



STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

JILL STUECKER
EXECUTIVE DIRECTOR

January 5, 2015

UPDATE - PETITION FOR RULEMAKING

On December 3, 2014, the Iowa Dental Board received a petition for rulemaking from the Iowa Dental Association requesting that public health supervision rules, Iowa Administrative Code 650—10.5, be amended.

On December 8, 2014, the Iowa Dental Board distributed the petition for rulemaking to interested parties for comment.

On December 30, 2014, the Iowa Dental Board received a letter from the Iowa Dental Association's attorney clarifying the intent of the proposed rulemaking.

Attached are copies of the original request for rulemaking, the letter dated December 30, 2014, clarifying the Iowa Dental Association's intent for the proposed rulemaking, and all comments received to date.

The Board will be meeting on January 22, 2015. Interested parties may still submit comments for consideration; however, comments received after Wednesday, January 7, 2015 may not be included with the distribution of materials for the meeting.

Comments may be forwarded by any of the following methods:

Email: IDB@iowa.gov

Fax: 515-281-7969

Mail: Iowa Dental Board
400 SW 8th St. Suite D
Des Moines, IA 50309

Please contact the Board office if you should have any questions. Thank you.

BEFORE THE IOWA DENTAL BOARD

Petition by Iowa Dental Association for)
amendment of 650 IAC 10.5(1) relating to)
definition of "public health settings")

**PETITION FOR
RULEMAKING**

1. Pursuant to 650 IAC section 7.1, the Iowa Dental Association ("Petitioner") hereby petitions the Iowa Dental Board (the "Board") for amendment of 650 IAC section 10.5(1) (the "Rule"), which sets forth the definition of "public health settings" for purposes of public health supervision of a dental hygienist by a dentist. Specifically, Petitioner asks the Board to amend the Rule to read as follows.

10.5(1) Public health settings defined. For the purposes of this rule, public health settings are limited to schools; Head Start programs; programs affiliated with the early childhood Iowa (ECI) initiative authorized by Iowa Code chapter 256I; child care centers (excluding home-based child care centers); federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; and nursing facilities; ~~and federal, state, or local public health programs.~~

2. Section 10.5 of the Board's rules authorizes a dentist and a dental hygienist to enter into a written agreement under which the dentist provides public health supervision over the dental hygienist when the hygienist provides services in specified public health settings. The dentist need not be physically present to supervise the services provided by the hygienist; but the dentist must be available to provide communication and consultation with the dental hygienist. The hygienist must only provide dental hygiene services pursuant to age- and procedure-specific standing orders from the dentist.

3. One of the Petitioner's top priorities is ensuring adequate access to high-quality dental care for all Iowans, regardless of their socioeconomic status. Access to dental care, however, should not be provided at the cost of compromised patient safety.

4. During its meeting on Friday, October 17, 2014, the Board took action to expand the scope of public health settings to include correctional facilities. This action, which the Board took without notice and without providing an opportunity for public comment, threatens to undermine the safety of patients. Petitioner has been advised that the legal basis upon which the Board relied for the action taken on October 17, 2014, is the provision in the Rule for "federal, state, or local public health programs." Petitioner disagrees with the Board's conclusion that the term "federal, state, or local public health programs" was intended to include dental care provided in Iowa correctional facilities. The Board's contrary interpretation highlights a significant problem with the language—the language is so vague as to render it effectively meaningless. The amendment proposed by Petitioner would strike this language from the Rule. By striking this vague catch-all language, the effect of the amendment would be to require the Board to provide notice and an opportunity for public comment any time it proposes to expand the scope of public health supervision to include additional public health settings.

5. Petitioner represents nearly ninety percent of all dentists practicing in the state of Iowa. Petitioner's member dentists have a significant interest in ensuring that dental care is provided to patients as safely as possible. The proposed amendment would ensure that future expansions of public health settings occur only after notice and an opportunity for public comment. As the professionals supervising the care provided in public health settings,

Petitioner's member dentists should have the opportunity to provide comment regarding whether dental care can be provided safely in any setting the Board proposes to add in the future.

6. Petitioner is the Iowa Dental Association, 8797 NW 54th Avenue, Suite 100, Johnston, Iowa 50131, (515) 331-2298. Petitioner's legal counsel is the undersigned, Adam J. Freed and Rebecca A. Brommel, 666 Grand Avenue, Suite 2000, Des Moines, Iowa 50309, (515) 242-2400. Official communications concerning this Petition should be directed to Petitioner's legal counsel.

Dated this 3rd day of December, 2014.



ADAM J. FREED
REBECCA A. BROMMEL

BROWN, WINICK, GRAVES, GROSS,
BASKERVILLE AND SCHOENEBAUM, P.L.C.
666 Grand Avenue, Suite 2000
Des Moines, IA 50309-2510
Telephone: 515-242-2400
Facsimile: 515-283-0231
Email: freed@brownwinick.com
Email: brommel@brownwinick.com

ATTORNEYS FOR PETITIONER

Original hand delivered to Iowa Dental Board.



Brown Winick
ATTORNEYS AT LAW®

Brown, Winick, Graves, Gross,
Baskerville and Schoenebaum, P.L.C.

666 Grand Avenue, Suite 2000
Ruan Center, Des Moines, IA 50309-2510

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DEC 02 2015

December 30, 2014

direct phone: 515-242-2452
direct fax: 515-323-8552
email: brommel@brownwinick.com

IOWA DENTAL BOARD

VIA EMAIL (Christel.Braness@iowa.gov) & U.S. MAIL

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309

**Re: Iowa Dental Association
Petition for Rulemaking – Public Health Supervision**

Dear Members of the Iowa Dental Board:

The letter serves to respond to comments that have been received in response to the Iowa Dental Association’s (“IDA’s”) Petition for Rulemaking that was filed on or about December 3, 2014. This letter also serves to further clarify the underlying basis for the IDA’s Petition for Rulemaking.

To our knowledge, you have received written comments from Johnson County Public Health, Visiting Nurse Services of Iowa and perhaps others. The theme of these comments is that removal of the “and federal, state or local public health programs” from Iowa Administrative Code section 650-10.5(1) would eliminate important existing programs wherein dental hygienists are currently providing services under public health supervision agreements.

To be clear, IDA’s proposed amendment to Section 10.5(1) is not intended to eliminate existing programs wherein dental hygienists are providing services under public health supervision agreements. IDA does not disagree with the importance of many of these programs. Rather, IDA simply wants to have such programs explicitly listed rather than having the catch-all category “and federal, state or local public health programs.” By having such programs explicitly listed, any changes or additions to the definition of “public health settings” would go through the necessary and appropriate rulemaking process, rather than having new settings created through Board policy statements or informal guidance letters.

For instance, the comments received express concerns that the changes proposed in IDA’s Petition for Rulemaking would eliminate WIC Clinics and a Maternal Health Program as “public health settings.” If WIC Clinics and Johnson County’s Maternal Health Program do not fit into one of the specific categories already listed under the “public health setting” definition, then such terminology should and could be added to the definition. IDA does not intend for its Petition to eliminate WIC Clinics or the Maternal Health Program as a “public health setting.” Furthermore, both the letter from Visiting Nurse Services of Iowa and Johnson County Public

Health express concern about the elimination of programs under I-Smile. I-Smile programs, however, would be expressly covered under “programs affiliated with the early childhood Iowa (ECI) initiative authorized by Iowa Code chapter 256I” and thus, would not be impacted by the changes proposed in IDA’s Petition for Rulemaking.

In short, IDA does not intend to eliminate existing programs that are providing dental services under public health supervision agreements such as those described in the comments provided to the Board. IDA simply wants Section 10.5(1) to be clear and specific as to the programs that do qualify as public health settings. Accordingly, if the definition of “public health settings” needs to be further amended to specifically identify existing programs that do not fit under one of the specifically enumerated descriptions, then that can be done during this pending rulemaking proceeding or later rulemaking processes. As the Visiting Nurse Services of Iowa’s letter recognizes, the rule at issue has been amended twice previously regarding the allowable settings. IDA simply wants to eliminate the catch-all category such that the addition of new public health settings in the future must be vetted through this same rulemaking processes that has been used previously and that is established by the Iowa Code and the Board’s own rules. Following these established rulemaking processes and eliminating the catch-all portion of Section 10.5(1) is the only way that the public has the opportunity to comment on such changes and provide the Board with public input necessary for these important decisions.

IDA is happy to further discuss its Petition for Rulemaking with the Board and to consider additional changes to Section 10.5(1) that would specifically delineate the existing public health supervision programs already established and in place. Thank you in advance for your attention to this important issue.

Very truly yours,

A handwritten signature in black ink, appearing to read "Rebecca A. Brommel". The signature is fluid and cursive, with a large loop at the end.

Rebecca A. Brommel

RAB:hs

cc: Larry Carl, Executive Director, Iowa Dental Association (via email)

Shame, shame, shame on the Iowa Dental Association for attempting to stifle Iowa dental hygienists from providing much-needed oral health care services to the underserved residents of our state.

The Iowa Dental Board has received a petition from the IDA to amend its rules concerning settings in which hygienists may provide services under public health supervision agreements. Currently, dental hygienists practicing under such agreements (in conjunction with a supervising dentist) may provide screenings, cleanings, sealants, fluoride applications, counseling, education and referrals in public health settings consisting of schools, Head Start programs, early childhood programs, childcare centers, federally qualified health centers, dental vans, free clinics, non-profit community centers, nursing facilities and federal, state or local public health programs. The proposed amendment would remove federal, state or local public health programs from the list of allowable settings.

The IDA is simply upset that the Board included Iowa correctional facilities in these allowable settings at its recent meeting, without opportunity of public comment. In effect, the IDA is "punishing" the Board for its action.

What the IDA is not considering is what effect such a rule change would have on the dental hygienists who provide these critical services, and most notably, the most marginalized citizens of our state who have no other access to oral healthcare services.

The petition was written under the thinly-veiled guise of "protecting" Iowans; but its real intent is merely to maintain a sense of power over others in the dental industry. Members of the IDA would do well to remember the original intent of public health supervision agreements when they were approved in 2003: to INCREASE dental care access to Iowa's most vulnerable populations, NOT restrict it!

Sincerely,

VaLinda Parsons

530 River Oak Drive

Ames, IA 50010

515-441-9103

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JAN 02 2015

IOWA DENTAL BOARD

December 30, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309

Members of the Iowa Dental Board,

As a member of the Iowa Collaborative Safety Network Provider Network access to oral health services is often raised during our discussions and the Safety Net Advisory Group has identified this is a significant concern for the safety net population. Our organization is also concerned about oral health access issues in Iowa.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health program such as WIC without a dentist first seeing them.

Restricting access to preventive oral health services provided by dental hygienists working under public health supervision will reduce the progress that has currently been made in reducing the oral health disease burden in Iowa.

Free Clinics of Iowa DBA Margaret Cramer Free Medical Clinic does not support changes to Administrative Code 650—10.5, Public Health Supervision rules defining public health setting for dental hygienists.

Sincerely,

Clinic Manager

Sharon R. Stover RN

Free Clinic Of Iowa



DBA Margaret Cramer Free Medical Clinic

2725 Merle Hay Road

Des Moines

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa

December 22, 2014

Dear Sirs and Madams:

It is our understanding that the Iowa Dental Board has been petitioned by the Iowa Dental Association to make changes in the section of the Iowa Administrative Code related to the public health supervision of dental hygienists.

The Cedar Valley Oral Health Coalition is adamantly opposed to the proposed changes to 650 IAC section 10.5 (1), which would eliminate the provision which allows dental hygienists to provide services for "federal, state and local public health programs." The Cedar Valley Oral Health Coalition (CVOHC) represents area agencies and programs that provide services for Iowa communities comprised of many low-income families. Because these families are often underserved and underinsured, their access to dental services is limited. Public health programs that utilize dental hygienists are critical to the oral health of these men, women and children.

We request that no changes be made to 650 IAC section 10.5 (1).

Sincerely,

Cedar Valley Oral Health Coalition

Dr. David C. Reff, DDS

Dr. Baljit Singh, D.M.D, Dental Director Peoples Community Health Center

Nancy Anderson, RN, WIC Director

Arlene Prather – Okane, RNC, MA, Program Manager Black Hawk County Health

Sarah A. Turner, RDH, MAE

Joan Gilpin, RDH, MA

Amy Goetsch, RDH, Black Hawk County Public Health Dental Hygienist

Kim Howard, RDH, I – Smile Coordinator, Black Hawk County Health Department

Kallie McCartney, Community Prevention Educator

Tamie Brimeyer, Peoples Clinic Dental Supervisor

Crystal Schmitz, Schools, Outreach and Clinics Health Educator Black Hawk County

Micah Knebel, Black Hawk County Health Department

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DEC 02 2015

IOWA DENTAL BOARD

Improving the oral health of the community through education, prevention, advocacy, and access to dental care. •
[Type the sender phone number]

CEDAR VALLEY ORAL HEALTH COALITION

To Whom It May Concern,

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DEC 30 2014

IOWA DENTAL BOARD

I am a Registered Dental Hygienist working in both general practice and public health. I currently have a public health supervision agreement with the state of Iowa. It has been brought to my attention that a change is being proposed to the law that I work under. The rule in question, 10.5(1), allows me to work at the WIC (Women Infant and Children) office in Clinton, Iowa. If this rule is amended, I feel it would greatly impact the care I am able to give to the underprivileged in Iowa.

I believe the goal of the I-Smile program is for every child in Iowa to have a dental home. We have been able to make much progress toward this goal in recent years. Hygienists working alongside the Registered Dietitians at the WIC offices are a big part of this accomplishment. While working at the WIC office I am able to have direct contact not only with the child but also the parent. The services I am able to offer through hands-on education are invaluable. Over and over again I hear parents say, "I didn't know that," or "Nobody has ever told me that before." In a world where education is at our fingertips that still amazes me, but many of the clients we service cannot afford Internet access for their homes. I actually feel that our public health population is better educated about oral hygiene and nutrition than our general population due to this very early intervention. We simply are not spending the time in our private practices with this type of education. I have been convicted about this since I have come on board with my public health work. I now try to include the same type of education when working with our young patients in private practice.

In conclusion, I feel amending this rule would be a great disservice to the people of Iowa and most specifically the children!

Sincerely,



Elizabeth VanZuiden

Braness, Christel [IDB]

From: Stephen R. Thies <srthis@QwestOffice.Net>
Sent: Wednesday, December 31, 2014 5:42 PM
To: Braness, Christel [IDB]
Subject: RE: Petition for Rulemaking

Iowa Dental Board,

Regarding the Petition for Rulemaking concerning the expansion of the definition of public health setting to include correctional facilities, the Iowa Academy of General Dentistry feels strongly that correctional facilities should not be included as a public health setting for purposes of public health supervision of a dental hygienist by a dentist. This is an unintended expansion of the original rule. If the dental board desires to include correctional facilities as a public health setting for dental hygiene treatment in a collaborative agreement with an off-site dentist, then an opportunity for public comment should occur.

Provision of dental hygiene treatment for adults in a correctional facility may be an involved complex activity. Adults in general may have a range of periodontal disease types beginning with gingivitis to advanced periodontitis. The prison population is much more likely than the general population to have minimal dental care and poor OHI. There may be moderate to advanced periodontitis with a history of no dental treatment or episodic pain treatment. They may have loose teeth, heavy deposits, inflammation, pain, gingival/periodontal abscess, periapical radiolucencies, oral cancer, and decayed, broken teeth. There may be serious medical illnesses including diabetes, heart disease, alcoholism, drug abuse, and physical trauma. There may be joint replacement requiring prophylactic premedication.

All of these factors require a physical evaluation on-site by a dentist. The provision of dental treatment for a population with these complications can create or exacerbate existing problems. An on-site dental examination by a dentist to provide a treatment plan must be done before any treatment is provided by a dental hygienist.

We ask the dental board to not include correctional facilities in the definition of public health settings. We appreciate your consideration.

Thank you,

Dr. Stephen R. Thies
Legislative chair
Iowa Academy of General Dentistry

From: Braness, Christel [IDB] [mailto:Christel.Braness@iowa.gov]
Sent: Monday, December 08, 2014 7:58 AM
To: Iowa Dental Board [IDB]
Subject: Petition for Rulemaking
Importance: High

The Iowa Dental Board has received a petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5. This item is being forwarded for review by interested parties. The Board will accept written comments on the proposal through the close of business on December 31, 2014.

Let me know if you have any questions.

Christel Braness, Program Planner

Iowa Dental Board

400 SW 8th St., Suite D

Des Moines, IA 50309

Phone: 515-242-6369; Fax: 515-281-7969; www.dentalboard.iowa.gov

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December 31, 2014

Dr. Steven Bradley, Chair
Iowa Dental Board
400 S. W. 8th Street, Suite D
Des Moines, IA 50309

Via e-mail: christel.braness@iowa.gov

RE: Petition for rulemaking submitted by the Iowa Dental Association

Dear Dr. Bradley:

I am writing in **opposition** to the petition submitted by the Iowa Dental Association. The request is for the wording "and federal, state, or local public health programs" be removed from the rule 10.5(1) – *Public Health Settings defined*.

This change would seriously affect the very successful public health programs employing public health dental hygienists who perform screenings, and apply fluoride and sealants. Federal programs such as the WIC clinics and public health clinics held in local public health agencies are federal, state and local public health programs and would have to be eliminated from the site list. This would seriously compromise these programs.

To my knowledge, there have been no complaints or consequences as a result of the treatment provided by the public health hygienists in these programs. What I do know are the statistics of the number of screenings (over 78,000), fluoride applications (over 50,000), and sealants (over 33,000) done in these public health programs. This doesn't include the education provided to countless families and the number of costly hospital emergency room visits prevented by offering these services. The screenings alone have prompted over 39,000 referrals to dentists in Iowa.

All the procedures performed by the dental hygienists have been authorized by the supervising dentist and these procedures are not life-threatening and **do not compromise the safety of the patients**.

Thank you for allowing me to provide comments.

Sincerely,

Nancy Miller, RDH, BS

Braness, Christel [IDB]

From: Nadine DeVoss <nadine.devossrdh@gmail.com>
Sent: Wednesday, December 31, 2014 8:03 AM
To: Braness, Christel [IDB]
Subject: IDHA comments on IDA petition
Attachments: Comment Letter responding to IDA petition for rulemaking revised(1).docx

Attached is the IDHA response to the proposed IDA petition.

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Nadine DeVoss, RDH, BS
President
Iowa Dental Hygienists' Association

December 22, 2014

Dr. Steve Bradley, Chair
Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309

Via email: christel.braness@iowa.gov

RE: Comments re: Petition for Rulemaking Submission by the Iowa Dental Association

Dear Dr. Bradley;

Please find below comments from the Iowa Dental Hygienists Association (IDHA) regarding the petition for rulemaking submitted on December 3, 2014 by the Iowa Dental Association that would eliminate "federal, state, or local public health programs" from the list of approved public health settings in which a dental hygienist can provide services under public health supervision. IDHA opposes this petition, and urges the Dental Board to use its authority under 650 IAC Section 7.1 (6) to deny the petition.

IDHA opposes this petition because it will have a significant detrimental impact on access to high-quality oral health care, especially care which is facilitated by the State of Iowa's I-Smile program. Additionally, we believe that the petition should be denied because it fails to provide any evidence, nor has any evidence been ever provided to the Dental Board, that the provision of dental hygiene services at any of the current approved settings in any way compromises the public safety of Iowans; instead the opposite is true. Iowans are benefiting from increased access to high-quality oral health care thanks to the dental hygiene services provided at public health settings.

Finally, IDHA opposes this petition because we find it be wholly inconsistent with past statements of the Iowa Dental Association that (1) they support the I-Smile program, a program that would be significantly undermined if dental hygienists were not able to work at public health care program settings, and (2) they would like to see a comprehensive review of public health supervision occur before any changes are made in the program.

By proposing to eliminate public health programs as an allowed site under public health supervision, the Iowa Dental Association has indicated that it clearly does not understand the important role that these public health programs play in helping more Iowa children gain access to oral health care services provided BOTH by dental hygienists and dentists. According to 2013 I-Smile report, from 2005 to 2013, the number of children in Iowa who received oral health services from a dental professional at a Title V clinic increased by 20,000, but the number of children in Iowa who saw a dentist thanks to the care coordination work done by a dental hygienist increased by nearly 50,000. Additionally, the report noted that 48% of children in Iowa who are enrolled in Medicaid saw a dentist last year, up from 43% in 2010. The national average is 37%.

Policymakers and all major oral health advocacy groups in Iowa agree that the I-Smile program has played a central role in these very positive numbers. What's more, almost all of the I-Smile coordinators across Iowa who implement this program are housed in Title V federal public health programs, i.e. the type of programs that no longer could serve as a location for dental hygienists to provide services under the Iowa Dental Association's petition for rule-making.

IDHA also believes that IDA's petition incorrectly represents the action that was taken by the Iowa Dental Board at its October 17 meeting, an action that was later ratified at the Board's October 31st meeting. At the October 17th meeting, the Dental Board had on its agenda, listed under "VII. Other Business", the following item: "D. Request to Include Correctional Facilities in Public Health Supervision Locations." This request came from the Iowa Department of Corrections, which was seeking an interpretation by the Dental Board whether a state prison constituted a state public health program under 650 IAC Section 10.5(1). At both the October 17 and October 31 Dental Board meetings, the Board voted to inform the Department of Corrections that yes, in fact, a prison fit under that definition.

Both IDA's petition and its letter to the Board on October 24 makes a legally indefensible case that by merely responding to a question regarding the interpretation of its rules, the Board was engaged in rulemaking or expanding the scope of its current rules. Such a statement is inconsistent with Iowa Code Section 17A.2, which states, "The term (rule). . . does not include: *b.* A declaratory order issued pursuant to section 17A.9, or an **interpretation issued by an agency with respect to a specific set of facts and intended to apply only to that specific set of facts. (Emphasis added)**. Clearly the action that the Dental Board took on October 17, 2014 and October 31, 2014 falls into this category.

Because of the overwhelming evidence that the step proposed by the Iowa Dental Board in its December 3, 2014 petition would be a public policy disaster for the State of Iowa, IDHA would urge the Board to use the authority provided in its rules under 650 IAC Section 7.1 (6) to deny this petition. Thank you for your consideration of these comments.

Sincerely,

Nadine DeVoss, President
Iowa Dental Hygienists Association
20524 Greenview Rd.
Council Bluffs, IA 51503
nadine.devossrdh@gmail.com

Braness, Christel [IDB]

From: Julie MCMAHON <mcmahon_ia@mac.com>
Sent: Wednesday, December 31, 2014 4:58 PM
To: Iowa Dental Board [IDB]
Cc: McMahon Julie
Subject: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5.

RE: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5.

Dear Dental Board Members:

IOWA CareGivers was recently made aware of a petition filed by the Iowa Dental Association to amend 650 IAC 10.5(1). Specifically, that proposed amendment would remove the words “federal, state, or local public health programs” from the definition of “Public Health Settings” found in that section. According to Section 10.5(1), public health settings also include schools, Head Start programs, programs affiliated with Early Childhood Iowa initiative, child care centers, federally qualified health centers, public health dental vans, and nursing facilities. The instigating event leading to the proposed amendment was the Iowa Dental Board’s interpretation to include correctional facilities as a public health program. The Iowa Dental Association is concerned with the vagueness of the words “federal, state, or local public health programs” as well as the safety of dental patients at correctional facilities. However, if the amendment were adopted, the ability of local health departments, including maternal-child health agencies, to provide quality gap-filling oral health services to persons who would otherwise have little or no access to those services elsewhere would be severely limited. Therefore, the IOWA CareGivers joins our many partners in both the private and public sector in expressing our strong opposition to the amendment as proposed and encourages the Dental Board to continue to support the ability of dental hygienists to practice, under a public health supervision agreement, as currently interpreted.

Currently, registered dental hygienists must obtain a public health supervision agreement with a dentist when working in public health settings. This agreement allows the dental hygienist to perform services approved by the dentist without direct onsite supervision. The dentist only needs to be available for communication and consultation.

