Comment Report

HF 516
A bill for an act relating to the placement of dental sealants on teeth by a dental assistant.(See HF 737.)

Subcommittee Members: Bradley-CH, Jeneary, Sunde

Date: 02/17/2021
Time: 12:30 PM
Location: RM 15

Name: Michael Stufflebeam

Comment: I am writing in support of HF 516. This bill would allow my dental assistants to place sealants with Level 1 expanded function. As a pediatric dentist treating children that are high risk for caries, many of whom are using Medicaid, this would be a benefit to this patient population. This would allow me to treat more patients and increase the access to care that is so desperately needed.Sealant placement does not need to be a level 2 skill. Level 1 assistants can already place bonding agents and orthodontic brackets. This is very similar to placing a sealant. The assistant would have supervision and the sealants would be evaluated.In my area, there is a shortage of hygienists. This makes it difficult to find and retain quality hygienists. I would suggest that most dentists; like me, would not be willing to pay several thousands of dollars to have a dental assistant get certified at level 2, just to place sealants.Thank you for your consideration!Mike Stufflebeam, D.D.S.

Name: John Arend

Comment: The dental sealant is a proven and effective therapy for the prevention of dental caries on the occlusal surfaces of posterior teeth in children and young adults. Currently, dental assistants may apply sealants only after receiving Level 2 expanded function training. The Level 2 training includes many advanced dental operations and is given on a limited basis requiring time, travel and expenses. Sealant placement is not a complex procedure and is comparable to the other Level 1 tasks. The training could be administered in the dental office saving time, travel, and cost.All sealant placement is performed under the direct supervision of the dentist so quality is assured. Allowing Level 1 dental assistants to place sealants would increase the access to care for the children of Iowa, especially the most vulnerable. I urge the members of the subcommittee to support HF516. Thank you for your consideration and your service to the State of Iowa.Sincerely,John Arend DDS

Name: Dr. Nathan Hehr

Comment: I am a general dentist and am commenting in favor of HF516 for the following reasons:1) Dental sealants are a fantastic preventive measure to prevent dental cavities particularly for highrisk individuals. Many of these highrisk individuals in my practice are Title XIX children and Dental Wellness adults. Having level 1 expanded function dental assistants be able to place sealants will help us provide this service to these highrisk individuals. 2) The availability of dental hygienists in our area continues to be a challenge. Due to the retirement of one of the hygienists in my practice, we had a listing of our open position on Indeed as well as at all of the dental hygiene schools in the state for over a year and half with no responses. Many of my dental colleagues in North Iowa report to me similar challenges in finding hygienists. 2) The training for a level 2 dental assistant who is allowed to place sealants is very costly and time consuming. The training is only offered at the University of Iowa sporadically and is very costly. The tuition is close to $8000 and this does not include travel/lodging to Iowa City for several weekends of training as well as compensation

for the assistant's time. The level 2 training teaches far more complicated procedures than the placement of a dental sealants. Respectfully submitted,Dr. Nathan J. Hehr, Mason City, IA

Name:	Valerie Peckosh
Comment:	Subcommittee Members,I am a pediatric dentist in Dubuque. I have a very busy practice, more than 35% of which is patients receiving Medicaid benefits.Sealants are a very safe and effective preventive service that we can offer our patients to help prevent cavities. Although my patient base is 3540% Medicaid, about 70% of my restorative treatment is on Medicaid patients. The rate of cavities is much higher in patients with low socioeconomic status. Our high risk populations can use all the help they can get in preventing cavities, and sealants can be a significant part of that. Sealants are a relatively simple procedure and should be an EFDA Level 1 procedure. They are comparable in complexity to other EFDA level 1 procedures, such as applying bonding systems. If someone is trained in applying a bonding system, they essentially already have the skill set and knowledge needed to apply sealants. I personally place close to a thousand sealants a year, far more than the dentists or hygienists that work in academia that would be teaching this procedure in an EFDA Level 2 course. I place them every day. This is a procedure I am very qualified to teach my assistants.We cannot keep up with the demand for sealants. Schedules for my hygienist and myself are always booked out 56 months ahead. In placing sealants, time is of the essence. If a tooth has to wait 56 months to be sealed, it could easily get a cavity in that time, especially in the high risk, lower SES patients. I have tried to hire dental hygienists several times in recent year and was not able to even find one. I have also hired a few dental assistants in recent years. Of the applications I received, none had EFDA Level 2 training. In many areas of the state there is a shortage of hygienists and EFDA Level 2 dental assistants. I have 5 dental assistants who could help provide this service to more children.In short, sealants are a simple, safe and effective procedure that can significantly benefit high risk patients. There is a shortage of hygienists in certain areas of the state. There is a shortage of EFDA Level 2 dental assistants in the entire state due to the expense and limited accessibility of the single training program. The placement of dental sealants should be an EFDA Level 1 procedure and as such could significantly increase access to this effective preventive service for our most vulnerable populations.