

Legislative Testimony

Human Services Committee

HB 5258 AAC An Advanced Dental Hygiene Practice Pilot Program

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Senator Doyle, Representative Walker and members of the Human Services committee, my name is Ann Marie Mancini, and I have been practicing dentistry for 2.5 years in the towns of Waterbury and Hartford. I thank you for the opportunity to present this written testimony to you regarding HB 5355.

HB 5355 has been proposed to expand the authority of dental hygienists via the creation of the "advanced dental hygiene practitioner." I am of the opinion that HB 5355 overlooks or misstates several key aspects of the practice of dental medicine, downplays the medical risks often associated with a number of dental procedures, and belittles the requisite medical and dental knowledge that is required for licensed dentists to safely and effectively treat dental patients.

Dental school is a very intense and competitive program which consists of didactic, laboratory, and clinical experiences.¹ For example, the curriculum at Tufts University School of Dental Medicine consists of several didactic courses taken during the first and second year of dental school, along with practicing dentistry on mannequins in simulation clinics before being

¹ The requirements for applying to dental school include a Bachelor's degree from an undergraduate institution, in addition to, the successful completion of a number of undergraduate science courses, such as, organic chemistry, and the receipt of a passing score on the Dental Admission Test (DAT).

allowed to practice on patients in the dental school clinic. First year courses include: biochemistry, gross anatomy (cadavers are dissected), dental anatomy and occlusion, histology, medicine, physiology, neuroanatomy, immunology, microbiology, human pathology, nutrition, ethics, and operative dentistry. During the second year the students are introduced to the clinic by assisting students in their third and fourth years of dental school. In addition second year students are required to take courses in anesthesiology, human pathology, craniofacial function, fixed prosthodontics, infectious disease, medicine, pharmacology, oral and maxillofacial pathology, radiology, periodontology, epidemiology, endodontics, pediatric dentistry, geriatric dentistry, removable prosthodontics, oral and maxillofacial surgery, oral diagnosis, orthodontics, and implant dentistry. At the University of Connecticut School of Dental Medicine, many of these courses are taken with the medical students. The third and fourth year of dental school consists of intense clinical experiences with students spending as much as nine hours per day working on patients.

It is important to note that dental students are required to take an assemblage of highly intertwined dental and medical courses. The reasoning behind the design of such a curriculum is that medicine is crucial to a dentist's treatment of patients. It is important to understand a patient's medical background and assess the potential for dangerous synergies which could pose life-threatening or very harmful situations for the patient.

In order to graduate, students must perform a minimum amount of each procedure, such as, fillings, extractions, root canals, pulpotomies, dentures, crowns, bridges, treatment planning, etc. Not only do the students have to perform a minimum amount of each procedure, but they have to complete multiple patient competency exams for each procedure. On top of treating their own patients in the clinic, students are also required to do a number of medical and dental

rotations. It is during these rotations that student learn to treat additional patients in the following areas: pediatric dentistry, oral surgery, radiology, emergency, periodontics, orthodontics, prosthodontics, special care, and geriatric dentistry. In the case of hospital rotations, students learn to treat medically compromised patients.

The last requirement that dental students must fulfill before they can begin practice, aside from passing and meeting all of the requirements of dental school, is to pass the National Board Examinations and regional board exams. These exams require students to demonstrate their ability to perform the aforementioned procedures on patients in conformance with the current industry standard of care. Currently, a dental hygiene is a two year program at many institutions of higher learning; how can we expect an individual with significantly less education or clinical experience to perform the same tasks at the same competent level as dentists? Allowing an "advanced dental hygiene practitioner" to perform the expanded list of procedures, such as, extractions, fillings, pulpotomies, and giving them the authority to prescribe medication will be a disservice to the public as a whole.

Bill No. 5355 proposes that " advanced dental hygiene practitioner[s]" have the expanded function of formulating individualized care plans. There are many things to consider when treatment planning a patient, including, potential medical complications, dental anxiety or phobia, the parafunctional habits of the patient which may affect care or may interfere with treatment, the need for a removable or fixed prosthesis, implant placement, recognition of abnormal pathology, etc. Only individuals that understand all indications, contraindications, potential problems, and all of the possible outcomes of a particular treatment should be formulating individualized care plans; this class of individuals should be limited to licensed dentists. Licensed dentists are the only individuals in the profession who have superior

knowledge of both the medical and dental aspects of each treatment; thus, they are the only individuals qualified to make such recommendations.