The public health services agreement specifies: a) the actual location(s) where the dental hygienist may provide services; b) how communication and consultation will be maintained; c) how patient dental records will be maintained; and d) age and procedure-specific standing orders as directed by the supervising dentist for dental assessment/screening, sealants, fluoride varnish, oral prophylaxis, radiographs, and education. The agreement is reviewed biennially. The dental hygienist must complete and submit a summary report to the Oral Health Center of the Iowa Department of Public Health once per calendar year.

There are 110 dental hygienists with public health supervision agreements in Iowa. Collectively, these hygienists provided nearly 40,000 dental referrals for regular care and nearly 7,000 referrals for urgent care for children age birth to 20 years in 2013. More recently, IOWA CareGivers has joined many other partners concerned about access to oral health care for older Iowans in the Lifelong Smiles Coalition. Much of the work that has been initiated to address the older Iowans' oral health needs would be impacted by this petition. This includes providing oral health education for direct care workers.

The public health programs provided by local public health agencies in Iowa are the only means of dental care for many residents in their communities. If local public health programs are eliminated from the definition of "Public Health Settings" many children and adults, including older Iowans, would have nowhere to turn for these important preventative services. Local public health departments provide vital, gap-filling services to those without access elsewhere. There is neither the capacity nor the resources to provide these services outside of these public health programs.

Local public health programs have enjoyed long-lasting effective relationships with dentists in Iowa to take preventive oral health programs to those with no access. IOWA CareGivers strongly encourages the Iowa Dental Board to preserve this history and reject the petition to redefine public health settings. We further encourage open dialogue with all interested parties to accurately define the specific concerns about the location of dental hygiene practice in Iowa under public health settings, and address those very specific concerns in a targeted fashion.

Thank you for your consideration in this matter.

Julie McMahon, Consultant with IOWA CareGivers

December 30, 2014

To: Iowa Dental Board

From: Kathy Moreno, RDH

RE: Petition for Rulemaking – Public Health Supervision Rules, Iowa Admin Code 650-10.5

This letter is to communicate my concerns regarding the proposed rule change in public health supervision locations. This proposed change would eliminate federal, state, and local public health programs as acceptable locations for public health supervision hygienists. This will greatly reduce access to dental screenings, preventative services, education, and referral services for our most vulnerable residents.

As an I-Smile™ hygienist for Woodbury County, I work under a public health supervision agreement. The I-Smile™ program is intended to help build and support a strong dental community infrastructure. Our program is meant to complement the existing dental provider community by providing basic preventative services, increasing dental health awareness, and guiding clients and their families through the dental health care system. Ultimately, the I-Smile™ program helps participating families to become competent, independent, and responsible dental health care consumers. The I-Smile™ Oral Health Program reaches out to families in the WIC, Maternal Health and Child Health Programs. Between 1200 and 1600 children ages birth through 5 have received oral health screenings and fluoride varnish applications annually from Siouxland District Health Department's Oral Health Program. Many of these clients would not receive any dental services and/or would not seek out regular periodic exams from a dental office without the guidance received from our program. Each client is referred to a dentist for regular periodic visits and on average 29% of all children seen have been referred for definitive diagnosis and possible treatment of suspected decay. If the proposed rule change is allowed to pass, all of these programs would become inaccessible to the I-Smile™ program, further increasing the gap between low-income Iowans and dental health services.

Limited access to dental care is a well-documented issue in Iowa. In the FFY 2013 EPSDT Dental Services Report it is shown that in Woodbury County a total of 16,020 residents age 0 to 20 years were eligible for Medicaid benefits. Only 8,580 or 54% of those eligible received any dental services. This includes services from a dental office or clinic, a Federally Qualified Health Center, a screening center or a physician's office. For the state of Iowa as a whole the numbers are even more discouraging, with only 52% of those eligible receiving any dental services in FFY 13. This shows that there are barriers to dental care for low-income Iowans. This is due to a shortage of providers, an insufficient number of providers who will accept new Title 19 patients and a lack of understanding of dental care needs in this population. Approving this petition will further limit the options for preventative services, education and referral services, having a negative impact on the dental wellbeing of Iowa's population.

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NURSING
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Fax (712) 255-2605

NUTRITION/WIC
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Fax (712) 255-2677

SIouxLAND
DISTRICT HEALTH
DEPARTMENT

Public Health Supervision (PHS) dentists who supervise the care provided in public health settings are made aware of and approve yearly a detailed list of public health settings and dental services being provided under the agreement. When a dentist enters into a PHS agreement with a dental hygienist they are approving individual locations and services. These services take place in the county in which the dentist lives, where the dentist is aware of the needs and dental access to care disparities of the residents. The safety of the population served, as well as the needs being met and the benefits received by the targeted population are all things which a PHS dentist should consider before approving these locations and services.

In conclusion, it is my hope that the Iowa Dental Board will recognize the important role Public Health plays in reaching the families in our population with the most need. Together the private and public dental networks have the potential to make a great impact in the dental wellness of all Iowans. I encourage the Board to not approve the requested change that is outlined in the submitted petition.

Thank you for consideration in this matter,



Kathy Moreno, RDH
I-Smile™, Woodbury County Iowa

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SIOUXLAND
DISTRICT HEALTH
DEPARTMENT

December 30, 2014

To: Iowa Dental Board

From: April L. Padgett, RDH

RE: Petition for Rulemaking – Public Health Supervision Rules, Iowa Admin Code 650-10.5

This letter is to communicate my concerns regarding the proposed rule change in public health supervision locations. This proposed change would eliminate federal, state, and local public health programs as acceptable locations for public health supervision hygienists. This will greatly reduce access to dental screenings, preventative services, education, and referral services for our most vulnerable residents.

As the I-Smile™ coordinator for Woodbury County, both my direct care hygienist and I work under a public health supervision agreement. The I-Smile™ program is intended to help build and support a strong dental community infrastructure. Our program is meant to complement the existing dental provider community by providing basic preventative services, increasing dental health awareness, and guiding clients and their families through the dental health care system. Ultimately, the I-Smile™ program helps participating families to become competent, independent, and responsible dental health care consumers. The I-Smile™ Oral Health Program reaches out to families in the WIC, Maternal Health and Child Health Programs. Between 1200 and 1600 children ages birth through 5 have received oral health screenings and fluoride varnish applications annually from Siouxland District Health Department's Oral Health Program. Many of these clients would not receive any dental services and/or would not seek out regular periodic exams from a dental office without the guidance received from our program. Each client is referred to a dentist for regular periodic visits and on average 29% of all children seen have been referred for definitive diagnosis and possible treatment of suspected decay. If the proposed rule change is allowed to pass, all of these programs would become inaccessible to the I-Smile™ program, further increasing the gap between low-income Iowans and dental health services.

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SIouxLAND
DISTRICT HEALTH
DEPARTMENT

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In conclusion, it is my hope that the Iowa Dental Board will recognize the important role Public Health plays in reaching the families in our population with the most need. Together the private and public dental networks have the potential to make a great impact in the dental wellness of all Iowans. I encourage the Board to not approve the requested change that is outlined in the submitted petition.

Thank you for consideration in this matter,



April L. Padgett, RDH
I-Smile™ Coordinator, Woodbury County Iowa

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BUENA VISTA COUNTY BOARD OF HEALTH

1709 East Richland
P.O. Box 663
Storm Lake, Iowa 50588

Phone: 712-749-2548
Fax: 712-749-2549

December 31, 2014

Iowa Dental Board
400 SW 8th St. Suite D
Des Moines, IA 50309

RE: Petition for rulemaking to amend the public health supervision rules—Iowa Administrative Code 650—10.5

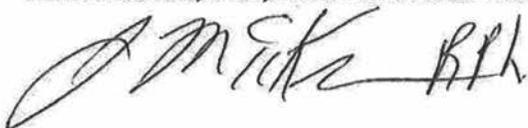
Dear Dental Board Members:

The Buena Vista County Board of Health (BOH) was recently made aware of a petition filed by the Iowa Dental Association to amend 650 IAC 10.5(1). Specifically the proposed amendment would remove the words “federal, state, or local public health programs” from the definition of “Public Health Settings” found in that section. According to Section 10.5(1), public health settings also include schools, Head Start programs, programs affiliated with Early Childhood Iowa initiative, child care centers, federally qualified health centers, public health dental vans and nursing facilities. If this amendment is adopted, the ability of local health departments to provide quality gap-filling oral health services to persons who would otherwise have little or no access to those services elsewhere would be severely limited.

Therefore, the Buena Vista County Board of Health expresses its strong opposition to the amendment as proposed and encourages the Dental Board to continue to support the ability of dental hygienists to practice, under a public health supervision agreement, as currently interpreted. Currently, registered dental hygienists must obtain a public health supervision agreement with a dentist when working in public health settings. This agreement allows the dental hygienist to perform services approved by the dentist without direct onsite supervision. The dentist only needs to be available for communication and consultation. The amendment as proposed would eliminate many well-established and effective public dental hygiene programs in the State resulting in tens of thousands of low-income Iowans losing access to preventative dental services. The Buena Vista County Board of Health strongly encourages the Iowa Dental Board to reject the petition to redefine public health settings and encourage open dialogue with interested parties to accurately define the specific concerns of the petitioner as well as the public health community.

Thank you for your consideration in this matter.

Communication approved by the Buena Vista County Board of Health, December 30, 2014
Jon McKenna, RPh, Board of Health Chair



December 31, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309

Re: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650-10.5.

Dear Dental Board Members:

As a Marshall County Board of Health member I was recently made aware of a petition filed by the Iowa Dental Association to amend 650 IAC 10.5 (1). I am concerned that this amendment will limit access to oral health services. This is a significant concern for our population.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs such as WIC without a dentist first seeing them. Restricting access to preventive oral health services provided by dental hygienists working under public health supervision will reduce the progress that has currently been made in reducing the oral health disease burden in Iowa.

I do not support changes to Administrative Code 650—10.5, Public Health Supervision rules defining public health setting for dental hygienists.

Sincerely,

David Thomas, M.D.
Marshall County Board of Health

December 31, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309

Re: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650-10.5.

Dear Dental Board Members:

As a Marshall County Board of Health member I was recently made aware of a petition filed by the Iowa Dental Association to amend 650 IAC 10.5 (1). I am concerned that this amendment will limit access to oral health services. This is a significant concern for our population.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs such as WIC without a dentist first seeing them. Restricting access to preventive oral health services provided by dental hygienists working under public health supervision will reduce the progress that has currently been made in reducing the oral health disease burden in Iowa.

I do not support changes to Administrative Code 650—10.5, Public Health Supervision rules defining public health setting for dental hygienists.

Sincerely,

Kenneth Lyons, M.D.
Marshall County Board of Health

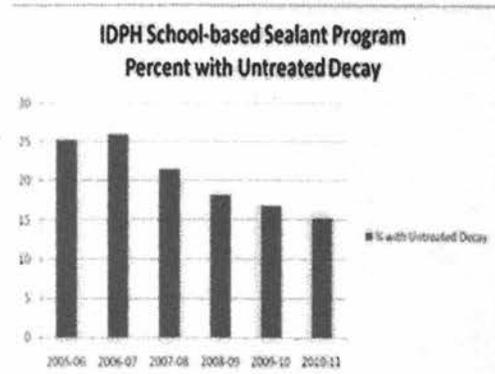
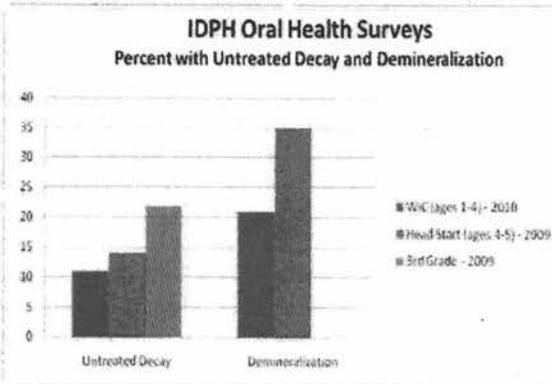
December 31, 2014

Iowa Dental Board
400 SW 8th St. Suite D
Des Moines, IA 50309

Dear Board Members,

This letter is written in response to the petition submitted by the Iowa Dental Association to amend rule 650 IAC 10.5 (1) regarding the definition of "public health settings" by deleting the phrase: "and federal, state, or local public health programs." I do not support this change. Reasons for this position are provided below.

There is a substantial need for assessment of dental status and provision of preventive dental hygiene care in all types of public health settings in Iowa. Recent data from surveys conducted by the Iowa Department of Public Health (IDPH) indicate that a meaningful percent of young children have untreated decay (left graph below). Further, data as of 2011 regarding children in school-based sealant programs show that 15% have untreated decay. However, the data also show that children in these programs demonstrate 10% less untreated decay between the years 2005/06 and 2010/11 during which public health hygienists have been providing care in these programs (right graph below).



In terms of the need for preventive care nationwide, only 44.5% of persons aged 2 years and older had a dental visit in the past year and only 30.2% of children and adolescents aged 2 to 18 years at or below 200 percent of the Federal poverty level received a preventive dental service during the past year (Healthy People 2020). Reference to the poverty level gives visibility to the fact that care needs are not normally distributed throughout the US population. The vulnerable and underserved suffer disproportionately. One example of these disparities is seen in Iowa prisons. A study (*J Dent Hyg.* 2002 Spring;76(2):141-50) conducted in 1998 showed that a representative sample of newly admitted inmates at the Iowa Medical Classification Center, had 8.4 times the amount of untreated decay as dentate, noninstitutionalized U.S. adults. Disparities also exist by income, insurance status and other determinants of health.

Long lines of Iowans seeking dental care at "free care" weekends demonstrate the need for dental and dental hygiene services. However, this type of care does not connect these people with dental homes. The Iowa Dental Association needs to develop feasible, sustainable methods of delivering care to all in need.

Use of hygienists in public health settings to "assess" dental needs is a needed and viable use of this non-dentist member of the dental care team. A study (J Dent Hyg. 2006 Spring;80(2):9) conducted in Iowa in 2006 indicated that hygienists with minimal public health setting equipment correctly identified the presence of decay 96% of the time. Consider the benefit this could provide the 6759 Iowans between the ages of 0-20 who were referred for urgent care by dental hygienists in public health settings as of 2013.

Limiting public health settings to those which are specifically mentioned in the rule could result in loss of dental hygiene services in programs such as Women, Infants and Children (WIC) and dental clinics under the auspices of the Veteran's Administration and the Indian Health Service. Further other public health programs might be lost if the change disrupted current funding arrangements between local, state and federal agencies. A change in the wording may also limit Iowa's participation in future, new public health initiatives and programs.

Such limitations would put the Iowa Dental Board in jeopardy of being out of alignment with federal agencies which have recognized and supported increased use of non-dentist health care providers. As of 2003, the Federal Trade Commission (FTC) sued the South Carolina Board of Dentistry for its policy regarding use of dental hygienists in schools based on the fact that it unreasonably restrained competition and deprived thousands of economically disadvantaged schoolchildren of needed dental care. While public health settings in Iowa currently include schools, the same argument could be used for other unlisted settings which serve needy individuals. Further, in 2011 The Institute of Medicine (IOM) and the Centers for Medicare and Medicaid concluded that more efficient and expanded use of non-dentist professionals is needed to improve access to oral health care by vulnerable and underserved populations. One of the recommendations made by the IOM was to change practice acts which limit such use.

Change in the wording of the definition of public health settings is based on the fear that without these changes dental hygiene care will be "unsafe." The records do not justify this fear. Since 2003, when public health supervision was enacted, none of the hygienists working with this type of supervision have been found to be providing care which jeopardizes "public safety." No complaints by individuals receiving hygiene care or health care providers have been made. Therefore, this petition is being submitted without justification.

As the former the Director of Dental Hygiene Education for the American Dental Association's Council of Dental Education/Commission on Dental Accreditation from 1974-78 and a faculty member in the University of Iowa's Dental Hygiene Programs 1980-95, the writer would like to remind Board members that even though public health supervision is broader than other forms of supervision for dental hygienists, the quality of care provided by these hygienists has many safeguards in place: graduation from an accredited educational program; acquisition and on-going maintenance of a license to practice, having an agreement with a supervising dentist in which the dentist specifies WHAT services are provided as well as HOW and WHERE they are provided, communication with the supervising dentist such that the supervising dentist is required to be available for communication and consultation.

As the data and information presented in this letter show, public health dental hygiene services are successfully helping address unmet dental needs in Iowa. Please do not limit these services or prevent future dental health needs from being addressed by public health dental hygienists.

Respectfully,

A handwritten signature in cursive script that reads "Nancy Thompson".

Nancy Nielsen Thompson, RDH, PhD
827 Brown Street
Iowa City, IA 52245



December 31, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309

Members of the Iowa Dental Board,

The Iowa Primary Care Association is **not** in support of the petition for rule making in regards to the proposed amendment to 650 IAC 10.5(1) that relates to the definition of a public health setting.

The current flexibility in the language allows many children and pregnant women to be able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs, such as WIC, without a dentist first seeing them. These services improve access and reduce the disease burden in Iowa's communities. Removing "federal, state and local public health programs" from the allowable settings for public health supervision of dental hygienists will decrease the effectiveness of current programs, restrict flexibility, and may increase the number of patients accessing emergency rooms for dental issues.

Also, if this change were made, adding a new setting for public health supervision services would require the rule to be re-opened, comments received, and consideration/determination made by the Board, adding administrative burden to the Board and hurdles for the requesting organization to overcome. Creating a narrow "laundry list" of allowed settings limits flexibility for organizations that want to improve access to oral health preventive services.

As the member association for Iowa's Federally Qualified Health Centers, most of which provide oral health services to the safety net population, we value the public health supervision program and believe approval of this suggested amendment moves the state in the wrong direction by limiting access to oral health preventive services. We ask that the Iowa Dental Board deny this request.

Sincerely,

A handwritten signature in black ink, appearing to read "TJB", is written over a light gray background.

Theodore J. Boesen, Jr.
CEO

Braness, Christel [IDB]

From: Clemen, Laura A. <Laura.Clemen@unitypoint.org>
Sent: Wednesday, December 31, 2014 11:19 AM
To: Iowa Dental Board [IDB]
Subject: FW: PHS for RDH

From: Clemen, Laura A.
Sent: Wednesday, December 31, 2014 10:41 AM
To: IDB@iowa.gov
Subject: PHS for RDH

To IDA Board,

I am writing as a RDH with a PHS agreement, I implore you to reconsider your petition to amend the rules for hygienists in public health. If more specific rules are required to make the guidelines more understandable and accountable than I agree with this, but cutting out public health settings such as WIC and sealant programs would be taking a huge part of very needed dental services away from a population that has limited resources as it is.

Please take this into consideration when making your guidelines as we don't want to limit services by making petty rules that would affect a large group of Iowans who need it most!

Sincerely,
Laura Clemen RDHBS

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Braness, Christel [IDB]

From: Clemen, Laura A. <Laura.Clemen@unitypoint.org>
Sent: Wednesday, December 31, 2014 10:42 AM
To: Iowa Dental Board [IDB]
Subject: PHS for RDH

To IDA Board,

I am writing as a RDH with a PHS agreement, I implore you to reconsider your petition to amend the rules for hygienists in public health. If more specific rules are required to make the guidelines more understandable and accountable than I agree with this, but cutting out public health settings such as WIC and sealant programs would be taking a huge part of very needed dental services away from a population that has limited resources as it is.

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Sincerely,
Laura Clemen RDHBS

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SIouxLAND
DISTRICT HEALTH
DEPARTMENT

December 30, 2014

To: Iowa Dental Board

From: Sharon Schroeder, RD, LD, Nutrition/WIC Director, Siouxland District Health Department

Re: Petition for rulemaking to amend the rules for public health supervision of a dental hygienist by a dentist – Iowa Administrative Code 650-10.5

Dear Dental Board Members:

I would like to express my concern about the negative impact that this proposed rule change will have on the dental and medical health of the children of Woodbury County and the entire state of Iowa. The proposed change to eliminate the words “and federal, state, or local public health programs” from the definition of “Public Health Settings” within the Iowa Administrative Code 650 – 10.5 will prevent these oral health services in WIC programs. This will have an immediate and long lasting effect on the children served through our Woodbury County and all of the Iowa WIC program. As the director of one of the larger Iowa WIC programs, 88% of our children in FY 2014 who received an oral health screening (including education and fluoride varnish) did not have a dentist and were therefore referred on for care. This WIC program served an average of 41% of the county’s birth through 4 year old population according to Iowa Kids Count 2009 - 2012 data.

According to the National Children’s Oral Health Foundation, childhood tooth decay is the #1 chronic childhood illness. Left untreated, this leads to pain and infection causing problems with eating, speaking, and learning. In the US, more than 51 million school hours and 164 million work hours are lost each year due to childhood dental disease, leading to increased educational disparities and decreased parental work productivity. For every \$1 spent on oral health preventive measures, American taxpayers save as much as \$50 on restorative and emergency procedures for the under and uninsured. Eliminating “and federal, state, and local public health programs” from the definition of “Public Health Settings” would take away the ability to find children in need of care and to be referred on for that care. Many local dentists are receptive to these referrals from our 2 dental hygienists.

I encourage the Iowa Dental Board to not approve the proposed change in the wording for “Public Health Settings”. The existing wording has allowed public health programming such as the WIC program to utilize dental hygienists under Public Health Supervision to screen children, make referrals to dentists and thus improve the dental and medical health of our young children. Let us continue to provide preventive oral health services to those with no access.

Thank you for consideration in this matter.

Sharon Schroeder, RD, LD
Nutrition/WIC Director

Sharon Schroeder, RD, LD

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NUTRITION/WIC
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December 29, 2014

Re: Petition_650-10-5

Dental Hygiene Public Health Supervision

Dear Iowa Dental Board,

I am writing in regards to the proposed supervision definition change, and would like to clarify why I am in opposition to the proposed change.

There has been a national/regional focus in the past years to increase access to care to the underserved in all areas of the United States. This progressive vision has resulted in proposed new alternative treatment methods, providers, and expanded insurance services. As the rest of the nation moves forward to increasing access, the Iowa Dental Associations proposal moves backwards, to reduce access.

As the petitioner has challenged the supervision wording as being "vague, catch-all language", the exclusion of the identified wording leaves the supervision agreement very limited and restrictive. As the Board has 2 members that represent the public, their input should represent the public concerns and stalling the progress of increased access while waiting for public comment is potentially damaging to the public welfare. As the Iowa Dental Association repeatedly refers to the safety of the care in the article, I feel this undermines the professional commitment of the dentist that signs the written agreement with the public health dental hygienist. By signing the agreement, they are responsible for defining the services to be provided in the specific setting. This also presents the impression that, although an experienced dental hygienist, they are perceived as not being competent to provide care in all settings. This undermines the licensure and supervision agreements set forth by the Iowa Dental Board.

The issue of safety is also an unfounded concern. There is evidence in various literature sources that supports the innovative use of dental hygienists resulting in improved patient satisfaction and quality outcomes. There is no documentation of harm caused by hygienists in public health settings. If an issue of performance does arise, the Iowa Dental Board is in place to address that, be it a dentist or dental hygienist.

As, "The Iowa Dental Board is a state agency charged with the overall responsibility for regulating the professions of dentistry, dental hygiene, and dental assisting in the state of Iowa", this proposal is interfering with the Iowa Dental Board decisions and reduces the availability of dental care, by increasing administrative burden.

In summary, I question the motivation for this proposal. I feel that moving in the direction that the Iowa Dental Association is suggesting will further complicate an already burdened system for managing the underserved. In addition to the barriers the underserved experience by living in poverty, they are also faced with very limited numbers of dental practices that accept their insurance, or are willing to see them in their offices. With few options available to receive dental care, they resort to more costly, inefficient methods of treatment. The Iowa Dental

Association should instead, direct their resources and attention to removing these barriers. The Federal Government recognizes these issues and is supportive of expanding access by using alternative methods. I find the proposals of the Iowa Dental Board to be very narrow in purpose and in conflict with the national agenda.

Thank you for your time and consideration,

Respectfully,

Tena M. Springer, DH, BS, MA

Braness, Christel [IDB]

From: A Kelley <akelleyrdh@gmail.com>
Sent: Tuesday, December 30, 2014 9:08 PM
To: Iowa Dental Board [IDB]
Subject: comments for the proposed changes to the PHS agreement

To the Dental Board,

I am disappointed to hear that IDA is petitioning to change the language of the Public Supervision Agreement, "public health settings"

I work in private practice in Council Bluffs that does accept Medicaid. We do see cross over patients every once in a while of patients that have had to access "public health settings" in order to have their children seen for preventative services. They either didn't have insurance, Medicaid, the time, a car, or any other resource available to them to be seen in the traditional office. They were very appreciative that this was available to them at the time.

