

Legislative Testimony
H.B. 6365 AAC The Establishment Of Licensure For An Advanced Dental
Hygiene Practitioner
Public Health Committee
Monday, March 16, 2009
Brian Duchan, D.M.D.

Good afternoon Senator Harris, Representative Ritter, and members of the Public Health Committee. My name is Brian Duchan and I have been a practicing general dentist for over 30 years. This bill that I write to you about today contains some important points which should seriously be considered. It also has parts which make little sense and should be discarded.

There is an access to dental care crisis in Connecticut, coincident with a severe financial crisis. While these problems are not directly related, attempts to resolve one may indirectly affect the other. But in the dark hours, we must keep our emotions in check and review the facts and options in a rational manner. While our legislature seeks to solve the access problem as inexpensively as possible, it must do so while protecting the public from poor or inadequate treatment.

There are many organizations looking into the access problem. As the Immediate Past President of the Connecticut State Dental Association, I can tell you that organized dentistry has been actively involved in the process for years. Our efforts have included greatly increasing the number of HUSKY providers, our Mission of Mercy project which I am sure you have all heard about, the Donated Dental Services (DDS) program and countless pro bono dental care for the uninsured and under-insured. We continue to step up these efforts, while maintaining the high level of quality treatment that the citizens of Connecticut deserve and expect.

Expanded Function Dental Assistants (EFDA) have existed in multiple states (30+) for many, many years. They have proven themselves to be a safe, quality treatment modality under the supervision of a dentist. By performing procedures delegated by the dentist, it frees the dentist to see additional patients. The ultimate result is expanded care. With a properly constructed career ladder and regulations, the EFDA has the potential to expand the work force, creating more jobs as well. It is important that an EFDA's procedures be commensurate with experience and abilities. The Connecticut State Dental Association has spent a considerable amount of time discussing the core competencies which should be allowed at each level of the ladder.

I have great concerns with the proposed **Advanced Dental Hygiene Practitioner (ADHP)** concept. This proposed work force position is a major departure from the traditional dental "team." In fact, it separates dental hygiene from dentistry. In doing so, it actually has the potential to impede dental care for some individuals. The ADHP proposes to allow a hygienist who has gone on for as little as eighteen months of training

to do diagnosis, fillings, extractions, minor periodontal therapy, prescribe controlled medications, etc.

When this is presented to dentists, the overwhelming first reaction is: "If they want to do dentistry, why don't they go to dental school?" Using this as a basis, last year I approached the dean of the dental school at the University of Connecticut. I asked him if UCONN could accept the courses given in a hygiene school towards advanced placement in the dental school. The answer was "no". He told me that the courses given in hygiene schools are not equivalent to those in dental schools. The depth and level of education are just not the same.

This begs the question as to whether an adequate advanced education can be obtained in eighteen months when the basic foundation is not! An ADHP would not be doing individual procedures under the direction and supervision of a dentist. Instead, this position would allow independent practice of a non-sufficiently trained "mini dentist," who would be responsible for total patient care. Hundreds of examples could be given of how this practitioner could get into trouble mid-treatment with no dentist supervision. Without the adequate education and training, the ADHP will need to know when to refer and when treatment is beyond his/her abilities.

The access to care crisis involves more than money. There are social factors as well. Having the time and transportation available to receive treatment for oneself or a loved one is crucial and as important as finding the appropriate provider. If a patient needs referral by an ADHP, the chances that he/she will go to the referral doctor will be greatly reduced. This will result in inadequate and incomplete dental care. And it could all be avoided by maintaining the dental team.

Is there a Commission On Dental Accreditation (CODA) approved curriculum to teach ADHP and qualified people to do it? Will this require expansion of existing facilities? Will the training facilities be looking for grants from the state? Won't the same economic factors affecting dentists apply to ADHP's?

Who will regulate and be a watchdog over ADHP's? The Dental Commission and the Department of Public Health regulate dentists. Hygienists currently have no Commission. Will the existing Dental Commission have authority over ADHP's? It makes sense and the framework is already in place. But the current Dental Commission is sorely under funded already. So will the state come up with more money?

After graduation from a CODA approved dental school, dentists in Connecticut need to successfully complete a one-year residency program or pass national and regional board exams to be licensed. Will there be ADHP residency programs? Will ADHP be required to pass board exams? Neither of these currently exists. The public needs to be protected. And if an ADHP will be performing dentistry that a licensed dentist now does, they should be held to the same standard of care and licensing requirements.

ADHP is an unproven concept which leaves far too many questions unanswered. There is no data to support claims that it is safe, effective, produces cost savings or that it truly expands access to care. It has been proposed in states which are quite different from Connecticut, geographically and work force wise. It might be a solution to access problems when there is an insufficient supply of dentists and there are hundreds of miles between dental offices. This is just not the case in Connecticut, where an adequate number of dentists exists in a relatively small state. In fact, CT has among the highest ratio of dentists to state citizens in the country.

Frankly, I am not convinced that an ADHP will expand access to care. I am convinced that this is a cleverly orchestrated attempt to expand the hygiene turf (read: scope of practice) under the guise of expanded care at the expense of the public welfare and the state coffers.

Brian S. Duchan, DMD
22 Imperial Avenue
Westport, CT 06880
(203) 227-3709
duchan@optonline.net

