Health and Human Services Committee
December 10, 2018
Rough Draft

RIEPE: [00:00:03] When you get just like a director or something that; gives you the flag you're to go. First of all, thank you very much for being here. This is the Health and Human Services Committee and I had asked-- it's a good way to get Monday started at 9:00, meaning I had asked for a 7:00 one but then no one thought that that was reasonable. So here we are. I am Merv Riepe. I am the sitting Chairman of the Health and Human Services Committee. I represent District 12, which is Millard and Ralston. And as we get started, I'd like to, before we go into some of the rules of engagement here, I'd like to have the committee members who-- introduce themselves. I very much appreciate their being here. This is recess time so they're here on their own and for that I do truly appreciate it. And so I'd like to start over here on my right.

KOLTERMAN: [00:00:58] I'm Senator Mark Kolterman from Seward. I represent Seward, York, and Polk Counties.

HOWARD: [00:00:59] Senator Sara Howard. I represent District 9 in midtown Omaha.

KRISTEN STIFFLER: [00:01:08] Kristen Stiffler, legal counsel.

WILLIAMS: [00:01:11] Matt Williams, Legislative District 36, live in Gothenburg: that's Dawson, Custer, and the north portion of Buffalo Counties.

LINEHAN: [00:01:16] Good morning. Lou Ann Linehan and I represent District 39, which is everything west of 180th Street in Douglas County.

TYLER MAHOOD: [00:01:23] Tyler Mahood, committee clerk.

RIEPE: [00:01:26] And we're fortunate today we have Austen with us as the page and he's, I believe, a sophomore here at the university. Our hearing today is-- is your public opportunity to participate in the legislative process and it's your opportunity to express your position on the proposed resolution and to be engaged with the process of this hearing. The committee members may come and go during the hearing. It is not an indication of their interest in your particular testimony or your thing. There are just other things that go on with their office, even during the recess period. Today, to better facilitate our hearing, we're going-- I'm going to ask you to please make sure your telephone or any other electronic devices are muted and to-- to move to the-- I know we have a large crowd here. So normally we ask people if they're going to testify to move to the front, but we're pretty-- we're in good shape today. We're going to testify on a first come, first served basis of those who want to. We'll ask you to sign in. And we'll ask you also to hand your pink slip sheet to Tyler over here when you come up to testify so that we know your name and we can get the record done well. And when you come up to testify we'll be using a five-minute clock today. And we'll ask you to spell your name, state your name and who you represent. We'll ask you also if you can to be concise, although we don't have a large number of testifiers. Any written materials may be distributed to the committee members. And if so, we will need ten copies of those. If you need copies, Austen over here, he's fast like a bullet and he can make copies for you and we can get those distributed. The committee members, as I said, are here today on their recess time and I do again want to repeat my appreciation for their engagement. We will begin the legislative process. My opening remarks are this hearing is pursuant to Nebraska Revised Statute Section 38-1130. The Health and Human Services Committee is required to evaluate the services provided by licensed dental hygienists within five years after September 6, 2013. This hearing is to assist the committee with completing its report to the Legislature. And I would like to ask my-- my committee members to, immediately following this hearing, I'd like to go into Exec Session, given the length of the remaining days in the session, so that we can complete that report and comply with

the statutory requirements. So with that, who is it going to give us our opening?

KRISTEN STIFFLER: [00:04:37] Just [INAUDIBLE].

RIEPE: [00:04:37] Just-- just hearings, huh?

KRISTEN STIFFLER: [00:04:41] Yep.

RIEPE: [00:04:41] Wow! You're getting the speed edition here, CliffsNotes. Are there any parties here that would like to-- in the public like to testify? You can be the-- break the ice here.

HEATHER HESSHEIMER: [00:04:58] Yeah, I'll break the ice.

RIEPE: [00:04:58] Again, if you'd be kind enough to just state your name, spell it, and tell us who you represent. And we'd love to hear from you.

HEATHER HESSHEIMER: [00:05:04] All right. I'm Heather Hessheimer, that's H-e-a-t-h-e-r H-e-s-s-h-e-i-m-e-r, and I am here to represent the Nebraska Dental Hygienists' Association. I'm presently the vice president of the Nebraska Dental Hygienists' Association. I provided a copy of my testimony and--

RIEPE: [00:05:25] Thank you.

HEATHER HESSHEIMER: [00:05:25] -- so I'll read through that. And if anybody has any questions when we're done, I'd be happy to answer anything, so. On behalf of the Nebraska Dental Hygienists' Association and our 342 members, we would like to provide feedback to the Health and

Human Services Committee's special hearing today in your-- our-- in your effort to evaluate the services provided by licensed dental hygienists performing the public health services pursuant to the statute that was read before. The Nebraska Dental Hygienists' Association and its membership are very concerned about access to oral healthcare services across the state of Nebraska. We understand the tremendous need for preventative services, especially in our underserved rural communities, and want to help mobilize our members to retain access to care in Nebraska. Our health is integral to overall health, oral health, excuse me, is integral to overall health, and access to dental services is essential to promoting and maintaining good oral health. Yet those who need dental care the most are often the least likely to receive it. Underserved and vulnerable populations face significant barriers that significantly affect their ability to access and navigate the oral healthcare system. These include low socio-economic status, the shortage and maldistribution of dentists, a lack of professional training regarding current evidence-based oral health guidelines, deficient continuity of care due to inadequate interdisciplinary collaboration, low oral health literacy, and patient perceptions and misconceptions about preventative dental care. As an example, the number of dentist per 100,000 population in the state has decreased from 57.1 to 56.5 over the last ten years. In addition, you can see from the chart provided in the testimony there is also a maldistribution of dentists in Nebraska. We believe that dental hygienists, the dental hygiene profession is poised to play a pivotal role in the resolution of some of these oral health disparities. Nebraska is fortunate that state law allows dental hygienists to obtain a public health authorization permit enabling them to provide services such as oral prophylaxis, pulp vitality testing, application of fluoride sealant and other topical agents, and other functions that any dental assistant is authorized to perform in various public health settings but without the supervision of a dentist. Dental hygienists with this status could provide services to underserved populations. In order to be granted a public health authorization permit, a dental hygienist must provide proof of working at least 3,000 hours. In 2012 only 75 dental hygienists in Nebraska had this permit. Currently there are over 100 dental hygienists with this permit and many are providing a significant amount of care to Nebraska citizens.

However, if barriers were addressed, more dental hygienists could be recruited to apply for this permit, providing even more care to Nebraska's underserved population. In 2017 the Nebraska Department of Health and Human Services Office of Oral Health and Dentistry contracted with the University of Nebraska Medical Center's health professions tracing service to execute two surveys. Questionnaires were mailed to 117 public health registered dental hygienists regarding the use of the public health authorization or the public health authorization child, which is a permit for those who don't have the 3,000 hours yet. They can do some work with children. The 117 included public health hygienists who either held an active public health permit that year or their permit was expiring during 2017. We've included the results of the survey in the appendix of this testimony, but would like to highlight that nearly 95,000 procedures were performed by public health hygienists that year and-- and it is estimated to be worth approximately $2.3 million in services. In the 2017 survey, public health hygienists were also asked to describe any challenges encountered utilizing or reasons they may have limited use of the public health authorization. The top 6 of the 129 responses included a lack of interest or knowledge, time constraints, difficulty receiving reimbursement, Medicaid payments, difficulty obtaining consent forms, or lack of funding. While we celebrate the care many dental hygienists have been able to deliver due to the public health permits, we also believe that U.S. policymakers should continue to explore the potential for expanding the scope of practice of public health hygienists to address these barriers, including the elimination of the 3,000-hour requirement to obtain the permit. Students in Nebraska dental hygiene schools all graduate with experiences in nursing home settings, yet they're not allowed to get a full public health authorization till a couple years later. The future of geriatric care is trending toward home health, so it would also be worth investigating the potential for allowing public health hygienists to be freed from the community setting. Oral health is an essential part of everyday life and enhances our ability to communicate, speak, smile, smell, taste, chew, swallow, and convey emotions. Oral diseases range from cavities and gingivitis to oral cancer. Bacteria in an oral cavity leads to diseases in other organ systems and can be especially dangerous in our geriatric populations. Additionally,

poor oral health affects children's ability to learn, potential to thrive, and quality of life. We need as many educated dental professionals as possible to be providing access to care across the state. In many cases, this means meeting the patient where they are at, and public health hygienists are showing they can be that provider. Thank you.

RIEPE: [00:10:31] OK. Thank you very much. I have a question, not seeing any right off, and that is I know in the nursing profession where we have a large concern and primarily an aging population of nurses, how does that-- I think in nursing I think it's something like the average nurse is 50-some years old, not that that's old by any means. But, saying that, how does that compare with dental hygienists? Is it-- are you a younger group on average or-- ?

HEATHER HESSHEIMER: [00:11:03] I don't have the numbers in front of me or anything. I could probably get that to you. But I, from what I understand, the dental hygiene population tends to be a younger age group. Dental hygienists on average don't work as many years full time as nurses do. The statistics I'm aware of are actually probably about a decade old, but a lot of times hygienists work part time or only for-- for so many years. And they might come back to it later on in the profession, so I could be wrong on that too. But I know first out of school a lot of times hygienists, the old statistic that I'm aware of was six years.

RIEPE: [00:11:46] OK.

HEATHER HESSHEIMER: [00:11:46] So it was a very young population.

RIEPE: [00:11:49] Of course, you're not working 24/7 on rotating shifts and stuff like that either.

HEATHER HESSHEIMER: [00:11:54] Right. Yeah.

RIEPE: [00:11:56] You talked here in your presentation about, and I quote here, it says: including elimination of 3,000-hour requirement to obtain the PHA permit. Students in Nebraska dental hygiene-- hygiene schools are graduate with-- graduate with experiences in a nursing home setting. How much time do they get that would. justify eliminating the two year? I know CPAs have to work for-- or at least had to work for two hours under a-- in a CPA firm to get eligible to sit for the CPA exam.

