

Legislative Testimony
**HB 5630 AAC The Establishment Of Licensure For An Advanced Dental Hygiene
Practitioner**

Public Health Committee

Monday, March 16, 2009

Joseph Blondin, Dental Student

My name is Joseph Blondin and I am a second year student at the University Of Connecticut School Of Dental Medicine. Although I cannot be here in person, I would like to Testify against HB 5630.

Central to my argument as a student opposing this bill is the amount of class time as well as the curriculum a dental student must endure prior to working on a real patient. In my first year at dental school, on top of medical school classes, I have taken Infection Control, Intro to Oral Diagnosis/Medicine, Dental Morphology, Oral histology and Physiology, Operative Dentistry, and Cariology, as well shadowing both third year dental students and dentists in the community. In my second year thus far, in addition to medical school classes, I have taken Critical Thinking in Dentistry, Pediatric Dentistry, Operative Dentistry, Ethics, Law, and Behavior, Oral Diagnosis/Clinical Medicine, and have just begun Oral Radiology.

Even though the curriculum has been challenging, I definitely feel that these classes play a critical role in enabling me to become a successful dentist and have a well-rounded understanding of the medical field as a whole. Perhaps it seems that this level of class work needs only to be done by a Dentist who plans on doing complex full mouth restorations, such as those typically needed in the underserved areas in Connecticut. I would argue, however, that this level of class work is appropriate even for the simplest of procedures. I would like to present some simple cases, and explain why I feel this level of education is required to do irreversible procedures on a patient:

You are performing a simple extraction on a patient who forgot to mention they are on blood thinners, and is now bleeding profusely. You are drilling out a cavity on a diabetic patient who did not eat this morning and is now going into hypoglycemic shock. You are filling in a cavity for an elderly man who starts to get chest tightness and a tingling sensation in his left arm. Any of these situations that are seemingly simple procedures could go wrong at any time. To avoid harm to the patient and any significant damage, experience and adaptability, as learned through practice in dental school, are paramount to addressing the situation. When we learn about these types of situations in school, we simulate potential issues, and learn how to adapt and act appropriately to, quite possibly, save a patient's life.

As a student, I have learned there is much more to dentistry then just learning how to drill a simple cavity and how to fill a tooth properly. I have learned that you cannot just take one

three hour class on giving anesthesia and thus become ready to administer this on a real person. I have put in the time to become properly prepared to work on a real human being with real problems, and I have learned that even the cases that appear simple can quickly become complex.

Before deciding whether or not it is appropriate to define simple or hard procedures, I encourage you to come to the school and watch a second year dental student spend four hours in the back-up laboratory drilling a Class II cavity preparation, and explain to them how someone who has put in a fraction of the time they have is just as qualified as them to do this "simple" procedure. Who would you prefer to work on you and your family: someone who has been through four years of dental school, or an advanced hygienist with a fraction of the education? The safety of the patient and their quality of care should be the number one priority, and in order to uphold the high standards required in this profession, I hope this bill does not pass.

Thank you for your time,

Joseph Blondin