

September 8, 2023

Texas State Board of Dental Examiners
1801 Congress Avenue
Suite 8.600
Austin, TX 78701

Dear Honorable Board Members:

Hello. I am Brian Coerver from Mansfield, Texas. My license number is 31837. Before I became a dentist, I was a registered nurse for 8 years. I had a private practice in Oklahoma for 39 years prior to moving to Texas. With my background, I believe I can provide a unique perspective to the matter up for discussion.

A dental hygienist is the dental equivalent to a registered nurse in the medical field. Often times in the college settings these students attend the same basic science and anatomy classes before progressing on to advanced courses in their respective fields. With this knowledge, the Board should easily decide what rules to put in place after a hygienist obtains the local anesthesia certificate. Specifically, 1) There should be no need to renew the certificate as nurses do not to do likewise. Once you learn the skill of injections, there is no need for further renewal. If a patient is in the hospital, they do not ask the nurse if they have had a renewal of the injection technique. The certificate should become part of the license. 2) Continuing education should also be shelved. Once a skill is learned, you have it for life. Since injection techniques have basically not changed in many decades, further education is unwarranted. Dentists nor Registered Nurses are required to take continuing education about how to administer injections. If the Board requires this, they will create '2nd class' citizens and may lead to possible legal action against the Board. 3) As to 22 TAC paragraph 108.6, the reporting of a death. Since hygienists currently cannot practice independently, the reporting of a death after administration of local anesthesia will be the responsibility of the employer. The hygienist will not be notified of a death, but the employer will be notified by the hospital or the pt family.

As far as the content of the proposed course, has the Board looked at the requirement of neighboring states to have a basis to make a decision on what should be included? A good working knowledge of what other states provide for the hygienists, would be a sound basis for the TSBDE to start. The Board with proper input from the faculty at the Dental Schools that teach dental students, should be able to provide background knowledge to help establish the Rule for the Board. Or does the Board propose to start from 'SCRATCH' even though there are 44 states that currently allow this procedure?

Once the Rule is passed and implemented, will the Dental Hygiene schools be allowed to teach the procedure as part of the curriculum?

Can taking a similar course in another state be sufficient to meet the Rule requirement? I am sure there are hygienists already in Texas that have had the training. Is the Board planning to require these persons to retake a course that they have already had and utilized in a different state?

Where will the courses be held? Texas is a big state, if it is limited to just the Dental Schools, the purpose of the course becomes moot as most hygienists in outlying areas will probably not want to spend the time or travel to be certified. The costs also have to be a consideration. I know the Board cannot set the cost for the instruction, but to add a large fee to the hygiene license would be a disincentive for hygienists to become certified. Currently, Oklahoma only adds a line on the Dental Hygiene license that states the person is licensed to provide local anesthesia. No additional fee is added to the license.

If it becomes part of the Hygiene curriculum in the Hygiene schools, will a certificate still be necessary? Eventually all hygienists trained in the state through the state Dental Hygiene schools will automatically qualify for a certificate. Oklahoma is currently experiencing this problem. This past spring, there was not enough hygienists interested in taking the ODF course to make a class. If the Board would approve the outside curriculum, hygienists could take the course in another state while the Board decides what to include in the requirements for hygienists that live farther out. This would directly benefit the hygienists in north Texas. I personally know of 6 that are interested in this option.

Thank you for your time and consideration. I hope I have provided some insight as a practitioner that has utilized two properly trained hygienists.

Sincerely,

Brian D. Coerver, DDS