

ALASKA LEGISLATURE COMMITTEE FILES

2007-2008

SHES

124

Senate Bill 98 – “An act relating to dental hygienists”

The Problem

- Preventable oral diseases can cause life threatening emergencies.
- Many Alaskans cannot afford oral healthcare.
- There are geographic and educational barriers preventing access to oral health care.
- The structure of Alaska's current oral healthcare delivery system contains barriers that prevent access to oral health care.

Dental Hygienists Can Help

Dental hygienists are well-prepared to deliver preventative oral health care services to the public safely and effectively.

- Dental hygienists focus on preventing and treating oral diseases.
- Dental hygienists graduate from nationally accredited dental hygiene education programs in universities, and must pass a national written and state clinical examination in order to practice.
- Dental hygienists are state-licensed oral healthcare professionals.
- Dental hygienists are key to cost-effective early intervention and education.

Provisions under SB 98

1. Expanded restorative function

Allows a licensed dental hygienist to place “fillings” into a cavity prepared by a licensed dentist.

2. Anesthesia under *general* supervision

Allows a licensed dental hygienist to perform local anesthesia under general supervision. A licensed dentist would still be required to diagnose the condition to be treated prior to the hygienist performing treatment.

3. Collaborative agreement

Allows a licensed dental hygienist to enter into a written agreement with a licensed dentist who would authorize the services to be performed by the dental hygienist without the supervision of the dentist.

Sectional Summary of SB 98 (Work Order No. 25-LS0670A)

Section 1 of the bill authorizes the Board of Dental Examiners to issue a restorative function endorsement to a licensed dental hygienist if the hygienist has successfully completed an accredited program and has passed the required restorative function examination(s).

A restorative function endorsement will allow a licensed dental hygienist to place restorations, i.e. fillings, into a cavity prepared by a licensed dentist and thereafter carve, contour and adjust contacts and occlusion of the restoration under the direct supervision of a licensed dentist.

Section 2 authorizes a licensed dental hygienist to administer local anesthetic agents under the general supervision of a licensed dentist.

Local anesthesia renders a small part of the body, such as a tooth, insensitive to pain without affecting consciousness. Licensed dental hygienists in the state who are certified by the Board have been administering local anesthesia under "direct" or "indirect" supervision of a licensed dentist since 1981. Adding "general" supervision would allow a licensed, Board-certified dental hygienist to administer local anesthetic agents without the requirement for a licensed dentist being present in the dental facility.

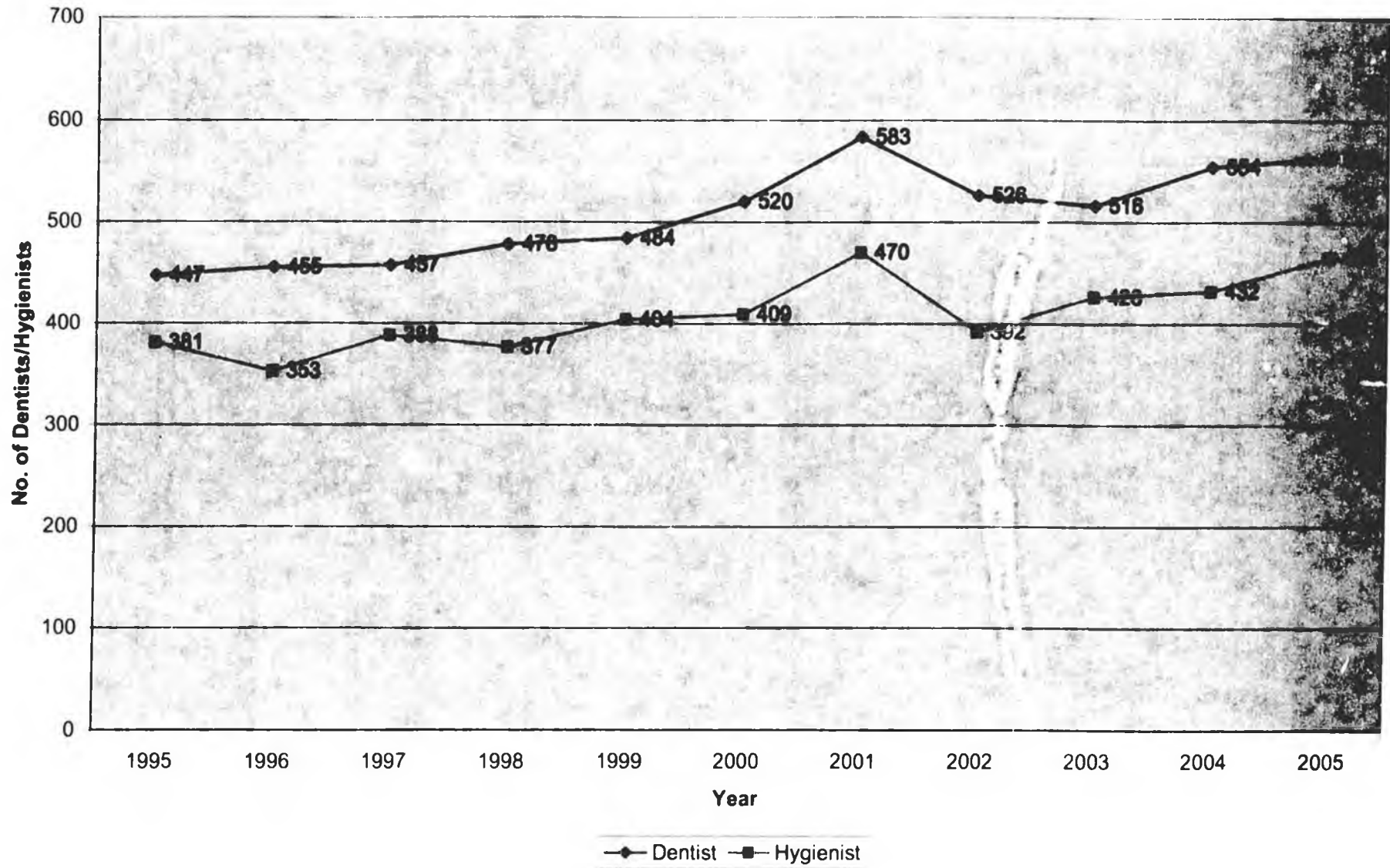
Section 3 includes under dental hygienists' scope of practice the ability to place restorations (section 1) and perform the activities authorized under a collaborative agreement with a licensed dentist (section 4).

Section 4 authorizes the Board to approve a collaborative agreement between a licensed dentist and a licensed dental hygienist and specifies the services and procedures allowed under a collaborative agreement.

Working under a collaborative agreement with a licensed dentist, a dental hygienist would be able to initiate treatment within their scope of practice based on his or her assessment of a patient's needs without the specific authorization of a dentist.

Section 5 applies supervision requirements to a dental hygienist operating in conjunction with a licensed dentist under a collaborative agreement.

Dentist & Hygienists in AK (1995 - 2005)



Alaska State Dental Hygienists' Association

Briefing Paper: Legislation to amend Alaska's dental hygienist practice law

I. Purpose

ASDHA proposes changing Alaska's dental hygienists' practice law in order to:

- (i) Improve access to oral health care;
- (ii) Increase awareness of the cost-effective benefits of prevention; and
- (iii) Promote the highest standards of dental hygiene education, licensure, practice and research.

Specifically, ASDHA seeks statutory change that will allow registered dental hygienists to:

A. Administer local anesthetic agents under general supervision.

Local anesthesia renders a small part of the body, such as a tooth, insensitive to pain without affecting consciousness. Licensed dental hygienists in the state may already administer local anesthesia under "direct" or "indirect" supervision of a licensed dentist if they are certified by the Board. Adding "general" supervision as a supervision requirement would allow a licensed, trained and certified dental hygienist to administer local anesthetic agents without the requirement for a licensed dentist being present in the dental facility. A licensed dentist would still be required to diagnose the condition to be treated and carry out the procedure. Proof of liability insurance for the dental hygienist would be required for certification.

B. Place restorations into a cavity prepared by a licensed dentist.

This would allow a licensed dental hygienist, if certified by the Board, to place restorations into a cavity prepared by a licensed dentist and thereafter carve, contour and adjust contacts and occlusion of the restoration under the direct supervision of the dentist. Restorative certification and education requirements would be administered and adopted by the Board of Dental Examiners. Under direct supervision, a licensed dentist must be present in the dental facility, diagnose the condition, authorize the procedure, and evaluate the performance of the dental hygienist before dismissal of the patient.

C. Enter into a collaborative agreement with a licensed dentist.

If certified by the Board, a dental hygienist would be able to enter into a written agreement with a licensed dentist who would authorize the services to be performed by the dental hygienist without the supervision of the dentist. A dental hygienist would be able to initiate treatment within their scope of practice based on his/her assessment of a patient's needs without the specific authorization of a dentist. Operating under a collaborative agreement would enable the hygienist to treat the patient without the presence of a dentist and maintain a provider-patient relationship without the

participation of the patients' dentist of record. Regulations specifying the education requirements and evaluations procedures would be adopted by the Board. Certification requirements would include a minimum of 5 years clinical experience and emergency training.

II. Background

Registered Dental Hygienists are licensed oral health professionals who focus on preventing and treating oral diseases. They are graduates of nationally accredited dental hygiene education programs in colleges and universities, and have successfully passed a national written and state clinical examination before they are allowed to practice. Dental hygienists receive an average of 2,000 hours of classroom study in academic subjects emphasizing basic sciences, dental sciences, dental hygiene theory and periodontics, including at least 600 hours of supervised instruction in preclinical and clinical skills.

In Alaska, there are legal barriers that prevent dental hygienists from providing access to oral health care. State law and regulations limit access by imposing restrictive supervision requirements on dental hygienists. The nation's more progressive states, such as Minnesota and Washington, which have already expanded the role of dental hygienists, have recognized that the traditional oral health delivery system does not work for many segments of the population.

By virtue of their comprehensive education and clinical preparation, dental hygienists are well prepared to deliver preventive oral health care services to the public, safely and effectively, independent of dental supervision. Precedent has been set in the nursing profession, which moved toward the development of advanced practice nursing through recognition of unmet public health needs.

