



**House  
Legislative  
Analysis  
Section**

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## DENTAL HYGIENIST BOARD

### House Bill 4882 (Substitute H-1) First Analysis (2-15-96)

**Sponsor: Rep. Terry London**  
**Committee: Health Policy**

#### ***THE APPARENT PROBLEM:***

Currently, the board of dentistry regulates dentists, dental assistants, and dental hygienists. The board consists of thirteen voting members: seven dentists, two dental hygienists, two dental assistants, and two public members. At the request of the Michigan Dental Hygienists' Association, legislation has been introduced that would, among other things, change board composition to allow for equal representation of dentists and hygienists and to establish equal voting rights for hygienists.

#### ***THE CONTENT OF THE BILL:***

House Bill 4882 would amend the Public Health Code to rename the Michigan Board of Dentistry as the Michigan Board of Oral Health Care Professionals. The number of dental hygienists appointed to the board would increase from two to seven and the number of public members on the board from two to three, for a total board membership of 19 members. The bill would also delete a provision that restricted dental hygienists from voting on issues regarding educational requirements of dentists and accreditation of training programs. Finally, the bill would explicitly add that boards or task forces couldn't promulgate rules that modified (expanded or constricted) the scope of practice definition for the health profession governed by that board or task force.

MCL 333.7111 et al.

#### ***BACKGROUND INFORMATION:***

Dental hygiene. According to the Michigan Dental Hygienists' Association, dental hygiene is the science and practice of the prevention of oral disease. A dental hygienist is a preventive oral health professional licensed in dental hygiene who provides educational, clinical, and therapeutic services supporting total health through the promotion of optimal oral health.

In order to be licensed, a dental hygienist must have successfully completed an accredited dental hygiene program (which at a minimum is a two-year college program, though the majority of dental hygienists

complete three years of college credits) and passed both a national examination and a regional board comprehensive and clinical examination. A licensed dental hygienist is called a "registered dental hygienist" or "RDH." A dental assistant, in contrast, is not required to become licensed in Michigan unless he or she performs specific services and functions. A non-licensed dental assistant may perform basic supportive procedures under the supervision of a dentist. In order to perform other services or functions detailed in law (including placing a temporary filling, and placing and removing rubber dams), an individual must be licensed as a "registered dental assistant" ("RDA") by completing an accredited dental assistant's course (typically less than a one-year program), and passing a state board administered comprehensive and clinical examination.

Prior Legislation. In 1994, House Bill 4657, which would have created a board of dental hygiene that was separate from the board of dentistry, passed the House but did not pass the Senate. (See the House Legislative Analysis Section analysis of HB 4657 dated 8-31-94.)

#### ***FISCAL IMPLICATIONS:***

According to the House Fiscal Agency, the bill has no fiscal implications for the state or local governments. (2-14-96)

#### ***ARGUMENTS:***

##### ***For:***

The Michigan Dental Hygienists' Association is again requesting that the legislature correct what dental hygienists consider to be "long-standing inequities in the regulation of their profession". A report by the state of Maryland suggests that one of the reasons why changes in regulatory policy relating to dental hygienists have often been slow is because of "the perception that dental hygienists are a mere economic component in the operation of a dental office, rather than a skilled professional." And yet "[t]he practice of dental hygiene has experienced changes in educational preparation and practice. The development of dental hygiene has

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culminated in the creation of a specialized area of dental care, combining special skills with a rigorous academic education and practical training. Dental hygiene has progressed from an optional method of distributing the dentist's office workload to a broad-based, highly skilled profession which plays a major role in preventive dentistry and periodontics. The practice of dental hygiene is now an integral part of the quality dental care which the informed consumer-patient has come to expect." It makes sense that these professionals should enjoy equal representation with the dentists on the board that governs the profession, as well as equal voting rights with the dentists and members of the public.

#### ***For:***

Proponents of the bill argue that a major problem with dentist-dominated boards is that they allow dentists to restrict their competition in the dental health market. Proponents also argue that dentist-dominated boards neglect dental hygiene issues and that dental hygienists are under-represented on such boards.

Dentistry has a vested economic interest in controlling potential competition from dental hygienists, who are employed by dentists. According to a report conducted by the state of Maryland's Department of Fiscal Services, evaluating that state's Board of Dental Examiners, "[r]egulation of dental hygienists by dental boards has persisted since the practice of dental hygiene was first recognized in 1915." And yet, having a single, dentist-dominated board regulating not only dentists but also dental hygienists and dental assistants - both of whom are employed by dentists -- constitutes an inherent conflict of interest. As the Maryland report notes, "[r]egulation of dental hygienists is inherently problematic because dentists are their primary employers.

Nationally, although dental hygienists usually have at least one dental hygienist member on the dental boards that regulate them, their representation usually is minimal and grossly under-represents their actual numbers. Even though Michigan reportedly has slightly more dental hygienists than dentists, there are seven dentist members on the board to the two dental hygienist members. What is more, the dental hygienists on the Michigan dental board do not even have full voting privileges: the dental hygienist board members cannot vote on issues affecting dentists, though the dentist members can and do vote on issues affecting dental hygienists (and public members, who may have little or no expertise in the area of dentistry or dental hygiene, can vote on all issues before the board.)

Despite the substantial license fees paid by dental hygienists, proponents of the bill argue that the practice of dental hygiene and issues related to preventive oral health care services receive little attention from the existing board, partly because the board is swamped with issues arising in relation just to dentistry and its subspecialties and partly because a dentist-dominated board views dental hygiene issues as "auxiliary" and less important than dentist-related issues. One example given is that it took the existing board thirteen years to adopt Michigan Dental Hygienists' Association-proposed rule changes to mandate continuing education for relicensure of dental hygienists.

Further, the Maryland report acknowledges that "[t]he issue regarding representation of dental hygienists on the board is complex: It is very difficult for a board dominated by dentists to consider dental hygiene matters from an unbiased viewpoint." The report goes on to say that in order to eliminate dentists' vested economic interest in controlling the practice of dental hygiene and to minimize the inherent conflict between dentists and dental hygienists, "there must be adequate representation of hygienists on the board [and] dental hygienists must have the authority to define and regulate the practice of dental hygiene." Passage of the bill would go a long way in ensuring that issues relating to dental hygiene get fair and equal consideration by the board.

#### ***Against:***

According to industry members, the percentage of the issues that come before the board of dentistry relating to dental hygienists is relatively small. Therefore, it simply does not make sense to grant the hygienists equal representation on the board.

#### ***Against:***

It is appropriate that dentists should dominate the regulatory board for the profession, as their educational and experience requirements far surpass those of dental hygienists, who, indeed, practice at the assignment of a dentist. Reportedly, dentists must complete a minimum of eight years of college, with an additional three to four years required for most specialty fields. By contrast, a dental hygienist must only possess an associate's degree, usually accomplished by completing a two-year program. Yet, the bill would allow hygienists to vote on educational standards for dental training programs and the accreditation standards for those programs. Two years of college is hardly commensurate with the advanced college training required of dentists.

***Response:***

This objection hardly seems logical in light of the fact that the public members on the board, who may have no related experience or training, are allowed equal voting privileges.

***POSITIONS:***

The Michigan Dental Hygienists' Association supports the bill. (2-14-96)

The Michigan Dental Association opposes the bill. (2-14-96)

The Bureau of Occupational and Professional Regulation (in the Department of Commerce) has no position on the bill. (2-14-96)

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