HEATHER HESSHEIMER: [00:12:30] Sure.

RIEPE: [00:12:31] How many hours do-- how much-- do they get sufficient experience in a-- as a student in a nursing home to justify not having to have some more concentrated training or-- ?

HEATHER HESSHEIMER: [00:12:45] Yes. So I also work for the University of Nebraska in our dental hygiene department and I know at the University of Nebraska the students go into the nursing homes. On average they have one rotation a month for their senior year. So they have probably-- probably around 20 hours of experience in the nursing home setting, in that portion of the public health.

RIEPE: [00:13:11] Do you think that's sufficient that they're then prepared to go out and--

HEATHER HESSHEIMER: [00:13:12] You know, I really--

RIEPE: [00:13:12] --rather practice independently?

HEATHER HESSHEIMER: [00:13:17] I really do. You know, the hygienists obviously when

you get years of experience do a great job, but sometimes when you catch them right out of school and their experience, they're used to what they had to take to go into a setting like that, they remember what it took for forms to get consent, whereas hygienists who have been out of practice for a few years, it's a little bit more playing catch up and trying to remember, how did we do this, how did we get the authorization, the consents, and dealing with the power of attorneys and such when we need that as well. And then physically doing the scaling and other procedures, I think it's fresh in their mind what they had to do and what, like I said, what supplies to take with them. And so I think that they've done a great job, from what I've heard from our faculty that do take them. And Central Community College is our other dental hygiene program that's in the state of Nebraska and I know that they are providing care in nursing homes as well. I don't know, I can't speak to how many hours that they do. But, yes, I-- from the faculty's perspective that I've spoken to, they said that they are prepared and ready upon graduation.

RIEPE: [00:14:27] As dental hygienists, do you have a continuing education requirement on an annual or biennial basis?

HEATHER HESSHEIMER: [00:14:33] Yes, we have 30 hours every two years we have to provide--

RIEPE: [00:14:37] OK. OK. Are there other-- ? Senator Howard.

HOWARD: [00:14:41] Thank you, Senator Riepe. Thank you for visiting with us today. I wanted to see if you could elaborate on your bullet points around difficulty receiving reimbursement and Medicaid payments.

HEATHER HESSHEIMER: [00:14:51] Yes, and I know that some of our public health hygienists

that are going to testify today probably have a little bit better firsthand knowledge. But I know that they've had a difficult time with-- with some of the procedures getting-- getting through and getting reimbursed for. I don't have firsthand knowledge on that but that was some of the information that was provided, both from the survey and to the public health hygienists when we notified them about this hearing.

HOWARD: [00:15:16] OK. And then somebody behind you--

HEATHER HESSHEIMER: [00:15:17] Uh-huh.

HOWARD: [00:15:17] -- can you elaborate.

HEATHER HESSHEIMER: [00:15:18] Yeah.

HOWARD: [00:15:19] All right. I will save the question for them.

HEATHER HESSHEIMER: [00:15:20] Oh, sounds great.

HOWARD: [00:15:20] Thank you.

HEATHER HESSHEIMER: [00:15:21] Yes.

RIEPE: [00:15:25] Senator Williams, please.

WILLIAMS: [00:15:26] Thank you, Chairman Riepe. Heather, thank you for being here. I want to follow up on-- on the questions that Senator Riepe was asking. From your association's standpoint,

do you have a recommendation on the 3,000-hour limit?

HEATHER HESSHEIMER: [00:15:41] You know, our legislative committee is-- is working on figuring out what we want to do from, perhaps, a future legislative bill on changing that. I think that the goal is to completely eliminate it so that new graduates could even get the public health authorization.

WILLIAMS: [00:16:03] OK.

RIEPE: [00:16:04] Go ahead,--

WILLIAMS: [00:16:04] Not finished yet.

RIEPE: [00:16:04] -- please.

WILLIAMS: [00:16:04] In-- early in your testimony you talked about underserved and vulnerable populations. And one of the issues there was deficient continuity of care due to inadequate interdisciplinary collaboration. Can you describe what that means so I can better understand that?

HEATHER HESSHEIMER: [00:16:28] Yes, absolutely. So especially in the nursing home care, some of the continuity of care can be a little bit difficult with the way things are set up that we don't have access maybe to their charts or we don't have the ability to talk directly to their physician. So we need to address some of those barriers. That way we can do a better job for those patients.

WILLIAMS: [00:16:50] So the collaboration is between different medical providers--

HEATHER HESSHEIMER: [00:16:55] Right. Yeah.

WILLIAMS: [00:16:55] -- concerned with that. Thank you.

RIEPE: [00:16:59] I also understand there's a difference between the 3,000-hour requirement for children and adults. And the rationale that I've heard about that, and you can either set me straight on this or not, is that because they baby teeth. And I'm kind of going, but they get permanent teeth after they've had baby teeth, hopefully. Why-- why the variance?

HEATHER HESSHEIMER: [00:17:21] I-- I don't know why it ended up having to be that way. It was, I think, a negotiation that that got put in there. I think some of it came from the fact that they didn't know if new graduates were ready for scaling teeth on-- some of our geriatric patients have a lot more buildup on their teeth, especially if they don't have good oral healthcare. They don't have anybody else providing that. They don't have the dexterity to do a good job brushing. And so I think the concern was whether they had the ability to do that in that setting. Because [INAUDIBLE] dental professionals know that baby teeth are very important, so I don't think it came so much from them being baby teeth as it was just whether they were prepared to take-- take care of and manage the care of somebody who's on multiple medications, in a lot of settings too.

RIEPE: [00:18:11] Do you think that difference should be retained?

HEATHER HESSHEIMER: [00:18:14] Excuse me, what was that?

RIEPE: [00:18:15] Do you think that the variance between the 3,000 hours for adults and children should be retained?

HEATHER HESSHEIMER: [00:18:21] No. The Nebraska Dental Hygiene Association would really like to move towards not having the 3,000-hour requirement and basically just having one permit that was able to be received without the 3,000 hours.

RIEPE: [00:18:37] OK. Senator Linehan.

LINEHAN: [00:18:38] Thank you, Chairman Riepe. Thank you very much for being here. I'm going to admit my lack of knowledge here. How long are you in school? Is it a--

HEATHER HESSHEIMER: [00:18:48] It's a--

LINEHAN: [00:18:49] -- associate degree or-- ?

HEATHER HESSHEIMER: [00:18:49] Like nursing, it-- there's associate degree programs in dental hygiene and then there's bachelor degree programs in dental hygiene. They are able to perform the same functions upon graduation, just like in nursing. They just have a different degree.

LINEHAN: [00:19:02] So in nursing it takes over three years for an associate's degree in nursing, I think, so is that the same for--

HEATHER HESSHEIMER: [00:19:07] Yes. Yup.

LINEHAN: [00:19:09] OK. So when it-- you say 3,000 hours, I'm thinking up, that's 40 hours a week, it's like 75 weeks. That's how long you have to practice under dentists? Is that what you have to do?

HEATHER HESSHEIMER: [00:19:22] Yes. Yup.

LINEHAN: [00:19:23] So is that about right, 75 weeks?

HEATHER HESSHEIMER: [00:19:26] I don't know the numbers off the top of my head, but most people it takes longer than that because a lot of dental hygienists don't work 40 hours a week. A lot of dental practices are open maybe 36 hours a week or shorter, or hygienists maybe work part time. They might work for multiple dentists. So for a lot of them, it takes longer than that.

LINEHAN: [00:19:45] OK. OK. Thank you very much.

HEATHER HESSHEIMER: [00:19:49] Uh-huh.

RIEPE: [00:19:49] Is it difficult for a hygienist to find a dentist that's willing to oversee them for those hours?

HEATHER HESSHEIMER: [00:19:56] I think that there are a lot of dentists in the state that are very pro public health and I think honestly it probably comes from them being just very busy in their practices that they would like their hygienists to be working out of the practice instead of doing some other public health. But I can't speak for the dentists. I'm not 100 percent sure on that. And I think in all that there you'll see a variety of situations from the dentists. Some of them are very happy to be general supervision and allow their hygienists to go into different facilities and-- but I know that dentists are also very, very busy professionals and sometimes just don't want to take over that responsibility of care for a more difficult population in some cases too.

RIEPE: [00:20:38] I think one of our concerns would be if we have trained hygienist that then

they're queued up because they can't get a placement. Then-- then we've got a problem. So trying to make sure that we can move them along in the supply chain, if you will, is-- is critically important. Are there other questions from the committee? Seeing none, thank you for this early meeting.

HEATHER HESSHEIMER: [00:21:03] Thank you.

RIEPE: [00:21:04] We appreciate you being here. Welcome.

CYNTHIA CARLSON: [00:21:19] Hello.

RIEPE: [00:21:19] If you'd be kind enough to state your name, spell your name, then tell us who you represent, please, then go.

