ARIZONA STATE SENATE
RESEARCH STAFF

TO: JOINT LEGISLATIVE AUDIT COMMITTEE
Senator Robert Blendu, Chairman
Representative John Nelson, Cochair

HEATHER OWENS
LEGISLATIVE RESEARCH ANALYST
HEALTH COMMITTEE
Telephone: (602) 926-3171
Facsimile: (602) 926-3833

DATE: December 3, 2007

SUBJECT: Sunrise Application of the Arizona Dental Association

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Attached is the final report of the sunrise review of the application submitted by the Arizona Dental Association, which was conducted by the Senate Health and House of Representatives Health Committee of Reference.

This report has been distributed to the following individuals and agencies:

Governor of the State of Arizona
The Honorable Janet Napolitano

President of the Senate
Senator Tim Bee

Speaker of the House of Representatives
Representative James Weiers

Senate Members
Senator Tom O'Halleran, Cochairman
Senator Barbara Leff
Senator Paula Aboud
Senator Thayer Verschoor
Senator Amanda Aguirre

House Members
Representative Bob Stump, Cochairman
Representative Nancy Barto
Representative Rick Murphy
Representative David Bradley
Representative Linda Lopez

Arizona Dental Association
Arizona State Library, Archives & Public Records
Office of the Auditor General

Senate Majority Staff
Senate Research Staff
Senate Minority Staff
Senate Resource Center

House Majority Staff
House Research Staff
House Minority Staff
Chief Clerk

HO/jas
Attachment

Senate Health and House of Representatives Health Committee of Reference Report

SUNRISE REQUEST OF THE ARIZONA DENTAL ASSOCIATION

Background

Pursuant to Arizona Revised Statutes (A.R.S.) § 32-3104, the Joint Legislative Audit Committee (JLAC) assigned the sunrise review to the Senate Health and House of Representatives Health Committee of Reference. Attached is a copy of the application submitted by the Arizona Dental Association (Association).

Committee of Reference Sunset Review Procedures

The Committee of Reference held one public meeting on November 6, 2007, to review the Association's sunrise application pursuant to A.R.S. § 32-3104 and to hear public testimony.

Committee of Reference Recommendations

The Committee of Reference recommends that the Legislature amend the statutes of the Arizona Board of Dental Examiners to create a new certified professional, the Community Oral Health Representative, to coordinate community-based oral health promotion and provide specified dental care under the general supervision of a licensed dentist.

Attachments

1. Staff memo.
2. Sunrise request of the Arizona Dental Association.
3. Meeting notice.
4. An excerpt of the minutes of the Committee of Reference meeting relating to the sunrise application.

ARIZONA STATE SENATE
RESEARCH STAFF

HEATHER OWENS
ASSISTANT ANALYST
HEALTH COMMITTEE
Telephone: (602) 926-3171
Facsimile: (602) 926-3833

TO: MEMBERS OF THE HOUSE AND SENATE HEALTH COMMITTEE OF REFERENCE

DATE: October 19, 2007

SUBJECT: Sunrise Request of the Arizona Dental Association

The following memo is background information regarding a request for regulation of Community Dental Health Coordinators. Also attached is a copy of the sunrise application submitted by the Arizona Dental Association (Association). A public meeting is scheduled for November 6, 2007, to review, discuss and make a final recommendation as to the Association's request. If you have any questions or need additional information, please feel free to contact me.

BACKGROUND

Dental Assistants – A dental assistant is a member of the dental team that is currently unregulated in Arizona. Statute defines a dental assistant as a person who renders personal services to a patient within close proximity while the patient is under treatment or observation or undergoing diagnostic procedures. There are no oral health educational or training requirements for dental assistants, unless the dental assistant takes x-rays for diagnostic purposes or polishes teeth under the general supervision of a dentist. A dental assistant who wishes to perform these two procedures must pass an examination approved by the Arizona Board of Dental Examiners (Board).

Dental Hygienists – A person who practices as a dental hygienist must be licensed by the Board and meet Board-approved educational requirements. It is a class 2 misdemeanor to practice dental hygiene in Arizona without a license. Dental hygienists may perform all of the functions authorized for dental assistants as well as additional specific procedures under the general supervision of a dentist, such as conducting periodontal examinations and placing periodontal sutures. Dental hygienists may also administer local anesthetics and nitrous oxide when under the direct supervision of a dentist.

