

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 8672

1373 HHESS HB 459 - HB 464, HB 465

81 MAY 8 AM 2 45

20493 PWA WACHOBAGE ALASKA IS THE ONLY 13100 ANT
PWS REP DONALD CLOCKSTEIN

JUN

TO INSURE CONTINUING QUALITY CARE BY DENTAL HEALTH PROFESSIONALS
TAKE NO ACTION ON SSHEAS9.

JANE YIEN

PO BOX 1357

ANCHORAGE AK 99500

TELEGRAM

ALISCOM INC.
PHONE: 585-4413
JURNEAU, AK 99602

58

20105 PWA WACHOBAGE AK IS THE ONLY 13100 ANT
PWS REP DONALD CLOCKSTEIN

JUN

OPPOSITE SSHEAS9 ADVISORY SERVICE TO BAY ALASKA FOR QUALITY SERVICE
SERVICES NEED FOCUSING.

LOIS SEBANE

7742 SUNDAY WACHOBAGE AK 99500

TELEGRAM

ALISON LTD.
PHONE: 66-6442
HONOLULU, AK 96802

00051 POU ANCHORAGE AK 15 25-07 0950A AOT
PWS REP NOV CLOCKSTH

JUNEAU

SHOTS ARENT THE ISSUE, OPPOSE VINDICTIVE LEGISLATION, SAY NO TO

SCHWASS

LOIS ANN PEDDER

37A BOX 2267A ANCHORAGE 99507

WASHINGTON
1971

OREGON
1972

IDAHO

WYOMING

UTAH

COLORADO

CALIFORNIA
1976

ARIZONA

NEW MEXICO

MISSOURI

OKLAHOMA



Jill Logan Sunday R.D.H.
828 E. 78th
Anchorage, Alaska 99502

May 5, 1981

Representative Donald E. Clocksin, Chairman
Health, Education, and Social Services Committee
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Clocksin:

I am a Registered Dental Hygienist, currently licensed and actively practicing full time in Anchorage, Alaska. I am writing in opposition to House Bill SSHB 459.

In January, 1981, the Alaska State Board of Dental Examiners approved regulations for the Dental Hygienist's administration of local anesthetic. The ASBDE spent over two years researching data and collecting testimony pertinent to the administration of local anesthetic with the end result being passage of our new State Dental Hygiene Regulations. These regulations set forth the educational requirements needed to become certified to administer local anesthetic in Alaska.

There are currently eleven Western States in which Dental Hygienists are licensed to administer local anesthetics (see attachment A). All the Dental and Dental Hygiene Institutions in these States, except one school in Arizona, provide instruction in the administration of anesthetics and analgesics.

Questions have arisen concerning a Dental Hygienist's formal instruction and ability to provide competent administration of local anesthetics. Attached is information pertaining to the University of Oregon Health Sciences Center Dental Hygiene Curriculum related to local anesthetics. (see attachment B) It should be noted that Dental and Dental Hygiene students take the same course of "Pain and Anxiety Control" with Dental Hygiene students receiving additional training over dental students.

The above mentioned program is only one example of the fine education that Dental Hygienists are receiving in the administration of local anesthetics. Being able to provide this procedure is of immense benefit to the patient in that the Hygienist is able to provide more comfortable and thorough dental care.

Therefore, I urge you to seriously consider not moving House Bill SSHB459, as it now reads, out of committee. This Bill is in direct conflict with the ASBDE regulations.

Sincerely,

Jill Logan Sunday R.D.H.

Jill Logan Sunday R.D.H.

Attachments

Article 3
ADMINISTRATION OF LOCAL ANESTHETIC
AGENTS BY DENTAL HYGIENISTS

Section

- 310. Administration of local anesthetic agents
- 320. Certification required
- 330. Approval of course of instruction
- 340. Requirements for course of instruction in local anesthetics
- 350. Expiration and renewal of certification
- 360. Registry

12 AAC 28.310. ADMINISTRATION OF LOCAL ANESTHETIC AGENTS. A licensed dental hygienist may administer local anesthetic agents under the supervision of a person licensed to practice dentistry in the state and after receiving certification from the board. Supervision means that a licensed dentist is in the dental facility, authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental hygienist. (Eff. 5/31/81, Reg. 78)

Authority: AS 08.32.110(b)

12 AAC 28.320. CERTIFICATION REQUIRED. (a) No dental hygienist may administer local anesthetic agents without certification from the board.

(b) A dental hygienist desiring certification from the board shall apply to the board.

(c) The application must be accompanied by written verification of successful completion from the sponsoring college or university of a course of instruction approved by the board. The board may approve only a course of instruction sponsored by an accredited university or college. (Eff. 5/31/81, Reg. 78)

Authority: AS 08.32.110(b)

12 AAC 28.330. APPROVAL OF COURSE OF INSTRUCTION. The board may, upon its own motion or upon the request of any interested person, approve a course of instruction upon receipt of:

- (1) the name of the college or university sponsoring the course;

(2) the name of the accredited college or university faculty member presenting the course;

(3) a course outline which verifies inclusion of those subjects and procedures required by 12 AAC 28.330;

(4) an explanation of the evaluation procedures used to determine successful completion of the course.
(Eff. 5/31/81, Reg. 78)

Authority: AS 08.32.110(b)

12 AAC 28.340. REQUIREMENTS FOR COURSE OF INSTRUCTION IN LOCAL ANESTHETICS. A course of instruction in local anesthetics must include:

(1) at least 16 clock hours of classroom lecture;

(2) at least eight clock hours of laboratory instruction during which time three injections each of the anterior palatine, incisive palatine, anterior and middle superior alveolar, posterior superior alveolar, inferior alveolar, mental, long buccal, and infiltration injections are administered;

(3) clinical experience sufficient to establish the hygienist's ability to adequately anesthetize the entire dentition and supporting structures in a clinical setting, requiring not less than six clock hours, under the direct supervision of course faculty, during which time each patient receiving an injection receives a dental service;

(4) instruction in

(A) medical history evaluation procedures,

(B) anatomy of the head, neck and oral cavity as it relates to administering local anesthetic agents;

(C) pharmacology of local anesthetic agents, vaso constrictors and preservatives, including physiologic actions, types of anesthetics, and maximum dose per weight;

(D) systemic conditions which influence selection and administration of anesthetic agents;

(E) signs and symptoms of reactions to local anesthetic agents, including monitoring of vital signs;

(F) management of reactions to, or complications associated with, the administration of local anesthetic agents to include

(i) a currently valid cardio-pulmonary resuscitation certification card from either the American Heart Association or the American Red Cross; or

(ii) a provision for instruction and certification in cardio-pulmonary resuscitation from an instructor certified in cardio-pulmonary resuscitation by the American Heart Association or the American Red Cross as a part of the course curriculum;

(G) selection and preparation of the armamentaria for administering various local anesthetic agents;

(H) methods of administering local anesthetic agents with emphasis on

(i) technique;

(ii) aspiration;

(iii) slow injection;

(iv) minimum effective dosage.

(5) instruction by a faculty member of the college or university presenting the course; and

(6) procedures for determining whether the hygienist has acquired the necessary knowledge and proficiency to administer local anesthetic agents. (Eff. 5/31/81, Reg. 78)

Authority: AS 08.32.110(b)

12 AAC 28.350. EXPIRATION AND RENEWAL OF CERTIFICATION. (a) A certification to administer local anesthetic agents expires on the date the dental hygienist's license expires or is revoked or suspended.

(b) A certification to administer local anesthetic agents will be renewed when the dental hygienist's license to practice is renewed. (Eff. 5/31/81, Reg. 78)

Authority: AS 08.32.110(b)

Register 78

PROFESSIONAL AND
VOCATIONAL REGULATIONS

12 AAC 28.360

12 AAC 28.400

12 AAC 28.360. REGISTRY. The board shall maintain a registry of all board approved courses of instruction and all dental hygienists certified to administer local anesthetic agents. (Eff. 5/31/81, Reg. 78)

Authority: AS 08.32.110(b)

Article 4
GENERAL PROVISIONS

Section
400. Definitions

12 AAC 28.400. DEFINITIONS. In this chapter,

(1) "administer local anesthetic agents" means the administration of local anesthetic agents by injection, both infiltration and block, limited to the oral cavity, for the purposes of pain control; and

(2) "board" means the Board of Dental Examiners.
(Eff. 5/31/81, Reg. 78)

Authority: AS 08.32.110(b)

Testimony of Linda C. Mulder, R.D.H.
Given at Legislative Hearings on SSHB 459

May 14, 1981

Representative Donald Clocksin, Chairman
Representative Terry Martin
Representative Michael F. Beirne
Representative Bette Cato
Representative Jim Duncan
House of Representatives
Pouch V
Juneau, Alaska 99811
Re: SSHB 459

Dear Members of the HESS Committee:

As a concerned dental hygienist, I oppose SSHB 459.

I am a graduate of Idaho State University (1976) with a Baccalaureate Degree in dental hygiene and biology, and have been practicing dental hygiene for five years in both Idaho and Alaska.

During my dental hygiene curriculum, local anesthesia administration plus related courses (see pages 4 and 5) were taught by a faculty of dentists and dental hygiene educators. Also, a year and a half ago I attended a local anesthetic continuing education course at ISU.

The didactic content of these courses included head and neck anatomy, pharmacology of local anesthetics and vasoconstrictors, the prevention and management of anesthetic complications, selection of anesthetic solutions, and the technique for administering local anesthetic agents. (Cardio-pulmonary resuscitation was also stressed).

The following topics were emphasized:

1. To provide an understanding of pain and nerve physiology
2. The neuroanatomy of the trigeminal nerve-the largest cranial nerve and the one most relevant to dentistry
3. The mode of action, properties, classification and dosages of the most commonly used local anesthetics

4. The importance of a thorough and complete preanesthetic (medical/dental history) evaluation before administering any local anesthetic agent. This is necessary for the patient's health and to assure him that comprehensive care is being given.
5. Safe and painless injections are partially dependent upon quality armamentarium
6. Accurate and complete record keeping is imperative
7. The proper technique for administering local anesthetic agents will provide relatively painless injections, therefore, anatomical landmarks, the point of needle insertion, needle pathway and area for anesthetic solution deposition will assure patient comfort.

Clinical competence was achieved by administration of local anesthesia to appropriate dental hygiene patients who received root planing/curettage procedures (eight infiltration and nerve block injections - three of each).

I have provided local anesthesia to my patients (in both states) under the direct supervision of my dentist employer to facilitate my rendering of dental hygiene services.

I have found it to be very beneficial in the following ways:

1. Patient comfort - helps decrease anxiety and sensitivity during a periodontal prophylaxis
2. Efficient utilization of both the dentist's and my scheduled appointment time - I do not have to wait on the dentist to administer the anesthetic; the doctor does not have to interrupt his procedure, therefore, much more could be accomplished for the patient
3. A thorough periodontal cleaning would be provided for the patient

In closing, I would like to leave a few thoughts with you.

The Board of Dental Examiners specify standards for education, evaluation, regulation and supervision of those expanded functions which require additional education and training beyond our basic education. By the development of formal courses (twelve western states provide this education in the dental hygiene schools and allow these procedures to be performed) and

requiring their review by the Board, the safety of the consumer would be protected.

We are required to have a supervising dentist who is ultimately responsible, by his own choice to accept that responsibility, for what he authorizes us to do.

The education and licensing mechanism has established hygienists as well-prepared and competent professional oral health educators and clinical practitioners who are licensed to provide direct patient care services to the public as part of the dental care team. The duties of the dental hygienist are well-defined and they should be entitled to practice their profession, within reasonable limitations, without the restrictions that are imposed on unlicensed personnel.

Again, I urge you to give this consideration and oppose SSHB 459.

Thank you for allowing me to voice my concerns.

Sincerely,

Linda C. Mulder, R.D.H.

