

Legislative Testimony
Human Services Committee
HB5616 AAC Licensure Of Advanced Dental Hygiene Practitioners
3/2/2011
Jeffrey Berkley, DDS

Senator Musto, Representative Tercyak and members of the Human Services committee, my name is Jeffrey Berkley and I have been practicing dentistry for 23 years. Our group of oral surgeons has offices in West Haven, North Haven, Meriden, Mansfield, and Putnam. I am a member of the CSDA Board of Governors and participate with the board of the New Haven Dental Association. I thank you for the opportunity to present this written testimony to you in opposition to HB 5616.

HB 5616 has a distinct lack of detail which suggests to me that its final form may resemble the 2010 Advanced Dental Practitioner Bill HB 5355. It seems this bill in some form or another continues to be presented each year. The very premise that this bill is presented on is faulty. Although many states had a concern regarding access to care for certain groups of the population, this problem has been addressed and successfully dealt with in Connecticut. Raising the fee schedule for dental pediatric Husky patients to a level that does not cause a financial loss to treat these patients has attracted significant participation within the dental community. Utilization seems to be a more pressing issue than access to providers. In that regard the CSDA has partnered with other organizations to push for more school based programs to provide care. There are many charitable events from free care days in some dental offices to the Mission of Mercy statewide event. As an oral and maxillofacial surgeon I provide care to patients throughout Connecticut. Our group participates in both the pediatric and adult Husky programs. We are rarely overwhelmed with volume of patients that would require a significant delay in access. Patients I treat have not expressed difficulty in finding a provider or getting an appointment.

The bill as proposed appears to be a thinly disguised attempt to alter scope of practice. Unfortunately, I am deeply concerned about that aspect. It is often difficult to determine before a procedure whether it will be routine or difficult, even for highly trained dentists. We are referred patients under these circumstances on a daily basis. Procedures such as extractions require surgical skill, but also the ability to medically evaluate each patient. The idea of allowing prescriptions to be written also raises concern. Even highly trained psychologists in the medical community do not have that privilege. Many of the procedures advocated in the past to be included in the scope of an ADHP have irreversible consequences, and require a knowledge base that goes far beyond the technical aspects of the procedure. We now know that the dental condition has systemic as well as local effects on the body.

If the premise of this bill is to increase the scope of practice of dental hygienists, I would suggest that this puts the citizens of Connecticut at increased risk with minimal benefits. If ADHP is being promoted as the solution to provide care for the underserved community, I would suggest that there are several other models that have been promoted in Connecticut and across the country that are more effective, less risky, and more directly address these concerns.

In closing, I would like to again respectfully thank the members of the Human Services committee for allowing me to submit this testimony. If you should have any questions I will do my best to make myself available at your convenience.

Sincerely,

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