

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

Dear Senator Doyle, Representative Walker, and members of the Human Services Committee,

I am writing to you in opposition to HB 5355, An Act Concerning an Advanced Dental Hygiene Practice Pilot Program. I am a Pediatric Dentist practicing in Brookfield Connecticut, and have been doing so since 1997. I have in the past served as a clinical instructor at Danbury Hospital and at Yale New Haven's Children's Hospital. I am a member of the CT State Dental Association (CSDA), past President of the Greater Danbury Dental Society, A member of the CT Society of Pediatric Dentistry (CSPD), and a member of the CT Chapter of the American Academy of Pediatrics (CTAAP).

I have been in support of and involved with the advancement that has occurred in our Medicaid System and serve on multiple committees within the DPH.

To date I personally have treated and taken care of the needs of over 800 Medicaid eligible patients in the last 12 months. Every day my office accepts new patients. Since the combined efforts of the CSDA, CSPD, COHI, and other professional organizations, that coalition has encouraged more than 1000 providers to sign up and treat the needs of the Medicaid population. With the recent increase in reimbursement rates for children enrolled in the Husky program, Connecticut dentists have stepped up to the plate, and have registered in record numbers to become Husky providers. We have demonstrated that this partnership between the state and dentists does work to increase access to care.

Connecticut was one of only six states to recently receive an A rating from the Pew Foundation in a study of state dental policies for children. The increase in reimbursement in CT has been made into a model for other states to follow to help increase their access issues.

In one of the studies performed by Benicare (the provider for the dental Medicaid system) they showed that most offices were able to see a Medicaid patient in need within 2 weeks. Many of those participating offices were able to see those patients earlier than the 2 weeks. At the last Mission of Mercy (MOM) ran by the CSDA and its foundation organization, of the close to 1800 patients seen, less than 200 were children. This would have been reversed if the needs of the children were not being met.

Likewise, the needs of the adults in the Medicaid system would be met if the reimbursement was the same or even closer to that of the children. Furthermore, the

governor has suggested terminating Medicaid dental services for adults in a measure to help the state budget.

The Department of Oral Health, a division of the Connecticut Department of Public Health, has determined that there are a sufficient number of dentists in Connecticut to meet the needs of the population. What we lack is funding for the adult population.

HB 5355, proposed legislation which aims to address inadequacies in access to dental care by establishing a “pilot program” for an Advanced Dental Hygiene Practitioner.

I am uncertain and at a loss as to how this proposal qualifies as a pilot program. A pilot program, or pilot study, is designed to test situation. At the end of the pilot, conclusions are determined whether or not the model met its target goals. I do not see anywhere in HB 5355 where there is even a study, questions to be answered, or goals. This bill suggests that at the conclusion of the study, which creates a new category of provider, a report shall include “(1) recommendations to expand the pilot program to other geographic areas of the state; (2) a timeline for expansion of the pilot program; and (3) recommendations for policies and procedures to permit advanced dental hygiene practitioners to provide the services described in subsection (b) of this section on a statewide basis”.

Has the state done a study to determine what the dental needs are among its citizens? Prior to solving a problem by instituting this particular model of health care provider, perhaps it would be a good idea to decide what problem exists.

I submit that the true intent behind this bill is to simply create another form of practitioner thus creating a turf war over scope of practice. The Public Health Committee came to this same conclusion last year, and declined to act on it.

As for addressing the “Access to Care” question, currently there is no evidence available from any state that shows expanding the scope of practice of Hygienist improves access to care. I ask:

- Why create an ADHP model without careful study of the access issue itself, and any and all proposed solutions?
- Why pass a bill, which the Public Health Committee declined to act upon last year?
- Who will these new practitioners treat if the governor is successful in ending Medicaid dental benefits for adults, and the needs of the children are already being met?
- Can Connecticut really afford to waste money on this at a time when every penny needs to be watched?
- Please ask yourselves, why this particular model, and why right now?

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