

Date: March 1, 2011
To: Human Services Committee
Re: Testimony for HB 5616 An Act Concerning Licensure of Advanced Dental Hygiene Practitioners
Submitted by: Dinah G. Auger, RDH, BS

Senator Musto, Representative Tercyak and Members of the Human Services Committee:

My name is Dinah G. Auger and I am a licensed dental hygienist living and working in the town of Norwich. I appreciate your time and attention on this very important issue that will have a positive impact on increasing direct access to oral care to children in CT.

I support HB 5616, establishing licensure for the Advanced Dental Hygiene Practitioner (ADHP).

I am currently, and have been for 15 years, employed at United Community & Family Services as the Lead Dental Hygienist in the Dental Clinic. Our non-profit, FQHC-look-a-like agency provides a full scope of dental services in the clinic as well as preventive dental services to over 60 schools in the southeastern area of CT through the services of two dental hygienists. The mobile dental school program consistently finds that 33% of these children served have decay and need treatment in the clinic. We do not have enough dentists to serve in the schools so all the students are referred back to the dental clinic. Not all parents follow up with these appointments for a variety of reasons, but positioning an ADHP in the schools would improve the opportunity for the children to receive treatment as well as keep the costs low because of employing a mid-level provider (similar to a nurse practitioner) instead of a dentist. There are many times that our school hygienists are ready to place a preventive sealant and find decay. This requires referral to the clinic for a filling. If an ADHP was positioned in the school program, the tooth could be treated at the time of discovery of the decay, thus saving time and money.

Our agency also has the advantage of having dental, medical, pediatric, geriatric, behavior health and gynecological services provided at one location, giving the opportunity for total integration of and referral for services. For example, dental hygienists at UCFS routinely provide dental assessments of 1 year olds in pediatrics at their age one visits. The Advanced Dental Hygiene Practitioner would be another member of this inclusive team.

The competencies of the ADHP would include individual care and treatment plans, administration of local anesthesia (which is already legal for RDH's in CT), diagnosis and treatment of oral diseases and conditions, as well as palliative, therapeutic, prescriptive and minimally invasive restorative services. All these competencies are outlined in proposed programs at some dental hygiene universities in CT when the ADHP is approved. It is all based on education and training like any other advanced practitioner.

Employment of dentists is not expected to keep pace with the increased demand for dental services with an estimated increase of 16% by 2018. However, the profession of dental hygiene is estimated to increase by 26% in the same time period. This is a perfect time to develop the ADHP in CT since many hygienists are positioned to move forward with their education to meet

the requirements for this new licensed professional. Dentist will still be needed for the more intricate procedures while the need for routine fillings can be provided by the advanced dental hygiene professional.

I would be happy to discuss HB5516 with you and hope we can expect your support in delivering more access to dental health care for the people of CT.

Sincerely,

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