	<i>Dental Assistant</i>	<i>Registered Dental Hygienist (RDH)</i>	<i>Dental Health Aide Therapist (DHAT)</i>	<i>Dentist (DDS or DMD)</i>
<i>Education Required</i>	No	Yes	Yes	Yes
<i>Education</i>	None or optional certification—one year course	Accredited Dental Hygiene Program—Associates, Bachelors, or Masters	Previously trained in New Zealand, currently in Anchorage by AK Native Tribal Health Consortium under University of Washington—no degree.	Accredited Dental Program—Doctorate
<i>Alaska State License Required</i>	No	Yes—Must pass written, clinical, and jurisprudence exams in addition to other qualifications	No	Yes—Must pass written, clinical, and jurisprudence exams in addition to other qualifications
<i>Regulated by State of Alaska</i>	No	Yes	No—DHAT's are regulated by the Federal Government under the Indian Health Care Improvement Act	Yes
<i>Continuing Education Requirements</i>	No—Required to maintain certification (optional)	Yes (14 Credits bi-annually)	Yes	Yes (28 credits bi-annually)
<i>CPR Certification Requirements</i>	No—Required to maintain certification (optional)	Yes	Yes	Yes
<i>Procedures Performed</i>	Assists the dentist in all treatment procedures Topical preventive agents and sealants	Oral health education, cleanings, topical preventive agents, sealants, root planing and curettage, local anesthesia, other services delegated by a dentist—radiographs, periodontal charting, nitrous oxide	Oral health education, cleanings, topical preventive agents, sealants, local anesthesia, diagnosis, cavity preparation and placement, simple extractions, stainless steel crowns, radiographs	Oral health education, cleanings, topical preventive agents, sealants, root planing, local and general anesthesia, operative and surgical procedures, diagnosis, treatment planning, writing prescriptions, root canals, all restorative procedures, nitrous oxide, radiographs

ADHA PRACTICE ACT OVERVIEW CHART OF PERMITTED FUNCTIONS AND SUPERVISION LEVELS BY STATE

	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MI	MN	MS	
PROPHYLAXIS	P	N	N	N	N/U	U	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N/U	N	P
X-RAYS	P	N	N	N	N/U	N	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N	N	P
LOCAL ANESTHESIA		P	P		P	P	P		P			P	N	P		P	P	P	P	P		P		P	
TOTAL ANESTHESIA	P	N	N		N/U	U	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N	N	
FLUORIDE	P	N	N	N	N/U	U	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N	N	P
PRESSURE SEALANTS	P	N	N	N	N/U	U	N/U	N	N	P	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N	N	P
ROOT PLANING	P	N	N	N	N/U	N	N/U	N	N	P	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N	N	P
SOFT TISSUE CURETTAGE	P	N	N	N	P	U		N	N	P	P	P/N		N			N	N		N			P	N	P
ADMINISTER N ₂ O		P	P		P	P			P				P	P		P	N	P						P	
STUCCO CAST IMPRESSIONS	P	N	N	N	N/U	N	N/U	N	N	P	P	P/N	P	N	P	N	N	N	P	N	N	N	N	N	P
PLACE PERIO DRESSINGS	F	N	P		N/U	N	N/U	N	P	N	P	P/N			P	N	N	N		P	N	N	N	N	P
REMOVE PERIO DRESSING	P	N	P	N	N/U	N	N/U	N	P	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N	N	P
PLACE SUTURES		N	P									P/N													
REMOVE SUTURES	P	N	N	N	N/U	N	N/U	N	P	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N	N	P
APPLY CAVITY LINERS & BASES	P				N/U	N				P	P					N		N					N	N	
PLACE TEMPORARY RESTORATIONS	P	N	N		N/U	N				N	P	P/N				N		N		N	P	N		N	
REMOVE TEMPORARY RESTORATIONS	P	N	N		N/U	N				N	P	P/N				N		N				P		N	
PLACE AMALGAM RESTORATIONS					N													P				P	N	N	
CARVE AMALGAM RESTORATIONS					N													P					N	N	
FINISH AMALGAM RESTORATIONS					N													P						N	
POUSH AMALGAM RESTORATIONS	P	N	N		N/U	N	N/U	N	N	P	P	P/N	N			N	N	P	P	N	N	N	N	N	
PLACE & FINISH - COMPOSITE RESIN SLICATE RESTORE					N													P							

P = PHYSICAL PRESENCE OF DENTIST IS REQUIRED

N = PHYSICAL PRESENCE OF DENTIST IS NOT REQUIRED

F = PHYSICAL PRESENCE NOT REQUIRED. NO PRIOR AUTHORIZATION BY DENTIST REQUIRED BUT THERE MAY BE REQUIREMENT FOR TYPE OF COOPERATIVE ARRANGEMENT WITH A DENTIST(S). SOME STATES REQUIRE EXPERIENCE OR SPECIAL EDUCATION BY RDH.

U = WHERE TWO LETTERS ARE PRESENT IN A BOX THE FIRST INDICATES THE SUPERVISION LEVEL IN THE PRIVATE DENTAL OFFICE. THE SECOND INDICATES THE SUPERVISION LEVEL IN OTHER SETTINGS SUCH AS INDEPENDENT DENTAL PRACTICE, LONG-TERM FACILITIES, HOSPITALS, ETC. ON NON-AMBULATORY PATIENTS. * = RULES PENDING

ADHA PRACTICE ACT OVERVIEW CHART OF PERMITTED FUNCTIONS AND SUPERVISION LEVELS BY STATE

	AK	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	
PROPHYLAXIS	N/U	N	N	N/U	N	P/N	N/U	N	P/N	N	N	N	N/U	P/N	N	N	N	N	N	N	N	N	N	N/U	P	N/U	N
SCALE	N	N	N	N/U	N	P/N	N/U	N	P/N	N	N	N	N/U	P/N	N	N	N	N	N	N	N	N	N	N	P	N	N
LOCAL ANESTHESIA	P	P	P	P/U	P*		P	P			P	P	N		P	P	P	P		P	P	P	P	P	P	P	P
TOPICAL ANESTHESIA	N	N	N	N/U	N	P/N	N	N	P	N	N	N	N/U	P/N	N	P	N	N	N	N	N	N	N	N	P	N	N
FLUORIDE	N/U	N	N	N/U	N	P/N	N/U	N	P/N	N	N	N	N/U	P/N	N	N	N	N	N	N	N	N	N	N/U	P	N	N
RESIN-BOND SEALANTS	N/U	N	N	N/U	N	P	N	N	P/N	N	P	N	N	P/N	N	P/N	N	N	N	N	N	N	N	N/U	P	N	P
ROOT PLANING	N	N	N	P/U	N	N	N	N	P	N	P	N	N/U	P/N	N	P/N	N	N	N	N	N	N	N	N/U	P	N	N
SOFT TISSUE CURETTAGE	N	N	N	N		N	N			N	P	N	N/U				N	N		N				P/U			
ADMINISTER N ₂ O	P			P/U	P			P			P	P	P				P	P		P		P	P				P
STUPE CAST IMPRESSIONS	N	N	N	N/U	N	P	N	P	P	P	N	N	N/U	P	P	P		P	N	N	N	N	N	N	P	N	N
PLACE PERIO DRESSINGS	N	N	N	N/U		P		P		P	P	N	N/U		P				N	N	N	N	N	P	P	N	P
REMOVE PERIO DRESSING	P	N	N	N/U	N	P	N	P	P	P	N	N	N/U		P	P	N	P	N	N	N	N	N	P	P	N	P
PLACE SUTURES									P												N						
REMOVE SUTURES	N	N	N	N/U	N	P		P	P	P	P	N	N/U	P	P	P		P	N	N	N	N	N	P	P	N	N
APPLY CAVITY LINERS & BASES	P				N				P									P							P		
PLACE TEMPORARY RESTORATIONS	P	N	N	N/U	N	P		P	P	P		N	N/U			P/N		P	N						P	N	N
REMOVE TEMPORARY RESTORATIONS	P	N	N		N			P	P	P								P	N								
PLACE AMALGAM RESTORATIONS	N				N													P						P			P*
CHISEL AMALGAM RESTORATIONS	P																							P	P		P*
REPAIR AMALGAM RESTORATIONS	P																							P			N*
SOLE AMALGAM RESTORATION	N	N	N	N/U	N	P	N		P	P	P	N	N/U		P	P	N	P	N	N				U	P		N
PLACE & FINISH - COMPOSITE RESIN SLICKER RESTORE	P																							P			P*

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- = RULES PENDING

DIRECT ACCESS STATES

For purposes of this document, direct access means that the dental hygienist can initiate treatment based on his or her assessment of patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and can maintain a provider-patient relationship.

Arizona 2004

Sec 32-1289

A dental hygienist with a written affiliated practice agreement with a dentist may assess for and perform dental hygiene services on patients under 18 years who meet certain financial criteria and are enrolled in a federal, state, county or local healthcare program

Special requirements: 5 years practice

Services: Any dental hygiene services specified in the affiliated practice agreement except root planing, local anesthesia, nitrous oxide or placing sutures.

California 1998 (*California has two different provisions for unsupervised practice)

Sec. 1774, 1775

Dental hygienists endorsed as RDHAPs (registered dental hygienist in alternative practice) may provide services without supervision for homebound persons or at schools, residential facilities, institutions and in dental health professional shortage areas if the patient has a prescription from a dentist or physician. RDHAPs may own an alternative dental hygiene practice. Currently, there are more than 100 RDHAP's.


Special Requirements: Bachelors degree equivalent, 3 years clinical practice, completion of 150 clock hour special course and exam.

Services: Those services permitted under general supervision (which include oral prophylaxis, root planing, pit and fissure sealants, charting and examination of soft tissue).

California 2002

Sec 1763 (a) 2002 Any dental hygienist may provide screening, apply fluorides and sealants without supervision in government created or administered public health programs.

- In 2006, more than 100 RDHAP's registered.
- A dental hygienist mobile practice treats 25/35 disabled patients per week.
- Direct Medicaid reimbursement allowed.




Colorado - 1987
Sec. 12-35-122.5

Unsupervised practice in all settings for all licensed dental hygienists for the oral prophylaxis and preventive and therapeutic services. The dental hygienist may also own a dental hygiene practice.

Special Requirements: None.

Services--remove deposits, accretions, and stains, curettage without anesthesia, apply fluorides and other recognized preventive agents, oral inspection and charting, topical anesthetic. However, x-rays require general supervision and local anesthesia requires direct supervision.

- **Direct Medicaid reimbursement allowed. In fiscal year 2003-04 16 independent RDH's provided 199,518 in services to 2,284 Medicaid children.**



Connecticut 1999
Section 20-126l.

Dental hygienists with 2 years experience may practice without supervision in institutions, public health facilities, group homes and schools.

Special Requirements: 2 years experience.

Services: Oral prophylaxis, remove deposits, accretions and stains, root planning, sealants, assessment and treatment planning.

- **Since 7/1/2003 hygienists have program has provided over 55,000 dental procedures - nearly 7,000 prophys/fluorides, 5,800 sealants and 15,000 exams.**
- **Direct Medicaid reimbursement allowed.**

Iowa 2004

Rule 650-10.5 (153)

Dental hygienists may provide services based on standing orders and a written agreement with a dentist in schools, Head Start settings, FQHCs (Federally Qualified Health Centers), public health vans, free clinics, community centers and public health programs. As of 2005, 15 hygienists held public health permits.

Special Requirements: RDH must have 3 years clinical experience and submit annual report on number of patients/services to department of health.

Services: All dental hygiene services (except local anesthesia and nitrous) may be provided once to each patient. To perform repeat services other than assessment, screening and fluoride, dentist must examine.

- **Active Public Health Supervision agreements in place between Iowa dentists and dental hygienists.**
- **Preliminary estimates for 2004: Over 3,100 clients received sealants, over 11,000 received screenings, 1,600 received fluoride applications, over 150 received prophylaxis, and over 5,000 received education.**
- **In 2006, 24 public health RDHs.**

Kansas 2003

Sec. 65-1456

Dental hygienist with 1800 hours experience can obtain an extended care permit to treat patients in schools, headstart programs, state correctional institutions, local health departments, indigent care clinics, adult care homes, hospital long term units, or at the home of homebound persons on medical assistance. No prior authorization is needed, but the hygienist must have an agreement with a sponsoring dentist who will monitor his/her practice. Services permitted are the oral prophylaxis, application of fluoride, dental hygiene instruction, assessment of the patient's need for further treatment by a dentist and other services if delegated by the sponsoring dentist.

- **As of April 2006, there were 41 extended care permit dental hygienists.**

Maine 2001

Rule 02 313 Chap. 1. Sec. 4

A dental hygienist may practice in a public or private school, hospital or other non-traditional practice setting under a public health supervision status granted by the dental board on a case-by-case basis. The hygienist may perform all services rendered under general supervision.

