

Testimony of Sheila O'Connor Miehms RDH, MS

Testimony to the Connecticut General Assembly, Public Health Committee

In opposition to S.B. No. 993

An Act Concerning Dental Assistants and Expanded Function Dental Auxiliary (EFDA).

March 13, 2013

Senator Gerrantana, Representative Johnson and Members of the Public Health Committee

I would like to share my unique perspective of my work as an Advanced Dental Hygiene Practitioner. Following my graduation from an Associate Degree Dental Hygiene program in 1975, I enrolled in an experimental program at the University of Kentucky in which we were referred to as "Expanded Duty" Dental Hygienists. This year long program took graduate hygienists beyond our education to fill the gap between the dental hygienist and dentists scopes. We were instructed in pediatric cavity preparation ("drilling" for the uninitiated) local anesthesia, and restoration (filling) placement. This program had both didactic (books) and clinical components and participants were evaluated at the end of the program utilizing what was known at the time as Project A.C.O.R.D.E., an acronym for the standardized program "A consortium on restorative dentistry education." All these years later I can recall the logic of the program; taking clinically trained and educated auxiliaries and arming them with the skills to provide for underserved populations. This was the thrust of the "experiment" at that time: anticipating the manpower that would be necessary to take care of underserved populations. I was able to put my acquired skills to use in unlikely places; northern Canada and the Arctic. For four years I worked with yet another title, this time we were referred to as "Dental Therapists." We provided care to Indian and Inuit residents of isolated communities in Canada. Health and Welfare Canada was aware of the Kentucky program and recruited the well- educated and adventurous women from the program to use the skills we had acquired. What started out as an adventure proved to be an education in just how well an individual such as an Advanced Dental Hygiene practitioner can fit into a plan to provide care to our neediest populations. Our target populations in these Indian and Inuit communities were school children, with our clinics set up in the schools themselves. Our equipment was military style and portable, amazing in its efficiency and ability to withstand being thrown on and off of bush planes. We methodically worked our way through the classes, providing both preventive and restorative care where none had been available. Our continued presence in the schools created a dental literacy that is often lacking among those whose care is sporadic and of the pain-relieving variety. My four years of working in this capacity has resonance today; for the last fifteen years I have worked with a much less isolated but just as needful population: the Hartford Public School children. My contribution to their dental health has been valuable, my contribution as an Advanced Dental Hygiene practitioner would have addressed many more unmet treatment needs.

Following my experience to the north, I went on to obtain a bachelor's degree in Health Education, followed by a Master of Science in Dental Hygiene. From a clinical, educational and philosophical perspective I urge you to support this bill.

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