



Connecticut State Dental Association

835 West Queen Street
Southington, CT 06489

860.378.1800/phone
860.378.1807/fax

CSDA.com

**Legislative Testimony
Program Review and Investigations Committee
Scope of Practice Determination for Health Care Professionals
Bruce Tandy, DMD
President, Connecticut State Dental Association**

Senator Kissel, Representative Mushinsky and members of the Program Review and Investigations Committee, on behalf of the 2,400 members of the Connecticut State Dental Association (CSDA) I thank you for the opportunity to present this written testimony to you regarding the Committee Study Scope of Practice Determination for Health Care Professionals. Additionally, I thank-you for entertaining this testimony as it was not submitted at the public hearing.

As I am sure you are aware, scope of practice issues tend to be very technical, specialized, and passionately debated by proponents and opponents alike. Unfortunately, these issues also take up much of the Legislature's time and often fail to achieve the desired affects when they are enacted.

My suggestions for the improvement of the process are as follows. First and foremost, I would strongly suggest that any scope of practice proposal be shown to address the Access to Care issue in a positive manner. Scope of practice and access are obviously very different issues and various interest groups usually suggest that an increase in their scope will result in increased access for those who need it most. All too often this has ended up not being the case.

Second, I feel that scopes of practice should only be increased when there is an inadequate number of providers to deliver the desired amount of care. If a healthcare system has adequate capacity due to the availability of providers to deliver the care, it would make little sense to invest time and funding into an increase in scope for one category of provider or the addition of a new category of health care provider. If it was deemed necessary to increase a scope of practice for an oral health care profession, then I feel it would be proper for it to be negotiated by the Department of Public Health with appropriate input from the Dental Commission.

Third, any proposed increase in scope must ensure the safety of the patient through appropriate training and education. In the past, increases of scope have been proposed without the appropriate education curriculum, which may have increased the chances of

negative treatment outcomes. Additionally, this would have created the perception of a second-tier of care.

Finally, any increase in scope should provide a direct patient/consumer benefit. If the patient/consumer does not benefit from the increase in scope, either by increasing access to care or decreasing costs without sacrificing quality of care, there is little reason for entertaining such a proposal.

In closing, I would like to again thank the Committee for allowing the CSDA to be an active participant in this study and for taking a serious look at how the scope of practice process might be improved upon. My hope is that the end result will provide for a process that increases access to care, maintains a focus on quality and safety, and fully utilizes an existing system that has yet to reach capacity.



Bruce Tandy, DMD
President CT State Dental Association
835 West Queen Street
Southington, CT 06489
(860) 378-1800
btgolf@aol.com