CYNTHIA CARLSON: [00:21:22] My name is Cynthia Carlson, C-y-n-t-h-i-a C-a-r-l-s-o-n, representing the NDHA and myself. I've been a dental-- public health dental hygienist for four and a half years, license number three. I was really excited about that. I've done fluoride varnish programs, school programs, worked with Head Start, and work with Four Corners Health Department. I'm currently working with Bluestem, which is the federally qualified health center here in Lincoln, and I go into an Alzheimer care facility using my public health permit. A couple facts that I would like to share with you: The Department of Health and Human Services here in Nebraska in an "Oral Health 2016" report stated that the mission is being-- their mission is helping people live better lives. And I do believe public health hygienists can help with this. We can help decrease costs for dental care and costs related to the systemic health-related illnesses with the dental connection. We do this by preventing-- by providing preventative and education services. Also, just newly released for 2018, the U.S. Office of Management and Budget released the occupational reclassification for dental hygienists. We have been changed as a profession to the

health care diagnosis and treating practitioner. This is now in the same class as dentists are in the United States. Also just last week a report was issued in accordance with an executive order of the President, which was issued last year, that had the goal of creating more choice in healthcare delivery. Supporting organizations include the DHHS, the FTC, the White House, and the Departments of Labor and Treasury. Dental therapy and dental hygiene are mentioned most notably under the scope of practice section. Excerpt-- experts-- excerpts from the state report included that states should consider changing, making changes to the scope of practice statutes to allow all healthcare providers to practice to the top of their license utilizing their full skill set. Burdensome forms of dental supervision are generally not justified by legitimate health and safety concerns. And states should particularly be wary of undue statutory and regulatory impediments to the development of new occupations, which I think public health hygiene is, falls into. Some of the benefits of public health hygienists, number one, with LB18 passing, it did expand some of the functions that we can do: the minor denture adjustments, the interim therapy restorations which is a temporary filling, and prescription writing for fluorides. Public health hygienists do reach many of the vulnerable citizens of Nebraska, as was spoken to, but I'd like to point out that access to care is not necessarily physical access, being able to get somewhere. It's limited by high costs and providers that are not accepting that person's insurance. Head Start staff and parents report that the number one issue affecting children in the Head Start program is the lack of access to oral health services. Nebraska Department of Oral Health report on-- reports on public health services. It gives specific ages and specific services that are provided. These numbers have increased over the five years of the public health existence. Public health hygienists provide care that traditional dental offices cannot. Like I said, I bring my services to an Alzheimer care facility and this basically eliminates the difficulty of transporting people to an office. The weather, travel, the fear of the unfamiliar, and then physical barriers such as being in a wheelchair or being even bedridden, these are not a concern when I go to the facility. I am able to spend my time needed and adhere-- not adhere to a strict time schedule. I have time to relax the patient; educate the staff, because they're

right there, and family; and address all the concerns while providing care. Public health hygienists also can help decrease costs for dental care, such as the hospital surgeries for childhood decay. I was surprised to learn that Nebraska in 2008, ten years ago, spent 35 million Medicaid dollars. That's a huge chunk and I'm sure that's gone up in the last ten years. Childhood dental surgery typically costs over $6,000 and often the children are repeat surgery candidates, which is sad. Preventative care can decrease this, this-- this issue. And as spoken to, dental hygienists are now using the silver diamine fluoride, which is a new fluoride, very easy to apply. This is a dynamic new way of treating decay. It actually stops decay even after it's progressed past the outer enamel layer of the tooth. This will give the patient time to find or-- find a dentist or even be seen by the dentist. Some of the barriers that I see in public health dental hygiene: It's very difficult to make referrals to dentists. Most offices are not taking MCNA clients, and if they are listed as taking clients, they're not taking new clients. They service the few that they already have. Many clients have no dental home because they are turned away. Many have just moved here and can find no provider. And like the Alzheimer population I work with, they don't remember and usually the family has no idea. We did a-- our association did an informal phone survey last spring to verify the offices that were listed on the MCNA Web site. The results were very disappointing. There are barriers to becoming an MCNA provider, just even being recognized as a public health hygienist, along with working with their process and getting payment. The code assessments need to be updated. There are many MCNA code that are-- that not-- not acknowledging codes for the hygienists, yet the service is in our scope and it is being paid for when a dentist does this. Hopefully there are new codes being developed for teledentistry and this can help coordinate the public health and establish a dental home with a dentist. Codes are not all reimbursable, but they are a way to document services and quality of care being provided. I have had patients ask me to provide home care and I've had requests for this. It would be great to work with a home healthcare agency, like nurses do, and be able to help in that aspect. And I do question, with Medicaid expansion, 90,000 new Medicaid people, where they can possibly find dental care because those current

[INAUDIBLE] are not getting care now. In the clinic I work in there is a ten-month wait for a standard six-month hygiene appointment, and that doesn't include people who should be seen every three or four months because we've done more of a deep cleaning for them. So standard of care is not even being able to be provided. Let's see, try to cut this down. So with the newly revised standard occupational classification in the executive order dealing with reforming America's healthcare system recommendations, I think it's time to embrace the public health hygienists and provide for further growth in scope of practice and to meet the needs of our Nebraska citizens, and public health hygienists can do this. And I'd be glad to entertain any questions.

RIEPE: [00:29:51] OK. Thank you very much.

CYNTHIA CARLSON: [00:29:53] Uh-huh.

RIEPE: [00:29:53] You talked about-- some about access. Is that access more harsh the further you get out, away from urban centers where you probably have a higher density of dentists?

CYNTHIA CARLSON: [00:30:07] No, I don't think so. I think there's a huge access problem in Lincoln, because that's where I'm familiar and that's where I work. And I just see patients every day that can't get the treatment done in the public health setting that I work at. Also, in the nursing home settings there just isn't care provided. And like I said, referring to a dentist is difficult because they don't want to come into the facility.

RIEPE: [00:30:37] Uh-huh. I think there's a point well-made here in the sense that, while the benefit may be there, if you can't access it--

CYNTHIA CARLSON: [00:30:45] Right.

RIEPE: [00:30:45] -- then fundamentally--

CYNTHIA CARLSON: [00:30:46] Right.

RIEPE: [00:30:46] -- you don't have it. I mean that's the bottom line of this thing.

CYNTHIA CARLSON: [00:30:48] Uh-huh.

RIEPE: [00:30:48] Are there other questions from committee members? Senator Williams.

WILLIAMS: [00:30:54] Thank you, Chairman Riepe. And thank you again for being here. Could you help us so that we-- we all have a better understanding of this? In your testimony you talked about the systemic health-related illnesses--

CYNTHIA CARLSON: [00:31:09] Uh-huh.

WILLIAMS: [00:31:09] -- with a dental connection.

CYNTHIA CARLSON: [00:31:10] Yes.

WILLIAMS: [00:31:11] Can you talk a little bit--

CYNTHIA CARLSON: [00:31:13] Sure.

WILLIAMS: [00:31:13] -- about those, especially you work sometimes in an Alzheimer's--

CYNTHIA CARLSON: [00:31:17] Uh-huh.

WILLIAMS: [00:31:17] -- unit and what you see there?

CYNTHIA CARLSON: [00:31:22] Uh-huh. Definitely. People so often think of the mouth as totally separate from the body, and it's not. Just even inflammation in the mouth can affect, if it gets into the bloodstream, affects every organ. Relate-- there's statistics relating to, you know, stroke, pneumonia, heart health, just, you know, it connects to everything. Working in an Alzheimer facility is nice because then I have that staff right there that can work with me. I do have access to the records and the staff in the home care. So having a healthy mouth is a window to the whole body health. It affects everything. So at that point, later stage in life, they don't need dental problems complicating any other healthcare issues that they have, so.

WILLIAMS: [00:32:13] And I'm assuming with that, that in particular in the elderly population,--

CYNTHIA CARLSON: [00:32:18] Uh-huh.

WILLIAMS: [00:32:18] -- they have more problems doing dental hygiene themselves and they need more help to do some of those things. Is that correct?

CYNTHIA CARLSON: [00:32:25] Oh, very much so. And usually that's why it's so important to work with the staff because the staff is doing it. Last Monday I had a patient who hadn't taken her denture out for-- staff didn't even know how long, and that was a horrible situation. But I was able to get in there and clean the denture and do an oral cancer screening. And, you know, it was just a bad situation.

WILLIAMS: [00:32:50] But it's also oftentimes beyond the scope of the staff at the facility itself to do those kind of things, correct? And so having you come in is--

CYNTHIA CARLSON: [00:32:59] Right.

WILLIAMS: [00:32:59] -- an important part of that healthcare providing situation.

CYNTHIA CARLSON: [00:33:01] Uh-huh. And often the person in the nursing home providing care is the lowest educated and lowest paid staff member, and they've had maybe 30 minutes of education on dental health. So it's not that they don't want to. They just don't know how. And they have so many other things to take care of that it often slides down the list.

WILLIAMS: [00:33:24] Thank you.

CYNTHIA CARLSON: [00:33:30] Uh-huh.

RIEPE: [00:33:30] OK. Thank you very much.

CYNTHIA CARLSON: [00:33:30] Thank you. I appreciate your time.

RIEPE: [00:33:33] We appreciate your being here. How many more testifiers do we have? OK. Well, we don't have-- OK. I was just-- I've been kind of generous with the red light and I'm just curious whether or not I need to be a little bit more disciplined to it. Thank you very much. If you'd be kind enough to state your name, spell it, and then tell us who you represent.

DIANE ALDEN: [00:34:00] My name is Diane Alden, D-i-a-n-e A-l-d-e-n, and I am representing the Nebraska Dental Hygienists' Association and also North Central District Health Department where I am a public health hygienist.

RIEPE: [00:34:15] OK. Please, go forward.

