

Testimony HB 5541
March 20, 2012
Connecticut State Legislature
Public Health Committee

Distinguished Representatives and Senators, I am writing you today to discuss the important Bill before you, HB 5541 An Act Concerning Services Provided by Dental Professionals and the Certification of Advanced Dental Therapists. Please click on the links provided to access the research and documentation from the most trusted resources in health care and oral health care, as they provide evidence of the safety, efficacy, and need for this mid-level dental provider model.

The impending shortage of dentists in the United States is not only *real*; it is recognized by the U.S. Department of Health and Human Services, Health Resources and Services Administration. In this organizations discussion of the Oral Health Workforce, it is acknowledged that although the number of dental hygienists and assistants has kept pace with the growing population, the severe shortage of dentists will affect the ability to care for the underserved. Additionally, HRSA states that “only about 20 percent of the nation’s 179,000 practicing dentists accept Medicaid. And of those practitioners who do, fewer than 8,500 devote a substantial part of their practice to serving the poor, the chronically ill and rural residents”. Simply stated, it is not the number of dentists accepting Medicaid that is important, it is the number who engage in substantial and meaningful oral healthcare treatment to the underserved that is of most importance. Incentives offered to dental students to pursue careers in public health should, and could be extended to mid-level providers. ***If a majority of the 1,300 dentist’s recently registered in Medicaid don’t provide substantial services, will this have a negative impact upon Connecticut’s ability to obtain funding and public health providers to secure HRSA incentives due to the fact that many areas will not be considered dental health professional shortage areas?*** This could create further disparities and barriers to care and have a detrimental effect on the oral health of the citizens of Connecticut.

<http://www.hrsa.gov/publichealth/clinical/oralhealth/workforce.html>
<http://hpsafind.hrsa.gov/HPSASearch.aspx>

In the ADA’s Statement for the Record submitted following the February 29, 2012 hearing of the U.S. Senate Subcommittee on Primary Health and Aging focusing on “Dental Crisis in America: The need to Expand Access”; http://www.ada.org/sections/advocacy/pdfs/statement_120227_expandaccess.pdf

- States “the ADA believes that all Americans deserve good oral health and oral care delivered by fully trained dentists”. Dental hygienists have been providing outstanding oral care for 99 years. This professional and effective delivery of primary preventive care helps meet the goal of all Americans actually *achieving* good oral health. Ignoring our contribution does not negate reality.
- As you read through the statement one would be lead to believe that dentists are the only providers of oral care, the only time dental hygienists are mentioned is to discredit the three most prominent mid-level provider models in this country.

- It is stated that an ADHP could not “distinguish between complicated and uncomplicated treatments and refer the former to a fully trained dentist”. With all due respect, we are trained our entire careers to do just that, and with a collaborative management agreement we would have the mechanism in place to do so readily.
- When discussion “Addressing the Barriers to Oral Health”
 - Public Health Interventions: It is stated that the ADA is the leader in spreading health literacy among other health care professionals. In fact, dental hygienists and dental hygiene students have been educating all aspects of the healthcare professionals for almost a century as they are the primary prevention experts. It is a core competency in dental hygiene programs. We follow a “boots on the ground” approach, going where the professionals are and the populations they treat. This will be further expanded with the introduction of the Advanced Dental Hygiene Practitioner.
 - Safety Net Delivery Systems: It is discussed that “Federally Qualified Health Centers (FQHC) must demonstrate the provision of dental services to the population served by the facility either on site or through a contractual arrangement”. This setting is perfectly suited for an ADHP. Their existing educational background and clinical training and extensive additional training heavily focused on the delivery of care in public health settings makes them **HIGHLY** qualified to fulfill this responsibility.
- When discussing Alternative Workforce Solutions, the ADA states that advocacy and federal finances directed toward programs focusing on non-dentists “undoubtedly will sap resources away from proven programs-such as the National Health Service Corps, Indian health Service, the Public health Service, loan forgiveness, tax incentives, and public/private partnerships” who place dental healthcare professionals where they are needed most. Current dental hygienists seeking to become ADHP’s would do so willingly, even without financial incentives, but by extending the same financial backing and incentives to mid-level providers. This would be a direct infusion of highly skilled dental healthcare providers into the communities that need them most. Discriminating between dentists and mid-level providers would not benefit the public as a whole, would be a contradiction to HRSA’s objective, and would perpetuate the disparities that already exist.
- The Advanced Dental Hygiene Practitioner would fully embrace the oral health objectives defined in the Department of Health and Human Services “Healthy People 2020” initiative, as does the American Dental Hygienist’s Association and the Connecticut Dental Hygienist’s Association. In fact, OH-1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 4.1, 4.2, 5, 6, 7, 8, 9.1, 9.2, 9.3, 10.1, 10.2, 11, 12.1, 12.2, 12.3, 14 (referral), 15, 17 would all be *addressed and impacted* directly by the implementation of the Advanced Dental Hygiene Practitioner.