Linda C. Mulder, R.D.H.
4424 E. 6th Ave.
Anchorage, Alaska 99504

The following courses were included in my Baccalaureate Degree Dental Hygiene Program at Idaho State University - Pocatello, Idaho.

| | |
|---|------------|
| Biology | 11 credits |
| English Composition | 6 credits |
| Physical Education | 3 credits |
| Psychology | 3 credits |
| Humanities | 8 credits |
| Mathematics | 8 credits |
| Sociology | 3 credits |
| Nutrition | 3 credits |
| Microbiology | 4 credits |
| Fundamentals of Speech | 3 credits |
| Essentials of Chemistry | 10 credits |
| Human Anatomy and Physiology | 8 credits |
| Principles of Accounting | 3 credits |
| Pharmacology | 3 credits |
| Principles of Dental Hygiene | 1 credit |
| Oral Morphology | 6 credits |
| Oral Pathology | 3 credits |
| Clinical Dental Hygiene (I, II, III, IV) | 16 credits |
| Dental Material and Office Procedures | 2 credits |
| Roentgenographic Technique | 2 credits |
| Dental Therapeutics | 1 credit |
| Research Methodology In Dental Hygiene | 2 credits |
| Preventative and Community Dental Health | 2 credits |
| Dental Hygiene Teaching Practicum | 2 credits |
| Dental Hygiene Specialty Elective | 2 credits |
| Ethics and Jurisprudence | 2 credits |
| Community Dental Health | 2 credits |
| Introduction to Administrative Procedures | 2 credits |

The following expanded functions were included in Idaho State University's dental hygiene program:

Local anesthesia

Rubber dam technique

Placement and removal of matrices and wedges

Placement and carving of amalgam and tooth colored restorations

Applying bases and cavity liners

Placement of temporary restorations

Placement of space maintainers

Placement of pre-formed aluminum crowns, plastic and custom plastic temporary crowns

Placement and removal of periodontal and surgical dressings and sutures

Mouthguard appliances

Placement of gingival retraction cords

Pit and fissure sealants

Nitrous oxide analgesia

Custom acrylic impression trays

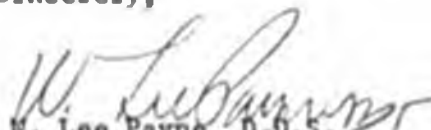
W. Lee Payne, D.D.S., P.C.
Medical Dental Arts Bldg.
1919 Lathrop St., Suite 211
Drawer #15
Fairbanks, Alaska 99701
452-1866
May 7, 1981

Rep Donald E. Clocksin, Chairman
Health, Education and Social Services Committee
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Rep Clocksin:

I am writing concerning HB 459. Basically as I understand it this bill would prevent dental hygienists from administering local anesthetics under the direct or indirect supervision of a licensed dentist. This subject has been kicked around in the dental community in Alaska for quite sometime and has become a very emotional topic. The bottom line on the issue should be, are Dental Hygienists after being properly educated to administer local anesthetic capable of doing so without presenting a significant threat to their patients. The State board of dental examiners after holding public hearings and also after hearing from many members in the dental profession here in Alaska came to the conclusion, that duly trained Dental Hygienists should be allowed to administer local anesthetics. As a member of the Executive Council of the Alaska State Dental Society I have been present when letters were read stating all the years, etc. of training that goes into making one qualified to be able to give local anesthetics. While this letter with it's technical language and scientific terms might lead one without a dental back ground to believe that if hygienists start giving injections the consumers are going to start dropping off like flies. This is not only a scare tactic, but pure bunk! The law should stipulate that the hygienist only administer anesthetic under the direct supervision of a dentist, but to deny them this part of their profession on the grounds they aren't capable is highly unfair. Another thing I object to is that the letter from the executive council leads one to think the entire State Society is supportive of it's views, when in fact a telephone poll of each dentist member revealed more dentists were actually in favor of the hygienists delivering anesthetic than not. I would urge you to not pass this piece of legislation, but rather leave things in the hands of the Board of Dental Examiners to act as the watch dog for the State regarding dental matters.

Sincerely,


W. Lee Payne, D.D.S.

HB 459

JAMES A. CERNEY, D.D.S.
19th & Lathrop, Suite 211 Drawer 16
Fairbanks, Alaska 99701
452-1866

May 4, 1981

Rep. Donald E. Clocksin, Chairman
Health, Education, and Social Services Committee
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Rep. Clocksin:

This letter is written in opposition to SSB 459, "An Act Relating to the Administration of Local Anesthesia and Analgesics." I would like to support the regulations as proposed by the Alaska State Board of Dental Examiners which would allow educated and certified dental hygienists to administer local anesthetics. ✓

As a dentist, I would like to relate my feelings about the use of local anesthetics administered by dental hygienists. On many patients there are some dental hygiene procedures, such as root planing, deep scaling, and sub gingival curettage, which require the use of local anesthetics for patient comfort. It is difficult to schedule patients so that a dentist may anesthetize hygiene patients as well as his own. Thus, a hygiene patient may receive compromised care or suffer discomfort.

Opponents of expanded duties often state the dangers of untrained dental hygienists administering local anesthetics. This is a danger I certainly consider real if the hygienist is untrained. However, the Alaska State Board of Dental Examiners over the past two years has thoroughly researched what is necessary to adequately educate and certify hygienists in these procedures. The Board has adopted regulations to control the education of those hygienists seeking certification for the administration of local anesthetics.

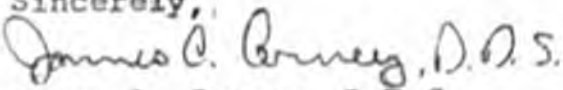
This area of expanded duties is not a new concept. Ten years ago some states began educating, testing, and permitting dental hygienists to administer local anesthetics. Local anesthesia is taught in most dental hygiene schools west of the Mississippi and is even required for licensure in Washington.

I view SSB 459 as being regressive in view of the recent advances made in the current dental practice act. To me, this bill only sets one more limit on the practice of dentistry. I believe it also hinders the hygienists

in their desire to use all facets of their education in the delivery of quality health care.

Finally, I question how representative the view of the Alaska State Dental Society Executive Council is on this issue. In the past three years two separate surveys have been mailed to the ASDS membership regarding expanded duties. Although each survey had only fifty or so responses, the general trend was towards expanded duties. This issue was the topic of much debate at our 1980 Annual Meeting, attended by about forty Alaska dentists, with the only conclusion being that local anesthesia would not be taught in the dental hygiene school in Anchorage for federal funding purposes. This statement is recorded in the minutes of that meeting. I believe the conclusion and the resultant actions taken by the ASDS Executive Council are an inaccurate interpretation of that discussion in view of the written response in the previous surveys. Many dentists in Alaska, I believe, would appreciate the option of allowing hygienists, with proper certification, to administer local anesthetics.

Thank you for your time.

Sincerely,

James A. Cerney, D.D.S.

GEORGE W. SEUFFERT, M.D.
A PROFESSIONAL CORPORATION
ANESTHESIOLOGIST
SRA. BOX 646 2961-G
ANCHORAGE, ALASKA 99507

HB 459

May 4, 1981

Don Clocksin, Chairman
House HFSS
Ak. State Legislature
Pouch V
Juneau, Ak. 99811

Dear Mr. Clocksin:

I am writing in support of SSB459 which would regulate the administration of local anesthetic and nitrous oxide.

All local anesthetics are dangerous drugs that can have major unforeseeable side effects.

Goodman & Gilman in the 4th edition of THE PHARMACOLOGICAL BASIS OF THERAPEUTICS, which is the 'Bible' of pharmacology, make the following statements:

Page 377 - "Following absorption all nitrogenous local anesthetics may cause stimulation of the Central Nervous System producing restlessness and tremor that may proceed to clonic convulsions. In general the more potent the anesthetic, the more readily convulsions may be produced. Central stimulation is followed by depression and death is usually due to respiratory failure".

Page 378 - "However, on rare occasions, small amounts of anesthetic employed for simple infiltration anesthesia will cause cardiovascular collapse and death".

Page 378 - Rare individuals may exhibit a hypersensitivity to local anesthetics. This may manifest itself as an allergic dermatitis, a typical asthmatic attack, or a fatal anaphylactic reaction".

In my fifteen years of experience as an anesthesiologist, I have seen all of these complications. In every instance death and disaster was averted only by the prompt use of resuscitative measures.

Nitrous oxide is a relatively safe drug but it also can have unpredictable effects when used in patients who are not healthy or when used in the presence of other drugs (i.e. tranquilizers, local anesthetics etc.)

GEORGE W. SEUFFERT, M.D.

A PROFESSIONAL CORPORATION
ANESTHESIOLOGISTSRA. BOX 2041-G
ANCHORAGE, ALASKA 99507

The equipment used to deliver nitrous oxide may also malfunction and cause higher concentration of Nitrous oxide and lower concentrations of oxygen. This, obviously increases its potency and the chances of misadventure.

I feel that people who have a short and therefore superficial training in paramedical and parodontal fields should not have the opportunity to get themselves in trouble and their patients in jeopardy by using these substances.

Even if the occurrence of major complications is rare, the patient who sustains the complication may be one hundred percent dead.

Sincerely,



George W. Seuffert, M.D.

cc - Al Adams
cc - Mike Beirne
cc - Geraldine Morrow

Introduced: 4/20/81
Referred: Health, Education &
Social Services

1 IN THE HOUSE

BY ADAMS AND BEIRNE

2 SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 459

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the administration of local anes-
7 thetics and analgesics by dental hygienists, dentists,
8 and persons employed or supervised by dentists."

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

10 * Section 1. AS 08.32.110(c) is amended by adding a new paragraph to
11 read:

12 (4) administration of local anesthetics or analgesics.

13 * Sec. 2. AS 08.36.315 is amended by adding a (new) paragraph to read:

14 (10) permitted a person who is employed by him or working
15 under his supervision, other than another licensed dentist or regis-
16 tered nurse certified as an anesthetist, to administer a local
17 anesthetic or analgesic.

18 * Sec. 3. AS 08.36.360 is amended by adding a new paragraph to read:

19 (8) administers a local anesthetic or analgesic incident to
20 a dental operation, treatment, or diagnosis.

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5-11-81
Tom Richmond DDS, Assoc for the
AK Dental Society ← supports this Bill!
recognizes appropriate work.

TESTIMONY OF LOISANN G. REEDER

Given at Legislative Hearings on SSHB 459

May 14, 1981

The Alaska State Dental Hygienists' Association and the Cook Inlet Dental Hygienists' Association have asked me to present testimony in opposition to SSHB 459, and in support of the administration of local anesthetics and analgesics by dental hygienists. As a dental hygienist who has been practicing in Alaska for the past twenty years, I am also personally in opposition to this bill.

Administration of local anesthetic first became included in the hygienist's official "scope of practice" in Washington state in 1971 and Oregon in 1972. Since that time all states in the western third of the United States, with the exception of Nevada (which is presently preparing legislation) and Montana, have made the necessary statute changes to allow hygienists to perform this very needed adjunct to our services.

The Alaska Dental Hygiene Practice Act (AS 08.32) was originally enacted in 1953. Even though it did not specifically prohibit the hygienist from administering anesthesia, it did not authorize the Dental Board to write regulations for establishing standards of education, evaluation, and appropriate supervision of the function. In 1977, a poll of the hygienists in Alaska revealed that approximately a third of the hygienists were educated and trained to use local anesthetic, but were hesitant to do so without further clarification of the law. Therefore, in 1978, with the support of the Alaska dentists and hygienists, the legislature made the necessary revisions to the Dental Hygiene Practice Act which gave the Dental Board the necessary authorization to write the needed regulations. Here is a copy of a statement signed by representatives of both dentists and hygienists stating that, "The opposing factions of this bill are now in complete accord."

On December 19, 1978, the Attorney General's Office wrote an opinion confirming the fact that local anesthetic was now indeed a legal function for hygienists, and further confirming that the

TESTIMONY OF LOISANN G. REEDER

Page 2

Dental Board could adopt regulations for the specifics if they so desired. Here is a copy of that opinion. Hygienists, dentists, and Board members alike were in support of the need for regulations so that the public would be assured that any hygienist administering local anesthetics had attained the necessary didactic background and level of competence to perform the function.

During the next year, the Dental Board researched other state statutes and regulations, critiqued curriculums from numerous dental and dental hygiene schools, reviewed post-graduate courses for hygienists already in the workforce, studied results of research projects and experimental programs, and received both written and oral testimony from dentists, hygienists, and the public. The proposed regulations were edited and re-edited and finally sent to the Attorney General's office for review and approval. Unfortunately, the Dental Board by then was embroiled in the Sunset Review process and the Attorney General's office decided to hold the regulations until such time as the Dental Board received its continuance. By then, however, too much time had elapsed between the hearings and the Attorney General's approval. The Dental Board chose to once again "hear everyone out" and invited new written and oral testimony. The president of the Dental Board assured those present that all points of concern had been taken into consideration, and that factual evidence indicated this was a function that could be safely delegated, provided the delegation was in compliance with the regulations proposed by the Board.

As an example of some of the supporting factual evidence, here is a study done at Loma Linda - "hundreds of injections done by hygienists over a three year period" - patient acceptance excellent - quality of dental services improved without the pain barrier - not a single untoward event, not even fainting.

