

Legislative Testimony  
Human Services Committee  
HB5616 AAC Licensure of Advanced Dental Hygiene Practitioner  
Tuesday, March 1, 2010  
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Senator Musto, Representative Tercyak and members of the Human Services committee, my name is Dr. Al Natelli and I have been practicing dentistry for more than 15 years in the town of Southington, Connecticut. In addition, for the record let me say that I am also a part time volunteer instructor of dentistry at the University Of Connecticut School Of Dental Medicine and a Town Councilor in the Town of Southington, "The City of Progress". I thank you for the opportunity to present this written testimony to you regarding HB 5616; please permit me to note that my testimony here reflects my individual opinion and not the opinion or position of any entity.

I am surprised that this subject is being presented as a bill again. In 2009 and in 2010 this same proposal was addressed and has yet to be accepted and passed by the Public Health committee which typically reviews legislation dealing with scope of practice and now in 2011 we are having the same discussion but this time on a bill without any substantive language. In these economic times, to be having this conversation instead of one addressing the proposed tax and fee increases and budget reductions leaves me disappointed. We should be finding solutions to how to fund Medicaid Dentistry, education, and municipalities cost sharing.

As a Town Councilor, reading the bill, I found it interesting that this agenda is at the forefront again. For the past several legislative sessions similar proposals and or initiatives have been defeated in committee for a variety of reasons. I am very concerned about three things, the economics behind this bill the potential scope of practice issues that it may initiate and finally how will this be funded for educational purposes and by whom?

As I stated last year the State faced a nearly half a billion dollar short fall (in 2010) and in 2011 nearly a billion dollar shortfall. Actually this year, 2011-2012 we find ourselves \$4,500,000,000 in debt and looking for ways to balance a budget and reduce the debt. I find it hard to understand why we are even discussing this. There are unfunded mandates that need to be looked at; programs that may need to be cut or eliminated to save money, educational cost sharing shortfalls, infrastructures' that need fixing, jobs to be created, and we want to discuss a proposed bill with minimal language? Potentially expanding the role of the dental hygienists will cost the state and federal government more money as they will expect a wage increase. Again I reiterate we need to be looking at ways to save money, not spend it this year and next.

Since the actual language to this bill is vacant kindly allow me the liberty to reflect on a similar bill proposed in the 2010 Legislative Session, HB 5355 which was before this very same committee. As a dentist, nowhere in the general statutes in section 379 as it relates to dentists or 379a as it relates to dental hygienists is there a discussion or mention of "outline of mutually agreed upon relationship(s) in which the advanced dental hygiene practitioner and the dentist agree to the parameters of practice provided by such advanced dental hygiene practitioner". Thus the statute would need amending or a new provision written to it. In addition I thought it was the Department of Public Health that guides or establishes the scope of practice and not the Department of Social services. Also there is an established process for dealing with scope of practice. The Program Review & Investigations

Committee has proposed in the 2010 HB 5258 AA Implementing the Recommendations of the PRI Committee Concerning Scope of Practice Determinations for Health Care Professionals. After an exhaustive study, this bill makes numerous recommendations for improving this process. Your colleagues on the Public Health committee requested this study and the bill that was its product. This very same bill is before the Public Health committee today.

I went to college for four years, dental school for four years, and then a one year general practice residency to hone what I learned in dental school, and then a fellowship at a second hospital again to get more advanced training to be a better dentist to serve patients. As this bill is considered, as I said above where will the monies come for this training for the dental hygienist? Now is not the time to implement a pilot program, now is the time to look to save money for the state, not spend it.

Over the last thirty months the number of dental providers in the Husky/Medicaid program increased from 150 providers to over 1,200, and you can include me as one of them. You, the legislators, asked dentists to step up and we did. This has resulted in the following, there is no longer an “access to care problem” as the data from Dr. Donna Balaski (DSS) supports this but if there is a problem its affordability and would this proposed provider all treatment to be more affordable? Dentists enrolled in record numbers to serve this great state and its citizens. Finally, a recent PEW Foundation report gave out an “A” to CT (only six states received this top grade) for its delivery of oral health care.

This bill as proposed now has minimal language associated with it. Thus, what are the review parameters and measurements? How will the program be reviewed for its success or failure and how are the terms success or failure defined in the bill. Then who is paying for the review? Who is involved in the review? What are the assumptions for future expansion? And again, what will the associated costs be? Once more I ask why you are investing time and money into this?

Lastly I would like to say that legislators in the past have reprimanded dentists and dentistry as protecting its turf and or territory; I know because one of my legislators told me this and said dentistry needs to come up with solutions to the access to care problem. Dentistry continues to answer this call. It has the Mission of Mercy for the last 3 years and the forth mission is planned for Waterbury later in April 2011. Furthermore, dentists have responded by enrolling to serve Husky and Medicaid patients, I know I did and providing services for two entirely different sectors of the population. And finally, the Connecticut State Dental Association and the American Dental Association are working collaboratively with leaders in dental education and the other organized bodies of the dental team to develop a way to provide a workforce so that more patients maybe see, i.e. increasing access to care.

In summary I wear several hats here, Town Councilor, dentist, and educator as well as a member of the Connecticut State Dental Association and the American Dental Association. Once again I would ask you not to spend time and money on this issue now as we are 4.5 billion dollars in debt and looking at proposals to increase taxes and fees and possibly budget reductions. I ask you to cut spending and let organized dentistry present its plan that includes all ideas and all the team members to provide more access to care. I would even suggest not voting this bill out of committee so your time could be spent on ideas to save the state money, not spending money.

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 anytime should you have questions.

Very truly yours,

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