

Legislative Testimony
Public Health Committee
HB5541 AAC Services Provided by Dental Professionals
and Certification for Advanced Dental Hygiene Practitioner
Wednesday, March 21st, 2012
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Senator Gerratana, Representative Ritter and members of the Public Health committee, my name is Mark Desrosiers and I have been practicing dentistry initially as a general dentist, in Putnam for 16 years, and now as an Endodontist in West Hartford and Glastonbury. I have volunteered at the annual CT-Mission of Mercy for 2 years, and am one of the +1,300 dentists who provide services to the CT Dental Health Partnership (formerly known as HUSKY). I thank you for the opportunity to present this written testimony to you in opposition to HB 5541.

Prior to this legislative session the Connecticut State Dental Association (CSDA) invited other organizations to collaborate in creating legislation that would further the dental health of citizens in Connecticut. The organizations that participated included: Connecticut State Dental Association, Connecticut Dental Hygiene Association, Connecticut Dental Assistants Association, Connecticut Oral Health Initiative (COHI), Connecticut Voices for Children, and the PEW Charitable Trust which participated via phone. As a result of our collaboration all organizations except the Connecticut Dental Hygiene Association agreed that supporting Interim Therapeutic Restorations (ITR) and Expanded Function Dental Auxiliaries (EFDA) would help to improve the dental health of Connecticut's citizens. We then worked together and within the Department of Public Health's scope of practice process to promote these issues. We provided evidence to support the proven track record of these competencies in many other states. These two initiatives could have an immediate impact on access and utilization with little cost, unlike the ADHP portion, which is costly, would take years to implement, and there is no evidence to support the notion that it would have any effect on access or utilization.

In reading HB 5541 it is clear that the author is promoting an Advanced Dental Hygiene Practitioner. While I support ITR and EFDA I do not support ADHP.

Many proponents of ADHP tout it as similar to nurse practitioners. There are many reasons why this is not true. In medicine 70-80% of physicians are specialists whereas in dentistry 70-80% is primary care generalists! In medicine the nurse practitioner model was implemented to assist primary care physicians in delivering basic care. The need was there due to the small percentage of primary care physicians. In Connecticut we have no access problem as evidenced by the data supplied to the DPH by the Department of Social Services during the scope process. The DPH scope report on ADHP to the Public Health committee concludes: **Data provided by the Department of Social Services (DSS) suggests that access is no longer an issue for the Connecticut Medicaid population; utilization is the problem.**

Additionally there are new dental schools being built across our country with one right here in New England. So the number of dentists able to provide all dental services is increasing.

The Commission On Dental Accreditation (CODA) accredits all dental schools and other institutions providing instruction in the dental field. CODA consists of dentists, assistants,

hygienists, laboratory representatives and public members. CODA is recognized by the United States Department of Education, which has a very stringent conflict of interest policy. Their intent is to make independent decisions, which are in the best interest of the public and students without undue influence from outside sources. **Why do ADHP proponents seek to bypass accreditation through CODA and instead create their own self-accreditation process?** Allowing the curriculum to be created by the American Dental Hygienists' Association is bypassing the very agency that accredits every other dental education program including dental hygiene! Would you be comfortable talking to your constituents after creating a situation like this?

The Connecticut State Dental Association (CSDA) followed the process established legislatively in regards to changes in scope of practice. Along with other collaborative groups we promoted ITR and EFDA. The Department of Public Health (DPH) followed the process and created reports that were supportive of ITR and EFDA and cautious concerning ADHP. **HB 5541 appears to contradict the recommendations made by our own DPH. I certainly want to express my frustration with the author of HB5541. They apparently chose to ignore the many facts presented in these reports.**

I urge you to separate the issues in this bill, and to support ITR and EFDA, and oppose ADHP. If this cannot or will not be done then please vote in opposition to HB 5541. Thank you for your time.

Sincerely,

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