

Legislative Testimony
Human Services Committee
HB 5355 AAC An Advanced Dental Hygiene Practice Pilot Program
Tuesday, March 2, 2010
Allen Hindin, DDS, MPH

I strongly oppose Proposed Bill HB5355, AN ACT CONCERNING AN ADVANCED DENTAL HYGIENE PRACTICE PILOT PROGRAM.

I have extensive, almost 39 year experience in public health dentistry, including US Army, school based health service development and implementation, hospital based, as well as directing a United Cerebral Palsy dental program in Brewster, NY and my private practice in Danbury, CT.

I became interested in dental therapists in 1974, while at The International Association for Dental Research meeting, in London. There I encountered the director of The New Cross School for Dental Auxiliaries, who introduced me what has since become a more than 35 year journey. I have since visited The Forsyth Project, in 1975, The Wascanna Institute, Saskatchewan, in 1979, to study the Sask. School Dental Nurse and Anchorage, AK, in 2008, for the purpose of seeing the Dental Health Aide Therapist (DHAT) training program, run by the Alaska Native Tribal Health Consortium in collaboration with The University of Washington's DENTEX program. I attended the Institute of Medicine meeting, "Dental Workforce in The Coming Decade," Feb. 9-11, 2009, at which the role of dental therapists, as a means to improve access to oral health care, was discussed in depth by experts from around the US and the world. Presently, the two year therapist model is seen by most major American health related foundations as the best choice for improving access to basic oral care, at reasonable costs and at an acceptable level of quality. This dentist extender is closely supervised, via tele-dentistry, at least in the ANTHC DHAT design, likely to be copied. Just last week, the American Dental Association NEWS contained a story relating to a Kellogg and Macy Foundation grant to the American Association of Public Health Dentistry, for the specific purpose of creating a two year dental therapist curriculum.

HB5355 is simply bad legislation as it applies to piloting a "mid level provider" model. Having seen such models and subsequent long running programs, I believe the proposed legislation to be lacking in many respects. It proposes more of a catch all for issues relating to dental therapists than a serious piece of research. A one year pilot, containing no study of outcomes, both clinical and societal, is not rational.

Any reasonable attempt at piloting a workforce model, incorporating a dental therapist in particular, requires extensive preparation, from design and Institutional Review Board (IRB) Approvals to equipping and training, facility

designs, oversight, data gathering and authoritative review of outcomes. These aspects of research into creation of a pilot project are what was contained within the decision by the Connecticut State Dental Association's (CSDA) November, 2009 House of Delegates, which endorsed the concept of a pilot project, to evaluate the potential of the two year trained DHAT to improve access to dental care in CT. The outcome of the endorsement will hopefully become a reality, but only after many months, perhaps a few years, of design and careful implementation, followed by appropriate study and review. Only after all this, would it be reasonable to approach the CT CGA for the purpose of creating enabling legislation regarding scope of practice.

While the DHAT is expected to cost approximately \$60,000, the ADHP will cost more than four times as much. This will most likely impede recruitment of culturally competent personnel, dedicated to the well being of the targeted underserved populations. My concern is that the other therapist models, one ongoing in MN and discussion stages in several states, will be impeded from potential introduction in CT, because one, the most expensive and time consuming to create, will have "gotten there first." This will only make issues relating to "scope" within dentistry even more contentious than they have been.

Pilot models, for the purpose of improving access to dental care, are very much needed. In fact, they are the best opportunity we all have to demonstrate their potential benefit, before standing before legislative committees and calling for changes in scope of practice. For too long, such arguments have been based upon emotion and force of numbers appearing before committees or lobbying. It is about time that you, the legislators, can be presented with hard data. You should demand no less on behalf of residents of CT.

Proponents of HB5355 should be admonished to do their homework first.

Respectfully,

Allen Hindin, DDS, MPH