Agency Response to Economic Impact Analysis

The Board of Dentistry does not concur with the analysis of the Department of Planning and Budget (DPB) for amendments to 18 VAC 60-20-10 et seq. establishing provisions for general supervision of dental hygienists, as mandated by the Code of Virginia.

The economic impact analysis objected to the 2:1 ratio of dental hygienists to dentists set in regulation. (Current regulations provide that a dentist can only supervise 2 dental hygienists at any one time.) As such, DPB has based its rejection of these proposed amendments on a current regulation that has not been changed nor was it contemplated that it be changed with the passage of legislation for general supervision. In setting a limitation on the number of hygienists that may work for a dentist, the Board has acted in accordance with a statutory mandate in § 54.1-2724 that states, "The Board shall determine by regulation how many dental hygienists may work at one time for a dentist." For the sake of the health and safety of patients and to encourage the access of hygiene services in all areas of the state, the Board has set a ratio that is reasonable given the shortages and mal-distribution of hygienists in the state.

Currently, there are 2865 active dental hygienists and 4041 dentists practicing in the Commonwealth; therefore, there is less than one hygienist per dentist. The number of dental hygienists per dentists is below the national average, and there is an acknowledged shortage of hygienists. Certainly, the availability of dental hygiene educational programs is a contributing factor. For example, the state of Georgia's ratio is significantly higher than Virginia's ratio due to the fact that they have 13 dental hygiene schools, while Virginia has only five. In addition, there is a distinct possibility that one of the hygiene schools in the Commonwealth may be closing due to the budget problems. If this occurs, the ratio of hygienists to dentists will only get worse.

The removal of the 2:1 restriction would particularly have an adverse effect on the dentists in the rural areas of the Commonwealth and exacerbate the mal-distribution of dental services. By eliminating the restriction on the number of hygienists a dentist can employ, there would likely be a further shift in the limited number of hygienists practicing in the rural areas, which in turn could lead to a further decrease in the number of dentists that are willing to practice in rural areas.

The cost of dental services is a consistent theme in the economic impact analysis, but the conclusions drawn are in the Board's judgment seriously flawed. Dental charges for an examination and cleaning in the Tidewater area are significantly higher than in Martinsville Virginia. Therefore, two problems currently exist. A dentist who is lacking in hygiene services now has to concentrate more on preventative procedures than restorative dentistry. That increases the cost of restorative care to the citizens in the rural areas and makes it difficult for a dentist to maintain a patient's restorative dental needs. Secondly, trying to recruit hygienists to rural areas is becoming a major dilemma. The dentist in the rural areas cannot compete with the higher salaries because they cannot

charge the higher fees, so changing the ratio and allowing more hygienists to be attracted away from rural areas will only increase cost and decrease quality of care.

DPB's report comments on the innovation that could happen by allowing the removal of the restriction of the two hygienists per dentist. The report states that by "relaxing this constraint would likely allow for more efficient use of existing office space or to rearrange the way office space is set up so that a greater supply of hygienist services could be made available". There is an implication that a hygiene mill could be set up. The Board unanimously expressed that such innovative thinking will lead to a lower standard of care, which is definitely not in the best interest of the public. There are a finite number of patients who can be seen by dentists for restorative care and for follow-up on observations by the hygienist. If the number of hygienists per dentist were increased, patient care would be jeopardized, as dentists would have less time per patient to attend to treatments that only a dentist can provide. The DPB report also inaccurately states that the equipment used by hygienists is different and less costly than that used by dentists, but in actuality equipment costs are the same. A dental unit is a dental unit with a fixed cost.

The report also mentioned adverse economic effects for the hygienist. The average salaries of hygienists in the Virginia range from \$52,000 to \$72,800 depending on experience. One of the main reasons why salaries are high statewide is due to the extreme demand and need of hygienist in the Commonwealth. Some hygienists make more than surgical RN nurses make, even with only a two-year degree. In some areas, the higher salaries have actually contributed to the shortage problem. With the increased demand and higher salaries, some hygienists now choose to work part-time rather than full-time to balance family responsibilities with their profession. With salaries at \$50,000 and above, they can earn a respectable income even working part-time.

Finally, there is precedence in law for setting a ratio of one type of health care practitioner who is supervised by another. In § 54.1-2952, the Code of Virginia limits a physician to the supervision of two physician assistants at any one time. § 54.1-2957.01 limits the number of nurse practitioners with prescriptive authority that may be supervised and directed by a physician to four at any one time. § 54.1-3320 allowing a pharmacist to exercise sole authority in determining the maximum number of pharmacy technicians that he can supervise, but limits that maximum to four.

After consideration of the economic impact analysis and further discussion with analysts from the Department, the Board of Dentistry, at its meeting on January 10, 2003, voted unanimously to support the current regulation establishing a 2:1 ratio of dental hygienists to dentists and requests that DPB reconsider its analysis and approve the proposed regulations for general supervision as submitted.