

**Legislative Testimony  
Human Services Committee  
HB5616 AAC Licensure of Advanced Dental Hygiene Practitioners  
Tuesday, March 1, 2011  
Carolyn J. Malon, DDS**

Dear Senator Musto, Representative Tercyak, and Members of the Human Services Committee, my name is Carolyn Malon, and I am a general dentist in private practice in Farmington. Over the last 25 years, I have also practiced in New Britain, in Hartford at the Community Dental Center at St. Francis Hospital, and was the dental consultant for a nursing home for ten years. I am a member of the Connecticut State Dental Association, past-President of both the New Britain and Hartford Dental Societies, and a Husky provider. I have served on the Connecticut State Dental Commission and as an examiner for the Northeast Regional Board Exams in Dentistry.

I am writing to you in opposition to HB 5616, and the Advanced Dental Hygiene Practitioner (ADHP) model which it would create. I do not believe that this is a realistic way to improve access to dental care in our state.

The proponents of this model of health care provider have stated that ADHPs are needed because there are children in our state who do not have access to adequate dental services. It has been stated that “only” fifty percent of Husky children are receiving dental care. While this sounds like an awful statistic, it actually compares favorably with the percentage of children with private insurance! This is the number who choose to utilize the services that are available to them.

According to recent statistics from the Connecticut Department of Social Services, there are currently over 1,200 dental providers enrolled in the Husky Plan. Ninety percent of Husky clients have at least two dentists within ten miles of where they live. Ninety three percent of attempts by a “mystery shopper” were successful in attaining a dental appointment. There is a mere eleven day wait for a routine appointment, and most emergency appointments can be had within twenty four hours. Last year, the state of Connecticut was one of only six states to receive an A rating from the Pew Foundation in a study of dental policies for children.

So what is that problem that this bill purports to address?

If the members of this committee ascertain that there is an access problem which needs to be addressed, I urge you to study the problem further before turning to the creation of an ADHP model as a solution. I have a varied background in the dental field, and I have many questions about how an ADHP would help in our state.

As an examiner for the Northeast Regional Board Exams, I am curious to know how Advanced Dental Hygiene Practitioners would qualify for licensure. Dentists and hygienists in this state are required to pass written and clinical exams in order to qualify for licensure. Who would

design and administer such a test? Please keep in mind that the ADHP model does not yet exist in any state.

I have many other questions which I believe should be answered before this bill would be moved forward. Where will ADHPs work? Is there infrastructure existing? Are there vacant dental chairs in existing clinics, or will new public health care facilities need to be built? If ADHPs are drawn from the existing dental hygiene workforce, will CT be left with a shortage of dental hygienists? How will a provider with half the education of a dentist be prepared to treat patients in the public health sector, who tend to have more complicated health problems and dental needs than those in the private office? Will this model of provider migrate into private offices, leaving a further void in access for the underserved? Will there be supervision by an experienced, licensed dentist? May ADHPs practice independently? What happens when a "simple extraction" becomes complicated?

The ADHP model has been proposed as a cost-saving measure, but I urge the members of this committee to investigate the financial aspect of this bill thoroughly. How will an ADHP be compensated? Registered Dental Hygienists in the State of Connecticut, with a two year Associates Degree, earn on average \$69,000 per year. What salary would an ADHP, with a Masters level education command? I assume they would want significantly more than an RDH. Please bear in mind that dentists in public health settings earn, on average, \$80,000 per year. So why not hire more dentists in public health shortage areas?

I have seen no evidence which shows that expanding the scope of practice of dental healthcare providers improves access to care. Unless such evidence can be provided, this bill is about scope of practice, and not about access.

If the members of this committee truly wish to address access to care, I urge you to take a step back, and do it the right way. Study the issue. Consult with experts. Talk to the leaders of the Connecticut State Dental Association, who have an established Access Committee, and have been researching models and methods. Look at all possible solutions before deciding which one is right for the citizens of our state. Why pass this legislation prematurely? Let's work together to study all possible means to address the access issue, and to find alternatives which can work.

I respectfully urge you to reject HB5616. I am happy to answer any of your questions. Please feel free to contact me at your convenience.

Carolyn J. Malon, DDS

860-677-8687

[malondds@aol.com](mailto:malondds@aol.com)

11 Mountain Terrace West Hartford, CT 06107