

Legislative Analysis



DENTAL HYGIENISTS: CONTINUING ED FOR PAIN & SYMPTOM MANAGEMENT

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House Bill 4700 as introduced
Sponsor: Rep. John Gleason
Committee: Health Policy

First Analysis (9-28-05)

BRIEF SUMMARY: The bill would require dental hygienists to complete continuing education in pain and symptom management.

FISCAL IMPACT: The bill may have a modest initial fiscal impact on the Department of Community Health's Bureau of Health Professions.

THE APPARENT PROBLEM:

Under the Public Health Code, if the completion of continuing education is a condition for renewal of a license or registration issued under Article 15 of the Code (which governs health occupations), the appropriate board must, by rule, require an applicant for renewal to complete an appropriate number of hours or courses in pain and symptom management.

These provisions do not apply to an individual licensed to engage in the practice as a dental hygienist under Part 166 (which governs dental practitioners). Under Rule 338.11704 of the Michigan Administrative Code, dental hygienists are subject to continuing education requirements for the renewal of a license but there is no requirement that any of the courses pertain specifically to pain and symptom management.

Over the last several years, amendments to the Public Health Code have been enacted to allow dental hygienists to administer nitrous oxide analgesia and local anesthesia. In light of this expanded scope of practice, it has been suggested that dental hygienists should be subject to training in pain and symptom management.

THE CONTENT OF THE BILL:

House Bill 4700 would amend the Public Health Code to eliminate the provision in the code that exempts dental hygienists from the requirement to complete continuing education in pain and symptom management.

Currently the code provides that after January 1, 1997, and in order to renew a license or registration, certain health care professionals must, if their boards of licensure require it, complete continuing education in pain and symptom management. The number of hours or courses—including their length and content—is set by rule. The law now exempts

individuals licensed under part 184 (concerning sanitarians), part 185 (concerning social work), and dental hygienists licensed to engage in practice under part 166 (concerning dentistry). House Bill 4700 would eliminate the exemption for dental hygienists.

MCL 333.16204

BACKGROUND INFORMATION:

An identical bill—Senate Bill 502—passed the Senate on September 15, 2005. Some of the information in this analysis is derived from a discussion of this bill in the Senate Fiscal Agency analysis dated 9-13-05.

FISCAL INFORMATION:

House Bill 4700 as introduced may have a modest initial fiscal impact on the Department of Community Health's Bureau of Health Professions. Under the current Administrative Code, a dental hygienist's application for licensure renewal constitutes his or her certification of compliance with continuing education requirements, with an annual audit by the department of a random sampling of licensees for demonstration of compliance. Implementation of HB 4700 will require some administrative modifications and a revision to the Administrative Code to incorporate the new requirement into current processes and informational and application materials.

ARGUMENTS:

For:

Dental hygienists currently are exempt from the pain and symptom management continuing education requirement to which other health professionals are subject. Dental hygienists, however, engage in pain management on a daily basis, and, over the last few years, their scope of practice has been expanded to include the administration of local anesthesia and nitrous oxide analgesia. The bill would not mandate any additional continuing education credits, but simply would require that an appropriate number of hours or courses, to be determined by the Board of Dentistry, be dedicated to pain and symptom management. Particularly since the alleviation of discomfort and pain is an integral part of a hygienist's duties, the exemption should be eliminated.

Against:

The Code requires a dental hygienist who wishes to administer local anesthesia or nitrous oxide to fulfill additional educational requirements and pass a state or regional board-written exam to receive certification to perform those functions from the Department of Community Health. The Code specifies that application for certification is at the discretion of each individual hygienist; thus, it would be unnecessary to require all dental hygienists to complete courses in pain and symptom management.

Response:

Regardless of whether a hygienist chooses to obtain certification to administer local anesthesia or nitrous oxide, alleviating discomfort and pain is a central component of the

occupation. All hygienists could benefit from the training, and patient care would be improved.

Against:

If another requirement is to be specified in the continuing education requirements for dental hygienists, then perhaps it should be a hygienist's ability to respond appropriately to adverse events in dental offices.

According to an article entitled, "Adverse Sedation Events in Pediatrics: A Critical Incident Analysis of Contributing Factors" (*Pediatrics*, April 2000), many critical incidents related to pediatric sedation in a non-hospital setting have occurred in dentists' offices. Of the 95 adverse reaction cases studied, 32 occurred in dental offices. Of those, 29 patients suffered permanent neurological injury or died. Critical incidents can occur even when pain medication has been administered correctly.

What matters most in these situations is the health professional's ability to resuscitate a person who has had a severe adverse reaction. If legislation is going to mandate specific curricula, pain management might not be the most appropriate topic. Pain management inherently is an essential component in the training of dental hygienists, even though it is not required by statute. Furthermore, the Code specifies that the course required for certification to administer local anesthesia and nitrous oxide must include the selection of pain control modalities, if such a course is available. Given the training in pain and symptom management that dental hygienists already receive in the course of their education, it is not likely that one additional course would result in a significant improvement in patient care. Other courses, such as those on infection control, latex allergies, recognizing signs of physical abuse, and the detrimental effects of tobacco might be more appropriate.

Response:

Even if this is a valid argument, it does not affect the need for this bill. The fact that patient care could be improved by additional training in other areas does not lessen the need for dental hygienists to meet pain and symptom management requirements. This bill makes a relatively simple amendment to current law. Other issues can be addressed in other legislation.

POSITIONS:

The Michigan Department of Community Health supports the bill. (9-27-05)

The Michigan Dental Hygienists' Association supports the bill. (9-27-05)

The Michigan Nurses Association supports the bill. (9-27-05)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.