

Legislative Testimony
Public Health Committee
HB 6589 An Act Establishing A Task Force To Study The Scope Of
Practice For Dental Hygienists
Wednesday, March 20th, 2013
Jeffrey Berkley, D.D.S.

Senator Gerratana, Representative Johnson and members of the Public Health committee, my name is Jeffrey Berkley and I have been practicing dentistry for 26 years. I am the owner of Connecticut Oral and Maxillofacial Surgery Centers, with offices in West Haven, North Haven, Meriden, Mansfield and Putnam. I have volunteered at each of the CT Mission of Mercy events, as well as numerous other charity programs including Give Kids a Smile, Doctors with a Heart, and as needed for people in my community who need oral surgery but can not afford care. The surgeons in our practice provide services to both children and adults through the CT Dental Health Partnership. I am Department Head of Dentistry at Midstate Medical Center and participate in the residency programs at both St. Raphael's Hospital and Yale New Haven Hospital. I am the current Vice-President of the CSDA and an officer in the NHDA. I am testifying in opposition to House Bill 6589 An Act Establishing A Task Force To Study The Scope Of Practice For Dental Hygienists.

Department of Public Health studied ADHP in 2011 and returned a report to the Public Health Committee in 2012 which found, as you may remember, that the ADHP concept may allow increased utilization but not necessarily affordability or access. The same report states "Data from the Department of Social Services suggests that access is no longer an issue for the CT Medicaid population". There are currently no states that have an ADHP model and there have been no new scientific studies in the interim. There is therefore no justification to re-visit this same issue. A mid-level provider in Dentistry, where the vast majority of practitioners are general dentists, is markedly different than in Medicine where most practitioners are

specialists. There is not even a demonstrated need for a dental mid-level provider, nor has ADHP been shown to be the preferred model if one was needed.

There are numerous organizations in Connecticut that are partnering to improve utilization, and provide education to promote acceptance and compliance with oral hygiene and dental care. The time and expense that both legislators and our associations must expend to revisit the same issues year after year must be considered. Facts and data show that there are ways we can improve the health of our citizens that are not being funded or addressed. Ignoring this taxes the finite resources that we all have, and distracts us from the goal of the best possible care for our state's residents. The CSDA, and I personally, would be happy to make ourselves available to help answer any questions that would further this process. 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.

Respectfully Submitted,

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