knowing the hearing dates scheduled for this bill and would be happy to provide dentists to testify on behalf of the legislation - either in person or by teleconference. It's really unfair to patients if their dentist has to cancel appointments on short notice to go testify, so as much advance information as possible is very helpful.

Sincerely,
Arne R. Pihl, DMD, President
Alaska Dental Society

Arne R. Pihl, DMD

SUPPORT

TANANA CHIEFS CONFERENCE, INC.

122 FIRST AVENUE, SUITE 600
FAIRBANKS, ALASKA 99701-4897
PHONE 907/452-8251 • FAX 907/459-3850

Feb. 28, 1995

Rep. C. Toohey
House of Representatives
State Capitol
Mail Stop 3100
Juneau, AK 99801-1182

RE: HB-182

Dear Rep. Toohey,

Thank you for sponsoring HB-182 which authorizes licensed dentists to delegate some expanded functions to dental assistants. The Tanana Chiefs Conference, Inc. (TCC) strongly supports passage of this bill!

Allowing dental assistants to perform specific expanded functions will greatly increase our capacity to serve patients, particularly during field visits to remote communities when dental hygienists are unavailable.

Having the option to delegate some procedures to dental assistants will free up our dentist's time to provide more specialized dental care. More patients can then be seen by the dentist while the dental assistant is performing delegated functions.

Again we support HB-182 and appreciate your efforts on behalf of this bill.

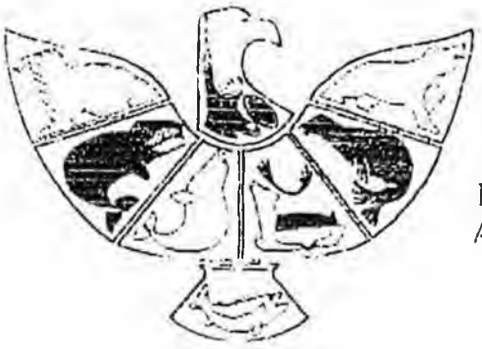
Thank you.

Sincerely,

TANANA CHIEFS CONFERENCE, INC.

Eileen Kozevnikoff
Director, Health Services

cc: file



Alaska Native Health Board

1345 Rudakof Circle, Suite 206
Anchorage, Alaska 99508

Phone: (907) 337-0028
FAX: (907) 333-2001

February 28, 1995

Representative Cynthia Toohey
Alaska State Legislature
State Capitol
Juneau, AK 99801-1182

RE: House Bill 182

Dear Representative Toohey,

The Alaska Native Health Board is appreciative of your recent introduction of House Bill 182, which makes provisions for the application of topical preventive and prophylactic agents and pit and fissure sealants by dental assistants. Our Board of Directors included support for this legislation in our listing of state legislative priorities for this session.

Passage of this legislation will improve the ability of Alaska Natives (and all Alaskans) to access these important preventive services. The regional Alaska Native health organizations which comprise the Alaska Native Health Board will benefit from the authority to extend these services to their beneficiaries.

The Alaska Native Health Board supports H.B. 182 and offers any assistance we might offer to ensure its speedy passage during this session. Thank you again for your assistance and responsiveness.

Sincerely,

Joseph C. Dexter
Chairman

February 17, 1995

Cynthia Toohey,

I am writing to express my support for HB 182. I am a dentist employed by the Bristol Bay Area Health Corporation and I have had the opportunity to see first hand the effect the recent Attorney General's opinion on this matter has had on the services we are able to provide to our patients.

We practice in a rural setting, providing dental services to a large widespread population. Well trained dental assistants allow us to provide more services to an underserved population.

The services we would like trained dental assistants to provide include placing sealants and applying topical fluorides These are preventative services that have been performed by dental assistants for years with no adverse effects. Placing sealants is a time consuming procedure. It is a safe, completely reversible, cost effective procedure that I have seen well done hundreds of times by dental assistants. All of these procedures are done under the supervision of a dentist and of coarse we only allow those dental assistants who have been trained and who are proficient at the procedure to perform a particular procedure.

Allowing dental auxiliaries to do these activities is in the best interest of the people we serve.

Sincerely,

Adele Taylor

Adele Taylor
P.O. Box 365
Dillingham, AK 99576

Representative Cynthia Toohey
Alaska State Legislature
State Capitol (MS 3100)
Juneau, Alaska 99801-1182

February 23, 1995

Dear Representative Toohey:

On behalf of the Bristol Bay Area Health Corporation and of the Coastal District Dental Society, I strongly support House Bill 182, "An Act allowing a dentist to delegate certain duties to a dental assistant." The primary disease prevention procedures affected by this legislation are critically important to the oral health of the population of our regions. This bill will remove a barrier to the provision of some of the most cost-effective dental services available.

These procedures are well within the realm of complexity of tasks routinely performed by dental assistants and do not require a high level of education as do other dental hygienist functions delineated in AS 08.32.110. Dental assistants nationwide have performed thousands of applications of topical preventive agents and pit and fissure sealants, establishing a long record of safety and effectiveness.

Your sponsorship of this legislation is greatly appreciated by the dentists in Alaska's bush communities and the people we serve.

Sincerely,

Kenneth L. Crooks, DDS
Chief of Dental Services, Bristol Bay Area Health Corporation
President, Coastal District Dental Society

February 17, 1995

Cynthia Toohey,

As a Dental Asst. supervisor from the Bristol Bay Area Health Corporation in Dillingham, Alaska, I am sending this letter to support HB 182.

Thank you for your help

Sincerely,

Glenda J Nielsen

Glenda J. Nielsen
PO Box 148
Dillingham, Alaska 99576

SOUTHEAST ALASKA REGIONAL HEALTH CORPORATION
3245 HOSPITAL DRIVE • JUNEAU, ALASKA 99801 • (907) 463-4000

State Capitol
Room 104
Juneau Alaska 99801-1182

February 16, 1995

Dear Representative Toohey;

As Director of Dental Services for Southeast Alaska Regional Health Consortium. I am writing in support of House Bill 182.

