



# **Connecticut State Dental Association**

**Legislative Testimony  
H.B.5630 An Act Concerning The Establishment Of Licensure  
For An Advanced Dental Hygiene Practitioner.  
Public Health Committee  
Monday, March 16, 2009  
Bruce Tandy, D.M.D.**

Good afternoon. My name is Dr. Bruce Tandy. I am a private practice general dentist in Vernon and Coventry. I am also the President-Elect of the Connecticut State Dental Association.

Access to oral health care in Connecticut for those individuals who do not have insurance or the financial means to seek treatment has been problematic since I entered practice 30 years ago. The State has in place a Medicaid program that provides limited benefits to those who qualify. The difficulty is that access to care is a multi-factorial issue that has been debated without much success. The definition of access, money, education of the target populations, and the ability of the target populations to value, seek, access, and follow-up on their care, all have to be dealt with to achieve the plethora of access goals. The capacity in the system, from a manpower and dollars and cents standpoint, has also been inadequate and prevented success.

The debate on solving access to oral health care has been going on over the last decade as new answers to the capacity issue were being investigated and attempted around the world and in underserved areas of the US. I would like to make the point, however, that increasing the scope of practice of dental hygienists does not answer the purpose of this bill, to increase access to the underserved of Connecticut. Scope of practice is about members of the dental team seeking to increase the breadth of services rendered for reasons of job enhancement, an increasing amount of responsibility, and possibly higher pay. It will not significantly increase capacity in manpower in a cost effective way.

The discussion of scope and access is really mutually exclusive. Increasing scopes of practice have been shown not to increase access to dental care for the target populations in applications around the world. Advanced Dental Hygiene Practitioners (ADHP) outside the United States have migrated into the public sector due to the cost of education and the access to higher pay to compensate for this cost. Other provider models such as the Dental Health Aide Therapist have shown access increases in specific instances of New Zealand, where tens of millions of dollars above the original estimates were allocated., and Alaska, where the isolation of the population limited the number of dentists available.

This issue is about the development of new models to deliver a cost efficient adequate level of care, increasing capacity not increasing scopes of practice. At the present time, Minnesota, Massachusetts, Arizona, and the American Dental Association are developing potential new models of oral health care delivery under the supervision of the dentist, the most highly educated and trained member of the dental team. Expanded Function Dental Assistants may also fit into the system and increase the efficiency of the dental team. It is a brave new world in access to care. Thorough vetting of these models is necessary before acceptance and implementation.

Access to care in Connecticut has taken a leap forward over the last 2 years following the settlement of a 7 year lawsuit to increase Medicaid reimbursements for children under the age of 21. The suit allocated dollars and cents, administrative changes at DSS, educational programs for the target population, and case workers to manage patient flow. Dentist participation increased to over 500 private practitioners and 200 public health dentists and hygienists, bringing the capacity in the system to its highest level in a decade. Pilot programs and models to get the children to the care are expanding and increasing utilization has been seen with the increase in case workers and school based programs. The dental team as presently composed is beginning to make a difference. Please let these changes take effect and following outcome assessment, determine what is truly best for the public.

Let us not confuse the issues in this case. If we want to discuss access, let's do it. If we want to discuss scope of practice, let's do that too. However, do not believe, based on experience around the world, that passing this bill will increase access to care in Connecticut. Please reject HB5630 and give the positive changes in oral health care delivery systems for the needy a chance to improve the health of the citizens of Connecticut. Thank you.

Respectfully Submitted,

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