

**Legislative Testimony to the Public Health Committee
Regarding: HB 5541 Advanced Dental Hygiene Practitioner
Wednesday, March 21, 2012
Submitted by: Celeste Baranowski, RDH**

Senator Gerrentana, Representative Ritter, Senator Slossberg, Representative Lyddy and Members of the Public Health Committee,

My name is Celeste Baranowski and I am a licensed, registered dental hygienist practicing and living in Stamford, CT. Thank you for raising HB 5541 and for providing the opportunity to present testimony.

I serve as the CDHA (Connecticut Dental Hygienists' Association) Legislative Chair and I work as a Public Health Dental Hygienist and a Husky provider practicing here in Connecticut. I see and am frustrated by the need for the establishment of a dental mid level provider, daily.

I ask for your support of HB 5541. There is a proven need for this cost effective workforce model. There is Connecticut history and I ask you to help us live up to our background. Public Health Dental Hygiene has been in existence since in Bridgeport since 1913, Hartford since 1917 & Stamford since 1928. There is documentation of need and statistics to back it up the need for an Advanced Dental Hygienist Practitioner (ADHP). The ADHP is proposed to be educated at the Master's level. This safe and cost effective workforce model will be built on a licensed professional, the Registered Dental Hygienist. The legislation would be asking working, licensed dental health professionals to make an investment in education to better themselves individually, add a career step professionally and improve access for CT residents.

Millions of adults and children in the United States have inadequate access to dental care, which results in serious oral health problems. They experience, on a daily basis, untreated dental disease that causes painful, debilitating and life-threatening infections resulting in absence from school, loss of work and income, and, in the extreme, death. Expanding the oral health care workforce to include Advanced Dental Hygiene Practitioners, as proposed in HB 5541, will allow access to basic dental care for the underserved populations, which have long been neglected by traditional dentistry. Dental therapists have been providing basic dental care — preventive, restorative and minor surgical treatment — mostly for children in government-sponsored programs in more than 53 countries, beginning in New Zealand in 1923. Many independent studies have affirmed their technical quality of care and competency as equal to that of dentists within their clearly defined scope of practice. The longstanding opposition of the national and state dental associations is not warranted.

In the states where dental hygienists practice with an advanced scope, procedures are being performed now (with varying versions of the scope of practice), they are successful and utilized. There have been no problems with these models to date. The most advanced model is in Minnesota which is almost identical to the CT proposal of ADHP. A comparison chart was shared during the Program, Review and Investigation process with members of the committee and the Department of Public Health (DPH).

Over the last 6 months, the dental hygienists appointed worked diligently to follow the Program, Review & Investigation process, as requested. We went into the process in good faith. We have used similar processes through the adhoc committees of the past 10 years. We have constantly tried to be professional. The meetings highlighted for me the general lack of understanding of the unique nature of public health. Private practice is market driven, public health is not.

I am privileged to work with public health dentists, as they provide excellent dental treatment to children. However, it is always difficult to attract and retain dentists in the school-based and public programs where salaries could not compete with the private sector. As a result, there are never enough dentists to go around and sadly, too much decay can go untreated.

The Positioning of an Advanced Dental Hygiene Practitioner makes so much sense. The ADHP could be providing treatment that is routine and straightforward, freeing up time for the dentists to perform the more complex dental procedures.

According to the CT Department of Social Services, CT no longer has an access to oral health problem with more providers for children on Medicaid. This may hold true for emergency appointments and preventive appointments but there is still a challenge to COMPLETE ALL treatment for the children. We still have a backlog of children to be seen because of transportation issues, complications with family needs other than dental that affect the children keeping appointments. There is definitely a lack of providers for the Medicaid Adult population. Some wait six months to get seen for a first time appointment. The ADHP could ease this load considerably in a cost effective manner and also extend treatment to others: uninsured, families, adults, seniors and those with disabilities.

Getting a patient into treatment often requires intense case management, as many of the families we care for have complex lives and face multiple barriers to utilizing care. The ideal setting to provide services to low-income families is in schools where children are, neighborhood community clinics where families live or mobile clinics that travel to the clients. These sites reduce barriers to care. Because of budgets and funding that is scarce an Advanced Dental Hygiene Practitioner would provide an affordable alternative for non-profit public health facilities to deliver care.

The ADHP could perceivably save public health facilities money, since the salary would be approximately 38% then that of a dentist. An Advanced Dental Hygiene Practitioner could provide much of the routine dental restorative treatment in public health facilities. This is an exciting opportunity to move in a positive direction in healthcare. What has become standard in the medical profession – midlevel providers such as nurse practitioners must become a part of the dental profession.

In fact, Hartford Schools was one of the first school districts in the US to send interested school nurses to the University of Colorado in Denver to be educated as School Nurse Practitioners in the 1970's. These Nurse Practitioners became pioneers in being some of the first midlevel providers, and they began to provide critical care to Hartford's kids. While today we can barely remember the time there were no nurse practitioners, it was revolutionary at the time this first happened.

In an age when the cost of healthcare is at a national crisis stage, it is simply common sense to be able to use the most cost-effective methods of providing such care. The 38% cost differential discussed above would offer substantial savings. Midlevel providers make sense and needs to happen in dentistry just as it did in medicine. Connecticut should become a leader in the United States to improve quality and access to dental care, as was done back in 1913.

The proposed ADHP certification is extensive. The universities that offer the ADHP Masters and certification have a comprehensive model to work from. It is time to propose a safe and cost effective workforce model that will provide access to oral healthcare for Connecticut citizens.

House Bill 5541 (ADHP) is timely and will expand access to care, by adding another workforce model within the dental team. What better way to do this than expand the education and the role of an already licensed, registered dental hygienist. Our citizens need these services now.

Much like the APRN in medicine, the ADHP will become an integral part of the dental health team. It took the APRN 30 years to come into existence and now most of us see this integral part of the medical team.

Dental Hygienists have taken pharmacology as part of our RDH education and licensure. More extensive pharmacology education will be provided in the ADHP curriculum. The curriculum thoroughly covers all proposed competencies.

Dental Hygienists can currently obtain NPI (National Provider Identification) numbers and most dental hygienists working in Public Health Settings presently have NPI numbers and provide Husky services in CT. The ADHP will obtain and be issued NPI numbers as part of the certification.

The PEW Foundation reports rated Connecticut for its delivery of oral health care. Dental Hygienists were an integral part in delivering this care. The report showed CT lacked in only one area, restorative care, which can only be performed by a dentist. This shows the need for the ADHP workforce model to be added to the dental health team in Connecticut to augment the dentists' efforts.

I support the establishment of An Advanced Dental Hygiene Practitioner (ADHP). There are other proposed solutions for improving access to care. However, none are based on the education and training of an already licensed, dental professional. *Why reinvent the wheel* when the ADHP would be a cost effective addition to the dental team. According to the Kellogg Foundation 76% of Americans surveyed support educational training of midlevel dental providers.

It's time for CT to look toward the future to help serve the citizens in our state sooner, by providers who are appropriately educated and trained and in areas that are reachable.

I would be happy to discuss HB 5541 further and hope we can expect your support in delivering more access to dental health care for the citizens of Connecticut.

In closing, the evidence is overwhelming that there presently exists a shortage of dentists in the United States as a whole; the shortage is increasing; there is an oral health care crisis that cannot be alleviated by the current system; and the development and use of mid level providers is a safe, logical, and economical addition to the dental workforce to serve the underserved population.

Please support HB 5541.

Sincerely,

Celeste Baranowski, RDH
9 Amherst Place
Stamford, CT 06902
203.322.9917 cmbrdh@gmail.com