The populations that the Public Health Supervision serves is a special dental need population and I don't think limiting preventative services is a forward step.

I would assume the supervising dentist and hygienist should be able to make the determining decisions in which public health settings they feel comfortable working in. Don't tie their hands and the valuable services they can provide.

Thanks for taking the time to consider all comments.

Angie Kelley, RDH, BS

Braness, Christel [IDB]

From: Peggy Stecklein <pstecklein@iowapca.org>
Sent: Tuesday, December 30, 2014 5:41 PM
To: Iowa Dental Board [IDB]
Subject: Comment on Proposed Amendment 650 IAC 15.5(1)
Attachments: IARHC Ltr Re Iowa Dental Board.pdf

Attached is a letter from the Iowa Association of Rural Health Clinics not in support of the petition for rule-making in regards to the proposed amendment to 650 IAC 15.5(1) that relates to the definition of a public health setting.

Peggy Stecklein, Program Manager
IOWA PRIMARY Care Association
9943 Hickman Road, Suite 103, Urbandale, IA 50322
515.333.5025
pstecklein@iowapca.org



Members of the Iowa Dental Board,

The Iowa Association of Rural Health Clinics do not support the petition for rule-making in regards to the proposed amendment to 650 IAC 15.5(1) that relates to the definition of a public health setting.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs, such as WIC, without a dentist first seeing them. These services improve access and reduce the disease burden in our rural communities throughout the state. Removing the language "federal, state and local public health programs" from the allowable settings for public health supervision of dental hygienists will decrease the effectiveness of current programs and may increase the number of patients accessing emergency rooms for dental issues.

Also, if this change were made, adding a new setting for public health supervision services would require the rule to be re-opened, comments received, and consideration/determination made by the Board, adding administrative burden to the Board and additional hurdles for the requesting organization to overcome. Creating a narrow "laundry list" of allowed settings limits flexibility for organizations that want to improve access to oral health preventive services.

As healthcare providers who serve many low income individuals who lack access to oral health care, our rural health clinics value the role of the public health supervision program, and believe approval of this suggested change in language moves the state in the wrong direction. Rather than limiting access, we want to see efforts made to increase access to oral health preventive services.

We ask that the Iowa Dental Board deny this request.

Sincerely,

Jodi Ricklefs
Board President

Braness, Christel [IDB]

From: sherry steinbach <sherrysteinbach@hotmail.com>
Sent: Tuesday, December 30, 2014 4:02 PM
To: Iowa Dental Board [IDB]
Subject: Public Supervision Agreements

Dear Iowa Dental Board,

I am a dental hygienist working with the I Smile program. I work with the WIC clinics in Chariton, Corydon and Albia. Since the beginning of 2014 I have seen around 500 clients. The youngest was a 2 day old girl. The mother wanted to learn how to clean her mouth. The mother had 4 older boys and they have had several restorations, she wanted to avoid this with her daughter. Patient education included daily cleaning of the mouth as well as the causes of cavities with high sugar in the diet, poor brushing habits and not seeing a dentist at least every 6 months. This is just one case of client care from I Smile. I am finding more parents that are taking their children to see a dentist. On the referral letter that each client receives after a screening it states that the oral screening does not take the place of a dental exam with a dentist.

I consider myself as an extension of a dental practice working outside a dental office, trying to stress the importance of a preventable disease of oral cavities.

I Smile is a very important public health program. I want to help as many people as I can and this is and can be accomplished through public health programs.

Please keep all federal, state and local health programs like I Smile available to the residents of our state.

Thank you for your time.

Respectfully,

Sherry Steinbach, RDH

I Smile Dental Hygienist with Marion County Public Health



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Gerd W. Clabaugh, MPA
Director

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

December 30, 2014

Christel Braness
Program Planner
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309 – 4687

RE: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5.

Dear Ms. Braness:

The Iowa Department of Public Health objects to the Iowa Dental Association's petition to amend the public health supervision (PHS) rules. The department believes the proposal to eliminate "federal, state, and local public health programs" from public health supervisory sites is counterproductive to its mission to promote and protect the health of Iowans. This language change also strikes at the very heart and purpose for which the Iowa Dental Board (then Iowa Board of Dental Examiners) initially established the PHS rules in 2004.

While the department acknowledges the petitioner's concern about the interpretation of "federal, state or local public health programs" to include dental care provided in Iowa correctional facilities, striking the language would have a significant and deleterious impact on access to dental prevention care for underserved Iowans. A more judicious approach would be a rulemaking that provides notice and an opportunity for public comment about language that more specifically defines public health programs to replace this term in the rules. While many public health programs are not definable bricks-and-mortar places, they could be defined by various criteria that could be outlined in the Board's rules. For example, the rules could specify that services provided under contract with the Iowa Department of Public Health (IDPH) or the US Department of Health and Human Services (HHS), would benefit from the PHS provisions of the rules. This will also enable enforcement by compelling any service provider claiming this provision to produce documentation demonstrating this contractual relationship. Public health programs operate in a variety of community locations including churches, hospitals, medical clinics, other community buildings, and shopping malls. However, this approach would maintain critical services for vulnerable populations and could be expedited in a more reasonable period of time compared to debating whether to add individual specific settings on an ongoing basis.

On August 21, 2003, the Iowa Board of Dental Examiners (IBDE) approved an amendment to allow dental hygienists to perform prevention-based dental services in public health settings without onsite direct supervision by a dentist. The goal of the change was to extend the available dental workforce to increase dental prevention care access to underserved Iowans. Because the majority of dental hygienists working under PHS are employed or contracted through public health agencies, the Iowa Department of Public Health serves as the primary fiduciary agent for the majority of these activities. These activities are funded using a variety of financial and contractual methods and federal and state resources. Local public health agencies employ and deploy PHS dental hygienists in a variety of service sites covered by the term, "federal, state or local public health programs" including local WIC clinics (a federally funded public health program) serving children,

pregnant, breastfeeding and postpartum women; local Title V program clinics (a public health program funded with federal and state resources) serving children and pregnant women; and community dental outreach fairs sponsored by the local public health agencies. As a result, rule changes which specify a community provider could benefit from the PHS provisions when providing these services under either an IDPH or HHS contract makes sense.

The success and growth of PHS has had an enormous impact on many low-income lowans lacking regular access to dental care. In collaboration with the IBDE, the department completed a survey one year after the amended rule went into effect in January 2004. The results included over 29,000 services provided by 12 hygienists working under agreements with 10 dentists. Of these services, more than 11,000 oral screenings and 1,600 fluoride varnish applications were provided. A similar survey in 2013 reported 207,337 services provided by over 90 dental hygienists working under agreements with 74 dentists. These services included 78,522 oral screenings, 50,408 fluoride applications, and 33,905 dental sealants along with counseling and group educational sessions.

The IDPH continues to collaborate with the Iowa Dental Board in the collection of data and surveillance of PHS activities. Our linkages with local public health agencies employing PHS hygienists provide the department with access to critical surveillance and monitoring data.

The department agrees with petitioner's stated interest in ensuring that dental care is provided to patients as safely as possible. There is no evidence of unsafe practice or patient harm since the inception of the PHS program based on clinical preventive activities nor has the department received any phone calls or letters of concern about patient safety from those being served under PHS or from the supervising dentists.

In conclusion, we urge the Iowa Dental Board to carefully consider the ramifications of the petition to amend the public health supervision rules on access to preventive dental services for underserved lowans.

Sincerely,



Bob Russell, DDS, MPH
Public Health Dental Director
Chief, Bureau of Oral and Health Delivery Systems

Braness, Christel [IDB]

From: Gina Dowling <gina.dowling@hillcrest-fs.org>
Sent: Tuesday, December 30, 2014 12:25 PM
To: Braness, Christel [IDB]
Subject: Concern about Proposed changes to Public Health Supervision of Dental Hygienists in Federal Public Health Programs

Dear Iowa Dental Board members,

I supervise the WIC program in the Dubuque area, and feel great concern about the proposed changes. We have the great privilege to work with a dental hygienist through the VNA 4 days a week, serving our participants. It would absolutely be detrimental to our high risk population if the vital work she does were eliminated.

For many families either without insurance, having trouble understanding insurance, or working with/finding providers, dental services would not be sought out without the coordination of the dental hygienist.

They work extremely hard promoting overall wellness and prevention which is invaluable with the women and young children that we serve, but they also are in the position to identify acute problems that may otherwise fall through the cracks. They literally save lives. Just last week our dental hygienist connected a young woman with a provider. The woman had been trying to treat a severe abscess at home. Our dental hygienist then followed up and made sure that she got the care she needed. This is one of many, many examples of the lives that are touched by the work they do. Their work is not nice to have, it is *NEEDED*.

I firmly believe that these dental hygienists are in the thick of the population that needs them most. Please consider.

Gina Dowling RD,LD
WIC Coordinator, Hillcrest Family Services
220 West 7th Street
Dubuque, IA 52001
gina.dowling@hillcrest-fs.org
ph: 563.557.4444 ext 223
fax: 563.557.4447

Braness, Christel [IDB]

From: Christine Simms <christine.simms@hillcrest-fs.org>
Sent: Tuesday, December 30, 2014 9:23 AM
To: Braness, Christel [IDB]

Having an RDH in our WIC clinics makes a huge difference in the lives of our clients. Oral screening and prevention of future dental problems is very important but so is financial access to dental services. The RDH is also an excellent referral source for community services, not just dental. It would be detrimental to all of us, not just our high risk population, not to have these valuable services available.



Marion County Public Health Department

PO Box 152 • Knoxville, Iowa 50138
Phone: (641) 828-2238 • Fax: (641) 842-3442

December 30, 2014

Iowa Dental Board
400 SW 8th St. Suite D
Des Moines, IA 50309

RE: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5.

Dear Dental Board Members:

The Marion County Board of Health (BOH) was recently made aware of a petition filed by the Iowa Dental Association to amend 650 IAC 10.5(1). Specifically, that proposed amendment would remove the words "federal, state, or local public health programs" from the definition of "Public Health Settings" found in that section. As a local public health department, and a Maternal and Child Health Center, and provider of I-Smile services, we ask you to consider the consequences of this petition.

According to Section 10.5(1), public health settings also include schools, Head Start programs, programs affiliated with Early Childhood Iowa initiative, child care centers, federally qualified health centers, public health dental vans, and nursing facilities. The instigating event leading to the proposed amendment was the Iowa Dental Board's interpretation to include correctional facilities as a public health program. The Iowa Dental Association is concerned with the vagueness of the words "federal, state, or local public health programs" as well as the safety of dental patients at correctional facilities.

If the amendment were adopted, the ability of local health departments in Iowa to provide quality gap-filling oral health services to persons who would otherwise have little or no access to those services elsewhere would be severely limited.

Therefore, the Marion County Board of Health and Marion County Public Health Department expresses its strong opposition to the amendment as proposed and encourages the Dental Board to continue to support the ability of dental hygienists to practice, under a public health supervision agreement, as currently interpreted.



Public Health
Prevent. Promote. Protect.

Currently, registered dental hygienists must obtain a public health supervision agreement with a dentist when working in public health settings. This agreement allows the dental hygienist to perform services approved by the dentist without direct onsite supervision. The dentist only needs to be available for communication and consultation.

The public health services agreement specifies: a) the actual location(s) where the dental hygienist may provide services; b) how communication and consultation will be maintained; c) how patient dental records will be maintained; and d) age and procedure-specific standing orders as directed by the supervising dentist for dental assessment/screening, sealants, fluoride varnish, oral prophylaxis, radiographs, and education. The agreement is reviewed biennially. The dental hygienist must complete and submit a summary report to the Oral Health Center of the Iowa Department of Public Health once per calendar year.

There are 110 dental hygienists with public health supervision agreements in Iowa. Collectively, these hygienists provided nearly 40,000 dental referrals for regular care and nearly 7,000 referrals for urgent care for children age birth to 20 years in 2013. Marion County Public Health Department serves some of the lowest income, and highest need counties in Iowa in our I-Smile program. We serve Marion, Lucas, Monroe, Wayne, and Appanoose Counties. MCPHD provides two public health programs that utilize a dental hygienist. The I-Smile Program serves children to age 21 years and the Maternal Health Program serves pregnant and recently postpartum women. Services provided include dental screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists.

How ironic and sad it would be if local public health programs are eliminated from the definition of "Public Health Settings". The public health programs provided by MCPHD are the only means of dental care for many residents in these counties. These children will have nowhere to turn for these important preventative services. Dental offices have historically not served the Medicaid population, leaving a significant gap in access. Local public health departments provide vital, gap-filling services to those without access elsewhere. There has not been the capacity, resources, not the desire expressed to routinely provide these services outside of these public health programs.

In its petition to amend the definition of public health setting, the petitioner claims that the language is too vague as to render it effectively meaningless. If one accepts that claim, the converse would also be true. In other words, by removing the words in the definition as proposed, the effect would be so broad as to eliminate many well-established and effective public dental hygiene programs in the State, resulting in tens of thousands of low-income Iowans losing access to preventative dental services.

Local public health programs have enjoyed long-lasting effective relationships with dentists in Iowa to take preventive oral health programs to those with no access. The Marion County Board of Health strongly encourages the Iowa Dental Board to

preserve this history and reject the petition to redefine public health settings. We further encourage open dialogue with all interested parties to accurately define the specific concerns about the location of dental hygiene practice in Iowa under public health settings, and address those very specific concerns in a targeted fashion.

Thank you for your consideration in this matter.

A handwritten signature in black ink, appearing to read "Kim Dorn". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Kim Dorn, Director
Marion County Public Health Department

December 30, 2014

Dr. Steve Bradley, Chair
Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309

RE: Comments re: Petition for Rulemaking Submission by the Iowa Dental Association

Members of the Iowa Dental Board,

Please find below comments from the Child and Family Policy Center (CFPC) regarding the petition for rulemaking submitted on December 3, 2014 by the Iowa Dental Association that would eliminate "federal, state, or local public health programs" from the list of approved public health settings in which a dental hygienist can provide services under public health supervision. CFPC opposes this petition, and urges the Dental Board to use its authority under 650 IAC Section 7.1 (6) to deny the petition.

Currently, many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs such as WIC without a dentist first seeing them. Restricting access to preventive oral health services provided by dental hygienists working under public health supervision will reduce the progress that has currently been made in reducing the oral health disease burden in Iowa.

This petition will have a significant detrimental impact on access to high-quality oral health care, especially care which is facilitated by the State of Iowa's I-Smile program. Additionally, we believe that the petition should be denied because it fails to provide any evidence, nor has any evidence been ever provided to the Dental Board, that the provision of dental hygiene services at any of the current approved settings in any way compromises the public safety of Iowans; instead the opposite is true. Iowans are benefiting from increased access to high-quality oral health care thanks to the dental hygiene services provided at public health settings. We find this petition to be wholly inconsistent with past statements of the Iowa Dental Association that (1) they support the I-Smile program, a program that would be significantly undermined if dental hygienists were not able to work at public health care program settings, and (2) they would like to see a comprehensive review of public health supervision occur before any changes are made in the program.

Public health programs play an important role in helping more Iowa children gain access to oral health care services provided BOTH by dental hygienists and dentists. According to 2013 I-Smile report¹, from 2005 to 2013, the number of children in Iowa who received oral health services from a dental professional at a Title V clinic increased by 20,000, but the number of children in Iowa who saw a dentist thanks to the care coordination work done by a dental hygienist increased by nearly 50,000. Additionally, the report noted that 48% of children in Iowa who are enrolled in Medicaid saw a dentist

¹ <http://www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=B98DF4CC-2AD6-4090-9F7E-60FDE9410E70>

last year, up from 43% in 2010. The national average is 37%. Policymakers and all major oral health advocacy groups in Iowa agree that the I-Smile program has played a central role in these very positive numbers. What's more, almost all of the I-Smile coordinators across Iowa who implement this program are housed in Title V federal public health programs, i.e. the type of programs that no longer could serve as a location for dental hygienists to provide services under the Iowa Dental Association's petition for rule-making.

CFPC would urge the Board to use the authority provided in its rules under 650 IAC Section 7.1 (6) to deny this petition.

Thank you for your consideration of these comments.

Sincerely,

Mary Nelle Trefz
Health Policy Associate, Child and Family Policy Center
mnt@cfpciowa.org

Charles Bruner
Executive Director, Child and Family Policy Center
cbruner@cfpciowa.org

**Patricia J. Hildebrand
5815 Kingman Ave.
Des Moines, IA 50311**



December 30, 2014

Dental Examining Board:

I am writing to ask you to retain the words "and federal, state, or local public health programs in the current definition of public health settings in the Public Health Supervision rules. I believe removing this description will be detrimental to the oral health of children and mothers in Iowa, especially those in limited income families.

I have worked at the local level for the WIC program for 23 years and the State WIC program for almost 5 years until retiring on September 5, 2014. The changes taking place with Public Health Supervision of Registered Dental Hygienists in this a federal program during that time was truly amazing. We saw a decrease in early childhood caries, a greater attention to daily care of teeth including new mothers washing infant's gums, and also more regular visits to the dentist.

In 2013, WIC participants received 28,119 open mouth screenings, 21,874 fluoride applications, and 26,608 individual counseling sessions with a registered dental hygienist. In addition, many of the mothers and children are referred to a dentist. In fact, in 2013, 39,695 children ages 0-10 were referred to a dentist hygienist with a Supervision Agreement for regular care. Additionally, 6,759 children were referred for urgent care. At the same time, family members greater than or equal to age 21 were referred (1,306 for regular care and 411 for urgent care).

It is important to note that these programs provide services in many settings: churches, community centers, public health offices, community action buildings, renovated vacated hospital buildings, student housing centers, and other low or no rent facilities. It would be impossible to list every possibility.

This agreement as it currently stands without revision has not only improved oral health and oral health care for those in great need but given them a new appreciation for dental services.

Thank you for your time, I am willing to have you contact me any time for questions.

Sincerely,

Patricia J. Hildebrand MS, RD, LD



December 30, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309

RE: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650-10.5.

Dear Dental Board Members:

The Dallas County Board of Health is writing to address the petition by the Iowa Dental Association to amend 650 IAC 10.5 (l). The language currently used to define “public health settings” within that section includes the words “federal, state, or local public health programs.” Removing this language from the Code would severely limit the ability for local health departments to provide gap-filling oral health services to persons who would otherwise have little or no access to these important health services.

The Dallas County Board of Health expresses strong opposition to the amendment as proposed, and asks the Dental Board to protect the definition of “public health settings” and assure the provision of population dental services for Iowans. Further, we encourage the Dental Board to continue to support the ability of dental hygienists to practice under a public health supervision agreement, as currently interpreted.

The public health supervision agreement obtained by a dental hygienist with a dentist, enables them to perform services approved by the dentist without direct supervision. The dentist remains available for communication and consultation. In 2013, this resulted in 207,135 services to be provided. It also enabled 41,001 patients to receive regular oral health care and 7,170 patients to receive urgent oral health care.

Thank you for your time and consideration and your support in maintaining gap-filling dental services for Iowans.

Approved by the Dallas County Board of Health, December 30, 2014
Roger Zobel, Chair

Address inquiries to:
Shelley L. Horak, MPH, CHES, CPM, Executive Director
Dallas County Public Health Nursing Service
902 Court Street
Adel, Iowa 50003



COLLEGE OF DENTISTRY

Department of Pediatric Dentistry

201 Dental Science S
Iowa City, Iowa 52242-1001
319-335-7479
Fax 319-353-5508

December 30th, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309

Dear IDB Members,

I am respectfully writing this letter to ask you to reconsider the proposed word change to the Iowa Administrative Code 650-10.5. I am extremely concerned of the detrimental effect that such change will have in several public health dental programs throughout the state of Iowa. Therefore, I urge the IDB to specifically add to the definition of "public health settings" all programs that utilizes dental hygienists such as the I-Smile Program that serves children to age 21 years and the Maternal Health Program that serves pregnant and recently postpartum women.

There are 110 dental hygienists with public health supervision agreements in Iowa who provide dental screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists. Collectively, they provide thousands of dental referrals for regular and urgent care for children and adults on a yearly basis. Without these programs, several Iowa families would not be able to access preventive dental services due to problems associated with lack of dental insurance, not enough dentists accepting Medicaid patients, transportation issues, etc.

The University of Iowa Department of Pediatric Dentistry has worked very closely with the Johnson County Department of Public Health for decades. Our strong ties have produced several collaborations to increase access to dental care for vulnerable populations, including the University of Iowa Infant Oral Health Program housed at the Johnson County WIC clinic since 1998. Our department has witnessed the great commitment these programs have towards the promotion of oral health. I truly believe that the oral health of Iowa children and adults is at risk if public health dental programs are to cease.

Thank you for your consideration. Please do not hesitate to contact me in case of any questions and/or concerns.

Sincerely,



Karin Weber-Gasparoni, DDS, MS, PhD
Associate Professor and Chair
email: karin-weber@uiowa.edu

Braness, Christel [IDB]

From: Caplan, Daniel J <dan-caplan@uiowa.edu>
Sent: Tuesday, December 30, 2014 10:04 AM
To: Iowa Dental Board [IDB]
Cc: Caplan, Daniel J
Subject: Proposed amendment to Iowa Administrative Code 650-10.5

To: Members of the Iowa Dental Board
From: Dr. Dan Caplan
Re: Proposed amendment to Iowa Administrative Code 650-10.5
Date: December 30, 2014

I'm writing this comment as feedback to the proposed wording change to Iowa Administrative Code 650-10.5. That proposal seeks to modify the current wording regarding public health supervision of Iowa's dental hygienists by deleting the phrase "and federal, state, or local public health programs" at the end of the paragraph. As a practicing Iowa dentist, a member of the Iowa Dental Association (the petitioner), and a member of the American Association of Public Health Dentistry, I feel qualified to give my opinion on this issue.

Many Iowa residents, especially the indigent, have received preventive dental care under the current public health supervision wording. These services represent health care that these individuals likely would not have received in any other way, especially not in traditional private dental practice settings. I recommend that the proposed amendment not be adopted, for the following reasons:

- The petition states: "One of the Petitioner's top priorities is ensuring adequate access to high-quality dental care for all Iowans, regardless of their socioeconomic status. Access to dental care, however, should not be provided at the cost of compromised patient safety." I certainly agree with that statement.
The petitioner goes on to state: ". . . the Board took action to expand the scope of public health settings to include correctional facilities. This action . . . threatens to undermine the safety of patients." It is not clear to me how eliminating the phrase "and federal, state, or local public health programs" would allow for greater patient safety than does the current wording. Given the existing requirements of dental hygienists who provide preventive dental services under public health supervision (which include but are not limited to specification about the location of service; communication between relevant parties; maintenance of dental records; and designation of which dental procedures are to be performed), I don't see how elimination of that phrase affects patient safety in any way.
- The petition also states: "By striking this vague catch-all language, the effect of the amendment would be to require the Board to provide notice and an opportunity for public comment any time it proposes to expand the scope of public health supervision to include additional public health settings." To my mind, application of the existing wording to include correctional institutions is not an "expansion" of the scope of public health supervision at all; in fact, the petition's own wording "to include additional public health settings" implies that correctional facilities are indeed public health settings, and thus should be covered under the existing language.
- Finally, if the phrase "and federal, state, or local public health programs" represents "vague catch-all language", in my opinion the appropriate solution would be to further define that phrase, not to strike it in its entirety. Striking the phrase in its entirety is equivalent to throwing the baby out with the bath water and would be inconsistent with the intent of the current regulatory language.

To summarize: If the ultimate goal of the Iowa Dental Board's regulatory language is to provide the opportunity for oral health to be maximized among all Iowa residents regardless of their socioeconomic status, I see no compelling reason for the Board to adopt the proposed amendment. Thank you for your consideration.

