

**Statement of the American Dental Association Regarding**  
**HB 5616: An Act Concerning Licensure for an Advanced Dental Hygiene Practitioner**  
**Human Services Committee**  
**Tuesday, March 1, 2011**

The American Dental Association (ADA) is pleased by the attention access to oral health care is receiving in Connecticut and across the nation. For too long, this essential health need has been sidelined by a lack of resources, a lack of attention and a lack of concern. While there is no single solution to the myriad issues that create these problems, we do know that proper financing of Medicaid and SCHIP dramatically increases access to care and therefore applaud the significant progress lawmakers instituted in 2008 to increase funding for dental Medicaid services.

Most American have access to the best oral health care in the world and, as a result, enjoy excellent oral health. But tens of millions still do not, owing to such factors as poverty, geography, lack of oral health education, language or cultural barriers, fear of dental procedures, and the belief that people who are not in pain do not need dental care. The ADA believes that all Americans deserve good oral health.

With each passing year, science uncovers more evidence of the importance of oral health to overall health. Early diagnosis, preventive treatments and early intervention can prevent or halt the progress of most oral diseases – conditions that when left untreated, can have painful, disfiguring and lasting negative health consequences. Yet many Americans lack regular access to routine dental care, and many of them suffer needlessly from conditions which are, for the most part, preventable. Oral health disparities cut across economic, geographic and ethnographic lines. Racial and ethnic minorities, the elderly and disabled, and the economically challenged, are especially hard hit. Until a sense of value and a desire for good oral health become the norm, these existing barriers will continue to block any significant progress toward improving the oral health of those who currently lack dental care.

The nation's dentists have long sought to stem and turn the tide of untreated disease – as individuals, through their local, state and national dental societies, and through other community organizations. To be sure, dentists alone cannot bring about the profound change needed to correct the gross disparities in oral health. But dentistry must and can provide the leadership that initiates change, or change will not occur.

Ultimately, education and prevention will be the linchpins in eliminating, or at least minimizing untreated dental disease. These signs will mark the birth of the first generation that could grow up essentially free of dental disease: when the day arrives that we as a nation decide that oral health is a national priority and provide education to all families of newborns, expand public health measures such as community water fluoridation and provide a dental home to every child. Until that occurs, the nation will be challenged to meet the needs for preventive and restorative care among the large number of Americans who do

not have dental coverage, cannot afford care, or face other barriers that block them from seeking regular oral care and dental visits.

It is critical to understand that addressing only one or even a few of the numerous barriers to care is the policy equivalent of bailing a very leaky boat. Scattershot efforts can provide some measure of relief among some populations for some time. But ultimately, we as a nation must muster the political will to address all barriers to care. Not doing so is a recipe for repeating past failures and missing opportunities to effect lasting, positive change.

Workforce has in recent years come to dominate discussions and debates about improving access to care. We welcome the increased focus on these issues from both new and existing stakeholders, but, are disappointed in the unintended consequence of the vigorous discussion about how best to improve the availability of dental care to those who lack it: the degree to which the fixation on workforce, a deceptively “simple” issue to grasp, has distracted policymakers and those who influence them from the much greater number and complexity of other barrier to care. While some propose lesser educated providers as the way to address the problem, they ignore the fact that the education system is responding to the need to increase capacity. By 2020, twenty more dental schools will have opened than exist today and many existing schools will have increased their class size.

The ADA welcomes the appropriate expansion of services by dental assistants as one approach to the access problem. Appropriately educated and trained dental assistants and dental hygienists are proven assets to the dental team and help dentists deliver care more efficiently, permitting more people to receive the comprehensive oral health care they deserve. However, the ADA cannot support any call for the development of an “advanced” dental hygiene position that would work ostensibly without the involvement of a dentist. While HB 5616 does not have the language fully describing the position, we must assume it resembles the model offered by the American Dental Hygienists’ Association and legislative efforts in previous year in Connecticut which only serve to fragment care and splinter the effectiveness of the full dental team.

### ***Dentists are Charged with Leadership of and Responsibility for the Dental Team***

The professional practice of dentistry is premised on the safe and effective delivery of comprehensive dental care. To achieve that comprehensive care, and to increase the profession’s capacity to provide care in the most safe and cost-effective manner, organized dentistry promotes the dental team concept. The dental team is predicated upon the dentist being professionally responsible for patient care. By virtue of their comprehensive and broad-based education, only a dentist is in a position to be the leader of the dental team and to guide the work of allied dental personnel.

This advanced education is generally comprised of eight years of study – usually four years of college followed by four years of post-graduate dental education. The scope and depth of the dental school courses are at the graduate level. Upon completion of dental school, dentists are

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competent to assume responsibility for managing the comprehensive oral health care of their patients at all levels of complexity.

To make sure that everyone who seeks care is able to secure the comprehensive oral health care they deserve, we ask you to oppose HB 5616 and assist us in maintaining the integrity of the dental team and focus on real solutions to provide care to those in need.

Sincerely,

A handwritten signature in cursive script that reads "Raymond Gist".

Raymond F. Gist, DDS  
President

RG:JH:mka