Here is a study done at Forsyth. 17,472 local anesthetics administered by hygienists - no untoward events, not even fainting or hematomas observed or reported - conclusion of that study, "under

TESTIMONY OF LOISANN G. REEDER

Page 3

the supervision of and upon authorization of a dentist is effective and safe."

Here is a Special Report presented in 1976 by the American Dental Association's Council on Dental Education. Councils recommendations are predicated on evidence from research - "administration of local anesthetic agents reasonable in terms of the educational background and licensure of hygienists and practical in terms of practice patterns and other functions dental hygienists perform" - "It is not responsible, in the view of the Council, to deprive the patient of comfort and inhibit the hygienist's ability to perform an adequate service by prohibiting delegation of this function to the hygienist in conjunction with root planing and soft tissue curettage."

During the ten year span that hygienists have been authorized to administer local anesthetics, we are unaware of any complaints to Boards of Dental Examiners in those states where injections are legal.

You should be aware that dental hygienists carry malpractice insurance. We have only one carrier, Maginnis and Associates. Here is a letter that lists all litigation against hygienists during the past several years. There are none regarding anesthesia or analgesia, and they assure us that there have been none in the ten years that it has been a legal function. Incidentally, I can purchase \$1,000,000 of this liability insurance for only \$38 a year. I think this speaks more than anything else for the safety exercised by the dental hygienist.

It is a time for Alaska to join the other states in establishing the conditions under which hygienists can administer local anesthetic. And, this is what the legislature and the Board have accomplished during the past three years. The reason you are seeing such a tremendous reaction to this bill, in spite of the fact that the first some people were aware of it was less than two weeks ago, is that the dental community spent over two years developing the

TESTIMONY OF LOISANN G. REEDER

Page 4

regulations that were just recently signed into law; and examining the very questions that were examined in 1978, and are being examined again today. Many of these people have invested time, effort, and expense into bringing these questions to what they thought was a final resolution. This bill would do away with all that work.

When the legislature delegated the Dental Board the authority to adopt dental regulations, it hoped to avoid just the situation that is occurring here today, a situation where the legislators are asked to determine complex technical questions within a profession, questions that are best discussed and determined in the kind of open hearings that have been held over the past two years.

Here is a copy of the regulations that were developed by the board. I urge you to review them and you will see that they carefully and properly preserve for the dentist the ultimate decision on the administration of local anesthetics. They carefully define the education that must be obtained by the hygienist before the dentist is authorized to delegate this function, and then only if the dentist is physically present.

We have not yet had the opportunity to even put these regulations to the test, before finding that those individuals who were not in agreement with the decision of the Board are attempting to come in with an amendment to the statutes, an amendment that would not only negate the regulations, but would eliminate any chance of utilizing the procedure no matter how much education the hygienist accrued short of becoming a dentist. This hardly seems fair

1. to the hygienists who have been educated to administer local anesthetic and analgesics and have been doing so in the course of their treatment,
2. to those hygienists who have sacrificed time and expense to travel outside for post-graduate education in the functions and, as a result, are now able to provide more comprehensive pain-free care to their patients,
3. to the students in our own dental hygiene program in Anchorage who are being denied this education and training as a part of

TESTIMONY OF LOISANN G. REEDER

Page 5

their curriculum but have to compete on the job market with those hygienists who do have the training,

4. to those dentists who choose to delegate this procedure to the hygienist thereby reducing the number of interruptions to the dentists daily treatment schedule, and hardly fair
5. to those Dental Board members who spent over two years researching all aspects of the administration of local anesthetics by hygienists.

We sincerely feel an adequate forum has already been provided for discussing this issue, and we would hope that we can finally bring the matter to a conclusion so that we don't have to keep reappearing every year discussing the same things again and again.

ALASKA STATE DENTAL HYGIENISTS' ASSOCIATION

SFA, Box 446-H
Anchorage, Alaska 99507
May 1, 1978

Senator John C. Rader
Senate
Pouch V
Juneau, Alaska 99811

Re: SCSCSHB 809, "An Act Relating to the Practice of Dental Hygiene"

Dear Senator Rader:

On April 21, 1978, the Senate Commerce Committee held a hearing on CSSB 474, and its companion bill, CSHB 809. In attendance at the hearing were:

Dr. Joshua Wright - Representing the Alaska Dental Society
Dr. Fred Bast - President, ADS
Dr. Thomas Redmond - President-Elect, ADS
Dr. Robert Horschover - Legislative Chairman, ADS
Dr. Wm. Fell - President, Southcentral District Dental Society
Dr. Claude Rick - Member, Board of Dental Examiners
Dr. Geraldine Morrow - Coordinator-Supervising Dentist, Dental Hygiene Program, Anchorage Community College

Also in attendance were the four members of the Legislative Committee of the Alaska State Dental Hygienists' Association.

The final version of this bill, as arrived at in the Commerce Committee, represents a consensus of the viewpoints of both the dentists and the dental hygienists, as well as the administration and the concerned House and Senate committees. The attached agreement, which states that "the opposing factions of these two bills are now in complete accord", was executed by the dentists and dental hygienists at the conclusion of the Senate Commerce hearing. Provided there are no further changes or amendments, both dental groups "recommend the passage of this bill (SCSCSHB 809) by both the House and Senate". If you have any further questions, the files and tapes are available for review at Senator Bradley's office.

On behalf of the members of the ASDHA, I wish to thank you for your attention and patience with this matter and strongly urge that you vote in support of the Senate Commerce Committee Substitute for CSHB 809, intact, as arrived at by the committee.

Sincerely,

Judith S. Harkness
President

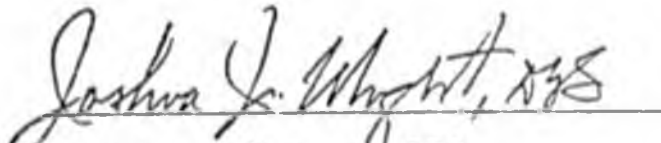
Attachment


APRIL 21, 1978

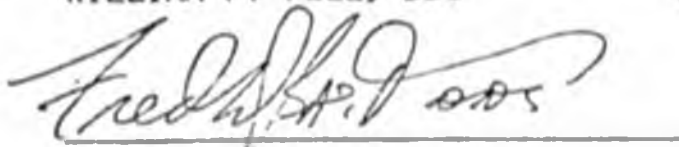
THE UNDERSIGNED AGREE TO THE SENATE COMMERCE COMMITTEE SUBSTITUTE TO THE COMMITTEE SUBSTITUTE HOUSE BILL 809, AS AGREED ON IN THE SENATE COMMERCE COMMITTEE HEARING OF APRIL 21, 1978.

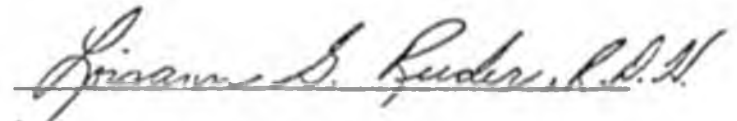
IT IS OUR UNDERSTANDING THAT THE COMMITTEE SUBSTITUTE HOUSE BILL 809 AND COMMITTEE SUBSTITUTE SENATE BILL 474 HAVE BEEN REFERRED TO THE SENATE JUDICIARY COMMITTEE. THE OPPOSING FACTIONS OF THESE TWO BILLS ARE NOW IN COMPLETE ACCORD.

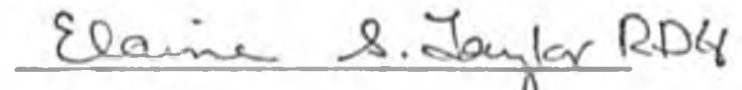
WE FURTHER AGREE TO RECOMMEND THE PASSAGE OF THIS BILL (SCSCSHB 809) BY BOTH THE HOUSE AND SENATE.

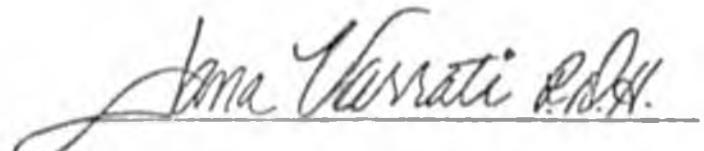

JOSHUA J. WRIGHT, DDS



WILLIAM P. FELL, DDS


FRED D. BAST, DDS


LOISANN G. REEDER, RDH


ELAINE S. TAYLOR, RDH


JANA VARRATI, RDH


DONNA DUKE, RDH

CC: SENATOR GEORGE HOHMAN
CHAIRMAN, SENATE JUDICIARY COMMITTEE

TO: Alaska State Board of Dental
Examiners

DATE December 19, 1978

FILE NO J-66-360-79

Thru: Don Hostak
Director
Division of Occupational
Licensing
Department of Commerce and
Economic Development

TELEPHONE NO

SUBJECT Dental Hygienists

FROM:

Bruce M. Botelho *BM*
Assistant Attorney General

On December 7, 1978 you requested an interpretation of AS 08.32.110 and specifically inquired whether a hygienist may perform certain expanded duty functions delegated by a licensed dentist prior to his/her successful completion of a formal course of instruction approved by the board.

For the reasons set forth below it is my judgment that a hygienist may perform those functions.

On August 30, 1978 chapter 59 SLA 1978, went into effect. Section 9 of chapter 59 repealed and reenacted AS 08.32.110 to read:

Sec. 98.32.110. SCOPE OF WORK OF DENTAL HYGIENISTS. (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 calcarious 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;
- (3) apply pit and fissure sealants;
- (4) perform root planing and periodontal soft tissue curettage; and
- (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.

(b) The board shall specify by regulation those additional intra-oral functions which 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.

(c) This section does not authorize delegation of

(1) diagnosing, treatment planning, and writing prescriptions for drugs; writing authorizations for restorative, prosthetic, or orthodontic appliances;

(2) operative or surgical procedures on hard or soft tissues except as allowed in (a)(4) of this section; or

(3) other procedures which require the professional competence and skill of a dentist.

Paragraph (a)(5) makes clear that a dental hygienist who is licensed may perform dental operations and services other than those set forth in (a)(1)-(4) if they are delegated by a licensed dentist and if they are not prohibited by paragraph (c) of this section.

It is also readily apparent that paragraph (b) was intended to grant the board authority to restrict the delegability of dental operations and services performed by a licensed dental hygienist, notwithstanding paragraph (a)(5) since the board was specifically empowered to adopt regulations specifying the conditions under which a licensed dental hygienist could perform the expanded duty functions referred to in AS 08.32.110(a)(5).

Since the board has yet to adopt regulations setting forth any conditions, it follows that a licensed dental hygienist may perform those delegated dental operations and services not prohibited by paragraph (c).

BMB:cb

TO: Alaska State Board of Dental
Examiners

DATE December 19, 1978

FILE NO J-66-360-79

Thru: Don Hostak
Director
Division of Occupational
Licensing
Department of Commerce and
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BMB:cb



ATTACHMENT B

DEPARTMENT OF
DENTAL HYGIENE
SCHOOL OF DENTISTRY

611 S.W. Campus Drive

Portland, Oregon 97201

Area Code 503 225-8895

UNIVERSITY OF OREGON
HEALTH SCIENCES CENTER

February 14, 1980

Harold P. Jones, Executive Officer
Committee on Dental Auxiliaries
Board of Dental Examiners
1021 O Street
Sacramento, California 95814

Dear Mr. Jones:

Documentation of instruction in soft tissue curettage, administration of local anesthetics and administration of nitrous oxide-oxygen analgesia which is included in the University of Oregon Health Sciences Center Dental Hygiene Curriculum is enclosed. Eight copies each of outlines or schedules of courses in which these functions are taught, evaluation forms, a summary of instruction in each procedure and this letter are provided. Single copies of syllabi students receive are provided for reference. Information on when the instruction first was included in the curriculum is in the summary of instruction. Curriculum content has been the same basically since instruction in the procedures was initiated. However, some refinements have been made each year.

~~It should be noted that dental and dental hygiene students take the course, OS 422, Pain and Anxiety Control, in which administration of local anesthetics and nitrous oxide-oxygen analgesia is taught. It is the only formal planned instruction in these procedures that dental students receive. Dental hygiene students also receive formal instruction; lecture and clinical laboratory, in administration of local anesthetics in the course, DH 421, Dental Hygiene.~~

Five courses in the Junior year of the Dental Hygiene Curriculum include content which relates directly to subsequent instruction in the three functions. Head and Neck Anatomy which is taught in Winter term includes 22 hours of lecture and 44 hours of laboratory with cadavers. Physiology is taught Fall and Winter terms with 30 lecture hours Fall and 27 lecture hours Winter. Demonstrations which apply principles in dentistry are included. Pharmacology is a 36 lecture hour course taught in Spring term of the Junior year.

