



SB 1464 (Trotter)

Collaborative Supervision of Preventive Oral Health Care

SB 1464 allows dentists and dental hygienists to enter into a written agreement so that the hygienist can provide preventive health care services in “public health settings” (defined in the bill). To do this, the bill allows the hygienist to provide specific preventive services prior to the dental exam and without a dentist being physically present.

Improved Access – Hygienists will be able to provide services in public health clinics, schools, nursing homes and other settings.

Focused on Preventive Care – The bill specifies the preventive, dental hygiene services that a hygienist can provide in a “public health setting.”

Voluntary – There is no requirement that a dentist or a hygienist agree to enter into a collaborative supervision agreement

Supervised Care – the bill requires that hygienists work under the supervision of a dentist. Collaborating dentists and hygienists must establish practice protocols, and hygienists must maintain regular communication with the dentist, maintain records for the dentist’s regular review, refer each patient to a dentist for a comprehensive exam, and inform each patient that the hygienist’s services are not a substitute for an examination or treatment by a dentist.

Allows Hygienists to Practice “At the Top of Their Licenses.” Hygienists are currently trained and licensed to provide all of the services specified for public health settings.

Prepared for Emergencies – Dental hygienists, like other health care professionals, are trained to respond to medical emergencies.

36 States have already adopted some form of collaborative supervision.

Illustrations of the Need

83 of 102 counties (over 81%) in Illinois have a designated Dental Professional Shortage Area,¹ which means that there are not enough dentists for the number of people who live there.

Only 52% of Medicaid-eligible children receive preventive oral health care each year.² Visits should occur every six months.

As of 2014, slightly less than half of Illinois 8 year olds had sealants.³

A recent study of Chicago third-graders found that 52% had caries experience (cavities), 22.2 had received no oral health care and that nearly 50% had received sealants. Higher proportions of students on the Free and Reduced-Price Meals programs had caries experience and lacked treatment.⁴

¹ Health Resources and Services Administration, Health Professional Shortage Areas by State and County, data as of January 1, 2015. Accessed February 18, 2015 from <http://www.hrsa.gov/shortage/>

² U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services. Use of Dental Services in Medicaid and CHIP: January 2015. Washington, DC: Author. Table 1, page 5, data for FFY 2013.

³ Data obtained from the Association of State and Territorial Dental Directors for the 2013-2014 school year. Further analysis of the performance of Illinois’ sealant programs is forthcoming in Spring 2015.



**Illinois Public Health Association
Illinois Dental Hygienists Association
SB1464**



Nationally, 23% of seniors have severe gum disease, 1 in 3 seniors have untreated cavities (50% for those over 75), and 30,000 people (mostly elderly) are diagnosed with oral and pharyngeal cancers yearly.⁵

Older people are keeping their teeth longer,⁶ increasing the need for dental care.

Medicare beneficiaries who used any dental services in 2008 spent, on average, \$672 out-of-pocket.⁷

In 2010, nearly half (44%) of all Medicare beneficiaries reported no dentist visit in the previous year, and 22% reported they had not seen a dental provider in the previous five years. Among the lower-income, 1 in 3 had not visited a dental provider in five years.⁸

In 2012 nearly half (45%) of Illinois adults had at least one permanent tooth extracted, and more than 1 in 6 (16%) senior citizens had lost **all** of their natural teeth due to tooth decay or gum disease.⁹

A recent study of the oral health status of Illinoisans over 60-years-of-age by the Illinois Department of Public Health, the IFLOSS Coalition and Illinois' schools of dental hygiene found that "81% had no dental insurance, 13% were edentulous and ... 29% had untreated caries ... 14% [has suspicious lesions], 19% needed immediate dental care and 41% required referral."¹⁰

Conclusion

Greater access to preventive care will improve oral health status and reduce costs. Allowing dental hygienists to work under collaborative supervision agreements will increase access to preventive oral health care.

⁴ Results of the Basic Screening Survey conducted by the Chicago Community Oral Health Forum and the Illinois Department of Public Health and presented at the 2014 IFLOSS Illinois Oral Health Conference.

⁵ U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

⁶ T. A. Dolan, K. Atchison, & T. N. Huynh (2005). Access to Dental Care Among Older Adults in the United States. *Journal of Dental Education*, 69(9), page 964. Retrieved from: <http://www.jdentaled.org/content/69/9/961.long>

⁷ Kaiser Commission on Healthcare and the Uninsured, "Oral Health in the US: Key Facts," The Henry J. Kaiser Family Foundation, June 2012. Accessible at <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8324.pdf>

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⁹ National Oral Health Surveillance System; State Oral Health Surveys, 2012. Accessed February 13, 2015 from <http://apps.nccd.cdc.gov/brfss/display.asp?cat=OH&yr=2012&qkey=8461&state=IL>

¹⁰ Lukes SM, Janssen JA, Thacker KK, Wadhawan S. (2014) Smiles over time: an older adult oral health survey in Illinois. *J Dent Hyg*, 88(4):250-8, August 2014.