Bill No. 5355 also proposes to expand an "advanced dental hygiene practitioner[s]" functions to include providing:

diagnostic, educational, palliative, therapeutic, prescriptive and minimally invasive restorative oral health services including: (A) Preparation and restoration of primary and permanent teeth using direct placement of appropriate dental materials; (B) temporary placement of crowns and restorations; (C) placement of preformed crowns; (D) pulpotomies on primary teeth; (E) direct and indirect pulp capping in primary and permanent teeth; and (F) placement of atraumatic temporary restorations.

The bill states that these types of procedures are "minimally invasive," yet, many of these procedures require anesthesia and the cutting of teeth and all of these procedures pose a certain number of risks or complications. For example, even a restoration (filling) can be associated with larger problems. If an "advanced dental hygiene practitioner" removes decay from a tooth and exposes the nerve, a root canal will have to be done immediately to prevent patient suffering; something only a licensed dentist has authority to perform. In addition, the hygienist may, as a result of their lack of education, chase tooth structure he or she thinks is decay and, as a result, drill too far into the tooth causing the patient to unnecessarily need a root canal. The patient would be obligated to pay for an additional expense he/she would not have been subject to, had the procedure been performed appropriately. As for the placement of preformed crowns, also on the list of procedures proposed in the bill, improper placement can cause decay underneath the crown which can lead to infection or even the loss of the tooth. Pulpotomies also fall on the list of proposed procedures; the procedure is performed on primary teeth (baby teeth) and involves the removal of the upper portion of the nerve; if not done properly, the child can end up with a massive infection and pain.

Bill No. 5355 also proposes that "advanced dental hygienists" be able to "perform nonsurgical extractions on mobile, exfoliating, primary and permanent teeth." First and foremost, nonsurgical extractions do not exist; "[e]xtraction of teeth is a surgical procedure that presents a severe challenge to the body's hemostatic mechanism," something that the bill eludes to itself.² In one instance the bill purports to give an "advanced dental hygiene practitioner" the power to "perform nonsurgical extraction[s]," yet, in another instance the bill would allow advanced dental hygiene practitioner[s]" to "place and remove sutures;" sutures being among a class of surgical procedures. This discrepancy begs the question, if "advanced dental hygiene practitioner[s]" are to be performing "nonsurgical extractions" why would they have the need to employ any surgical procedures to close the wound? For this reason, the bill is conceding that extractions are indeed surgical procedures. Nevertheless, there are many things to be considered before a tooth is extracted, such as the patient's medical history and examination of the patient's head, neck and maxillofacial region. A dentist must be able to recognize factors that may influence the outcome of the procedure and handle a complication if it occurs. Whether or not the tooth is mobile, there are many complications associated with extractions including: soft tissue injuries; root fractures (which would lead to surgical extractions); displacing a root or tooth into the maxillary sinus which would expose the maxillary sinus (may involve an invasive surgery of the sinus to be removed); fracturing, loosening, or extracting adjacent teeth; fracturing of bones in the oral cavity or jaw; injury to nerves causing anesthesia, paresthesia, or paralysis; injury to the Temporomandibular Joint (TMJ); post operative bleeding; infection, and dry sockets. Of central importance is the practitioner's ability to control post-op bleeding, a challenge for any practicing dentist for the following reasons:

² LARRY J. PETERSON, ET AL., CONTEMPORARY: ORAL AND MAXILLOFACIAL SURGERY 233 (4th ed. 2003).

First, the tissues of the mouth are highly vascular. Second, the extraction of a tooth leaves an open wound, with both soft tissue and bone open, which allows additional oozing and bleeding. Third, it is almost impossible to apply dressing material with enough pressure and sealing to prevent additional bleeding during surgery. Fourth, patients tend to play with the area of surgery with their tongues and occasionally dislodge blood clots, which initiates secondary bleeding. The tongue may also cause secondary bleeding by creating small negative pressures that suction the blood clot from the socket. Finally, salivary enzymes may lyse the blood clot before it has organized and before the ingrowth of granulation tissue.³

A practitioner's lack of knowledge as to these particular risks would result in a situation where the patient's life could be threatened or where the patient could suffer potential harm.

If HB 5355 is passed, the market for dental professionals will be flooded with unqualified individuals thereby decreasing the quality of dental care. Our country bases itself on providing increasingly excellent dental and health care. How would we be providing increasingly excellent dental care by decreasing the educational and clinical requirements of dental practitioners? Would this not be negligence? You must ask yourself - Would you want an unqualified practitioner performing these very invasive procedures on you or your child?

In closing, I would like to again thank the Committee for allowing me to testify before you today and would be happy to make myself available, now at any other time, should you have questions.

Sincerely,

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³ *Id.*