The dentist should have specific standing orders and procedures to be carried out, although the dentist need not be present when the services have been provided. A written plan for referral or an agreement for follow-up shall be provided by the public health hygienist recording all conditions that should be called to the attention of the dentist. The supervising dentist shall review a summary report at the completion of the program or once a year.

Special Requirements: A dental hygienist must apply to the board to practice providing such information the board deems necessary. The board must take into consideration whether the program will fulfill an unmet need, whether a supervising dentist is available and that the appropriate public health guidelines and standards of care can be met and followed.

Services: All services that can be provided under general supervision. Dentist's diagnosis for sealants not needed in public health or school sealant programs.

- From 3/02 through 10/04, over 5,500 patients were provided care in over 400 clinics. Nearly 30 dental hygienists are involved in this particular program.
- Direct Medicaid reimbursement allowed.

Michigan 1991

Sec. 333.16625

A dental hygienist may apply to the Department of Community Health to become designated as a "grantee health agency" for a 2 year period, during which time hygienist can administer dental hygiene services to patients not assigned to a dentist as part of a program in dentally underserved populations. Dental hygienists practicing as grantee health agencies must work under the supervision of a licensed dentist for a public or nonprofit entity, school, or nursing home that employs or contacts with at least one dentist or dental hygienist and provides care to an underserved population.

Special requirements: Dental hygienists interested in attaining grantee health agency status must submit a comprehensive form outlining how the program will be carried out, providing for oversight and direction, and including information for all dental personnel involved. A dental hygienist operating as a grantee health agency must ensure that the supervising dentist is available for consultation when necessary.

Services: those permitted under general supervision.



Minnesota 2001

Section 150A. 10, subd. 1a

A dental hygienist may be employed or retained by a health care facility, program, or nonprofit organization to perform dental hygiene services without the patient first being examined by a licensed dentist if the dental hygienist has entered into a collaborative agreement with a licensed dentist that designates authorization for the services provided by the dental hygienist.

Health care facility is defined as a hospital, nursing home, home health agency, disabled/juvenile home, federal/state/local public health facility, community clinic, prison, tribal clinic school authority, Head Start program, or nonprofit organization that serves individuals who are uninsured or who are Minnesota health care public program recipients.

A collaborative agreement means a written agreement with a licensed dentist who authorizes and accepts responsibility for the services performed by the dental hygienist. The services may be performed without the presence of a licensed dentist and may be performed at a setting other than the usual place of practice of the dentist or dental hygienist and without the dentist's diagnosis/treatment plan unless specified in the agreement.

Special Requirements: Has been engaged in the active practice of clinical dental hygiene for not less than 2,400 hours in the past 18 months or a career total of 3,000 hours, including a minimum of 200 hours of clinical practice in two of the past three years. Has documented participation in courses in infection control and medical emergencies within each continuing education cycle and maintains current certification in advanced or basic cardiac life support as recognized by the American Heart Association, the American Red Cross, or another agency that is equivalent to the American Heart Association or the American Red Cross.

Services: Removal of deposits and stains from the surfaces of the teeth, application of topical preventive and prophylactic agents, sealants, fluoride varnishes, polishing and smoothing restorations, removal of marginal overhangs, performance of preliminary charting, taking x-rays and root planing. A dental hygienist can provide sealants and fluoride varnishes without the patient first being examined by a licensed dentist.

Restorative Services: a licensed dental hygienist or a registered dental assistant may perform the following restorative procedures:

- Place, contour, and adjust amalgam restorations;
 - Place, contour, and adjust glass ionomer;
 - Adapt and cement stainless steel crowns; and
 - Place, contour, and adjust class I and class V supragingival composite restorations where the margins are entirely within the enamel.
- The restorative procedures may be performed only if:
- The licensed dental hygienist or the registered dental assistant has completed board-approved courses on the specific procedures which include a course that sufficiently prepares the dental hygienist or registered dental assistant to adjust the occlusion on the newly placed restoration.

- A licensed dentist has authorized the procedure to be performed.
- There are now 2 dental hygienists volunteering in a community dental clinic providing restorative and preventive services to at least 10 patients each day they volunteer.
- Direct Medicaid reimbursement allowed.



Missouri 2001

Statute 332.311.2

Dental hygienists may provide services without supervision in public health settings to Medicaid eligible children and be directly reimbursed by Medicaid.

Special Requirements: 3 years experience.

Services: Oral prophylaxis, sealants, fluorides.

- One particular dental hygienist has seen a sealant program grow from one school district to eight. Over 2,500 sealants have been placed on over 700 children.
- Direct Medicaid reimbursement allowed.
- In 2006, were 12 registered providers.



Montana 2003

Sec. 37-4-405

Dental hygienists may obtain a limited access permit from the board allowing them to practice under public health supervision in a variety of federally funded health centers and clinics, nursing homes, extended care facilities, home health agencies, group homes for the elderly, disabled, and youth, headstart programs, migrant work facilities and local and state public health facilities. Public health supervision means the hygienist can provide oral prophylaxis, fluoride, polish restorations, root plane, sealants, oral cancer screening, expose radiographs, and chart without the authorization of a dentist provided he or she follows protocols to be established by the board and refers any patients needing dental treatment.

- Program took effect in September of '04, 6 applicants so far.

New Hampshire 1993

Rule 101.11(d)

Under public health supervision dental hygienists may provide procedures authorized by a dentist in a public or private school, hospital or institution, provided the dentist reviews patient records once in a 12 month period.

Special Requirements: None.

Services: Instruction in oral hygiene, topical fluorides, oral prophylaxis, assess medical/dental history, periodontal probing/charting.

New Mexico 1999

Sec 61-5A-4D

Rule 16.5.17

Collaborative practice permits based on a written agreement between the dental hygienist and one or more consulting dentist(s), dental hygienists to treat patients according to a protocol with collaborative dentist. Dental hygienists may own or manage a collaborative dental hygiene practice in any setting. Must refer patient for dental exam yearly.

Special Requirements: 2400 hours active practice in past 18 months or 3000 hours in 2 of past 3 years.

Services: Each collaborative practice agreement must contain protocols for care. Which provide for standing orders allowing the dental hygienist to provide routine services such as preliminary assessment, x-rays, oral prophylaxis and fluoride treatment without prior authorization. Case-by-case authorization required in some procedures (as sealants and root planning).

- One collaborative practice arrangement that started in 2002, serves a patient base of 4,000 people- 1/3 of which are Medicaid eligible.
- Direct Medicaid reimbursement allowed.
- In 2006, there were 35 collaborative practice RDHs.



Nevada 1998

Statute 631.287

Dental hygienists may obtain approval to work as public health dental health hygienists in schools, community centers, hospitals, nursing homes and such other locations as the state dental health officer deems appropriate without supervision.

- **20 RDH's have gained board approval Nevada Health Centers, Inc. where some RDH's are employed, provides services in eighteen different locations in Nevada. Dental hygienists with Public Health endorsement can also screen and place sealants without a dentist present. Additional locations include Saint Mary's, Huntridge Teen Center & Lyon Co. Healthy Smiles.**
- **Direct Medicaid reimbursement allowed.**



New York 2005

Rules Sec. 61.9

That a supervising dentist be available for consultation, diagnosis and evaluation, has authorized the dental hygienist to perform the services, and exercises that degree of supervision appropriate to the circumstances." A dental hygienist can work in any setting (private or public) and perform dental hygiene duties (listed below) without a dental examination or need to refer a patient to a dentist.

Dental hygiene services allowed include removing calcareous deposits, accretions and stains, including scaling and planning of exposed root surfaces; applying topical agents indicated for a complete dental prophylaxis; removing excess cement from surfaces of the teeth; providing patient education; placing and exposing X-ray films; performing topical anticariogenic agent applications, including but not limited to topical fluoride applications, and performing topical anesthetic applications; polishing teeth, including existing restorations; taking medical history including the measuring and recording of vital signs; charting caries and periodontal conditions as an aid to diagnosis by the dentist; applying pit and fissure sealants; and applying desensitizing agents to the teeth.

In nursing homes a hygienist can perform a complete oral examination of a resident and then determine treatment priorities; plan for continuing oral hygiene and dental care.

- **In 2005, dental hygienists have screened almost 800 children & sealed over 1500 teeth.**
- **Thousands of New York children have been treated by dental hygienists' in school based programs under general supervision.**


Oklahoma 2003

Sec. 328.34 C

A dentist may authorize in writing a dental hygienist with 2 years experience to perform services one time on a patient in a setting outside the office prior to any dentist contact/exam if the hygienist refers the patient back to the authorizing dentist.


Oregon 1997

Sec. 680.200

Rule 818-035-0065

Dental hygienists who have obtained a limited access permit (LAP'S) may initiate services for patients in a variety of limited access settings such as extended care facilities, facilities for the mentally ill or disabled, correctional facilities, schools and pre-schools, and job training centers. RDH must refer the patient annually to a licensed dentist available to treat the patient.

12 hours of CE every two years (in addition to the 24 hours required for all dental hygienists) to renew permit.

Services--All dental hygiene services, except that some (local anesthesia, pit and fissure sealants, denture relines, temporary restorations, radiographs and nitrous oxide) must be preauthorized by a dentist.

- In 2006, there was 70 LAPs.
- In the last year, LAP dental hygienists in 3 counties provided over 5,000 preventative procedures for children in Headstart, Early Headstart, WIC a public health settings.
- Several LAP hygienists throughout Oregon continue to build practices serving the elderly in foster homes and extended care facilities.
- Direct Medicaid reimbursement allowed.


Rhode Island 2006

Sec. 5-31.1-6.1

Dental hygienists working under a dentist's general supervision can initiate dental hygiene treatment to residents of nursing facilities. Dental hygienists working in nursing facilities can treat patients, regardless of whether or not the patient is a patient of record, as long as documentation of services administered is maintained and necessary referrals for follow-up treatment are made.

Special requirements: None.

Services: Initial oral health screening assessments, prophylaxis, fluoride treatments, charting, and other duties delegable under general supervision.



Texas 2001

Statute 262.1515

A dentist may delegate services without seeing the patient first to a dental hygienist practicing in a nursing facility or school based health center. The hygienist must refer the patient to a dentist following treatment. The hygienist may not perform a second set of services until the patient has been examined by a dentist.

Special Requirements: 2 years practice experience.

Services: No limitations.



Washington 1984 (*Washington has two different provisions for unsupervised practice)

Sec. 18.29.056

Unsupervised practice in hospitals, nursing homes, home health agencies, group homes (for the elderly, handicapped or youth), state institutions under department of health and human services, jails, and public health facilities provided the hygienist refers patient to a dentist for dental treatment and needed care.

Special requirements: Two years clinical experience within the last five years.

Services -- removal of deposits and stains, application of topical preventive or prophylactic agents, polishing and smoothing restorations, root planing, curettage and local anesthesia. (The dental board has ruled that sealants are not included, but require general supervision).

Washington 2001

Statute 18.29.220

Dental hygienists who are school endorsed may assess for and apply sealants and fluoride varnishes in community based sealant programs carried out in schools.

Special Requirements: Sealant/Fluoride Varnish Endorsement from Department of Health.

- Data obtained through Medicaid indicates that dental hygienists working under these provisions saw 5,653 clients in 2002; 6,799 in 2003, and 4,265 through July of '04. Specifically in terms of sealants, over 19,200 sealants have been placed since Dec. 2003.
- Direct Medicaid reimbursement allowed.

