

**Legislative Testimony**  
**Human Services Committee**  
**HB 5258 AAC An Advanced Dental Hygiene Practice Pilot Program**  
**Tuesday, March 2, 2010**

Testimony in opposition of HB 5630: The Establishment of Licensure for an  
Advanced Dental Hygiene Practitioner

We the undersigned are members of the Connecticut State Dental Commission, but are writing as individual dentists.

Licensure of dentists or dental hygienists in Connecticut is a high stakes process. Here, the patients are the stakeholders. Historically, and up until 2005, initial licensure for dentists or dental hygienists in Connecticut was obtained only after the candidate successfully completed a clinical skills examination. If a competent dental candidate failed the clinical skills examination on the first attempt, they will succeed on future attempts. It is the false positives that are the high risk outcome. One incompetent dental provider will conservatively see 3000 patients a year. The current initial clinical licensure exam offered in Connecticut, the NERB or ADLEX (Northeast Regional Board and the American Dental Licensing Examination are identical) is a valid and reliable exam. It defines the skill set to be tested, it ranks the skill set in order of criticality and it tests skill sets performed by entry level practitioners in their first five years of practice. In fact, the NERB or ADLEX exam is the only licensing examination to include all skill sets and a reliable (the consistency of the measurement decision) and valid (the degree to which a test measures what it was designed to measure) modality. NERB and ADEX currently offer a clinical examination for dental hygienists upon finishing a course on local anesthesia. Examinations are constructed to find the individual who should not be practicing and therefore should exclusively concentrate on failing decisions. The Connecticut State Dental Commission and the Department of Public Health understand what the examination scores actually mean and how they are computed. The performance standard should give confidence to the Commission, the Department and the public that the candidate has performed at a satisfactory level of performance to assure competency. Public confidence depends on transparency. The meaning of the scores must be easily understood, performance levels in all skill sets must be reported, and the percentage of available points that the candidate achieved should also be reported and easily understood. As State Dental Commission members, we must demand the standards we require when we are the patients.

Since 2005, there is no longer a mandate for a clinical licensure examination for dentists nor is there a required examination for a dental hygienist to administer local anesthesia. We believe

for the most optimal public protection we can guarantee, a clinical licensure examination should be the rule. Our opposition to HB 5355 is in part because it has no competency testing of this individual.

We believe a clinical licensure examination for dentists or dental hygienists will achieve the performance standard that the Commission, the Department and the public expect, and cannot support any bill that doesn't include this.

In addition to the examination issue, the Commission on Dental Accreditation (CODA) is recognized by the US Department of Education as the accrediting body for all curricula and competency standards within dental education programs including dentistry, dental hygiene, dental assisting and dental laboratory technology. This bill provides no accreditation by CODA. Again, as State Dental Commission members, we must demand the standards we require when we are the patients and we cannot support a bill short of this.

Respectfully submitted,

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