

Legislative Testimony
HB 6549AAC THE DEPARTMENT OF PUBLIC HEALTH'S
OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF
PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.

Public Health Committee
Friday, March 11, 2011
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Senator Gerratana, Representative Ritter and members of the Public Health Committee, my name is Jonathan Knapp and I have been practicing dentistry for 18 years in the town of Bethel. I am an active provider in the Connecticut Medicaid program who has many, and is still accepting, patients in that plan. My office participates in the Home By One project for infants, and I provide pro bono care to many other residents of our state including free oral health screenings to seniors throughout western Connecticut. I am a board member of the Connecticut Foundation For Dental Outreach and a core participant in the Connecticut Mission of Mercy Project. Additionally, I represent the dentists of the six New England states on the American Dental Association's Council on Dental Practice. I thank you for the opportunity to present this testimony to you in support of HB 6549.

For many years now, The Public Health Committee, and the Connecticut General Assembly have faced the very challenging task of adjudicating numerous and frequent requests for increased scope of practice. There is no shortage of stories circulating at the LOB, recounting the trials and tribulations encountered by legislators - many of whom do not possess the background expertise to sort through and interpret the highly technical information and many subtleties surrounding these requests. Scope issues are as wide ranging as the numerous professions affected by them, and as varied as their potential ramifications for our citizens (both positive and negative); rendering the responsibility placed on legislators all the more significant. I am very appreciative of the work done by the PRI Committee that has led to this proposed legislation.

From the standpoint of dentistry, we have been discussing expansion of scope within the fields of oral health care for many years, most recently since 2004. As is often the case, these scope requests have been framed as a means to increase access to appropriate health care. Improving access to, and increasing utilization of, oral healthcare services for Connecticut's neediest is an ongoing goal for the 2400 dentists, and allied personnel represented by the CSDA. To that end, we have presented, developed, and promoted many initiatives aimed at improving access and availability of care for those on Medicaid, as well as those who are under or uninsured. We have also devoted thousands of additional volunteer and staff hours to investigate various workforce modifications as an additional piece in the complex access puzzle. We have supported an evidence-based approach to decision-making; resulting in proposals for alterations in programs, and suggestions for changes in scope for members of the dental team.

That is why I am pleased to see HB6549 before you, and I urge its adoption. The implementation of this similarly evidence-based methodology to address scope of practice increase requests would be a very positive step forward. I am in favor of the provisions that require the submission of appropriate supporting documentation when an increase in scope is requested. In addition to the

breadth of required input, I urge that the process establish standards for validity of the information submitted. The ability, for you as legislators, to make informed decisions must be driven by data - required in this section - that is solid.

With regard to the provisions in Section 2, I would request that the Public Health Committee consider working with the CSDA to improve the language. The establishment of committees to review the scope requests is appropriate as long as the members of the committee have the background and specific expertise to effectively adjudicate each request. It is not clear that the language as it is currently written, clearly incorporates the need for such expertise.

As a sizable organization, dedicated to the specifics and intricacies of oral health and all of its specialties, we are able to provide information and resources that might otherwise be difficult and time consuming to acquire. As such, I am supportive of the mechanisms that have been incorporated into HB6549 aimed at facilitating that process. I support a committee structure that will find the proper balance of impartiality and expertise, and one that will have access to the most current and accurate information available.

With that in mind, this is a most unusual “win/win/win” proposal. The legislature wins because these issues are handled thoughtfully, efficiently, and with expertise. The professions win for the same reason, and most importantly, the citizens of Connecticut win when changes in scope of practice are made appropriately and for the right reasons.

Again, I would like to respectfully thank the members of the Public Health Committee for allowing me to provide this testimony. If you have any questions, I would be happy to address them at your convenience.

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