

2021 Illinois State Dental Society Capital Conference

Agenda

Wednesday, April 28, 2021

Via Zoom – 9:00am to 12:00pm

| <u>Time</u> | <u>Topic</u> | <u>Speaker</u> |
|-------------|---|---|
| 9:05am | Welcome | Dr. Boghosian and Dr. Simon |
| 9:13am | Invocation | Dr. David Behm |
| 9:15am | On Camera Contributions | Component/Branch Presidents |
| 9:20am | Republican Speaker | Senator Dave Syverson |
| 9:40am | Democratic Speaker | Congresswoman Robin Kelly |
| 10:00am | Legislative Summary- Q&A | Dr. Larry Osborne & Dave Marsh |
| 10:20am | Break | |
| 10:30am | ADPAC Report and Q&A | Terry Barnfield |
| 11:40am | ADA President presentation and Q&A | Dr. Daniel Klemmedson |
| 11:05am | ISDS Board Secretary Candidates | Dr. John Kozal and Dr. Shafa Amirsoltani |
| 11:10 am | ADA 8 th District Trustee Candidates | Dr. Stacey Van Scoyoc and Dr. Randall Markarian |
| 11:15am | Q & A and Wrap-up | Eric Larson |
| 12:00pm | Adjourn | |





Capital Conference



SB0335

Illinois Dental Practice Act

Sponsor: Sen. Rachelle Crowe

ISDS Position: Support

SB0335 amends the Illinois Dental Practice Act. Provides that a person who uses teledentistry is considered to practice dentistry under the Act. Provides that a dentist who may not delegate teledentistry services unless authorized by the Act. Changes the definition of “branches of dentistry” to include dental anesthesiology. Changes the definition of “teledentistry” to include limited patient diagnosis and treatment planning (rather than patient care) using synchronous and asynchronous communications under an Illinois licensed dentist’s authority (rather than a dentist’s authority).

The Illinois State Dental Society asks for your support of SB0335 for the following reasons:

SB0335 changes the current definition of teledentistry to reflect a need to clarify that it is limited patient diagnosis and treatment planning supervised by an Illinois Dentist. This is to ensure that dental care is not performed or approved for unsuspecting patients by untrained or remote providers who have no legal standing in Illinois and could mislead patients into thinking the care was by a regulated dentist licensed in Illinois.

SB0335 adds Dental Anesthesiology as the 10th dental specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards. The recognition reflects the American Dental Association’s (ADA) ongoing efforts towards improved patient care and safety in the areas of sedation, dental anesthesiology and access for patients with special health care needs.

For the reasons stated above, Illinois State Dental Society asks that you support SB0335 and vote yes.



Capital Conference



SB0346

Medicaid Dental Rate Increase

Sponsor: Sen. Julie A. Morrison

ISDS Position: Support

SB0346 amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that targeted dental services that are provided to adults and children under the Medical Assistance Program shall be established and paid at no less than the rates established under the State of Illinois Dental Benefit Schedule and shall include specified dental procedures. Sets forth the reimbursement rates for certain anesthesia services. Provides that the Department of Healthcare and Family Services shall administer and regulate a school-based dental program that allows for the out-of-office delivery of preventative dental services in a school setting to children under 19 years of age. Provides that the medical assistance program shall cover charges incurred, and anesthetics provided, in conjunction with dental care that is provided in a hospital or ambulatory surgical treatment center if the individual is otherwise eligible for medical assistance and the individual (1) has a medical condition that requires hospitalization or general anesthesia for dental care or (2) is a person with a disability. Provides that the medical assistance program shall cover charges incurred, and anesthetics provided by a dentist, in conjunction with dental care that is provided in a dental office or other specified setting if the individual has been diagnosed with (i) an autism spectrum disorder or (ii) a developmental disability.

The Illinois State Dental Society asks for your support of SB0346 for the following reasons:

SB0346 would mandate a limited increase in some critical dental procedures that will enhance and improve the current program services critical to patient care. These areas include periodic exams, x-rays, fillings, sealants, dentures, extractions, root canal therapy, dental sedation and general anesthesia so that the population most in need of oral care can receive the same treatment as the rest of the population of the State of Illinois. With these changes, dentists will be reimbursed at a reasonable fee for their services which in turn will encourage more providers to

participate in the Medicaid Program administered by Healthcare and Family services (HFS) through the Managed Care Organizations (MCOs).