If the reviewers have any questions please feel free to contact me.

Sincerely,

Margaret M. Ryan
Chairman

MMR/san

HB #459

OPHTHALMOLOGIST

WILLIAM F. KINN, M.D.
BRUCE J. WOLF, M.D.
SAMUEL A. McCONKEY, M.D.

OPTOMETRIST

ROBERT P. HAMMOND, O.D.

OTOLARYNGOLOGIST

RONALD E. TINSLEY, M.D.
RICHARD P. RAUGUST, M.D.
BRUCE G. WHIPPLE, M.D.

AUDIOLOGIST

PHYLLIS K. CASHEN, M.A.C.C.

PLASTIC AND RECONSTRUCTIVE SURGEON

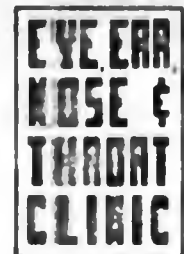
WILLIAM W. WENNEN, M.D., F.A.C.S.
RICHARD Q. PARRY, M.D.

ORAL AND MAXILLOFACIAL SURGEON

ROBERT L. HASTINGS, D.M.D.
DENNIS W. JEFFERS, D.D.S.

ADMINISTRATOR

NICHOLAS J. NOEL



May 5, 1981

Representative Donald Clocksin, Chairman
HESS Committee
Pouch V
Juneau, AK 99811

Dear Representative Clocksin:

I wish to express my opposition to House Bill #459 which I understand will limit the administration of local anesthetics in the oral cavity to licensed dentists in the State of Alaska. It is my understanding that Alaska dental hygienists are attempting to investigate means of being properly trained and attaining certification to provide pain control in the form of local anesthetics and hopefully at some future point in time, nitrous oxide anesthesia under the auspices and direction of the providing dentist.

I wholeheartedly support such endeavors on the part of the Alaska State Society of Dental Hygienists. I feel that withholding proper pain control from patients falls far short of ideal health care. I also feel that due to the scope of training that a dental hygienist is engaged in, if he/she has not had training in local anesthetics or nitrous oxide analgesia, arrangements should be made for continuing education courses.

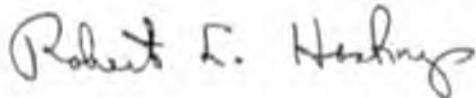
Statements have been made by some Alaska dentists that the administration of local anesthetics in the head and neck region is an extremely dangerous procedure and should be limited to licensed dentists. I feel such a position is absurd. Most certainly, the administration of local anesthetics is a procedure which should not be taken lightly and the person administering such a drug should be knowledgeable about the drug, the method of delivery, and treatment of possible complications. I fail to see, however, why dental hygienists cannot be trained to deliver such a modality to their patients. It is of interest to note that at the University of Oregon, dental hygienists are taught the same pain control course as dental students dealing with both local anesthesia and nitrous oxide. Dental hygienists are also licensed in Oregon to administer local anesthetics in an office setting under the direction of the practicing dentist. In Washington, dental hygienists administer both nitrous oxide and local anesthetics in an office setting under the direction of the practicing dentist. In order to obtain a license in Washington, the dental hygienist must demonstrate competency in both of the aforementioned areas.

Page 2
SSHB 459

Dr. Ted Jastak, Department of Oral Surgery and Anesthesia, at the University of Oregon Health Sciences Center, wholeheartedly supports such a concept by dental hygienists as long as proper training in pain control techniques are demonstrated. Dr. Jastak's credentials are impeccable. He is a member of the Board of Directors of the American Society of Dental Anesthesia; Fellow, American Society of Dental Anesthesia; chairman, Committee of Anesthesia, American Society of Oral and Maxillofacial Surgeons. I wholeheartedly concur with his position. As a practicing oral surgeon and Fellow of the American Society of Dental Anesthesia, certified in Advanced Cardiac Life Support and Advanced Surgical Trauma Life Support, I feel I have a justifiable and logical basis for making such a statement. I also feel that if the dentists of Alaska do not set up guidelines to educate so-called ancillary personnel in the proper usage of pain control techniques, then the Federal government will do this for us.

Thank you for your consideration and attention to this matter.

Respect fully,



Robert L. Hastings, D.M.D., F.A.S.D.A.

RLH/co

459

7833 Wisteria
Anchorage, AK 99502

May 6, 1981

Representative Donald E. Clocksin, Chairman
Health, Education and Social Services Committee
House of Representatives
Pouch V
Juneau, AK 99811

Reference to SSHB 459

"An act relating to the administration of local anesthetics and analgesics by dental hygienists, dentists, and persons employed or supervised by dentists."

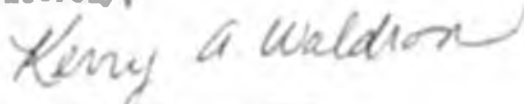
Dear Representative Clocksin,

Currently I am a licensed dental hygienist practicing in the Anchorage area. Bill SSHB 459 has come to my attention, and with seven years of experience in the dental hygiene field, including a course on dental anesthesia in 1974, I must express my opposition of Bill SSHB 459.

As a career field, dental hygiene needs areas of expansion. Therefore I support dental hygienists administering local anesthetics and analgesics. With an accredited course, the dental hygienist is safely capable of completing deep root planing and soft tissue curettage with comfort for sensitive patients. This enables the hygienist to complete procedures without interruption for the patient or the dentist. Also the dentist must be in the office to supervise the administration, offering the patient the safety of two licensed professionals. Although all dentists must use their own judgement as to whether administration of local anesthetics and analgesics is to be a function of the dental hygienist in their own office, I feel there must be an option.

Again I want to restate that I oppose Bill SSHB 459.

Sincerely,



Kerry A. Waldron RDH

Again, I urge you not to pass this bill because its intent is one of limitation on the practice of dental hygiene with no consideration for the interest of the public. Thank you very much for your time and consideration on this bill.

Sincerely,

Mary A. Cerney

Mary A. Cerney, B.S., R.D.H.

S.R. 80822E

Fairbanks, Alaska 99701

May 4, 1981

Rep. Donald E. Clocksin, Chairman
Health, Education, and Social Services Committee
House of Representatives
Pouch V
Juneau, Ak. 99811

Dear Rep. Clocksin:

I am writing in opposition to SSHP 459, "An Act Relating to the Administration of Local Anesthesia and Analgesics". This bill would impose a limit on the practice of dentistry and dental hygiene which is not in the best interest of the public, or more specifically, the patient.

The administration of local anesthesia by dental hygienists is not a recent innovation. It is in the curriculum of most dental hygiene schools in the western states and has been permitted through the state practice acts in several states over the preceding decade. All dental hygiene students nationwide are required to take specified courses (e.g. Head and Neck Anatomy, Pharmacology, Physiology, Histology) which provide the necessary background education for performing this and other functions. The National Board Examination provides the basis for the registration of the Registered Dental Hygienist.

I am a 1973 graduate of the University of Iowa with a Bachelor of Science degree in Dental Hygiene. In our curriculum, local anesthesia was taught to both the dental and dental hygiene students in the same course with no differential evaluation whatsoever. I have attended post graduate courses in local anesthesia and have utilized it on my patients over the past few years with excellent patient acceptance. It is absolutely essential in overcoming the pain barrier for those patients who have discomfort during routine dental hygiene procedures. In this way I eliminate both unnecessary discomfort to the patient and any compromise in the quality of my deep scaling or root planing.

Every one of the five dentists by whom I have been employed in Alaska has been supportive of my doing local anesthesia in his practice.

A false accusation is all too often made that hygienists are seeking to practice independently of the dentist. We are merely pursuing functions which would better utilize our skills and knowledge in the performance of our present role. We are interested in performing our traditional preventive duties with added patient comfort. Local anesthesia in all states where it is permitted requires the supervision of the dentist. If our ultimate goal were independent practice, why would we put so much effort into legalizing a function which would require us to remain in the dental office?

The Board of Dental Examiners has thoroughly researched this matter over the past two years and has agreed upon regulations which very adequately determine the qualifications and supervision of hygienists performing local anesthesia. The rationale for these regulations, I believe, is to improve the quality of health care delivered to the people of Alaska by allowing a competent licensed dental hygienist to more fully perform oral prophylaxes under the appropriate supervision. SSHB 459 is inconsistent with this concept.

I would like to quote one rather extensive study which addresses the issue of safety, the Forsyth study which was published in the Journal of Dental Education, 38:369. This was done with dental hygienists during training in local anesthesia. "The single most important finding of this part of the study was the high degree of safety with which these 17,472 local anesthetics were administered. There were no serious sequale (consequences) from either infiltration or block anesthesia. There were no cases of syncope (fainting). Not a single hematoma (bruise) was observed or reported. There were only 3 cases of temporary parasthesia (numbness), the longest case persisted for about 12 hours past injection. These data tend to support the conclusion that under the direction of and upon perscrption of a dentist it is effective and safe."

Rep. Don Cloekin
House of Representatives
POCH V June 99811

May 4, 1981

I do not support SSHB 459 because I understand that recent amendments have changed what I feel to be paramount in this piece of legislation.

The changes I take exception to are those that prevent a trained Dental Hygienist from administering a local anesthetic. I have inflamed periodontal tissue that requires frequent and painful cleaning. If a hygienist could perform this task, my dental bills would be substantially reduced. Additionally those doctors could be focusing their energies in areas more suited to their advanced training and expertise.

I feel greater efficiency and better care would be realized at all levels of dentistry if these prohibitive amendments were removed.

cc. Rep. Mike Beane
Rep. Albert Adams

Sincerely
Paul J. Hanson

EUGENE F. MORTON, D.D.S.

SAND LAKE DENTAL BUILDING

7899 JEWEL LAKE ROAD

ANCHORAGE, ALASKA 99502

Telephone 344-9845

May 5, 1981

Representative Donald E. Clocksin
Health, Education, and Social Services Committee
House of Representatives
Pouch V
Juneau, Alaska 99811

Ref: SSHB 459

Dear Representative Clocksin:

As a dentist who has been practicing in Alaska for ten years, I must state my opposition to SSHB 459. If a dental hygienist is qualified to administer local anesthetic, I feel it should be the decision of her or his employer whether the duty is performed, not of a few dentists who are behind this bill.

The American Dental Association agrees with my position. In the Special Report on Dental Auxiliary Utilization and Education published in 1976 by the Council of Education of the ADA, this was affirmed.

"...The Council believes administration of local anesthetic agents could be delegated to dental hygienists... It is not responsible in the view of the Council, to deprive the patient of comfort and inhibit the hygienist's ability to perform an adequate service by prohibiting delegation of this function to the hygienist in conjunction with root planing and soft curettage,

The fact that the Association takes a position that given functions could be delegated does not require that all dentists delegate those functions..."

The legislature made possible these functions for hygienists with protection of the public by the regulations written by the State Board of Dental Examiners requiring board certification. I feel it would be a step backward to enact SSHB 459 and a disservice to the dental community and their patients.

Sincerely,

E. F. Morton D.D.S.
E. F. Morton, D.D.S.

G.T. Morrow, D.M.D.
752 West 16th Street
Anchorage, Alaska 99503

Supports Bill

May 5, 1981

Representative Don Clocksin
Chairman, House HESS Committee
Room 112 - Capitol
Juneau, Alaska 99811

Dear Representative Clocksin:

I am writing concerning SSHB #459, "An Act relating to the administration of local anesthetics and analgesics by dental hygienists, dentists, and persons employed or supervised by dentists."

I am a 25 year resident of Alaska with training and work experience as a dental assistant, dental hygienist and dentist.

I am in support of keeping the injection of local anesthesia and the administration and monitoring of nitrous oxide and the use of other analgesics in the hands of those adequately trained in the physiology and anatomy of the body; in the pharmacology of drugs, especially their pharmacodynamics and pharmacotherapeutics, in anesthesiology and in the mechanical and technical skills including that of giving an injection.

Medical evaluation of the systemic condition of the patient and the possibility of interaction with other medications, is essential and requires a thorough educational background. There is no member of the dental team other than the dentist whose preparatory education is sufficient to be given the direct responsibility of administering local anesthesia, nitrous and other analgesics.

Injection of local anesthesia is far more threatening than the intramuscular or subcutaneous administration of drugs by registered 4-year nurses done under the strict direction of a licensed medical doctor. It requires the placement of highly potent chemicals next to nerve branches in the head and neck where other major nerves and blood vessels are closely intertwined. The damage to critical structures is omnipresent.

