

Legislative Testimony
Human Services Committee
HB 5355 AAC An Advanced Dental Hygiene Practice Pilot Program
Tuesday, March 2, 2010
David P. Bell, DMD

Senator Doyle, Representative Walker and members of the Human Services committee, my name is David Bell and I have been practicing dentistry for 27 years in the town of Newington. I thank you for the opportunity to present this written testimony to you regarding HB 5355.

I would urge you to not approve the Advanced Dental Hygiene Practice Program. The goal of seeking solutions to access of care is a noble one, but I feel this bill has far reaching implications that can in the long run adversely affect patient care. This bill would dramatically expand to role of Dental Hygienist to perform procedures such as extractions, restorations, temporary crowns, and pulpotomies on primary teeth among other procedures. These are all procedures currently done by Dentists who are required to have a college degree, take a Dental aptitude test prior to being admitted to an accredited Dental School. After 4 years of training the Dentist is licensed to perform the above mentioned procedures in addition to many others. I am concerned about the training. Do these master degree programs of advanced dental hygiene practice even exist today? Who develops the curriculum? There currently is HB 5258 in the PRI Committee, a proposal to deal with scope of practice for health care professionals pending. This ADHP bill expanding the scope of hygienists is premature.

Let me give an example as to the problem with allowing some of the above mentioned treatments to be performed by a less than fully trained Dentist. The bill states that the Hygienist can perform "non-surgical" extractions on mobile or exfoliating teeth and place sutures. First of all, any extraction is a surgical procedure. There are many degrees of mobility. A slightly mobile tooth with a large restoration or decay can easily fracture leaving a root tip in the bone. This can require a full thickness flap and reduction of bone to remove. Very mobile teeth are often the result of severe periodontal disease. The treatment is not simply pulling the teeth. There is always significant inflamed granulated tissue around these mobile teeth. If not removed properly the patient is susceptible to post op bleeding and infection. Many times this granulated tissue to be properly removed, a scalpel is needed to detach the tissue and shape the gum tissue. If there is sharp irregular pieces of bone, burs or nippers are needed to shape the bone to make it smooth to allow a comfortable denture to be made. This is beyond the scope of training to be provided. I could go on with similar examples of placing restorations. Many times what looks like a simple procedure clinically can become much more complex once the decay is removed.

This bill has a 12 month pilot program but offers no criteria to measure its success or evaluate the quality of care delivered. The bill simple states to report on how to expand it. A true pilot program to provide health care treatment would have a mechanism to evaluate

the quality of the decision making process of the healthcare provider, the quality of the procedures performed, the effectiveness of having the patients be referred elsewhere for procedures beyond the limited scope of the Hygienist.

I believe there are more effective ways to increase access to care. In 2007 the CT Department of Oral Public Health reported that CT has one of the highest ratios of Dentist to citizens in the country. Over 1,000 currently serve the Husky program and the number is increasing with improvements in the program. I feel a simple effective way of dramatically increasing the number of dentists providing care to the underserved is set up a program to encourage recent graduates to work a day or two a week in a public health facility in exchange for some student loan relief. The average dental student is often over \$165,000 in debt (I know my son just graduated from UConn Dental School). When they are starting practice they often are not fully busy and would have incentive to spend time in a clinic. Our underserved people in the state would have the access to a fully trained dentist who could offer comprehensive treatment without restrictions and oversight.

In closing, I would like to again thank the Committee for allowing me to testify before you today and would be happy to make myself available, now at any other time, should you have questions.

Sincerely,

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