DIANE ALDEN: [00:34:16] Thank you for letting me share the positive impact that public health hygienists are making. Children dental disease is the number one disease in the United States today and it is the number one preventable disease. I've been involved in three oral health programs with North Central District Health Department. The first one I'm going to share with you is the Miles of Smiles program. We cover nine counties and we're in 38 schools. We see preschool through eighth graders. We provide twice a year to the students a dental screening where we screen the teeth, the throat, the tissue, the tongue. We check for abnormalities and we also do our oral cancer screening. We do a lot of education on nutrition, proper brushing and flossing, and we give each child a new toothbrush and toothpaste. We provide fluoride varnish, which has been proven to be significant in preventing dental decay. Fluoride varnish should be placed four to six times a year for it to be most effective. So if it's done twice in the dental office and twice in the school setting, we are being effective. We refer students to dental offices if we see any concerns and follow-up is done by the school nurse. We see children where 90 percent of the teeth are decayed. We have children who are thankful for a new toothbrush because they have to share their toothbrush with a sibling. I had a little girl who had a lot of decay and plaque and I said, oh, sweetie, if you would just brush those teeth in the morning, at night, that would help so much. She said, my siblings or my brothers sleep in the bathroom so she doesn't have access. We do at least six dental sealant programs each year. Sealants reduce decay by 80 percent in molars. And we offer silver diamine fluoride to students in the Santee school with great success. Silver diamine fluoride is an antibiotic liquid and when placed on cavities it helps stop tooth decay. It is the greatest product and it is going to save Medicaid a lot

of money. I'm excited that the Nebraska Community Foundation and other local foundations have partnered with the Miles of Smiles program. They see what an important program we have. The second program is offering the same services as I mentioned to WIC and Head Starts, and we have many referrals from both of these entities and we struggle finding dental providers who take Medicaid. At WIC we use a lot of the silver diamine fluoride on teeth on the children and on the parents, and on the second visit we have noticed that those teeth, the decay has not progressed. So we've been able to place the second application, which is in the guidelines to make-- to make the best end results. All-- we also go into nursing homes and all the places have welcomed us in. I lost my train here. I apologize, taking up. In the nursing homes, we provide the same services as mentioned. We do also prophys, cleanings. We clean the dentures and the partials. It is-- I did take a significant pay reduction. Public health is very difficult and it has also been the most rewarding. In the nursing home I saw a lady that had never had her teeth cleaned. And if you see on the handout I gave you, that is the amount of calculus tartar that was removed just between the lower front teeth. I also had a lady who had-- they had not been able to get her denture out. When I removed that denture, she had a lot of denture sores and the odor was horrible. Severe, severe periodontal disease, denture sores, gross decay, and dry mouth is the norm. I have not had one complaint or any concern from any of the facilities we've been in on the services we've provided. The Board of Dentistry gave approval for the public health hygienists to do a debridement, which is a gross scale, and I've been in the process of trying to get it approved by Medicaid and MCNA, and I'm not making headway. We used to be able to bill for two cleanings if we had a difficult patient or that took more time, and we do not have that available. Public health hygienists with further education, as Cynthia has mentioned, we can do denture adjustments and also therapeutic restorations. These services have not been approved by Medicaid or MCNA. This is a huge barrier for the public health hygienist licensed to do both, but we cannot bill for those. So it would be very great for our program. We are in the beginning stages of making an enormous impact on better oral health and we hope to continue this great service. Thank you so much.

RIEPE: [00:39:16] OK. Thank you. Are there questions from the committee? Senator Howard, please.

HOWARD: [00:39:23] Thank you. Thank you for visiting with us today. So are you paid directly through the health department?

DIANE ALDEN: [00:39:29] I am. I contract.

HOWARD: [00:39:30] You-- you contract with them?

DIANE ALDEN: [00:39:32] Uh-huh.

HOWARD: [00:39:32] So you don't get a salary from them.

DIANE ALDEN: [00:39:34] I get a salary.

HOWARD: [00:39:35] You do get a salary.

DIANE ALDEN: [00:39:36] I get paid by the hour.

HOWARD: [00:39:38] OK.

DIANE ALDEN: [00:39:38] But the time that I give them, like I get paid from the time I leave my house to I go to a facility.

HOWARD: [00:39:45] Uh-huh.

DIANE ALDEN: [00:39:45] But the time going home I don't. So if I go to, for instance, Cody, Kilgore, Valentine,--

HOWARD: [00:39:52] Uh-huh.

DIANE ALDEN: [00:39:52] -- I give an extra two hours of my time.

HOWARD: [00:39:55] And then-- and then the health department itself will bill for the service.

DIANE ALDEN: [00:40:00] That is correct.

HOWARD: [00:40:01] OK. Great. Thank you.

RIEPE: [00:40:06] Senator Linehan, please.

LINEHAN: [00:40:06] Thank you, Chairman Riepe. Thank you very much for being here. So when you go into the schools, how do you know? Do you see all the kids, all the students, or do you see the ones that are Medicaid or CHIP or what parents? How does that work?

DIANE ALDEN: [00:40:22] The program is open to everyone. Everyone in the school gets a letter and we have to have parent permission. And I did put a copy in there of our permission forms. So it has to be signed by a parent that we provide any services to them. And we probably see-- some schools it's over 90 percent but in an average of 50 percent of the students.

LINEHAN: [00:40:45] So most of the kids are on CHIP or Medicaid.

DIANE ALDEN: [00:40:47] No. I don't think that's true. We do see a lot of them. But we also see a lot of children that are not. And we do ask for a $15 donation for the children who are not on the Medicaid.

LINEHAN: [00:41:03] So I was at an NCL conference in the spring and there was a dentist there. And one thing, it stuck with me, he said if we could just give every kid a new toothbrush and toothpaste every-- every three months or every four months,--

DIANE ALDEN: [00:41:18] Yeah, three or four.

LINEHAN: [00:41:18] -- it would be a huge, huge step forward. Have you seen anybody that's actually tried to have a program, if a child is on Medicaid or CHIP, that they automatically get mailed to them a toothbrush?

DIANE ALDEN: [00:41:31] Not that I'm aware of. When we-- in the beginning when we were in the schools, if the parent returned a form, no matter what, if they would let us screen or let us do the varnish, we provided a toothbrush and toothpaste to all of them. But then as costs go up we didn't. We only give it now to the children that we see, so.

LINEHAN: [00:41:52] OK. All right. Thank you very much for being here.

RIEPE: [00:41:58] Are there any other-- ? OK. Thank you very much for being here.

DIANE ALDEN: [00:42:00] Thank you.

RIEPE: [00:42:00] We appreciate it. Welcome. If you'd be kind enough to state your name, spell it, and then tell us who you represent, please.

ROXANNE DENNY-MICKEY: [00:42:15] Roxanne Denny-Mickey. That is R-o-x-a-n-n-e, Denny, D-e-n-n-y, hyphen Mickey, M-i-c-k-e-y. Well, good morning. I've got some handouts there that just kind of elaborate on some of the things I hope to testify on. Today I come here representing NDHA, myself as a public health coordinator with Two Rivers Public Health Department. And I want to address just a few things quickly. One is the value and the need of the public health authorized hygienist, also the success of the collective impact we've had, the support we've been shared, what we are doing and what we should be doing, and of course barriers, and you've heard that and I will kind of elaborate in my own story. First of all, the value, access to care: There are few dentists, and we've heard this story, that are accepting new Medicaid. It's not really the best business decision. There is a reduced amount of reimbursement with Medicaid. So you see that. It's also the credentialing process is a little bit difficult, is a kind way to put it. And, hence, that just makes it not really attractive to a lot of dental offices and taking that in actually reduces a lot of their-- it is a business as well as providing healthcare. With the public health authorized hygienist, we can be that mid-level care provider. We can still work and try to keep those relationships with the dentist and hopefully get those patients in. And we also educate many on how to be a good patient. And so hopefully, when they do get into a practice, then they are valuable and it's a good relationship. We can educate and do the prevention services and at least get those services out to our communities and improve health. MCNA is laboring to connect Medicaid patients with dental homes as well. So I've been getting calls from MCNA, the managed care entity, and sharing, can we put you on that list? I said, yes, as a preventive source. I get calls every week and people are searching up to 40 and more dentists that they've called without any luck and they're in pain and they're trying to get into a dentist. And this is an every week ordeal. This is not isolated. Success:

We are having a lot of success with our outreach. I've shared an infographic with you. The numbers are pretty impressive considering that is one full-time hygienist and one part-time hygienist, very part time, one to two days a week. Those are the statistics, and their conservative because some of the education outreach I was unable to get everybody to sign in if it was a health fair or if it was a presentation. We have massive amount of education outreach and the services that I noted and the value does not include that of what we provide in free homecare supplies or the education literature that we hand out. I only included what I could be able to be reimbursed for and that's only a handful of services. So we have some very, very big outreach with so little and it's been a very cost-effective way to do that. And we really need to expand and spread, but it's all about funding. The Office of Oral Health and Dentistry also has statistics that I think you have been privy to that is sharing a positive trend of more and more hygienists reaching out for their authorization, as well as doing the outreach. So we're going in the right direction and we're also reaching the most vulnerable populations. We're targeting them as best as we can of reaching those very young, reaching those that are of high-risk status, and the very-- our older adults. We have many letters of support. We've got letters from dentists, long-term care facilities, schools, preschools, Head Starts, and WIC. All of them are very grateful for the collaboration. Many of us share a mission in trying to improve health of those we're serving. The dentists have reached out and said they're very grateful because they're seeing patients that they hadn't, that had fallen off the radar, patients that were already established with them. And we're reeducating them of how important that is to get into a dentist. Also, if they are going to see somebody, we're able to identify and give them a better idea of what they're looking at and what they can schedule appointment for. It makes a much more efficient appointment for them to schedule, instead of maybe an hour for something that might only take ten minutes, that kind of thing. With our expert knowledge, we can kind of share with that. So that's been a good collaboration on many levels. Services we are providing: We're doing sealants; we're doing oral cancer screenings; fluoride varnish treatments; assessments; screenings. But it's only a handful of services that we can do and we have actually within our scope of practice in our education level,

because we are that equated to be a nurse. So we could do more. And I've shared with you there are many other codes and reimbursements that would be logical to look at because it would be a low, light reimbursement for a heavy return. That dollar for every 50 dollars saved in restorative kind of feeds to that, and that would help sustainability for programs such as mine, because we really struggle for that. It's hard when you only get maybe $20 at most, if you're lucky, for that occasional Medicaid patient, because we do serve a lot that are uninsured as well. The barriers: For instance with MCNA-- well, initially, with Medicaid itself, it took us over a year to get our first claim reimbursement. They had signed us up incorrectly. I made no queries to acting like I knew what I was doing when I signed up for it to be a provider, so I had called every step of the way to have my handheld to be signed up for. And we still had issues for over a year. Now our regular hygienist out on their own would never be able to last that long. They would need to pay some bills. I had the support of my health department so I was lucky and I could hang in there.

RIEPE: [00:48:22] OK.