Sincerely,

Daniel J. Caplan, DDS, PhD
Professor and Chair
Department of Preventive and Community Dentistry
College of Dentistry
University of Iowa



COLLEGE OF DENTISTRY

Department of Pediatric Dentistry

201 Dental Science S
Iowa City, Iowa 52242-1001
319-335-7479
Fax 319-353-5508

December 30th, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309

Dear IDB Members,

I am respectfully writing this letter to ask you to reconsider the proposed word change to the Iowa Administrative Code 650-10.5. I am extremely concerned of the detrimental effect that such change will have in several public health dental programs throughout the state of Iowa. Therefore, I urge the IDB to specifically add to the definition of "public health settings" all programs that utilizes dental hygienists such as the I-Smile Program that serves children to age 21 years and the Maternal Health Program that serves pregnant and recently postpartum women.

There are 110 dental hygienists with public health supervision agreements in Iowa who provide dental screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists. Collectively, they provide thousands of dental referrals for regular and urgent care for children and adults on a yearly basis. Without these programs, several Iowa families would not be able to access preventive dental services due to problems associated with lack of dental insurance, not enough dentists accepting Medicaid patients, transportation issues, etc.

The University of Iowa Department of Pediatric Dentistry has worked very closely with the Johnson County Department of Public Health for decades. Our strong ties have produced several collaborations to increase access to dental care for vulnerable populations, including the University of Iowa Infant Oral Health Program housed at the Johnson County WIC clinic since 1998. Our department has witnessed the great commitment these programs have towards the promotion of oral health. I truly believe that the oral health of Iowa children and adults is at risk if public health dental programs are to cease.

Thank you for your consideration. Please do not hesitate to contact me in case of any questions and/or concerns.

Sincerely,

A handwritten signature in black ink that reads "Karin Weber-Gasparoni".

Karin Weber-Gasparoni, DDS, MS, PhD
Associate Professor and Chair
email: karin-weber@uiowa.edu

December 30, 2014

Dr. Steve Bradley, Chair
Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309

Via email: IDB@iowa.gov

RE: Comments re: Petition for Rulemaking Submission by the Iowa Dental Association

Dear Dr. Bradley;

Please find below comments regarding the petition for rulemaking submitted on December 3, 2014 by the Iowa Dental Association that would eliminate "federal, state, or local public health programs" from the list of approved public health settings in which a dental hygienist can provide services under public health supervision. I opposes this petition, and urge the Dental Board to use its authority under 650 IAC Section 7.1 (6) to deny the petition.

I opposes this petition because it will have a significant detrimental impact on access to high-quality oral health care, especially care which is facilitated by the State of Iowa's I-Smile program. It fails to provide any evidence, nor has any evidence ever been provided to the Dental Board, that the provision of dental hygiene services at any of the current approved settings in any way compromises the public safety of Iowans; instead the opposite is true. Iowans are benefiting from increased access to high-quality oral health care thanks to the dental hygiene services provided at public health settings.

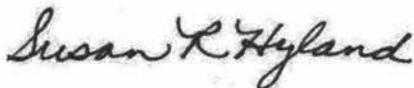
By proposing to eliminate public health programs as an allowed site under public health supervision, the Iowa Dental Association has indicated that it clearly does not understand the important role that these public health programs play in helping more Iowa children gain access to oral health care services provided BOTH by dental hygienists and dentists. According to 2013 I-Smile report, from 2005 to 2013, the number of children in Iowa who received oral health services from a dental professional at a Title V clinic increased by 20,000, but the number of children in Iowa who saw a dentist thanks to the care coordination work done by a dental hygienist increased by nearly 50,000. Additionally, the report noted that 48% of children in Iowa who are enrolled in Medicaid saw a dentist last year, up from 43% in 2010. The national average is 37%.

Policymakers and all major oral health advocacy groups in Iowa agree that the I-Smile program has played a central role in these very positive numbers. What's more, almost all of the I-Smile coordinators across Iowa who implement this program are housed in Title V federal public health programs, i.e. the type of programs that no longer could serve as a location for dental hygienists to provide services under the Iowa Dental Association's petition for rule-making.

I also believes that IDA's petition incorrectly represents the action that was taken by the Iowa Dental Board at its October 17 meeting, an action that was later ratified at the Board's October 31st meeting. **The Iowa Dental Board made an interpretation about correctional facilities as a public health setting; this is an appropriate function of the IDB so the petition should be denied.**

Thank you for your consideration of these comments.

Sincerely,



Susan Hyland
1010 Scenic View Blvd
Altoona, IA 50009

December 30, 2014

Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309

Dear Iowa Dental Board,

I am writing in response to the Iowa Dental Association's petition regarding removing, "...federal, state, or local public health programs," from locations in which to provide dentist supervised dental hygiene services.

Accepting the petition as written will severely undermine the infrastructure built, future progress and most importantly the people served by dental hygienists working congruently with a dentist through a public health supervision agreement.

Specifically, the successful I-Smile™ program administered by the Iowa Department of Public Health, and the subsequent I-Smile™ Silver program, may be in jeopardy. As a public health dental hygienist, I strongly encourage the Board to not accept the Iowa Dental Association's petition. The services provided to low-resource individuals and families and the community at large through the I-Smile™ programs are hugely valuable in improving overall health and well-being. Because oral health is related to systemic health, early and preventative services provided by able and dentist-supervised hands positively impact our communities by increasing productivity and reducing healthcare costs.^{1,2}

Thank you for your consideration.

Respectfully,

Sarah Borsdorf, RDH, BS

¹<http://www.mchoralhealth.org/PDFs/learningfactsheet.pdf>

²http://www.cdc.gov/oralhealth/publications/factsheets/adult_oral_health/adults.htm

12/28/14

Iowa Dental Board

400SW 8th Street, Suite D

Des Moines, IA 50309-4687

Dear Members of Iowa Dental Board,

I am an I-Smile Coordinator representing Washington and Henry Counties with 15+ years Public Health and 18+ years clinical dental hygiene experience. It is with deep concern that I am writing to you in regards to Iowa Dental Association's petition to amend the public health supervision rules-Administrative Code 650-10.5.

Striking the words, "and federal, state, or local public health programs" from the definition of public health settings could have serious detrimental ramifications. Hygienists have worked under general supervision providing screenings, education, and referral in both public and private sectors since the 1980's. As research progressed and need increased, more services were added in Title V programs utilizing Exception to Policy in underserved areas. Public Health supervision was added to allow for a supervising dentist and hygienist to enter into agreements to provide dental hygiene services following written standing orders as stated in the agreement. Most of these hygienists are hired by public health agencies, and are already working with well-established federal, state, and local public health programs. The Inside I-Smile report that is distributed each year shows the important work and the positive results of dental hygienists working under this type of supervision.

If you move forward and strike these words from the definition of public health settings, many families will miss out on these important services and the early detection of what could be serious dental concerns. When I first started working in the federal Woman, Infant, and Child (WIC) program, there were very few families that had children seeing a dentist for routine dental care, and almost no low income pregnant women were being seen by regular dental providers. There was also low dental sealant prevalence on the third grade population, and many families that had limited or no access to regular dental care. State school-based dental sealant programs would be in jeopardy, as would local programs such as clinics that provide much needed gap filling services for these underserved populations. Programs and services are community-specific and based on regular community needs assessments.

It is up to the supervising dentist and hygienist to come up with standing orders that fit the situation. There are obviously different orders for different populations, and more detailed orders for medically- compromised populations and clients. Clarifying correctional facilities as an allowable setting under public health programs was a ruling that should probably have had more notice given to interested parties, but not due to lack of quality patient care or patient safety issues. Public health supervision has proven to be a very effective way of getting quality preventive services to underserved populations in the state of Iowa. Moving forward with this petition would not solve any alleged problem and would instead be a huge step backwards for access to dental care in Iowa for underserved populations.

If you have any questions, or would like to know more about public health programs in our community, I can be contacted at the email, or phone number listed below, and I would be happy to talk further with any of you.

Respectfully,

Sheila Temple, RDH I-Smile Coordinator Washington-Henry Counties

Email: classcutedo@hotmail.com cell phone: (319) 461-3661

Braness, Christel [IDB]

From: Cathy Venzke <cathyvenzke@gmail.com>
Sent: Monday, December 29, 2014 8:29 PM
To: Iowa Dental Board [IDB]
Subject: Public Health Supervision Petition

Hello,

My name is Cathy Venzke, I am a practicing dental hygienist in the Des Moines Area. I do not support the proposed changes to the current public health supervision wording. The proposed changes would reduce the type of settings in which dental hygienists are able to provide services. In the interest of public health we should be increasing the scope of when, where, and how dental care is provided. In the Des Moines area, there are few dentists willing to offer their services in the the settings which would be eliminated by the proposed change. Outside of Des Moines, there are fewer providers and an even greater need for "thinking outside the box" in order to reach under served populations. Dental hygienists are qualified and WILLING to provide services under a public health supervision agreement in any setting. I would ask the board to maintain broad and inclusive wording in order to allow for full utilization of dental hygienists.

Thank you for your service and consideration in this matter.

Sincerely,
Cathy Venzke, RDH

Iowa Dental Board
400 SW 8th St. Suite D
Des Moines, IA 50309
c/o Christel Braness, Program Planner

December 29, 2014

Christal Braness:

Thank you for the opportunity to comment on the proposed rule change petitioned by the Iowa Dental Association for amendment of 650 IAC 10.5(1) relating to the definition of "public health settings." As a public health dental hygienist, I **strongly oppose** this change. If this change passes, it would have a tremendously negative effect on the oral health of the population served at WIC clinics throughout Iowa.

I have been a public health dental hygienist for the last three years, providing dental services to WIC patients. I have provided dental screenings, applied fluoride varnish, given oral hygiene instruction and nutritional counseling and dental referrals to parents/care givers, pregnant women and every child age infant and up. Many of the families seen through WIC have limited dental knowledge and they don't understand the reasoning behind good oral health. This type of thinking will continue to their children and further, unless a public health dental hygienist steps in to educate. This happens daily through our services at WIC clinics. These families are very reliant on our services and dedication. They need us to not only to educate, but also to understand their situation and help when needed. Many families only have one vehicle, therefore making it difficult to go to dental appointments and even embarrassing when they need to cancel appointments with short notice. We are there for them when transportation is needed, phone calls need to be made, services need to be translated or explained, or even as a shoulder to hold their doubts and self-consciousness. Without dental hygienists at WIC, these people will no longer get the services and education, making dental health care cease for the whole family.

If the amendment is passed, Iowa's oral health and access to dental care will disappear which would be a significantly negative effect for all of Iowa's children. The Board should reject the petition and keep federal, state and local public health programs as an integral part of the defined public health setting.

Sincerely and With Respect,

Shannon McManus, RDH
Public Health Dental Hygienist

Braness, Christel [IDB]

From: Cindy Dewall <insurasmile@gmail.com>
Sent: Monday, December 29, 2014 4:48 PM
To: Iowa Dental Board [IDB]
Subject: Public Health Supervision
Attachments: Comment Letter responding to IDA petition for rulemaking revised(1).pdf

Dr. Steve Bradley, Chair
Iowa Dental Board,

Please accept this note to deny the Iowa Dental Association rulemaking petition to remove "federal, state, or local public health programs" from the list of approved public health settings that a dental hygienist can provide services under public health supervision.

Removing this will have a significant impact to services that are currently being provided for Iowans.

I support the Iowa Dental Hygiene Association letter sent in regards to this petition, included with attachment.

Thank you for your time,
Cindy DeWall
Professional Development Trustee
Iowa Dental Hygiene Association
1617 Colonial Drive
Manson, Iowa 50563
insurasmile@mchsi.com

December 22, 2014

Dr. Steve Bradley, Chair
Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309

Via email: christel.braness@iowa.gov

RE: Comments re: Petition for Rulemaking Submission by the Iowa Dental Association

Dear Dr. Bradley;

Please find below comments from the Iowa Dental Hygienists Association (IDHA) regarding the petition for rulemaking submitted on December 3, 2014 by the Iowa Dental Association that would eliminate "federal, state, or local public health programs" from the list of approved public health settings in which a dental hygienist can provide services under public health supervision. IDHA opposes this petition, and urges the Dental Board to use its authority under 650 IAC Section 7.1 (6) to deny the petition.

IDHA opposes this petition because it will have a significant detrimental impact on access to high-quality oral health care, especially care which is facilitated by the State of Iowa's I-Smile program. Additionally, we believe that the petition should be denied because it fails to provide any evidence, nor has any evidence been ever provided to the Dental Board, that the provision of dental hygiene services at any of the current approved settings in any way compromises the public safety of Iowans; instead the opposite is true. Iowans are benefiting from increased access to high-quality oral health care thanks to the dental hygiene services provided at public health settings.

Finally, IDHA opposes this petition because we find it be wholly inconsistent with past statements of the Iowa Dental Association that (1) they support the I-Smile program, a program that would be significantly undermined if dental hygienists were not able to work at public health care program settings, and (2) they would like to see a comprehensive review of public health supervision occur before any changes are made in the program.

By proposing to eliminate public health programs as an allowed site under public health supervision, the Iowa Dental Association has indicated that it clearly does not understand the important role that these public health programs play in helping more Iowa children gain access to oral health care services provided BOTH by dental hygienists and dentists. According to 2013 I-Smile report, from 2005 to 2013, the number of children in Iowa who received oral health services from a dental professional at a Title V clinic increased by 20,000, but the number of children in Iowa who saw a dentist thanks to the care coordination work done by a dental hygienist increased by nearly 50,000. Additionally, the report noted that 48% of children in Iowa who are enrolled in Medicaid saw a dentist last year, up from 43% in 2010. The national average is 37%.

Policymakers and all major oral health advocacy groups in Iowa agree that the I-Smile program has played a central role in these very positive numbers. What's more, almost all of the I-Smile coordinators across Iowa who implement this program are housed in Title V federal public health programs, i.e. the type of programs that no longer could serve as a location for dental hygienists to provide services under the Iowa Dental Association's petition for rule-making.

IDHA also believes that IDA's petition incorrectly represents the action that was taken by the Iowa Dental Board at its October 17 meeting, an action that was later ratified at the Board's October 31st meeting. At the October 17th meeting, the Dental Board had on its agenda, listed under "VII. Other Business", the following item: "D. Request to Include Correctional Facilities in Public Health Supervision Locations." This request came from the Iowa Department of Corrections, which was seeking an interpretation by the Dental Board whether a state prison constituted a state public health program under 650 IAC Section 10.5(1). At both the October 17 and October 31 Dental Board meetings, the Board voted to inform the Department of Corrections that yes, in fact, a prison fit under that definition.

Both IDA's petition and its letter to the Board on October 24 makes a legally indefensible case that by merely responding to a question regarding the interpretation of its rules, the Board was engaged in rulemaking or expanding the scope of its current rules. Such a statement is inconsistent with Iowa Code Section 17A.2, which states, "The term (rule). . . does not include: *b.* A declaratory order issued pursuant to section 17A.9, or an **interpretation issued by an agency with respect to a specific set of facts and intended to apply only to that specific set of facts.** (Emphasis added). Clearly the action that the Dental Board took on October 17, 2014 and October 31, 2014 falls into this category.

Because of the overwhelming evidence that the step proposed by the Iowa Dental Board in its December 3, 2014 petition would be a public policy disaster for the State of Iowa, IDHA would urge the Board to use the authority provided in its rules under 650 IAC Section 7.1 (6) to deny this petition. Thank you for your consideration of these comments.

Sincerely,

Nadine DeVoss, President
Iowa Dental Hygienists Association
20524 Greenview Rd.
Council Bluffs, IA 51503
nadine.devosrdh@gmail.com

Braness, Christel [IDB]

From: Krista Vanden Brink <kvandenbrink@winneshiekhealth.org>
Sent: Monday, December 29, 2014 4:39 PM
To: Iowa Dental Board [IDB]
Subject: Opposition to the Dental Board changes to Administrative Code, Public Health Supervision rules

Members of the Iowa Dental Board,

As a member of the Iowa Collaborative Safety Network Provider Network, access to oral health services is frequently raised during our discussions and the Safety Net Advisory Group has identified this as a significant concern for the safety net population. Winneshiek County Public Health is also concerned about oral health access issues in Iowa. Winneshiek County residents with Medicaid already experience significant issues in accessing oral health care because of low reimbursement rates for Medicaid to dentists.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs, such as WIC (Women, Infants, and Children) without a dentist first seeing them. Due to the decreased accessibility to dentists for the Medicaid population, it is vital that dental hygienists are permitted to provide essential and very basic care to participants of WIC.

Restricting access to preventive oral health services provided by dental hygienists working under public health supervision will reduce the progress that has currently been made in reducing the oral health disease burden in Iowa. We know that good oral health can be the gateway to health. We also know that many times signs and symptoms of diseases are also exhibited in the oral cavity. Governor Branstad wants Iowa to be the healthiest state in the Union...we're already going backwards. Restricting access will cause Iowa to plummet in rankings and would certainly not be something to smile at.

Winneshiek County Public Health does not support changes to Administrative Code 650-10.5, Public Health Supervision rules defining public health setting for dental hygienists.

Sincerely,

Krista M. Vanden Brink, RN, BA
Administrator
Winneshiek County Public Health
305 Montgomery St; Ste #3
Decorah, IA 52101
563.382.4662
kvandenbrink@winneshiekhealth.org

"In the time we have, it is surely our duty to do all the good we can to all the people we can in all the ways we can."

~William Barclay, Scottish author

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Christel Braness, Program Planner

Iowa Dental Board

400 SW 8th St, Suite D

Des Moines, IA 50309

December 29, 2014

To Whom It May Concern:

Thank you for the opportunity to comment on the proposed rule change petitioned by the Iowa Dental Association for amendment of 650 IAC 10.5(1) relating to the definition of "public health settings." As a public health dental hygienist, I **strongly oppose** this change. If passed, this would have a tremendously negative effect on the oral health of the population served at WIC clinics throughout Iowa.

I have been providing dental services to WIC patients for more than six years. The services provided include dental screenings, fluoride varnish application, oral hygiene instruction, and nutritional counseling. Many of the families treated WIC clinics do not have a dental home and *every* child treated through WIC receives a dental referral to ensure that comprehensive dental care is received. Too often these families require additional help scheduling dental appointments and would benefit from extra reminders of dental appointments that have been scheduled. These families often need help obtaining transportation to dental or medical appointments, or even help with translation services. These are all vital services that public health dental hygienists at WIC provide through Dental Care Coordination. If this amendment passes, there will be no dental hygienists at WIC to provide these much needed services.

According to the Public Health Supervision reports, 28,119 dental screenings and 21,874 fluoride varnish applications were provided at WIC in 2013. If this amendment is passed, public health dental hygienists will no longer be providing services at WIC clinics, and a large portion of the population will cease to receive preventive dental services. Without public health dental hygienists at WIC, there will also be a substantial reduction to those receiving dental care coordination and dental referrals. Many of those families without dental homes will cease to receive dental care altogether.

If this amendment is passed, it will have a significantly negative effect on Iowans' oral health and their access to dental care. The Board should reject the petition and keep federal, state, and local public health programs as an integral part of the defined public health settings.

Sincerely,

Kati McNeme, RDH

Public Health Dental Hygienist

Braness, Christel [IDB]

From: Kathy Dooley <KDooley@cifp.org>
Sent: Monday, December 29, 2014 2:35 PM
To: Iowa Dental Board [IDB]
Subject: Dental programs

Dear Dental Board Members,

It is my sincere hope the wording will be amended to allow the continuation of dental hygiene services under local public health programs. As the health educator for Central Iowa Family Planning, I attend many WIC clinics in our area. I am always impressed by the number of women and children who receive the much needed care and education from the many compassionate and dedicated dental hygienists in these programs. Because of the connection between good oral health and a healthy pregnancy, we know there could be serious complications without the screening and education of pregnant women. The education of new parents on the oral care of their infants establishes connections to the dental community and the screening of children prevents more serious complications down the road and allows for interventions and referrals in the most critical cases.

Without these services in these settings, the dental health of many will be compromised. I respectfully ask you to reconsider the wording in this petition and to continue your support of these programs.

Sincerely,

Kathleen Dooley
Health Educator, Central Iowa Family Planning
704 May Street
Marshalltown, Iowa 50158

Braness, Christel [IDB]

From: Marilyn Corwin <corwin.marilyn@gmail.com>
Sent: Saturday, December 27, 2014 12:19 PM
To: Iowa Dental Board [IDB]
Subject: Administrative Code 650 10.5 (1)

My name is Marilyn Corwin, a licensed dental hygienist, 2 term IDB member and retired educator. I write in opposition to the proposed rule making to amend Administrative Code 10.5 (1) to limit access to dental hygiene services provided under public health supervision. The supervising dentist is providing oversight.

Thank you for your service to the citizens of Iowa and the opportunity to express my opinion.

Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

December 22, 2014

RECEIVED

DEC 29 2014

IOWA DENTAL BOARD

Dear Dental Board Members,

I am writing in regard to The Iowa Dental Association petition to the Iowa Dental Board to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists.

I work with the Women, Infants and Children (WIC) Program. We utilize Registered Nurses and Registered Dietitians to provide health/nutrition assessment, education and referrals for children 0-5 years and pregnant/postpartum women. Oral health strongly impacts overall health. WIC recognizes the importance of oral health and we routinely touch on that topic with our questionnaire but we do not have the expertise to adequately address oral health issues and needs.

We do have the Child Health Program funded through Title V co-located at our local WIC Clinic. Through that program we have dental hygienists on site. In that setting under the Public Health supervision agreement the registered dental hygienists are currently able to provide oral health screenings, education and fluoride varnish to children ages 0-5 years old on the WIC program and other Child Health Program eligible children 0-22 years old. The petition to remove federal, state or local public health programs from the allowable settings for public health supervision of dental hygienists would severely impact our county residents being able to access oral health services for their children.

Most of the dentists serving our five county service area start seeing children at 3-4 years of age. Very few of those dentists are willing to accept new children with Medicaid as their payment source. The vast majority of the children on WIC have Medicaid as their payment source for dental care. We do not have access to a Federally Qualified Health Center or any other community health center. The oral health education the dental hygienists provide at WIC clinics can prevent children developing baby bottle tooth decay. Just one child with baby bottle tooth decay can cost thousands of (TXIX tax payer funded) dollars in treatment.

I am strongly opposed to the petition to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists as I believe it would have severe negative consequences on the health of our children and families and a huge increase in our TXIX expenditures.

Sincerely,



Elaine Sampson, RN, WIC CPA



CLAYTON COUNTY

Board of Health

Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

December 12, 2014

RECEIVED

DEC 29 2014

IOWA DENTAL BOARD

Dear Dental Board members,

The Clayton County Board of Health would like to share concerns regarding the petition to the Iowa Board to remove "federal, state, or local public health programs" setting from the allowable settings for public health supervision of dental hygienists.

Clayton County is a very rural area and has limited access to dental care for children under age 3 and the many children on Medicaid. The dental hygienists who have been serving our WIC and Child Health clinic has been helping to bridge this gap for many years by providing screenings, education and fluoride varnish to this population. When dental needs are identified the hygienists are able to assist with referrals to area dentists for the necessary care. Many times when the family tries to access the dental care on their own they are unable to obtain the needed care.

In the past 11 months the dental hygienists who work for Clayton County Visiting Nurse Association have provided screening to 1207 children in Clayton, Allamakee, Howard, Winneshiek and Fayette counties.

Of these 1207 children, 962 referrals were made to area dentists for necessary care and 94 of these referrals were urgent referrals.

Our Board of Health would appreciate you considering our concerns as you review and discuss the proposed petition that you have received regarding the Public Health Supervision requirements for our dental hygienists who are providing a much needed service to the children in northeast Iowa.

Sincerely,

Michele Sadler, DO.

Clayton Co. Board of Health Chair

 **Community
Health Care, Inc.**
Opening Doors to Health Care

500 W. River Drive • Davenport, IA 52801-1014 • 563-336-3000 • (f) 563-336-3044

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DEC 29 2014

IOWA DENTAL BOARD

December 23, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309

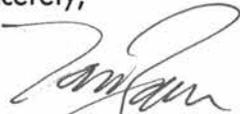
Members of the Iowa Dental Board,

This letter is notification that our community health center is **not** in support of the petition for rule making in regards to the proposed amendment to 650 IAC 15.5(1) that relates to the definition of a public health setting.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs, such as WIC, without a dentist first seeing them. These services improve access and reduce the disease burden in our community. Removing "federal, state and local public health programs" from the allowable settings for public health supervision of dental hygienists will decrease the effectiveness of current programs and may increase the number of patients accessing emergency rooms for dental issues. Also, if this change were made, adding a new setting for public health supervision services would require the rule to be re-opened, comments received, and consideration/determination made by the Board, adding administrative burden to the Board and hurdles for the requesting organization to overcome. Creating a narrow "laundry list" of allowed settings limits flexibility for organizations that want to improve access to oral health preventive services.