Southcentral Foundation

Date: February 22, 2007

From: Kevin Gottlieb, Chief of Staff

RE: House Bill No. 136

Dear Representative Bill Stoltze

Southcentral Foundation would like to state our support for the passage of changing the Statutes for Dental Hygienists in Alaska. These changes allow for local anesthesia under general supervision, restorative functions, and collaborative practice with a dentist. This expanded utilization of a licensed dental hygienist will help to address the inadequacy of access to dental care in Alaska.

It has been documented that Alaska is a State in need of increased access to dental services, especially in the rural areas. These expanded functions would increase the number of people that could be treated while working with a dentist. The collaborative agreement statute would provide increased access to care not only for rural areas but also for individuals in nursing homes, home bound disabled patients and low-income school programs. These individuals whether urban or rural have significant oral health needs and lack easy access to dental care.

The U.S. Surgeon General in May of 2000 made a landmark call to action upon *"policymakers, community leaders, private industry, health professionals, the media, and the public to affirm that oral health is essential to general health and well-being and to take action."* Furthermore, in the Surgeon General's Report: Oral Health in America, it was reported that no less that a *"silent epidemic of oral diseases is affecting our most vulnerable citizens"* and that *"no one should suffer from oral diseases or conditions that can be effectively prevented and treated."*

3501 Diplomacy Drive • Anchorage, Alaska 99508
(907) 729-4955 • Fax (907) 729-5000



Southcentral Foundation is confident that expanding the scope of practice for dental hygienists will result in improved access to care and improved overall health for Alaskans. These expanded functions are practiced in several other States throughout the country. Dental hygienists are licensed preventive oral health professionals. They have the capability and educational background to provide these services to the public in a safe and effective manner. Please support HB 136.

Sincerely,

SOUTHCENTRAL FOUNDATION

Kevin Gottlieb (Chief of Staff)

Kevin Gottlieb
Chief of Staff

Ben Mulligan

From: Brewer, Thomas [tbrewer@SouthcentralFoundation.com]
Sent: Friday, March 16, 2007 4:41 PM
To: Rep. Bill Stoltze
Subject: Support for House Bill #136

Date: 16 March 2007

From: Thomas B. Brewer DDS MS
24327 Thunderbird Dr.
Chugiak, AK 99567
tombrewer@gci.net
688-5580

RE: House Bill No. 136

Dear Representative Stoltze,

I would like to state my support for the passage of House Bill No. 136, changing the Statutes for Dental Hygienists in Alaska. These changes allow for local anesthesia under general supervision, restorative functions, and collaborative practice with a dentist. This expanded utilization of a licensed dental hygienist will help to address the inadequacy of access to dental care in Alaska.

It has been documented that Alaska is a state in need of increased access to dental services, especially in the rural areas. You might have noticed the article on our state's National Guard troops difficulty in achieving deployability status due to unmet dental needs in this week's Eagle River Star newspaper. Expanding the allowable functions for dental hygienists would increase the number of people that could receive treatment. The collaborative agreement statute would provide increased access to care not only for rural areas, but also for individuals in nursing homes, home bound disabled patients and low-income school programs. These individuals whether urban or rural have significant oral health needs and lack easy access to dental care.

The U.S. Surgeon General, in May of 2000, made a landmark call to action upon "*policymakers, community leaders, private industry, health professionals, the media, and the public to affirm that oral health is essential to general health and well-being and to take action.*" Furthermore, in the Surgeon General's Report: Oral Health in America, it was reported that no less that a "*silent epidemic of oral diseases is affecting our most vulnerable citizens*" and that "*no one should suffer from oral diseases or conditions that can be effectively prevented and treated.*"

I am confident that expanding the scope of practice for dental hygienists will result in improved access to care and improved overall health for Alaskans. These expanded functions are practiced in several other States throughout the country. Dental hygienists are licensed preventive oral health professionals. They have the capability and educational background to provide these services to the public in a safe and effective manner. Please support HB 136.

Sincerely, Tom Brewer

To: Members of the Senate Health & Social Services Committee:

Re: SB 98 (Change in Statutes for Dental Hygienists)

I am writing to state strong support for this bill in its original form. These statute changes would allow more dental preventive and therapeutic care to be delivered to underserved groups with NO detrimental effect on quality of care. Dental hygienists have the formal education in programs accredited by the American Dental Association's Council, must pass written national board exams, and must prove competency on an independently administered clinical exam in order to practice in all states and territories of the US. The education is generally two years of college prerequisites and then two full academic years integrated with clinical instruction. For all accredited programs, the faculties are subject to standards and qualifications and the programs are reevaluated at regular intervals. I have served in the past as the state Board of Dental Examiners representative on the site accreditation visit and it was a much more extensive process than one could ever imagine!

The legislation proposing expanding the setting in which local anesthetic is administered was first proposed by Dr David Logan when he was president of the Board of Dental Examiners and I was serving on the board. Dental hygienists have been successfully administering it for 25-30 years in this state, there have been NO malpractice issues or board complaints, and it just makes sense that when a patient of record in the office has an appointment and the dentist leaves, the patient should not have to be rescheduled! The hygienist is in the employ of the dentist and he/she can still request that particular patients not be injected if there is a perceived health concern or if the dentist is less than comfortable with a particular hygienist doing the procedure. The dentist is in control of this situation.

The legislation proposing collaborative practice addresses the critical shortage in preventive health care available to many sectors of the population, providing an avenue for a hygienist to do basic functions that all hygienists currently perform in an expanded setting. I am in firm agreement with requiring a hygienist to have 4000 hours of documented clinical experience and will be an advocate of further regulations which need to be written for the statute. Several states have this option. The restorative functions proposed are truly an expansion of what hygienists do in Alaska, but is modeled after the system used in Washington State for about three decades. This allows a dentist and hygienist to team up to provide more care. The educational requirements for the endorsement on a dental hygiene license would be spelled out in regulation and the hygienist would be required to pass clinical competency boards as well.

In summation, the proposed changes improve health care delivery to the residents of the state, maintain stringent educational standards, assure competency by requiring clinical examination, and mandate accountability—direct supervision when doing restorative functions, general supervision by the dentist for local anesthetic administration, and authorization by the dentist for treatment of patients outside of a traditional office with the express approval of each agreement by the Board of Dental Examiners.

Sincerely,

Mary A. Cerney, RDH, BS
1420 Ithaca Rd.
Fairbanks, AK 99709

Ben Mulligan

From: Dorrie Wallis [dwallis@svt.org]
Sent: Tuesday, February 27, 2007 9:52 AM
To: Rep. Bill Stoltze
Subject: "" ** HB 136

Dear Rep. Stoltze:

Thank you for sponsoring HB 136. I am a practicing dental hygienist with 14 yrs experience in Alaska providing treatment in many "Bush" communities. Alaska has over 400 hygienist, who are considered mid-level practitioners - if the Bill is approved, our profession can have a significant impact on improving the oral health of those most in need. Please let me know if I can be of any assistance in assisting you or your staff.

Thank you,
Dorrie Wallis, RDH
Homer, AK
(907)235-0626(h)
(907)399-3991(c)



March 19, 2007

The Honorable Kurt Olson, Chair
House Labor and Commerce Committee
Alaska State Capitol, Room 408
Juneau, Alaska 99801-1182

HB 136 (Stoltze)—Support

Dear Chair Olson:

On behalf of the AARP members in Alaska, we encourage you and your colleagues on the House Labor and Commerce Committee to support HB 136, authored by Representative Bill Stoltze.

As you and your Committee colleagues know, Alaska has a shortage of all health professionals, particularly in our remote communities. We will never be able to find a sufficient number of physicians but we use physician assistants and nurse practitioners very effectively. We will never have enough dentists and Alaska uses dental hygienists very effectively. We could use them even more effectively and HB 136 would help us accomplish this.

Dental hygienists are not independent practitioners. They work under licensed dentists and focus on preventing and treating oral diseases. HB 136 does not break new ground for their scope of practice. Other states already allow dental hygienists to:

- Place fillings into a cavity already prepared by a dentist
- Administer a local anesthetic under the general supervision of a dentist
- Enter into an agreement with a dentist in which the dentist authorizes the hygienist to work on specified tasks

We recognize that any change in a scope of practice may make other professionals concerned. We want to make certain that all Alaskans have access to high quality, affordable health care, including oral health.

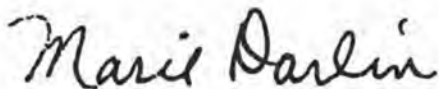
Many oral health problems can be prevented or treated by professional dental hygienists and this care may turn out to be less expensive and more accessible. Our dental costs are high. Dental procedures in Alaska cost 37.7% more than in the rest of the United States. We believe HB 136 will help reduce those costs as well as improve accessibility. Since all of these issues are under the supervision of a dentist or by agreement with a dentist, we also do not believe quality will suffer. Indeed, it may very well improve significantly since hygienists will serve as a "force multiplier" for the dentists we do have.

AARP recommends an "AYE" vote on HB 136.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,



Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)

CC: Vice-Chair Mark Neuman
Representative Carl Gatto
Representative Gabrielle LeDoux
Representative Jay Ramras
Representative Bob Buch
Representative Berta Gardner
Representative Bill Stoltze

adn.com

Anchorage Daily News

Medical staff praise dental-hygienist bill**TESTIMONY: Dentists tell lawmakers how health care would improve in rural Alaska.**By SABRA AYRES
Anchorage Daily News*(Published: March 20, 2007)*

JUNEAU -- Allowing dental hygienists to perform certain procedures without the hands-on supervision of dentists would greatly improve the oral health of adults and children alike in many parts of rural Alaska, dental hygienists and dentists told lawmakers Monday.

Currently, dental hygienists need a dentist present or in the same office to perform such services as cleaning teeth, working on gum problems and applying sealants. But with many villages and rural areas lacking a full-time dentist, patients are often left waiting until a traveling health care provider can relieve their pain.

Lawmakers are considering a bill that would allow dental hygienists to complete preventative and restorative procedures often done by dentists and thus provide more oral health options for the state.

"By allowing a dental nygienist to come in a week early and perform many of the oral screenings, X-rays and preventative treatments before I arrive, I would be able to serve many more patients with emergency needs," said Dr. Glenn Martin, a dentist in Anchorage who has worked as a visiting dentist in 62 villages across the state.

"It's about bringing more health care to the underserved and unserved areas of the state," said Rep. Bill Stoltze, R-Chugiak, who introduced the House bill.

The bill moved out of the Committee on Labor and Commerce and now waits to be scheduled for a full House vote.

Daily News reporter Sabra Ayres can be reached in Juneau at sayres@adn.com or 1-907-586-1531.

Print Page

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How Dental Hygienists Could Save Your Life

Corey Binns

Special to LiveScience

LiveScience.com Wed Mar 21, 11:40 AM ET

More than just a pretty smile, clean teeth and gums are a sign of total body health. And those painful sessions with the dental hygienist could save your life, new findings suggest.

Most people know that the tedium of good oral hygiene--regular brushing, flossing and trips to the dentist's office--reduces tartar, plaque, cavities, gingivitis and bone loss and helps the breath smell like roses.

But recent research shows that diabetes, low birth weight babies and heart disease are also linked to gum and bone disease in the mouth that can be prevented by teeth cleanings. Treating gum disease might even prevent heart attacks, a new study suggests.