ROXANNE DENNY-MICKEY: [00:48:22] But it took that long to get that saved. MCNA, the credentialing, it doesn't really fit with us too. So there's a lot of barriers there.

RIEPE: [00:48:29] We've hit the red light and I try [INAUDIBLE]--

ROXANNE DENNY-MICKEY: [00:48:31] I see that. I see that.

RIEPE: [00:48:33] -- so if you can, maybe conclude or--

ROXANNE DENNY-MICKEY: [00:48:36] Yes, I would just add that private insurance up until now has been able to turn a blind eye to the public health hygienist as a provider. Not quite sure

why that's allowed or legal. And there are still limited employment opportunities. We've got health departments that are valuing this but, again, we have to look at having sustainability to get these programs going as well as growing where they're needed.

RIEPE: [00:49:01] OK. I assume your greatest frustration is sustainability, or greatest fear.

ROXANNE DENNY-MICKEY: [00:49:05] It is. It keeps me up at night once in a while because I've got a lot of great people on my team and they're doing amazing things, working well above what they've ever been asked to do. And this is their job but it's also their passion. So I want to keep those programs going. And I get calls every week: Can you come into our school? Can you come into our care facility? WIC is wanting us in more of their WIC clinics that are mobile. And-- and so we're needed and wanted in many other areas, but we've got to increase and-- and get funds to do such.

RIEPE: [00:49:38] OK. Are there questions? Senator Linehan, please.

LINEHAN: [00:49:40] Thank you, Chairman Riepe. Couple of questions: What is the coordination, if any, with the university here in Lincoln, the Dental School, or Creighton Dental School or if there's-- somebody mentioned Central Community College? Do any of these, well, especially the two dental schools, do they do any outreach across the state? I know they do a lot of work.

ROXANNE DENNY-MICKEY: [00:50:04] We haven't had them, as far as--

LINEHAN: [00:50:06] I don't know about Lincoln, but--

ROXANNE DENNY-MICKEY: [00:50:06] -- UNMC and Creighton, come that far out. I have had collaborations with OneWorld and the Ronald McDonald care vehicle. We had such high need in the Lexington area, which is one county you're familiar with that, Senator. We had such great needs because that's like second in homelessness in the-- in the state and high minority status, high-risk people there, that they would come that far out. Their van hasn't been--

LINEHAN: [00:50:30] When you say "they,"--

ROXANNE DENNY-MICKEY: [00:50:30] OneWorld.

LINEHAN: [00:50:30] OK.

ROXANNE DENNY-MICKEY: [00:50:30] -- and Ronald McDonald. We haven't had that for the last couple years because their vehicle has been a little limited on how far it can go. But we've worked with the colleges. We work with CCC in Hastings because it's a little closer to us, and they're consistently working with trying to make a little more reduction on costs, sometimes pro bono if we know that it's a desperate enough case. But transportation is a barrier as well. And they're only providing prevention services, so that's maybe the case that we have a periodontal issue but we can't get restorative, as needing to get a cavity filled and that kind of thing.

LINEHAN: [00:51:07] And then one-- one of the people who testified earlier said where they don't have fluoride. Are there communities of large sizes? Lexington doesn't have--

ROXANNE DENNY-MICKEY: [00:51:14] There are still.

LINEHAN: [00:51:14] -- fluoride in their water?

ROXANNE DENNY-MICKEY: [00:51:16] They-- they do. But here there's a trend in a change. Fluoridation is a wonderful thing and it has-- CDC recognizes it as, you know, one of the greatest things that's happened. But--

LINEHAN: [00:51:26] Right.

ROXANNE DENNY-MICKEY: [00:51:26] -- more are drinking bottled water. We have children that are not drinking water very much at all. They're drinking juice, because that's what maybe WIC hands out. That's where we come in and try to do education on that, drink the tap water, that kind of thing, and try to increase water consumption because there's not that many that are drinking the water. And also fluoridation is wonderful, but if we have behavior such as poor or hygiene, if we're exposing to high sucrose, lots of sugary foods which we know is cheaper to purchase. You know, you buy that bag of grapes, boy, you can buy a lot of Twinkies for how much it cost to buy that bag of grapes. And many that are in poverty status, they're not purchasing always the right foods. There are things that encourage decay and encourage oral disease. So without, we've got a lot of issues to address, which we do when we're adding these programs.

RIEPE: [00:52:20] OK. Thank you. As a committee, I'd like to go on record that we're not against Twinkies.

ROXANNE DENNY-MICKEY: [00:52:28] Nor am I, [LAUGHTER] occasionally, with a tooth brushing afterwards.

RIEPE: [00:52:31] OK. Are there any other questions from the committee? Seeing none, thank you very much for being here.

ROXANNE DENNY-MICKEY: [00:52:34] Thank you very much.

RIEPE: [00:52:35] Our next testifier, please. Welcome.

JULIE NILES: [00:52:35] Thank you.

RIEPE: [00:52:35] If you'd state your name, spell it, and--

JULIE NILES: [00:52:50] Yes.

RIEPE: [00:52:50] -- please share with us who you represent.

JULIE NILES: [00:52:51] Thank you. My name is Julie Niles, J-u-l-i-e N-i-l-e-s. I am representing myself as a public health dental hygienist and also the Nebraska Dental Hygiene Association. And I do work with Roxanne at Two Rivers Public Health Department. So I'll keep this brief but I just want to add on to a couple of things that she has gone over. A lot of what I do is-- is working in the nursing home setting and I do a lot of collaboration. Best practices in healthcare are using a lot of interprofessional collaborations and this is where they're finding them their most success. As a mid-level provider, dental hygienists, public health dental hygienists are in an ideal position to play an integral role in these collaborations. Working in schools, WIC clinics, long-term care facilities, jails, and hospitals, we have the ability to-- and responsibility to collaborate with team members from all of these entities. Providing an interprofessional approach in safe and proactive healthcare is the goal of all of our communities. I recently spoke with our local hospital administrator about working with our local physicians to help reduce the number of dental emergency room visits, which they tell me is just astronomically high; to help train CNAs about

basic oral healthcare; and in helping to reduce the incidence of inhalation pneumonia and upper-respiratory infections in our geriatric population. He was very excited about the possibility of having a way for physicians to recommend oral healthcare to individuals who came to them with oral problems and he could see definite ways to save on cost of medical care by utilizing these preventive services that we can provide. In the local nursing home, I've been providing preventive oral care for the last year and a half. Since I've been going there, directors of nursing has documented reduced upper-respiratory infections on average for every month since I have been there. This not only provides better care for these individuals but lowers the cost of care for these individuals, many of which are on Medicaid. Not only can the public health dental hygienist help to reduce the cost of care, but additionally and more importantly I have seen a dramatic increase in the attitudes and health of the residents. Providing oral care and gives these individuals a sense of wholeness that comes from being able to smile and feel good about oneself. I have noticed that after having their teeth cleaned the resident sits up straighter in their chair, visits with other residents more easily, and one resident tells me every week that I go see him that coming to get his teeth clean is the highlight of his week. Now I'm not sure why that would be but I'm glad to hear it nonetheless. Access to care is a great problem that you have heard about so far in our school-aged children as well. The last time I looked there were at least seven counties that did not have a dentist located in it in our neck of the woods and several more only had one. This is a travesty for our communities. Providing preventive care services and education to our children is the only way we have to reduce the amount and severity of the most common childhood disease that there is. Fluoride varnish, sealants, toothbrushes and toothpaste we provide these individuals not only reduces the amount of decay that is seen but the education we provide helps these children to have the knowledge to make better choices and to help themselves take better care of their teeth. One nursing home patient that in our-- the spirit of collaboration that I see in-- in Holdrege has had Stage 4 oral cancer since I've been seeing them. It started in the neck. When I did my initial screening I noticed a lump there and the-- the nurse quietly said, we'll discuss that in a minute. And when we

got done she says, yeah, she has Stage 4 oral cancer. We're just monitoring it. The family has a desire to not treat it because of her dementia and age. And she, the nurse, relies on me to update her on the progression of the disease, which I have taken photos and-- and sent to her, which she then also passes on to the oncologist as it has progressed in the mouth and grown onto the tongue and about halfway across her throat. So that is one way that we can coordinate the care and be of benefit with everybody that provides healthcare to these individuals. That's just pretty much everything that I had to add to the conversation. You've heard a lot of information, so I'll stop there.

RIEPE: [00:57:43] OK. Thank you very much. Senator Williams.

WILLIAMS: [00:57:46] Thank you, Chairman Riepe. If you didn't know, Julie is passionate about what she does. And I know that because Julie is a friend of mine. So she gets the tough questions.

JULIE NILES: [00:57:57] OK.

WILLIAMS: [00:57:59] We've-- we've talked a little bit, but-- but help me understand, Julie, a little more if there is dental, from a dentist, supervision--

JULIE NILES: [00:58:08] Uh-huh.

WILLIAMS: [00:58:08] -- of what you do when you're going into these facilities.

JULIE NILES: [00:58:13] Supervision is-- is-- we don't have to have supervision of a dentist in these programs. Now, we do voluntarily contact the dentist when we see a patient in the nursing home and they do have a dental home listed on their face page that we get from the nursing home. We contact that dentist, say that this individual has signed up for our program; we will be

providing, you know, oral care services to them; and we will, you know, contact them, if we see, you know, anything that looks like it could need further treatment, for their help. I have, you know, initially when we first started this program and I spoke with the dentists, they were kind of like, yeah, OK, you know, just a little bit unsure of how this would all play into the-- their-- their perspective of having that as their patient. But included in Roxanne's forms that she sent out are many support letters from these dentists that I work with. And they are very, very grateful to have these services. They know the challenges that these people in nursing homes have. They are there for a reason. They can no longer take care of themselves. They need help. And they are glad that we are in there and-- and I have been able to reduce the time that these people have to, you know, when they need restorative work done and things like that, I am able to send a picture, I describe what surfaces that are in question so that the dentist can locate it quickly. They already have a better idea of what they're going to need to do so they can generally get any treatment done in one visit rather than having to have them there for an exam and then schedule another time to have them come back for treatment, which is wonderful for these individuals that hate leaving the nursing home. It makes them uncomfortable and it's just a problem.