The administration of local anesthesia is the highest stress point in a dental visit for the patient and the dentist. An injection is universally considered a painful experience and must be approached with the utmost knowledge, skill, consideration and psychological acumen. It is also the point at which the most serious responsibility is presented for the operator since a potent and potentially life threatening drug is irretrievably injected into the human body.

I think SSHB #459, is an effective measure to keep the sensitive procedure of administering oral anesthetics and analgesics in the hands of properly trained persons.

Sincerely,


Geraldine T. Morrow, D.M.D.

Penny Fuglestad-Squires, RDH
SRA Box 1551-R
Anchorage, Alaska 99507

May 5, 1981

Representative Donald E. Clocksin, Chairman
Health, Education and Social Services Committee
House of Representatives
Pouch V
Juneau, Alaska 99811

Reference to SSHB No. 459

"An Act relating to the administration of local anesthetics and analgesics by dental hygienists, dentists, and persons employed or supervised by dentists."

Dear Representative Clocksin,

I am a Dental Hygienist who has practiced dental hygiene for the past ten years. I am in opposition of bill SSHB No. 459 for the following reasons:

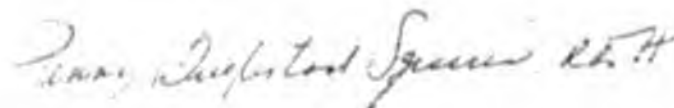
A Dental Hygienist is an educated person with a degree in Dental Hygiene who is licensed by a board of dental examiners to verify his/her competency. This board of dental examiners also sets up the regulations for licensing a person to administer local anesthetics and analgesics. In many university systems the dental hygiene student takes the local anesthetics course with the dental student. There is evidence of the safe and effective use of local anesthetics by dental hygienists in states where it is permitted - twelve states on the West coast.

After two and a half years of detailed research the Alaska State Board of Dental Examiners came to the conclusion that dental hygienists who have completed a Board-approved course be allowed to administer local anesthetics and analgesics. To continue with this bill would nullify the work of the Alaska State Board of Dental Examiners and most important the general public would suffer as there are many instances where it is necessary to administer local anesthetics and analgesics for patient comfort during a difficult root planing and soft tissue curettage procedure.

Again, I urge you not to take any further action on this bill for the general public's comfort, concern and care.

Thank you for your attention.

Respectfully,



Penny Fuglestad-Squires, RDH

May 13, 1981

To Whom It May Concern:

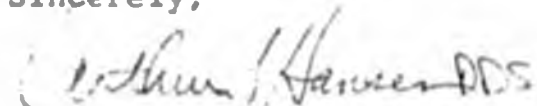
The Alaska Board of Dental Examiners started working on local anesthetic regulations shortly after hygienists were given statutory authority to perform expanded-functions some three years ago. As far as I can recall, several work sessions were conducted from January to November 1979, to formulate the regulations. These were open meetings with comments and testimony taken from all sectors interested in the regulations. (Dates can be confirmed from Board minutes.)

The regulations were signed by me after they were completed, however, due to sunset proceedings, the Attorney General's office did not act on them for nine months. The regulations were declared stale and the Alaska Board of Dental Examiners opened them again for testimony both written and verbal. The Board found no significant changes and sometime last fall, I once again signed the regulations. .

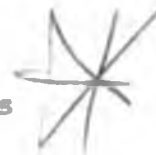
The Attorney General's office reviewed them and rewrote some sections to incorporate definitions which were included at the end of the regulations as the Board had written them. This necessitated another approval by the Board and I signed them for a third time on April 17, 1981.

The regulations were based on other states' laws where the function is allowed to be delegated to the hygienist. To my knowledge, through personal contact with these states and in my research in writing the regulations, none of the states in which hygienists are allowed to administer local anesthetic has had any problems with this delegation of function.

Sincerely,



Arthur S. Hansen, D.D.S.
Chairman, Alaska Board of Dental Examiners



DENTAL HYGIENE REGULATIONS: The meeting was declared open for suggestions and comments regarding formulation of dental hygiene regulations in compliance with the recently enacted dental hygiene statutes. The Alaska Dental Hygiene Society submitted to the board a copy of their regulation proposals. This is to be copied to all board members for their review prior to the next meeting. Dr. Redmond reported that Alaska Dental Society members were recently polled and the majority were in favor of certain expanded duties for dental hygienists. The specialists, however, expressed a desire to see stringent educational requirements enacted for hygienists who will be administering general anesthetics + analgesics. Further comments were heard from Dr. Redmond, Dr. Locker and Dr. Morrow. Dr. Hansen appointed a board committee to review all material concerning dental hygiene regulations and to formulate proposed regulations for the board's review at the next meeting. The committee members are Jana Varrati, John Beard and Arthur Hansen. The Licensing Examiner will write to the Dental Hygiene Society, the Dental Hygiene School in Anchorage and the Alaska Dental Society requesting their written input for the committee's review. The Licensing Examiner was also asked to submit a public notice to the major newspapers requesting written public input regarding the dental hygiene regulations.

ALEUTIAN MOBILE CLINIC: Arthur Hansen reported on his meeting with Dr. Ryle Radke (UCSF Dental School) and Dr. Marvin Stark in San Francisco on September 13, 1978. Dr. Hansen also submitted a written report of this meeting. The general feeling of the board was that the board has no jurisdiction over unlicensed dentists and therefore cannot act against the Aleutian Mobile Clinic unless its members commit a licensing violation. A copy of Dr. Hansen's written report will be submitted to Richard Long, Investigating Officer.

Dr. Locker, Dr. Redmond, Ms. Dearborn and Dr. Morrow left the meeting.

B. D. LAYMAN: The board reviewed Dr. Layman's letter of response to the board's two questions dated September 6, 1978. Because Dr. Layman's letter did not indicate that evidence was presented at the hearings and not included in the Hearing Officer's report and because Dr. Layman's letter did not indicate that the Hearing Officer's report contained information unsupported by evidence at the hearing, the board decided to base their decision on the Hearing Officer's report rather than to request transcripts of the entire hearing. On motion duly made, seconded and approved unanimously, it was

RESOLVED, to accept the Hearing Officer's decision and revoke Dr. B. D. Layman's license to practice dentistry in Alaska.

FURTHER RESOLVED, that the decision be effective immediately upon receipt by Dr. Layman.

THE FOLLOWING DOCUMENT(S) MAY NOT FILM
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ORIGINAL.

We, the undersigned, wish to express our opposition to SBHB 459. We are supportive of the current regulations as passed by the Alaska State Board of Dental Examiners on January 27, 1967. (SBHB 28,300 - SBHB 29,400)

| Signature | Name | Address | Phone |
|----------------------------|---|-----------------------------------|----------------------|
| 1. Daniel L. Sutrosky | DOS | 515 7th #220 FBKS, | 452-8296 |
| 2. W. Lee Payne | | 1919 Lathrop FBKS | 452-1867 |
| 3. Dorothy White | MDS | 3529 College Rd FBKS | 479-6247 |
| 4. Dennis W. Jaffer | DOS | S.P. 20262 Fairbanks, AK | 456-7767 |
| 5. Ronald M. Teal | DOS | 1009 G. Moore Fairbanks | 452-2675 452-1866 |
| 6. FRED D. BAY | | 570 Univ. Ave. FBKS AK. | 99701 |
| 7. Arthur Hansen | DOS | 3487 Airport Way Fairbanks AK | 99701 |
| 8. Robert Hastings | DMS | 1919 Lathrop FBKS. | AK 456-7767 |
| 9. C. A. Wiggins | | see see for FBKS AK | 99707 452-1137 |
| 10. J. J. Stealy | | 535 2nd Ave. FBKS AK | 99701 452-2235 |
| 11. John J. Kicketta | | 954 COWLES #145 FBKS. AK | 452-378 |
| 12. James A. Gunning | | 1917 Lathrop; Drawer 10 FBKS, AK. | 456-3320 |
| by phone 13. Walter Babula | | 199 Lathrop, FBKS | 452-3929 |
| by phone 14. Lou Thornley | | , FBKS | 479-6443 |
| by phone 15. Floyd Bause | is not in favor of taking control away from Board of examiners. | 325 College, FBKS | 479-2208 |

The HB 459, by itself, is not a good bill. Rather than join the issue on the merits of the bill, I would rather see it die in committee. The regulations, as promulgated by the Board of Dental Examiners, is sufficient to cover this aspect of Dentistry.

By
Hugh B. Tate, M.D.

| | | | |
|---------------------------------|-------------------------------------|--------------------|---------|
| by phone 17. Errol Remsing-Nasa | + Secu regulations - mildly opposed | North Pole | 438-943 |
| by phone 18. Robert Veazie | | College Road, FBKS | 452-428 |

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LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

Special Report on Dental Auxiliary Utilization and Education.

150 SPECIAL REPORT

making that determination can and should perform the subgingival instrumentation required to remove the excess cement and finish the margins.

The Council is also of the opinion that the application of pit and fissure sealants and placement of silicate cement and composite restorations can be delegated to dental assistants and dental hygienists only with specific qualification. These procedures could not be delegated when they are used to stabilize teeth or for temporary restoration of teeth in fixed partial denture procedures. Therefore, the statements of these functions are qualified.

The term preliminary oral examination has different connotations. Therefore, the Council has substituted more specific statements for this function which reflect its opinion and that of workshop participants on what could be delegated to dental assistants. The Council believes that inspection of the oral cavity to identify and chart carious lesions, existing restorations and missing teeth could be delegated to a dental assistant with appropriate education and training.

Although there was general consensus among workshop participants that soft tissue curettage is a function which could be delegated to dental hygienists and several states have provisions for delegation, the Council believes qualification of the function is appropriate. Therefore, the term is qualified as "closed soft tissue curettage", which means the removal of tissue lining the periodontal pocket without surgical retraction of the gingiva.

Although the majority of all workshop participants and all seven workshop groups agreed that placing and carving amalgam restorations, and placing and contouring silicate cement and composite resin restorations could be delegated, the practicing dentists were evenly divided on the question with 40 in favor of and 40 against delegation. The Council believes these functions could be delegated with appropriate supervision. Research has demonstrated that they can be performed with quality by an auxiliary with adequate education and training. And, in some dental practice settings where productivity increases are indicated, the performance of these functions is compatible with the roles of dental auxiliaries.

In addition, the Council believes administration of local anesthetic agents could be delegated to dental hygienists. It is reasonable in terms of the educational background and licensure of hygienists and practical in terms of practice patterns and other functions dental hygienists perform. While local anesthesia may not be required for all patients, there is sufficient evidence that soft tissue curettage generally requires local anesthesia. Regular subgingival instrumentation would be performed more adequately if the hygienist were able to use specific methods of pain control. In some states hygienists with appropriate education have been able to administer local anesthetic agents for several years in conjunction with their clinical procedures, and there has been no cause for litigation or revocation of the function. Nurses, paramedics, and emergency care personnel with comparable or no formal education routinely give injections which have even more serious implications. It is not responsible, in the view of the Council, to deprive the patient of comfort and inhibit the hygienist's ability to perform an adequate service by prohibiting delegation of this function to the hygienist in conjunction with restorative and soft tissue curettage. Therefore, the Council believes delegation of this function to hygienists with adequate controls is warranted. However, the Council does not believe there is justification for delegating the function for other purposes and therefore is recommending specific restrictions. The following position statement on delegation of expanded functions is being submitted to the House for its consideration. The statement is again included in Part III of this report for House action.

1. Finishing and polishing amalgam restorations.
2. Performing closed soft tissue curettage.
3. Administering local anesthetic agents in conjunction with root planing and closed soft tissue curettage.
4. Placing periodontal dressings.
5. Removing periodontal dressings.
6. Taking impressions for study casts.
7. Placing and removing rubber dams.
8. Placing and removing matrices and wedges.
9. Placing and removing temporary sedative intracoronal restorations with hand instruments.
10. Applying cavity liners and bases as directed by the dentist.
11. Condensing and carving amalgam restorations.
12. Placing and contouring silicate cement and composite restorations in individual teeth.
13. Applying pit and fissure sealants to individual teeth.

Credentialing: The Council believes that there is even more reason today to identify appropriate methods for regulating utilization of dental assistants and dental hygienists than there was in 1961 when the Association indicated this as one of the six areas of research. Although there is need for further study, some information on existing provisions for credentialing dental assistants and dental hygienists for traditional and expanded roles is pertinent and was considered by the Council.