"Systemically, visits to the dentist and hygienist may reduce the risk of cardiovascular disease, stroke and possibly heart attack, and can decrease the likelihood of tooth loss for diabetics," said Gwen Cohen-Brown, a dentist and lecturer for the New York State Department of Health.

The tooth-heart link

When people neglect to brush their teeth or floss, bacteria accumulate between the teeth. These bacteria can make their way into the blood stream.

"Certain bacteria present in the mouth may be related to clogging up the arteries by contributing to the plaque that builds on the walls of the arteries," said New York University oral microbiologist Walter Bretz.

And treating gum disease, or periodontal disease, can improve the long-term function of endothelial cells that line blood vessel walls, according to a study conducted by researchers at the University of Connecticut Health Center. With better performing endothelial cells, plaques that cause heart disease will decrease, diminishing the risk of triggering a heart attack.

The authors of the study, detailed in the March 1 issue of the *New England Journal of Medicine*, estimate that severe periodontitis affects up to 1 percent of adults in the U.S., and as many as 80 percent of American adults have some form of periodontal disease.

Unclear pregnancy results

Periodontal disease is also quite common among pregnant women. Expectant mothers' gums react differently to the bacteria due to their increased levels of estrogen and progesterone. Women may experience swelling, bleeding or tenderness in the gum tissue.

Several studies have linked gum disease to an increased risk of giving birth to a premature and underweight baby.

Yet, an article published in a 2006 issue of the New England Journal of Medicine reported that, although treatment of gum disease in pregnant women is safe and improves periodontal health, preterm birth and low birth-weight babies were unaffected by the treatment.

The jury is still out on whether a mother's unhealthy gums can affect her unborn baby, but scientists are learning more from a large clinical trial currently under way at the University of Minnesota, focusing on whether treating periodontal diseases in pregnant women may prevent preterm and low birth-weight babies.

Diabetes and dental health

Unlike the case for pregnancy, researchers have found direct links between gum disease and diabetes. Gum disease is known to increase the risk of diabetes, and vice-versa.

Studies show that inflammatory periodontal diseases may increase insulin in the same way that obesity increases insulin.

Meanwhile, doctors recognize diabetes as an important risk factor for severe gum disease and infection that may result in the destruction of tissues and bone surrounding the tooth.

Taking care of teeth can combat complications of diabetes and may reduce inflammation throughout the body associated with diseases such as cardiovascular disease.

In addition to biannual visits with the dentist and hygienist, Cohen-Brown recommends patients brush after every meal, of course. If that's impossible, she said, brush in the morning and at night before bed, floss daily and stay away from carbohydrate-rich and sugary foods.

"When oral health improves, overall health improves," Cohen-Brown told LiveScience.

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: SB98-COM-OL-03-24-07
 Bill Version: SB 98
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Commerce
 Title Dental Hygienists RDU Corp. Bus & Prof Licenses (117)
 Component Corp. Bus & Prof Licenses
 Sponsor Davis
 Requester Senate HES Component No. 2360

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()
-------------------------------	---	---	---	---	---	---

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
1156 Receipt Supported Services	.	.	.	.	.	.
TOTAL	.	.	.	.	.	.

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This legislation amends AS 08.32 relating to Dental Hygienists to provide for a restorative function license endorsement, to amend supervision requirements, and to provide for collaborative agreements for certain dental hygienists to provide certain services.

Typically license endorsement fees are \$50 and do not include the costs of additional accredited programs requested or approved by the Alaska State Dental Board. There are over 500 licensed Dental Hygienists in the State. At this time the Division of Corporations, Business, and Professional Licensing does not know how many licensees will request a restorative function endorsement and therefore, is unable to estimate costs and revenue.

All Occupational Licensing programs are required to cover costs with licensing fees under AS 08.01.065. Licensees requesting the endorsement will cover the additional fees.

Prepared by: Chris Wyatt, Administrative Manager Phone (907) 435-2572
 Division Corporations, Business, and Professional Licensing Date/Time 3/24/07 3:04 PM
 Approved by: Emil Notti, Commissioner Date 3/24/2007
 Agency Commerce, Community, and Economic Development

Alaska State Legislature

Interim (May - Dec.)
716 W 4th Ave
Anchorage, AK 99501
Phone: (907) 269-0144
Fax: (907) 269-0148



Session: (Jan. - May)
State Capitol, Suite 30
Juneau, AK 99801-1182
Phone: (907) 465-3822
Fax: (907) 465-3756
Toll free: (800) 770-3822

Senator Bettye Davis@legis.state.ak.us
<http://www.akdemocrats.org>

Senator Bettye Davis

SB 98

"An Act relating to dental hygienists"

DIFFERENCES BETWEEN ORIGINAL BILL AND COMMITTEE SUBSTITUTE

1. Section 1, AS 08.32.085(2) - The language of the Committee Substitute specifies that a licensee must be licensed in Alaska or must be licensed in another state or US territory.
2. Section 4, AS 08.32.115(a) (Collaborative agreements) – specifies that the dentist must be license in Alaska under AS 08.36.
3. Section 4, AS 08.32.115(a)(8) (Collaborative agreements) – Changes “chemotherapeutic agents” to “peridontal therapeutic agents.”
4. Section 4, AS 08.32.115(d) (Collaborative agreements)- The Committee Substitute limits the board to approving no more than five collaborative agreements with a licensed dentist, not including any collaborative agreements that have been terminated.



February 26, 2007

Representative Bill Stoltze
State Capitol, Room 501
Juneau, AK 99801-1182

Dear Representative Stoltze:

The Alaska State Dental Hygienists' Association (ASDHA) strongly supports House Bill 136 which represents many years of discussion, debate, research and reflection upon the oral health needs of Alaskans. As dental hygienists, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public's health. We are preventive oral health professionals who provide education, clinical, and therapeutic services to the public.

In Alaska, the Board of Dental Examiners regulates the professions of dentistry and dental hygiene. Before a license is issued in the state, dentists and hygienists are required to meet specific guidelines. Dental hygienists must graduate from an American Dental Association accredited program and pass a national written and state clinical examination before they are allowed to practice. There are dental hygiene programs in nearly every state and the U.S. Bureau of Labor Statistics states that the profession of dental hygiene is expected to be one of the fastest growing occupations through the year 2012. In comparison, the number of dentists that graduate each year continues to decline as the population continues to grow. The needs of the public cannot be met by dentists alone.

Currently, there are legal barriers that prevent dental hygienists from providing oral health care to the public. State law and regulation limit access by imposing restrictive supervision requirements on dental hygienists. By virtue of our comprehensive education and clinical preparation, dental hygienists are well prepared to deliver preventive oral health care services to the public, safely and effectively, independent of dental supervision. The nation's more progressive states, such as Minnesota and Washington, which have already expanded the role of dental hygienists, have recognized that the traditional oral health delivery system does not work for many segments of the population.

ASDHA supports the statutory changes in HB 136 as it will help address access to oral health care in all Alaskan communities; most notably, in areas with little or no access to traditional dental services. Each statute change shows a continued professional commitment to working collaboratively with dentists in order to meet the needs of the public, and provide these services in a safe and effective manner.

A landmark report by the Surgeon General in 2000, *Oral Health in America*, highlighted the barriers to oral health and the importance and effectiveness of prevention. Most importantly, it calls upon "policymakers, community leaders, private industry, health professionals, the media, and the public" to take action and make necessary changes that will improve the oral health of the nation. ASDHA strongly encourages the Alaska Legislature to help break down the barriers keeping Alaskans from the oral health they deserve.

Thank you,

Jovanne Millea, RDH

Jovanne Millea
ASDHA President

P.O. Box 240247 " Anchorage, AK 99524 " www.asdha.com



Alaska Dental Society, Inc.

9170 Jewel Lake Road, Suite 203
Anchorage, Alaska 99502-5390
(907) 563-3003 • FAX: 563-3009
akdental@alaska.net

26 March 2007

The Honorable Bettye Davis, Chairman
And Members of the
Senate Health, Education & Social Services Committee
State Capitol
Juneau, Alaska 99801

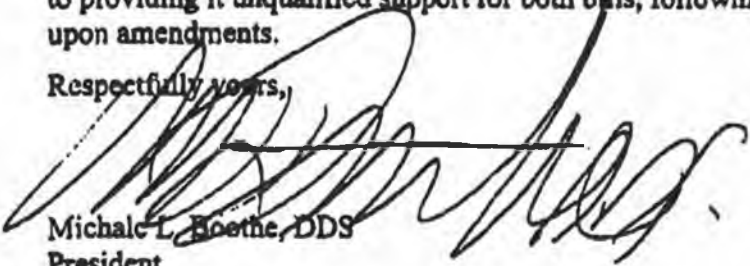
Dear Sen. Davis and Committee Members:

Educating rural Alaskans about proper oral hygiene and diet, combined with access to dental care in underserved areas is one of the greatest challenges facing dentistry in the twenty first century and is even more crucial in Alaska. The Alaska Dental Society is committed to finding solutions to this complex problem. Increased use of dental auxiliaries, including broadening the scope of duties of all dental auxiliaries will be an important part of the solution. The Alaska Dental Society has worked for the past two legislative sessions promoting bills that broaden the scope of duties for dental auxiliaries.

SB 98 and a companion bill, HB-136, will broaden the scope of duties for dental hygienists. The fast pace of committee hearings this session has hampered discussions between the Alaska Dental Society and the Alaska State Dental Hygiene Association. However, recent discussions have resulted in agreement on important changes, which we understand will be made to SB-98 and to HB-136, the most significant regarding the administration of local anesthesia under the newly established provision for collaborative agreements.

Based upon the commitment to make the agreed upon changes, The Alaska Dental Society encourages passage of SB-98 by the Senate HESS Committee and looks forward to providing it unqualified support for both bills, following the adoption of the agreed upon amendments.

Respectfully yours,


Michale L. Boethe, DDS
President



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Sarah Palin, Governor
Emil Notti, Commissioner
Rick Urien, Director

Division of Corporations, Business and Professional Licensing

March 6, 2007

The Honorable Bettye Davis, Chair
Health, Education and Social Services Committee
State Senate
Alaska State Capitol
Juneau, AK 99801-1182

Dear Senator Davis:

RE: SB 98

The Board of Dental Examiners is in support of SB 98, "An Act relating to dental hygienists".

This legislation will be beneficial in providing more dental services to the citizens of the State of Alaska.

Please contact me at (907) 561-6262 or by email at geracedds@gci.net if you have questions regarding our support of this bill.

Sincerely,

A handwritten signature in cursive script that reads "William Gerace" followed by a circled "DDS".

William Gerace, DDS, Acting-Chair
Alaska Board of Dental Examiners

SB

1000

SENATE COMMITTEE REPORT

First Committee of Referral

DATE: 2/28/07

FURTHER: State Affairs
Finance

Date of 5-Day Notice: _____
(in accordance with Uniform Rule 23)

DATE TURNED
IN TO OFFICE: 3/19/07

Health, Education and Social Services Committee considered

SENATE BILL NO. 100

SB 100 SUBSTANCE ABUSE/MENTAL HEALTH PROGRAMS

"An Act relating to substance abuse and mental health disorder prevention and treatment programs; and relating to long-term secure treatment programs for persons with substance abuse or co-occurring substance abuse and mental health disorders."

and recommends:

be replaced with SCS or CS _____ (_____)

adopt previous SCS or CS _____ (_____)

attached amendment(s)

adopt _____ Letter of Intent

further referral to _____ Committee

SENATE BILL:

Same Title
 New Title

HOUSE BILL:

Same Title
 Technical Title
Change
 New Title w/
SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
HSS	3/15/07	✓			
HSS	3/15/07		✓		

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS	PRINTED LAST NAME	Do PASS	Do Not PASS	NO RECD	AMEND
<i>[Signature]</i>	Elton	✓			
<i>[Signature]</i>	Thomas	✓			
<i>[Signature]</i>	Cowley			✓	
<i>[Signature]</i>	DYSON	✓			
CHAIR: <i>[Signature]</i>	DAVIS				

STATEMENT OF SUPPORT
Establishing Education Savings Accounts for Foster Children in Alaska

Children in the foster care system face significant challenges when they age out of state care. Often, these children do not have a plan or the means to access job training or post-secondary education. With a program in place whereby concerned organizations and citizens can establish savings accounts in the names of foster children, these children will have opportunities beyond high school.