WILLIAMS: [01:00:02] I noticed you had letters from Dr. Hecox and Dr. Davis, both who are also from our legislative district. Are the dentists, in general, supportive of what you're doing?

JULIE NILES: [01:00:16] Yes, very.

WILLIAMS: [01:00:20] Based on your history, having a couple of years ago not been doing this and working as a hygienist in a dentist office,--

JULIE NILES: [01:00:28] Uh-huh.

WILLIAMS: [01:00:28] -- did-- did those dentists, do they openly take Medicare, Medicaid patients?

JULIE NILES: [01:00:36] The dentist that I worked for, for 17 years, did not take Medicaid patients. Other dentists in my location, one takes a few but not-- in general, it's just the ones that they started.

WILLIAMS: [01:00:53] Again demonstrating the fact that there is a lack of--

JULIE NILES: [01:00:59] Yes.

WILLIAMS: [01:00:59] -- the ability to offer that.

JULIE NILES: [01:01:00] A large lack of resources there.

WILLIAMS: [01:01:04] You mentioned that you made this change.

JULIE NILES: [01:01:10] Yes.

WILLIAMS: [01:01:11] Can you explain and tell us why you made that change?

JULIE NILES: [01:01:15] [LAUGH] So I had been a dental hygienist in a general practice for-- for 30 years and I have been on the Dental Hygiene Association board for 16 years and have been there to put in place a lot of these, the legislation that has created the public health dental hygienist. And I did feel passionately at this-- at this point of my career that I wanted to do something more in the line of access to care of public health to give back. It was not a financial move, by any means

[LAUGH], but--

WILLIAMS: [01:01:54] You're telling your banker that?

JULIE NILES: [01:01:58] I know. I'm so sorry. [LAUGHTER] Yeah, exactly. But it is very rewarding and I'm glad that I have made this change at this point in my career. It's been very rewarding and I hope that-- to see it grow, and I feel like with my experiences that I hopefully can.

WILLIAMS: [01:02:16] Well, you're making a significance in our area,--

JULIE NILES: [01:02:19] Thank you.

WILLIAMS: [01:02:19] -- as evidenced by the letters from the after-school program from Lexington and all of that. Help us, one more question, going back to the 3,000 hours.

JULIE NILES: [01:02:31] Uh-huh.

WILLIAMS: [01:02:31] With all of the years that you had as a dental hygienist, did that help you? Did you still have to do 3,000 other hours that qualified--

JULIE NILES: [01:02:45] No, I could-- I could use--

WILLIAMS: [01:02:45] You qualified already--

JULIE NILES: [01:02:45] Yes.

WILLIAMS: [01:02:45] -- because of that.

JULIE NILES: [01:02:46] I could.

WILLIAMS: [01:02:46] OK.

JULIE NILES: [01:02:46] Uh-huh.

WILLIAMS: [01:02:48] OK. Thank you.

JULIE NILES: [01:02:48] Yes.

WILLIAMS: [01:02:49] And thanks for getting up early.

JULIE NILES: [01:02:51] Thank you. Yes. Any other questions?

RIEPE: [01:02:54] Thank you. Thank you, Senator Williams. Any other questions? Seeing none, thank you. Again, thanks for making the journey.

JULIE NILES: [01:02:59] Very good. Thank you.

RIEPE: [01:03:02] Our next testifier, please. Thank you, sir. Welcome. If you'd be kind enough to state your name, spell it, and--

DAVID O'DOHERTY: [01:03:19] Good morning, Senators. My name is David--

RIEPE: [01:03:21] -- what's the organization.

DAVID O'DOHERTY: [01:03:22] -- David O'Doherty, O-'-D-o-h-e-r-t-y. I'm the executive director of the Nebraska Dental Association. LB484 is where this reporting requirement came into play in that LB484 was actually a compromise bill from several years before between the Nebraska Dental Association and the NDHA about public health hygienists. And we wanted specifically that reporting requirement in there, because at the time that was all going on, as you've heard, dentists aren't taking Medicaid, so we'll go out to these underserved areas and we'll do Medicaid. I did not include this map of the underserved areas which you may have seen that highlights the counties that's our shortage areas for dentists. They calculate the shortage areas by the number of dentists taking Medicaid, not that there aren't dentists in there but the number of dentists that take Medicaid and if it's over a certain ratio. I think it's 4,000 to 1. So it's not that there aren't dentists there, but there aren't dentists taking Medicaid. That's a problem. And I think you've seen or heard from the prior testifiers there are some serious barriers. Reimbursement is a problem. We've told them that would be a problem ten years ago. Just the administration part of it is a problem. Getting things approved, that's also a problem. So they're running into the same issues that dentists, who decided to take Medicaid, are running into. It's a problem. One of the reasons what I passed out was this form, and ten or five years ago or more I sent this form. I made up this form. I grabbed their logo. So DHHS did not make this form. But I made this form just as an example. And the page behind that is an example from Washington, who also had a public health hygienist program. And as an example to DHHS, I said this is what we'd like to see, something similar that Washington is doing, and specifically we'd like to know what counties these procedures are being performed because are they really going out into the underserved, the access shortage area counties? That was the main goal behind this. So we don't-- we don't know that. We know the types of procedures and the numbers of the procedures and some of the age ranges. We don't know where specifically they've been performed. So that's why we wanted this form used by the department, and I'd love if they would do

it now, going forward, so we can know. One of the other things we were concerned was with the participation in the program. About 50 percent of the dentists take Medicaid. And when we were-- when this was going through on LB484, historically, other states' participation by hygienists was relatively low, 2 to 3 percent, and that's held true for Nebraska. And Nebraska has 1,484 hygienists, I believe, in 2017 and 44 responded as providing services, so that's 3 percent. So only 3 percent of the hygienists are active in this public health hygiene. And as you've heard, they are passionate, which is awesome, but you have to have passion because all the other things-- reimbursement-- those aren't happening. So if you don't have a passion for public health and the dentists in the state that take Medicaid have a passion for it but they still-- it's a business decision to get involved, so 50 percent of the dentists are involved and 3 percent of the hygienists are involved in public health. We wish more could be and we'd like to know. We hope they are getting out to these underserved areas, but we just don't know if they are or not because the report doesn't require them to report where they're doing services. So that would be nice to know. Getting back to the 3,000 hours that's come up, that was a concern with anyone going into a nursing home because the medically compromised position of the folks in the nursing home versus kids in school, we just wanted to make sure that the hygienists had some experience and didn't walk right out of school going into a nursing home. I'm personally involved in a dental clinic, mobile clinic in Omaha that goes to nothing but nursing homes to deliver dental care. So we know-- to deliver dental services. So we know that there are some real problems in the nursing home area. That's almost a separate issue because-- because it's so involved. I mean working with nursing homes, working with kids who are responsible for their parents, those have a lot of issues, and then the reimbursements are also same issues. So mainly wanted to talk about this reporting form that hopefully DHHS will adopt. I sent it to them five years ago. They've chosen apparently not to adopt it. But we-- we really need to know where these services are being performed. Let’s see, there's a lot more to talk about but with less than a minute left I'll just ask-- sit and wait for questions, if you have any questions.

RIEPE: [01:08:12] OK. One of the questions I have, I know you provided the two forms. The one form from the Nebraska DHHS--

DAVID O'DOHERTY: [01:08:19] Now that's my form. I made that up.

RIEPE: [01:08:22] Oh, that's--

DAVID O'DOHERTY: [01:08:22] I did a mockup to say this is-- they don't-- they're not using that. This is my form.

RIEPE: [01:08:28] So this is counterfeit.

DAVID O'DOHERTY: [01:08:28] Huh?

RIEPE: [01:08:28] This is counterfeit.

DAVID O'DOHERTY: [01:08:28] Kind of. Well, I would hope that they would just say, oh, we'll just use it. But what it could look--

RIEPE: [01:08:36] This probably violates some copyrights or something like that?

DAVID O'DOHERTY: [01:08:39] Could be, but I'm not admitting to that right here.

RIEPE: [01:08:40] OK. OK. Well, we've never had anyone take the Fifth in here but [INAUDIBLE] first. I notice on it though it says services and the other one is much more specific. It says the Washington, says, School.

DAVID O'DOHERTY: [01:08:54] I was trying to keep it to one page.

RIEPE: [01:08:56] So my question gets to be is under Nebraska DHHS do you see a specific school form as opposed to a all-encompassing service [INAUDIBLE]?

DAVID O'DOHERTY: [01:09:06] Well, you could make one form and you could check is this-- is for schools or is this for the adult population.

RIEPE: [01:09:13] And have you made this proposal to DHHS?

DAVID O'DOHERTY: [01:09:15] Yeah, I sent it to them five years ago as an example to use because they didn't have a form. You know, it was new legislation. So I said, well, here's-- trying to help them out, here's an example based on Washington so you're free to use it if you wish. They apparently chose not to.

RIEPE: [01:09:32] OK.

DAVID O'DOHERTY: [01:09:33] So.

RIEPE: [01:09:35] Senator Kolterman.

KOLTERMAN: [01:09:35] Thank you, Senator Riepe. Thank you for coming today. You-- you indicated that 50 percent of the dentists are accepting Medicaid. Of those 50 percent that are accepting, are they accepting new patients do you know or-- ?

DAVID O'DOHERTY: [01:09:47] That percentage I don't know. I would say it's probably pretty high that are not.

KOLTERMAN: [01:09:52] Yeah. Most-- I've got quite a few dentists in my district and most of them aren't taking new. But they service ones that have been there.

DAVID O'DOHERTY: [01:10:00] The problem was when, before MCNA came into play, there were such problems, especially the RAC audits. That was a problem with the department. And we lost a lot of providers. They were just fed up--

KOLTERMAN: [01:10:12] Yeah.