I believe it is in the public interest to allow Dental Assistants to apply Dental Sealants. Application of Dental Sealants is a noninvasive dental procedure requiring no anesthetic or other medications. Dental Assistants in many locales have been applying Dental Sealants for more than ten years without reports of adverse incidents associated with Sealant application.

The technical expertise required to apply Dental Sealants is well within the skill level of Dental Assistants. The main tools used in the application of Dental Sealants are a dental mouth mirror, suction tube, and small disposable brush.

Dental Sealant application does not alter the tooth structure in any way.

Dental Assistants have been key in allowing Southeast Alaska Regional Health Consortium to provide Dental Sealants in many of the villages of Southeast Alaska.

Sincerely,

Tom Bornstein DDS

Tom Bornstein, DDS
Director Dental Services
Southeast Alaska Regional
Health Consortium

MT. EDGECUMBE HOSPITAL
222 TONGASS DRIVE
SITKA, AK 99835 (907) 966-2411

3289 TONGASS • KETCHIKAN, ALASKA 99901 • (907) 225-4156 • FAX (907) 225-4339

SEARCH HEALTH CENTER

State Capitol
Room 104
Juneau, Alaska 99801-1182

Dear Representative Toohey:

As Director of Dental Services for Ketchikan, Alaska, I am writing in support of House Bill 182. I have also practiced dentistry with the PHS in Dillingham and Metlakatla.

Sealants are a vital preventive measure in improving the oral health of our patients. Application of dental sealants is a noninvasive dental procedure that requires no anesthetic. The tooth structure is not altered in any way.

The technical skill required to apply sealants is well within the ability of the assistants. Sealants have been applied successfully by dental assistants in many locations for years without any adverse cases. In all cases, the dentist treatment plans which teeth actually need the sealants.

Because of the time constraints on village trips, the placement of sealants by assistants in the village is extremely important in meeting the dental needs of the villages. Please help us in striving to improve the oral health of our patients.

Sincerely,

Kevin Craig DDS

Kevin Craig, DDS
Director Dental Services
Ketchikan, AK

Alaska State Dental Hygienists' Association

Representative Cynthia Toohey
State Capitol
Juneau, AK 99801-1182

RE: House Bill 182

Dear Representative Toohey,

I have been a dental hygienist for 22 years and truly enjoy my profession. I am also The Alaska State Dental Hygienists' Association (ASDHA) Legislative Chairperson. This letter represents the views of the ASDHA regarding House Bill 182. My personnel opinions parallel those of ASDHA and more but I won't get into all of my personnel opinions in this letter. This issue of dental assistants performing dental hygiene functions has been around for several years. It is not new. We have had several meetings with the Alaska Dental Society (ADS) in the past trying to work out our differences and come to a workable agreement, but basically have agreed to disagree. The biggest obstacle we seem to keep coming up against is education. Perhaps after reading this you can make a more informed decision regarding this bill for your public.

"As dental hygienists, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public's health. We are preventive oral health professionals who provide educational, clinical, and therapeutic services to the public. Our actions, behaviors, and attitudes are consistent with our commitment to public service."

This quote is taken from The Dental Hygiene Code of Ethics, which clearly states our goal is commitment to the public's health. In order to achieve this goal to the highest level possible a dental hygienist has a *minimum* of two years's college education with a degree and many times has a four year college degree and higher. In order for us to practice, we are tested, licensed and regulated with mandatory continuing education.

House Bill 182 which allows dental assistants, who have had no formal education, to apply topical preventive or prophylactic agents or pit and fissure sealants. Do you think this is protecting the public and providing them the oral care they deserve and are paying for, and think they are getting? If this bill passes, will a dentist take the time to properly train and observe a dental assistant in this technique sensitive procedure of applying pit and fissure sealants? Or would a formal educational course be a better instructor? Which person would *you* want servicing your family??

The Alaska State Dental Hygienists' Association does not endorse this bill as written. First, topical preventive agents could mean other substances than just topical fluoride (which is a poisonous substance and potentially fatal if too much is ingested). We feel it is totally inappropriate to allow a dental assistant to apply prophylactic agents which could be polishing agents. In many offices with this wording in place, the child prophylactics (teeth cleanings) then might be performed by the dental assistant without thorough removal of the calculus (tartar) on the child's teeth. Who would *you* want to clean your child's teeth? - someone who's been formally trained to remove the tartar which could cause gum irritation and possible infection, or someone who cannot perform that service? -someone

who has been formally instructed and tested or how to hold the handpiece to polish, how fast to polish, how much pressure to apply to the teeth when polishing so as not to cause damage to the tooth structure, and what the ramifications are if procedures aren't followed correctly or someone who's has not had this type of education? Is *this* commitment to public service??

I have also included an article from ADA News, February 20, 1995 regarding the placement of sealants. Could more damage than good be done if applied improperly?? Is *this* commitment to public service??

I understand this bill supposedly is being introduced for the Native Corporations in the bush. I understand the assistants used to be able to apply topical fluoride for their fluoride school programs and sealants for their sealant programs but can no longer perform these functions under current state law unless performed by a dental hygienist. We know these are important programs to have in the bush and ASDHA has written language in the past to change our statutes to allow these responsibilities to be performed by dental assistants with board certified courses. Board certified courses could be courses the State Dental Board has approved. These courses could include videotapes and manuals and self-tests which are now available, at a minimal cost to the dentist. I also know that the Native Corporations spent a lot of time and effort training their dental assistants, so I'm at a loss as to why mandatory training is not written into this bill. Is *this* commitment to public service for the bush comminities??

As I mentioned above, this is not a new issue. I've included a copy of the statute changes which were agreed upon in 1991 by the president of the Alaska Dental Society, Rob Robinson, DMD, and Gail Bemis, RDH, for Connie Stewart, RDH, ASDHA president allowing other persons (we would perfer this to read dental assistants) to apply topical fluoride and pit and fissure sealants with a board certified course. This amendment never occurred because the language was changed and was not submitted as written, but with you help perhaps we can again institute this statute change and be able to meet everyone's needs. This *is* commitment to public service!