Alaska's foster children deserve a program that invests in their potential. Alaska should create a program designed to give children in foster care the opportunity to pursue education and job training past the age of 18.

Please add my name/organization to the list of supporters.

Name Drenda Tigwer
Organization Presbyterian Hospitality House
Title _____
Signature Drenda M. Tigwer Executive Director
Address 209 Fourth Mile Ave Fairbanks AK 99701
Phone 907-456-6445 Fax 907-456-6402
Email Drenda.Tigwer@aol.com Website WWW.PhhAlaska.org

I/We would also be willing to:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Publish an article in our newsletter | <input checked="" type="checkbox"/> Mobilize our membership |
| <input checked="" type="checkbox"/> Participate in media events | <input checked="" type="checkbox"/> Help to build a coalition |
| <input checked="" type="checkbox"/> Contact legislators | |

Please return this form to:
Office of Senator Johnny Ellis
State Capitol, Rm. 9
Juneau, AK 99801

Richard Benavides

From: Kate Herring
Sent: Monday, March 19, 2007 11:35 AM
To: Richard Benavides
Subject: SB 100 testimony

Hi Richard-

Here is the order we'd like for our folks today:

- 1) Margaret Lowe
- 2) Jeff Jessee
- 3) Lonnie Walters
- 4) Chris Anderson (is a maybe)

Thanks!

k

Kate Herring
Office of Senator Johnny Ellis
Capitol Building, Rm. 9
Juneau, AK 99801
(907)465-6704

Richard Benavides

From: Kate Herring
Sent: Monday, March 19, 2007 12:39 PM
To: Richard Benavides
Subject: SB 100

Hi-

John Stolpman will be available to answer questions on Involuntary Commitment (the process) should they arise. He will be calling in.

Thanks

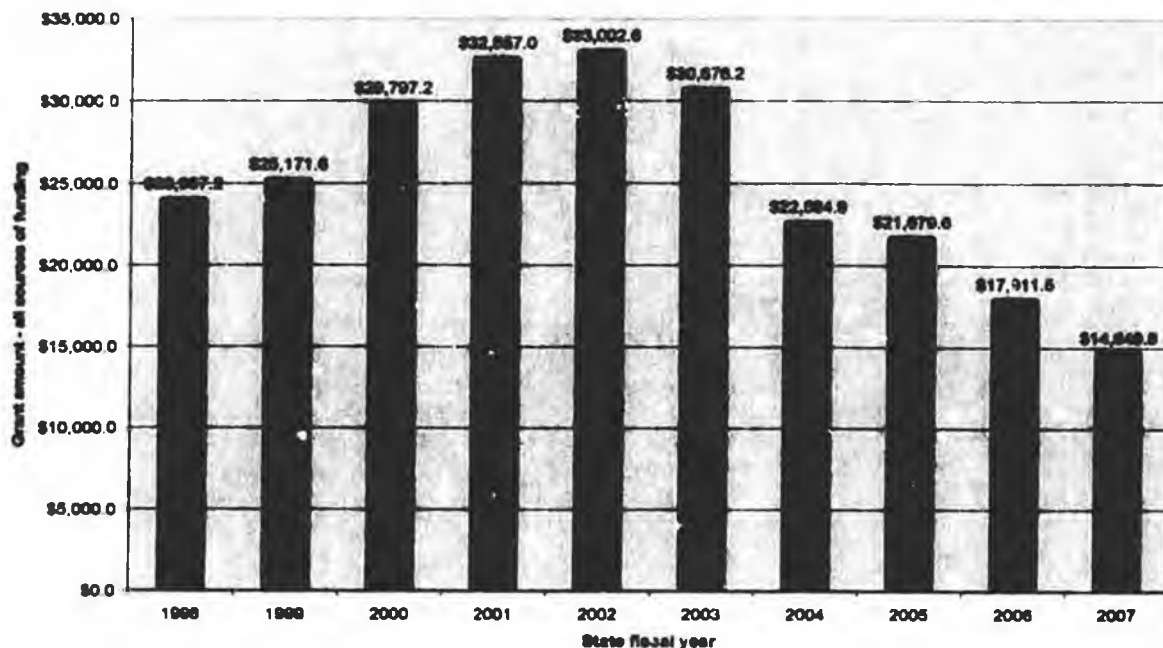
k

Kate Herring
Office of Senator Johnny Ellis
Capitol Building, Rm. 9
Juneau, AK 99801
(907)465-6704

State Funding for Substance Abuse Prevention and Treatment Not Keeping Pace with Community Need

- In 2004, approximately 38,000 Alaskans age 12 and over either abused or were dependent on alcohol.*
- In 2005, 18% of all adults and 21% of those between 18-24 reported binge drinking.**
- In Alaska, 79% of newly incarcerated inmates were actively abusing or dependent on alcohol or other substances in the year before their incarceration.
- Children in alcohol-abusing families are almost four times more likely to be maltreated, and 10 times more likely to be neglected; 81% of all reports of harm against Alaska children involve substance abuse.
- In 2003, the cost of alcohol and drug abuse to Alaska's economy was estimated to be \$738 million in lost productivity, accidents, health care, criminal justice and public assistance.***
- Between FY 2002 and FY 2007, state funding for substance abuse treatment dropped by 56.2% or \$18.6 million.
- In 2004, over 35,000 Alaskans who needed treatment for alcohol abuse could not receive it due to lack of availability.* Medicaid does not cover most substance abuse treatment.
- Just three years ago, GF appropriations for prevention and treatment of substance abuse were 50% higher than today. Increase GF appropriations to at least the FY 2005 level. Alaska cannot afford to ignore the costs of substance abuse to the state and to Alaskan families.

Department of Health and Social Services Substance Abuse Grant Funding, FY 1998 - 2007



FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: SB 100
 (S) Publish Date: 3/21/07
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction): 3/9/2007
 Title SUBSTANCE ABUSE/MENTAL HEALTH PROGRAMS

RDU Behavioral Health
 Component Behavioral Health Administration

Sponsor ELLIS
 Requester SENATE (HES)

Component No. 2665

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	257.8	257.8	257.8	257.8	257.8	257.8
Travel						
Contractual	26.4	26.4	26.4	26.4	26.4	26.4
Supplies	6.6					
Equipment						
Land & Structures						
Grants & Claims	1,700.0	1,700.0	1,700.0	1,700.0	1,700.0	1,700.0
Miscellaneous						
TOTAL OPERATING	1,990.8	1,984.2	1,984.2	1,984.2	1,984.2	1,984.2

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES (0)						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	1,990.8	1,984.2	1,984.2	1,984.2	1,984.2	1,984.2
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	1,990.8	1,984.2	1,984.2	1,984.2	1,984.2	1,984.2

Estimate of any current year (FY2007) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time	3	3	3	3	3	3
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

SB 100 (section 2, AS 47.37.030 (9)-(11)) allows the Department to a) implement programs that accurately identify and appropriately treat persons with substance abuse or co-occurring disorders; b) establish a secure enhanced detoxification and treatment center for involuntarily committed persons who are at risk to physically harm them self or others; and c) develop and implement a substance abuse treatment system using evidence-based, research-based, consensus-based; or promising practices that promote independence, recovery, employment, education, ongoing community-based treatment, housing, and other aspects of harm reduction.

SB 100 (section 3, AS 47.37.040 (22)-(23)) requires the Department to a) apply, whenever possible, evidence-based, research-based, consensus-based substance abuse and co-occurring substance abuse and mental health

Prepared by: Stacy Toner, Acting Director
 Division Behavioral Health
 Approved by: Karleen Jackson, Commissioner
 Agency Department of Health and Social Services

Phone 465-2817
 Date/Time 03/13/2007
 Date 03/15/2007

FISCAL NOTE**FN # 1****STATE OF ALASKA
2007 LEGISLATIVE SESSION****BILL NO. SB 100****ANALYSIS CONTINUATION****Assumptions for Pilot Project**

The State of Washington recently passed a similar bill through their senate process and began a pilot project (April 2006) in Skagit County, Washington. Pioneer Center North (PCN) with Pioneer Human Services and the North Sound Mental Health Administration (NSMHA) received the contract from the Washington State Department of Substance Abuse Services Administration in the amount of \$2.2 million per year. The Request for Proposals was a limited solicitation such that only counties or existing mental health administrations could apply so that the infrastructure would already be in place and construction costs would be limited.

A review of the seventeen grantee agencies that provide psychiatric emergency, detoxification, and residential substance abuse services to adults in Alaska for FY 07 shows the average grant amount to be \$1.1 million. (See table.)

Akeela Treatment Services, Inc.	\$ 616,611.00	Adult Residential
Alaska Addiction Rehab Service - Nugen's Ranch	\$ 757,629.00	Adult Residential
ARC of Anchorage	\$ 420,702.00	Adult Residential
Bristol Bay Area Health Corporation	\$ 1,100,200.00	Psychiatric ES
Central Peninsula General Hospital	\$ 10,000.00	Adult Residential
Cook Inlet Tribal Council, Inc.	\$ 322,912.00	Adult Residential
Fairbanks Native Association	\$ 1,700,333.00	Detoxification
Gateway Center for Human Services	\$ 1,030,520.00	Psychiatric ES
Maniilaq Association	\$ 1,431,626.00	Psychiatric ES
Norton Sound Health Corp.	\$ 1,240,169.00	Psychiatric ES
Rainforest Recovery Center	\$ 621,100.00	Detoxification
Salvation Army - Clitheroe Center	\$ 3,982,030.00	Detoxification
Seaview Community Services	\$ 340,680.00	Psychiatric ES
Sitka Counseling and Prevention Services	\$ 823,168.00	Psychiatric ES
Southcentral Foundation	\$ 683,741.00	Psychiatric ES
SouthEast Alaska Regional Health Consortium	\$ 578,700.00	Psychiatric ES
Yukon-Kuskokwim Health Corporation	\$ 3,252,962.00	Psychiatric ES
Average	\$ 1,112,534.29	

We assume that we would also issue a limited grant solicitation (Request for Proposals) such that applicants would have to have a demonstrated level of infrastructure and tangible evidence of collaboration with other agencies such as the Alaska Court System and the Department of Corrections as required in section 8 of the bill. Based on the review of the Alaska system and the information gathered from the Washington pilot project, we would offer a grant in the amount of \$1.7 million.

