

**Legislative Testimony**  
**Public Health Committee**  
**HB5541 AAC Services Provided by Dental Professionals and Certification for**  
**Advanced Dental Hygiene Practitioner**  
**Wednesday, March 21<sup>st</sup>, 2012**  
**Peter J. M. Peterson, DMD, MSD**

Senator Gerratana, Representative Ritter and members of the Public Health committee, my name is Peter Peterson and I am a dentist with offices in Simsbury, Avon and Farmington. I am writing to you to oppose HB 5541. I am a past –president of the Hartford Dental Society and a past-president of the Connecticut Society of Periodontists. I donate my time one day a month to teach and supervise the General Practice Residents at St. Francis Hospital. I thank you for the opportunity to present this written testimony to you in opposition to HB 5541.

With the increase in Medicaid providers to over 1300 dentists, the Department of Social Services has testified that there is no access to care issue for children in the state of Connecticut. Utilization of available services is still the issue, even though we have some of the highest utilization rates in the country due to the success of the CT Health Partnership Program. To add another provider, the Advanced Dental Hygiene Practitioner, at a time when it has been proven that this is not the issue is problematic. The ADHP does not exist anywhere in the world. It is an untested and unproven model. Neither Pew nor Kellogg support the ADHP model, and it is extremely important to note that other states have studied alternative dental care delivery models and have incorporated mid-level providers, but none have incorporated the ADHP model. Merely creating a new model of mid-level provider will not necessarily improve access to care, but it will bring additional costs to the state. Presently there is no organization to accredit the training institutions, no certifying body to test the competency of these providers, and it would require the creation of a division within the Department of Public Health to license and monitor these providers. Certifying a new mid-level provider without any studies to document the effectiveness of this provider compared to other mid-level providers is irresponsible.

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.

Sincerely,  
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**Wednesday, March 21<sup>st</sup>, 2012**  
**Scott Bialik, D.D.S.**

Dear Senator Gerratana, Representative Ritter, Senator Welch, Representative Perillo & Members of the Public Health Committee, my name is Scott Bialik and I wish to thank you for this opportunity to testify.

I request you oppose HB 5541, ***AN ACT CONCERNING SERVICES PROVIDED BY DENTAL PROFESSIONALS AND CERTIFICATION FOR ADVANCED DENTAL HYGIENE PRACTITIONERS.***

I am a Pediatric Dentist practicing in Brookfield Connecticut, and have been doing so since 1997. I have in the past served as a clinical instructor at Danbury Hospital and at Yale New Haven's Children's Hospital. I am a member of the CT State Dental Association (CSDA), past President of the Greater Danbury Dental Society, a member and past President of the CT Society of Pediatric Dentistry (CSPD), a member of the CT Chapter of the American Academy of Pediatrics (CTAAP), and am a Board member of the CT Oral Health Initiative (COHI).

I have been in support of and involved with the advancement that has occurred in our Medicaid System and serve on multiple committees within the DSS.

To date I personally have treated and continue to take care of the needs of over 1500 Medicaid eligible patients. Every day my office accepts new patients. Since the combined efforts of the CSDA, CSPD, and other professional organizations, that coalition has encouraged more than 1300 dentists to sign up and treat the needs of our Medicaid population. Connecticut dentists have stepped up to the plate, and have registered in record numbers to become Husky providers. Four years ago there were merely 150 Dentists Providers in the system. We have demonstrated that this partnership between the state and dentists does work to increase access to care.

Connecticut was one of only six states to recently receive an A rating from the Pew Foundation in a study of state dental policies for children. The increase in reimbursement in CT has been made into a model for other states to follow to help increase their access issues.

The latest report from the Department of Social Services stated:

- **Connecticut is one of the leaders in the country for providing dental visits – utilization has increased by more than 57% since the carve out in 2008 and now is equal to and in some instances greater than that of Private Insurance utilization.**
- **99.4% of children on Medicaid have access to at least two providers within 10 miles of their home.**
- **No Child in Connecticut waits more than 24 hours with a dental emergency.**
- **More than 90% of Medicaid providers are accepting new patients.**

- **772 office locations around the State participate and every major Medicaid population center has an adequate number of providers who continue to accept new patients**
- **100% success rate in finding an available provider when an appointment is requested**

Problems with the new dental provider suggested in this bill were outlined in: “Report to the General Assembly: An Act Concerning the Department of Public Health’s Oversight Responsibilities relating to Scope of Practice Determinations: Scope of Practice Review Committee Report on Advanced Dental Hygiene Practitioners”

- “Although the CDHA has been clear that they are not looking for independent practice, the proposed scope of practice and collaborative practice agreements that would allow ADHPs to perform irreversible procedures with minimal to no supervision by a licensed dentist raises significant concerns for opponents of the ADHP model.” (Page 4 & 14)
- The ADHP model has also been compared to the Advanced Practice Registered Nurse (APRN); however there is still no national certification program for ADHP including competency examinations akin to those established for the APRN. The absence of a nationally accredited education and training program raises additional concerns “ (Page 4 & 14)
- Data provided by the Department of Social Services (DSS) suggests that access is no longer an issue for the Connecticut Medicaid population” (Page 4)

In the New York Times, on March 6<sup>th</sup>, there was an article entitled, “Preschoolers in Surgery for a Mouthful of Cavities.” Essentially it was determined that there needs to be more qualified & trained Pediatric Dentists to treat children.

Pediatric Dentistry is a specialty within dentistry where these dentists continue on for an additional 2 to 3 years of training after traditional Dental School. This bill suggests that a hygienist, who has done 2 years of training, will be as qualified as a Dentist who has completed 4 (four) years of Dental School, and then completed an additional 2 to 3 years of training. Also there would be no supervision of these individuals by a Dentist. Yes, I understand that there is a requirement for the “ADHP” to have a “collaborative management agreement” with a willing dentist but I assure you that these are not the same.

I want to ask you a question and further ask that you be completely honest when answering this to yourself. Understanding the educational, training and experience differences between a dentist and an “ADHP” who would you want your child to see? If you choose the dentist why should anyone else have to make that choice?

There is an old saying in Dentistry, 20% of the population has 80% of the decay. The Medicaid population consists of those with that high level of decay. This is without a doubt the most difficult and medically compromised segment of our society. They need providers that are better educated and trained to deal with needs like theirs, not less educated and under trained individuals.

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