The fact that dental hygienists are licensed does not in itself preclude alterations in the role of hygienists as some have suggested. In fact, a great deal of change in legal provisions for delegation of functions to dental hygienists has occurred in the past nine years. Further, licensure of hygienists has allowed the dental profession to offer quality assurance to the public for dental hygiene services. In general, mandatory credentialing mechanisms such as licensure are employed only when the functions of the particular category of personnel have a direct effect on the health and welfare of the public. The Council would take strong exception to any steps which might undermine this quality assurance.

Certification by the Certifying Board of the American Dental Assistants Association has been the quality control mechanism for performance of dental assistants in traditional roles. Certification historically has been a voluntary credentialing mechanism, and, with very few exceptions, has continued to be such for dental assistants. Although the profession has encouraged certification of traditional dental assistants, it has not universally recognized or required certification as a qualification for functioning in traditional dental assisting roles.

The question of what credentialing mechanism or mechanisms might be the most appropriate and effective in assuring the public of competence of auxiliaries who perform expanded functions requires additional study. Although the profession supports certification for the traditional dental assistant, it is not recommending or endorsing any specific credentialing mechanism for expanded function dental assistants at this time. Therefore, the Council is not resubmitting the resolution that certification be a prerequisite for expanded function training for dental assistants (TRANS. 1975:704) which was referred by the 1975 House for further study. The Council, however, believes that identification of appropriate credentialing mechanisms for expanded functions auxiliaries to assure their competence should receive highest priority.

RONALD M. TEEL, D.D.S., P.C.
Medical Dental Arts Bldg.
1919 Lathrop St., Suite 211
Drawer #15
Fairbanks, Alaska 99701
452-1866
May 6, 1981

Rep Donald E. Clocksin, Chairman
Health, Education and Social Services Committee
House of Representatives
Pouch V
Juneau, Alaska 99811

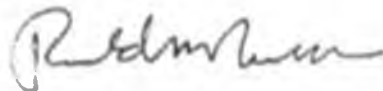
Dear Rep Clocksin:

The purpose of this letter is to express my opposition to bill SSHB 459 "An act relating to the administration of local anesthesia and analgesics". I believe, as a practicing dentist, that trained dental hygienists can safely administer local anesthesia and nitrous oxide analgesia. This can make dentistry much more comfortable to the patient and enables the hygienist to provide a better service.

I realize the Alaska Dental Society is supportive of the bill to prevent hygienists from using local anesthesia. I have been past president, past secretary and past treasurer of the North Central District Dental Society and am presently a member of the Alaska Dental Society. My practice of dentistry is a well established practice and is known for as a "caring", patient oriented, high quantity practice. The ADS does not speak for me or I think a majority of dentists on this issue. The board of dental examiners, after a thorough study, believed hygienists can safely administer local anesthesia and nitrous oxide analgesia.

In summary dental hygienists can safely administer nitrous oxide analgesia and local anesthesia. By not allowing Bill SSHB459 out of committee would best serve the interest of dentistry and the public. If you have any questions write to the above address.

Sincerely,



Ronald M. Teel, D.D.S.

RMT/na

May 4, 1981

Representative Don Clocks'n, Chairman
House HESS Committee
Pouch V
Juneau, Alaska

Dear Mr. Clocksin,

As an Alaska-licensed dental hygienist, I must state my opposition to HB 459, "An act relating to local anesthetics," which, if passed, would prohibit hygienists from administering local anesthetics. This type of anesthetic is used when cleaning procedures involve sensitive areas of the mouth and can be a great comfort to patients.

To be certified to give a local anesthetic, a licensed hygienist must successfully complete a course of study that has been approved previously by the Board of Dental Examiners. The Board has just completed a two-year study and has developed standards for these courses.

Certifying hygienists to give injections is hardly a new concept. Thousands of injections have been given by hundreds of certified hygienists in the past ten years since it was first permitted by law. Eleven western states permit hygienists to give local anesthetic injections at this time.

If the safety of this procedure is a factor to consider, I can refer you to a report by Maginnis and Associates, the malpractice insurance company for hygienists. Their report states that in the ten year period that hygienists have been giving injections, two incidents have been reported relating to hygienists administering local anesthetics. (One of these incidents was filed as informational only, since the hygienist was not in the office at the time of the injection.) I would be glad to send you a copy of this report should you want to study it further.

I urge you to reconsider HB 459. By opposing it you would support the concept of hygienists utilizing their education and knowledge of local anesthetics.

If I can provide any further information for your committee, please let me know.

Sincerely,

Denise Smith

Denise Smith, RDH
S.R. 10816
Fairbanks, Alaska 99701

SRA Box 135 B
Anchorage, Alaska 99502
May 6, 1981

Representative Donald E. Clocksin, Chairman
Health, Education, and Social Services Committee
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Clocksin:

I was greatly distressed to learn of the introduction of SSHB 459 disallowing dental hygienists to administer local anesthesia and analgesics. During the last two years the Alaska State Dental Board heard testimony and sought input on this subject, only recently resolving the issue in favor of hygienists administering local anesthesia. Since those interested were given sufficient time to air their views, it is disturbing to see this subject reopened immediately as if to circumvent the findings of the Dental Board.

Much research and many studies have been conducted to determine if and how well dental hygienists are suited to perform these duties. Conclusions reached point toward an overwhelming yes to our capabilities. Dr. Robert D. Hurt, D.D.S., and Dr. Lon D. Lawrenz, D.D.S., from Arizona where the administration of local anesthesia by hygienists is legal, reached these conclusions in an article entitled "Dental Hygiene Expanded Functions in General Practice" which deals with experiences from their own practices:

"The ability to administer anesthesia is not only a great benefit for the patient requiring root planing and curettage, but also for any patients who proves to be too hypersensitive in normal scaling procedures. Our treatment of other patients is no longer interrupted to administer anesthetic agents to these hypersensitive prophylaxis patients. Quite logically, since anesthesia for the routine scaling patient is no longer a hassle, the expanded functions hygienists probably utilize it more readily. We have since received compliments from their patients that although the scalings have seemed more intense than previously the pro-

cedures were much more comfortable and thus pleasant. This, we feel, helps to reduce patient anxiety and reinforce the positive approach which we emphasize in our offices."

Consideration of the patient's comfort and the hygienist's desire to perform the best treatment possible forces me to vehemently oppose SSB 459. As a full-time practicing hygienist since 1968, I urge you, in the best interests of the dental profession and their patients, to take no further action on this bill. Thank you for your time and consideration.

Sincerely yours,

Jane D. Yuen, R.D.H.

Jane D. Yuen, R.D.H.

May 7, 1981

Representative Donald E. Clocksin
House of Representatives
Pouch V
Juneau, AK 99811

Dear Mr. Clocksin:

As a practicing dental hygienist with six years experience, I must express my opposition to SSMB459. As Alaska is working to establish its reputation as a progressive, modern state I find it alarming that the legislature would consider so regressive an act in the field of health care delivery. I further find it reprehensible that in the proclaimed "land of the individual" a practitioners freedom of choice should be eliminated by legislation.

I support the findings of the Alaska Board of Dental Examiners regarding the establishment of regulations to guarantee competency and protection of the public in the administration of local anesthetics. I believe that the recently adopted and signed regulations do just that. The value of local anesthesia and analgesia in comfortable accomplishment of thorough scaling and root planing is widely accepted. Research has established that both local anesthetics and analgesia can safely be administered by dental hygienists educated in these procedures.

I respectfully request that the committee not take any further action to bring this bill to a hearing.

Sincerely,

Michelle Friedrichs R.D.H.
6435 A Donna Dr.
Anchorage, AK 99504

5-4-81
P. O. Box 73385
Fairbanks, Alaska 99707
907-479-3502

Representative Clocksin
Pouch V
Juneau, Alaska 99801

Dear Representative Clocksin,

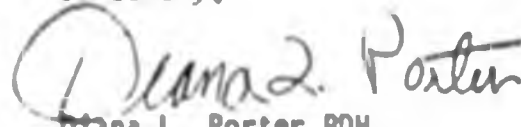
I am writing to voice my opposition to HB 459 in support of the Dental Hygienist being permitted to administer local anesthetic.

As a health care professional I fully understand the responsibilities that we must take seriously when dealing with the consumers well being and I strongly support a strict regulation of this expanded function (administration of local anesthetic). The dental hygiene procedures that we perform so often force us to cause discomfort to the patient. Many times these procedures and the discomfort must be tolerated by the patient because the dentist is not available to administer an anesthetic. As a representative of the consumer and probably a dental patient I ask you to examine the necessity for the discomfort that does not have to be and also imagine the time/cost efficiency achieved by the dental hygienist administering local anesthetic.

Maginnis and Associates, the professional insurance administrators, can verify that in the past 3 1/2 years that there have been no malpractice insurance claims paid in reference to the administration of local anesthetic by Dental Hygienists from the fifteen states where it is legalized.

Please consider the consumer and their interest for continued improvement if quality care. DO NOT support HB 459 (amendments to the dental practice act limiting local anesthetic to Dentists only).

Sincerely,

 Diana L. Porter RDH

May 6, 1981

Representative Donald E. Clostain
Dear Sir:

This letter is in regard to bill #459 which would prevent the administration of local anesthetic by trained dental hygienists.

I was licensed in Oregon five years ago to give local anesthetic. I took this training after ~~four~~^{two} years of experience as a dental hygienist & found that the expanded duties of performing radiology and softtissue required good pain control. I feel confident that my training and experience are of benefit not only to my ability to be efficient in my work but also in maintaining a good rapport with my patients.

I think it would be a serious limitation to professional hygienists if this bill were passed. Skilled and licensed hygienists should be permitted to take initiative in areas of study deemed necessary to permit them the expanded duty. It would be a rude statement to prevent those qualified individuals from achieving a

skill that is necessary for their work.

I truly believe that if doctors can learn the skill that they should realize that hypnosis are also able to learn it. And, if they can pass their experience both academically and practically they should be allowed to do it. It seems that problems of liability or insurance could be worked out through reasonable legislation.

I realize that I sound very strong about this, but I feel my ability & continue the type of care we have able to give my patients would be some hurt tremendously. If other states, Washington and Oregon for example, have passed this anticipatory policy and we also be given awarded enough to allow this function.

Sincerely yours

Stewart F. Nelson M.D. H.



Alaska State Dental Society ✓
P.O. Box 3-487
Anchorage, Alaska 99501

TESTIMONY REGARDING SSHB 459

The Alaska State Dental Society is asking your support of SSHB 459 which in amending certain statutes would permit only doctors of dental surgery (D.D.S.), doctors of medical dentistry (D.M.D.), or medical doctors (M.D.), to administer local anesthetic in the oral cavity or to administer and monitor use of nitrous oxide (gas) during dental procedures.

The Society believes it is imperative that these vital procedures be kept in the hands of persons with the kind of intense training in physiology and anatomy as well as thorough understanding of drug uses and effects which dentists must have in order to obtain their degrees.

Giving oral injections of the highly potent chemicals contained in local anesthetics is much more sensitive than shots in the thick muscles of the upper arm or the buttox. Oral injections must be made close to large nerves in the head and neck where important nerves and blood vessels are closely intertwined.

Potential damage to vital structures is always present. Dentists must be aware of medical conditions of patients as well as possible interactions with other medications. Obviously, such awareness requires thorough educational preparation.

Because so many dental patients perceive visits to the dentist and treatment as painful, the dentist must be prepared in all ways to allay fears and to deal with psychological responses of fearful patients.

It is always life-threatening to inject a drug, irretrievably, into the human system and so there can never be too much emphasis on educational preparation and understanding of pharmacology, anatomy and biology for those administering such drugs.

As has been the tradition among dentists, members of the Alaska State Dental Society are much concerned with the wellbeing of the public at large as well as their individual patients. They believe that this legislation is most important to protect Alaskan consumers. It is extremely important to protect a public which often is unknowing of how to protect itself in such matters.

We urge you to vote "yes" on the amendments presented in SSHB 459.



TO: All State Senators and Representatives

FROM: Phillip L. Locker, D.D.S. *Phillip Locker DDS*
President
Alaska State Dental Society
P.O. Box 3-497, Anch. 99501

RE: SSHB 459 "An Act relating to the administration of local anesthetics and analgesics by dental hygienists, dentists, and persons employed or supervised by dentists."

May 7, 1981

Dear Senator or House Member

You are under pressure with a tremendous number of issues to consider we know. But we hope you will take a few minutes to consider the positions regarding SSHB 459 - about which you may have heard our previous testimony.

