



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE March 20, 2013

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House Bill 6589 - An Act Establishing A Task Force To Study The Scope Of Practice For Dental Hygienists

The Department of Public Health provides the following information with regard to House Bill 6589.

The bill proposes to establish a task force to study the scope of practice of dentists and dental hygienists. Such task force would report findings and recommendations. This process has already occurred. In 2012, the Department of Public Health completed several requests for dental scope of practice reviews, in accordance with Public Act 11-209. During the process, the committee thoroughly reviewed the scope of practice for dental hygienists and dental assistants. The scope of practice committee thoroughly reviewed other states' laws and regulations as well as professional literature. Participants included members of all dental professions as well as Department of Public Health staff. I have attached the report to this testimony.

The task force proposed by House Bill 6589 duplicates the work already completed and documented in the report. Thank you for your consideration of the Department's views on this bill.

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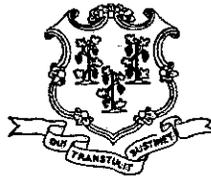


Report to the General Assembly

An Act Concerning the Department of Public Health's Oversight Responsibilities relating to Scope of Practice Determinations:

Scope of Practice Review Committee Report on
Expanded Functions Dental Auxiliaries

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Executive Summary

In accordance with Public Act 11-209, the Connecticut Dental Assistants Association (CDAA) submitted a scope of practice request to the Department of Public Health to establish an Expanded Functions Dental Auxiliary (EFDA) in Connecticut. An EFDA is a highly trained and skilled dental assistant or dental hygienist who receives additional education to perform reversible, intraoral procedures and additional tasks (expanded duties or extended duties), services or capacities, often including direct patient care services, which are delegated by a licensed dentist and performed under the supervision of a licensed dentist. The Department also received two additional scope of practice requests related to dental care and services: a request from the Connecticut State Dental Association (CSDA) related the addition of Interim Therapeutic Restorations (ITR) to the dental hygiene scope of practice and a request from the Connecticut Dental Hygienists' Association (CDHA) related to advanced dental hygiene practitioners. The Department made a decision to combine the scope of practice review committees due to the complexity of the issues and because the impacted parties are the same for all of the requests. The decision to combine the committees was supported by scope of practice review committee members. A separate report, however, is being submitted for each of the scope of practice requests as the issues are very distinct.

The scope of practice review committee reviewed and evaluated the CDAA's request to establish an EFDA as well as subsequent written responses to the request and additional information that was gathered through the review process. Literature and other information reviewed and evaluated by the scope of practice review committee demonstrated that dental assistants and dental hygienists who receive appropriate education and training can safely engage in expanded functions and practice as EFDAs. Education and training programs for EFDAs have been in place for many years in other states. EFDA education and training programs in Connecticut can certainly be incorporated into existing accredited dental hygiene education programs to allow dental assistants and currently licensed dental hygienists to gain additional competencies. The Dental Assisting National Board (DANB) already has examination and certification programs in place that could be utilized in Connecticut.

EFDAs have been in place in several other states for many years and proven to be an effective tool in enhancing access to care. Literature and other information that was reviewed as part of scope of practice review process stressed the importance of increasing the role of auxiliary staff in providing oral health care. EFDAs are able to support the dental team in providing care to patients, especially the underserved. EFDAs supplement and support dentists by performing basic dental procedures that enable the dentists to see more patients. Although a dentist must oversee procedures performed by EFDAs, they can play a significant role in enhancing the ability of dental practices and clinics to serve those in need. Studies demonstrate that procedures can safely be delegated to EFDAs and that quality of care was not adversely affected when the duties were delegated to these trained dental auxiliaries, and that dentists who work with EFDAs are more productive than colleagues who don't use EFDAs. Studies also show that improved access to oral health care can decrease the need for more costly restorative treatments and help to reduce the overall cost of dental care.

Scope of practice review committees shall review and evaluate the scope of practice request, subsequent written responses to the request and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. Upon concluding its review and evaluation of the scope of practice request, the committee shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The Department of Public Health (DPH) is responsible for receiving requests and for establishing and providing support to the review committees, within available appropriations.