You are charged with the responsibility of protecting the public. Are you really doing your job well if you allow untrained personnel to perform oral care on the public? HB 182 would need to be rewritten before ASDHA will be supportive of this bill. I urge you to think about this very carefully before you make your final decision. If your family was involved, what level of care would you expect for them to receive? What level of care are you paying for? The public depends on your careful decisions for them.

Thank you for your time and I trust you will make an appropriate decision. If you require additional documentation or information regarding any of the above, I would be more than happy to supply you with that.

Sincerely,

Joellen Tate Rinker, RDH, BS

Joellen Tate Rinker, RDH, BS
Legislative Chairperson, ASDHA

Section 1. AS 08.32.110(a) and (b) is amended to read:

(a) The role of the dental hygienist is to assist members of the dental profession in providing oral health care to the public. A person licensed to practice the profession of dental hygiene in the state may:

(1) remove calcareous deposits, accretions, and stains from the exposed surfaces of the teeth beginning at the epithelial attachment by scaling and polishing techniques;

(2) apply topical preventive or prophylactic agents except as provided in (b) of this section;

(3) apply pit and fissure sealants except as provided in (b) of this section;

(4) perform root planing and periodontal soft tissue curettage;

(5) perform other dental operations and services delegated by a licensed dentist if the dental operations and services are not prohibited by (c) of this section; [AND]

(6) if certified by the board and under the direct or indirect supervision of a licensed dentist, administer local anesthetic agents[.]; and

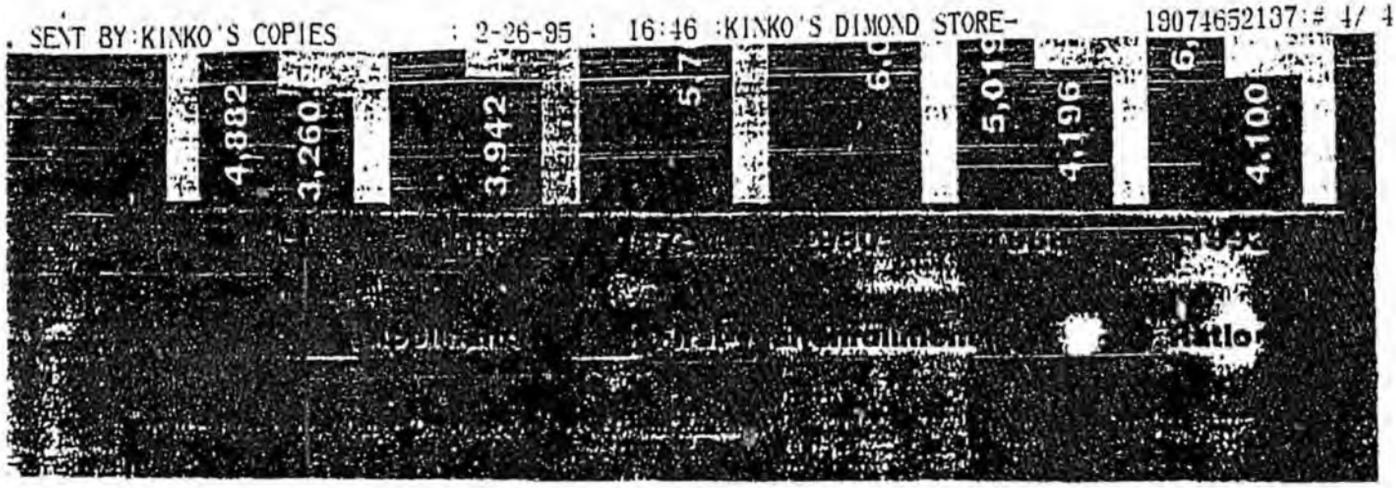
(7) if certified by the board and under the direct or indirect supervision of a licensed dentist, administer and monitor nitrous oxide-oxygen analgesia.

(b) The Board shall specify by regulation those additional functions that may be performed by a licensed dental hygienist only upon successful completion of a formal course of instruction approved by the board. The board shall promulgate regulations specifying the education requirements, evaluation procedures, and degree of supervision required for each function. If certified by the board and under the general supervision of a licensed dentist, other persons may apply topical fluoride and pit and fissure sealants.

This Signature Line Should Continue with an Initials Line

Agreed by: _____ 5/13/91
Robert W. Robinson II, D.M.D. Date
President, Alaska Dental Society

Agreed by: Connie Stewart (FAX) 5/13/91
Connie Stewart Date
ASDHA President by Gail Benis



LETTERS

ADA News Feb. 20 '95

Sealant reliability

Practicing pediatric dentistry in a Navy town for the past 17 years, I have placed my fair share of sealants and have seen thousands of my colleagues' finished products. Two facts have become evident: fissure sealants are not 100 percent successful and certain fissure sealant types are much less dependable than others.

I have noted that light-cured, white opaque fissure sealants do not stand the test of time. I have found the clear sealant to be a more efficacious product. The opaque sealants, however, seem to be the most popular class found in transfer patients. I have also noticed that decay under failed sealants progresses rapidly.

Common sense tells us that carious enamel is unsupported enamel, thus supplying an unstable foundation for the fissure sealant. Also, leaking sealants are a conduit to these untreated areas, causing recolonization of the defective enamel and/or dentin and rapid recurrence of the carious process.

Practice has taught me that not all clinically intact enamel is caries-free. Very often enamelplasty will uncover demineralized tissue. This is especially true with respect to newly erupted molars.

Feb 20, '95

With the advances in polymer chemistry, the marketing of marvelous resin products and the proven benefits of preventive resin restorations, it is difficult for me to understand why another article ("Sealant Use Guidelines Updated," Jan. 9 ADA News) is presented which advocates the sealing in of caries. This style of dentistry just doesn't make sense with the armamentaria, knowledge and skill we all possess.

Gordon H. Dixon, D.D.S.
San Diego

Editor's note: Dr. Dixon's clinical observations underscore the importance of the fact that sealants must be properly applied for good retention and the need for the sealants to be checked regularly as part of periodic recall as indicated in an Association report (JADA May 1987). Avoiding contamination is critical in the placement process. Numerous clinical trials over the past 30 years on large populations support the efficacy of dental sealants. The

See LETTERS, facing page

LETTERS *policy*

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is (312) 440-3538.