DAVID O'DOHERTY: [01:10:12] -- with that, so they bailed. And so if there's only two providers in the county and one gives up, that that means all those other folks are going to show up at your door and you just don't have the capacity with your other patient base.

KOLTERMAN: [01:10:27] Right. Thank you.

DAVID O'DOHERTY: [01:10:29] Did somebody ask about fluoride?

_____: [01:10:29] Yes.

DAVID O'DOHERTY: [01:10:31] I would, we would love to have a sponsor for fluoride. We tried it in 2008. We passed it statewide, but we, in order to get it passed, we had to have an opt-out provision, which most of the communities opted out. At the time, Grand Island, Hastings had I think 25-30 wells. They were in the process of revising or rebuilding their structure, and now they

only have two. It would have been a financial burden for them to do every well. But now they only have two well heads or something. So we would love to revisit statewide fluoridation, if there would be a senator that's interested.

RIEPE: [01:11:05] Can that be done on a voluntary basis, though, in each community--

DAVID O'DOHERTY: [01:11:06] It can. It can now.

RIEPE: [01:11:13] -- as opposed to the--

DAVID O'DOHERTY: [01:11:14] It can now.

RIEPE: [01:11:15] I am a big fan of doing it as-- in local control if you can.

DAVID O'DOHERTY: [01:11:18] Well, Iowa has 96 percent fluoridation, and we're next door and we're 67 percent. We don't want to let Iowa win, so--

RIEPE: [01:11:32] OK, we won't go there. Senator Williams, go ahead.

WILLIAMS: [01:11:35] Thank you, Chairman Riepe. I just had one quick question because you-- you meant it-- you mentioned, from the dentists' position, you mentioned the 3,000-hour training. Is it your position that you would want to retain that?

DAVID O'DOHERTY: [01:11:48] Absolutely. It's not training; it's just experience, clinical experience.

WILLIAMS: [01:11:52] OK.

DAVID O'DOHERTY: [01:11:52] It's not walking right out of school and going right into a-- a, you know, nursing facility and seeing Medicaid medically compromised.

WILLIAMS: [01:11:58] I just wanted to be sure. So that would be the position of the-- of the dentists.

DAVID O'DOHERTY: [01:12:03] Uh-huh. Yes.

WILLIAMS: [01:12:03] Thank you.

RIEPE: [01:12:03] Senator Linehan.

LINEHAN: [01:12:08] Thank you for being here. So do dentists have to do that? Do you have to have, when you graduate from dental school, do you have to practice under somebody for a certain amount of hours?

DAVID O'DOHERTY: [01:12:18] No.

LINEHAN: [01:12:19] So as soon as you get your degree, you're-- can put out your shingle and go.

DAVID O'DOHERTY: [01:12:23] Uh-huh.

LINEHAN: [01:12:23] OK. Thanks.

RIEPE: [01:12:26] I have a question in terms of your form, and I very much appreciate one-page forms as opposed to the Washington, which is a two-page form. Was this based on-- I assume you reviewed the current DHHS form.

DAVID O'DOHERTY: [01:12:39] I'm sorry?

RIEPE: [01:12:39] Did you currently review the current DHHS form--

DAVID O'DOHERTY: [01:12:44] I haven't seen--

RIEPE: [01:12:44] -- before you-- ?

DAVID O'DOHERTY: [01:12:45] No. This is like what-- I just showed you what I sent five years ago. The main issue really was where is it being performed? Is it-- the results are coming in but it doesn't say what county. So we don't know where it's being performed.

RIEPE: [01:13:01] OK. And there's-- OK. I assume then that there is some process or procedure for collecting that information once it's gathered.

DAVID O'DOHERTY: [01:13:07] Whatever form they use, just add county. That would be really easy to do. I'd love to have the dental director here, but the department would not let him show up today, so--

RIEPE: [01:13:19] Oh?

DAVID O'DOHERTY: [01:13:19] -- because--

RIEPE: [01:13:19] OK. Maybe he had a dental appointment. OK. Any other questions? Seeing none, thank you--

DAVID O'DOHERTY: [01:13:28] Thank you.

RIEPE: [01:13:28] -- very much, sir, for being here. Good morning.

KIM ROBAK: [01:13:37] Good morning.

RIEPE: [01:13:39] Welcome. We know you, but if you'd be kind enough to state your name, spell it, and then--

KIM ROBAK: [01:13:43] Senator Riepe and members of the committee, my name is Kim Robak, K-i-m R-o-b-a-k. I'm here today on behalf of the Nebraska Dental Association. I want to just give a little bit of background on several items that have been discussed this morning, and most of you or many of you have some of this background, who've been around for a while, but some of it goes back further than that. Specifically, public health hygiene and the dental hygiene bills, there were a couple of bills that were introduced that didn't pass to begin with. But working with the dental hygienists, the Nebraska Dental Association supported this legislation that passed and very much supported it and supported the fact that we would be able to do many of the things that were mentioned today. And I think that the people who testified this-- this morning are saints for doing a lot of what they do because, as was stated, the reimbursement is low. The conditions are not great. And what we end up with are a few people who are providing services to very many in need. The problem comes in, is that we have a lack of appropriation. We have a lack of appropriations for our public health facilities. We have a lack of appropriation for our Medicaid services. And over the

past couple of years, we have cut the amount of money that we will provide for young people, children's dental health services, and we have cut the amount of services that we can provide for adult Medicaid services. In fact, at one point the department talked about completely eliminating adult dental Medicaid. So what you're hearing is a tremendous need with a lack of funding for this need. So if anybody intends to look at the appropriations bills next year or maybe be working on appropriations, that would be something that you might want to consider. The second thing is that we, the-- the Nebraska Dental Association, the Nebraska Hygiene Association, and the dental assistants got together and worked on scope of practice changes in order to help address some of those issues. And so for several years they got together and hammered out some changes that you all saw the past couple of years. And we thank you all for adopting those changes that will allow for dental hygienists and dental assistants to do far more in both the dental offices as well as in dental health hygiene. But they can do more services that will allow us to bring in more Medicaid patients and provide those services at a lower cost. And so that was really exciting. That bill passed, I believe, two years ago. Those regulations are not yet adopted. They are sitting over in the department. We have talked to the Governor's Office. We've talked to HHS. But it would be helpful to get those regulations adopted which would allow these services to get put in place, and then we can provide more services along the way. I-- I give that model to you because when those organizations work together, we can come up with a better result. And so some of the stuff that I've heard today, I don't know whether or not there's going to be a push, Senator, for the removal of the 3,000-hour requirement. But you heard one of the testifiers today talk about the fact that mouth is not disconnected from the rest of the body. And the reason for the 3,000 hours was, Senator, was not the baby teeth but it was the fact that seniors are a very vulnerable population. And we desperately want to have public health hygienists in-- in the nursing homes, but-- but we want them to have a little bit of experience before they go in, because they're-- the seniors are a substantially more vulnerable population with substantially more difficult issues. But it's very important that they do-- that they do provide services to that population. And that's why you hear the dentists

supporting it, because it is very important and we would like to see that continue. Finally, I will echo what David O'Doherty said, and that is that we would just like some data. The department was supposed to gather this data about how this system worked, and that was part of the deal, when we-- when this bill passed, between the hygienists and the dentists. And the deal was let's just see where, where we're providing those services. Oftentimes, the argument is that in rural areas we're not providing the services or in certain urban areas we're not providing the services. But what happens is people-- people, providers, dentists or hygienists, generally don't live in those areas. So are we actually providing the services where they are needed and are we preside-- providing those services to that population? And if they are, great. We can provide more. We can beef it up. And if not, what-- what barriers are there in place that is preventing that from happening? So we just want data and I just don't think the department has done it. There is a dental director in the department who could be doing this. Maybe that's something that the Legislature would want to do, is put this on that individual in order to get those services done or ensure that we-- we continue to work with the dental director. But-- but with that said, I will also end because I have a red light.

RIEPE: [01:19:07] OK. Thank you. Senator Kolterman.

KOLTERMAN: [01:19:08] Thank you, Senator Riepe. Thank you for testifying. Would you-- would the Dental Association be open to a compromise on that 3,000 hours?

KIM ROBAK: [01:19:20] Senator, I think it really is, is the 3,000 hours a barrier? Who are the people who are providing these services? Are they people who have been in the practice for 20 or 30 years? If that's the case, it's not a barrier.

KOLTERMAN: [01:19:32] OK.

KIM ROBAK: [01:19:32] And so I think again that's the data question, are people who are coming out of dental hygiene school wanting to go into those services and are being-- are not being able to do that? So without the data, I can't say that the Dental Association would, would go there yet.

KOLTERMAN: [01:19:48] Good answer.

KIM ROBAK: [01:19:50] OK. [LAUGH] Senator Riepe.

RIEPE: [01:19:51] And for those of you in the room who don't know, Ms. Robak was the Lieutenant Governor at one time, which means she had to be very smart to get there. So I have a real tough question for her.

KIM ROBAK: [01:20:00] Or very lucky, one of the two.

RIEPE: [01:20:04] Are there any states that could serve as a model to us? I'm not a fan of reinventing the wheel. I'd like to, if you will, lift or plagiarize other states to get good ideas.

KIM ROBAK: [01:20:16] Well, quite honestly, Senator, I-- I at one time had-- I could have answered that question. But we-- I haven't looked at that for a while. I'm sure it's--

RIEPE: [01:20:22] Back when you were Lieutenant Governor?

KIM ROBAK: [01:20:24] Back-- no, back when we were dealing with this, with this legislation. I'm sure it's in a file someplace in my office. But I'm sure that David O'Doherty would also have that information. We can provide it to you in your office.

RIEPE: [01:20:33] OK.

