

March 20, 2012

Dear Legislators,

I have been involved with Higher Education and particularly Allied Health Education for over 30 years. I am the Division Director of the Allied Health Programs at Tunxis Community College and a Professor of Dental Hygiene. I have taught courses in health care, clinical dental hygiene, oral medicine, and ethics and jurisprudence. I have presented at national conferences, addressing the need to provide clinical education while providing service to the underserved, and been involved with outreach dental programs to the community for over fifteen years.

The dental hygiene program at Tunxis Community College is unique as all of the clinic education of the dental hygiene students takes place at sites throughout the state. The program utilizes federal and state facilities, as well as, FQHCs, Federally Qualified Health Clinics. All these facilities serve the underserved, underinsured, and uninsured. There has been a shortage of dentists available to serve in many of these settings. The problem could be addressed with a midlevel practitioner, the ADHP Advanced Dental Hygiene Practitioner. This Masters Degree, midlevel practitioner would mimic the current inclusion of the Nurse Practitioner in health care; midlevel providers treating patients, freeing up the DMDs and MDs for the more advance, complicated, and invasive procedures. One of the goals of the American Dental Hygiene Association, and all health care providers, is to reduce health disparities for all our citizens. The Advance Dental Hygiene Practitioner would provide care in a *Public Health Setting* which could include: a mobile unit in a nursing home; a van in a very rural setting; or a school based dental clinic. The requirement of direct supervision would impair the ability to treat those who in many circumstances would not be treated. This midlevel dental hygiene practitioner, like the nurse practitioner, draws on a readily available, highly trained, licensed health professional who could utilize an educational ladder to advance their career.

The current proposal includes **EFDA**, Expanded Function Dental Auxiliary, which will increase efficiency and capacity in some settings, but most likely not in the areas of need. This proposal will improve the efficacy of care; it falls short as there is no licensure or registration requirement and does require supervision. The goal of EFDA is to work under the supervision of a dentist, this will most likely not create wider access to care for the underserved or uninsured. The EFDA, while commendable, is not an adequate solution for meeting the needs of this population or greatly impacting public health settings.

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