Community Dental Health Coordinators – The American Dental Association (ADA) is developing a model of a new dental auxiliary position called the Community Dental Health Coordinator (CDHC). ADA's stated purpose for creating the CDHC is to extend dental care to rural areas that otherwise do not have access to oral health care. According to the ADA, the CDHC is part social worker and part dental assistant who works as part of a dental team within an underserved community to provide teeth cleanings, apply dental sealants and fluoride treatments and help educate people on the importance of preventative oral health care. The CDHC would triage severe cases until a dentist could provide treatment.

SUNRISE REQUEST FOR REGULATION

The Association requests regulation of a new dental auxiliary position, the CDHC. The CDHC would practice outside of the dental office and conduct procedures such as x-rays, fluoride treatments, sealants and stabilizing decayed teeth until a dentist could treat the patient. The CDHC would be employed by an Arizona licensed dentist and work under the general supervision of a dentist, which means that the dentist is available for consultation but does not have to be physically present on location. The Association states that a CDHC could be supervised remotely using the "Tele-Dentistry" model that is being developed by the Department of Health Services Office of Oral Health.

The Association envisions certification of CDHCs by the Board. Rio Salado Community College is in the process of developing a curriculum for a CDHC program. The Association proposes that this program would provide the necessary training for anyone wishing to become a CDHC and suggests that similar training programs could be added to the curriculum for current dental assisting or dental hygiene programs for those who wished to receive CDHC certification.

According to the Association, the introduction of the CDHC would decrease the cost of delivering dental care to the uninsured and underinsured. The Association does not estimate the Board's costs associated with CDHC certification or the number of potential CDHCs who would apply for certification. Therefore, it is unclear at this time the exact revenue and expenditures the Board could anticipate as a result of a new certification.

OTHER STATES

No other states currently regulate the CDHC profession.

HO/jas
Attachment

Arizona
Dental
Association

3193 N. Drinkwater Blvd.
Scottsdale, Arizona 85251-6491
1-800-866-2732

Phone (480) 344-5777
Fax (480) 344-1442
http://www.azda.org

August 29, 2007

Joint Legislative Audit Committee
1700 W. Washington
Phoenix, AZ. 85007

RE: Sunrise Application To Create A New Program To Increase Access To Dental Care in Rural Arizona

Dear Sen. Blendu and Rep. Nelson:

Enclosed you will find a Sunrise Application for a new program aimed at getting dental care to Arizona citizens living in remote areas of the state. The Community Dental Health Coordinator (CDHC) is a departure from the traditional dental team model in that it allows competently trained and certified individuals to treat patients outside of the dental office.

The target populations for treatment are those individuals who normally have difficulty obtaining treatment whether it is for financial or geographic reasons. While the primary goal of the CDHC is education of the patient on oral health care, it also includes a certain degree of assessment and treatment that would normally be done in a dental office; treatment such as dental cleanings and the placement of temporary fillings in teeth with cavities until permanent restorations can be obtained.

The CDHC trained auxiliary utilizes an "Integrated Dental Team" approach to expand the functions and settings in which dental auxiliaries (hygienists, dental assistants, Public Health workers, and others), with the proper training, can provide a significant level of preventive and emergency care without "direct" dentist supervision. The CDHC is essentially a facilitator of traditional dental care. The CDHC trained auxiliaries will be employed and supervised by an Arizona licensed dentist, practicing in Arizona. Modern technology will allow dentist oversight and input to the CDHC trained auxiliary remotely by means such as the computerized "Tele-Dentistry" model currently being developed and evaluated by the Arizona Department of Oral Health.

The Arizona Dental Association is developing training modules with the assistance of Rio Salado Community College. Because of the varied needs of underserved populations, we have developed a flexible training program for the CDHC. An individual can take one or all the modules depending on prior education and experience. All are independent and provide a minimum of oral prevention and education. Arizona is a prime state to allow properly trained dental auxiliaries to practice under the general supervision of a dentist, utilizing the elasticity of the dental office, because of the advanced nature of on-line dental training programs and dental technology that currently exists here.