As a provider of oral health services to the safety net population, our federally qualified health center values the role of the public health supervision program, and we believe approval of this suggested amendment moves the state in the wrong direction by limiting access to oral health preventive services. We ask that the Iowa Dental Board deny this request.

Sincerely,



Tom Bowman, MBA, CMPE
Chief Executive Officer
Community Health Care, Inc.

Accredited By



Joint Commission

on Accreditation of Healthcare Organizations

RECEIVED

DEC 26 2014

Christel Braness, Program Planner Email: Christel.Braness@iowa.gov
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

IOWA DENTAL BOARD

Dear Ms. Braness and Members of the Iowa Dental Board:

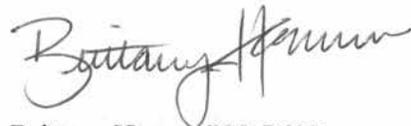
This letter is intended as a comment in opposition to the rule amendment to 650 IAC 10.5(1) proposed by the Iowa Dental Association (IDA). I am the Clinic Manager of Promise Community Health Center. We serve underserved individuals in our community with very limited access to medical, dental, and behavioral health services. As a Federally Qualified Health Center we provide affordable health services, offer a sliding fee scale, and create access in our community for individuals otherwise not served. We have a full-time dentist, dental hygienist, and two dental assistants providing quality dental care to the individuals we serve.

The IDA's proposed amendment would have the effect of limiting the ability of dental hygienists to provide services in public health settings. Dental hygienists (sometimes aided by dental assistants) have a history of providing quality oral health screenings and care to underserved Iowans in a variety of settings where dentists are rarely present. This has included (for example) school-based dental screenings and fluoride varnish applications (such as through the I-Smiles program), local health fairs, **community health centers**, and in local or regional correctional settings.

The Board's mission "is to ensure that **all Iowans** receive professional, competent, and safe dental health care of the highest quality." The reality is that much of Iowa is underserved in regard to oral health care. In our area, it is difficult to find a private-practice dentist willing to take on new patients particularly when the patient is poor, uninsured, and/or on Medicaid. When low-income Iowans are seen by a hygienist in a public health setting, they can find out if they have pressing dental needs and perhaps take advantage of fluoride varnish applications.

Please seek ways to increase, not limit, access to dental health care for all Iowans. Your support of dental hygienists in public health settings is imperative to our work as a community health center.

Sincerely,



Brittany Hamm, RN, BSN

Clinic Manager



338 1st Ave NW, Sioux Center, Iowa 51250

Fax: 712.722.1770 Phone: 712.722.1700 Toll Free: 877.722.1770



Bruce K. Meisinger
Director of Public Health
RECEIVED

DEC 26 2014

IOWA DENTAL BOARD

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309-4686

Date: December 22, 2014

Dear Iowa Dental Board Members:

The Black Hawk County Health Department is concerned about proposed changes being considered by the Iowa Dental Board relating the Iowa Administrative Code (IAC) rulemaking petition submitted by the Iowa Dental Association. The proposed change to 650 IAC section 10.5 (1) would remove the public health supervision provision for "federal, state and local public health programs," wherein dental hygienists would otherwise be legally required to provide dental services only under the direct supervision of a dentist.

The Black Hawk County Health Department provides public health dental screening, varnishes and oral health education services to approximately 1,000 low income children age 0 to 5 at the Women Infants and Children (WIC) offices in six counties. Additionally, the Health Department provides similar public health dental services to several thousand school-aged children in low-income schools; including the Waterloo Community School District wherein more than half of the 10,000 students enrolled are eligible for free and reduced lunch, a major indicator of persistent child and family poverty. These public health dental interventions provide preventive care to a large number of under-served children, for whom income and the lack of dental insurance are barriers to accessing services. Currently, there are not sufficient numbers of participating dental providers in our service area who are accepting uninsured or Medicaid insured clients and the oral health services provided by public health fulfill an unmet need for families who would otherwise not receive care.

The Black Hawk County Health Department is opposed to the removal of the provision under 650 IAC 10.5 (1) for public health supervision of the dental hygienists when providing basic dental services to low income, uninsured and underserved children under federal, state and local programs.

Sincerely,

Bruce K. Meisinger, MPP
Director of Public Health, Black Hawk County



**Black Hawk County
Board of Health**

RECEIVED

DEC 26 2014

IOWA DENTAL BOARD

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309-4686

Date: December 22, 2014

Dear Board Members:

The Black Hawk County Board of Health is strongly opposed to proposed changes being considered by the Iowa Dental Board relating the Iowa Administrative Code (IAC) rulemaking petition submitted by the Iowa Dental Association. The proposed change to 650 IAC section 10.5 (1) would remove the public health supervision provision for "federal, state and local public health programs," wherein dental hygienists would otherwise be legally required to provide dental services only under the direct supervision of a dentist.

The Black Hawk County Health Department, of which we are the governing body, provides public health dental screening, varnishes and oral health education services to approximately 1,000 low income children age 0 to 5 at the Women Infants and Children (WIC) offices in six counties. These public health dental interventions provide preventive care to a large number of under-served children, for whom income and the lack of dental insurance are barriers to accessing services. Currently, there are not sufficient numbers of participating dental providers in our service area who are accepting uninsured or Medicaid insured clients and the oral health services provided by public health fulfill an unmet need for families who would otherwise not receive care.

The Black Hawk County Board of Health is strongly opposed to the removal of the provision under 650 IAC 10.5 (1) for public health supervision of the dental hygienists when providing basic dental services to low income, uninsured and underserved children under federal, state and local programs.

Sincerely,

Deb Burger, Chair, Black Hawk County Board of Health
Robert Friedman, MD
Beth Cox, MPP
Kevin Blanshan, MPP
Rev. Dr. Mary Robinson

December 22, 2014

Dr. Steve Bradley, Chair
Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309

Via email: christel.braness@iowa.gov

RE: Comments re: Petition for Rulemaking Submission by the Iowa Dental Association

Dear Dr. Bradley;

Please find below comments from the Iowa Dental Hygienists Association (IDHA) regarding the petition for rulemaking submitted on December 3, 2014 by the Iowa Dental Association that would eliminate "federal, state, or local public health programs" from the list of approved public health settings in which a dental hygienist can provide services under public health supervision. IDHA opposes this petition, and urges the Dental Board to use its authority under 650 IAC Section 7.1 (6) to deny the petition.

IDHA opposes this petition because it will have a significant detrimental impact on access to high-quality oral health care, especially care which is facilitated by the State of Iowa's I-Smile program. Additionally, we believe that the petition should be denied because it fails to provide any evidence, nor has any evidence been ever provided to the Dental Board, that the provision of dental hygiene services at any of the current approved settings in any way compromises the public safety of Iowans; instead the opposite is true. Iowans are benefiting from increased access to high-quality oral health care thanks to the dental hygiene services provided at public health settings.

Finally, IDHA opposes this petition because we find it be wholly inconsistent with past statements of the Iowa Dental Association that (1) they support the I-Smile program, a program that would be significantly undermined if dental hygienists were not able to work at public health care program settings, and (2) they would like to see a comprehensive review of public health supervision occur before any changes are made in the program.

By proposing to eliminate public health programs as an allowed site under public health supervision, the Iowa Dental Association has indicated that it clearly does not understand the important role that these public health programs play in helping more Iowa children gain access to oral health care services provided BOTH by dental hygienists and dentists. According to 2013 I-Smile report, from 2005 to 2013, the number of children in Iowa who received oral health services from a dental professional at a Title V clinic increased by 20,000, but the number of children in Iowa who saw a dentist thanks to the care coordination work done by a dental hygienist increased by nearly 50,000. Additionally, the report noted that 48% of children in Iowa who are enrolled in Medicaid saw a dentist last year, up from 43% in 2010. The national average is 37%.

Policymakers and all major oral health advocacy groups in Iowa agree that the I-Smile program has played a central role in these very positive numbers. What's more, almost all of the I-Smile coordinators across Iowa who implement this program are housed in Title V federal public health programs, i.e. the type of programs that no longer could serve as a location for dental hygienists to provide services under the Iowa Dental Association's petition for rule-making.

IDHA also believes that IDA's petition incorrectly represents the action that was taken by the Iowa Dental Board at its October 17 meeting, an action that was later ratified at the Board's October 31st meeting. At the October 17th meeting, the Dental Board had on its agenda, listed under "VII. Other Business", the following item: "D. Request to Include Correctional Facilities in Public Health Supervision Locations." This request came from the Iowa Department of Corrections, which was seeking an interpretation by the Dental Board whether a state prison constituted a state public health program under 650 IAC Section 10.5(1). At both the October 17 and October 31 Dental Board meetings, the Board voted to inform the Department of Corrections that yes, in fact, a prison fit under that definition.

Both IDA's petition and its letter to the Board on October 24 makes a legally indefensible case that by merely responding to a question regarding the interpretation of its rules, the Board was engaged in rulemaking or expanding the scope of its current rules. Such a statement is inconsistent with Iowa Code Section 17A.2, which states, "The term (rule). . . . does not include: *b.* A declaratory order issued pursuant to section 17A.9, or an **interpretation issued by an agency with respect to a specific set of facts and intended to apply only to that specific set of facts.** (Emphasis added). Clearly the action that the Dental Board took on October 17, 2014 and October 31, 2014 falls into this category.

Because of the overwhelming evidence that the step proposed by the Iowa Dental Board in its December 3, 2014 petition would be a public policy disaster for the State of Iowa, IDHA would urge the Board to use the authority provided in its rules under 650 IAC Section 7.1 (6) to deny this petition. Thank you for your consideration of these comments.

Sincerely,

Nadine DeVoss, President
Iowa Dental Hygienists Association
20524 Greenview Rd.
Council Bluffs, IA 51503
nadine.devossrdh@gmail.com

Braness, Christel [IDB]

From: Kuthy, Raymond A <raymond-kuthy@uiowa.edu>
Sent: Wednesday, December 24, 2014 8:22 AM
To: Iowa Dental Board [IDB]
Cc: Johnsen, David C; Caplan, Daniel J; Damiano, Peter C
Subject: Proposed Changes to Iowa Administrative Code 650-10.5

December 24, 2014

Dear Members of the Iowa Dental Board,

This letter is in regard to the proposed changes to Iowa Administrative Code 650-10.5, amending public health supervision rules. This amendment should be opposed for several reasons, but the most obvious is that tens of thousands of Iowans would lose access to oral health care without any proffered alternative ongoing and sustainable solution that is acceptable both to society as well as the profession. The overwhelming preponderance of these recipients are indigent, many of whom rely on a public health system, if any system, for the medical or oral health care that they receive.

Dental hygienists with public health supervision agreements in Iowa constitute only five (5) percent of the licensed hygienists in Iowa. Yet, they provide invaluable educational and preventive oral health services, such as dental sealants and topical fluoride applications, to a very vulnerable population. Importantly, they go to where the clientele is (i.e., Head Start, WIC centers, schools, etc.). More than 48,000 Iowa children have received one or more fluoride applications and more than 7200 children have received one or more sealants. Additionally, these dental hygienists have referred nearly 40,000 children and 1300 adults to dental offices for further care, many of whom had indications of dental care that was urgently needed. These preventive and referral services are invaluable if we ever truly want to reduce oral health disparities in our state.

I hope that you do not accept the recently proposed amendment to the public health supervision rules.

Thank you for your consideration.

Sincerely,

Raymond A. Kuthy, DDS, MPH
Professor, Preventive and Community Dentistry
University of Iowa College of Dentistry



**Community
Health Care, Inc.**
Opening Doors to Health Care

500 W. River Drive • Davenport, IA 52801-1014 • 563-336-3000 • (f) 563-336-3044

December 23, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309

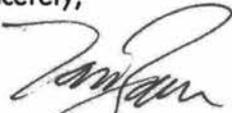
Members of the Iowa Dental Board,

This letter is notification that our community health center is **not** in support of the petition for rule making in regards to the proposed amendment to 650 IAC 15.5(1) that relates to the definition of a public health setting.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs, such as WIC, without a dentist first seeing them. These services improve access and reduce the disease burden in our community. Removing "federal, state and local public health programs" from the allowable settings for public health supervision of dental hygienists will decrease the effectiveness of current programs and may increase the number of patients accessing emergency rooms for dental issues. Also, if this change were made, adding a new setting for public health supervision services would require the rule to be re-opened, comments received, and consideration/determination made by the Board, adding administrative burden to the Board and hurdles for the requesting organization to overcome. Creating a narrow "laundry list" of allowed settings limits flexibility for organizations that want to improve access to oral health preventive services.

As a provider of oral health services to the safety net population, our federally qualified health center values the role of the public health supervision program, and we believe approval of this suggested amendment moves the state in the wrong direction by limiting access to oral health preventive services. We ask that the Iowa Dental Board deny this request.

Sincerely,



Tom Bowman, MBA, CMPE
Chief Executive Officer
Community Health Care, Inc.

Accredited By



Joint Commission

on Accreditation of Healthcare Organizations



APPANOOSE COUNTY PUBLIC HEALTH

APPANOOSE COUNTY BOARD OF HEALTH

209 East Jackson Street
Centerville, IA 52544

Phone: 641.437.4332
Fax: 641.856.5575

Members of the Iowa Dental Board,

As a member of the Iowa Collaborative Safety Network Provider Network access to oral health services is often raised during our discussions and the Safety Net Advisory Group has identified this is a significant concern for the safety net population. Our organization is also concerned about oral health access issues in Iowa.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health program such as WIC without a dentist first seeing them.

Restricting access to preventive oral health services provided by dental hygienists working under public health supervision will reduce the progress that has currently been made in reducing the oral health disease burden in Iowa.

Appanoose County Public Health does not support changes to Administrative Code 650—10.5, Public Health Supervision rules defining public health setting for dental hygienists.

Sincerely,

Linda S. Rutherford

Linda S. Rutherford MEd., MS, RN
Administrator

Braness, Christel [IDB]

From: Nancy Adrianse <adriansen@iowapca.org>
Sent: Tuesday, December 23, 2014 10:41 AM
To: Iowa Dental Board [IDB]
Subject: Petition for rulemaking 650 IAC 10.5(1)

Iowa Dental Board Members,

This letter provides comments opposing the proposed amendment to 650 IAC 10.5(1) relating to definition of "public health settings".

The public health supervision of dental hygienists went to effect in 2003. As time has passed additional settings have been added due to the success of the programs where dental hygienists have provided preventive dental services. This amendment would be a step back for the health of Iowans. Providing preventive oral health service in public health programs has made Iowa a leader when it comes to providing preventive oral health care. Restricting the settings that dental hygienists can provide services to Iowans does not ensure that all Iowans receive professional, competent and safe health care of the highest quality.

Thank you for all that you do to ensure Iowans have access to oral health care! Please do not consider this rule change.

Nancy Adrianse
3210 SW 33rd Street
Des Moines, Iowa 50321
nadrianse@gmail.com

Braness, Christel [IDB]

From: Iowa Public Health Association <iowapha@gmail.com>
Sent: Tuesday, December 23, 2014 10:10 AM
To: Iowa Dental Board [IDB]
Subject: Re: Comments Opposing Petition to Amend Public Health Supervision of Dental Hygienists

Iowa Dental Board,

The Iowa Public Health Association (IPHA) opposes the amendment to Iowa Administrative Code 650-10.5 as proposed by the Iowa Dental Association. The effect of this proposed amendment would be to re-open the large gap in oral health services addressed in 2003 with the creation of these rules for public health supervision of a dental hygienist by a dentist.

As they stand, the rules assure the provision of safe, effective services by requiring that supervising dentists be available for communication and consultation. *Removing "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists would jeopardize the public's oral health.*

The rules for public health supervision of dental hygienists work:

- In 2013, 74 Iowa dentists had public health supervision agreements with 108 dental hygienists
- According to the Iowa Department of Public Health, a majority of services provided by dental hygienists using public health supervision occur in WIC clinics, which fall under "federal public health program" as the public health setting. In addition, most of the state's public health hygienists are employed or contracted by local public health programs, where services are also provided.
- These rules resulted in the following gap-filling services in 2013 which otherwise *would not have been provided*:
 - Sealants - 33,905
 - Prophylaxis - 801
 - Open mouth screening - 78,522
 - Fluoride application - 50,408
 - Individual counseling - 42,303
 - Group education - 1,196
 - Referrals to dentists:
 - - Clients ages 0-20 YO: regular care - 39,695; urgent care - 6,759
 - Clients ages 21+YO: regular care - 1,306; urgent care - 411

IPHA urges the Board to act in the interest of the public's health and retain the rules as written.

Respectfully submitted,

Jeneane Moody, MPH | Executive Director
Iowa Public Health Association
P.O. Box 13181 | Des Moines, IA 50310 | [515.491.7804](tel:515.491.7804)
iowapha@gmail.com | www.iowapha.org

IPHA is the voice of public health in Iowa through advocacy, membership services and partnerships.

Support IPHA - Donate Online at www.iowapha.org.

www.facebook.com/IowaPublicHealthAssociation

<http://twitter.com/#!/iowapha>

Braness, Christel [IDB]

From: Patty Hinrichs <PHinrichs@grmc.us>
Sent: Tuesday, December 23, 2014 10:06 AM
To: Iowa Dental Board [IDB]
Cc: Lisa Leris; Stacy Jobes
Subject: Supervision of Dental Hygienists by Public Health

Iowa Dental Board

I want to give input to the proposed amendment that would no longer allow Public Health supervision of Dental Hygienists in Iowa. This is an important part of the Maternal Child Health program in Iowa and locally in Poweshiek County. This allows many children to be screened in the clinic setting and getting referrals for much needed treatment. Please consider continuing this supervision.

- According to the Iowa Department of Public Health, a majority of services provided by dental hygienists using public health supervision occur in WIC clinics, which fall under "federal public health program" as the public health setting. In addition, most of the state's public health hygienists are employed or contracted by local public health programs, where services are also provided.

Patricia Hinrichs
Public Health Manager
Grinnell Regional Public Health
PH: 641-236-2385
Fax: 641-236-2599



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Braness, Christel [IDB]

From: Lindsay Kleinmeyer <lindsaykleinmeyer@yahoo.com>
Sent: Monday, December 22, 2014 8:05 PM
To: Iowa Dental Board [IDB]
Subject: Petition

In regards to the consideration of changing the wording for our scope of practice, I strongly urge you to keep the same wording and allow us to serve as many people in any setting necessary.

Lindsay Kleinmeyer RDH

Sent from my iPhone

HEALTH SERVICES OF LYON COUNTY

315 First Avenue, Suite 208

Rock Rapids, IA 51246

(712) 472-8200

December 22, 2014

Iowa Dental Board
400 SW 8th St. Suite D
Des Moines, IA 50309

RE: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5.

Dear Dental Board Members:

Lyon County Public Health was recently made aware of a petition filed by the Iowa Dental Association to amend 650 IAC 10.5(1). Specifically, that proposed amendment would remove the words “federal, state, or local public health programs” from the definition of “Public Health Settings” found in that section. According to Section 10.5(1), public health settings also include schools, Head Start programs, programs affiliated with Early Childhood Iowa initiative, child care centers, federally qualified health centers, public health dental vans, and nursing facilities.

The instigating event leading to the proposed amendment was the Iowa Dental Boards’ interpretation to include correctional facilities as a public health program. The Iowa Dental Association is concerned with the vagueness of the words “federal, state, or local public health programs” as well as the safety of dental patients at correctional facilities. However, if the amendment were adopted, the ability of local health departments to provide quality gap-filling oral health services to persons who would otherwise have little or no access to those services of elsewhere would be severely limited.

I am writing on behalf of the Lyon County Board of Health to express a strong opposition to the amendment a proposed and encourage the Dental Board to continue to support the ability of dental hygienists to practice, under a public health supervision agreement, as currently interpreted.

Currently, registered dental hygienists must obtain a public health supervision agreement with a dentist when working in public health settings. This agreement allows the dental hygienist to perform services approved by the dentist without direct onsite supervision. The dentist only needs to be available for communication and consultation.

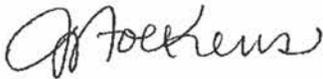
Lyon County’s I-Smile Coordinator partners with local dentists, medical professionals, civic organizations, businesses, schools, WIC, and Head Start. She provides training for local medical

offices to complete dental screenings and fluoride varnishes for children under the age of 2. She also provides training for School Nurses to complete the Kindergarten/9th grade oral health screening mandate.

The I-Smile Program serves our county's children from 0-20 years of age and the Maternal Health Program serves pregnant and recently postpartum women. Services include dental screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists. Other services include partnering with local dentists for "Give Kids a Smile Day," providing **hawk-I** outreach services for uninsured or under insured kids, as well as dental screenings and fluoride varnishes for Head Start/Earl Head Start students and WIC clients, and screenings for students enrolled at the School-based dental Sealant schools.

Lyon County has a majority of water systems that fall below current recommendation of 0.7mg/L of fluoride for optimal prevention of dental carries (cavities). There are a decreasing number of available Medicaid providers in our county area. Due to costs and resources, there are an increasing number of Lyon County children without dental insurance. With that being said, if local public health programs are eliminated from the definition of "Public Health Settings," these children will have nowhere to turn for these important preventative services. The public health programs currently provided may be the only means of dental care for many residents, one being myself. Local public health departments provide vital, gap-filling services to those without access elsewhere.

Thank you for your consideration in this matter.



Jody Folkens, RN, BSN
Lyon County Public Health Administrator
315 First Avenue, Suite 208
Rock Rapids, Iowa 51246

Cc: Lyon County Board of Health



**Department of Preventive
and Community Dentistry**

329 Dental Science N
Iowa City, Iowa 52242-1010
319-335-7184 Fax 319-335-7187

December 22, 2014

Dear Iowa Dental Board,

I am writing this comment in regard to the proposed changes to Iowa Administrative Code 650-10.5, amending public health supervision rules for dental hygienists. In brief, the current rules have served the state well, particularly underserved children and older adults, and I feel that it would be a grave disservice to remove "federal, state and local public health programs" from the list of defined public health settings, as is specified in the proposed changes to the Iowa Administrative Code.

In particular, the passage of the proposed amendment would effectively eliminate some public health dental programs, such as WIC and the very successful I-Smiles program. The I-Smile Program serves children and provides services including dental screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists. Without this program, many impoverished children simply would not receive any dental care, or dental preventive services. Many of these most vulnerable children, who are at highest risk for dental caries, are from families who lack the resources to access routine dental care on their own, and must rely on public programs and public insurance. While the public insurance programs in Iowa are relatively generous, many dentists are unwilling to readily provide services to Medicaid-insured individuals or restrict the number of such patients in their practices. The I-smile program helps to coordinate care for these children, and importantly, helps to assure that these children are able to keep their dental appointments.

Overall, there are 110 dental hygienists with public health supervision agreements in Iowa. Collectively, these hygienists provided nearly 40,000 dental referrals for regular care and nearly 7,000 referrals for urgent care for children age birth to 20 years in 2013. By this metric, the proposed changes would endanger literally thousands of children and potentially deprive them of receiving need oral health services. Moreover, the public health dental programs staffed by dental hygienists offer convenient access to dental services and emphasize preventive care and referral to local practitioners. Lastly, the current public health services agreement between a dentist and dental hygienist is comprehensive and includes safeguards to ensure patient safety and appropriate dental hygienist duties are performed. Thus, there is really nothing to be gained by implementing the proposed changes to the code, and much to lose.

Therefore, I urge the board to keep the present rules in place, and to not approve the proposed changes to the Iowa Administrative Code.

Thank you.

