

IN BRIEF

This bill would improve access to preventive dental hygiene care by allowing Registered Dental Hygienists (RDHs) to apply fluoride varnish without supervision and work in more public health programs.

This bill would allow Registered Dental Hygienists in Alternative Practice (RDHAPs) to partner with dentists and physicians in medical settings to reach more patients.

BACKGROUND

A January **2018 California Health Report indicated that per DHCS data, 13 counties out of California's 58 counties had no participating Denti-Cal dentist**, 7 counties only had 1 participating dentist, and even San Francisco only had 20 dentists and orthodontists serving 150,000 Denti-Cal enrollees. www.calhealthreport.org/2018/01/18/Now-That-They-Have-Dental-Insurance-California's-Low-Income-Adults-Must-Find-a-Dentist-That-Accepts-it/ And LHC report 9-27-18)

The inability to obtain proper dental care, particularly preventative care, can have significant long-term impacts. Research continues to show that poor oral health negatively impacts overall health and quality of life, including the ability to obtain and maintain a job.

An increasing number of studies support integrating dental care and medical care as a means to improve health outcomes and lower the cost of care. In 2017, the National Association of Dental Plans (NADP) released an analysis showing that providing a **preventive dental service (defined as a prophylaxis, exam, fluoride treatment or sealant) to adult Medicaid recipients was associated with a 36-67% decrease in medical costs for patients with seven chronic conditions, with savings totaling almost \$100 million in 2014.**

Tooth decay and disease are associated with pregnancy risks, diabetes, and respiratory and heart disease. Only 42% of pregnant women seek a dental visit, yet pregnant women with gum disease have only a 1 in 7 chance of giving birth to a healthy child of normal size.

According to a 2014 Journal of American Preventive Medicine, **patients with Type 2 diabetes that received periodontal treatment reduced their hospital admissions by 39.4% and total medical costs by 40.2% from \$7056 to \$4216.** As presented at the Int'l Assn for Dental Research in Miami in 2009, individuals receiving periodontal treatment saw average reductions in first year medical costs ranging from \$1,418 for diabetes to \$10,142 in stroke management. In today's dollars, the savings would be significantly higher.

California has the highest rate of emergency department (ED) utilization in the nation for preventable dental conditions. According to an American Dental Association research brief, in 2012 emergency department visits cost the system 1.6 billion dollars; in California there were 113,000 ED visits.

Lack of access to dental care can result in expensive emergency room visits, more in-hospital stays, missed school days, and ultimately poorer academic performance and lost job opportunities. This contributes to multi-generational poverty and increased social costs for taxpayers.

SOLUTIONS

The Dental Hygiene Board of California licenses and regulates approximately 23,000 Registered Dental Hygienists (RDHs) and 700 Registered Dental Hygienists in Alternative Practice (RDHAPs). RDHAPs are licensed RDHs with specialized training in treating elderly and special needs populations, allowing them to practice independently, without supervision, in settings outside of the traditional dental office.

RDHAPs provide patients the same type of professional preventive care they would receive in a dental office, but allows patients to receive this care conveniently in schools, skilled nursing facilities, hospitals, private homes and in some instances in an RDHAP's own office.

RDHs and RDHAPs comprise a workforce that is underutilized, yet standing ready to provide more care to more people in more places. Unnecessary restrictions on the services they are skilled and educated to provide should be removed.

THIS BILL

This bill makes several changes to the dental hygiene practice act that significantly improve patients' access to preventive dental hygiene care by

Allowing RDHs to:

- apply fluoride varnish without supervision and
- work in more public health programs

Allowing RDHAPs to:

- partner with dentists and physicians in medical settings
- provide local anesthesia with emergency protocols

FOR MORE INFORMATION

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