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SFA**BILL ANALYSIS**

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Senate Bill 1009 (as enrolled)
Sponsor: Senator Dale L. Shugars
Senate Committee: Health Policy
House Committee: Health Policy

PUBLIC ACT 423 of 2002

Date Completed: 9-4-02

RATIONALE

A May 2000 U.S. Surgeon General Report, "Oral Health In America", revealed that the number of dentists in the country is declining slightly, while the number of dental hygienists is increasing: From 1996 to 2000, the number of dental hygiene positions grew by 11%. This could explain, in part, why dentists reportedly are delegating more responsibilities to hygienists, who traditionally have been responsible for cleaning teeth and gums. Until recently, however, Michigan law prohibited hygienists from administering local anesthesia to their patients.

A task force formed between the Michigan Dental Hygienist Association and the Michigan Dental Association sought to change this law. The task force believed that allowing hygienists to administer local anesthesia under the direct supervision of a dentist would promote efficient and quality dental care.

CONTENT

The bill amended Part 166 of the Public Health Code, which provides for the licensing and regulation of dentists, dental assistants, and dental hygienists, to prescribe certain educational requirements for dental hygienists; and to allow dental hygienists to administer intraoral block and infiltration anesthesia when particular requirements are met.

Part 166 provides that an individual may not practice as a dental hygienist unless he or she is licensed by the Department of Consumer and Industry Services (DCIS) as a dental hygienist. Under the bill, the DCIS may not issue a dental hygienist's license to an individual unless he or she has graduated from

a school or college for dental hygienists that has a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association (ADA), and approved by the DCIS. The school or college must be accredited by a regional accrediting agency for colleges, universities, or institutions of higher education that is recognized by the U.S. Department of Education and approved by the DCIS; and must conduct a curriculum consisting of at least two academic years for dental hygiene graduation with courses at the appropriate level to enable matriculation into a more advanced academic degree program.

The bill allows a dental hygienist, under the conditions described below, to administer intraoral block and infiltration anesthesia to a patient who is at least 18 years old, as delegated by a dentist and under the direct supervision of a dentist. (The bill states that "direct supervision" means that the dentist designates a patient of record upon whom the procedures are to be performed and describes the procedures; is physically present in the office at the time the procedures are performed; and examines the patient before prescribing the procedures and upon their completion.)

To administer anesthesia, a dental hygienist must have successfully completed a course in the administration of local anesthesia offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation and approved by the DCIS. The course must contain a minimum of 15 hours of didactic instruction and 14 hours of clinical experience. (The courses of instruction must include content in theory of pain control,

selection of pain control modalities, anatomy, neurophysiology, pharmacology of local anesthetics and of vasoconstrictors, psychological aspects of pain control, systemic complications, techniques of maxillary and mandibular anesthesia, infection control, and local anesthesia medical emergencies.) The dental hygienist also must have successfully completed a State or regional board-administered written examination on local anesthesia within 18 months of the completion of the required course. In addition, the dental hygienist must maintain and be able to show evidence of current certification in basic or advanced cardiac life support, in compliance with Rule 338.11701 of the Administrative Code.

The bill specifies that application for certification in the administration of local anesthesia is at the discretion of each individual dental hygienist.

MCL 333.16611

ARGUMENTS

(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)

Supporting Argument

Permitting certified dental hygienists to administer intraoral block anesthesia and infiltration anesthesia should allow for more efficient and consistent dental care. ("Intraoral block anesthesia" is the injection of a needle into the main neurovascular bundle in an area of the mouth to numb the area; "infiltration anesthesia" is the injection of a needle into the tissue directly above or below a single tooth.) In the past, hygienists had to interrupt their deep scaling, root planing, and periodontal work on patients in order to find a dentist to administer a numbing shot. Now, the hygienist may deliver the anesthesia himself or herself, albeit it under the direct supervision of a dentist. The new law augments the hygienists' capabilities.

In addition, the new law has a number of provisions that protect a patient's safety. First, hygienists seeking to administer anesthesia must undergo rigorous training and education that nearly parallels the training dental students receive. Also, qualified hygienists may administer local anesthesia

only to patients over 18, and only when the supervising dentist is present. Further, the local anesthesia that a dental hygienist may administer does not include nitrous oxide (laughing gas).

Michigan now joins 28 other states in allowing dental hygienists to administer local anesthesia.

Supporting Argument

The bill prescribes in statute the educational requirements for licensure of dental hygienists. Among other things, a hygienist must have graduated from a school that is accredited by the ADA and a recognized regional accrediting agency, and the curriculum must enable the graduate to move into a more advanced degree program. These requirements will help prepare dental hygienists to practice in other states, and will promote mobility within the profession.

Opposing Argument

The administration of anesthesia can result in serious side effects, and should be left in the hands of dentists. Hygienists are trained to clean teeth and gums, not perform medical procedures. Patient safety might be compromised under this bill.

Legislative Analyst: Claire Layman

FISCAL IMPACT

The bill will have no fiscal impact on State or local government.

Fiscal Analyst: Maria Tyszkiewicz

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.