Sincerely,

John J. Warren, DDS, MS
Professor and Graduate Program Director
Director, American Board of Dental Public Health
N-337 Dental Science Building
The University of Iowa
Iowa City, IA 52242

Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

December 22, 2014

Dear Dental Board Members,

I am writing in regard to The Iowa Dental Association petition to the Iowa Dental Board to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists.

I work with the Women, Infants and Children (WIC) Program. We utilize Registered Nurses and Registered Dietitians to provide health/nutrition assessment, education and referrals for children 0-5 years and pregnant/postpartum women. Oral health strongly impacts overall health. WIC recognizes the importance of oral health and we routinely touch on that topic with our questionnaire but we do not have the expertise to adequately address oral health issues and needs.

We do have the Child Health Program funded through Title V co-located at our local WIC Clinic. Through that program we have dental hygienists on site. In that setting under the Public Health supervision agreement the registered dental hygienists are currently able to provide oral health screenings, education and fluoride varnish to children ages 0-5 years old on the WIC program and other Child Health Program eligible children 0-22 years old. The petition to remove federal, state or local public health programs from the allowable settings for public health supervision of dental hygienists would severely impact our county residents being able to access oral health services for their children.

Most of the dentists serving our five county service area start seeing children at 3-4 years of age. Very few of those dentists are willing to accept new children with Medicaid as their payment source. The vast majority of the children on WIC have Medicaid as their payment source for dental care. We do not have access to a Federally Qualified Health Center or any other community health center. The oral health education the dental hygienists provide at WIC clinics can prevent children developing baby bottle tooth decay. Just one child with baby bottle tooth decay can cost thousands of (TXIX tax payer funded) dollars in treatment.

I am strongly opposed to the petition to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists as I believe it would have severe negative consequences on the health of our children and families and a huge increase in our TXIX expenditures.

Sincerely,

Elaine Sampson, RN, WIC CPA

December 22, 2014

Iowa Dental Board,

I am writing this comment in regard to the proposed changes to Iowa Administrative Code 650-10.5, amending public health supervision rules. The existing public health supervision agreement specifies: a) the actual location(s) where the dental hygienist may provide services; b) how communication and consultation will be maintained; c) how patient dental records will be maintained; and d) age and procedure-specific standing orders as directed by the supervising dentist for dental assessment/screening, sealants, fluoride varnish, oral prophylaxis, radiographs, and education. The agreement is reviewed biennially. The dental hygienist must complete and submit a summary report to the Oral Health Center of the Iowa Department of Public Health once per calendar year.

There are 110 dental hygienists with public health supervision agreements in Iowa. Collectively, these hygienists provided nearly 40,000 dental referrals for regular care and nearly 7,000 referrals for urgent care for children age birth to 20 years in 2013. Johnson County Public Health (JCPH) provides two public health programs that utilize a dental hygienist. The I-Smile Program serves children to age 21 years and the Maternal Health Program serves pregnant and recently postpartum women. Services provided include dental screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists. JCPH provided 3,489 I-Smile dental services in FFY2014 and 3,243 services in FFY2013. There were 151 dental services provided to Maternal Health clients in FFY2014 and 273 services provided in FFY2013.

The public health programs provided by JCPH are the only means of dental care for many residents in the JCPH service area of Johnson and Iowa Counties. There were 320 (34%) Johnson County children, and 156 (58%) Iowa County children that did not have dental insurance in FFY2014. Approximately 70 uninsured school children in Johnson County were provided routine dental cleanings, screening and fluoride treatments last year.

The amendment should be opposed for the following reasons:

- The passage of the proposed amendment would eliminate some public health dental programs in Iowa since dental hygienists could no longer provide direct dental services for the WIC and I-Smiles programs.
- Dentists are not a viable option to provide services for these programs due to non-availability or unwillingness to provide those services at a public health site.
- Clients who lack or are ineligible for dental insurance could not be served at dental offices.
- Not all dentists accept Medicaid and those that do have limitations on the number of Medicaid patients they serve.

- Transportation issues continue to be a challenge for many families. Unfortunately, in many parts of Iowa a dentist is not conveniently located where families live.
- The public health dental programs staffed by dental hygienists offer convenient access to dental services and emphasize preventative care and referral to local practitioners.
- The current public health services agreement between a dentist and dental hygienist is comprehensive and includes safeguards to ensure patient safety and appropriate dental hygienist duties are performed.
- The oral health of Iowa women and children is at risk if these public health dental programs were to cease.

Thank you for your consideration.

Sincerely,
Howard Cowen

Howard Cowen DDS, MS, DABSCD
Director, Geriatric & Special Needs Dentistry
Clinical Professor, Preventive & Community Dentistry
College of Dentistry
University of Iowa
319-335-6961

Braness, Christel [IDB]

From: LePeau John <lepeau@mchsi.com>
Sent: Friday, December 26, 2014 1:10 PM
To: Iowa Dental Board [IDB]
Subject: Re: Proposed Change to Amend 650 IAC 10.5 (1) Public Health Settings Defined

To: Iowa Dental Board
From: Nancy Sisty LePeau, DH, MS, MA (Iowa Dental Board Member 1994-2000)

Re: 650 IAC 10.5 (1) Public Health Settings Defined -- Proposed change to amend by eliminating the phrase: and federal, state, or local public health programs.

As a dental hygienist who was employed in the Johnson County Public Health Child Health Clinic from 1991 to 2011, I do not support a change to amend the rule regarding Public Health Settings Defined for dental hygienists in Iowa that would eliminate the phrase: and federal, state, or local public health programs.

Since the inclusion of the 2003 dental agreement provision in the Public Health Supervision rule, increasing numbers of dental hygienists in alternative settings have provided oral health education, dental hygiene assessments, treatment and referral for dental care to Iowa citizens who previously had not been seen by a dentist. The elimination of the eligibility of "federal, state, or public health programs" would immediately prohibit dental hygienists who currently work in those programs from providing oral health care. The loss of the care these dental hygienists provide would be extremely detrimental to the health and well being of the citizens of Iowa. A report from the Iowa Department of Public Health Oral Health Center shows that dental hygienists in Iowa working under Public Health Supervision dental agreements provided 168,164 oral health services for infants to 20 year olds during the single year of 2013. In addition to these very favorable numbers, the percentages of children with Medicaid referred to and seen by dentists have steadily increased since the inception of this program. Who would provide this type of oral health care yearly if dental hygienists were prohibited from working in these settings under the conditions of the current rules and regulations?

The Iowa Dental Board wrote the rules and regulations for the public health supervision of dental hygienists in alternative practice settings to address the unmet oral health needs of the citizens of Iowa. The dental hygienists not working directly with a dentist in these settings are required to have a written supervision agreement with a dentist to plan the protocols for the setting and to discuss and agree upon policies and procedures. The rule lists a number of possible alternative settings in which a dental hygienist may provide care and includes a general statement to allow for additional care settings for individuals with unmet needs as they arise.

Members of the Iowa Dental Board recognized that children and adults who do not receive dental care are often from low-income families without dental insurance. Further, even though children may be enrolled in Medicaid, studies show that they receive dental care at extremely low rates due to the limited number of Medicaid patients accepted by dentists. The American Dental Association published a report in June of this year stating that more and more children are going to the emergency room for dental treatment because they do not have dental insurance. Many states are describing areas where there are no dentists and where large numbers of people in the state have no dental insurance. The Iowa Dental Board was not alone in developing mechanisms to assist Iowa citizens to meet their oral health needs. States such as Minnesota and Wisconsin are providing rules and regulations for the practice of dental hygiene in alternative practice settings to allow for more dental care to the underserved.

In summary, I believe that the Iowa Dental Board made a wise decision in writing the current rule that expands and clarifies the role of dental hygienists in alternative practice settings. These hygienists provide excellent and safe education, preventive dental hygiene care and referral to those without oral health care. I believe that it would be unwise to change the current rule to further restrict dental hygiene care and referrals for thousands of Iowa citizens each year who are now being seen for needed oral health care in a variety of settings. The citizens of Iowa deserve the high-quality care that dental hygienists are educated to perform to meet their preventive and dental hygiene care and to be referred for additional care.

December 18, 2014

Ms. Jill Stueker, Executive Director
Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309-4686

RECEIVED

DEC 22 2014

IOWA DENTAL BOARD

Dear Ms. Stueker:

We write to comment on the Iowa Dental Association's petition to amend 650 IAC section 10.5(1), which defines public health settings for the purposes of public health supervision of a dental hygienist by a dentist.

In the petition, the Iowa Dental Association disagreed with the Board's action to expand the definition of public health settings to include correctional facilities without public comment and uses this as a basis for arguing for removal of reference to "federal, state, or local public health programs." Their concerns about the lack of opportunity for public comment should be addressed separately with the board, or through the channels offered by the administrative rules process. The petition arbitrarily alters the public health supervision rules as a means of managing the Board's rulemaking process. The petition provides no evidence of how the proposed changes will increase patient safety, but instead, will reduce access to preventive oral health services provided to underserved Iowans.

Delta Dental of Iowa and its Foundation are committed to supporting initiatives that improve the oral health of Iowans. We are concerned the proposed changes to the rules unnecessarily restrict the settings where public health hygienists can provide preventive oral health services. The proposed restrictions will likely result in decreased access to oral health services and poorer oral health status for many of the most vulnerable Iowans.

In 2012, the Delta Dental of Iowa Foundation announced a long term, strategic vision to improve the oral health of Iowa's children and older adults. The Foundation's 2020 goals are 1.) Children ages 0-12 (300% FPL and below) are cavity free and 2.) Every Iowa nursing home resident and homebound elderly person has access to oral health care. Increasing access to oral health care in a variety of settings that maintain quality of care is critical to achieve better oral health outcomes. Access to screenings and preventive care in various federal, state, and local public program settings, are important to assure low-income children and Iowa seniors, have an opportunity to improve or maintain their oral health.

Thank you for considering our comments.

Sincerely,



Suzanne Heckenlaible
Vice President, Public Affairs
Delta Dental of Iowa



Jeff Chaffin, DDS, MPA, MBA, MHA
Vice President & Dental Director
Delta Dental of Iowa



UnityPoint Health
Finley Hospital

Visiting Nurse Association - Clayton Co.

600 Gunder Rd. NE Suite #5

Elkader, IA 52043

RECEIVED office (563) 245-1145

or (800) 836-7867

DEC 22 2014 fax (563) 245-2730

unitypoint.org

IOWA DENTAL BOARD

December 17, 2014

Iowa Dental Board
400 SW 8th St. Suite D
Des Moines, IA 50309

Dear Iowa Dental Board Members:

I am writing in response to the Iowa Dental Association petition to the Iowa Dental Board to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists. I am the WIC Coordinator for five counties in northeast Iowa, (Allamakee, Clayton, Fayette, Howard and Winneshiek). The WIC staff and I are very concerned about our WIC participants if they will no longer be able to receive oral health services at WIC clinic.

We work with Registered Dental Hygienists employed through the federal Child Health Program who provide services at our co-located WIC clinic sites serving children birth to age 5 and pregnant and postpartum women. The Dental Hygienists at clinic begin oral health education prenatally. Women who have poor oral hygiene are at risk for premature births, a huge health care expense. They provide oral health education to parents beginning at the birth of their baby, helping to prevent baby bottle syndrome which is another huge expense and significant detrimental impact on the health of those children. Baby bottle tooth decay can cost up to \$20,000 per child depending on the severity and if hospitalization is needed for treatment. In 2006 the American Dental Hygienists Association calculated that every dollar spent on preventative dental care could save \$8 to \$50 in restorative and emergency treatments. In our last fiscal year our WIC agency saw an average of 687 children a month, and the dental hygienists are able to provide services to those children every six months. Of the children seen at WIC clinic 96% of those have Medicaid/Title XIX. Most Dentists in our 5 county area have limits on the number of Medicaid clients that they will accept and even though Medicaid will begin paying for regular dental checkups at age 1 most Dentists will not see children until age 2 or 3. Families have huge barriers to understanding Medicaid and great difficulty navigating the dental system having that Dental Hygienist as an advocate helps

assist them and can act as a liaison with the dental office. Most of these families would never receive services outside WIC especially in our rural county area.

This issue appears to directly impact the ability of the dental hygienists working under Public Health Supervision to provide education, screening and referral assistance to pregnant women and young children 0-5 at WIC clinics not only in our five county area but across the state as WIC is a federal public health program. On behalf of the WIC staff and myself, we are strongly opposed to the petition to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists as we believe it would be severely detrimental to our WIC children and families.

Sincerely,



Sara Noack RN, BSN
WIC Coordinator
Clayton County VNA
600 Gunder Rd Suite 5
Elkader, IA 52043
888-836-7867 ext. 2
sara.noack@unitypoint.org

December 19, 2014

Christel Braness, Program Planner
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

RECEIVED
DEC 22 2014
IOWA DENTAL BOARD

COMMENT LETTER-PETITION RE: Public Health Settings and Dental Hygienists

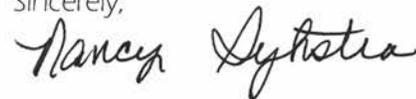
Dear Ms. Braness and Members of the Iowa Dental Board:

I write this comment letter to express opposition to the rule amendment to 650 IAC 10.5 (1) proposed by the Iowa Dental Association (IDA). As Executive Director of Promise Community Health Center, a Federally Qualified Health Center in far northwest Iowa, I am familiar with the oral health care needs of rural and medically underserved Iowans.

I am concerned that the IDA's proposed amendment would have an effect of limiting the ability of dental hygienists to provide services in public health settings, such as Promise Community Health Center. The role of the Dental Hygienist at Promise Community Health has been and continues to be integral in ensuring access to quality oral health care. When the Center initiated its dental program in 2011, the public health supervision agreement enabled Promise to be able to provide daily access to dental/oral health services because Promise was dependent on a part-time volunteer dentist to provide dental care and serve as Director of its oral health program until the Center was able to recruit a full time dentist.

I believe that the Dental Board wants to seek ways to increase- not limit- access to dental care for all Iowans. Access to care must include low-income and high-risk Iowans. In rural and underserved areas, private dental practices limit the number of Medicaid children their practice will provide care for. When low-income Iowans have access to a hygienist in a public health setting, they can find out if they have urgent dental needs. They also can take advantage of preventive health measures. I urge you as a board to deny the amendment proposed by IDA.

Sincerely,



Nancy Dykstra, MA, PHCNS-BC
Executive Director, Promise Community Health Center



338 1st Ave NW, Sioux Center, Iowa 51250

Fax: 712.722.1770 Phone: 712.722.1700 Toll Free: 877.722.1770



SCOTT COUNTY HEALTH DEPARTMENT

Administrative Center | 600 W. 4th Street | Davenport, Iowa 52801-1030

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IOWA DENTAL BOARD

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December 19, 2014

Dear Iowa Dental Board:

Scott County Health Department has employed a dental hygienist working under public health supervision as I-Smile™ Coordinator since 2008. As a result, we have been able to offer gap-filling dental services to many underserved children in our community. These services have included dental screenings, fluoride varnish, and referrals to dentists for comprehensive dental care. This year alone, our hygienist has been able to identify and refer the dental needs of over 1,000 children to local dentists while practicing under public health supervision at schools and at our health department clinic. These services have been beneficial for identifying needs and providing preventive care for children in Scott County.

It has come to our attention that the Iowa Dental Board has received a petition to no longer allow dental hygienists under public health supervision to provide services in locations classified as "federal state, or local public health programs." If the petition is accepted as written, we would no longer be able to provide gap-filling dental screenings and fluoride varnish treatments to children that come to our health department clinic, a local public health program. Of equal concern, dental hygienists with public health supervision agreements providing similar services at Scott County WIC clinic (federal public health programs) would no longer be able to offer services.

The petitioners were most concerned about dental hygienists practicing in correctional facilities under public health supervision. Perhaps that issue could be addressed without affecting current services at other "federal, state, and local public health programs" like those we provide. Please let us know if we can offer further information about the potential effects such a ruling could have on the oral health of children in our community.

Thank you in advance for your consideration.

Sincerely,

Edward Rivers, MPH

Director

Scott County Health Department

BOARD OF HEALTH

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IOWA DENTAL BOARD
Denise Coiner, MS, RTR, Chairman
Ann O'Donnell, DO, Vice-Chairman
Kathleen Hanson, PhD, MN, Secretary
Scott Sandeman, DVM
Jim Lyles, MD, MPH

December 19, 2014

Dear Iowa Dental Board:

Scott County Health Department (SCHD) has employed a dental hygienist working under public health supervision as I-Smile™ Coordinator since 2008. As a result, SCHD has offered dental services to many underserved children in our community. These services have included dental screenings, fluoride varnish, and referrals to dentists for comprehensive dental care. This year alone, the SCHD hygienist has been able to identify and refer the dental needs of over 1,000 children to *local dentists* while practicing under public health supervision at schools and at our health department clinic. These services have been beneficial for identifying needs and providing preventive care for children in Scott County.

It has come to our attention that the Iowa Dental Board has received a petition to no longer allow dental hygienists under public health supervision to provide services in locations classified as "federal state, or local public health programs." If the petition is accepted as written, SCHD would no longer be able to provide gap-filling dental screenings and fluoride varnish treatments to children that come to our health department clinic, a local public health program. Of equal concern, dental hygienists with public health supervision agreements providing similar services at Scott County WIC clinic (federal public health programs) would no longer be able to offer services.

We believe that public health departments play a vital role in the delivery of dental services to children in the community who need care, and provide the means for those children to receive care by dentists in the area, which is a benefit to SCHD clients, local dentists, and the community.

Thank you in advance for your consideration.

Sincerely,

Denise Coiner, MS, RTR
Chairman
Scott County Board of Health



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DEC 22 2014

IOWA DENTAL BOARD

December 17, 2014

Christel Branness, Program Planner
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

To Whom It May Concern:

Thank you for the opportunity to comment on the proposed rules change **petitioned by the Iowa Dental Association for amendment of 650 IAC 10.5(1) relating to the definition of "public health settings"**. Visiting Nurse Services (VNS) of Iowa would like to express great concern about this petitioned rule change. We **OPPOSE** this change in the definition of *public health settings*. This would have a disastrous impact on providing dental health services to children throughout the state of Iowa.

According to the U.S. Public Health Service, dental and oral disease, affecting more than 50 percent of children in this country, may be the most prevalent and preventable condition among young people. Physicians and dentists alike recognize that oral health plays an integral part in determining a child's general health. Tooth decay and infections are just two of the chronic health problems that can result when children's oral health is ignored. These conditions can lead to pain, disfigurement and, ultimately, much higher treatment costs.

The long established current rules on this topic have served our state well. Dental hygienists in Iowa must practice under supervision of a dentist. As you know one of the allowable types of supervision is "public health". VNS participates in providing oral health care services under this definition. Without access to dental health programs being provided through federal, state or local public health programs more than 50,000 essential preventive oral health services will **NOT** be provided to Iowa's children. In addition, these children will not be linked to dental homes or critical dental services that might be needed.

It is vital for the Dental Board to understand that ***no one will provide oral health care for these children*** if the petitioned rule change goes into effect. There has been a 61% increase in the number of Medicaid enrolled children seeing a dentist since the I-Smile™ program was initiated and that is a direct result of seeing children in WIC Clinics where we have access to them as well as their caregivers. Without this access these children will fall through the gap.

In 2004, only 11,472 dental screenings were provided in Iowa by hygienists using public health supervision. By 2013, 90 hygienists with agreements provided services totaling 78,522 screenings and 50,408 fluoride applications. Of this number, more than **28,000** screenings and nearly **22,000** fluoride

applications were provided specifically at WIC clinics, a federal public health program setting. This is a direct result of seeing children in federal public health programs.

We encourage the Iowa Dental Board to reject this petition for rulemaking and keep federal, state and local public health programs as part of the defined public health settings.

Thank you for your thoughtful consideration of our comments.

Respectfully,



Cari Spear, MSN, RN
V.P. Community Health Services

Visiting Nurse Services of Iowa
1111 9th Street, Suite 320
Des Moines, IA 50314
515.558.9606
caris@vnsia.org

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DEC 24 2014
IOWA DENTAL BOARD

Iowa Dental Board
400 SW 8th St. Suite D
Des Moines, Iowa 50309

Comment letter on IDA petition re: public health settings and dental hygienists

Dear Members of the Iowa Dental Board:

I write to comment in opposition to the proposed amendment to 650 IAC 10.5(1). As Director of Children and Family Services at Community Health Partners, the public health provider for Sioux County, I am daily reminded of the unmet dental and oral health needs of families in our rural Sioux County communities.

Decreasing access to oral health services by limiting the ability of dental hygienists to provide services in public health settings will only worsen an already grave situation and perpetuate an untenable disparity for low income and Medicaid patients who need dental care and are unable to afford or access it.

The Iowa Dental Board should deny the IDA's petition which puts an already vulnerable population at even greater risk of short and long term health problems.

Sincerely,



Kim Westerholm, RN, BSN; MA
Director of Children and Family Services

To: Iowa Dental Board

From: Patricia Kemp, RDH

RE: Public Health Supervision

Attention: Christel Braness

Dear Board Members,

I am opposed to the petition to change the public health supervision for dental hygienists. I ask the Dental Board to NOT amend this section as the petition suggests. The elimination of "federal, state or local public health programs" from the public health settings as defined in Code 650-10.5 would create a huge barrier for our most vulnerable population.

I have served children and women at the Women, Infant and Children program for over 15 years. The people seen are in desperate need for dental screenings, education and identification of dental needs. Children seen at this program are from birth to age five. Most dental offices do not see children at these very young ages. The decay rate for the low income is much higher compared to their more affluent peers. The need for education and prevention is very real. Proper early intervention and education does work. It is so very disheartening to see children with massive decay. It is extremely costly to treat rampant decay due to the need for hospital dentistry which is most often performed by a pediatric dentist. The pediatric dentists are often located in areas where our rural clients must travel a great distance and the wait to have treatment can be many months. I also assist the dental offices with their clients as I often am in contact or can reach out to the families. Care coordination is an asset that public health thrives on.

For many the first service families initiate is at the Women, Infant and Children program when they move to Iowa. I serve as an advocate for the families, provide resource information and keys to navigating care in our great state. It can be very daunting for young families who often come from abusive and difficult situations. It is hard to imagine the hardship some clients have endured and yet they continue to strive to improve their situations for the sake of their young children.

Public Health supervision has written agreements that are followed with specific, appropriate standing orders. Access to dental services is of utmost importance. Iowa should never stand for the reversion of care to our most needy and very young Iowans. Dental service through public health supervision is safe

and works! We must remember that oral infections do arise at any age. Children and adults can lose their lives to untreated dental decay. Let us strive to be proactive and begin to see the possibilities in treating all those entrusted to our care. Barriers to essential dental care should not be determined by ones socioeconomic level. Our children deserve better!

Thank you for your consideration in this matter.

Sincerely,


Patricia Kemp, RDH

1865 Carter Road

Dubuque, Iowa 52001

563-556-1498

Braness, Christel [IDB]

From: Kelley Rath <kelley.rath@hillcrest-fs.org>
Sent: Monday, December 22, 2014 1:25 PM
To: Braness, Christel [IDB]
Subject: Proposed changes to dental hygienists in the WIC program

Hello,

I'm writing to provide comments in regards to the importance I feel dental hygienists provide in serving individuals participating in the WIC program.

- Dental hygienists working in the WIC program serve children of lower income status who often due to this have never had any sort of dental screening or cleaning by a professional. Often times it this first contact where oral problems are detected thus establishing a treatment plan for a child.
- Dental hygienists provide education to families and function as a preventative care health professionals. Their services have reduced the number of children with oral health concerns in our clinics as a result of their educational component.
- Our dental hygienist serves as an excellent community resource by means of making referrals to other programs and assisting in scheduling necessary dental appointments.

The role of these health care providers in the WIC setting is invaluable.

Kelley Rath, RDLD

WIC Dietitian, Hillcrest Family Services
220 West 7th Street
Dubuque, IA 52001
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563-557-4444 ext 221



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December 22, 2014

Christel Braness, Program Planner
Iowa Dental Board
400 SW 8th St. Suite D
Des Moines, IA 50309

Dear Ms. Braness and Members of the Iowa Dental Board:

This letter is in regard to the rule amendment to 650 IAC 10.5(1) proposed by the Iowa Dental Association. I am writing to express my opposition to the amendment being proposed. I have worked as the Director of the WIC (Supplemental Food Program for Women, Infants, and Children), Maternal Health, and Child Health program for over 20 years. During that time, I would consider the implementation of the I-Smile program and the expansion of preventive oral health services as one of the greatest improvements in public health services for underserved Iowans.

