



**Connecticut State  
Dental Association**

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**Legislative Testimony  
HB 5630 AAC The Establishment Of Licensure For An Advanced  
Dental Hygiene Practitioner  
Public Health Committee  
Monday, March 16, 2009  
Jonathan Knapp, D.M.D.  
President, CT State Dental Association**

Senator Harris, Representative Ritter, and esteemed members of the Public Health Committee; my name is Dr. Jonathan Knapp. I am a dentist in private practice in Bethel and currently serve as the President of the Connecticut State Dental Association. I am also a HUSKY provider and an active participant in the Department of Public Health's Home by One pilot project to provide dental homes to kids in the WIC program by their first birthday. Please accept this testimony regarding some significant concerns with Raised Bill HB5630.

I commend the committee for considering measures that seek to improve the availability of appropriate dental care to all of the citizens of our state. However, I am deeply concerned with the proposed bill for a variety of reasons, which I and other providers will touch upon today. This legislation proposes to establish a new practitioner in dentistry that does not exist in any of the other 49 states in the United States. The premise is that there is a significant "access to dental care" problem in Connecticut that will be ameliorated by the creation of this new provider. While I would agree that there is a large group of citizens in our state who are not getting adequate dental care, and many who are receiving no care at all, I question whether this is an appropriate approach to accomplish that goal.

For many reasons, I believe that the adoption of this new practitioner would be ill advised and pre-mature. If we truly wish to create better access to

dental care, we must continue to forge a genuine partnership between practitioners, government, and patient communities. With the settlement of the lawsuit on behalf of children in our state, we regained government as a partner. The reduction and elimination of the administrative hurdles and headaches has rekindled trust between practitioners and the state, and as a result we have seen the numerous ways that the dentists are willing to step up to do our part. Since the beginning of the program we have reached over 800 dentist providers with over 300 dentists signed up in public health facilities – this in only five months! The numerous among us who have had positive experiences are actively spreading the word to our colleagues. Additional dentists are in the credentialing pipeline and more are signing up each week. Factor in all of the pro bono work and educational efforts undertaken by Connecticut's dentists and the picture becomes even brighter. We haven't even seen yet how far this partnership will go.

Adoption of the ADHP model is also pre-mature because of the lack of scientific evidence that it will impact the access problem. In other parts of the country there are delivery systems currently undergoing rigorous studies, with millions of foundation dollars being utilized to evaluate access models. I expect that within the next 6 to 24 months we will be seeing data on other models such as the Dental Health Aid Therapist that now has more than a three-year track record in Alaska. I am not aware of significant funds being invested to evaluate the ADHP model, which would indicate that those foundations do not believe that the ADHP will hit the mark. The CSDA has been looking at, and will continue to look at and develop, creative, evidence-based, cost-effective solutions to address the needs of our unserved and underserved citizens - folks who deserve the same high level of care you and I receive. We seek collaboration with any and all who are willing to partner with us in that endeavor.

Alternative solutions already exist, in the CSDA policy agenda that was released last month, our organization urged that the Connecticut General Assembly at least maintain current levels of support for school based dental clinics. When economic conditions improve we would encourage expansion of school-based delivery of dental care, and we are actively working on the development of innovative approaches to expand those programs and improve their efficiency. School based delivery systems make sense and have been shown to be effective in addressing the needs of our underserved children. More effective ways to address access problems in adult populations are available as well. Expanding dental residency programs -

supported by federal dollars - in which vast numbers of adult underserved patients are seen, presents a significant opportunity to bring more capacity to areas where it will have an impact in a far more cost-effective manor.

Another factor in our opposition to HB5630 stems from concerns about the way the bill proposes to develop this new model. The Council on Dental Accreditation is an independent body that is recognized by the US Department of Education as the agency that evaluates and accredits education programs for dentists, hygienists, dental assistants and dental technologists throughout the country. They have the expertise and experience to establish appropriate parameters for the training of providers who deliver the clinical and surgical care addressed in the scope of this bill. It seems highly irregular that the accreditation for this position would come from the Board of Governors of Higher Education and would only “incorporate (sic) advanced dental hygiene practice competencies as adopted by the American Dental Hygienist’s Association.”

And what about the requirement for an examination for licensure? Other professions have stringent requirements for testing of competency that are administered by nationally recognized certifying agencies with the very specific expertise necessary to do so properly. There is no such entity for the proposed ADHP. Is the DPH equipped to properly examine candidates for a position that involves surgical procedures that would necessitate a clinical exam for practitioners doing the same procedures under a dental license? DPH’s establishment and administration of such an exam must have significant costs attached.

In this extremely harsh economic climate and with the projected state budget shortfalls in the billions of dollars, can Connecticut afford the costs associated with the implementation of this new model?

I have been expressing significant concerns with elements of this bill however there is significant positive in it as well. I commend the sponsors for crafting language that would finally bring much clearer statutory language with regard to dental assisting in Connecticut and I applaud the move to allow Expanded Function Dental Assistants to work and train here. I believe that there are now 40 states that allow EFDA’s. It is a position that allows for a career ladder in dental assisting and allows for much more efficient dental practices. I suspect that there are some creative ways that

EFDA's could be utilized to either directly or indirectly improve access even further.

The problem is that the EFDA and ADHP proposals have been included in the same bill and I am not sure why. They truly are separate issues. One has a proven track record of over 40 years and has reached 40 states. The other has never been adopted anywhere in the US, and for the reasons I have mentioned, as well as the numerous other problems raised by others in oral and written testimony, is not the prudent way to address access. That is why I urge you to vote against HB5630.

Thank you for your time and consideration. I would be happy to address any questions you might have.

Respectfully submitted,

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