Hello Texas Dental Board members.

My name is Brenda Wertman and I have been a registered dental hygienist in Washington State since 2010 and here in Texas since 2021. I have been practicing dentistry since 1991, which is my entire adult life. My undergraduate degree is Environmental Health from the University of Washington, with the focus on epidemiology and toxicology. My graduate degree is a master's in dental public health from AT Still University. I am currently a dental hygiene faculty at UT Health San Antonio.

I am here today to speak on my behalf based on my experiences. What I am going to express is my opinion based on evidence. I have been giving local anesthesia therapies for over 13 years-by using both block and infiltration techniques. My experience with local anesthesia includes traditional local anesthetic therapies for my patients and helped provide anesthetic therapies for restorative treatment for the general dentists that I worked for. I have also been an adjunct faculty for dental hygiene students giving local anesthesia and was a part of a continuing education that provided hygienists from out of state to transition their limited license to a fully registered dental hygienist in the State of Washington. I have also worked for a periodontist who only wanted us to provide local anesthesia via infiltration as a standard of care. I did that and it proved to be a very effective form of local anesthesia without providing the patients with block anesthesia side effects. It is also worth mentioning that the term injections should not be written in the rules, rather it should be clearly stated that it is "local anesthesia therapies provided through the infiltration techniques".

How many hours of didactic and clinical instruction should the rule require?

Ms. Jane Cotter wrote a statement letter to Ms Casey Nichols on behalf of the Dental Hygiene Educators of Texas that outlined this, and I concur.

It states, "Successfully completing 32 hours of Texas State Board of Dental Examiners-approved clinical and didactic education in the administration of local anesthetics taken through a CODA-accredited education institution including passing a written examination and a competency based clinical examination. --20 hours should include the didactic requirements and 12 hours should include clinical education." I believe that this is an adequate amount of education to administer local anesthesia successfully and safely through infiltration techniques.

Currently the didactic portion of dental hygiene can be taught by licensed dental hygienists with higher education without the direct supervision of a licensed dentist. These same hygienists can also teach the clinical portion as well-, but it is under the direct supervision of a supervising dentist. This should hold true for teaching local anesthesia.

The end of course competency should include a comprehensive written exam and an actual infiltration procedure on both maxillary and mandibular arches. These exams should include and not be limited to proper dosing and documentation of the drug being administered. This education could and should be considered for both dental hygiene students that are enrolled in a CODA-accredited program and for dental hygienists that already have graduated from a CODA accredited program and have a current active license. Waiting 2 years to challenge this local anesthesia process is not necessary because all the information from the dental hygiene programs should still be relevant.

What examination requirements should the rule include?

After a dental hygiene student or a licensed dental hygienist successfully passes the 32-hour local anesthesia course and can provide proof. They could either take a standardized test proving competency or take the written portion of WREB's local anesthesia exam.

The Local Anesthesia Examination is not part of the ADEX exam series. It is an optional examination offered to any eligible Dental Hygiene professional who wishes to take the exam as part of the certification process to administer local anesthesia. Commission on Dental Competency Assessments, the Western Regional Examining Board and Council of Interstate Testing Agencies has a Local Anesthesia examination can be challenged two ways. First being a computerized exam only, and the second has two parts both computerized written exam and clinically based exam-Texas could choose to just use the written portion.

The best way to standardize the education is to have the hygienist or hygiene student challenge a national examination such as the CDCA-WREB-CITA written exam following the didactic/clinical course.

Should the rule require dental hygienists to renew their local infiltration anesthesia certificate?

No, dental hygienists along with dentists should not need to further renew their local anesthetic certificates. There are currently no requirements for dental hygienists in the state of Texas to renew their nitrous, laser, or sealant certifications and the administration of anesthetics should follow under the same regulations.

Should dental hygienists with local infiltration anesthesia certificates complete certain continuing education courses as part of their biennial license renewal?

As previously stated, a dental hygienist that holds an infiltration anesthesia certificate should not have to take more CEs that directly pertain to local anesthesia. There are currently no requirements for dental hygienists in the state of Texas to take additional courses for their nitrous, laser or sealant certifications and administration of anesthetics should follow under the same requirements, as with dentists.

Should 22 TAC §108.6 (Report of Patient Death or Injury Requiring Hospitalization) require a dental hygienist to submit a report to the Board when a patient death or hospitalization may have occurred as a possible consequence of a patient receiving local infiltration anesthesia?

With my education, I believe that Dr. John Snow said it best, "Dose makes the response." And that is something that should be considered with all forms of medicine including the administration of local anesthesia, not just by dental hygienists in Texas, but all providers nationally. If there is a response that causes any injury that results in hospitalization or death from a drug that was administered to a patient, it should be reported so it can be documented and used as a reference for all providers to better serve our patients. As a health care provider, we took an oath to do no harm. If there is harm done to a patient, it is the patients' rights to know what happened and our responsibility to document and report. Therefore, all harm done to a patient that requires hospitalization or in the event of accidental death, it should be reported and investigated.