

#993, #6589

March 21, 2013

Dear Senator Gerratana, Representative Johnson, and Members of the Public Health Committee,

My Name is Kathleen Stack and I am licensed to work, as a dental hygienist in CT. I believe dentistry wants to advance the entire dental team. We may be able to accomplish this by using the language approved by last years' PRI process as substitute language. As you deliberate we hope you will put this well researched option forth as a bill, again this year.

Having worked as a public health hygienist in Ct. I have seen 1st hand the need for an APDH to help achieve health equity in the State & nationwide. The US public health community supports the use of dental mid-level providers to help reduce health inequalities. We as a country need to move forward in eliminating health disparities. Please include the State of Connecticut in those who help achieve this goal.

Some of our colleagues drew the following comparison which clears up the confusion. If we compare medicine and dentistry, it might look like this:

CNA (Certified Nurse Assistant) compares to CDA (Certified Dental Assistant)

LPN (Licensed Practical Nurse) compares to EFDA (Expanded Function Dental Assistant / *without the license & oversight*)

RN (Registered (Licensed) Nurse) compares to RDH (Registered (Licensed) Dental Hygienist)

APRN (Advanced Practice Registered (Licensed) Nurse) compares to ADHP (Advanced (Licensed) Dental Hygiene Practitioner)

MD (Licensed) compares to DDS or DMD (Licensed)

This will close the gap by inserting the missing step in the dental workforce. It will add jobs that augment one another. Currently, in public health settings, mid-level providers work with collaborative agreements. In other words, we refer to our dentist partners and this will not change. The transition will be easy because it is how public health functions presently. Collaborative practice is currently found in a public health settings' policy, so it would not be difficult to institute. Our association has given the Public Health Committee background information and would be willing to answer any matter that needs clarification. Please, amend the dental bill(s) (either S.B. 993 or H.B. 6589) to include both EFDA and the ADHP; by using the PRI approved - language from the 2012 bill (HB 5541) as substitute language. This language is being submitted by one of our colleagues.

Thank you for your consideration of this proposal.

If you would like more information on the public health community's position feel free to contact me. stackkm@umich.edu

Sincerely, Kathleen M. Stack, RDH, MPH