Existing Community Health Centers could use a CDHC trained auxiliary to provide oral health screening at the same time that a medical screening is performed. School nurses and teachers could be the front-line. CDHC's would be able provide radiographs (x-rays), fluoride treatment, sealants, and stabilize decayed teeth until

treatment can be obtained from a dentist. This will reduce the burden on dentists in underserved, remote, and tribal areas. This "triage" process will help make dental care much more efficient, allowing for many more patients to be seen by the dentist when major treatment can be delivered.

Community connections are essential for the success of a program. Ideally the CDHC trained auxiliary will come from the community in which they work. This will provide the most successful model as the level of trust and understanding of culture is an important part of improving self care and obtaining necessary follow up dental treatment. Becoming a CDHC trained auxiliary is a way to 'give back' to their community as well as a good economic development tool.

The Arizona Dental Association has been meeting with stakeholders since October 2006 to educate and gain support for the CDHC concept. This has included several Tribal representatives, the Indian Health Service, the Rural Health Association, Community Health Centers, the Office of Oral Health, the Governor's Advisory Council on Indian Health Care, First Things First of Arizona, Arizona School Boards Association, Arizona School Nurses Association, Arizona Public Health Association and the Arizona Department of Human Services, Department of Oral Health. This process has taken a great deal of time and effort.

We believe the CDHC is another step in the right direction in dealing with the access to care issue. It is a long-term solution for an age-old problem. I look forward to speaking with you further about our Sunrise Application.

Sincerely,

Rick Murray
Executive Director

CC: Bill Boyd, Senate Research Analyst
Beth Kohler Lazare, Senate Research Analyst
Carolyn Atwater, House Research Analyst
Dan Brown, House Research Analyst

Sunrise Report

August 30, 2007

To Create A New Program To Increase Access To Dental Care in Rural Arizona

Arizona Dental Association
Rick Murray, Executive Director
3193 North Drinkwater Blvd.
Scottsdale, Arizona 85251
480-344-5777
480-344-1442 (fax)
rick@azda.org

1. A definition of the problem and why a change in scope of practice is necessary including the extent to which consumers need and will benefit from practitioners with this scope of practice.

Arizona's public policy supports broad access by residents of this state to dental care from properly educated, qualified and competent providers. In turn, access to quality dental care is dependent upon the availability of key members of the dental team to perform needed services in many places around the state.

The purpose of this sunrise application is to seek changes to the dental practice act to permit a dental auxiliary or other properly certified individual, acting under the general supervision of a licensed dentist, to perform specific duties outside of the dental office, in Arizona. This change to the dental practice act would accomplish the following significant goals:

- Improved access to dental care
- Increased availability of preventive measures to reduce dental decay and suffering
- Enhanced efficiency in the delivery of dental care and related services to the public

As such, the challenge addressed by this sunrise application concerns the need to clearly modify existing rules of practice to explicitly permit certified practitioners to perform specified procedures rather than restricting this practice only to licensed dentists and dental hygienists within the traditional dental office.

CDHC's would be able to perform important functions such as screening for oral health problems and developing and implementing community based oral health promotion programs under the amendment that would be proposed. CDHC's will be key to responding to the needs of the underserved populations, using a community-based approach, focused on preventing and controlling disease as well as assisting with emergencies.

The limits contained in the dental practice act on the performance of these duties means that only a dentist may perform the service although the service may be performed equally well by other members of the dental team acting under the general supervision of a licensed dentist. Existing training programs can be expanded to prepare CDHC's in the specified procedures outlined below.

The dental practice act clearly permits dental hygienists and dental assistants to perform duties that require the same or greater skill level than that required of the CDHC.

This program has the potential to decrease the cost to deliver dental care for insured, under-insured, uninsured and those receiving care through governmental programs. By taking advantage of the elasticity of the dental team, this will allow more people to receive dental care. Further, by permitting certified CDHC practitioners to perform certain specific procedures increases the efficiency of a traditional dental office.

The target populations for treatment are those individuals who normally have difficulty obtaining treatment whether it is for financial or geographic reasons. While the primary goal of the CDHC is education of the patient on oral health care, it also includes a certain degree of assessment and treatment that would normally be done in a dental office; treatment such as dental cleanings and the placement of temporary fillings in teeth with cavities until permanent restorations can be obtained.