3051 Elderberry Drive
Wasilla, Alaska 99654-7403
24 February 1995

To: Legislative Member
Re: Statute Change to the Dental Hygiene Statute 08.32.110
House Bill 182

I am opposed to this statute change because it would decrease the quality of dental care the public deserves and is paying for. While I do not believe dental assistants are incapable of learning to polish teeth and apply pit and fissure sealants, I believe that under the present system, the amount of training and education assistants receive varies enormously. Some undergo formal training, but many are trained on the job. Until all dental assistants are trained under uniform guidelines and demonstrate a certain level of knowledge, and are all certified, I do not think allowing them to perform technically difficult procedures would be safe for their patients.

The application of pit and fissure sealants is a technically sensitive and difficult procedure in which many things can go wrong. It often takes a dentist or hygienist and an assistant to perform. Each step requires careful technique and precise timing. While a properly placed sealant protects the sealed surface from bacterial attack, an improperly placed sealant can leak, causing the tooth to be more at risk from decay than an unsealed tooth. Or it can fail altogether, leaving an unprotected tooth surface.

There is less risk of injuring the patient during polishing and applying fluoride treatments. However, the valuable educational aspects of the "cleaning" can easily be neglected. Many parents have questions that can only be answered by a professional who possesses a thorough grounding in the biological processes that occur in the mouth. A deep theoretical background is helpful even when answering simple concerns of the patient and parents.

I have lived and worked in Washington State where assistants are allowed to perform "child prophies," and for the Indian Health Service where assistants apply pit and fissure sealants, and have worked in several clinics where they performed these functions. In my experience, they tended to "go through the motions". Their answers to parents' questions were vague and uninformed, usually unsatisfactory, and the poor technique they performed in applying sealants resulted in many failures and re-do's. Since the assistants I worked with were all Certified Dental Assistants, I shudder to think what would likely occur with those trained on the job.

Sincerely,

Maxine D. Franklin

Maxine Franklin, R.D.H., B.S.

March 1, 1995

TO ALL HOUSE MEMBERS OF HEALTH, EDUCATION & SOCIAL SERVICES COMITTEE:

On Thursday, March 2, you will consider House Bill 182. It would allow unlicensed dental assistants to clean children's teeth and apply pit and fissure sealants.

I am a Dental Hygienist trained and licensed to do these procedures. You would be compromising patient care and doing a disservice to the public if you pass this bill.

A licensed person, such as a Dentist or Dental Hygienist has received a formal education from a school accredited to teach these procedures, therefore aware of how to do them, when to do them, and WHAT COULD GO WRONG. A licensed individual is also held accountable for a standard of care established by the profession.

In each of these procedures (applying propholactic agents and applying sealants) there are some things that can actually go wrong if the procedure is improperly performed or if treatment is performed inappropriately. I work in a private practice clinical setting. I know for a fact that dental assistants are not taught all of these factors.

Sure, it would be more convenient if an unlicensed preson could legally do these things - it would also be more convenient if your next-door neighbor could dispense antibiodics. But it would not be in the best interest of the public. That is why we have required education, licensing, and accountability for health care professionals.

I have worked for SEARHC in a village setting. I have found them perfectly able to send licensed Dentists and Hygienists to the bush. I submit this is a case of accepting a lesser standard of care to save money. Also an opportunity for Dentists to make a higher return on these commonly performed procedures.

Sincerely,

WILLIAM AND KATHIE RUSSELL
P.O. BOX 872734
WASILLA, ALASKA 99687
907-746-4009

February 26, 1995

Dear Legislative Member,

I am writing to voice my concerns about the House Bill 182 adding a sub-section to the dental hygiene stature 08.32.110 which reads as follows:

(d) this section does not prohibit a dental assistant from applying topical preventive or prophylactic agents or pit and fissure sealants when those duties have been delegated by a dentist licensed under AS 08.36.

I am strictly opposed to this amendment. We must think about the safety of our children, as once again they will be the victims if this bill passes.

Most dental assistants have received on the job training. Even licensed assistants have only 9 months of schooling, compared to 3 or 4 years for Dental Hygienists. Only an accredited school of Dental Hygiene can effectively train assistants in correct instrumentation, anatomy, the chemistry of dental disease, fluoride and patient education. Other than a Dentist, only a trained hygienist can identify medical problems that manifest themselves in the oral cavity before anywhere else in the body. A child prophylaxis is much more than just a polishing.

The application of pit and fissure sealants is a difficult and precise procedure that takes training if the sealant is to be placed properly. Improperly placed sealants are likely to fail leading to leakage and decay that makes the sealant more of a detriment than a preventative aid.

Furthermore, taking these professional services away from Dental Hygienists would be a disservice to the public. They would be receiving services unknowingly from unqualified, improperly trained staff, paying the same price for these procedures and receiving substandard care.

We need to prevent this and protect our children from this unconscious abuse from dentists who want only to utilize their assistants more fully to benefit their financial gain.
PLEASE PREVENT THIS FROM OCCURRING.

Sincerely,

Kathie A. Russell R.D.H.

Kathie A. Russell R.D.H.

Fax # 465-2137

P.O. Box 3645
Palmer, AK 99645
February 25, 1995

To: Representative Toohey
Re: House Bill 182

I oppose the proposed changes to the Dental Hygiene Statute which would allow dental assistants to apply topical or preventive agents or pit and fissure sealants because it would not be in the best interests of the public, which expects, deserves and pays for the services of a licensed professional. Many dentists question the ability of hygienists to place sealants properly, and I can't imagine them being comfortable allowing assistants to take over this difficult procedure.

Similarly, allowing an assistant to clean children's teeth would pose hazards for the public. I have worked in settings where assistants were allowed to clean teeth of children and adults, and found the "cleanings" to be far from acceptable. I have also seen many patients in my private practice setting who have been very unsatisfied with the cleanings they got in public health clinics. They claim that the cleanings consist of a polish, and a superficial going over of the lower front teeth. I find they often have huge deposits of black calculus under the gumline, that have remained, despite their "cleanings", to build up for years.

