

**Legislative Testimony**  
**HB 5355 AAC An Advanced Dental Hygiene Practice Pilot**  
**Program**  
**Human Services Committee**  
**Tuesday, March 2, 2010**  
**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 of the Connecticut State Dental Association representing over 2400 dentists and members of the dental team who communicate, educate, advocate, and collaborate on oral health issues and provide care to the citizens of Connecticut.

Access to oral health care 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 difficulty is that access to care is a multi-factorial issue that has been debated without much success. The definition of access, financial constraints, education of the target populations, and the ability of these 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. In the past 2 years, however, there has been great progress in answering these challenges.

Access to care in Connecticut has taken a leap forward 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 at 55% of the UCR rate for most dentists, administrative changes at DSS, educational programs for the target population, and case workers to manage patient flow. Dentist participation increased to over 1000 providers bringing the capacity in the system to its highest level in a decade. Children can now be seen within 1 week of requesting an appointment. Pilot programs such as Home by One, which establishes a dental home for children and education for their parents, is changing the future needs of children. Utilization has increased to one of the highest levels in the nation with the increase in case workers and school based programs. The CSDA Mission of Mercy, public service broadcasting in collaboration with CPTV, and the development of an oral health curriculum with educators statewide, have all contributed significantly to the success seen across the state. The PEW Foundation, recognizing this, has just awarded the state of CT an 'A' in handling access to care for children, one of only 6 states in the nation. All of this has been accomplished in a collaborative effort by the CSDA, oral health collaborative groups, and the state government agencies of DPH, DSS, and the legislature.

As noted, the capacity in the system due to the huge increase in the number of providers has not kept the CSDA from continuing to look at this issue from all

sides. The CSDA over the past 2 years has researched and reviewed over 10 different models of new providers for the dental team from around the world. We have found that access to care and scope of practice is really mutually exclusive. Increasing scopes of practice has **not been shown to increase access** to dental care for the target populations in applications internationally and domestically except in highly specific instances where major government funding was provided. New models may have value in CT, but they must be studied rigorously first to show improvements in access to care of the target population before any decision of implementation is made. This bill provides no measurements and presupposes a specific outcome. That is not a pilot study, but an expansion of scope of practice. Independent studies to determine the economic feasibility of alternate models are about to begin in Connecticut. In this time of fiscal constraint, this is a natural place to start.

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. The PRI Committee has introduced a bill to make data driven decisions on scope of practice issues. Yet the dental team as presently composed is truly making a difference. Please allow these changes take effect, expand, and following a data driven outcome assessment, determine what is truly best for the public. Making decisions on provider models to increase access to care without data to support an expected outcome is doomed to fail. Do not believe, based on others experience, that passing this bill will increase access to care in Connecticut. Please reject HB5355 and give the positive changes in our oral health care delivery system a chance to improve the health of the citizens of Connecticut. Thank you.

I would be glad to answer any questions today or in the future.

Respectfully Submitted,

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