KIM ROBAK: [01:20:33] Thank--

RIEPE: [01:20:34] Thank you very much. Sounds like our-- our-- one of our major issues here is the regulatory, I don't want to call it a stalemate, but for some reason that we're caught up in some--

KIM ROBAK: [01:20:49] I'm not-- I--

RIEPE: [01:20:49] -- type of action, if you will.

KIM ROBAK: [01:20:51] There-- there has been some question about how-- what the language is going to look like. I think that had been resolved and-- but the last I heard the regs had not been adopted. So that also prevents the classes from being created to move forward.

RIEPE: [01:21:05] I think that's a concern and something that's a responsibility of the legislative oversight to talk about promulgation of legislation and also the process of getting regulation completed.

KIM ROBAK: [01:21:20] Thank you. I appreciate it.

RIEPE: [01:21:21] OK. Other comments from the committee? Seeing none,--

KIM ROBAK: [01:21:25] Thank you.

RIEPE: [01:21:25] -- thank you for being with us. Merry Christmas to all.

BRANDI DIMMITT: [01:21:38] Good morning.

RIEPE: [01:21:39] Welcome. If you'd be kind enough to state your name and spell it, and please share with us the organization you represent.

BRANDI DIMMITT: [01:21:46] OK. My name is Brandi Dimmitt, B-r-a-n-d-i D-i-m-m-i-t-t, and I don't-- I'm representing myself, not representing an organization at this point. Good morning. I have been a licensed dentist in Nebraska for 22 years. I worked the first 17 years in private practice and currently I am working on the Santee Sioux Reservation. It is not part of Indian Health. It is actually a tribally owned facility. I'm here in support of the public health hygienists. They are invaluable to the practice of dentistry. Every hygienist I have met, either in private practice, Indian Health, public health, are the utmost professionals. Hygienists are an irreplaceable part of dentistry when it comes to prevention and education. I personally have seen how hygienists can interact with the patient and actually see that change. They can make those patients change their habits for the better. All hygienists are vital to the overall health of the patient, as we have said earlier today. The oral connection to the rest of the body is-- is a true statement. These hygienists provide oral cancer screenings, education on oral care and nutrition and those interactions. They provide cleanings, place fluoride, place sealants, place silver diamine fluoride in certain instances, and many, many, many other services for their patients. These services are crucial in public health. Some children, their only exposure to dentistry is when that public health hygienist comes in to their school and provides them a screening and a fluoride treatment. I know this is true in the communities that I service. Seventy percent of the kids, that's the only time we see them is when we're at school. I have personally asked the program that comes to my area, the Miles for Smiles program, I've asked them to come every year to my facility-- or not to my facility but to my schools because that's the only time that we get to see some of those kids. They do not come in for care otherwise. I personally

started using silver diamine fluoride in my practice in-- early in 2015. Silver diamine is liquid that contains silver, ammonia, fluoride, and water. This product was approved by the FDA in '14, in 2014. Silver products have been used in dentistry for over 80 years with no adverse events. Silver acts as an antimicrobial agent that actually stops the decay process. So for us, as dentists, as public health hygienists, we can go in to these people's mouths, you see an area, you can apply this product. It stops the decay process, buys that patient time to find a facility, to find a dentist, to find someone to fix that problem, saves Medicaid dollars on having that tooth go farther, go to an abscess, leads that to an ER visit. So this, this product has changed the way I practice dentistry. I can bring those kids back. I can have a kid that's two or three years old, apply this, have them back when they're five or six and actually fill those teeth. OK? So if we prevent them going to the hospital for the dentistry cases. The only setback to using silver diamine fluoride is that it stains the teeth really dark, so a lot of parents do not want that placed on their child's front teeth. So that's-- that's the only drawback that I've seen to that product. I have actually went out to O'Neill, Nebraska, and did a training for local hygienists and dentists there just on my experiences with silver diamine fluoride. My hygienist in my practice per-- places all the silver diamine. She also goes out into the community and does the same thing. She has her public health authorization. Like I stated before, many children, this is, when the hygienist goes to the school or any other public health setting that we do like public health clinics, that's the only time they see a dental provider. In my opinion, you know, the education requirement of the 3,000 hours is kind of a moot point. We need troops on the ground. And if we've got young hygienists that are willing to get out there and do this for public health, we need to put them in those positions to do that. As a dentist, I don't-- I feel that they're trained enough to do those skills in a public health setting. Those patients, those people deserve that care. I've never had anyone have any negative feedback from any patients, parents, etcetera, on any of the services that have ever been provided by a public health hygienist.

RIEPE: [01:27:03] OK. Are there questions? Senator Kolterman.

KOLTERMAN: [01:27:04] Thank you, Senator Riepe. Thanks for coming today. Walk me through the process. I guess I don't know how to ask this question. If somebody can't get public health,--

BRANDI DIMMITT: [01:27:21] OK.

KOLTERMAN: [01:27:21] -- they go to the emergency room.

BRANDI DIMMITT: [01:27:25] Correct.

KOLTERMAN: [01:27:25] The people in the emergency room aren't trained to work as dentists or--

BRANDI DIMMITT: [01:27:28] That is correct.

KOLTERMAN: [01:27:30] -- dental hygienists, so what do they do?

BRANDI DIMMITT: [01:27:31] Well, basically--

KOLTERMAN: [01:27:32] -- I mean give them a pill and say, take this and--

BRANDI DIMMITT: [01:27:34] Yeah.

KOLTERMAN: [01:27:34] -- kill the pain?

BRANDI DIMMITT: [01:27:34] Well, basically what happens when you go to an ER visit for a dental emergency, typically the patient has pain. Sometimes they have swelling. It depends on what drives them there. But typically the ER doc will put them on antibiotics and pain pills and say, find a dentist. Sometimes now with the opioid crisis they're not getting those opioids, so they, you know, are getting-- are trying to find a dentist to relieve that problem. But, as my colleagues have stated before, it's very difficult to find a dentist that takes Medicaid. You know, and MCNA, now it's $750 a year for an adult. That is the reimbursement per year. I mean that's-- that's barely any services, you know, even at the Medicaid rates.

RIEPE: [01:28:33] Senator Williams.

WILLIAMS: [01:28:33] Thank you, Chairman Riepe. And thank you, Doctor, for being here. A quick question back on the 3,000 hours.

BRANDI DIMMITT: [01:28:41] Uh-huh.

WILLIAMS: [01:28:41] And I think it was your position that it would-- treating the people is worth more than the extra training. But you talked specifically about the pediatric side or the--

BRANDI DIMMITT: [01:28:56] Uh-huh.

WILLIAMS: [01:28:56] -- young people side. Do you feel the same way with the geriatric side of public health and the 3,000 hours?

BRANDI DIMMITT: [01:29:03] Yes, I do. I, you know, I myself have been in to quite a few nursing homes. In my private practice I went in and saw my clients at the nursing home. The care

that they need, those patients need, if we have a hygienist that is willing to go that has been trying to scale, to do screenings, to do preventive services, they've been trained. They know how to do it on--

WILLIAMS: [01:29:32] And they receive that training in school.

BRANDI DIMMITT: [01:29:34] In school, plus they also go out to all different kinds of facilities so that those young hygienists can get the experience on ages from kids all the way to our geriatric population. So it's not like they haven't put their hands on those people before. So, yeah, if, you know, and if we're going to talk about making a requirement for some sort of training for geriatrics, then, you know, having I think 3,000 hours is excessive. You know, that's, for some hygienists, that could be five, six years, ten years before they would ever get enough hours if they're only part time.

WILLIAMS: [01:30:17] Thank you.

BRANDI DIMMITT: [01:30:22] Uh-huh.

RIEPE: [01:30:22] OK. Do you subscribe a bit to the theory of something is better than nothing?

BRANDI DIMMITT: [01:30:28] Yeah. Sometimes, yes. The-- the having these patients have some sort of healthcare, having someone look in there that's trained to look in their mouth and say, you have an issue, you need to see a dentist, you know, that is better than having no one ever look in there, yes.

RIEPE: [01:30:51] OK. Any other questions from the committee? Thank you. Thank you very much for coming in here today.

BRANDI DIMMITT: [01:30:56] Uh-huh. Yeah, thank you.

RIEPE: [01:30:56] And thank you for your work [INAUDIBLE].

BRANDI DIMMITT: [01:30:56] Thank you.

RIEPE: [01:31:02] Are there other individuals who wish to testify? Seeing none, Tyler, I know we have a number of letters.

TYLER MAHOOD: [01:31:15] Yes, I have the following letters: Cori Garrett on behalf of herself; Erin Haley-Hitz on behalf of herself; Kerri Dittrich on behalf of herself; Amy Behnke on behalf of the Health Center Association of Nebraska; Chuck Cone of Friends of Public Health in Nebraska; Liz Pearson on behalf of herself; Jeff Yost on behalf of the Nebraska Community Foundation; Heath Boddy on behalf of the Nebraska Health Care Association; Kimberly Showalter and Carmen Chinchilla on behalf of the Public Health Solutions; Kristy Sigler on behalf of herself; Juleen Johnson on behalf of the Plainview Manor and Whispering Pines Assisted Living facility; Tammy Jorgensen on behalf of Hastings Head Start; Sandy Keech on behalf of herself; Sara Twibell on behalf of the North Central District Health Department; and Tyler Stracke on behalf of the North Central District Health Department.

RIEPE: [01:32:18] Do you have a total count, how many? Do you know how many that was offhand?

TYLER MAHOOD: [01:32:26] I had 14.

RIEPE: [01:32:27] Fourteen?

TYLER MAHOOD: [01:32:27] Yes.

RIEPE: [01:32:27] All of them expressing concern about reform or was there a general theme, do you recall?

TYLER MAHOOD: [01:32:34] I don't.

RIEPE: [01:32:35] OK. Thank you very much. Hearing nothing else, that will conclude our hearing. We think that we've had a full and fair hearing. And we appreciate everyone's coming. Have a Merry Christmas. I'm not a happy holiday fan. I'm a Merry Christmas guy. So thank you very much and Happy New Year.