Preventive dental services are critical and necessary for all patients, including those who have difficulty accessing care. With measures taken by the legislature in previous years, more patients than ever can access necessary preventive procedures such as exams, cleanings, x-rays, and fluoride treatments. However, when it comes to accessing necessary restorative treatment, the gap is larger than ever between patients who rely on Medicaid for dental services and those who do not. This is where true disparity separates the population on socioeconomic lines. 80% of cavities are found in 20% of the population, and that happens to be the population with low socioeconomic status. These patients, the ones with the most need and the least access, are in dire straits when it comes to finding providers who can complete their needed dental work: fillings, extractions, dentures, etc. Put simply, a patient in pain who requires multiple fillings and/or extractions to be able to function normally on a day-to-day basis sees little benefit in only being able to find providers who will examine and clean his/her teeth.

It is imperative that the legislature raise the reimbursement rates, which are currently some of the lowest in the country, on services that actually provide solutions to the needs patients have. Many providers do not participate in Medicaid plans because they cannot afford to pay the overhead of a procedure at their current reimbursement rates without losing money. This limits the providers that patients can access. To make matters even worse, many of the providers that DO participate in Medicaid ONLY provide preventive services and opt out of providing the necessary restorative services, which are in essence what the patient needs most.

Dental schools, residency programs and private practice Medicaid providers are faced with an ever-increasing case load of pediatric and special needs patients that require dental services ideally performed under outpatient sedation/GA, but their efforts are severely hampered by low Medicaid reimbursement rates. Advocate Illinois Masonic Medical Center, Department of Dentistry, for example, currently treats approximately 250 pediatric and special needs patients per year with IV sedation/GA in the outpatient dental center and 200-250 pediatric and special needs cases under GA in the operating room (OR). There is currently an eight-month wait to schedule outpatient sedation cases, and six months for the OR.

Another example is the Department of Pediatric Dentistry at the University of Illinois at Chicago that received over 100 new patient referrals each day and has a waiting list of over one year for children who need treatment under GA, which is totally unacceptable. They see approximately 10,000 children every year, 50% of whom are Hispanic. Ninety-seven percent of patients are on Medicaid and one third has special health care needs.

Finally, SB0346 directs HFS to administer and regulate the school-based dental program that allows for the delivery of preventive dental services in a school setting; requires HFS to establish guidelines for providers and sets follow-up referral care; mandates that when HFS establishes those requirements, every effort shall be made to take into consideration the different geographic differences of urban and rural areas of the State for initial treatment and follow-up care; and provides that no fee shall be charged to providers who elect to participate in the school-based program.

For the reasons stated above, the Illinois State Dental Society asks that you support SB0346 and vote yes.



Capital Conference



SB0493

Uniform Electronic Transactions Act

Sponsor: Sen. Dave Syverson

ISDS Position: Support

SB0493 creates the Uniform Electronic Transactions in Dental Care Billing Act. Requires all dental plan carriers and dental care providers to exchange claims and eligibility information electronically using the standard electronic data interchange transactions for claims submissions, payments, and verification of benefits required under the Health Insurance Portability and Accountability Act in order to be compensable by the dental plan carrier. Provides that the Act applies to all dental plan carriers. Grants the Director of Insurance the right to investigate complaints filed under the Act. Requires the Department of Insurance to adopt rules, and allows the Department to establish exemptions to the Act by rule. Effective immediately.

The Illinois State Dental Society supports SB0493 for the following reasons:

Implementation of the Uniform Electronic Data Exchange System that reflects the requirements of the Health Insurance Portability and Accountability Act will provide for a secure way to eliminate the need for providers to submit separate billing information to each benefit plan's unique means of conducting business.

Substantial savings will be realized by both providers and plans with the elimination of paper claims submissions, payments and verification documents.

It is estimated that with the full adoption of electronic processes for the transactions could save approximately \$2.4 billion in direct costs to providers, in the dental industry.

