

Legislative Testimony
H.B. 5630 AAC The Establishment Of Licensure For An Advanced
Dental Hygiene Practitioner
Public Health Committee
Monday, March 16, 2009
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Thank-you Senator Harris and Representative Ritter for allowing me to address the Committee today. My name is Dr. Jack Mooney. I am a private-practicing dentist from Putnam. In 2006 I served as President of the CT State Dental Association and also served on the American Dental Association's Work Force Task Force. Today my practice is seeing over 230 HUSKY patients as well as participating in the Home by One Pilot program. I am also involved in a Private Public Partnership with Generations, an FQHC based out of Willimantic. Everyday my office and staff deal with the issue of Access. That's why I'm here today to speak against the adoption of HB 5630 because of some basic flawed assumptions that are not based on the evidence that exists.

While the expansion of duties for dental assistant's component of the bill makes sense based on the evidence, the Advanced Dental Hygiene Practitioner (ADHP) piece is quite the opposite. ADHP as proposed is not a new model. It exists overseas and was developed to address Access. However an examination of the ADHP overseas has consistently shown its inability and failure to address Access.

The reason for its failure is multiple. It requires significant financial investment by the student and or government. Funding needs to be secured for education, competency testing and other vital infrastructure changes. This model is usually initially restricted to public health settings, the individuals graduating these programs are dependent on adequate funding of public programs. Typically this does not happen and witnessing the issues that we are currently having with the state budget I would not expect it to happen here. Personally, I admire the few individuals that would want to pursue this career and urge that you consider legislation fast tracking these individuals into UCONN Dental School where they and the public would benefit from a full dental education

When we examine the evidence of granting hygiene greater latitude nationally and even in this state the answer again is failure. In Colorado hygienists were granted independent practice with the promise they would address Access. Today ladies and gentlemen there are only approximately 20 hygienists in that state who independently practice. In our state, hygienists were granted direct reimbursement in Nursing Homes to address Access and less than five have chosen to do so. In the meantime this legislature found the courage to finally address HUSKY dental reimbursement rates. The response has been better than predicted. Close to seven hundred dentists are in the system with more awaiting approval. Utilization numbers have improved and the CSDA has now embraced the school based clinic model which has great promise to get care efficiently to children.

I have spent some time now researching innovative dental delivery models worldwide, all developed to address Access in their countries. ADHP has not been shown to significantly impact Access in those countries in which it is utilized. In fact these countries eventually utilize a completely different model; one which if properly funded has been shown to impact Access. We have a moral obligation to the less fortunate citizens of this state to adopt and enhance delivery models that are working. If work force augmentation is needed, then we should consider a model that works, not one that doesn't.

I thank-you again for the opportunity to speak before you today and would welcome any questions that the Committee may have.

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