The CDHC trained auxiliary utilizes an "Integrated Dental Team" approach to expand the functions and settings in which dental auxiliaries (hygienists, dental assistants, Public Health workers, and others), with the proper training, can provide a significant level of preventive and emergency care without "direct" dentist supervision. The CDHC is essentially a facilitator of traditional dental care. The CDHC trained auxiliaries will be employed and supervised by an Arizona licensed dentist, practicing in Arizona. Modern technology will allow dentist oversight and input to the CDHC trained auxiliary remotely by means such as the computerized "Tele-Dentistry" model currently being developed and evaluated by the Arizona Department of Oral Health.

By allowing auxiliary personnel to perform these procedures, the dentist (and other members of the dental team) would be able to see more patients. The expanded duties that the CDHC explicitly may perform would advance the important public policy position of increasing access to quality dental care by Arizona residents. Thus, dentists would be able to increase levels of patient care while permitting certified auxiliaries to deliver care to the fullest extent allowed by law and supported by proper training.

CDHC allowed procedures:

- Screen and manage care prescribed by a dentist (includes temporary fillings in teeth with cavities);
- Collaborate and provide programs to promote community oral health;
- Provide individual preventive care (includes fluoride treatments, sealants, cleanings and scaling teeth [above the gum line]); and
- Assist in the management of medical and dental emergencies.

2. The extent to which the public can be confident that qualified practitioners are competent including:

(a) Evidence that the profession's regulatory board has functioned adequately in protecting the public.
The State Board of Dental Examiners has an excellent reputation and record for protecting the public, as noted by the auditor general in its most recent performance audit of the Board. Accordingly, when the acting to continue the existence of the state board of dental examiners, the Legislature found that the purpose of the state board of dental examiners is "to protect the public health and safety by regulating the practice of dentistry." Laws 2000 (2nd Reg. Sess.) Ch. 87 § 5.

(b) Whether effective quality assurance standards exist in the health profession, such as legal requirements associated with specific programs that define or endorse standards or a code of ethics.
In Arizona, ARS 32-1202 of the Dental Practice Act makes all care of the patient the responsibility of the supervising dentist. The American Dental Association's policy is that ultimate legal and ethical responsibility for patient care lies with the dentist. This policy further provides that all functions performed must be rendered in accordance with the needs of the patient as determined by a diagnosis and treatment plan by the dentist.

In general, dentists delegate functions to dental hygienists and dental assistants to increase the capacity of the profession to provide patient care. At the same time, the dentist retains ultimate responsibility for the quality of the care delivered. This responsibility includes the dentist's identification, establishment and implementation of appropriate controls on the patient care services as well as the education, training and practice limitations that govern the functions of hygienists and assistants.

(c) Evidence that state approved educational programs provide or are willing to provide core curriculum adequate to prepare practitioners at the proposed level.

At present, programs exist at several Arizona educational institutions that train dental hygienists. Most of the programs also train dental assistants. These programs can be found at Northern Arizona University, Pima Community College, Rio Salado Community College, Phoenix College and several proprietary educational institutions. These programs focus on both Dental Assisting and Dental Hygiene programs. Rio Salado has an on-line educational platform that is particularly suited for this program. Currently, students in several states including rural parts of Arizona and as far as Oregon and Washington are enrolled in Rio Salado dental assisting programs. Rio Salado is in the process of developing curriculum for the CDHC program and has offered to share it other institutions, including Tribal colleges.

The costs associated with the additional training for the Community Dental Health Coordinator would be negligible. For dental assisting programs (other than Rio Salado Community College) that are not associated with a hygiene program, those schools would simply add the necessary components as part of their offered curriculum, with the training made available to any dental assistant or dental hygienist who wished to undertake a broadened practice scope. Indeed, any dental auxiliary curriculum could be adapted easily to include currently practicing Dental Assistants and Dental Hygienists as well as those in training.

Accordingly, this approach would serve to ensure equal access to all interested in obtaining CDHC instruction. This in turn would assist in the effort to broaden the services that can be performed by all members of the dental team, which in turn would support more ready access to care by the residents of this state.