SB0493 would set out the necessary rules for both providers and insurers so that electronic information for billing approval and payment would be implemented on a time schedule that would allow both to adapt to the new systems and if necessary acquire the upgraded software that would be compatible with clearinghouses that would accept all the transactions and establish

links with all benefits plans so that providers and their staff are not burdened with managing individual connections with every benefit plan they work with.

For the reasons stated above, Illinois State Dental Society asks that you support SB0493.



Capital Conference



HB690

Temporary Permit

Sponsor: Rep. Lakesia Collins

ISDS Position: Opposed

Committee Amendment #1 to HB690 would amend Section 19.2 of the Illinois Dental Practice Act to require the Department of Financial and Professional Regulation (IDFPR) to issue a temporary permit authorizing the practice of dentistry or dental hygiene to an applicant licensed in another state to practice and provide free dental care or as part of an education and training program under the supervision of an Illinois licensed dentist.

The Illinois State Dental Society opposes Amendment #1 to HB690 for the following reasons:

Section 19.2 was added to the Illinois Dental Practice Act to accommodate dental providers who wanted to observe and participate in a free dental event called “Mission of Mercy” (MOM).

MOM is a two-day event held every other year in different parts of the state in order to address the oral health needs of the underserved. 100% of the providers are Illinois licensed dentists and hygienists but dentists from other states (1-3) wanting to conduct their own “mission” travel to scheduled events to observe and learn how to put on an event. This section allows them to apply for a very restricted temporary permit so that they can get hands on experience while attending.

Aspen Dental, a for profit dental corporation is opening up a second office in downtown Chicago as a major training center for their associates around the country. As part of that plan, they want to use Illinois veterans as subjects for extractions, implants, restorative fillings and full and partial dentures, all of these procedures are complicated, time consuming and need comprehensive follow-up. The free care model being proposed by Aspen, as a reason to give out of state providers a temporary license, has the potential to cause great harm to a population that already has suffered significant difficulty.

Aspen Dental is not a certified or accredited teaching institution and according to numerous public articles and legal judgements, Aspen has been the subject of investigations alleging serious business practice violations, see:

- [Patients, Pressure and Profits at Aspen Dental](#)
- [A.G. Settlement: New York](#)

The Illinois State Dental Society feels that all of the citizens of Illinois deserve the same quality dental care. Fixing the restrictions and reimbursement structure of the current Medicaid program are a high priority of the Dental Society and are what is really needed to adequately address the needs of the underserved. But in lieu of that, to use a vulnerable population as training subjects by non-Illinois licensed dentists where there is no accountability by the State is reckless, if not negligent, as there is no guarantee of a continuation of care or proper follow-up which could leave the patients in even worse conditions.

If Aspen Dental wants to work with ISDS and the Chicago Dental Society to fund and develop an outreach program at veterans' facilities and existing clinics, using Illinois licensed dentists that can provide the appropriate care with proper follow-up, then we would welcome that partnership. As this proposal stands, in our opinion, it is a public relations gimmick that will use Illinois residents as test subjects for a business model that has raised many questions and concerns.

For the reasons stated above, the Illinois State Dental Society requests that you VOTE NO on the Amendment to HB690.



Capital Conference



SB2566

Anesthesia Provided by Nurse Anesthetists

Sponsor: Sen. Melinda Bush

ISDS Position: Opposed

SB2566 amends the Nurse Practice Act. Replaces provisions concerning the written collaborative agreement required of a certified registered nurse anesthetist (CRNA) providing anesthesia services outside the hospital, ambulatory surgical treatment center, or hospital affiliate with provisions that require the CRNA to enter into a written collaborative agreement with a physician, podiatric physician, or dentist. Exempts the delivery of anesthesia during the surgical procedure performed by a physician, dentist, or podiatrist from the requirement that the collaborative relationship under an agreement not be construed to require the personal presence of a collaborating physician at the place where services are rendered.

In the case of anesthesia services provided by CRNAs for dentists, it removes section (c)(10) of the Nurse Practice Act that set out the requirements that a dentist possess the same level of anesthesia training as the nurse anesthetist who would be hired to provide services in a dental office.

The Illinois State Dental Society opposed SB2566 for the following reasons:

225 ILCS 8 (5)(c) of the Illinois Dental Practice Act requires that a licensed dentist must hold an appropriate permit issued by the Illinois Department of Financial & Professional Regulation in order to perform dentistry while a CRNA administers conscious sedation, deep sedation or general anesthesia, and a written collaborative agreement must exist between the dentist and the CRNA, in accordance with the Nurse Practice Act.

