



## **Connecticut State Dental Association**

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**Legislative Testimony**  
**Program Review and Investigations Committee**  
**HB 5258 AA Implementing The Recommendations Of The Program Review &  
Investigations Committee Concerning Scope Of Practice Determinations For  
Health Care Professions**  
**Thursday, February 25, 2010**  
**John Raus, DMD**  
**Board of Governors Member, 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 regarding HB 5258. Additionally, I would like to extend my gratitude to you, as well as to your professional staff for putting forth the due diligence and time required to tackle a comprehensive process such as this that too often leaves confusion and frustration in the minds of legislators.

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. Typically when an increase in scope of practice is sought, it is done so with the intentions of getting care to a population who traditionally has been underserved. However, too often when scope is increased, this is not the outcome.

I would like to make a couple of suggestions which I feel would greatly strengthen and improve this bill. First, I would suggest, and request, that when determining the composition of the Scope of Practice Review Committee that the appropriate professional membership organization be represented as well. These organizations have the best resources to assist the committee in compiling data and trends as it relates to the professions.

Second, when a new model of health care delivery is being suggested and reviewed, one which has no national background or data to suggest its potential success, that a pilot study be undertaken prior to legislating. That pilot study should demonstrate whether the model positively impacts access utilization within the designated target

population of defined need. In addition scopes of practice should only be increased when that pilot study shows there are an inadequate number of providers to deliver the desired amount of care. Lastly, any increase in scope must ensure the safety of the patient through appropriate training and education. Should this be the case, we would support such an increase in scope as the real issue should and must be access to care and not scope of practice.

In closing, I would like to again thank the Committee for allowing the CT State Dental Association to be an active participant in the study over this past summer and fall, as well as today at this public hearing and for taking a serious look at how the scope of practice process might be improved. 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 investigates existing systems to assure they are being utilized to maximum capacity and efficiency.

Sincerely,

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