

Legislative Testimony
Public Health Committee
HB 6589 AA Establishing A Task Force To Study The Scope Of Practice For Dental
Hygienists
Wednesday, March 20th, 2013
John J. Mooney, D.M.D.

Senator Gerratana, Representative Johnson and members of the Public Health Committee, my name is Dr. John Mooney. I have practiced dentistry in the town of Putnam since 1989, I am the Chair of the CSDA Access to Care Committee, I am a HUSKY provider for over 700 adults and children, I have participated with Generations an FQHC in a private practice partnership, I serve on the Connecticut Dental Health Partnership Provider Relations Board and serve on the Connecticut Mission of Mercy Steering Committee. I thank you for the opportunity to provide testimony to you in opposition to House Bill 6589, An Act Establishing a Task Force to Study the Scope of Practice for Dental Hygienists.

As Chair of the CSDA Access to Care Committee I charged our Committee to have a data driven, evidence based approach when assessing whether or not a proposed solution would impact Access in our state. We were to operate in the best interests of the patients and not be concerned with "turf protection" of the profession. Based on this approach we recommended that the easiest most cost efficient way to impact access was to first try to maximize the current dental workforce capacity. The mechanism to achieve this was the settlement of the Medicaid lawsuit which moderately raised fees and streamlined the dental claims process. Our Committee also extensively studied and evaluated the various workforce permutations that exist worldwide and made recommendations to the CSDA based on evidence, not emotion.

What has transpired since the settlement of the Dental Medicaid lawsuit in our state is nothing short of spectacular and has become a national model for the Center of Medicaid Services. You all have a copy of the recent Connecticut Health Foundation Report. A modest fee increase, and a successful recruiting effort by the CSDA and CTDHP has produced over 1500 providers, has insured that no child who's in pain has to wait more than 24 hours for treatment, has insured that waiting times for routine appointments are equal to those patients with the ability to pay for treatment and has produced two extremely important results. First child utilization rates are at 70% which exceeds that of private paying patients. Secondly, the amounts of restorative services versus the amount prophylaxis (cleaning) services are almost equal while total expenditures have remained the same. In short, overall oral health of the Medicaid population is improving, costs are controlled both of which are unique experiences in the Medicaid system

The aforementioned data, coupled with an adequate provider base (over 70% of practicing dentists are general practitioners) makes the study of an additional provider superfluous at this point in time. Additionally you have at your disposal the results of the last scope review for hygienist's which was done just last year.

In closing I do understand that some newer Committee members may not be fully up to date on this issue and wanted a study to fully understand it. I hope that those Committee members now fully understand that what they asked for has already been done. Furthermore what legislators asked the profession of dentistry to do several years ago regarding Medicaid services has and continues to be done. I strongly urge that you oppose this bill and any other attempt to add ADHP to another bill. The patients of Connecticut deserve to be treated by the states adequate supply of dentists.

Sincerely,
John J Mooney, DMD
227 Pomfret St
Putnam, CT 06260
860-963-7676
john.mooney.dmd01@snet.net