SB2566 eliminates the permit requirement for a dentist in the Nurse Practice Act. It further modifies the Nurse Practice Act to remove the specific requirements that necessitate the written collaborative agreement to describe the working relationship of the CRNA and dentist

specifically to authorize the categories of care, treatment, or procedures to be performed by the CRNA. It further removes the provision that requires that the operating dentist shall participate through discussion of an agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. Finally, SB2566 eliminates the provision that provides that a CRNA may select, order and administer medications, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed with by the operating dentist.

What this means is that a CRNA under the Nursing Practice Act now would be free to provide anesthesia services under their own license without a dentist with similar training reviewing and agreeing to the specific medicines, etc. being administered which would eliminate the important safeguards currently in place. This is the first step necessary for CRNAs to have no restrictions in order to work in a dentist's office providing anesthesia. The next step would be to eliminate the requirement mentioned above in the Dental Practice Act requiring dentists to have the same level of anesthesia training. The Illinois State Dental Society opposes this attempt to lower the standard of care in order to profit by potentially increasing the use of unnecessary anesthesia with these reduced safeguards.

The current Illinois Dental Practice Act requires that a dentist possess Permit A for moderate sedation or Permit B for deep sedation or general anesthesia. Dentists who have these permits must also have a trained support team, have advanced cardiac life support (ACLS) or pediatric advanced life support. (PALS) training, and have a properly equipped office for monitoring patients for emergency situations should they arise. In addition, dentists must take an additional 9 hours of CE relevant to sedation techniques, including airway management, in order to maintain Permit A or B status each renewal cycle.

The importance of having a dentist trained at the highest level when administering anesthesia with a CRNA assisting cannot be overstated. Most emergencies that could happen in a dental office under anesthesia are airway related. An anesthesia-trained dentist working in the oral cavity with the properly trained support team is in a position to detect any airway problems before a patient becomes distressed, which is critical for patient safety.

The dentist without additional sedation/anesthesia training would have a limited knowledge of the agents and drugs required to maintain the patient in a state of moderate or deep sedation. So, providing dental care without that knowledge and relying on a provider who is not a doctor with these credentials puts the dentist in a position of enhanced liability by not having a clear understanding of the effects of the medications on the patient under sedation in case of an emergency as they are performing the needed dental procedures.

General dentists are not required to have completed courses in ACLS or PALS, only BLS (basic life support). Only those dental practitioners who have had the additional training necessary to satisfy the requirements for either Permit A or Permit B are usually the ones who take ACLS or PALS training. SB2566 eliminates permit requirements in the Nurse Practice Act that ensures that all members of the dental team are adequately trained in advanced life saving techniques.

Certified registered nurse anesthetists are not independent providers of care, they are trained to work under supervision and under the order of a physician or dentist. In addition, costs would increase, not decrease, for dentists using a CRNA but not having the same anesthesia training themselves as liability coverage would be significant. In all likelihood, additional costs would be passed on to the patient.

For the reasons stated above, the Illinois State Dental Society OPPOSES SB2566 and requests that you VOTE NO.



Capital Conference



HB3068

Public Health Dental Hygienists

Sponsor: Rep. Slaughter

ISDS Position: Opposed

HB3068 Amends the Illinois Dental Practice Act. Provides that the definition of “Public Health Setting” related to where a Public Health Dental Hygienist can provide services without a dental exam being performed, will now include a prison.

The Illinois State Dental Society opposes HB3068 for the following reasons:

Background:

A public health dental hygienist is a hygienist who has a clinical level of education, and training received mostly at an approved two-year community college program in Illinois. This is the standard level of clinical education required to be licensed in the state and has changed very little over the years. Five years ago, in response to legislation introduced by the Illinois Dental Hygienist Association, the Illinois State Dental Society working with members of the General Assembly proposed this new designation, (Public Health Dental Hygienist) in order to allow a dental hygienist with additional training and in a close relationship with a supervising dentist, to see Medicaid and low-income patients prior to a comprehensive exam by a dentist, which is the proper standard of care for all patients. The training requirements passed for this new expansion, are an additional 42 clock hours, this is not a new degree or formal education such as received by a dentist in dental school to get a specialty license, but only a limited expansion on clinical subject areas of knowledge needed so that a hygienist might be aware of, and be able to recognize more complicated oral conditions when treating a patient prior to a full examination.