With any grant program or pilot project, there are significant administrative costs involved, including the need for additional staff. We estimate that in order to successfully and effectively

CONTINUED ON PAGE 4

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 2
 Bill Version: SB 100
 (S) Publish Date: 3/21/07
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):

Title: SUBSTANCE ABUSE/MENTAL HEALTH PROGRAMS

RDU: Behavioral Health

Component: Behavioral Hlth Medicaid Svcs

Sponsor: ELLIS

Requester: SENATE (HES)

Component No.: 2660

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims
Miscellaneous						
TOTAL OPERATING
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost:

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The fiscal note for Behavioral Health Medicaid Services component is indeterminate.

Section 8 of SB100 requires the department to fund a pilot project for a secure detoxification and treatment center of at least 10 beds for persons involuntarily committed under AS 47.37.190. To the extent that the persons receiving care in the pilot project are Medicaid eligible and that the services are covered under the Medicaid state plan, costs could accrue to Medicaid.

Continued page 2

Prepared by: Stacy Toner, Acting Director
 Division: Behavioral Health
 Approved by: Karleen Jackson, Commissioner
 Agency: Department of Health and Social Services

Phone 465-2817
 Date/Time 03/14/2007
 Date 03/15/2007

**STATE OF ALASKA
2007 LEGISLATIVE SESSION****ANALYSIS CONTINUATION**

The total cost for services in the pilot project are estimated at \$1,700.0 GF per year. Depending on the actual number of Medicaid eligible persons, the services provided, and the quantity of services, some of the costs could be shifted to Medicaid which has joint state/federal funding. This would not change the total expenditures, but would change the fund source. The amount of potential federal funds that would replace GF is estimated to be between \$0 and \$913.9 in SFY08.

The number of Medicaid eligible persons for this pilot project is expected to be very small. Typically only 10% of the substance abuse treatment is Medicaid eligible. That would mean that on average, of the 10 beds only 1 might be charged to Medicaid. It is difficult to predict how many eligible persons would actually be directed to the pilot project. Section 4 of the bill outlines the populations targeted for the pilot. The pregnant women and youth populations could be Medicaid eligible if they are low income; however, prisoners are not eligible.

Not all the services would be Medicaid eligible. Section 4 outlines services, including clinical services, which could be covered under Medicaid; however, the job training and employment services are not covered. This uncertainty is the reason for the indeterminate fiscal note.

Senator Johnny Ellis
State Capitol, Rm 506
Juneau, AK 99801-1182

March 19, 2007

Dear Senator Ellis,

Covenant House supports SB 100, a bill to expand access to broader substance abuse treatment options, targeting certain populations with higher incidences of addiction. Covenant House is primarily a shelter for homeless and at-risk youth between the ages of 13-20, located in Anchorage. Additionally, Covenant House has a transitional living program serving youth ages 18-20, which includes 10 beds for moms with babies and pregnant young women. Finally, Covenant House has a non-residential Community Services Center which provides educational and job skills services to youth.

One of the frustrations that we face as service providers is finding space in treatment programs for our clients. There are very few programs that specialize in providing substance abuse treatment to youth and those that do exist have long wait lists. Oftentimes those youth in greatest need of help are turned away from programs because there is no space available. Implementing a system that prioritizes certain populations and increases and broadens treatment options will prevent some of the most vulnerable among us from getting stuck in a cycle of addiction.

Identifying certain groups and providing priority treatment for them is an important step forward in controlling the substance abuse epidemic in Alaska. Many young Alaskans in need of treatment are ignored and go untreated only because there are no adequate resources available for these individuals who want help and want to improve their lives.

Thank you for introducing this legislation. Please let us know how we can help to ensure its continued support. I can be reached at (907) 339-4205 or nicole.thibodeau@covhouse.alaska.com.

Sincerely,
Nicole Thibodeau

ALASKA STATE LEGISLATURE

Sponsor



Statement

Senate Bill 100: "Substance Abuse Treatment and Prevention"

Addiction is taking a heavy toll on Alaska's people, culture and economy. Alaska ranks #1 in the nation in alcohol-related deaths and Alaskans with substance abuse problems, or co-occurring mental and substance abuse disorders, are more likely to be homeless, spend time in correctional facilities, and become involved in child protective service proceedings. Substance abuse tears apart families; in 2004, 81% of all reported harm against a child cases involved illicit drugs. The financial impact of addiction is staggering, costing the state an estimated \$738 million a year in health care costs, accidents, lost productivity, criminal justice and correctional facilities. Something must change.

At the same time, Alaska is falling behind in providing treatment to those who need help in overcoming their addiction. According to the 2002 Integrated Substance Abuse Treatment Needs Assessment for Alaska, only 15.6% of Alaskans in need of substance abuse treatment received it. We can, and must do better.

Senate Bill 100 proposes several common sense changes to Alaska's statutes regarding drug and alcohol abuse in order to improve the quality of and access to treatment and prevention. The legislation:

- Mandates priority treatment for pregnant women seeking help in overcoming addiction. Reducing the incidence of Fetal Alcohol Spectrum disorders will save large sums of money.
- Creates a pilot program in a secure setting for involuntary commitment cases. This small, but enormously expensive group of persons with addictions or co-occurring substance abuse and mental health disorders chronically recycle through non-secure treatment services and as a result present a danger to themselves and others. This population draws heavily on law enforcement, corrections, the court system, and community services.
- Gives priority to state grantees who utilize evidence-based programming, as well as programs that address substance abuse prevention, addiction within prisons, among youths, and in rural Alaska.
- Supports the Department of Health and Social Services in their efforts to identify people with co-occurring mental and substance abuse disorders, so that this population can be better served.
- Ensures that effective faith-based strategies for treating substance abuse are not discriminated against in statute.

Most Alaskans have been touched by substance abuse, whether it is a personal struggle with addiction, or watching a friend or relative battle with this deadly condition. I ask you to support for SB 100 and its common-sense steps to strengthen the fight against drugs and alcohol abuse in our state.

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101


State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

March 6, 2007

SUBJECT: SB 100 Sectional Analysis (Work Order No. 25-LS0151\V)

TO: Senator Johnny Ellis
Attn: Kate Herring

FROM: Jean M. Mischel
Legislative Counsel 

You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1. Provides legislative findings and intent supporting treatment programs for persons with substance abuse and co-occurring substance abuse and mental health disorders.

Section 2. Amends the powers of the Department of Health and Social Services to add specified co-occurring substance abuse and mental health treatment programs.

Section 3. Amends the duties of the Department of Health and Social Services to require specified types of treatment and collaborations for co-occurring substance abuse and mental health disorders.

Section 4. Modifies and establishes priorities for grant programs related to substance abuse and mental health treatment.

Section 5. Establishes standards for the comprehensive program developed and implemented by the Department of Health and Social Services for the treatment and prevention of substance abuse.

Section 6. Adds standards pertaining to priorities listed in sec. 4 of the bill for the Department of Health and Social Services' comprehensive program for the treatment and prevention of substance abuse.

Section 7. Requires that standards established for public and private treatment facilities

Senator Johnny Ellis

March 6, 2007

Page 2

be based on scientifically sound evidence and be consistent with priorities established under sec. 4.

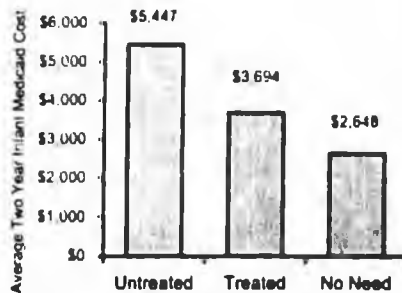
Section 8. Establishes within the Department of Health and Social Services a pilot project to integrate crisis response and involuntary treatment of adults incapacitated by alcohol or drugs, including persons with co-occurring substance abuse and mental health disorders.

JMM:ljw

07-114.ljw

Public Alcohol/Drug Treatment Reduces Future Medical & Psychiatric Costs in Washington State

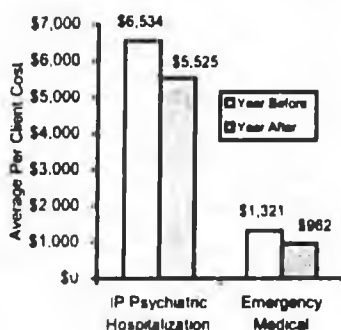
Providing Treatment to Substance Abusing Pregnant Mothers Reduces Health Care Costs of Their Drug Exposed Infants



Alcohol/Drug (AOD) Treatment Results in Significant Medicaid Savings



Persons with Co-Occurring Disorders (Chemical Dependency & Mental Health) Had Lower Medical and Psychiatric Costs after Treatment



Providing Treatment to Substance Abusing Pregnant Mothers Reduces Health Care Costs of Their Drug Exposed Infants

- Average Medicaid costs for an infant's medical care during the first two years of life was 1.4 times greater for mothers with untreated substance abuse compared to those who received treatment in the prenatal period (\$5,447 versus \$3,694) and more than twice that for infants of other, non-substance abusing Medicaid women (\$5,447 versus \$2,648).
- The average expenditure for inpatient Neonatal Intensive Care Unit care for infants of substance abusers who received prenatal treatment for substance abuse (\$832) was half that for infants of substance abusers diagnosed prenatally who did not receive treatment prior to delivery (\$1,858) and was only slightly greater than that of infants of other Medicaid women (\$755) (Cawthon & Schrage, 1995).

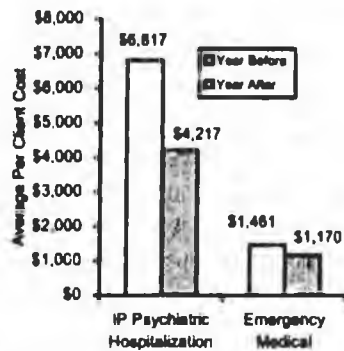
Medicaid Medical, Mental Health, and Nursing Home Costs Were Dramatically Reduced after Addicted SSI Recipients Received Chemical Dependency Treatment

- Untreated chemically dependent Supplemental Security Income (SSI) recipients (n=10,572) had \$414/month higher Medicaid medical, mental health, and nursing home costs than treated (n=10,380) recipients—\$252/month after adjusting for the cost of chemical dependency treatment.
- If an additional 30% of the 10,572 untreated SSI clients in need of alcohol/drug treatment got it, the annual cost savings could amount to roughly \$9.6 million. (Estee & Nordlund, 2003).

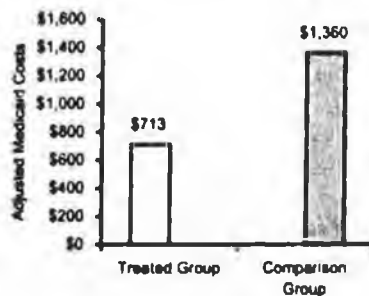
Persons with Co-Occurring Disorders (Chemical Dependency & Mental Health) Had Lower Medical and Psychiatric Costs after Treatment

- In a study of 534 patients discharged from a residential chemical dependency treatment program for persons with co-occurring disorders (chemical dependency and mental health), overall Medicaid-paid medical and psychiatric services decreased by 44%, from almost \$5 million in the year before treatment to \$2.8 million in the year after treatment.
- Individuals who completed treatment were less likely to receive costly, acute care services (Maynard et al. 1999).

