

**Legislative Testimony**  
**Public Health Committee**  
**HB5541 AAC Services Provided by Dental Professionals and Certification for**  
**Advanced Dental Hygiene Practitioner**  
**Wednesday, March 21<sup>st</sup>, 2012**  
**Carolyn Malon, D.D.S.**  
**CT State Dental Association- President-Elect**

Senator Gerratana, Representative Ritter and members of the Public Health Committee, my name is Carolyn Malon. I have been practicing general dentistry in Connecticut for 26 years. My volunteer service to the citizens of our state includes six years on the State Dental Commission, participation in Give Kids a Smile, Mission of Mercy, Project Homeless, and the Hartford Dental Society's Smile-Mobile Program. I provide some amount of pro bono and reduced fee care in my own office and I am a Husky provider. I have also served as an examiner for the dental board exams and I currently serve my profession as President-Elect of the Connecticut State Dental Association. I am here to testify against the Advanced Dental Hygiene Practitioner as proposed in HB 5541.

I participated in the new process which was implemented to review bills which included scope of practice measures. My colleagues and I spent many hours shuttering our offices in order to attend meetings at the Department of Public Health, in the hope that this new process would provide information to the members of the Public Health Committee so that they could consider legislative proposals which were based on factual information, rather than on emotion. To my great disappointment, this is not what has happened. In fact, the final report from the scopes committee did not come out until after this bill was written, which leads my colleagues and me to think that our participation was not valued.

Additionally, while there were three very distinct concepts discussed during the scopes process, all have been presented to you together in one confusing array of acronyms. This was not our understanding of how the Scope process was supposed to work. Two of the three proposals (EFDA and ITR) resulted in positive reports from the DPH, while the ADHP concept was given, at best, a lukewarm report. It is unfortunate that two very effective ideas which are proven successes in other states were combined with a very controversial issue, which may result in the entire Scope process going down the drain.

I respectfully suggest that the committee consider separating the three proposals, and consider each on its own merits. That is my understanding of how the Scopes process was intended to function.

The Advanced Dental Hygiene Practitioner model has been discussed in the legislature for a number of years, as an answer to lack of access to dental care. The current proposal does not indicate that this is an access issue, which leads me to wonder why it is being considered. In its current form, it is merely an increase in scope of practice for dental hygienists. There are some changes to the proposed legislation this year including, for the first time, allowing an ADHP to work outside of a public health setting. My fear in allowing ADHP's to work under "a collaborative agreement" in a private practice setting is twofold. First, that an ADHP working independently would be unqualified to provide the same quality of care as a fully trained dentist, and to do it at a lower cost to the patient. Furthermore, I worry that ADHP's would be hired by some dental offices to increase production, without any decrease in patient fees. We already have concerns about the quality of care being provided at some of the large scale corporate dental groups which have gained a foothold in our state in recent years.

I have personally testified on more than one occasion as to the reasons that ADHP's will not increase access for the underserved. The education required to become an ADHP is a lengthy, expensive proposition. While dental hygienists with an associate's degree can currently earn in excess of \$70,000 per year in private practice, those who would attain the masters level ADHP would necessarily require salary levels significantly higher. Public health dentists earn in the area of \$90,000 to \$100,000 per year. I do not know of a public health facility which would hire an ADHP at almost the same salary as a fully trained dentist.

Information which was provided in the scopes process did not indicate that any of CT's public health facilities did not have enough dentists. In fact, I have heard of dozens of applications by dentists for an opening at one of our FQHC's. When the ADHP model was first proposed a number of years ago, the landscape in CT was very different than it is today. You have all heard of the great success we have had in signing up dentists to participate in the Husky program. The great majority of Medicaid dental care is provided in private offices, and not in public health facilities. In addition, projections just a short five years ago of a future lack of dentists, are no longer the reality. A downturn in the economy has led to open appointment time in many CT dentists' offices. New dental schools are planned to open over the next few years and our own state dental school is on track to expand its class size by thirty percent beginning in 2014. I suggest to you that the state of Connecticut will have more than a sufficient number of dentists to provide care to the citizens of our state in the coming years.

The problem of access to dental care then, is not one of providers, but one of funding. The proponents of ADHP suggest that they will treat lower income adult patients who are not currently enrolled in Medicaid and who do not have dental insurance. How will an ADHP be paid? By whom? Our dental office overhead averages approximately 70%. Fees can only be cut by so much. I fail to understand how an ADHP would be able to provide care for significantly less than a fully trained dentist. The proponents of ADHP like to offer a comparison to PAs and APRNs, but the establishment of this type of provider has not resulted in any decline in the cost of medical care. And while the APRN and PA models were created to address a shortage of primary care physicians, we do not have a shortage of dentists in our state!

I implore you to read fully not only this bill, but all of the reports from the DPH Scope Committee, so that you fully comprehend this very complicated and confusing issue. I strongly urge you to ask questions of my colleagues and me before you make a decision as to how to vote on this bill. I respectfully suggest that the three models be debated and decided on separately. I believe that, with a thorough understanding of the proposed models, you will realize that ADHP is not the answer to access to dental care in Connecticut. And I trust that you will make a decision based on information and data, and not on emotion or politics.

While I fully support the EFDA and ITR proposals, the inclusion of the ADHP model is cause to reject the bill in its entirety. It is with dismay that I urge you to vote against HB 5541 in its current form.

Respectfully Submitted,

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