

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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Good afternoon. My name is Kevin McLaughlin. I am a practicing oral and maxillofacial surgeon in Norwalk. I would like to speak to some of the issues related to Bill 5630.

I understand one of the reasons the concept of an Advanced Dental Hygiene Practitioner (ADHP) is being put forth is that it has an analogy to a nurse practitioner in the medical field. A nurse practitioner has helped access to care. Since they have helped access to care in medicine then I understand why legislators might assume it could work in dentistry. The problem with this logic is that the ADHP is not analogous to the nurse practitioner. Let me explain the potential risk to the quality of health care and why an ADHP is not analogous to a nurse practitioner.

Based on the Draft on An Act Concerning Dental Hygienists and Dental Assistants it appears the proponents of ADHP do not understand the vast responsibility without the appropriate training they are asking you the legislators to grant them.

The one example of their lack of understanding of the responsibility is exemplified in Section 6, paragraph 6:

- Performing non-surgical extractions on mobile, exfoliating, primary and permanent teeth.

This can be a very complex treatment that only education would appropriately prepare you for. Yes it seems removing a mobile tooth may appear "simple" but what about the systemic ramifications. This can be one of the most poorly handled situations if one is not aware of the potential possibilities.

Are they aware of the medical conditions that complicate a "simple" extraction? Does the hygienist know how to stop the bleeding if it is excessive? Does this proposed practitioner understand the bleeding parameters? Do they know the medication that cause bleeding or interfere with healing? Do they understand medical conditions that may lead to osteonecrosis of the jaw or osteoradionecrosis of the jaw? Are they aware of the amount of radiation that may necessitate the need for hyperbaric oxygen prior to even a simple extraction? Do they know the anatomy of the jaw so that when the curette the socket so to remove inflammatory tissue most commonly seen in mobile teeth that there may be a nerve so that a permanent numbness could occur if it was not avoided? Are they prepared to deal with an infection that closes the airway since the extraction may stimulate a serious infection? Do they know the microbiology of the flora and the appropriate antibiotic to use?

Believe me I could continue. The point is if they knew all those answers then they would have spent the four years in dental school after a college degree and they would be called dentists.

Yes, removing a mobile tooth can seem simple: the consequences of not being properly trained and educated can be fatal. I honestly believe that the proponents of this bill are not aware of this. If they were they would not be asking to do this without the appropriate education.

Do you as legislators realize the analogy of a nurse practitioner does not exist in any surgical field? Dentistry is a surgical specialty. A nurse practitioner is in medicine not surgery. There is no independent practitioner in the surgical field because the surgery can **quickly** change other aspects of the human body. That is why surgical physician assistants are under direct supervision by the surgeon and there is no (surgical) nurse practitioner. This bill is asking for independent practice. Nurse practitioners are under independent supervision.

Also legislators all over the country are now debating that dentists need a post graduate year before they are licensed. They believe we, the dentists, may not be educated enough so to be prepared to protect the public. Yet this bill is considering a less prepared person to do the same.

I know access to care is an issue. The Connecticut State Dental Associations House of Delegates has endorsed the concept of an Expanded Function Dental Assistant (EFDA). They are under direct supervision of a dentist. Nurse practitioners are practicing in collaboration with a licensed physician. The ADHP model wants to create a new trade outside the profession of dentistry. To work with the profession they need an association with dentists. This bill will splinter dental health care. Do we want to separate the dental team? This is why this model of health care is irresponsible to the public.

I know you will consider this seriously since ultimately the health of the public is the first concern. There are better way to increase access to care then the model proposed in this bill.

Sincerely;

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