3. The extent to which an increase in the scope of practice may harm the public including the extent to which an increased scope of practice will restrict entry into practice and whether the proposed legislation requires registered, certified or licensed practitioners in other jurisdictions who migrate to this state to qualify in the same manner as state applicants for registration, certification and licensure if the other jurisdiction has substantially equivalent requirements for registration, certification or licensure as those in this state.

The Dental Association anticipates benefits flowing from this proposed practice expansion and anticipates no harm. In turn, patients would enjoy broadened access to care under a framework that permitted the care to be delivered safely by qualified practitioners.

Likewise, no likelihood exists that the legislation will restrict entry into practice. Dental auxiliaries will not be required to obtain CDHC certification as a condition of practice or licensure in Arizona. Accordingly, the proposal will not restrict entry or limit practice but may instead promote entry into the profession, as only those people who wish to assume broader duties will have to submit to the training program. All others would be permitted to secure a license from the Board in accordance with the present rules.

Finally, the law would apply equally to all, regardless of state of initial licensure.

4. The cost to this state and to the general public of implementing the proposed increase in scope of practice.

Educational costs would be borne by dental auxiliaries or their employers.

ARIZONA DENTAL ASSOCIATION + Community Dental Health Coordinator

We're extending dental care to Arizona's hard-to-reach areas.

Overall Concept of the CDHC Program

A new dental training program that will increase education and prevention measures into underserved areas. The program is unique due to a combination of attributes that have not previously been explored together:

Freedom: The elasticity of the dental teams allows the CDHC to work independently but under general supervision of a dentist

Coordination: Ability to intitiate and coordinate follow-up care with a dentist

Vocational Opportunity: The coordinator position can train and employ current residents of the community

Community Education: Strong focus on education in order to prevent new emergency dental cases

Benefits of Acquiring a CDHC for the Community

Enhanced Care: Increased access to dental care

Prevention: Reduction of preventable oral disease and decay

Education: Overall improvement of oral health

Cost-effective: Connection with Medicaid keeps it financially accessible

Time-effective: Dentists' time is shifted to supply restorative and surgical care to those in urgent need

Primary CDHC Roles

Develop and implement community oral health promotion programs

Collect patient dental data via screenings, assessments and x-rays

Send patient dental data electronically to off-site dentist

Initiate dental care plan developed by dentist

Prioritize and coordinate follow-up dental appointments with supervising dentists

Topical fluoride, polishing and sealants

Temporize extremely severe cavities

Call 1-800-866-2732 or visit **www.azda.org/cdhc** for needed qualifications and registration updates.

Who Can Qualify to Receive a CDHC?

Arizona-based rural towns and Indian reservations with limited access to dental care:

- Community Health Centers
- Tribal Health Centers
- Departments of health
- Private dentists in need
- Schools/districts in low access areas

When Will the CDHC Program Begin?

Applications for the online CDHC training program on Tribal lands will begin in spring 2008, with expectations of employment into the communities by late summer 2008. Applications for the online CDHC training program for non-Tribal lands will begin in late summer 2008, pending legislative approval, with expectations of employment into the communities by late 2008.

Call 1-800-866-2732 or visit **www.azda.org/cdhc** for needed qualifications and registration updates.

ARIZONA STATE SENATE

INTERIM MEETING NOTICE
OPEN TO THE PUBLIC

SENATE HEALTH AND HOUSE HEALTH COMMITTEE OF REFERENCE

Date: Tuesday, November 6, 2007

Time: 9:30 A.M.

Place: SHR 1

AGENDA

1. Call to Order
2. Opening Remarks
3. Sunset Review of the Board of Homeopathic Medical Examiners
    - Presentation by Auditor General
    - Response by Board of Homeopathic Medical Examiners
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
4. Sunset Review of the Regulatory Board of Physician Assistants
    - Presentation by Regulatory Board of Physician Assistants
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
5. Sunset Review of the Board of Behavioral Health Examiners
    - Presentation by Board of Behavioral Health Examiners
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
6. Sunset Review of the Acupuncture Board of Examiners
    - Presentation by Acupuncture Board of Examiners
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
7. Sunset Review of the Board of Occupational Therapy Examiners
    - Presentation by Board of Occupational Therapy Examiners
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference

8. Sunrise application of the Arizona Alliance of Non-Physician Surgical Assistants
    - Presentation by Arizona Alliance of Non-Physician Surgical Assistants
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
9. Sunrise application of the Southern Arizona Behavioral Health Coalition
    - Presentation by Southern Arizona Behavioral Health Coalition
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
10. Sunrise application of the Arizona Dental Association
    - Presentation by Arizona Dental Association
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
11. Sunrise application of Radiology Practitioner Assistants
    - Presentation by Radiology Practitioner Assistants
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
12. Adjourn

Members:

Senator Tom O'Halleran, Co-Chair
Senator Paula Aboud
Senator Amanda Aguirre
Senator Barbara Leff
Senator Thayer Verschoor

Representative Bob Stump, Co-Chair
Representative Nancy Barto
Representative David Bradley
Representative Linda Lopez
Representative Rick Murphy

~~10/18/07~~
10/19/07
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Persons with a disability may request a reasonable accommodation such as a sign language interpreter, by contacting the Senate Secretary's Office: (602)926-4231 (voice). Requests should be made as early as possible to allow time to arrange the accommodation.

ARIZONA STATE LEGISLATURE
Forty-eighth Legislature – First Regular Session

SENATE HEALTH AND HOUSE HEALTH COMMITTEE OF REFERENCE

Minutes of Interim Meeting
Tuesday, November 6, 2007
Senate Hearing Room 1 – 9:30 a.m.

Chairman O'Halleran called the meeting to order at 9:32 a.m. and attendance was noted by the secretary.

Members Present

Senator Tom O'Halleran, Co-Chair
Senator Amanda Aguirre
Senator Barbara Leff
Senator Thayer Verschoor

Representative Bob Stump, Co-Chair
Representative Nancy Barto
Representative David Bradley
Representative Linda Lopez
Representative Rick Murphy

Members Absent

Senator Paula Aboud

Speakers Present

Kim Hildebrand, Performance Audit Manager, Office of the Auditor General
Todd Rowe, Board of Homeopathic Medical Examiners
Christine Springer, Board of Homeopathic Medical Examiners
Jerry Weinsheink, representing himself
Marianne Cherney, representing herself
Neil Garfield, Association for Public Access to Medicine
Barney Nugent, representing himself
Linda Heming, CHOICE
Iris Bell, Doctor, Arizona Homeopathic and Integrative Medical Association
Cliff Heinrich, Doctor, representing himself
Kathleen Fry, Doctor, representing herself
Denise Nugent, representing herself
Lee Bakunin, Attorney, representing herself
Bruce Shelton, Doctor, Arizona Homeopathic and Integrative Medical Association
Amanya Jacobs, Director of Evolution of Self School of Homeopathy
Cindy Zukerman, representing herself
Shelly Malone, representing herself
Stan Klusky, representing himself
Gladys Conroy, representing herself

Joan Reynolds, Regulatory Board of Physician Assistants
Debra Rinaudo, Board of Behavioral Health Examiners
Stuart Goodman, Board of Behavioral Health Examiners
Bev Hermon, BH Consulting
Richard Poppy, Therapeutic Practitioners Alliance of Arizona (The Alliance)
Rachael Hopkins, representing herself
Ronald Anton, representing himself
Josephine Sbrocca, representing herself
Cedric Davis, Board of Behavioral Health Examiners
Della Estrada, Arizona Acupuncture Board of Examiners
Kathryn Babits, Arizona State Board of Occupational Therapy Examiners
Eugene Smith, Arizona Alliance of Non-Physician Surgical Assistants
Susie Cannata, Arizona Alliance of Non-Physician Surgical Assistants
Rory Hays, Arizona Nurses' Association
Scott Leckie, Radiology Practitioner Assistants
Jane Van Valkenburg, Certification Board for Radiology Practitioner Assistants (CBRPA)
Mary Connell, M.D., representing herself
Christine Lung, American Society of Radiologic Technologists (ASRT)
John Gray, Grand Canyon University
Joyce Geyser, Arizona Radiological Society
James Abraham, National Society of Radiology Practitioner Assistants
Heather Owens, Senate Health Analyst
Aubrey Godwin, Medical Radiologic Technology Board of Examiners (MRTBE)
Teresa Rodgers, Behavioral Health Coalition of Southern Arizona
David Giles, Behavioral Health Coalition of Southern Arizona
Holly Baumann, Southwest Autism Research and Resource Center
John MacDonald, Arizona Dental Association (ADA)
Rick Murray, Arizona Dental Association
Anita Elliott, Arizona Dental Association
Nicole Laslavic, Arizona State Dental Hygienists' Association
Janet Midkiff, Arizona State Dental Hygienists' Association
Nicole Albo, Arizona Dental Assistants' Association
Alisa Feugate, Arizona Dental Hygienists' Association