Unfortunately, in Mid-Sioux's five county service area (Cherokee, Ida, Lyon, Plymouth, and Sioux), only 53% of the eligible children who are enrolled in Medicaid, received any dental services in FY'13. It is often very difficult to find private-practicing dentists who are willing to provide services to new Medicaid patients. Allowing oral health services in federal, state, and local public health settings provides low-income Iowans with access to preventive oral health (screenings, fluoride varnishes, sealants, etc.). In addition to the direct oral health services, the dental hygienist is also responsible for providing care coordination services to assist the family with finding a dentist to complete any necessary treatment.

I would like to challenge the Iowa Dental Board to look for ways to improve access to oral health care for our low-income families rather than adding unnecessary restrictions/burdens. Research has shown that it is about 10 times more expensive to provide inpatient dental care for caries-related conditions than to provide preventive care. Over the past several years, public health settings (such as WIC clinics and school-based sealant clinics) have offered a venue for dental hygienists to provide preventive services to children who otherwise may not receive ANY oral health care. These services are provided under a Public Health Supervision Agreement with a local dentist and staff comply with the guidelines set forth by the Iowa Department of Public Health, Centers for Disease Control and Prevention and the American Dental Association to assure the services are provided in a safe environment.

The Iowa Dental Association's mission is "to ensure that all Iowans receive professional, competent, and safe dental health care of the highest quality". I would hope that this mission is reflected upon as decisions about the future of oral health services in federal, state, and local public health settings is being considered.

Sincerely,

Cindy Harpenau

Cindy Harpenau, RN, BSN
WIC/MCH Director

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Rick Kozin, Director
1907 Carpenter Avenue
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DEC 23 2014

IOWA DENTAL BOARD

December 22, 2014

Ms. Jill Stuecker
Executive Director
State of Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309-4687

Dear Ms. Stuecker:

The Iowa Dental Association has submitted a petition for rulemaking to amend the public health supervision rules. Specifically, petitioners request the words, "...and federal, state, or local public health programs" be deleted from the Iowa Administrative Code 650-10.5. We urge you to deny this petition.

Petitioner's primary concern seems to be that this "vague catch-all language" was used to "expand the scope of public health settings to include correctional facilities" without the opportunity for public comment. Without getting into the merit of this claim their proposal would dramatically limit the delivery of dental care to our communities most vulnerable residents.

As I understand the proposed change we would not be allowed to bring a dental hygienist into our clinic (local public health program) or have one at a local back to school health fair. Last year, at one back to school health event over 250 children received their required dental screenings.

In 2013, statewide more than 28,000 screenings and nearly 22,000 fluoride applications were provided at WIC (Women, Infant and Children) clinics- a federal public health setting.

If these settings were no longer considered allowable public health settings petitioner's stated high priority in "...ensuring adequate access to high-quality dental care for all Iowans, regardless of their socioeconomic status" would be immeasurably harder to achieve.

Perhaps adding more clarity to the questioned terms should be considered to initiate an improved strategy that ensures appropriate access, rather than eliminating these opportunities all together.

Please feel free to contact me if you have any questions.

Rick Kozin

Director of Public Health

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Extension and Outreach

♦♦♦

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MELISSA R. O'ROURKE, B.S., M.A., J.D.
Farm & Agribusiness Management Specialist/Attorney
morourke@iastate.edu

December 19, 2014

COMMENT LETTER – IDA PETITION RE: Public Health Settings and Dental Hygienists

Christel Braness, Program Planner Email: Christel.Braness@iowa.gov
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

Dear Ms. Braness and Members of the Iowa Dental Board:

This letter is intended as a comment in opposition to the rule amendment to 650 IAC 10.5(1) proposed by the Iowa Dental Association (IDA). I serve on the board of Promise Community Health Center; and I am an attorney and full-time employee of Iowa State University Extension and Outreach (ISUEO) as a Farm & Agribusiness Management Specialist. In my work with rural Iowans, I am familiar with the oral health care needs of families living in small towns and rural areas, many of whom are employed on farms or agribusinesses.

The IDA's proposed amendment would have the effect of limiting the ability of dental hygienists to provide services in public health settings. I understand that the Board has already limited the ability of dental assistants to participate in providing services in public health settings. The IDA's proposal seeks to further protect territory that Iowa dentists believe should be set aside exclusively for them.

Dental hygienists (sometimes aided by dental assistants) have a history of providing quality oral health screenings and care to underserved Iowans in a variety of settings where dentists are rarely present. This has included (for example) school-based dental screenings and fluoride varnish applications (such as through the I-Smiles program), local health fairs, community health centers, and in local or regional correctional settings.

The Board's mission "is to ensure that **all Iowans** receive professional, competent, and safe dental health care of the highest quality." The reality is that much of Iowa is underserved in regard to oral health care. In our area, it is difficult to find a private-practice dentist willing to take on new patients particularly when the patient is poor, uninsured, and/or on Medicaid. When low-income Iowans are seen by a hygienist in a public health setting, they can find out if they have pressing dental needs and perhaps take advantage of fluoride varnish applications.

The Iowa Dental Board should be seeking ways to increase—not limit—access to dental health care for all Iowans—including low-income and high-risk populations. The Board should think creatively about expanding the ability of dental hygienists and assistants to increase dental care accessibility. Our neighbors in Minnesota have further increased dental care accessibility through the licensure and regulation of dental therapists—a program appearing to have positive results for increasing access to high-quality oral health care. See 2014 Report, *Early Impacts of Dental Therapists in Minnesota* at www.dentalboard.state.mn.us. Why is Iowa not moving in this direction?

In conclusion, the Board should be doing everything it can to increase access to dental health care. While the IDA's petition speaks of concerns about dental care being "provided safely," I cannot find a case where care to underserved populations by dental hygienists and assistants has resulted in harm to Iowans. The proposed amendment appears to be a solution in search of a problem where none exists. On behalf of Iowans who need increased access to dental care, I urge you to deny the IDA's petition.

Sincerely,

(signed) *Melissa R. O'Rourke*

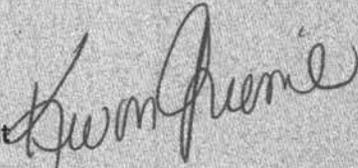
Melissa R. O'Rourke

SIouxLAND
DISTRICT HEALTH
DEPARTMENT

December 19, 2014

To: Iowa Dental Board

From: Kevin Grieme, Director – Siouxland District Health Department



RE: Petition for Rulemaking – Public Health Supervision Rules, Iowa Admin Code 650-10.5

This is to communicate my concern about the negative impact that the proposed rule change will have on the health and wellness of Woodbury County residents, specifically on children.

The proposed change to eliminate “and federal, state, or local public health programs” from Iowa Administrative Code 650 – 10.5 will dramatically decrease the opportunities that Woodbury County residents will have to access oral health services. Our at-risk populations who most rely on public health dental services will be left without critical dental screening, preventative and referral services.

Impacts:

1. WIC program – The Iowa Kids Count data (2012) documents that 41% of Woodbury County children between the ages of birth and 4 years old receive WIC services. These children are all offered oral health screenings and fluoride varnish as a part of this program. For FY14 88% of the children screened in WIC did not have a dentist so all were referred for services. With this proposed change, the Siouxland WIC-would no longer be an acceptable service delivery location.
2. Of the 1615 children that received oral health screenings through our public health programs in 2013-14, 29% were identified as having some evidence of decay that would necessitate referral to services provided by a Dentist. 100% of these children were referred to dentists within the county. If the proposed changes are enacted, these screening and referral services will not be available.
3. Oral health challenges can also have a negative impact on pregnant females. Allowing oral health issues to go unaddressed through the Maternal Health program will have a lasting impact on lifetime oral and physical health wellness. If the proposed changes are enacted, screening and fluoride varnish service will not be permitted, and the effected individuals will not be referred into additional dental services.
4. The I-Smile program is intended to assist in development of the dental health infrastructure in the state of Iowa. The infrastructure that is being developed is to support residents in accessing dental services, no matter where they live. Very little of the work in the I-Smile program is on direct services, but providing community education, and working with dental providers to improve access to their services. In addition to this, the I-Smile program works to assure that children have dental insurance to cover the expenses associated with services. The dental support and linking children to dentists would be lost if the proposed changes are approved.

I encourage the Iowa Dental Board to not approve the requested change that is outlined in the submitted petition. The Public Health system in the state of Iowa has diligently worked over the past 12 years to support residents in receiving dental services. One of the original challenges that was faced were the dental shortage areas across the state. We would be remiss to dismiss the role that Public Health and the I-Smile program played in working with the many Dentists in Iowa to reverse this issue.

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UnityPoint Health
Finley Hospital

Iowa Dental Board
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Des Moines, IA 50309

Visiting Nurse Association - Clayton Co.
600 Gunder Rd. NE Suite #5
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unitypoint.org

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DEC 19 2014

IOWA DENTAL BOARD

December 17, 2014

Dear Dental Board members,

As Director of Clayton County Visiting Nurse Association I am writing in regard to The Iowa Dental Association petition to the Iowa Dental Board to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists.

Clayton County is a small rural county. We currently have no dentists willing to accept children with Medicaid as their payment source. At our WIC and Child Health clinics 96 % of our children ages 0-5 yrs. have Medicaid as their payment source for dental care. We do not have access to a Federally Qualified Health Center or any other community health center. We do have the Child Health Program funded through Title V. Through that program we have dental hygienists co-located at our local WIC Clinic. In that setting they are currently able to provide oral health screenings, education and fluoride varnish to children ages 0-5 years old on the WIC program and other Child Health Program eligible children 0-22 years old under the Public Health supervision agreement. The petition to remove federal, state or local public health programs from the allowable settings for public health supervision of dental hygienists would severely impact our county residents being able to access oral health services for their children.

I am strongly opposed to the petition to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists as I believe it would have severe negative consequences for our children and families.

Sincerely,

Nancy Yelden RN

Director, Clayton Co. Visiting Nurse Association



418 S. Marion Street • Remsen, IA 51050 • 712-786-2001
www.midsioux.org

December 16, 2014

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DEC 19 2014

IOWA DENTAL BOARD

Christel Braness, Program Planner
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

Dear Ms. Braness:

I am writing in response to the Petition for Rulemaking sent to the Iowa Dental Board on behalf of the Iowa Dental Association. It is our understanding that the emphasis of this request is for open communication and input from all parties when an agreement for supervision is reached between a dentist and dental hygienist under the Public Health Settings definition.

I would offer the following for consideration:

- A) If there is a change and the use of Public Health Settings as a category is stricken, the potential for numerous requests for designation under the rule will take place. This will require additional time and costs for the dental board, involved parties, and tax payers.
- B) Currently, sites where W.I.C. (Women-Infants & Children's) clinics are held are considered public health settings under the rule. If the petition is granted, the Board should consider adding W.I.C. sites as allowable in order to prevent a loss of service to numerous low income families.
- C) The Iowa Dental Board has been given the challenge to interpret and implement regulations. Some flexibility on their part is necessary in order to evaluate the needs of Iowan's and implement services in the most cost effective manner possible. Part of the purpose of the Dental Board is to regulate dental services in Iowa.

Their purpose is stated on the Iowa Dental Board website:

"The Iowa Dental Board is a state agency charged with the overall responsibility for regulating the professions of dentistry, dental hygiene, and dental assisting in the state of Iowa."

Thank you for the opportunity to comment.

Respectfully,

A handwritten signature in black ink, appearing to read "Dick Sievers", is written over a horizontal line.

Dick Sievers
Executive Director

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BEFORE THE IOWA DENTAL BOARD

Petition by Iowa Dental Association for)
amendment of 650 IAC 10.5(1) relating to)
definition of "public health settings")

**PETITION FOR
RULEMAKING**

1. Pursuant to 650 IAC section 7.1, the Iowa Dental Association ("Petitioner") hereby petitions the Iowa Dental Board (the "Board") for amendment of 650 IAC section 10.5(1) (the "Rule"), which sets forth the definition of "public health settings" for purposes of public health supervision of a dental hygienist by a dentist. Specifically, Petitioner asks the Board to amend the Rule to read as follows.

10.5(1) Public health settings defined. For the purposes of this rule, public health settings are limited to schools; Head Start programs; programs affiliated with the early childhood Iowa (ECI) initiative authorized by Iowa Code chapter 256I; child care centers (excluding home-based child care centers); federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; and nursing facilities; ~~and federal, state, or local public health programs.~~

2. Section 10.5 of the Board's rules authorizes a dentist and a dental hygienist to enter into a written agreement under which the dentist provides public health supervision over the dental hygienist when the hygienist provides services in specified public health settings. The dentist need not be physically present to supervise the services provided by the hygienist; but the dentist must be available to provide communication and consultation with the dental hygienist. The hygienist must only provide dental hygiene services pursuant to age- and procedure-specific standing orders from the dentist.

3. One of the Petitioner's top priorities is ensuring adequate access to high-quality dental care for all Iowans, regardless of their socioeconomic status. Access to dental care, however, should not be provided at the cost of compromised patient safety.

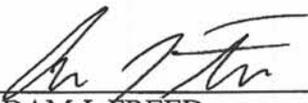
4. During its meeting on Friday, October 17, 2014, the Board took action to expand the scope of public health settings to include correctional facilities. This action, which the Board took without notice and without providing an opportunity for public comment, threatens to undermine the safety of patients. Petitioner has been advised that the legal basis upon which the Board relied for the action taken on October 17, 2014, is the provision in the Rule for "federal, state, or local public health programs." Petitioner disagrees with the Board's conclusion that the term "federal, state, or local public health programs" was intended to include dental care provided in Iowa correctional facilities. The Board's contrary interpretation highlights a significant problem with the language—the language is so vague as to render it effectively meaningless. The amendment proposed by Petitioner would strike this language from the Rule. By striking this vague catch-all language, the effect of the amendment would be to require the Board to provide notice and an opportunity for public comment any time it proposes to expand the scope of public health supervision to include additional public health settings.

5. Petitioner represents nearly ninety percent of all dentists practicing in the state of Iowa. Petitioner's member dentists have a significant interest in ensuring that dental care is provided to patients as safely as possible. The proposed amendment would ensure that future expansions of public health settings occur only after notice and an opportunity for public comment. As the professionals supervising the care provided in public health settings,

Petitioner's member dentists should have the opportunity to provide comment regarding whether dental care can be provided safely in any setting the Board proposes to add in the future.

6. Petitioner is the Iowa Dental Association, 8797 NW 54th Avenue, Suite 100, Johnston, Iowa 50131, (515) 331-2298. Petitioner's legal counsel is the undersigned, Adam J. Freed and Rebecca A. Brommel, 666 Grand Avenue, Suite 2000, Des Moines, Iowa 50309, (515) 242-2400. Official communications concerning this Petition should be directed to Petitioner's legal counsel.

Dated this 3rd day of December, 2014.

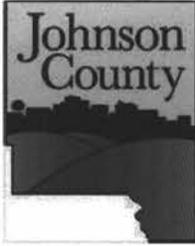


ADAM J. FREED
REBECCA A. BROMMEL

BROWN, WINICK, GRAVES, GROSS,
BASKERVILLE AND SCHOENEBAUM, P.L.C.
666 Grand Avenue, Suite 2000
Des Moines, IA 50309-2510
Telephone: 515-242-2400
Facsimile: 515-283-0231
Email: freed@brownwinick.com
Email: brommel@brownwinick.com

ATTORNEYS FOR PETITIONER

Original hand delivered to Iowa Dental Board.



PUBLIC HEALTH

Douglas Beardsley, MPH
Director

Promoting Health. Preventing Harm.

December 19, 2014

Iowa Dental Board
400 SW 8th St. Suite D
Des Moines, IA 50309

RE: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5.

Dear Board Members:

I would like to voice my strong opposition to petition filed by the Iowa Dental Association to amend the definition of “Public Health Settings” found at 650 IAC 10.5(1). The remedy which the petitioner is seeking, to address a very narrow concern, has such broad implications as to significantly disrupt educational and preventative oral health services to many of Iowa’s already underserved populations. If the petitioner objects to certain correctional facilities from being included in the definition of public health setting, then it is incumbent on the petitioner to provide more targeted language to address that specific concern. Eliminating “federal, state or local public health programs” from the definition of “Public Health Settings” will have a substantial negative impact on the ability of underprivileged Iowans to access quality preventative dental services.

Currently, registered dental hygienists must obtain a public health supervision agreement with a dentist when working in public health settings. This agreement allows the dental hygienist to perform services approved by the dentist without direct onsite supervision. The dentist only needs to be available for communication and consultation. The public health services agreement specifies: a) the actual location(s) where the dental hygienist may provide services; b) how communication and consultation will be maintained; c) how patient dental records will be maintained; and d) age and procedure-specific standing orders as directed by the supervising dentist for dental assessment/screening, sealants, fluoride varnish, oral prophylaxis, radiographs, and education. The agreement is reviewed biennially. The dental hygienist must complete and submit a summary report to the Oral Health Center of the Iowa Department of Public Health once per calendar year.

As the designated local public health agency for Johnson County, Johnson County, Johnson County Public Health (JCPH) provides gap-filing public health programs that utilize a dental hygienists. The I-Smile Program serves children to age 21 years and the Maternal Health Program serves pregnant and recently postpartum women. Services provided include dental

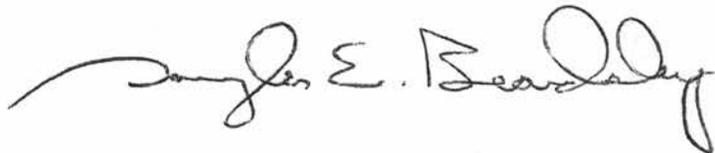
screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists. JCPH provided 3,489 I-Smile dental hygiene services in FFY2014 and 3,243 services in FFY2013. There were 151 dental hygiene services provided to Maternal Health clients in FFY2014 and 273 services provided in FFY2013.

The public health programs provided by JCPH, in many cases, are the only means of dental care for these clients. In FY14 JCPH served 320 Johnson County children and 156 Iowa County children that did not have dental insurance. Approximately 70 uninsured school children in Johnson County were provided routine dental cleanings, screening and fluoride treatments last year. If local public health programs are eliminated from the definition of "Public Health Settings" these children will have nowhere to turn for these important preventative services. Local public health departments provide vital, gap-filling services to those without access elsewhere. There is neither the capacity nor the resources to provide these services outside of these public health programs.

In its petition to amend the definition of public health setting, the petitioner claims that the language is too vague as to render it effectively meaningless. If one accepts that claim, the converse would also be true. By removing the words in the definition as proposed, the effect would be so broad as to eliminate the majority of well-established and effective public dental hygiene programs in the State resulting in tens of thousands of low-income Iowans losing access to preventative dental services. If the petitioner is concerned with a specific scenario falling under the definition of a public health setting, it would be incumbent on the petitioner to provide a targeted and specific remedy rather than the "baby with the bathwater" resolution that has been proposed. Additionally, the petitioner voices concerns about the quality and safety of services provided in these public health settings, but provides no data or examples of how these services are inferior to hygiene services provided in other settings.

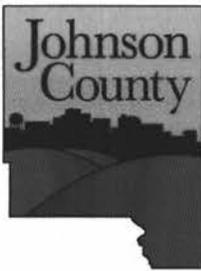
Local public health programs have enjoyed long-lasting effective relationships with dentists in Iowa to take preventive oral health programs to those with no access. I strongly encourage the Iowa Dental Board to preserve this history and reject the petition to redefine public health settings. I encourage open dialogue with all interested parties to accurately define the specific concerns about the location of dental hygiene practice in Iowa under public health settings, and address those very specific concerns in a targeted fashion.

Thank you for your consideration in this matter.

A handwritten signature in black ink, appearing to read "Douglas E. Beardsley". The signature is fluid and cursive, with a long horizontal stroke at the beginning and a large loop at the end.

Douglas E. Beardsley, MPH
Director

DEB



PUBLIC HEALTH

Promoting Health. Preventing Harm.

**DOUGLAS BEARDSLEY, MPH
DIRECTOR**

**Board of Health
Michael P. McLaughlin, PhD
Mary Jo Meggers, RN
Bonnie D. Rubin, CLS, MBA, MHA
Victoria Sharp, MD, MBA
Peter D. Wallace, MD, MS**

December 18, 2014

Iowa Dental Board
400 SW 8th St. Suite D
Des Moines, IA 50309

RE: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5.

Dear Dental Board Members:

The Johnson County Board of Health (BOH) was recently made aware of a petition filed by the Iowa Dental Association to amend 650 IAC 10.5(1). Specifically, that proposed amendment would remove the words “federal, state, or local public health programs” from the definition of “Public Health Settings” found in that section. According to Section 10.5(1), public health settings also include schools, Head Start programs, programs affiliated with Early Childhood Iowa initiative, child care centers, federally qualified health centers, public health dental vans, and nursing facilities. The instigating event leading to the proposed amendment was the Iowa Dental Board’s interpretation to include correctional facilities as a public health program. The Iowa Dental Association is concerned with the vagueness of the words “federal, state, or local public health programs” as well as the safety of dental patients at correctional facilities. However, if the amendment were adopted, the ability of local health departments to provide quality gap-filling oral health services to persons who would otherwise have little or no access to those services elsewhere would be severely limited.

Therefore, the Johnson County Board of Health expresses its strong opposition to the amendment as proposed and encourages the Dental Board to continue to support the ability of dental hygienists to practice, under a public health supervision agreement, as currently interpreted.

Currently, registered dental hygienists must obtain a public health supervision agreement with a dentist when working in public health settings. This agreement allows the dental hygienist to perform services approved by the dentist without direct onsite supervision. The dentist only needs to be available for communication and consultation.

The public health services agreement specifies: a) the actual location(s) where the dental hygienist may provide services; b) how communication and consultation will be maintained; c) how patient dental records will be maintained; and d) age and procedure-specific standing orders as directed by the supervising dentist for dental assessment/screening, sealants, fluoride varnish, oral prophylaxis, radiographs, and education. The agreement is reviewed biennially. The dental hygienist must complete and submit a summary report to the Oral Health Center of the Iowa Department of Public Health once per calendar year.

There are 110 dental hygienists with public health supervision agreements in Iowa. Collectively, these hygienists provided nearly 40,000 dental referrals for regular care and nearly 7,000 referrals for urgent care for children age birth to 20 years in 2013. In Johnson County, Johnson County Public Health (JCPH – the designated local public health agency) provides two public health programs that utilize a dental hygienist. The I-Smile Program serves children to age 21 years and the Maternal Health Program serves pregnant and recently postpartum women. Services provided include dental screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists. JCPH provided 3,489 I-Smile dental hygiene services in FFY2014 and 3,243 services in FFY2013. There were 151 dental hygiene services provided to Maternal Health clients in FFY2014 and 273 services provided in FFY2013.

The public health programs provided by JCPH are the only means of dental care for many residents in the JCPH service area of Johnson and Iowa Counties. In FY14 JCPH served 320 Johnson County children and 156 Iowa County children that did not have dental insurance. Approximately 70 uninsured school children in Johnson County were provided routine dental cleanings, screening and fluoride treatments last year. If local public health programs are eliminated from the definition of “Public Health Settings” these children will have nowhere to turn for these important preventative services. Local public health departments provide vital, gap-filling services to those without access elsewhere. There is neither the capacity nor the resources to provide these services outside of these public health programs.

In its petition to amend the definition of public health setting, the petitioner claims that the language is too vague as to render it effectively meaningless. If one accepts that claim, the converse would also be true. In other words, by removing the words in the definition as proposed, the effect would be so broad as to eliminate many well-established and effective public dental hygiene programs in the State resulting in tens of thousands of low-income Iowans losing access to preventative dental services. If the petitioner is concerned with one scenario falling under the definition of a public health setting, it would be incumbent on the petitioner to provide a more targeted and specific remedy rather than the “baby with the bathwater” resolution that has been proposed.