Even though many people think that children are easy patients, and cleaning their teeth doesn't demand much skill, we hygienists know this is not the case. Children as young as seven years old can develop serious gum disease, which hygienists are trained to detect, but assistants are not. Many children develop dental calculus (tartar), which dental assistants cannot remove, and may not detect. Unremoved calculus contributes to gum disease, which can destroy bone around the tooth roots of even young children.

The placement of pit and fissure sealants, and the performance of all the distinct procedures involved in cleaning the teeth require not only the specific steps of the processes, but a large background of theory and knowledge of the chemical, physical and biological characteristics of oral structures, in addition to the ability to assess the patients' general health in relationship to dental diseases. Patients expect their questions and concerns to be treated with the respect they deserve, and to receive a thorough and correct assessment of their dental problems, which of course is necessary before any treatment can be undertaken.

Dental Hygienists are licensed professionals who are highly trained and educated in both the practical and theoretical aspects of treating dental diseases, and in providing the public with scientifically based prevention -oriented information. To become a dental hygienist requires four years of college education and successful performance on a National Board Examination as well as a State Clinical Exam. In contrast dental assistants receive at best nine months training to become a Certified Dental Assistant. However, this is not a requirement, and many - perhaps most - dental assistants are still trained "on the job", which means that their level of knowledge varies widely. Because of this, I believe it would not be safe to allow dental assistants to perform these delicate and precise dental procedures.

Sincerely,

Alicia Hermon, RDH

Alicia Hermon, R.D.H.

FEB 27, 1995

TO: CYNTHIA TOOHEY

RE: STATUTE CHANGE TO THE DENTAL HYGIENE STATUTE 08.32.110

PLEASE DELETE THE STATUTE CHANGE OR OPPOSE THE CHANGE.

REASONS

1) DENTAL ASSISTANTS WITH NO FORMAL TRAINING OR EDUCATION CAN DO SAID PROCEDURES.

2) THEREFORE, THE PUBLIC IS NOT ASSURED OF A CERTAIN STANDARD OF CARE. DENTAL HYGIENISTS HAVE EDUCATION & TRAINING — ALASKA BOARD CERTIFIED. KEEP THE STANDARD.

Thank You,

Claudia Sauer
P. O. BOX 6803
KETCHIKAN, AK 99901
247-8607

February 24, 1995

Patricia A. Weeks, R.D.H.
16038 Mammoth Cir.
Eagle River, Alaska 99577
(907) 696-4651

Dear Committee members,

I am opposed to Cynthia Toohey's House Bill 182 regarding dental assistants for three reasons:

1) If assistants are allowed to polish teeth (apply prophylactic agents) they will inevitably be allowed to "clean" the teeth of, at the very least, children. Assistants are not legally allowed to remove the tartar, so they will merely polish over it. Even children as young as six can get tartar buildup and the associated gum disease it causes. The dentist will save time and money, but the patient's oral health will undoubtedly suffer, especially the children.

2) Fluoride and pit and fissure sealants should not be applied by someone without the proper understanding, training, education and background to apply them correctly. Improperly placed sealants can allow tooth decay and improper fluoride application has caused poisoning in children. Once again, it is the children who would suffer from the relaxing of the present law.

3) There is already an over-abundance of dental hygienists, whose job these three procedures have encompassed, in the Anchorage bowl. There are currently at least six hygienists on the waiting list for a job opening. I, myself, have been waiting for a job opening for over nine months. If assistants are allowed to do many tasks that previously only hygienists could do, there will be even more hygienists looking for work.

Rural dentists are properly trained to do these procedures. They should either do it themselves or employ a qualified hygienist to do them, and not try to pass it on to an unqualified assistant.

Passing this bill would benefit dentists financially, hurt dental hygienists professionally and economically and would not benefit the public. It would, in fact, offer them a lower standard of care.

Respectfully,

Patricia A. Weeks

Patricia A. Weeks, R.D.H.

03/06/95 LEGISLATIVE TELECONFERENCE NETWORK LTN1405
14:26:45 N CONFERENCE DISPLAY PAGE 05 - PARTICIPANTS BY SITE L362
TCN 50283 T/C DATE: 03/02/95 TIME: 14:30 to 16:30 STATUS: 7 STATS IN
SITE: LIO ANC VTS ANCHORAGE

9	_____	DEBRA	MESTAS	_____	T 02 HB 157	
	8200 FRANK ST		ANCHORAGE	AK 99518	(907)349-8835	
10	_____	JULIANNE	MINARIK	_____	T 02 HB 157	
	PO BOX 126		GIRDWOOD	AK 99587	(907)783-3459	
11	_____	FRANCES	JAYNES	_____	T 02 HB 157	
	2900 CHESAPEAKE AVE		ANCHORAGE	AK 99516	(907)345-4579	
12	_____	JAMES	PIZZADILI	_____	T 02 HB 157	
	3801 MCCAIN COOP		ANCHORAGE	AK 99503	(907)562-6211	

MSG: 1410 NO FURTHER INFORMATION
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03/06/95 LEGISLATIVE TELECONFERENCE NETWORK LTN1405
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TCN 50283 T/C DATE: 03/02/95 TIME: 14:30 to 16:30 STATUS: 7 STATS IN
SITE: LIO DLG VTS DILLINGHAM

1	DR.	KEN	CROOKS	BBAHC	T 01 HB 182	
	PO BOX 1610		DILLINGHAM	AK 99576	(907)842-5365	
2	MS.	ROBIN	STRATTON	BBAHC	T 01 HB 182	
	PO BOX 1417		DILLINGHAM	AK 99576	(907)842-4330	

MSG: 1410 NO FURTHER INFORMATION
ENTER Pg# 09 PF2 NextC# ynnnn PF3 Exit PF5 Update PF7 Bwd PF8 Fwd PF12 Quit