The Alaska State Dental Society is on record as supporting this bill. We have given you our reasons. We are aware that the hygienists' organization is pressuring you for its defeat - and we have some understanding of their efforts to expand their duties.

But - their training is wholly inadequate for the delicate job of administering local anesthesia in the mouth. It is frightening to realize that many hygienists believe they are so trained with their bare two/three year curriculum.

We are very concerned that the overall well-being and safety of the Alaskan public will be jeopardized if this bill is defeated. We are aware that some of our dentists have confidence in their hygienists presently in their employ and their capabilities to take on certain responsibilities in these particular dental offices. The dentists point out that they have, under regulations, "general supervision." (although this term itself is unclear and misleading, in our opinion).

It is true that dentists do indeed have ultimate responsibility for acts of their employees. The hefty malpractice insurance dentists carry is partly to protect themselves in such matters. It is also why dentists who know the risks of giving oral local anesthetics want to keep control of this sensitive procedure.

But, it is also true that prevention of damage or traumatic experiences for patients is infinitely better than payment after the fact. No payment can ever totally make up for such complications.

Those dentists who feel confident about their present hygienists' skills, we believe, do not see the overall picture. The situation cannot be managed on a case by case basis - legislation in any field covers it in its entirety. If the law does not prevent anyone other than dentists, physicians or registered nurse anesthetists giving oral local anesthesia, then ANY hygienist, regardless of training, skills or experience may be able to claim that right. This is the crux of our concern.

Our constant consideration is the safety and well-being of the public whenever involved in dental procedures. Quality care given with this in mind will help to insure that Alaskans are protected.

3

MSG 81-00015630 PRTY 1 05/06 11 15 05-39 ORIG: L400 IN= 0007 P = 0010
FROM: LOU TO: JMI INFO
TARGET: LJM2 SUBJ: POM PAGE 0001

TO: REPRESENTATIVES CLOCKSIN, MARTIN

FROM: RON DUKE, 424 CHERRY STREET, APO 97504 337-1372

I OPPOSE THE PASSAGE OF CSND-459.

4
81-00015671 PRTY 1 05/06/81 18:09:54 ORIG: LM00 IN= 0005 OUT= 0029
FROM: MARTIE/ MATSU TO: JUNEAU INFORMATION PAGE 0001
SUBJECT: LHM2 SUBJ: P.O.M.

REPRESENTATIVES CARNEY, CLOCKSIN, CATO, BEIRNE, DUNCAN.

FROM: ALI VEESHOWER, R.N., BOX 1460, WASTILA 99687
376 2011

SSHE 459

THIS BILL WOULD PROHIBIT R.N.'S FROM GIVING INJECTIONS UNDER THE SUPERVISION
OF A DENTIST. I FEEL IT WOULD DISCRIMINATE AGAINST THOSE R.N.'S WHO WORK IN
DENTISTS' OFFICES WHILE R.N.'S ROUTINELY GIVE INJECTIONS IN OTHER SITUATIONS
PERMITTED BY THE NURSING BOARD. THEY SHOULD BE ALLOWED TO GIVE INJECTIONS
AS LONG AS SUPERVISED BY DOCTORS.
PLEASE AMEND BY OMITTING THE PHRASE "CERTIFIED AS AN ANESTHETIST" FOLLOWING
THE WORDS "REGISTERED NURSE."



Alaska State Dental Society
P.O. Box 3-487
Anchorage, Alaska 99501

May 1, 1981

Representative Don Clocksin
Chairman, House H&SS Committee
Alaska State Legislature
Pouch V (MS 3100)
Juneau, Alaska 99811

Dear Representative Clocksin:

Enclosed is a copy of written testimony from the Alaska State Dental Society regarding SS HB 459, "An act relating to the administration of local anesthetics and analgesics by dental hygienists, dentists, and persons employed or supervised by dentists."

Personal testimony will also be provided by society members when the committee hearings are scheduled.

Thank you very much.

Sincerely,

Martha Dearborn

Martha Dearborn
Executive Secretary
Alaska State Dental Society

6654 Chevigny
Anchorage, Alaska 99502
May 6, 1981

Representative Donald E. Clocksin, Chairman
Health, Education, and Social Services Committee
House of Representatives
Pouch V
Juneau, Alaska 99811

Ref: SSHB 459

Dear Representative Clocksin:

The Alaska State Board of Dental Examiners has spent over two and a half years working to define educational requirements in the form of regulations so that dental hygienists could safely administer local anesthetic agents to their patients.

Nevada and Montana are the only western states which do not allow hygienists this function. Schools in these states teach courses in local anesthetic as a part of their curriculum. As a result many hygienists in Alaska are already qualified to perform this function and have been for several years. This enables the hygienist to utilize her skills of periodontal treatment not warranting the advanced treatment of a dentist or periodontist. The vast majority of the public has some form of periodontal disease. Therefore, a regulation that allows an educationally qualified person to control any pain associated with a complete preventative treatment program does benefit them greatly.

The Board of Dental Examiners along with much input from the Alaska State Dental Association and the Alaska State Dental Hygienists' Association has completed these regulations. Now one or two dentists want to ignore their finding and delete them with SSHB 459.

As a Hygienist who has been practicing in Alaska for 13 years I am pleased to be able to update my education and my service to my patients.

Sincerely,

Mary A. Spalding
Mary A. Spalding, R.D.H.

MAY 7, 1981

REPRESENTATIVE CLOKSIK:

I WOULD LIKE TO APPRISE YOU OF MY DISAPPROVAL OF SSHB 459. INASMUCH AS IT WILL ELIMINATE ADMINISTRATION OF ANESTHETICS BY DENTAL HYGIENISTS, IT WILL SIGNIFICANTLY LENGTHEN THE DURATION OF A TYPICAL DENTAL VISIT WHERE ANESTHETICS ARE USED.

MY TIME IS VALUABLE, AND TO NEEDLESSLY USE IT WAITING FOR THE DENTIST TO BECOME AVAILABLE TO ADMINISTER ANESTHETICS INCREASES THE EXPENSE OF MY TIME INVOLVED IN A DENTAL VISIT.

FURTHERMORE, THE BILL WOULD (IN SLOWING DOWN THE OFFICE PROCEDURE) REDUCE THE NUMBER OF PATIENTS A

DENTIST COULD SEE FEW UNIT
TIME, THUS UNAVOIDABLY INCREASING
THE COST OF DENTAL CARES.

IT IS NOT UNCOMMON FOR
DENTAL HYGIENISTS TO BE SCHOoled
IN ADMINISTERING ANESTHETICS,
AND TO NOT TAKE ADVANTAGE OF
SUCH, IS TO WASTE MY TIME AND
MONEY, AND THE HYGIENIST'S
EDUCATION

YOURS VERY TRULY,
Robert S. Ames

1201 B St. #4
Anchorage, AK 99501

May 7, 1981


The Honorable Donald E. Clocksin
Pouch V
Juneau, AK 99811

Ref: SSHB 459, relating to the administration of local anaesthetics and analgesics

Dear Representative Clocksin:

I am writing to indicate my opposition to the referenced bill. I oppose
HB 459 because I am in support of dental hygienists performing the referenced functions.

Sincerely,


Ann E. Prezyra
Attorney

5.14.81

HRS 459

① Dr. Redmond of OK: ^{Agreement oppose bill be sup.} AK Mental Society supports this Bill!

Exec. Com. on '81, 13 present 9-4 favor
149 members in State Assoc.

Am. Mental Assoc. - supports concept.

OK, State Bd. of Mental Exam. - opposes.

Dr Conroy - opposed

Lois Breder - opposed

revised 1978 Reg + final agreement
no inc. constants in 10 yrs!
\$38/yr.

Dr Sokolski - against
7/82.

Dr Hastings, 7/82 -

Wayne Johnson A, B, D, Exam.
unanim. opposed

Mike McColl, ~~present~~ 10-0 opposed

Dr. - opposed.

Linda Moller - "
VR 15 H 5-20-81

ASO of Kentucky

H B

4 6 4
4 6 5

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.

HOUSE BILL NO. 464

"An Act relating to vision and hearing
examinations in public schools; and
providing for an effective date."

By Zharoff

Beine

February 23, 1981

LEGISLATIVE PROPOSAL

VISION AND HEARING SCREENING OF SCHOOL-AGE CHILDREN

PURPOSE: The State of Alaska should insure that adequate resources are provided so that all school-age children receive periodic vision and hearing screening.

NEED: There is a definite relationship between a child's physical well-being and his/her readiness to learn. Seventy-five per cent of all learning is attained through the sense of vision. A great deal of learning is obtained by auditory means. Undetected vision and hearing difficulties can and do adversely affect a child's school adjustment, learning, and health.

While many school districts (22 of 33 districts which responded to a 1980 survey) conduct some type of vision and hearing screening, other districts do not. There is presently no requirement for all children to receive vision and hearing screening.

OBJECTIVES:

School vision and hearing screening programs should be required to:

1. Identify children who may have vision or hearing problems.
2. Inform parents of each child who fails screening of the possibility of a problem.
3. Recommend to the parents, when appropriate, that professional examination and/or treatment be sought and instituted.
4. Refer children who have a vision or hearing impairment (as identified by a physician, audiologist or eye specialist) for evaluation of the educational and communication implications of the hearing loss or vision impairment.
5. Inform the child's teacher of the vision or hearing difficulty.
6. Maintain records of the status of children referred to insure that needed services are obtained whenever possible.
7. Maintain records of the over-all screening program activities and complete and transmit reports of these activities at the close of each school year.

PROGRAM: A statewide screening system must include the following:

1. Regulations, program standards and guidelines adopted by the Department of Health and Social Services in conjunction with the Department of Education.
2. General supervision of school district screening programs by the Department of Health and Social Services:

Vision Consultant Public Health Nurse in the Division of Public Health for vision screening.

Communicative Disorders Program in the Division of Public Health for hearing screening.

3. Training and certification of screening personnel by the Department of Health and Social Services.
4. Funding for local school districts on a cost per child basis and funding for general statewide program supervision and training of screening personnel.

RATIONALE: The Department of Health and Social Services position states that:

Screening to detect vision and hearing impairments is a valuable and cost-effective preventive health measure. Simple tests can effectively and efficiently screen large numbers of children at minimal cost in order to identify those children in need of further treatment or intervention. Early identification is critical in order to provide an opportunity for each child to maximize his/her learning experience.

The initiation of periodic vision and hearing screening of school children has been uniformly supported by the Departments of Education and Health and Social Services, local school districts, public health nurses, native corporations, the Governor's Council for the Handicapped and Gifted, and the private medical community.

With the dramatic rise in health costs in Alaska and the United States, efforts are increasingly being directed to preventive services and to the use, where possible, of non-medical personnel. Screening examinations which can identify children with vision or hearing impairments can be performed effectively, rapidly, and inexpensively by appropriately trained lay personnel. Children who fail the initial screening are referred for further evaluation, diagnosis, treatment, and remediation. Children with chronic or permanent impairments will be identified so that remedial or special education programs can be appropriately provided.

LEGISLATIVE OPTIONS:

PRIORITY 1: New legislation under educational statutes, Section 14 as follows:

"An Act relating to vision and hearing screening in the schools, and providing for an effective date."

Section 14.30.080. Vision and hearing screening required. Vision and hearing screening shall be required for all school children.

(a) Screening shall be done in accordance with regulations promulgated by the Department of Health and Social Services in cooperation with the Department of Education.

(b) The Department of Health and Social Services shall train local school district screening personnel, assist with referral and follow-up of children needing professional examination or treatment, and assist with maintenance and repair of screening equipment.

(c) Local personnel conducting vision and hearing screening shall be trained and certified by the Department of Health and Social Services.

(d) School districts shall receive funds for screening from the Department of Education on the basis of cost per child per screening event.

(e) This Act takes effect July 1, 1981.

PRIORITY 2: Amend existing physical examination statute as follows:

Section 1. AS 14.30.070 is amended by adding a new sub-section to read:

(d) Vision and hearing screening examinations required by regulations promulgated under AS 14.30.065 shall be made by a competent individual authorized by the commissioner of health and social services to perform such tests.

Section 2. This Act takes effect immediately in accordance with AS 01.10.070(c).

FUNDING: The fiscal note for a proposed new statute or an amendment to existing statute for vision and hearing screening is as follows:

DEPARTMENT OF EDUCATION;

Funds to school districts based on \$3.00 per screening per child.