The intent of this new expansion was to allow a dental hygienist who was employed in a public health setting such as a county clinic or a FQHC Federally Qualified Health Center, the ability to provide standard and basic cleaning services in the event the dentist was

unavailable on that particular day and a patient needed routine care and could be treated that same day.

In 2015 when this new model passed into law, a verbal agreement was made that no other expansions would be proposed until enough time had passed and data could be compiled to show if this program was effective or not in providing additional care to the underserved without adverse outcomes. The training required for this new expansion was finally developed in 2020. It has taken five years for the dental hygienists to develop a very simple training program and implement it to be able to demonstrate their commitment to this effort to increase Access. It is our position (ISDS) that due to the fact that there was obviously no interest in developing a training program until just prior to asking for an expansion of Scope, it is clear that not only are they breaking the agreement but also that they have no real interest in providing access to care to needy patients and that their only real goal is to separate from supervision by a dentist and move toward independent practice.

HB3068 is an initiative of the Illinois Dental Hygienist Association who represent a small percentage of practicing hygienist in the state. If passed, this bill would set a bad precedent.

It would allow dental hygienists to see potentially dangerous prisoners in the state's correctional facilities without a dental exam, or medical history taken by a doctor who would normally approve treatment of a patient prior to dental procedures being performed. This change is completely unnecessary, it is our understanding that DOC's policy is to treat only conditions that are of an emergency basis, not preventative services and according to the DOC, there is only one hygienist who currently works at a correctional facility in the State system. In addition, the Illinois Dental Practice Act already allow for patients in correctional facilities to be treated by a hygienist if there was a need and which would keep the doctor patient relationship intact that language is as follows:

225.ILCS Section 18 (d)

“(d) If a patient of record is unable to travel to a dental office because of illness, infirmity, or imprisonment, a dental hygienist may perform, under the general supervision of a dentist, those

procedures found in items (i) through (iv) of subsection (a) of this Section, (cleanings) provided the patient is located in a long-term care facility licensed by the State of Illinois, a mental health or developmental disability facility, (or a State or federal prison.) The dentist shall personally examine and diagnose the patient and determine which services are necessary to be performed, which shall be contained in an order to the hygienist and a notation in the patient's record. Such order must be implemented within 120 days of its issuance, and an updated medical history and observation of oral conditions must be performed by the hygienist immediately prior to beginning the procedures to ensure that the patient's health has not changed in any manner to warrant a reexamination by the dentist.”

In summary:

The Illinois Dentist Hygienist Association has a long history of using increased Access to Care as a hot button issue in order to try to convince legislators to support expansion of their scope of practice without additional education in order to achieve independent practice. Unfortunately, the facts don't match the rhetoric regarding access to care for the poor in that most hygienists can command a 40–50-dollars an hour in salary and the vast majority work in high end, well equipped dental offices, many part time with only a basic two-year associate degree. To say that they will treat the underserved in economically distressed areas or go into state prisons is misleading and false. Surveys of dentists in underserved areas show that they cannot find a hygienist to work in their practices or in most Public Health clinics or the correctional facilities proposed in this bill. For the reasons stated above, the Illinois State Dental Society is opposed to HB3068 and requests that you vote No.



Capital Conference



HB3087

Public Health Dental Hygienists

Sponsor: Rep. Harper

ISDS Position: Opposed

HB3087 Amends the Illinois Dental Practice Act. Provides that the definition of “Public Health Setting” related to where a Public Health Dental Hygienist can provide services without a dental exam being performed, will now include a mobile dental van.