<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=32>

The Institute of Medicine (IOM) released a report in April 2011 titled Advancing Oral Health in America. The Health Resources and Services Administration (HRSA) asked the IOM to “assess the current oral health care system and recommend strategic actions for the U.S. Department of Health and Human Services (HHS) agencies. The IOM created 10

Organizing Principles for a New Oral Health Initiative. One of these principles is to “enhance the role of non-dental health care professionals”, such as the ADHP. Additionally, the ADHP would help meet other Principles such as; emphasize disease prevention and oral health promotion, improve oral health literacy and cultural competence, reduce oral health disparities, expand oral health research and improve data collection, promote collaboration among private and public stakeholders, make progress toward short-term and long-term goals and objectives, and advance the goals and objectives of Healthy People 2020. This report speaks directly to the importance of the role of the ADHP in the quest to improve the oral health of Americans. <http://www.iom.edu/~media/Files/Report%20Files/2011/Advancing-Oral-Health-in-America/Advancing%20Oral%20Health%202011%20Report%20Brief.pdf>

In a report released in July 2011 by the IOM titled Improving Access to Oral health Care for Vulnerable and Underserved Populations, many suggestions are made that would improve access to care which the IOM determines to be a pervasive problem nationwide. The mid-level provider is addressed in the recommendation “to rely on a diverse and expanded array of providers who are competent, compensated, and authorized to provide evidence-based care”. Furthermore, when discussing creating optimal laws and regulations, the IOM suggests “state legislatures amend existing state laws to maximize access to oral health care. Changes would allow professionals to practice to the full extent of their education and training in a variety of settings and facilitate technology-based collaboration and supervision”. <http://www.iom.edu/~media/Files/Report%20Files/2011/Improving-Access-to-Oral-Health-Care-for-Vulnerable-and-Underserved-Populations/oralhealthaccess2011reportbrief.pdf>

The recommendations of the IOM, HRSA, and HHS are echoed by the Pew Center on the States. On February 29, 2012 Shelly Gehshan, Director of Pew Children’s Dental Campaign testified before the U.S. Senate Subcommittee on Primary Health and Aging to discuss dental healthcare crisis in America. Director Gehshan recommends improvements to the dental workforce that include following the IOM recommendation that states amend dental practice acts and use dental healthcare professionals to the fullest scope of their education and training. Secondly, it is reiterated that the ***IOM reviewed all available studies of new types of providers and found no quality or safety concerns.*** She states a dozen states are currently considering authorizing new types of dental practitioners to work in underserved communities.

The Connecticut Mission of Mercy is a public health event that all dental professionals look forward to attending annually. It is the opportunity to help those who need it most. Provider who has attended the CTMOM witnesses the overwhelming need for oral healthcare. Citizens begin lining up the night before to ensure they will receive attention. This event provides undeniable evidence that there is a severe problem with access to dental care in the State of Connecticut. According to CSDA; 1852 patients were treated over two days; 1599 (86% of participants!) did not have dental insurance; 227 (12%) had insurance but could not afford the deductible or co-pay to seek care elsewhere; 857 (46%) had not received dental care in over 2 years. ***Remember, CTMOM has a “one-and-done” philosophy.*** This means that the most urgent problem is identified in the triage area, that that one problem is addressed. The remaining oral health disease goes untreated following

the CTMOM. The Advanced Dental Hygiene Practitioner could have a positive impact within this population. http://cfdo.org/cfdo_documents/CTMOM%202011%20Statistics.pdf

A 2006-2007 Connecticut was one of 31 states to participate in the CDC National Oral Health Surveillance System, State Oral Health Surveys program to screen children for presence of sealants, incidence of decay, and untreated decay. Although Connecticut was tops in the country, the Department of Public Health admitted that the 40.2% rate of incidence of decay and 17.8% rate of untreated decay was high. It was found that a third of preschool children 2-5 years old had decay experience (fillings or existing decay). By the age of 8-9 years, 50% of African American and Asian and 63% of Hispanic children had decay experience. It was stated that African American, Hispanic, and Asian 3rd graders in CT were twice as likely to experience decay as White children. A table is attached to this testimony to demonstrate the work that can be done in *one* school based clinic. This work is not complete. By utilizing the skills of an ADHP, this setting would be able to further meet the needs of Connecticut's children. Through collaborative efforts, the ADHP would be able to directly connect the children with the most severe needs, beyond the scope of practice for the ADHP, to the dental professionals who can meet their needs.

<http://apps.nccd.cdc.gov/nohss/OHSurveysV.asp>
<http://www.ct.gov/dph/cwp/view.asp?Q=396338&A=3116>

A professional who becomes an ADHP will be working in public health. This work cannot be accomplished alone. It will take a team of skilled providers working together *collaboratively* to meet the needs of the masses. An ADHP is not competing for patients with private practice dentists; on the contrary, we are serving those who are unable to be treated in their offices. This is not about competition, it is about acknowledging the indisputable proof that people are suffering and as a State, we are willing to step up and address the problem.

Overwhelming ***evidence based research*** has been provided by the supporters of the ADHP provider model, research with sound methodology from the most trusted sources. Please, listen to the experts who conducted this research and vote to approve the role of the ADHP in Connecticut. Claims made by individuals that cannot be substantiated by direct hyperlinks or citations to the primary source should be held suspect. Make the well-being of Connecticut's underserved the primary objective and approve Advanced Dental Hygiene Practitioners in Connecticut.

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