Persons Involuntarily Committed to Chemical Dependency Treatment Had Decreased Medical and Psychiatric Costs in Year after Discharge



Significant Cost Savings Are Realized When Addicted Indigent Persons Are Provided Chemical Dependency Treatment



For more information on chemical dependency treatment studies described in this fact sheet, contact:

Research Investigator
 Department of Social & Health Services
 Division of Alcohol & Substance Abuse
 PO Box 45330-5330
 Olympia, WA 98504
 Phone: (360) 438-8200, or
 toll-free at (877) 301-4557

Website: www1.dshs.wa.gov/dasa/

Persons Involuntarily Committed to Chemical Dependency Treatment Had Decreased Medical and Psychiatric Costs in Year after Discharge

- In a study of 735 patients discharged from a residential chemical dependency involuntary commitment program, the cost of their Medicaid-paid medical and psychiatric services decreased from \$3.8 million in the year before admission to \$2.7 million in the year following discharge.
- Average per client psychiatric hospitalization costs went from \$6,817 in the year before treatment to \$4,217 in the year after treatment (Maynard et al, 2000).

Health Care Savings Continued Five Years after Treatment

- Over a 5-year follow-up period, ADATSA¹ clients who received chemical dependency treatment had medical costs that were \$4,540 less than those of the average untreated client.
- Treatment produces the largest savings for those who had Medicaid medical expenses prior to chemical dependency treatment. These clients cost, on average, \$7900 less than a similar group of untreated clients over a five-year follow-up period (Luchansky & Longhi, 1997).

Significant Cost Savings Are Realized When Addicted Indigent Persons Are Provided Chemical Dependency Treatment

- The average ADATSA client who participated in chemical dependency treatment incurred an estimated \$713 in (adjusted) Medicaid costs compared to \$1,360 for the untreated comparison group. Approximately two thirds (\$422 of \$647) of the cost reduction represented a reduction in inpatient hospital costs (Wickizer & Longhi, 1997).

References

Cawthon, L., & Schrage, L. (1995). Fact Sheet: "First Steps Database. Substance Abuse, Treatment, and Birth Outcomes for Pregnant and Postpartum Women in Washington State." Olympia, WA: Office of Research and Data Analysis, Department of Social and Health Services.

Estee, S., & Nordlund, D. J. (2003). *Washington State Supplemental Security Income (SSI) Cost Offset Pilot Project. 2002 Progress Report.* Olympia, WA: Research and Data Analysis Division, Department of Social and Health Services.

Luchansky, B., & Longhi, D. (1997). Briefing Paper: "Cost Savings in Medicaid Medical Expenses: An Outcome of Publicly Funded Chemical Dependency Treatment in Washington State. A Five Year Cost Savings Study of Indigent Persons Served by Washington State's Alcoholism and Drug Addiction Treatment and Support Act (ADATSA)." Olympia, WA: Research and Data Analysis, Department of Social and Health Services.

Maynard, C., Cox, G. B., Krupski, A., Stark, K. (1999). Utilization of services for mentally ill chemically abusing patients discharged from residential treatment. *The Journal of Behavioral Health Services & Research, 26*, 219-228.

Maynard, C., Cox, G. B., Krupski, A., & Stark, K. (2000). Utilization of services by persons discharged from involuntary chemical dependency treatment. *Journal of Addictive Diseases, 19* (2), 83-93.

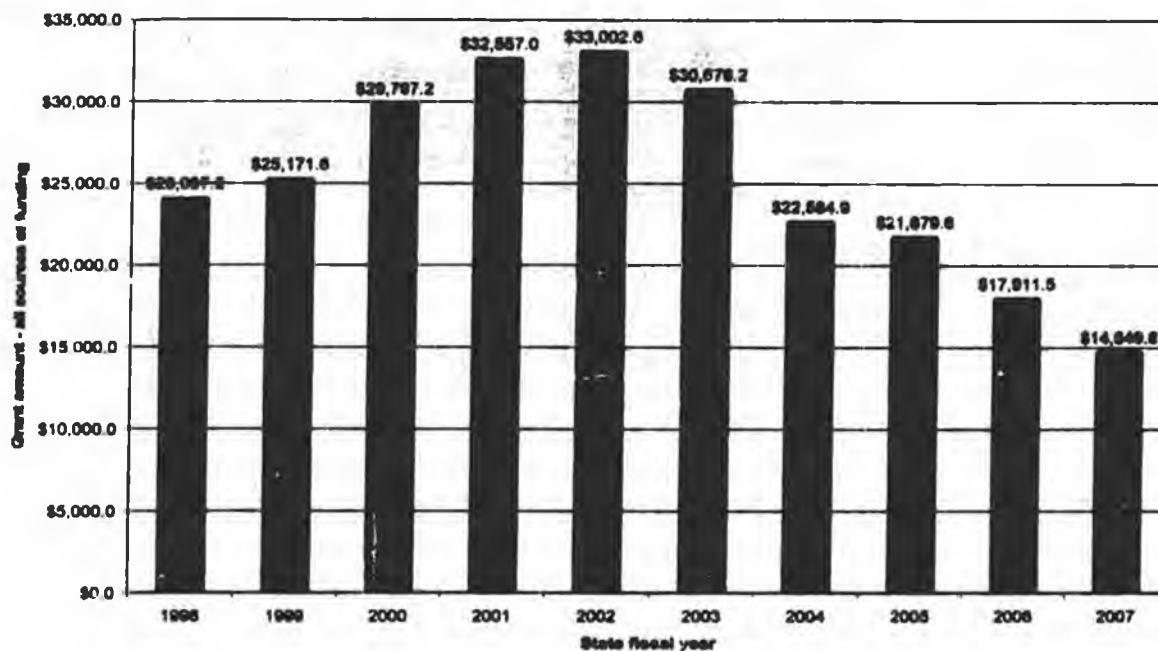
Wickizer, T., & Longhi, D. (1997). *Economic Benefits and Costs Associated with Substance Abuse Treatment Provided to Indigent Clients through the Washington State's Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) Program.* Olympia, WA: Division of Alcohol and Substance Abuse, Department of Social and Health Services

¹ ADATSA is a state funded program that provides a continuum of care to persons who are indigent and deemed unemployable as a result of alcoholism and/or other drug addiction. ADATSA stands for the legislation that funds this program, the Alcoholism and Drug Addiction Treatment and Support Act.

State Funding for Substance Abuse Prevention and Treatment Not Keeping Pace with Community Need

- In 2004, approximately 38,000 Alaskans age 12 and over either abused or were dependent on alcohol.*
- In 2005, 18% of all adults and 21% of those between 18-24 reported binge drinking.**
- In Alaska, 79% of newly incarcerated inmates were actively abusing or dependent on alcohol or other substances in the year before their incarceration.
- Children in alcohol-abusing families are almost four times more likely to be maltreated, and 10 times more likely to be neglected; 81% of all reports of harm against Alaska children involve substance abuse.
- In 2003, the cost of alcohol and drug abuse to Alaska's economy was estimated to be \$738 million in lost productivity, accidents, health care, criminal justice and public assistance.***
- Between FY 2002 and FY 2007, state funding for substance abuse treatment dropped by 56.2% or \$18.6 million.
- In 2004, over 35,000 Alaskans who needed treatment for alcohol abuse could not receive it due to lack of availability.* Medicaid does not cover most substance abuse treatment.
- Just three years ago, GF appropriations for prevention and treatment of substance abuse were 50% higher than today. Increase GF appropriations to at least the FY 2005 level. Alaska cannot afford to ignore the costs of substance abuse to the state and to Alaskan families.

Department of Health and Social Services Substance Abuse Grant Funding, FY 1998 - 2007





3200 Providence Drive
P.O. Box 196604
Anchorage, Alaska
99519-6604

Tel 907.562.2211

March 7, 2007

Kate Herring
Office of Senator Johnny Ellis
Capitol Building, Rm. 9
Juneau, AK 99801
(907) 465-6704

Dear Senator Ellis:

Thank you for the opportunity to read the Senate Bill NO. 100 and give an opinion. I wholeheartedly support SB 100.

For the last five years I have been Medical Director of the Providence Psychiatric Emergency Room, and during this time also worked at the Salvation Army's Clitheroe Enhanced Detox Unit for 3 years. I see SB 100 as a small, yet significant step-in-the-right-direction in caring for the vast number of patients who are suffering from untreated substance abuse in Alaska. The majority of my emergency room psychiatric patients (and we see over 4000/year) have co-existing chemical dependency ("dual-diagnosis"), which certainly contributes to the devastation in their lives. Unfortunately, there are only 8 beds for me to refer patients to (which is a key part in getting onto the path of recovery) in Anchorage. These beds are usually full.

In short, the need in the community is high, the resources low, and the wreckage of the illness on patients (and their families, friends, community) are significant. So it is without reservation, I support SB 100, which addresses the call for added treatment options for Alaskan patients, and suggest some creative solutions, such as the Pilot Project mentioned in section 8. Please feel free to contact me with any questions.

Sincerely;

Marc D. Pellicciaro, M.D.
Medical Director, Psychiatric Emergency Room
Providence Alaska Medical Center
3200 Providence Drive
Anchorage, AK 99508
Phone: (907) 273-7851
Fax: (907) 261-2807
E-Mail: mpellicc@provak.org

STATEMENT OF SUPPORT
Substance Abuse Treatment and Prevention

Addiction is taking a heavy toll on Alaska's people, culture and economy. Alaska ranks #1 in the nation in alcohol-related deaths and Alaskans with substance abuse problems, or co-occurring mental and substance abuse disorders, are more likely to be homeless, spend time in correctional facilities, and become involved in child protective service proceedings. The financial impact of addiction is staggering, costing the state an estimated \$738 million a year in health care costs, accidents, lost productivity, criminal justice and correctional facilities.

Something must change. We support updating Alaska statutes to promote expanding access to a wide spectrum of treatment, identifying those with co-occurring mental health and substance abuse disorders, and addressing substance abuse among youth and populations with higher incidences of addiction.

Please add my name/organization to the list of supporters.

Name Joseph P. Burns
Organization Nugen's Ranch
Title Night ATTENDANT.
Signature Joseph P. Burns
Address 4006 Steven Dr. # 8 Wasilla, AK 99654
Phone 373-7542 Fax _____
Email joeburns@mtaonline.net Website _____

I/We would also be willing to:

Publish an article in our newsletter

Mobilize our membership

Participate in media events

Contact legislators

Please return this form to:
Office of Senator Johnny Ellis
State Capitol, Rm. 9
Juneau, AK 99801

STATEMENT OF SUPPORT
Substance Abuse Treatment and Prevention

Addiction is taking a heavy toll on Alaska's people, culture and economy. Alaska ranks #1 in the nation in alcohol-related deaths and Alaskans with substance abuse problems, or co-occurring mental and substance abuse disorders, are more likely to be homeless, spend time in correctional facilities, and become involved in child protective service proceedings. The financial impact of addiction is staggering, costing the state an estimated \$738 million a year in health care costs, accidents, lost productivity, criminal justice and correctional facilities.

Something must change. We support updating Alaska statutes to promote expanding access to a wide spectrum of treatment, identifying those with co-occurring mental health and substance abuse disorders, and addressing substance abuse among youth and populations with higher incidences of addiction.

Please add my name/organization to the list of supporters.

Name GREG R. PEASE
Organization GASTINEAU HUMAN SERVICES CORPORATION
Title EXECUTIVE DIRECTOR
Signature [Signature]
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We would also be willing to:

- Publish an article in our newsletter
- Participate in media events

- Mobilize our membership
- Contact legislators

Please return this form to:
Office of Senator Johnny Ellis
State Capitol, Rm. 9
Juneau, AK 99801

GASTINEAU HUMAN SERVICES
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"A Chance For Change"

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Greg Pease
Executive Director

Mission Statement
To serve individuals, their families and the community by providing structured residential treatment and employment program opportunities with an emphasis on those persons who are criminal offenders and/or substance abusers.