The Illinois State Dental Society opposes HB3087 for the following reasons:

Background:

A public health dental hygienist is a hygienist who has a clinical level of education, and training received mostly at an approved two-year community college program in Illinois. This is the standard level of clinical education required to be licensed in the state and has changed very little over the years. Five years ago, in response to legislation introduced by the Illinois Dental Hygienist Association, the Illinois State Dental Society working with members of the General Assembly proposed this new designation, (Public Health Dental Hygienist) in order to allow a dental hygienist with additional training and in a close relationship with a supervising dentist, to see Medicaid and low-income patients prior to a comprehensive exam by a dentist, which is the proper standard of care for all patients. The training requirements passed for this new expansion, are an additional 42 clock hours, this is not a new degree or formal education such as received by a dentist in dental school to get a specialty license, but only a limited expansion on clinical subject areas of knowledge needed so that a hygienist might be aware of, and be able to recognize more complicated oral conditions when treating a patient prior to a full examination.

The intent of this new expansion was to allow a dental hygienist who was employed in a public health setting such as a county clinic or a Federally Qualified Health Center (FQHC), the ability to provide standard and basic cleaning services in the event the dentist

was unavailable on that particular day and a patient needed routine care and could be treated that same day.

In 2015 when this new model passed into law, a verbal agreement was made that no other expansions would be proposed until enough time had passed and data could be compiled to show if this program was effective or not in providing additional care to the underserved without adverse outcomes. The training required for this new expansion was finally developed in 2020. It has taken five years for the dental hygienists to develop a very simple training program and implement it to be able to demonstrate their commitment to this effort to increase access. It is our position (ISDS) that due to the fact that there was obviously no interest in developing a training program until just prior to asking for an expansion of scope, it is clear that not only are they breaking the agreement but also that they have no real interest in providing access to care to needy patients and that their only real goal is to separate from supervision by a dentist and move toward independent practice.

HB3087 is an initiative of the Illinois Dental Hygienist Association who represent a small percentage of practicing hygienists in the state. If passed, this bill would set a bad precedent. It would allow dental hygienists to see and treat school children and uninsured adults without a dental exam, or medical history taken by a doctor who would normally approve treatment of a patient prior to dental procedures being performed.

There are very few dental vans operating in the state. A couple that are affiliated with Advocate Hospital and Dental Safari in southern Illinois. As for treating children under the Medicaid program HFS's requirements are that every child must receive a caries risk assessment by a dentist prior to any treatment. This change completely undermines the current guidelines by HFS which are critical in order to identify underlying caries risk (cavities) assessment and the need for immediate treatment in order to avoid serious consequences. In addition, this assessment is mandatory in order for a provider to be reimbursed along with further requirement to have an established dental home by a dental provider for follow up care which would be eliminated by this legislation. The Illinois Dental Practice Act already allow for patients in school-based oral healthcare programs to be treated by a hygienist within a set period of time which would keep the doctor patient relationship intact, that language is as follows:

225.ILCS Section 18 (e)

“(e) School-based oral health care, consisting of and limited to oral prophylactic procedures, sealants, and fluoride treatments, may be provided by a dental hygienist under the general supervision of a dentist. A dental hygienist may not provide other dental hygiene treatment in a school-based setting, including but not limited to administration or monitoring of nitrous oxide or administration of local anesthetics. The school-based procedures may be performed, provided the patient is located at a public or private school and the program is being conducted by a State, county or local public health department initiative or in conjunction with a dental school or dental hygiene program. The dentist shall personally examine and diagnose the patient and determine which services are necessary to be performed, which shall be contained in an order to the hygienist and a notation in the patient’s record. Any such order for sealants must be implemented within 120 days after its issuance. Any such order for oral prophylactic procedures or fluoride treatments must be implemented within 180 days after its issuance. An updated medical history and observation of oral conditions must be performed by the hygienist immediately prior to beginning the procedures to ensure that the patient’s health has not changed in any manner to warrant a reexamination by the dentist.”

In summary:

The Illinois Dentist Hygienist Association has a long history of using increased access to care as a hot button issue in order to try to convince legislators to support expansion of their scope of practice without additional education in order to achieve independent practice. Unfortunately, the facts don’t match the rhetoric regarding access to care for the poor in that most hygienists can command a 40–50-dollars an hour in salary and the vast majority work in high end, well equipped dental offices, many part-time with only a basic two-year associate degree. To say that they will treat the underserved in economically distressed areas or go into state prisons is misleading and false. Surveys of dentists in underserved areas show that they cannot find a hygienist to work in their practices or in most Public Health clinics or the correctional facilities proposed in this bill. For the reasons stated above, the Illinois State Dental Society is opposed to HB3087 and requests that you vote No.



