

Legislative Testimony
Public Health Committee
HB 5541 AAC SERVICES PROVIDED BY DENTAL
PROFESSIONALS AND CERTIFICATION FOR ADVANCED DENTAL
HYGIENE PRACTITIONERS
Wednesday March 21, 2012
ALBERT A. Natelli Jr., DDS

Senator Gerratana, Representative Ritter and members of the Public Health Committee;

My name is Dr. Al Natelli and I have been practicing dentistry for more than 17 years in the town of Southington, Connecticut. In addition, for the record let me say that I am also a part time volunteer instructor of dentistry at the University Of Connecticut School Of Dental Medicine and a Town Councilor in the Town of Southington, "The City of Progress". I thank you for the opportunity to present this written testimony to you regarding Raised Bill 5541. In addition, please permit me to note that my testimony here reflects my individual opinion and not the opinion or position of any entity.

I honestly thought after the Scope of Practice Bill was passed during the 2011 legislative session that there would finally be a fair and even handed process for all plans and ideas to be vetted, dissected and discussed, resulting in what would work best in our state; a best solution, similar to a best practices method process. My understanding based on reading the three scope reports written by the Department of Public Health and submitted to this committee was that two of the three proposals, allowing hygienists to perform interim therapeutic restorations (ITR) and allowing hygienists and dental assistants to become Expanded Function Dental Auxilliaries (EFDA) received a very favorable outcome and were widely accepted as having shown value in providing a career ladder for the professions concerned, and impacting access utilization in a fairly quick and efficient manner. The report on the Advanced Dental Hygiene Proposal (ADHP) suggested to me that there was never a shred of data provided to support any of the various claims made by the proponents. This is how I interpreted the reports which I assume you have all read as well.

As a Town Councilor, reading this bill I found it interesting that the ADHP proposal is at the forefront again. For the past several legislative sessions similar proposals have been defeated handily for a variety of reasons mainly because legislators simply did not see the wisdom in them. I am very concerned about three things, the economics behind this bill, the potential scope of practice issues that it may initiate and finally how will this be funded for educational purposes and by whom?

There are unfunded mandates that need to be looked at; programs that may need to be cut or eliminated to save money, educational cost sharing shortfalls, infrastructures that need fixing, jobs to be created, and this bill has us spending time again on a proposed "mid-level" dental model that does not exist anywhere in the U.S.(yes, there is an Advanced Dental Therapist in MN but it is VERY different from this proposal) and to the best of my knowledge anywhere in the world. We need to be looking at ways to save money. Allowing hygienists to perform ITR and allowing hygienists and dental assistants to become EFDAs are cost efficient...ADHP's I assume would make more than a hygienist currently does (on average in CT about \$80,000 when you include benefits). If you were to support the ADHP proposal I am at a loss of how I would explain this to my town as we cut funding for essential services.

In the past, legislators have reprimanded dentists and dentistry as "protecting its turf"; I know because one of my legislators told me this and said dentistry needs to come up with solutions to the access to care problem. What you may not be aware of is that in 2006 the dentists, hygienists and dental assistants were "invited" to spend the summer together in DPH mediation in an effort to find some common ground as it related to scope of practice for the dental profession. All three professions at the end of the summer agreed to support EFDAs which exists in over 30 states for close to 40 years and has proven to be a safe and effective addition to the dental team. However, a legislator then inserted them self into the equation and told the participants in the mediation as well as the DPH that the only way EFDA legislation would be allowed to move forward in the Public Health Committee would be if it was "tied" to ADHP. This essentially killed the EFDA proposal

Over the last three plus years the number of dental providers in the Husky/Medicaid program increased from 150 providers to over 1,300, and you can include me as one of them. Legislators asked dentists to step up and we did. This has resulted in the following, there is no longer an "access to care problem" as the data from Dr. Donna Balanski of the Department of Social Services. Dentists enrolled in record numbers to serve this great state and its citizens. In 2010 AND in 2011 the PEW Charitable Trust awarded Connecticut an "A" grade for its delivery of oral health care (only six states received an A). The delievery of and access to oral health in CT is lauded nationally.

Finally I would like to compare my education with the ADHP. I went to college for four years, dental school for four years, and then a one year general practice residency to hone what I learned in dental school, and then a fellowship at a second hospital again to get more advanced training to be a better dentist to better my serve patients. The ADHP, as proposed, would essentially do everything that I do, and only with a Master's degree. Why should kids interested in dentistry and providing safe, high quality oral health care to our children and neighbors bother to go to dental school if all they need is a Master's degree?

In closing, I would like to again thank the Committee for allowing me to testify before you today and would be happy to make myself available anytime should you have questions.

Very truly yours,

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