03/06/95 LEGISLATIVE TELECONFERENCE NETWORK LTN1405
14:27:41 N CONFERENCE DISPLAY PAGE 05 - PARTICIPANTS BY SITE L362
TCN 50283 T/C DATE: 03/02/95 TIME: 14:30 to 16:30 STATUS: 7 STATS IN
SITE: LIO FBX VTS FAIRBANKS

1	MS.	PHYLLIS	CAVANAUGH	TCC	T 01 HB 182	
	122 1ST AVE. SUITE 600		FAIRBANKS	AK 99701	(907)452-8251	
2	MS.	E.L.	WHEELER, DDS	TCC	T 01 HB 182	
	122 1ST AVE. SUTIE 600		FAIRBANKS	AK 99701	(907)452-8251	

```
MSG: 1410 NO FURTHER INFORMATION
ENTER Pg# 09 PF2 NextC# ynnnn PF3 Exit PF5 Update  PF7 Bwd  PF8 Fwd   PF12 Quit

03/06/95                LEGISLATIVE TELECONFERENCE NETWORK                LTN1405
14:27:55  N     CONFERENCE DISPLAY PAGE 05 - PARTICIPANTS BY SITE        L362
TCN 50283      T/C DATE: 03/02/95  TIME: 14:30 to 16:30    STATUS: 7 STATS IN
SITE: LIO FBX VTS     FAIRBANKS
     1 MS.    PHYLLIS       CAVANAUGH        TCC              T 01 HB 182
       122 1ST AVE. SUITE 600   FAIRBANKS        AK 99701   (907)452-8251
     2 MS.    E.L.          WHEELER, DDS     TCC              T 01 HB 182
       122 1ST AVE. SUTIE 600   FAIRBANKS        AK 99701   (907)452-8251
```

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MSG: 1410 NO FURTHER INFORMATION
ENTER Pg# 09 PF2 NextC# ynnnn PF3 Exit PF5 Update  PF7 Bwd  PF8 Fwd   PF12 Quit

03/06/95                LEGISLATIVE TELECONFERENCE NETWORK                LTN1405
14:28:15  N     CONFERENCE DISPLAY PAGE 05 - PARTICIPANTS BY SITE        L362
TCN 50283      T/C DATE: 03/02/95  TIME: 14:30 to 16:30    STATUS: 7 STATS IN
SITE: LIO DLG VTS     DILLINGHAM
     1 DR.    KEN           CROOKS           BBAHC            T 01 HB 182
       PO BOX 1610              DILLINGHAM       AK 99576   (907)842-5365
     2 MS.    ROBIN         STRATTON         BBAHC            T 01 HB 182
       PO BOX 1417              DILLINGHAM       AK 99576   (907)842-4330
```

```
MSG: 1410 NO FURTHER INFORMATION
ENTER Pg# 09 PF2 NextC# ynnnn PF3 Exit PF5 Update  PF7 Bwd  PF8 Fwd   PF12 Quit

03/06/95                LEGISLATIVE TELECONFERENCE NETWORK                LTN1405
14:28:20  N     CONFERENCE DISPLAY PAGE 05 - PARTICIPANTS BY SITE        L362
TCN 50283      T/C DATE: 03/02/95  TIME: 14:30 to 16:30    STATUS: 7 STATS IN
SITE: LIO FBX VTS     FAIRBANKS
```

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 1 MS.    PHYLLIS      CAVANAUGH        TCC                T 01 HB 182
   122 1ST AVE. SUITE 600   FAIRBANKS        AK 99701   (907)452-8251
 2 MS.    E.L.         WHEELER, DDS     TCC                T 01 HB 182
   122 1ST AVE. SUTIE 600   FAIRBANKS        AK 99701   (907)452-8251
```

```
MSG: 1410 NO FURTHER INFORMATION
ENTER Pg# 09 PF2 NextC# ynnnn PF3 Exit PF5 Update  PF7 Bwd  PF8 Fwd   PF12 Quit

03/06/95                LEGISLATIVE TELECONFERENCE NETWORK              LTN1405
14:28:31  N     CONFERENCE DISPLAY PAGE 05 - PARTICIPANTS BY SITE       L362
TCN 50283      T/C DATE: 03/02/95  TIME: 14:30 to 16:30    STATUS: 7 STATS IN
SITE: LIO SIT VTS     SITKA
     1 ______ LISA          SADLER-HART          _________________ O 02 HB 157
       107 BAHRT CIRCLE          SITKA            AK 99835   (907)747-5985
```

```
MSG: 1410 NO FURTHER INFORMATION
ENTER Pg# 09 PF2 NextC# ynnnn PF3 Exit PF5 Update  PF7 Bwd  PF8 Fwd   PF12 Quit

03/06/95                LEGISLATIVE TELECONFERENCE NETWORK              LTN1405
14:28:40  N     CONFERENCE DISPLAY PAGE 05 - PARTICIPANTS BY SITE       L362
TCN 50283      T/C DATE: 03/02/95  TIME: 14:30 to 16:30    STATUS: 7 STATS IN
SITE: LIO SOL VTS     KEN/SOL
     1 DR.    DAN          PITTS            AK DENTAL SOC    T 01 HB 182
       155 SMITH WAY            SOLDOTNA         AK 99669   (907)262-9233
```

MSG: 1410 NO FURTHER INFORMATION
ENTER Pg# 09 PF2 NextC# ynnnn PF3 Exit PF5 Update PF7 Bwd PF8 Fwd PF12 Quit

03/06/95 LEGISLATIVE TELECONFERENCE NETWORK LTN1409
14:28:59 N CONFERENCE DISPLAY PAGE 09 - REPORT CARD L362
TCN 50283 T/C DATE: 03/02/95 TIME: 14:30 to 16:30 STATUS: 7 STATS IN
SPONSOR COMMENTS

LIO RESPONSE

MSG: 0013 PLEASE PRESS A VALID FUNCTION KEY
ENTER Pg# 10 PF2 NextC# ynnnn PF3 Exit PF4 Menu PF5 Update PF12 Quit

