

Bonhomme, Penny

From: Sharon Efron [sgredancer@yahoo.com]
Sent: Friday, March 16, 2012 10:31 AM
To: PHC Testimony
Cc: Rep. Tercyak, Peter
Subject: The ADHP bill HB 5541 Bill #6
Attachments: 2012_3_15_CT_ADHP_Legislative_Talking_Points_CMB.doc

Hello, My name is Sharon Efron, RDH. I am a Registered Dental Hygienist, licensed in West Hartford, Connecticut. I would like you to support, on my behalf, legislation to establish the Advanced Dental Hygiene Practitioner. The ADHP will add a new member to the dental team to deliver care to the underserved in Connecticut. Access to dental services necessary to maintain optimal oral health, which is an integral component of total health, can increase with the creation of a midlevel practitioner like the ADHP. Please support the Advanced Dental Hygiene Practitioner. This proposal will make it possible for thousands of underserved patients who cannot obtain care, to receive needed dental care. This type of midlevel provider, akin to the APRN (nurse practitioner) is the way of the future and as you know CT is the Origin of Dental Hygiene - Bridgeport 1913. We will be celebrating the 100th year, next May.

More Information:

Unfortunately, the opponents in CT are disseminating inaccurate information. Below is the truth,

- The curriculum proposed follows the ADHA (American Dental Hygienists' Association) guidelines and is comparable to the model used in Minnesota called the Advanced Dental Therapist (ADT). Comparison charts were provided to Department of Public Health during the Program, Review & Investigation process over the last 6 months.
- There are 11 states that have advanced dental hygienists.
- There is a difficulty recruiting and retaining dentists to provide restorative services in public health settings. The dental hygienist

provides preventive oral health care directly to patients in public health settings. The mid-level, Advanced Dental Hygiene Practitioner (ADHP) will increase the care to underserved populations, by increasing the capacity of programs to provide preventive and restorative services in a cost effective manner.

- The ADHP will work as part of an interdisciplinary health team, in collaboration with dentists, dental hygienists, dental assistants and other healthcare professionals to deliver services.
- The ADHP is not proposed to replace any member of the dental team. The ADHP will supplement the ability of the existing dental workforce to provide expanded oral healthcare, in public health settings.
- The education proposed for ADHP for each separate competency is comparable to the education and training received in dental school for each competency, and would be more than adequate. However, the ADHP will not be doing as many competencies as they would if attending dental school. Thereby the term midlevel provider.
- Registered Dental Hygienists (RDH) provide primary preventive care. The ADHP will provide secondary preventive care.
- A public health program's ability to increase treatment time efficiently reduces the barriers to care that patient's experience such as lack of transportation, time away from work or school and costs. It is reported that children on Medicaid live within 10 miles of at least two dental providers. 10 miles is a huge barrier. This report only speaks to children, what about their families, seniors, adults and those with disabilities.
- Increased capacity reduces wait times for patient appointments and allows for early intervention of problems that can lead to more costly treatment.
- Coordination with other dental, medical and social service providers allows for maintenance of individual quality care and enhances the social impact of the public's health; producing positive and rewarding outcomes.
- The proposal provides for competency exams, maintenance of continuing education and certification. Although, we asked for license.
- The cost to the state for certification or

Licensing, regulation and oversight will be insignificant and actually might bring added income to the state, as it is proposed that each advanced dental hygiene practitioner would pay a yearly certification fee of \$200. In addition to our current \$100 dental hygiene license fee.

- The proposed expanded function dental auxiliary is not based on a licensed provider and cannot work in public health settings without the supervision of a dentist. Since there is difficulty recruiting and retaining dentists to provide restorative services in public health settings; this auxiliary might increase efficiency and capacity, but would not increase access.

- While, there may be room for both the ADHP midlevel provider and the expanded function auxiliary; the ADHP is the more comprehensive choice and will create wider access and utilization for health care.

Thank you for your consideration!

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Registered Dental Hygienists Celebrating 100 Years of Dental Hygiene in 2013

ADHP Fact Sheet

The ADHP (Advanced Dental Hygiene Practitioner) will create wider access and utilization for health care.

We all know there is an (a)

- Access to oral health care crisis in the U.S.
 - **CT utilization remains low because barriers exist**
 - Transportation (providers are 5 – 20 miles of patients homes)
 - Time away from work & school
 - Most severe for adults, seniors, uninsured
 - Shortage of dentists
 - Maldistribution of dentists
 - Heightened awareness for the need for a “mid-level practitioner”
 - Compliments ADHA’s commitment to resolve health care disparities
- In CT: Dental hygienists provide services listed in the state’s DH practice act **without the supervision of dentist in public health settings.**

The ADHP will.....

- Provide **primary and secondary preventive oral health care.**
- Be built on the **scientific knowledge and evidence based skills founded in prevention** based on the philosophy of a visionary dentist, Dr. Alfred C. Fones in **Bridgeport, CT in 1913**
- Be competent in working with **populations with special needs.**
- Be able to evaluate oral health needs of **populations with limited access to care.**
- Develop, implement and monitor **oral health care programs** for at risk populations.
- Participate as a member of a comprehensive health care **team** to:
 - Improve oral health for all
 - Address oral health as an integral part of general health
 - Develop a unified strategy for oral health improvement
 - Promote the social value of oral health
 - **Provide cost effective solutions in public health setting**
- The ADHP (Advanced Dental Hygiene Practitioner) will be **built upon the knowledge and skills of the RDH (Registered Dental Hygienist)** ... just as ...
- The nurse practitioner (APRN) was built upon knowledge and skills of the PH nurse and
- answered the **need for cost-efficient, easily accessible primary health care** in rural, underserved areas

The ADHP, as a midlevel provider, will help to overcome many barriers to health care; Financial -- Transportation -- Special Needs -- Age -- Cultural -- Access to Providers -- Education

Part of the proposal includes **EFDA (Expanded Function Dental Auxiliary)** while they may increase efficiency and capacity, they are not licensed and only able to work under the supervision of a dentist, which will not create wider access and utilization for health care and thereby **is not an adequate solution for meeting the needs of or greatly impacting public health settings.**

The ADHP (Advanced Dental Hygiene Practitioner) will create wider access and utilization for health care.