Local public health programs have enjoyed long-lasting effective relationships with dentists in Iowa to take preventive oral health programs to those with no access. The Johnson County Board of Health strongly encourages the Iowa Dental Board to preserve this history and reject the petition to redefine public health settings. We further encourage open dialogue with all interested parties to accurately define the specific concerns about the location of dental hygiene practice in Iowa under public health settings, and address those very specific concerns in a targeted fashion.

Thank you for your consideration in this matter.

Approved by the Johnson County Board of Health, December 18, 2014
Peter D. Wallace, MD, MS, Chair

Address inquiries to:
Douglas E. Beardsley, Director
Johnson County Public Health
855 S. Dubuque Street, Suite 217
Iowa City, IA 52240

December 18, 2014

Ms. Jill Stueker, Executive Director
Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309-4686

Dear Ms. Stueker:

We write to comment on the Iowa Dental Association's petition to amend 650 IAC section 10.5(1), which defines public health settings for the purposes of public health supervision of a dental hygienist by a dentist.

In the petition, the Iowa Dental Association disagreed with the Board's action to expand the definition of public health settings to include correctional facilities without public comment and uses this as a basis for arguing for removal of reference to "federal, state, or local public health programs." Their concerns about the lack of opportunity for public comment should be addressed separately with the board, or through the channels offered by the administrative rules process. The petition arbitrarily alters the public health supervision rules as a means of managing the Board's rulemaking process. The petition provides no evidence of how the proposed changes will increase patient safety, but instead, will reduce access to preventive oral health services provided to underserved Iowans.

Delta Dental of Iowa and its Foundation are committed to supporting initiatives that improve the oral health of Iowans. We are concerned the proposed changes to the rules unnecessarily restrict the settings where public health hygienists can provide preventive oral health services. The proposed restrictions will likely result in decreased access to oral health services and poorer oral health status for many of the most vulnerable Iowans.

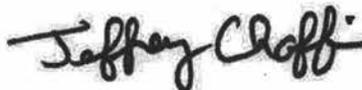
In 2012, the Delta Dental of Iowa Foundation announced a long term, strategic vision to improve the oral health of Iowa's children and older adults. The Foundation's 2020 goals are 1.) Children ages 0-12 (300% FPL and below) are cavity free and 2.) Every Iowa nursing home resident and homebound elderly person has access to oral health care. Increasing access to oral health care in a variety of settings that maintain quality of care is critical to achieve better oral health outcomes. Access to screenings and preventive care in various federal, state, and local public program settings, are important to assure low-income children and Iowa seniors, have an opportunity to improve or maintain their oral health.

Thank you for considering our comments.

Sincerely,



Suzanne Heckenlaible
Vice President, Public Affairs
Delta Dental of Iowa



Jeff Chaffin, DDS, MPA, MBA, MHA
Vice President & Dental Director
Delta Dental of Iowa



DEC 18 2014

RIVER HILLS
COMMUNITY HEALTH CENTER

12/16/2014

Dr. Ed Dye
River Hills Community Health Center
201 S. Market Street
Ottumwa, IA 52501

Iowa Dental Association
P.O. Box 31088
Johnston, IA 50131-9428

Greetings,

I am writing to you to express my concerns and displeasure that the IDA has submitted a petition to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists.

We have worked closely with local programs that are dependent upon a hygienist that is under a public health supervision. Many of the programs will not exist in the future without a hygienist leading them.

If this petition goes through it will cause a great detriment to the oral health care and oral health access of my community.

Thanks,

Dr. Ed Dye
Associate Dentist
River Hills Community Health Center
201 S. Market Street
Ottumwa, IA 52501

Iowa Dental Association,

This letter is to support our Hygienists in the state of Iowa to continue to provide critically important care to mothers and children via the WIC clinics via Public Health Supervision. I am the Dental Director of River Hills Community Health Center that treats 8 counties in SE Iowa, and I can say that having this assistance with our I-Smile Coordinator in our service area has greatly improved the oral health of Iowans in our area of the state! We have received many direct referrals from the WIC clinic that helps high risk and high need patients with a "Dental Home" so that they could receive preventive care and disease control treatment. Without the ability of our I-Smile Coordinator to do the great work she is doing, I am confident that these high risk, high needs patients would fall through the cracks and ultimately have lower oral health outcomes. As such, the State would end up footing a MUCH larger bill when these patients need escalate.

We also partner with our I-Smile Coordinator on our local Schools Sealant Program and she plays a critical role in our success with that program!! With her help, via PHSA we have provided thousands of preventive services to young kids at high risk with high needs and have improved the long term outcomes in their oral health.

I would be disgusted if the IDA makes a critical error in supporting the removal of the ability of individuals like our I-Smile Coordinator to provide these essential services! My membership would be pulled immediately, as well as my colleagues in the Community Health community. Thank you for your attention to this matter and thank you for your support of the oral health needs of Iowans!

Ken Jones DDS

Dental Director, River Hills Community Health Center

Ottumwa IA, 52501

A handwritten signature in black ink, appearing to read 'Ken Jones', with a long horizontal flourish extending to the right.

DEC 18 2014

RECEIVED

DEC 18 2014
12/12/2014

IOWA DENTAL BOARD

Christel Braness, Program Planner

Iowa Dental Board

Dear Ms. Braness:

As a member of the Board of Mid-Sioux Opportunity, Inc. I have been made aware of the petition from the Iowa Dental Association to remove federal, state, or local public health programs from the allowable setting for public health supervision of dental hygienists. This petition would prevent Mid-Sioux hygienists from providing services at WIC clinics.

In Mid-Sioux's five county service area, only 53% of the eligible children who are enrolled in Medicaid, received any dental services in FY '13. Providing services at WIC clinics allows children to receive a preventive oral health service and also provides the family with a support system that can assist them in making dental appointments at a local dental office.

Please include WIC clinics as allowable sites for dental hygienists to provide services.

Thank you for your consideration.

Sincerely,



Evelyn Baldwin

912 S Greene St.

Rock Rapids, IA 51246

Pottawattamie County WIC Program

300 West Broadway
Suite 9
Council Bluffs, IA 51503

Phone: 712.328.5886
Fax: 712.328.5810
kris.wood@pottcounty.com



12/18/2014

Dear Iowa Dental Board:

I am writing to ask that you do NOT change the supervision status of Dental Hygienists offering services in "federal, state or local public health programs" that the Iowa Dental Association has petitioned for in amendment 650 IAC section 10.5(1). As a WIC coordinator we rely on access to dental hygienists as families are not always able to find a dentist to serve them if they have Medicaid for a payment source. I know from my previous WIC experience in Central Iowa covering 8 mostly rural counties access to dental services is extremely difficult to almost impossible for families using Medicaid. I am sure that this requirement for supervision would make these public health services cost prohibitive and access to dental care even scarcer than it already is since dentists are not compelled to serve low income or Medicaid recipients and in many areas of the State these families cannot access dental services at all. The dental hygienists that I have worked with at our WIC clinics have had great relationships with local dentists and work with them to provide referrals to dentists willing to accept referrals. If you have any questions feel free to call at 712-328-5886.

Regards,

Kristine Wood, MS, RDN, LD

Kristine Wood, MS, RDN, LD
WIC Program Coordinator

December 17, 2014

Bureau of Oral and Health Delivery Systems
Iowa Department of Public Health
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
FAX 515.242.6384

Clinton Dental Associates
314 Third Avenue South
Clinton, Iowa 52732
FAX 563.242.5044

Dear Iowa Department of Public Health:

It is my firm opinion that removing "federal, state, or local public health programs" from allowable settings for public health supervision of dental hygienists would be an immense step backwards for Iowa.

It is my personal experience that dental hygienists who provide this service in our community are, for the most part, volunteers. Therefore, saving Iowa taxpayers money is one very good reason for my opinion.

I am also certain that there is no viable alternative to fill these positions as provided by the dental hygienists. Consequently, removing dental hygienists from the aforementioned positions is not clearly planned.

I am in close communication with dental hygienists and believe they provide a much needed service in the "loop holes" of oral hygiene care which dental hygienists are highly trained to provide, in areas where dentists do not have time to serve.

Lastly, there have been no deleterious effects of how the Public Health Supervision Agreements have been functioning. I see no reason to change what has taken many man hours to accomplish for the dentally underserved citizens in the state of Iowa

Respectfully,

Stephen M. Decker

Iowa License 72.23

RECEIVED

DEC 17 2014

IOWA DENTAL BOARD

Iowa Dental Board,

This letter is to support our Hygienists in the state of Iowa to continue to provide critically important care to mothers and children via the WIC clinics via Public Health Supervision. I am the Dental Director of River Hills Community Health Center that treats 8 counties in SE Iowa, and I can say that having this assistance with our I-Smile Coordinator in our service area has greatly improved the oral health of Iowans in our area of the state! We have received many direct referrals from the WIC clinic that helps high risk and high need patients with a "Dental Home" so that they could receive preventive care and disease control treatment. Without the ability of our I-Smile Coordinator to do the great work she is doing, I am confident that these high risk, high needs patients would fall through the cracks and ultimately have lower oral health outcomes. As such, the State would end up footing a MUCH larger bill when these patients need escalate.

We also partner with our I-Smile Coordinator on our local Schools Sealant Program and she plays a critical role in our success with that program!! With her help, via PHSA we have provided thousands of preventive services to young kids at high risk with high needs and have improved the long term outcomes in their oral health.

I would be disgusted if the Iowa Dental Board makes a critical error in the removal of the ability of individuals like our I-Smile Coordinator to provide these essential services! Thank you for your attention to this matter and thank you for your support of the oral health needs of Iowans!

Ken Jones DDS

Dental Director, River Hills Community Health Center

Ottumwa IA, 52501

A handwritten signature in black ink, appearing to read 'Ken Jones', written in a cursive style.



RIVER HILLS
COMMUNITY HEALTH CENTER
IOWA DENTAL BOARD

RECEIVED

DEC 17 2014

12/16/2014

Dr. Ed Dye
River Hills Community Health Center
201 S. Market Street
Ottumwa, IA 52501

Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

Greetings,

I am writing to you to express my concerns and displeasure that the IDA has submitted a petition to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists.

We have worked closely with local programs that are dependent upon a hygienist that is under a public health supervision. Many of the programs will not exist in the future without a hygienist leading them.

If this petition goes through it will cause a great detriment to the oral health care and oral health access of my community.

Thanks,

Dr. Ed Dye
Associate Dentist
River Hills Community Health Center
201 S. Market Street
Ottumwa, IA 52501

12-16-14

To whom it may concern,

I am writing to oppose the removal of the phrase "federal, state or local public health programs" from the allowable setting for public health supervision of dental hygienists.

I work in public health as a dental hygienist for the Clayton County VNA and the bulk of my work goes through seeing clients at WIC clinics. This appears to directly impact my ability to provide education, screening and referral assistance. I screen and provide fluoride varnish and help mothers and pregnant women navigate the processes to get Medicaid insurance. Prevention is a key piece of what we do and that is healthier and more cost effective than waiting for problems to occur. Every dollar spent for prevention is to 8 to 50 dollars per procedure spent for fixing problems after they occur. Not many dentists in our area accept our clients so prevention is key to better health.

Please consider what looks like a simple sentence to strike would do to the health of a great many lowans.

Sincerely,

Celeste Strong, RDH

December 17, 2014

Bureau of Oral and Health Delivery Systems
Iowa Department of Public Health
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
FAX 515.242.6384

Clinton Dental Associates
314 Third Avenue South
Clinton, Iowa 52732
FAX 563.242.5044

Dear Iowa Department of Public Health:

It is my firm opinion that removing "federal, state, or local public health programs" from allowable settings for public health supervision of dental hygienists would be an immense step backwards for Iowa.

It is my personal experience that dental hygienists who provide this service in our community are, for the most part, volunteers. Therefore, saving Iowa taxpayers money is one very good reason for my opinion.

I am also certain that there is no viable alternative to fill these positions as provided by the dental hygienists. Consequently, removing dental hygienists from the aforementioned positions is not clearly planned.

I am in close communication with dental hygienists and believe they provide a much needed service in the "loop holes" of oral hygiene care which dental hygienists are highly trained to provide, in areas where dentists do not have time to serve.

Lastly, there have been no deleterious effects of how the Public Health Supervision Agreements have been functioning. I see no reason to change what has taken many man hours to accomplish for the dentally underserved citizens in the state of Iowa

Respectfully,

Christina Golden RDH

Braness, Christel [IDB]

From: Carol Klocke <klockec@mercyhealth.com>
Sent: Thursday, December 11, 2014 1:48 PM
To: Iowa Dental Board [IDB]
Subject: RE: Iowa Administrative Code 650-10.5

Here is the amended statement. Thank you for catching my mistyped sentence. I am in favor of allowing hygentists in federal, state, or local public health programs . thanks!
Carol

Carol Klocke, RN, BSN

Director of the
Salvation Army Adult Day Health Center
747 Village Green Dr
Mason City, IA 50401
641-424-0800
www.saadultday.org

From: Iowa Dental Board [IDB] [mailto:IDB@iowa.gov]
Sent: Thursday, December 11, 2014 1:38 PM
To: Carol Klocke
Subject: RE: Iowa Administrative Code 650-10.5

Could you please provide a little more clarification on your position on the petition to change Iowa Administrative Code 650—10.5?

The reason I ask is that you state that you are in favor of the petition; however, you also indicate that the public health dental programs do well to provide these services. From what I understand, a number of dental public health programs rely on the current language in Iowa Administrative Code 650—10.5 to provide these services, as they fall within federal, state or local public health programs.

I just wanted to be sure that we fully understood your position prior to forwarding your comments to the board for consideration. Thank you.

Christel Braness, Program Planner

Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309
Phone: 515-242-6369; Fax: 515-281-7969; www.dentalboard.iowa.gov

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From: Carol Klocke [mailto:klockec@mercyhealth.com]
Sent: Wednesday, December 10, 2014 11:47 AM
To: Iowa Dental Board [IDB]
Subject: Iowa Administrative Code 650—10.5

I support the petition to **not** remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists.

Iowa's public health dental programs have made great strides in getting low-income children into regular dental care. These programs, which hinge upon the dental hygiene staff working under the public health supervision of dentists, are often the only avenue for children to enter into the oral health care system. This staff spends a significant amount of time and effort working with parents, gaining their trust and arranging appointments with dental offices in the north Iowa area. Without the expertise and skills of these staff members, many of Iowa's low income children and families will easily slip through the cracks and be "lost" to the entire dental care system.

Thanks for your work in improving the dental care in Iowa.
Carol Klocke

Carol Klocke, RN, BSN

Director of the
Salvation Army Adult Day Health Center
747 Village Green Dr
Mason City, IA 50401
641-424-0800
www.saadultday.org

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Braness, Christel [IDB]

From: Diane Olson <pdwolson@yahoo.com>
Sent: Sunday, December 14, 2014 9:38 PM
To: Iowa Dental Board [IDB]
Subject: Regarding the dental proposal

To Whom it may concern:

I would like to ask you to please consider leaving the proposal as is. There needs to be room for growth in dental hygiene not more limitations. Thank you for leaving this as is.

Sincerely,

P. Diane Olson, RDH

Sent from my iPhone

Braness, Christel [IDB]

From: Brenda Platz <bplatz25@gmail.com>
Sent: Sunday, December 14, 2014 1:12 PM
To: Iowa Dental Board [IDB]
Subject: Opposition to petition for amendment of 650 IAC 10.5

To the Iowa Dental Board,

I am writing in opposition of the Petition by Iowa Dental Association for amendment of 650 IAC 10.5(1) relating to definition of "public health settings."

This petition is unnecessary and will limit where dental hygienists with public health supervision contracts can be utilized thereby reducing preventive care to the individuals who need it most.

In our ever-changing healthcare delivery system, the current terminology is broad, allowing hygienists to serve in future settings as they become needed. It would waste the Iowa Dental Board's valuable time if they had to approve each and every new setting that comes along.

The current public health settings definition does not threaten to undermine the safety of patients. Hygienists enter a collaborative agreement with a dentist under a Public Health Supervision contract. Each party agrees to what services will be provided. The ISmile program has been employing hygienists working with Public Health Supervision contracts and the annual reports filed since the ISmile program began prove hygienists are safely and effectively contributing to the improvement of health in Iowa children.

Again, I oppose this petition.

Sincerely,

Brenda Platz, RDH
503 Plum Street
Solon, Iowa 52333

Braness, Christel [IDB]

From: Amy Groomes <groomesa@yahoo.com>
Sent: Sunday, December 14, 2014 12:52 PM
To: Iowa Dental Board [IDB]
Subject: Public health supervision petition.

As a new hygienist, I look forward to the time when I can utilize the public health supervision laws and be able to help more people. It should not matter where a hygienist is treating patients under the public health supervision contract, what matters is that a dentist is still aware and available for the hygienist.

Thanks,
Amy Casey

Sent from my iPhone

Braness, Christel [IDB]

From: Susan <susanapohl@gmail.com>
Sent: Thursday, December 11, 2014 2:42 PM
To: Iowa Dental Board [IDB]
Subject: Scope of practice of dental hygienists

Iowa Dental Board

I am a former employee of the Iowa Department of Public Health where I was a nutrition consultant with The Special Supplemental Nutrition Program for Women, Infants and Children(WIC). As such, I am keenly aware of the high need for dental care that is seen in children whose families fall under the scope of that program. These children are also frequently enrolled in Medicaid. It seems that in Iowa there is a shortage of dentist and that dentists often have a hard time fitting Medicaid-eligible children into their practice. We also know that these same children are in dire need of preventive care. The I-Smile Program, administered through the IDPH and Child Health Programs and often held in conjunction with WIC clinics, is one way that children can receive this preventive care when Dental Hygienists are working under the guidance of a dentist. Unfortunately, there is a petition to stop access to this care through the removal of a phrase from Iowa Administrative Code 650 -10.5 The proposed language would removed "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists.

This would be a very unfortunate change in the Iowa Administrative Code and I urge you to deny this change.

Yours sincerely

Susan Pohl, MS, RD



This email is free from viruses and malware because avast! Antivirus protection is active.

Braness, Christel [IDB]

From: Danielle Pettit-Majewski <dpettitmajewski@washph.com>
Sent: Wednesday, December 10, 2014 10:38 AM
To: Iowa Dental Board [IDB]
Subject: concerns about changing the definition of "public health settings"

I have strong concerns about the Petition of the Iowa Dental Association (IDA) for amendment of 650 IAC 10.5(1) relating to the definition of "public health settings" to remove "federal, state, or local public health programs" from the definition.

With this change, WIC, or Women, Infant and Children's Clinic options would be eliminated as it is considered a federal public health program. Our WIC clinics coordinate with our Maternal Child Health (MCH) program to provide all available services to the children and families in one location. During WIC clinics, children and pregnant women are able to receive oral health screenings by a registered dental hygienist. The RDH is then able to coordinate treatment by a dentist if caries or a dental emergency is discovered. Removing this option would be a missed opportunity. In our area, our dental community doesn't serve Title 19 clinics without our intervention. We have to coordinate to get clients into a Community Health Clinic in adjacent counties or send them to the University of Iowa for treatment. Without this initial screening, the oral health issues of the population we serve would take longer to discover and ultimately lead to poorer health outcomes for this population.

Another local public health program that would suffer is our Access program. Our Access program provided safety net dental care to underserved child and maternal health clients. Our RDH had an agreement to provide gap-filling services to this population. Prior to sending them on for a dental referral, our RDH would provide a cleaning and then send them on to a dentist for further treatment. Our dentists, who don't accept Title 19 clients, were willing to each take 2 clients per month after the patients went through our program. This program was so successful in getting clients into dental homes that we have ceased to have the need to provide gap-filling services in our community. It is because we were able to provide services in a local public health setting that we were able to get clients with income, insurance, and transportation barriers into a dental home.

I understand the IDA's concern with patient safety, but I also urge the IDA to take into consideration the missed opportunities for dental care that would occur should the definition of public health settings be altered so drastically.

Thank you for your consideration.

Danielle Pettit-Majewski BS, MPH
Administrator
Washington County Public Health & Home Care
110 N Iowa Ave, Ste 300
Washington, IA 52353
Phone: 319-653-7758, ext 109
Fax: 319-653-6870

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DEC 15 2014

Page County Public Health
1208 W. Nishna Rd
Shenandoah, Iowa 51601
712-246-2332

December 10, 2014

Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

Dear Board:

It has come to our attention that the Dental Board has received a petition to amend the public health supervision rules – Iowa Administrative Code 650-10.5 to remove “federal, state or local public health programs” from the allowable settings for public health supervision for dental hygienists. Before you make your decision please consider the following information.

Page County, Iowa has approximately 880 children under the age of 5 whom need to have dental services before they enter school. Our Dental Hygienist attends our immunization clinics once a month educating parents and screening children. We also have a large population of citizens whom still use well water and small towns whom do not provide Fluoridated water, thus leaving our population at risk for dental caries. Our Dental Hygienist provides education and referrals for families in need and is a great asset to our community.

Thank you for carefully considering this data when weighing your decision and how it will affect the oral health services for these children.

Wendy Moyer RN
Page County Public Health Coordinator

RECEIVED

DEC 11 2014

IOWA DENTAL BOARD

December 10, 2014

Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

Dear Members of the Board:

I am a member of the Taylor County Public Health Board. Our administrator informs me that the Iowa Dental Board has received a petition for an amendment that would disallow a dental hygienist to provide services to federal, state and local public health programs.

Our Public Health Administrator compiled the figures for the four counties our dental hygienist serves and the numbers are staggering. We are in counties where these children will not be served if they do not have access to public health services.

I understand that the Iowa Dental Association feels Public Health is taking away their clients, but believe me, clients who use WIC, child care centers, health fairs or preschools will not be in private dentist offices to receive their services.

When our dental hygienist reports to our board, she informs us each time that the number of families using her services is increasing. This is a good thing. Children who need early dental services are getting the help they need. As Taylor County Public Health has prioritized which services are most important in the county, this came to the top recently. Now you are being asked to pass an amendment that would scale this service back. Not good.

Please consider the numbers that are listed on a letter from Mike Schweitzer, who is the president of the Taylor County Public Health Board and make a decision based on the need of the people in our county.

Sincerely,



Diane G. Ware, Public Health Board Member



Public Health
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Taylor County Public Health Agency
405 Jefferson St., Bedford, IA 50833
(712) 523-3405 (800) 425-0051
taylorcountyhealth.com

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DEC 11 2014
IOWA DENTAL BOARD

December 9, 2014

Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

Dear Board:

It has come to our attention that the Dental Board has received a petition to amend the public health supervision rules – Iowa Administrative Code 650-10.5 to remove “federal, state or local public health programs” from the allowable settings for public health supervision for dental hygienists.

Before you make your decision please consider the data outlined below. This data is from our FFY 14 year-end report, gleaned for our Child Adolescent Reporting Systems (CAREs). This describes children who have received oral health services through our Title V Maternal Child Health program including our Dental Hygienist operating under the current public health supervision for dental hygienist guidelines.

**Oral Health Services by the Numbers for
Fremont, Montgomery, Page & Taylor Counties**

814 dental screenings were provided to children in our service area.

450 dental screenings were provided to children 5 years old or younger.

431 fluoride varnish applications were provided for children 5 years old or younger.

297 of the 681 children served age 1-5 years old report having a dental home. These means 394 children have not seen a dentist in the last twelve months.

300 children age 1-5 years old report their dentist won't see children under 4 years old.

94 children age 1- 5 years old had active tooth decay.

332 children age 1-5 years old were assessed at moderate risk for developing oral health concerns.

82 children age 1-5 years old were assessed as high risk for developing oral health concerns

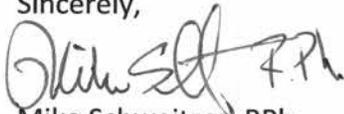
41% of the people we serve have Medicaid health insurance.

Per our phone survey in 2013, we have 5 dentists that will accept Medicaid. Of those 5, 4 will not see children under 4 years old.

According to the 2013 Quick Facts, there are 2186 children under the age of 5 in our four county service area.

Thank you for carefully considering this data when weighing your decision and how it will affect the oral health services for these children who were served through public health programs such as WIC, child care centers, health fairs or preschools.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Schweitzer". The signature is stylized and includes a large initial "M" and "S".

Mike Schweitzer, RPh

Taylor County Board of Health Chair