03/06/95 LEGISLATIVE TELECONFERENCE NETWORK LTN1409
14:28:59 N CONFERENCE DISPLAY PAGE 09 - REPORT CARD L362
TCN 50283 T/C DATE: 03/02/95 TIME: 14:30 to 16:30 STATUS: 7 STATS IN
SPONSOR COMMENTS

LIO RESPONSE

MSG: 0013 PLEASE PRESS A VALID FUNCTION KEY
ENTER Pg# 10 PF2 NextC# ynnnn PF3 Exit PF4 Menu PF5 Update PF12 Quit

03/06/95 LEGISLATIVE TELECONFERENCE NETWORK LTN1409
14:28:59 N CONFERENCE DISPLAY PAGE 09 - REPORT CARD L362
TCN 50283 T/C DATE: 03/02/95 TIME: 14:30 to 16:30 STATUS: 7 STATS IN
SPONSOR COMMENTS

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03/03/95                LEGISLATIVE TELECONFERENCE NETWORK                LTN1403
08:28:27  N      CONFERENCE DISPLAY PAGE 03 - PARTICIPATING LIOs          L362
TCN 50283       T/C DATE: 03/02/95  TIME: 14:30 to 16:30    STATUS: 7 STATS IN
  * LIO   NAME            ROOM ADDRESS      ROOM#  MODERATOR
    ANC ANCHORAGE         716 W 4TH, #200   ZZZ    ZZZ LOCATION STAFF
    DLG DILLINGHAM        KANGIIQUTAQ BLDG  ZZZ    ZZZ LOCATION STAFF
    FBX FAIRBANKS         119 N CUSHMAN ST  ZZZ    ZZZ LOCATION STAFF
  * JNU JUNEAU            CAPITOL           CAP106 ZZZ LOCATION STAFF
    SIT SITKA             210 LAKE STREET   ZZZ    ZZZ LOCATION STAFF
    SOL KEN/SOL           34824 KALIFONSKY  ZZZ    ZZZ LOCATION STAFF

MSG: 1410 NO FURTHER INFORMATION
ENTER Pg# 04 PF2 NextC# ynnnn PF3 Exit PF4 Menu PF5 Update PF7 Bwd PF8 Fwd

03/03/95                LEGISLATIVE TELECONFERENCE NETWORK                LTN1405
08:29:21  N      CONFERENCE DISPLAY PAGE 05 - PARTICIPANTS BY SITE        L362
TCN 50283       T/C DATE: 03/02/95  TIME: 14:30 to 16:30    STATUS: 7 STATS IN
SITE: LIO ANC VTS     ANCHORAGE
     1 _______ JOELLEN       TATE RINKER                  _____________ T 01 HB 182
       2061 STURBRIDGE CIR        ANCHORAGE        AK 99507   (907)349-4149
     2 _______ LISA          HODSON SMITH                 _____________ T 01 HB 182
       1830 N SALEM DR            ANCHORAGE        AK 99508   (907)562-7383
     3 _______ CECILIA       PREZIOSE                     _____________ T 01 HB 182
       4858 CANTERBURY WAY        ANCHORAGE        AK 99503   (907)562-7363
     4 _______ LARRY         WIGET                ASD           T 03 HB 172
       4600 DEBARR RD             ANCHORAGE        AK 99510   (907)262-2255
     5 _______ CAROL         STOLPE                       _____________ T 01 HB 182
       1741 GEORGE BELL           ANCHORAGE        AK 99515   (907)345-0448
     6 _______ JULIE         BLEIER                       _____________ T 01 HB 182
       24343 LILAC CT, APT D      ANCHORAGE        AK 99506   (907)272-6122
     7 _______ BARBARA       O'DONNELL                    _____________ T 01 HB 182
       1908 HILLCREST DR NO 8     ANCHORAGE        AK 99517   (907)272-9246
     8 _______ BEVERLY       WOOLEY                       _____________ T 02 HB 157
       2073 DIMOND DR             ANCHORAGE        AK 99507   (907)563-3202
MSG:
ENTER Pg# 09 PF2 NextC# ynnnn PF3 Exit PF5 Update  PF7 Bwd  PF8 Fwd   PF12 Quit

03/03/95                LEGISLATIVE TELECONFERENCE NETWORK                LTN1405
08:29:21  N      CONFERENCE DISPLAY PAGE 05 - PARTICIPANTS BY SITE        L362
TCN 50283       T/C DATE: 03/02/95  TIME: 14:30 to 16:30    STATUS: 7 STATS IN
SITE: LIO ANC VTS     ANCHORAGE
     1 _______ JOELLEN       TATE RINKER                  _____________ T 01 HB 182
       2061 STURBRIDGE CIR        ANCHORAGE        AK 99507   (907)349-4149
     2 _______ LISA          HODSON SMITH                 _____________ T 01 HB 182
       1830 N SALEM DR            ANCHORAGE        AK 99508   (907)562-7383
     3 _______ CECILIA       PREZIOSE                     _____________ T 01 HB 182
       4858 CANTERBURY WAY        ANCHORAGE        AK 99503   (907)562-7363
     4 _______ LARRY         WIGET                ASD           T 03 HB 172
       4600 DEBARR RD             ANCHORAGE        AK 99510   (907)262-2255
     5 _______ CAROL         STOLPE                       _____________ T 01 HB 182
```

03/02/95 LEGISLATIVE TELECONFERENCE NETWORK SYSTEM LTN1150

14:27:12 PARTICIPANT LIST (ALL PARTICIPANTS) BY:ANC

TCN:50283 SCHEDULED FOR:03/02/95 14:30 TO 16:00 FOR:ANC

PUBLIC HEARING HOUSE HEALTH, EDUCATION & SOCIAL SERVICE

LOCATION ANCHORAGE

HB 182	JOELLEN	TATE RINCKER		TESTIFY
HB 182	LISA	RODSON SMITH		TESTIFY
HB 182	CECILIA	PREZIOSE		TESTIFY
HB 182	CAROL	STOLPE		TESTIFY
HB 182	JULIE	BREIER		TESTIFY
HB 172	LARRY	WIGET	ASD	TESTIFY

03/02/95 LEGISLATIVE TELECONFERENCE NETWORK SYSTEM LTN1150

14:38:16 PARTICIPANT LIST (ALL PARTICIPANTS) BY:FBX

TCN:50283 SCHEDULED FOR:03/02/95 14:30 TO 16:00 FOR:FBX

PUBLIC HEARING HOUSE HEALTH, EDUCATION & SOCIAL SERVICE

LOCATION:FAIRBANKS

HB 182	MS.	PHYLLIS	CAVANAUGH	TCC	TESTIFY

Alaska State Legislature

House of Representatives

COMMITTEE ON HEALTH, EDUCATION AND SOCIAL SERVICES

DATE: MARCH 2 1995

PLACE: Capitol Room 106

SUBJECT OF MEETING:

HB 182: Delegation of Duties to Dental Assistants

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY? Y	N	WHAT SUBJECT/ WHICH BILL?
Kathleen Williamson	self	Box 33944 Juneau AK	99803	799-	799-3100	(Y)	N	HB182
Tom Bornstein	SEARHC	3245 HOSPITAL DR JUNEAU AK	99801	790 4050	463 4070	(Y)	N	182
Theresa Jordan	SEARHC	3245 Hospital Dr Juneau Ak	99801	209-3064	463-4041	Y	(N)	HB 182
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	