Scope of Practice Request

The Connecticut Dental Assistants Association (CDA) requested a scope of practice request to establish an Expanded Functions Dental Auxiliary (EFDA) in Connecticut. An EFDA is a highly trained and skilled dental assistant or dental hygienist who receives additional education and training to perform reversible, intraoral procedures and additional tasks which are delegated by a licensed dentist and performed under the supervision of a licensed dentist. Highly skilled EFDAs are able to support the dental team in providing care to patients, especially the underserved.

Impact Statements and Responses to Impact Statements

Written impact statements in response to the scope of practice request submitted by CDA were received from the Connecticut State Dental Association (CSDA), the Connecticut Association of Endodontics (CAE), the American Academy of Pediatric Dentistry (AAPD), the Connecticut Society of Pediatric Dentists (CSPD) and the Connecticut Dental Hygienists' Association (CDHA). CDA submitted written responses to the impact statements, which were reviewed by the scope of practice review committee.

Scope of Practice Review Committee Membership

In accordance with the provisions of Public Act 11-209, a scope of practice review committee was established to review and evaluate the scope of practice request submitted by the CDA. The Department received three scope of practice requests related to dental care and services: the request submitted by the CDA, which is the subject of this report; a request from the Connecticut State Dental Association (CSDA) related to the addition of interim therapeutic restorations (ITR) to the dental hygiene scope of practice; and a request from the Connecticut Dental Hygienists' Association (CDHA) related to advanced dental hygiene practitioners. Because the issues are complex and the impacted parties are the same for all of the requests, the scope of practice review committees were combined. Committee members specific to this request included representation from:

Adults, including the elderly and those with special needs, who suffer from tooth decay, are also at risk for other systemic diseases. The use of certified EFDAs will increase the efficiency of the dental team thereby increasing the number of patients that can receive treatment while maintaining high standards of proper patient care. EFDAs can perform expanded skills for which they have been highly trained under strict guidelines and clinical evaluation. Reliable evaluation and examinations will ensure that EFDA students are competent to perform acquired skills.

Access to Healthcare

The CDAA identified that implementation of the scope of practice request would have the following impact on access to health care:

The implementation of EFDAs in Connecticut can improve capacity for public care by providing practitioners with more time to treat the currently underserved population. EFDAs can also increase practice productivity and efficiency and thus allow for additional "chair time" for underserved patients to include the elderly, special needs and Medicaid recipients.

Laws Governing the Profession

The CDAA provided the following information concerning current laws:

Most states have regulations regarding dental assisting and the performance of expanded functions. The regulations for all 50 states and the District of Columbia are outlines on the website for the Dental Assisting National Board (DANB) in their "State Specific Dental Assisting Information" page at www.danb.org. In Connecticut, dental assistants are not licensed, certified nor registered by the Department of Public Health but are overseen by the Commissioner of Public Health, with advice and assistance from the Dental Commission.

"A licensed dentist may delegate to dental assistants such dental procedures as the dentist may deem advisable, including the taking of dental x-rays if the dental assistant can demonstrate successful completion of the dental radiography portion of an examination prescribed by the Dental Assisting National Board", as stated in the Connecticut General Statutes, Chapter 379 Dentistry, Section 20-112a.

Currently, dental assistants are not required to take continuing education whereas dentists and hygienists do.

Dental assistants in Connecticut may perform functions authorized by the Connecticut State Dental Commission/Department of Public Health as cited in the Dental Practice Act; Chapter 379, section 20-112a. Dental procedures are delegated by a licensed dentist to the dental assistant and are performed under the supervision, control and responsibility of the dentist. Dental Assistants in Connecticut are not required to be licensed or registered but must hold a certification in DANB Radiation Health and safety in order to expose dental x-rays as cited in the Department of Public Health Statutes and Regulations: Chapter 376c, section 20-7433(3).

