

Legislative Testimony
Human Services Committee
HB 5355 AAC An Advanced Dental Hygiene Practice Pilot Program
Tuesday, March 2, 2010
Elise M Cozzi, DMD

Senator Doyle, Representative Walker and members of the Human Services committee, my name is Dr. Elise Cozzi and I have been practicing dentistry for 20 years in the town/s of New London, Norwich, Colchester and East Lyme as a Board Certified pediatric dentist. I thank you for the opportunity to present this written testimony to you regarding HB 5355.

I am a pediatric dentist retired from a large group practice in southeastern Connecticut as well as having been the interim director of the pediatric dental residency at Yale New Haven Hospital. I have been in the "dental business" since 1968, first as an assistant for 12 years, then as a dental hygienist for 8 years and then on to dental school and a pediatric dental residency. Due to all my past experiences, I have a unique perspective on HB5630.

In dental school, our rigorous course load included histology, biochemistry, gross anatomy, oral pathology, pharmacology, oral surgery, four years of clinical labs, and the list goes on.

I graduated from dental school in 1989 and started working in a pediatric dental residency in the Bronx. Thinking I was prepared for an exciting educational experience I learned so much with a "baptism of fire" on the first day of my residency than I learned in my whole entire life and I am still learning to this day.

My point is, if I had questions after being in dentistry for 21 years on my first day of residency, what kind of questions will these dental hygienists have? Many patients present with complicated medical histories and extensive treatment plans. How will these hygienists handle these situations without an extensive medical background? What will happen when a situation arises during treatment that was not anticipated?

Dental Hygienists are knowledgeable about dental hygiene just as dentists are knowledgeable about dentistry. The same parallel can be made between nursing and medicine. Both professions can regulate themselves and still work together for the benefit of the patient as a whole. Each profession needs the other to provide total care but there has to be respect for each other's contribution to the team as a whole.

With the addition of many more dentists participating in the state Medicaid program and the thrust of programs like Home by One and Head Start, the children are having great success in their access to care. Hopefully we can change their lives and establish preventive programs to keep them cavity free throughout their adult lives as well!

Recognition of a life-threatening odontogenic infection takes great skill for diagnosis and proper medication as well as treatment. At this point we have to define basic requirements

for continuing education and establish a comprehensive program to encompass the massive knowledge and competency program that will be necessary along with outcome assessments to address the quality, cost effectiveness, increase in access to care and the population served. It sounds like dental school already has this in place.

I agree that we must find a way to increase access of care for the under-served, but to solve this dilemma by substituting a well trained dental surgeon/doctor of dental medicine for a lesser trained dental professional is unacceptable.

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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