Capital Conference



SB 2561

Public Health Dental Hygienists

Sponsor: Senator Bush

ISDS Position: Oppose

SB2561 Amends the Illinois Dental Practice Act. Provides that the definition of “Public Health Setting” will now include nursing homes and long-term care facilities.

The Illinois State Dental Society opposes SB2561 for the following reasons:

Background:

A public health dental hygienist is a hygienist who has a clinical level of education, and training received mostly at an approved two-year community college program in Illinois. This is the standard level of clinical education required to be licensed in the state and has changed very little over the years. Five years ago, in response to legislation introduced by the Illinois Dental Hygienist Association, the Illinois State Dental Society working with members of the General Assembly proposed this new designation, (Public Health Dental Hygienist) in order to allow a dental hygienist with additional training and in a close relationship with a supervising dentist, to see Medicaid and low-income patients prior to a comprehensive exam by a dentist, which is the proper standard of care for all patients. The training requirements passed for this new expansion, are an additional 42 clock hours, this is not a new degree or formal education such as received by a dentist in dental school but only a limited expansion on clinical subject areas of knowledge needed so that a hygienist might be aware of, and be able to recognize more complicated oral conditions when treating a patient prior to a full examination.

The intent of this new expansion was to allow a dental hygienist who was employed in a public health setting such as a county clinic or a FQHC Federally Qualified Health Center, the ability to provide standard and basic cleaning services in the event the dentist was unavailable on that particular day and a patient needed routine care and could be treated

that same day.

In 2015 when this passed into law, a verbal agreement was made that no other expansions could be proposed until enough time had passed and data could be compiled to show if this program was effective or not in providing additional care to the underserved. The training required for this new expansion was finally developed in 2020. It has taken five years for the dental hygienists to develop a very simple training program and implement it to be able to demonstrate their commitment to this effort to increase Access. It is our position that due to the fact that there was no interest in developing a training program until just prior to asking for an expansion of Scope it is clear that not only are they breaking the agreement but also that they have no real interest in providing access to care to needy patients and that their only real goal is to separate from supervision by a dentist and move toward independent practice.

SB2561 is an initiative of the Illinois Dental Hygienist Association, if passed, would allow dental hygienists to see the most vulnerable patients with the most compromised dental conditions who are taking multiple types of medications without a dental exam, or physical and medical history taken by a doctor who would normally approve treatment of a compromised patient such as this after a review of the underlying medical conditions.

This change is dangerous and unnecessary, there are already current provisions in the Illinois Dental Practice Act that allow for patients in LTC's or nursing homes to be treated by a hygienist that keeps the doctor patient relationship intact as follows:

225.ILCS Section 18 (d)

“(d) If a patient of record is unable to travel to a dental office because of illness, infirmity, or imprisonment, a dental hygienist may perform, under the general supervision of a dentist, those procedures found in items (i) through (iv) of subsection (a) of this Section, (cleanings) provided the patient is located in a (long-term care facility) licensed by the State of Illinois, a mental health or developmental disability facility, or a State or federal prison. The dentist shall personally examine and diagnose the patient and determine which services are necessary to be performed, which shall be contained in an order to the hygienist and a notation in the patient's record. Such order must be implemented within 120 days of its issuance, and an updated medical

history and observation of oral conditions must be performed by the hygienist immediately prior to beginning the procedures to ensure that the patient's health has not changed in any manner to warrant a reexamination by the dentist.”

In summary:

The Illinois Dentist Hygienist Association has a long history of using increased Access to Care as a hot button issue in order to try to convince legislators to support expansion of their scope of practice without additional education. Unfortunately, the facts don't match the rhetoric in that most hygienists can command a 40–50-dollars an hour in salary and the vast majority work in high end, well equipped dental offices, many part time with only the basic two year associate degree. To say that they will treat the underserved in economically distressed areas is misleading and false. Surveys of dentists in underserved areas show that they cannot find a hygienist to work in their practices or in most Public Health clinics.

For the reasons stated above, the Illinois State Dental Society is opposed to SB2561 and requests that you vote No.