```
        1741 GEORGE BELL          ANCHORAGE          AK 99515    (907)345-0448
      6 ______ JULIE         BLEIER                 _____________ T 01 HB 182
        24343 LILAC CT, APT D     ANCHORAGE          AK 99506    (907)272-6122
      7 ______ BARBARA       O'DONNELL              _____________ T 01 HB 182
        1908 HILLCREST DR NO 8    ANCHORAGE          AK 99517    (907)272-9246
      8 ______ BEVERLY       WOOLEY                 _____________ T 02 HB 157
        2073 DIMOND DR            ANCHORAGE          AK 99507    (907)563-3202

 MSG:
 ENTER Pg# 09 PF2 NextC# ynnnn PF3 Exit PF5 Update  PF7 Bwd  PF8 Fwd   PF12 Quit
4BÜ                .H                                          ë-ëPC LINE 5  COL 12

 03/03/95                  LEGISLATIVE TELECONFERENCE NETWORK                LTN1402
 08:30:18  N              CONFERENCE DISPLAY PAGE 02 - AGENDA                  L362
 TCN 50283        T/C DATE: 03/02/95  TIME: 14:30 to 16:30    STATUS: 7 STATS IN
           REF#  BILL    BILL TITLE/SUBJECT
            01  HB 182 DELEGATION OF DUTIES TO DENTAL ASSISTANTS
            02  HB 157 DIETITIANS AND NUTRITIONISTS
            03  HB 172 KINDERGARTEN & MISC. EDUC

 MSG:
 ENTER Pg# 03 PF2 NextC# ynnnn PF3 Exit PF4 Menu PF5 Update            PF12 Quit

 03/03/95                  LEGISLATIVE TELECONFERENCE NETWORK                LTN1403
 08:30:27  N       CONFERENCE DISPLAY PAGE 03 - PARTICIPATING LIOs           L362
 TCN 50283        T/C DATE: 03/02/    TIME: 14:30 to 16:30    STATUS: 7 STATS IN
   * LIO   NAME                    RESS          ROOM#  MODERATOR
     ANC ANCHORAGE                 TH, #200      ZZZ    ZZZ LOCATION STAFF
     DLG DILLINGHAM          KNG.  QUTAQ BLDG    ZZZ    ZZZ LOCATION STAFF
     FBX FAIRBANKS           119 N CUSHMAN ST    ZZZ    ZZZ LOCATION STAFF
   * JNU JUNEAU              CAPITOL             CAP106 ZZZ LOCATION STAFF
     SIT SITKA               210 LAKE STREET     ZZZ    ZZZ LOCATION STAFF
     SOL KEN/SOL             34824 KALIFONSKY    ZZZ    ZZZ LOCATION STAFF

 MSG: 1410 NO FURTHER INFORMATION
 ENTER Pg# 04 PF2 NextC# ynnnn PF3 Exit PF4 Menu PF5 Update PF7 Bwd PF8 Fwd

 03/03/95                  LEGISLATIVE TELECONFERENCE NETWORK                LTN1410
 08:30:50  N          CONFERENCE DISPLAY PAGE 10 - FINAL STATS                 L362
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03/02/95 LEGISLATIVE TELECONFERENCE NETWORK SYSTEM LTN1150

14:37:15 PARTICIPANT LIST (ALL PARTICIPANTS) BY:DLG

TCN:50283 SCHEDULED FOR:03/02/95 14:30 TO 16:00 FOR:DLG

PUBLIC HEARING HOUSE HEALTH, EDUCATION & SOCIAL SERVICE

LOCATION DILLINGHAM

HB 182	DR.	KEN	CROOKS	BBAHC	TESTIFY
HB 182	MS.	ROBIN	STRATTON	BBAHC	TESTIFY

03/02/95 LEGISLATIVE TELECONFERENCE NETWORK SYSTEM LTN1150

14:23:08 PARTICIPANT LIST (TESTIFIERS ONLY) BY:JNU

TCN:50283 SCHEDULED FOR:03/02/95 14:30 TO 16:00 FOR:ALL

PUBLIC HEARING HOUSE HEALTH, EDUCATION & SOCIAL SERVICE

LOCATION KEN/SOL

[redacted] AK DENTAL SOC TESTIFY

03/02/95 LEGISLATIVE TELECONFERENCE NETWORK SYSTEM LTN1150

14:55:30 PARTICIPANT LIST (ALL PARTICIPANTS) BY:FBX

TCN:50283 SCHEDULED FOR:03/02/95 14:30 TO 16:00 FOR:FBX

PUBLIC HEARING HOUSE HEALTH, EDUCATION & SOCIAL SERVICE

LOCATION:FAIRBANKS

HB 182	MS.	PHYLLIS	CAVANAUGH	TCC	TESTIFY
HB 182		E.L.	WHEELER, DDS	TCC	TESTIFY