

Legislative Testimony
Human Services Committee
HB 5355 AAC An Advanced Dental Hygiene Practice Pilot Program
Tuesday, March 2, 2010
Fred Thal, D.D.S.

Senator Doyle, Representative Walker and members of the Human Services Committee, my name is Dr. Fred Thal. I am a pediatric dentist practicing in New Britain for 32 years. I am testifying in opposition to HB 5355 AAC An Advanced Dental Hygiene Practice Pilot Program. The supporters of the ADHP position propose this legislation as a way to increase access to dental care for the underserved. However, there is no assurance that it will achieve that effect. Moreover, it is probably not needed, would be expensive to implement, and would require a new layer of regulation.

The access problem is not a simple one to solve. There are many issues that contribute to it and many potential solutions. I would like to call attention to several approaches that are already being taken.

First: School-based services. The Connecticut State Dental Association (CSDA) supports and recommends support for the expansion of school-based dental services as a proven method to address the problem of access to oral health care for underserved children. I am currently chairing a committee of the CSDA whose charge is to recommend action steps to achieve this goal.

Second: Early intervention and prevention. The Department of Public Health's office of Oral Health, is developing and implementing the Home By One program which recruits and trains dentists to see children by their first birthday in order to prevent some of the dental disease seen in young children. The dentists and their staffs coordinate their services with the WIC programs around the state to train parents and community outreach workers on the value and importance of early oral health care. Much of this service can be performed by Registered Dental Hygienists (RDHs) under the general supervision of a licensed dentist.

Third: The American Academy of Dentistry for Children (AAPD) has a project that is being developed in Connecticut and in other selected states to bring oral health services to children in the Head Start program. This project is similar to the school-based service in that it brings care to children where they are, in the Head Start program. It, like the Home By One program, combines education, prevention, and early intervention to eliminate much of the need for extensive dental treatment. These children are seen as early as 18 months of age and most of the services can be provided by an RDH.

School-based services resolve several of the major barriers to dental care. Services are provided in a setting which is familiar and comfortable to children. Parents do not have to take time off work to take children to dental appointments. Care coordinators can facilitate the progress of children who need care, making sure that needed care is received. Dr. Howard Bailit, a nationally recognized expert on dental access, reports that

80% of the services required by this age group can be provided by a Registered Dental Hygienist, working under the general supervision of a licensed dentist.

New Britain represents a good example of how school-based services can effectively address the access problem. I am the Chairman of the New Britain Oral Health Collaborative. The Collaborative is a group of dental and community groups who are dedicated to improving access to dental care. In the fall of 2005, the Collaborative started a mobile dental service in several of the New Britain Elementary Schools. By the 2006-2007 school year we were able to take the mobile service to all ten of the public elementary schools. At the same time we expanded services to the WIC program and to the summer program at the YWCA and Boys and Girls Club. In the 2007-2008 school year the mobile dental service provided preventive services and oral health education to 750 elementary school students. Children at both the high school and elementary schools who needed restorative services were referred to the CHC dental clinic and treatment was scheduled using the services of a Care Coordinator employed by the Collaborative.

By the end of the fifth year of the New Britain Oral Health Collaborative we were able to more than double the number of children utilizing preventive and treatment services. The number increased from 1900 at baseline to 5302 in year five. 1325 of those were seen in the school-based services at the high school and elementary schools. These students represent 39% of the increased number of children receiving treatment from baseline to the end of year five.

The Connecticut Legislature, in its 2008 session, voted to accept settlement of the Class Action Lawsuit "Hartford Legal Aid vs. Coker-Williams". This resulted, beginning September 1, 2008 in a "carve-out" of the dental program from the rest of the HUSKY program. One of the features of the carve-out was that fees paid to participating dental providers were increased significantly. As a result, since that date there has been a very significant increase in the number of dentists participating as HUSKY providers. Before the carve-out there were (according to the Dept. of Social Services which oversees HUSKY) 146 active providers in the state. Now, over 1000 providers are enrolled or re-enrolled after an absence of two years or more. This increase in the number of HUSKY providers has resulted in increased numbers of HUSKY insured children receiving regular dental care.

If enacted, this proposed Act would impose a considerable additional expense to the state. It would require new educational programs, new regulations, and a new level of licensure, all at a time when the state is grappling with huge deficits in the annual budget. This legislation, as proposed, is not needed, would not result in improved access to care for the underserved, and would impose expenses on the state. It is not deserving of your support.

Respectfully Submitted,
Fred Thal
1 Lake Street, Bldg. B
New Britain, CT 06052
(860) 224-2419
Fred.thal@comcast.net