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Illinois State Dental Society



Education • Legislation • Communication

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SB 2561

Public Health Dental Hygienists

Sponsor: Senator Busch
ISDS Position: Oppose

SB2561 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 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 supervisor 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.