OPENING REMARKS

Chairman O'Halleran welcomed everyone and requested that the speakers keep their comments as brief as possible, as the committee members are well-versed in the issues to be discussed today.

SUNSET REVIEW OF THE BOARD OF HOMEOPATHIC MEDICAL EXAMINERS

Presentation by Auditor General

Kim Hildebrand, Performance Audit Manager, Office of the Auditor General, gave a presentation on their findings issued in August, 2007 (Attachment 1). She described the history

Discussion

Chairman O'Halleran asked for clarification about the motion; Ms. Owens explained the interaction with other Boards.

Ms. Renaudo explained that for her agency the concern is the small number of behavioral health professionals eligible for licensure, and that it would be impossible to regulate it because it will not be self-funding.

Representative Bradley stated that the number is stagnant because these professionals have no place to go, and that with licensure people will be drawn to Arizona. Senator Leff stated her agreement.

Recommendations by the Committee of Reference

> **Cochairman Stump moved that the Senate and House Health Committee of Reference approve the sunrise application of the Southern Arizona Behavioral Health Coalition. The motion carried by a voice vote.**

SUNRISE APPLICATION OF THE ARIZONA DENTAL ASSOCIATION

Presentation by Arizona Dental Association

John MacDonald, Arizona Dental Association (ADA), addressed the group to explain the sunrise application concerning access to care. He described the history of this issue, including the community needs assessments that have been performed, and the meetings with stakeholders (Attachment 14).

Rick Murray, Arizona Dental Association, stated that this program proposes the creation of a position called the Community Oral Health Representative (COHR), designed to be an extender of the dental office and to serve out in the community under the general supervision of a dentist. The goal is to help bring quality dental care to children and families across Arizona.

Anita Elliott, Arizona Dental Association, explained that the primary role of a COHR will be as community coordinator who provides education and oral health promotion and prevention, as well as collecting diagnostic information which is sent to the dental office prior to being seen by the dentist.

Mr. Murray added that the intent is to hire people from within the community, who may then move into other positions in the dental profession.

Public Testimony

Nicole Laslavic, Arizona State Dental Hygienists' Association, stated that her organization does not support the position but will not oppose this sunrise application.

Senator Leff asked for clarification of that position.

Janet Midkiff, Arizona State Dental Hygienists' Association, stated that they support the concept of training community people to be dental health representatives, and that the definition of the COHR does make sense to them. She stated concerns about the education, licensing, or certification of the people who fill the COHR positions. She said that her organization would like to work with the ADA and to be a part of the access to care issue.

Nicole Albo, Arizona Dental Assistants' Association, stated her support for the COHR program provided that the positions will be filled by certified dental assistants with additional training components. She stated that she has been working with the ADA to develop a curriculum for expanded COHR training.

Representative Murphy asked if the committee could approve the concept but not specify the details, letting the Legislative process do that. Mr. Murray stated that the supervision issue is the biggest concern.

Alisa Feugate, Arizona Dental Hygienists' Association, stated that she supports the concept of the COHR but is neutral on the application at this time due to concerns about supervision and scope of practice.

Recommendations by the Committee of Reference

> **Cochairman Stump moved that the Senate and House Health Committee of Reference recommend that the Legislature amend the statutes of the Arizona Board of Dental Examiners to create a new certified professional, the Community Oral Health Representative, to coordinate community-based oral health promotion and provide specified dental care under the general supervision of a licensed dentist. The motion carried by a voice vote.**

Without objection, the meeting adjourned at 4:15 p.m.

_____
Jane Dooley, Committee Secretary
November 6, 2007

(Original minutes, attachments and audio on file in the Office of the Chief Clerk; video archives available at http://www.azleg.gov/)