

Legislative Testimony
Public Health Committee
HB5541 AAC Services Provided by Dental Professionals and Certification for Advanced Dental
Hygiene Practitioner
Wednesday, March 21st, 2012
Jeff RosowDMD

Senator Gerratana, Representative Ritter and members of the Public Health committee, I'm Dr. Jeff Rosow, the dental director at Connecticut Valley Hospital- a state hospital serving psychiatric and substance abuse clients. I have been working as a full time dentist at CVH for the last 31 yrs, and am presently the only dentist employed by the Department of Mental Health and Addiction Services. Access to care is a tremendous problem for many of my patients once they leave the hospital, and I'm extremely grateful that there has been a much greater focus on the access issue over the last several years. Personally, through my work with Mission of Mercy, and various committees that I serve on in the CSDA, including access to care, I'm extremely committed to educating myself and helping to find viable solutions to this problem. I must state that I'm testifying as an independent dentist and not as a representative of the Department of Mental Health and Addiction services. I thank you for the opportunity to present this testimony to you in opposition to HB 5541 as presently written.

I would like to mention up front, that as a product of the Department of Public Health's scope of practice process, for which my professional organization supported, I am in support of allowing hygienists to perform Interim Therapeutic Restorations (IRT) as referenced briefly in line 223 of this bill, and for allowing hygienists and dental assistants to become Expanded Function Dental Auxiliaries which is in section 2 of this bill. These are competencies and roles that numerous states already allow for and could have an immediate impact on access and utilization. However, I am opposed to sections 3 through 6 which attempt to create an "Advance Level Dental Hygiene Practitioner". I think the age of a mid-level practitioner has arrived, but based on volumes of materials I've read, and debates I've heard, feel there may be better models and approaches than the ADHP proposal that's on the table. I'm confident; this will be addressed in some of the other testimonies. The primary reason I'm submitting this testimony, is my discomfort with what I feel is an extremely unfair process of coupling both the scope of practice of an Advance Dental Hygiene Practitioner with the scope of practice of an Expanded Function Dental Assistant, in this one bill. This came as a total surprise to the various parties involved (the CSDA and CDAA, not sure about the CDHA), and appears on the surface to be hypocritical, and biased since each of these very different proposals aren't able to be debated, evaluated, and voted on according to their merits, and short comings, independent of each other. If access to care is truly the issue and not a political ploy to increase the scope of practice for a group or groups of providers at any cost, these separate areas should not be put under the heading of one bill. Especially since any of them, if put into effect, will revolutionize the way dental services are provided in Connecticut. If the arguments are strong enough for one and not the other, why deprive the underserved public of all of them? If ADHP, which is a new concept, can't stand on its own ground, coupling it with EFDA which has been successful for many years in I believe 32 states, speaks volumes as to both the insecurity of the ADHP model, and possible use of political arm twisting that should not be tolerated. The fact that it was done behind the backs of both the CSDA and CDA with such little respect for the members of each of those associations who worked so hard on this bill is appalling. I honestly can see both sides of the debate for both of these proposals, and I'm sure the discussion on this bill will be a very interesting and lively one. I'm just very disgusted and frustrated at what appears to be a very manipulative process through the Public Health Committee. In the executive summary of the Department of Public Health's report to the general assembly on the ADHP, EFDA, and IRT scope of practice issues in speaking about the process I quote ". The Department made a decision to combine the scope of practice review committees due to the complexity of the issues and because the impacted parties are the same for all of the requests. The decision to combine the committees was

supported by scope of practice review committee members. **A separate report, however, is being submitted for each of the scope of practice requests as the issues are very distinct.** If the department of health who helped formulate this bill, and reported as such, felt the issues were distinct enough to submit a separate report on each of them, it baffles me and looks very suspicious on the surface that it was made into a one bill fits all approach. I urge all of you on the committee as representatives of the people, Connecticut citizens, and hopefully decent human beings, to do what's necessary to correct this, instead of playing what could appear to be reprehensible, self-serving, political games under the guise of access to care for so many deserving and underserved populations. Ideally, these three proposals should have stood alone. Since that's not possible now, I'd like to suggest the bill be amended leaving ADHP out and keeping the other proposals that have shown to have broad, and wide, support in increasing utilization in a safe and effective way, so at least we can move forward as we should have done the last time these bills were addressed, and the same tactics were used. If this is done, I am very empathetic to those that have worked so hard on the ADHP portion, but I feel it still needs to be investigated, further tweaked, and possibly having a real pilot study done as to how effective it would be in Connecticut compared to other models. It would also give us more time to evaluate data from Michigan where it is first starting to be used, as to its effectiveness there, and make a more educated decision before committing to this model here in Connecticut.

In closing, I would like to again respectfully thank the members of the Public Health committee for allowing me to submit this testimony and would urge you to oppose this bill as written, and consider my suggestions for amending it prior to moving on through the legislative process. If you should have any questions I will do my best to make myself available at your convenience.

Sincerely,

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