

Legislative Testimony
Human Services Committee
HB5616 AAC Licensure Of Advanced Dental Hygiene Practitioners
March 1, 2011
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Senator Musto, Representative Tercyak and members of the Human Services committee: my name is Peter Peterson and I am a dentist with a private practice limited to Periodontics with offices in Farmington, Avon and Simsbury. I have been practicing dentistry for 29 years. I served in the Veterans Administration and Air Force for 6 years and have been in private practice in Connecticut for the past 23 years. For the past 20 years I have taught and supervised dental residents in the General Practice Residency program at St. Francis Hospital and treat patients in the clinic pro bono. I am a past-president of the Connecticut Society of Periodontists, a past-president of the Hartford Dental Society and am currently on the Board of Governors of the Connecticut State Dental Association. I thank you for the opportunity to provide this written testimony opposing HB 5616.

I have many concerns about HB 5616 and the “Advanced Dental Hygiene Practitioner” (ADHP) which it would establish. I oppose this bill and urge you to oppose it as well. This bill seeks to create a solution to a problem that the Connecticut Department of Social Services does not think exists, and if the problem does exist, there are other solutions that are less expensive and more readily implemented. It appears that the underlying purpose of this bill and the ADHP that it would create is to expand the scope of practice of Dental Hygienists rather than truly increase access to care. There is no evidence that merely increasing the scope of practice of hygienists will increase access to care or reduce the costs of dental care for the citizens of Connecticut.

Increasing access to care for uninsured and poorly insured people is a very complex issue. Quite often there are language barriers, transportation problems, lack of education on the part of the patient or patient’s family, fear, and social issues that prevent patients from seeking care and keeping appointments. Merely creating a new provider will not resolve these problems. At the present time the ADHP model does not have studies in the United States comparing it to other dental care delivery methods. The ratio of dentists in Connecticut to the population is among the highest in the United States. Currently there are over 1,100 dentists in Connecticut who have signed up to be HUSKY providers. The Pew Foundation recently gave an “A” rating, one of only 6 states, for the delivery of dental care in Connecticut. The reimbursement for dental care for children has been raised recently to levels that make dentists willing to participate in HUSKY. Unfortunately, the reimbursement for adult Medicaid patients is so low that it does not cover the cost of providing the service and dentists that see adult Medicaid patients are often subsidizing the care out of their own pockets. The ADHP model assumes a lower cost for providing care, but there are no studies supporting this. If the committee was truly concerned about increasing access to dental care in Connecticut, then it should evaluate other models of delivery, before assuming that the ADHP model is the solution for Connecticut. Several other states with access to care problems far more significant

than in Connecticut have recently adopted a mid-level dental provider, but it is noteworthy that none have implemented the Advanced Dental Hygiene Practitioner. There are many unanswered questions about where ADHPs would be trained and the costs of this training; how and by whom they would be evaluated for their proficiency and credentialing; how they would be supervised and by whom; and where they would practice. The issue of access to care needs to be studied in more detail, including evaluating the ADHP model and other models of delivering dental care before assuming that the ADHP is the solution for Connecticut.

The population that the ADHP purports to serve will by definition be composed of patients who have had limited access to dental care and therefore will have complex dental needs that will likely be well beyond the scope of training of an ADHP. I understand why a legislator might support the ADHP bill when presented with the arguments of those who support it, but I strongly believe that ADHP model has not been adequately tested for its effectiveness and efficiency in delivering dental care compared to other models. The costs of implementing this model, many of which are unknown, are not something the state of Connecticut can afford.

I respectfully urge you to reject H.B. 5616. I thank you for the opportunity to provide this written testimony and would be happy to make myself available at any time if you should have any questions or concerns.

Sincerely,
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