Legislative Testimony to the Public Health Committee
SB No. 993 An Act Concerning Dental Assistants and Expanded Function Dental Auxiliary
Public Health Committee
Friday, March 15, 2013

Please Support SB No. Bill 993 – An Act Concerning Dental Assistants and Expanded Function Dental Auxiliary with no amendment.

My name is Gary Jacobs. I am a Certified Dental Assistant and Registered Dental Hygienist with over 30 years of experience between private practice and as an educator in Allied Dental Programs. My position as an educator has included service to dental assisting and dental hygiene allied health programs. However, I am here to represent the Connecticut Dental Assistants Association (CTDAA) as the current CTDAA President and speak on behalf of dental assistants who practice across the state in dental offices and public health facilities.

During the past several years, members of the CDAA have worked very hard with professionals at the Department of Public Health (DPH) and many dental professionals to develop a legislative proposal to allow dental assistants to receive the appropriate education and training to provide more high-quality dental services to more people across Connecticut. The Connecticut Department of Public Health's Report to the General Assembly dated February 1, 2012 states "EFDAs have been in place in several other states for many years and proven to be an effective tool in enhancing access to care." "EFDAs are able to support the dental team in providing care to patients, especially the underserved." Additional written support has been provided by the American Academy of Pediatric Dentistry; the Connecticut Society of Pediatric Dentists; the Connecticut Association of Endodontists; and the Connecticut State Dental Association.

Expanded Function Dental Auxiliary is a viable and proven work substitution model to help in the oral health needs of citizens. The US Military has used such models for over 40 years and EFDA legislation has been successfully practiced in states for over 30 years. There are currently over 40 States that have enacted some form of EFDA legislation and this includes many of our regional States such as Massachusetts, Maine, Vermont, New Hampshire, New Jersey, and Pennsylvania.
We thank the members of the Legislature’s Public Health Committee for raising **SB No. 993 An Act Concerning Dental Assisting and Expanded Function Dental Auxiliary.**

For your consideration, the following are additional **reasons to support SB No. 993 An Act Concerning Dental Assisting and Expanded Function Dental Auxiliary with no amendments.**

**The increased capacity to provide needed dental services through Expanded Functions Dental Auxiliary laws could only have a positive impact on the citizens most in need.**

- The implementation of EFDAs at places such as the Department of Mental Health and Addiction Services; the Department of Children and Family Services; the Department of Corrections; the Department of Developmental Services; the UCONN School of Dental Medicine; and the Connecticut Valley Hospital can improve capacity for public care by providing practitioners with more time to treat currently underserved populations to include the elderly, special needs, and Medicaid recipients.
- EFDA utilization can improve efficiency in delivery of dental care in non-profit settings.
- As stated in *Every Smile Counts: The Oral Health of Connecticut's Children* in the December 2007 Connecticut Department of Health report, in 1996, children between 5 and 17 years of age missed 1,611,000 school days due to acute dental problems. Utilization of EFDAs in school based clinics under the direct supervision of a dentist and/or dental hygienist can provide needed dental care in an effective manner by making care accessible. Eliminating the need for reappointments and travel/transportation barriers to care.

**The Expanded Functions Dental Auxiliary helps meet labor market needs in allied dental personnel.**

- The Connecticut Department of Labor 2002-2012 statistics projected 154 annual openings for the dental assisting profession with 57 of these positions attributed to annual growth. Ninety Seven annual openings can be attributed to turnover of employed dental assistants. This shortfall in the dental assistant workforce is expected to worsen based upon the Connecticut Department of Labor projections for 2008-2018 to include a growth rate of 22.7% with an annual job opening rate of 146 positions. This dental assisting workforce shortage is a National trend that has already been addressed by most states and the American Dental Assistants Association/Dental Assisting National Board (ADAA/DANB) through their 2005 National Model.
- Provides a career ladder for retention of dental assistants and new employment opportunities.
- EFDA legislation is consistent with the ADAA/DANB National Model to address our State's workforce needs in providing adequate dental services to our citizens.
• EFDA law is a proven cost effective means to increase utilization capacity through efficient training of an already existing underutilized workforce.
• The labor substitution model through EFDA law has been proven in over 40 states and in practice in some states such as Ohio for over 30 years.
• EFDAS have also been utilized by the US Military for approximately 40 years. The United States Dental Command (DENCOM) studies "showed productivity increases of between 92% and 155% over baseline."

Increase in public safety

• Expanded Functions Dental Auxiliaries would first be required to become Certified Dental Assistants through the Dental Assisting National Board. EFDAs would have to be certified in Infection Control, Radiation Health and Safety, and General Chairside skills that are not currently mandated.
• As CDAs, Expanded Functions Dental Auxiliaries would be mandated to lifelong learning (12 continuing dental education credits per year and hold a current DANB-accepted CPR certification) in order to maintain their CDA and EFDA certification status.
• Written examinations for Expanded Functions Dental Auxiliary certification will also be provided by the Dental Assisting National Board.
• EFDA education programs will be required to have a minimum number of classroom, laboratory, and clinical training hours and provide for competency for each task at the laboratory and clinical levels.
• EFDA education and clinical training will be provided by an institution that currently has a Commission on Dental Accreditation program (Dental, Dental Hygiene, or Dental Assisting).
• All of the tasks allowed to be performed by EFDAs are reversible procedures.
• EFDAs will work and perform EFDA procedures under the direct supervision of a licensed dentist.

THANK YOU FOR YOUR SUPPORT OF SB No. 993 An Act Concerning Dental Assistants and Expanded Function Dental Auxiliary.

The Connecticut Dental Assistants Association

Respectfully Submitted,

CTDAA President