1980-81 enrollments in grades to be screened in public schools:

| Vision grades | | Hearing grades | |
|---------------|---------------|----------------|---------------|
| K or 1 | 6,700 | K or 1 | 6,700 |
| 3 | 6,725 | 2 | 6,737 |
| 5 | 7,049 | 3 | 6,725 |
| 7 | 6,385 | 7 | 6,385 |
| 11 | 6,603 | 11 | 6,603 |
| | <u>33,462</u> | | <u>33,150</u> |

Total children eligible = 66,612 x \$3/child = \$199,836

DEPARTMENT OF HEALTH AND SOCIAL SERVICES;

Vision Consultant Public Health Nurse Position

| | |
|---------------------|----------|
| Anchorage based | |
| Range 18, PHN III | |
| Salary \$31,680 | |
| Benefits 8,479 | |
| Total <u>40,159</u> | \$40,159 |

Travel for both vision and hearing consultants (hearing personnel already employed by the Communicative Disorders Program of the Division of Public Health) to train school district and REAA personnel and Public Health Nurses to do screening:

| | |
|-------------|-----------------|
| | 20,000 |
| Contractual | 9,100 |
| Commodities | 4,750 |
| Equipment | 2,450 |
| | <u>\$76,459</u> |


TOTAL FISCAL NOTE: \$276,295

GOVERNORS COUNCIL FOR THE HANDICAPPED AND GIFTED

UNIVERSITY PLAZA OFFICES WEST • SUITE C • 600 UNIVERSITY AVENUE • FAIRBANKS, ALASKA 99701

PHONE (907) 479-6507

February 23, 1981

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- * During the past two years the Governor's Council for the Handicapped and Gifted established a Vision and Hearing Screening Committee which studied the need for a statewide vision and hearing screening program for all school-age children and developed comprehensive vision and hearing screening standards and guidelines. The committee members included a wide range of community members, physicians, vision and hearing specialists, public health nurses, educational specialists, and representatives of the Departments of Health and Social Services and Education as well as school administrators.
 - * The Committee finalized its comprehensive report in October 1981 and presented recommendations to the Departments of Health and Social Services and Education. The Department of Health and Social Services attempted to institute vision and hearing screening in place of the presently required physical examinations (AS 14.30.070). Proposed regulations to this effect went to public hearing in December 1980. Due to the amount of testimony received in favor of retaining physical examination requirements, the Department abandoned this effort in favor of supporting statutory change which would include vision and hearing screening and allow persons other than physicians or nurses to conduct the screening.
 - * The Council believes that vision and hearing screening is important to the school-age community and that every effort should be made to institute the vision and hearing screening programs according to the standards recommended by the Committee. Both the Department of Health and Social Services and the Department of Education are in agreement with the Council.

It is the Council's hope that legislators will support introduction of this important legislation, enact the legislation, and institute statewide vision and hearing screening programs in local school districts during the 1981-82 school year.

John Nuttall

John Nuttall

Council Chairperson-elect
Chairman, Legislative Committee

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
SECTION OF FAMILY HEALTH

POUCH H 058
JUNEAU, ALASKA 99811
PHONE: 465-3100

April 16, 1981

The Honorable Fred Sharoff
House of Representatives
Pouch V
Juneau, Alaska 99811

Re: HB 464 & 465

Dear Mr. Zharoff:

The following information is provided as guidance material on the hearing portion only of the proposed vision-hearing screening legislation. We have this information readily available on hearing because our Communicative Disorders Program deals with this sphere of problems. Similar information can be gathered on the vision portion but this would take more effort since that program is not yet as well established.

This legislation will establish a uniform hearing screening program Statewide for school children to be conducted by trained lay personnel. Training will be provided by the Communicative Disorders Program (H&SS) staff according to standards established by the Vision and Hearing subcommittee of the Governor's Council for the Handicapped and Gifted. Efforts to date to initiate such screening have resulted in sporadic compliance due to lack of standards, poor funding and a confused role/responsibility for this task. This legislation addresses each of these issues. Through such a screening program approximately 41,300 children would be screened annually. A conservative estimate of a 10% failure rate statewide would mean that 4,130 students at high risk would be identified each year. Of the 4,130 students failing screening, approximately half would be referred for medical attention, one fourth would be found to need other non-medical services (such as counseling concerning noise exposure, hearing aid management, preferential seating in school, etc.) and one fourth would be subsequently found to have normal hearing and would not need further services.

Hearing loss continues to be one of the major health problems in Alaska. Statistics from other states indicate that a hearing screening failure rate of 5% is usually anticipated. In Alaska when the same screening procedures are employed the failure rate ranges between 10.3% and 36.6%. The highest failure rate is found in the remote areas (especially in the rural villages of northern and western Alaska).

Rep. Fred Zharoff

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April 16, 1981

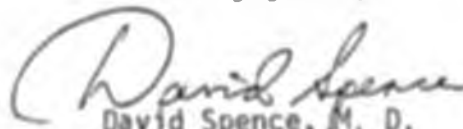
Cases of hearing loss identified by these screening procedures vary from mild transitory ear infections to severe sensory damage. Otitis media (middle ear infection) is by far the most common condition identified prior to grade three. Cases of otitis media will be referred to a physician, public health nurse or health aide who will administer medications, monitor the case over a period of time, and refer for more specialized attention when indicated.

Hearing loss due to noise exposure is also found commonly in older students through screening. High school students at Mt. Edgecumbe have had their hearing routinely checked for several years. This type of hearing loss has been discovered on 9 to 17% of the student population each year. It is believed that this high prevalence of noise induced hearing loss is caused by excessive exposure to high intensity noise from rifle fire, light aircraft, snow mobiles and motor boats. Once incurred, this condition is permanent and may be progressive with continued exposure. Early identification is important so that ear protection, counseling and hearing health education material may be provided.

The implementation of a uniform hearing screening effort in Alaska is a necessary part of developing a preventative program. Cases identified can be: (1) referred for prompt medical attention, (2) counseled concerning prevention of further hearing loss, and (3) monitored on an ongoing basis. Without prompt and systematic identification many of these cases will no doubt go undetected until corrective procedures are less effective.

Should you wish further information concerning hearing loss in Alaska please contact me.

Sincerely yours,


David Spence, M. D.
Chief
Section of Family Health



GOVERNORS COUNCIL FOR THE HANDICAPPED AND GIFTED

UNIVERSITY PLAZA OFFICES WEST - SUITE C - 600 UNIVERSITY AVENUE - FAIRBANKS, ALASKA 99701

PHONE (907) 479-6507

April 1, 1981

Representative Fred F. Zharoff
Pouch V
Juneau, Alaska 99811

Dear Fred:

Enclosed are copies of the Council's recommended Vision and Hearing Screening Standards.

The standards are for your information should there be questions about what is involved in screening and how screening would take place under the Council's proposed legislation.

The Department's of Health and Social Services and Education were involved in their development and have agreed to utilize these standards and procedures once enabling legislation is enacted.

Thank you for your willingness to sponsor this important legislation. Please give me a call if you have additional questions.

Sincerely,

John Nuttall
Legislative Committee Chairperson

Enclosure

JN/1sl

RECOMMENDED

ALASKA
VISION SCREENING STANDARDS

OCTOBER 1980

DEVELOPED BY THE VISION/HEARING SCREENING COMMITTEE
OF THE
GOVERNOR'S COUNCIL FOR THE HANDICAPPED AND GIFTED

These Vision and Hearing Screening Standards have been developed through the diligent efforts of the following individuals who represented their respective professions and/or organizations on this subcommittee of the Alaska Governor's Council for the Handicapped and Gifted.

| | |
|--|--|
| Ms. Jean Lucius | Public Health Nursing |
| Dr. David Spence | MCH-CCS-Pediatrics |
| Mr. Tom Buckner | State Department of Education Special Education Section |
| Dr. Marj Robinson | Rural Special Education Admin. |
| Dr. Thomas Harbour | Alaska Optometrists Assoc. |
| Dr. James Patterson | Alaska Ophthalmologists Assoc. |
| Mr. Carl Dixon | Alaska Native Medical Center |
| Dr. Richard Raugust | Alaska Otolaryngologists |
| Mrs. Barbara Seidl | School Nursing |
| Ms. Ann Rogers | N.E.A. Alaska |
| Mr. Carl Pohjola | School Superintendent |
| Dr. Jim Ayers | Head Start Program |
| Dr. David Canterbury (Co-chairperson) | Communicative Disorders Program |
| Ms. Jane Brodie (Co-chairperson) | Blind/Visually Impaired Program |

Consultants:

Miss Elizabeth Field
Vision Screening Consultant
Arizona Dept. of Health

Mr. Jim Nelson
Child Health Section
Illinois Department of Health

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1.0 INTRODUCTION

The State of Alaska is committed to the belief that each child has a right to an equal opportunity for a quality education. Research has shown that there is a relationship between a child's physical well-being and his or her readiness to learn. Since up to 75% of all learning is attained through the sense of vision, vision difficulties can adversely affect a child's learning. High quality vision screening programs identify those children who need diagnostic attention by an eye specialist (ophthalmologist/optometrist) in order that their visual condition is treated and/or corrected to the best possible status.

Effective screening involves implementing uniform policies and methods by trained personnel using appropriate equipment; and adhering to well organized referral; follow-up; and reporting procedures. Programs of high quality can be established through the cooperative efforts of (1) school personnel, i.e., school nurses, teachers, teacher aides; (2) health personnel, i.e., public health nurses, community aides, physicians, ophthalmologists and optometrists; and (3) appropriately trained volunteers.

Two things need to be emphasized in screening programs. The first is that screening procedures are not intended to be diagnostic. It is improper to conclude that persons who fail screening procedures have vision loss. Screening selects the population that needs further, more refined evaluations. Parents and visual screeners should be instructed to seek a professional visual evaluation by an eye specialist (ophthalmologist/optometrist) whenever they have any doubt about any child's vision, regardless of any recent vision screening with normal results.

Secondly, the diagnostic process which follows screening may identify those youngsters who after best correction still have a vision impairment to such an extent that they meet the eligibility criteria for special education. At this time, the educational implications of a vision loss need to be added to the medical implications. Too often the sole goal is referral of medical needs of those who fail screening procedures.

Objectives of a School Vision Screening Program are:

1. To identify the children who may have eye problems.
2. To inform parents of each child who fails the screening of the possibility of a problem.
3. To recommend to the parents, when appropriate, professional visual evaluation and care be sought for children with possible visual problems.

1.0 INTRODUCTION (Continued)

4. To pursue the matter until an examination is made and appropriate evaluation and/or treatment is instituted.
5. To inform teachers of their students' visual difficulties and its resolution.
6. To refer children who have a vision impairment (as identified by an eye specialist), for evaluation in the unique educational implications of the vision impairment.
7. To maintain records of the status of children referred to insure that needed services are obtained whenever possible.
8. To maintain records of the overall screening program activities and complete and transmit as required annual reports of this activity at the close of each school year.

2.0 SCREENING PROCEDURES

Vision screening involves testing in an abbreviated way, large numbers of children. The main purpose is to identify children who are in need of a diagnostic visual examination and to refer them for professional diagnosis.

From the following screening schedule it is apparent that the specific screening tests used will vary from one grade to another. It is recommended that the age appropriate battery of tests be administered at one time. The frequencies of screening stated below are minimal standards state-wide for Alaska. More frequent screening may be justifiable based on local circumstances.

2.1 POPULATIONS TO BE SCREENED

2.1.1 SCREENING SCHEDULE

| SCREENING PROCEDURE | GRADES | | | | | | | ALL SPEC ED STUDENTS ANNUALLY | ALL NEW STUDENTS |
|---------------------------|---------------------------------------|----------------|---|---|---|----|---|-------------------------------------|---------------------|
| | *Preschoolers | K and/ or 1 | 3 | 5 | 7 | 11 | | | |
| Observation | At all grade levels - P-12 | | | | | | | X | X |
| Distance Visual Acuity | X | X | X | X | | X | X | X | |
| Cover/Uncover | X | X | | X | | | X | X | |
| Color Deficiency | Once after grade six for all students | | | | | | | | After Grade six |

2.1.2 Waivers

A child is exempt from screening or testing if a parent, guardian, or person in loco parentis of the child presents a written statement or given verbal notification to the administration of the child's school that the parent, guardian, or person in loco parentis does not wish the child to be screened.

2.2 TYPES OF SCREENING

2.2.1 Observation

Observation of visual behavior is one of the most important means of determining potential visual problems. Observation

- *Preschoolers
- (1) Ages 2 1/2, 3 or 4.
 - (2) School districts are not required to screen preschoolers until school entry.
 - (3) Other agencies who are involved in children of this age should adhere to these standards.