- Increase the capacity of the oral healthcare services infrastructure by enhancing dental assistant recruitment and retention;
- Minimize unproductive time that dental assistants spend obtaining new credentials when they change their state of residence, and reduce losses from the dental assisting workforce of experienced dental assistants who choose not to obtain new credentials when they change their state of residence;
- Mitigate shortages in the dental assisting workforce by enhancing the ability of dental offices within commuting distance of neighboring states to hire dental assistants living in those states;
- Allow public health initiatives designed to benefit underserved segments of the population to more effectively recruit qualified dental assisting personnel.

Research supports the improved effectiveness of the dental office when an EFDA is utilized. The increase in dental services available for Medicaid and other underserved populations will positively impact the relationship between the dental profession and the population at large.

Economic Impact

The CDAA identified and provided documentation to support that the implementation of this scope of practice request would have the following economic impact:

The request will improve the efficiency of the dental office thus allowing for the expansion of services to those patients covered by public insurance.

The impact of delegation on practice productivity and efficiency are substantial. As delegation increases, practices see more patients and generate higher gross billings and net incomes. Larger practices (e.g., more dentist and staff hours and space) are the primary employers of expanded function dental auxiliaries. This study suggests that general dental practices could substantially increase their capacity to see more patients with the effective use of expanded duty dental auxiliaries.

Moreover, training programs for EFDA are self-sustaining and can be operated in existing training programs with no additional cost to the educational system.

Regional and National Trends

The CDAA identified the following regional and national trends related to EFDAs:

Dental Assisting National Board, Inc. Position paper of the ADA/DANB Alliance: Addressing a uniform national model for the dental assisting profession. 2005 (attached)

Dental Assisting National Board, Inc. National Overview of Dental Assisting Job Titles. (attached)
This chart illustrates the various job titles given to different job function levels across the United States

The scope of practice review committee reviewed and evaluated the CDAA's request to establish an EFDA as well as subsequent written responses to the request and additional information that was gathered through the review process. Literature and other information reviewed and evaluated by the scope of practice review committee demonstrated that dental assistants and dental hygienists who receive appropriate education and training can safely engage in expanded functions and practice as EFDAs. Education and training programs for EFDAs have been in place for many years in other states. EFDA education and training programs in Connecticut can certainly be incorporated into existing accredited dental hygiene education programs to allow dental assistants and currently licensed dental hygienists to gain additional competencies. The Dental Assisting National Board (DANB) already has examination and certification programs in place that could be utilized in Connecticut.

EFDAs have been in place in several other states for many years and proven to be an effective tool in enhancing access to care. Literature and other information that was reviewed as part of scope of practice review process stressed the importance of increasing the role of auxiliary staff in providing oral health care. EFDAs are able to support the dental team in providing care to patients, especially the underserved. EFDAs supplement and support dentists by performing basic dental procedures that enable the dentists to see more patients. Although a dentist must oversee procedures performed by EFDAs, they can play a significant role in enhancing the ability of dental practices and clinics to serve those in need. Studies demonstrate that procedures can safely be delegated to EFDAs and that quality of care was not adversely affected when the duties were delegated to these trained dental auxiliaries, and that dentists who work with EFDAs are more productive than colleagues who don't use EFDAs. Studies also show that improved access to oral health care can decrease the need for more costly restorative treatments and help to reduce the overall cost of dental care.

In reviewing all of the information provided, the scope of practice review committee did not identify any specific public health and safety risks associated with allowing appropriately educated and trained dental assistants and dental hygienists to engage in expanded functions. Evidence provided by the CDAA demonstrated that enactment of these changes in other states has enhanced quality and affordable dental care, and it is anticipated that the enactment of similar changes would enhance quality and affordable dental care in Connecticut. Creation of an EFDA as outlined in the CDAA's proposal would increase the current scope of practice for both dental assistants and dental hygienists and expand their ability to practice to the full extent of their current education and training.

The committee was not presented with draft statutory revisions for review. Should the Public Health Committee decide to raise a bill related to the CDAA's scope of practice request, the Department of Public Health along with the pertinent organizations that were represented on the scope of practice review committee to review this request (CDHA and CSDA) respectfully request the opportunity to work with the Public Health Committee on such a proposal.