

March 12, 2013

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

My name is Jeannie Schnakenberg and I live in Darien, CT. I am a registered licensed dental hygienist practicing in the State of Connecticut. I would like to address **SB No. 993**, "An act Concerning Dental Assistants and Expanded Function Dental Auxiliary."

1. **I am opposing the current Raised SB No. 993 "An Act Concerning Dental Assistants And Expanded Function Dental Auxiliary" in its present form and wish to have it AMENDED to add the ADHP, mid-level provider and edited to correct the language related to EFDA.**

As written, SB. No. 993, will:

- **Negatively impact both current and future dental hygienists to work in Connecticut.**
 - If I am unable to find viable employment as a registered dental hygienist, this will affect my family's ability to live in the State of Connecticut.
 - ADHP will be a way to create a new position for existing registered dental hygienists who choose to pursue this role.
- **Not effectively address access to care issues in the State of Connecticut.**
 - SB No. 993 will expand the duties of a Dental Auxiliary only under the "Direct Supervision" of a Licensed Dentist.
 - This type of supervision will not effectively address access to care issues, which are primarily focused in public health settings, where a dentist is not always present.
 - **Please amend SB No. 993 to include the ADHP mid-level provider, as stated in the 2012 HB 5541 to be adopted for this 2013 legislative session.** Following the 2012 legislative session where HB 5541 ended in a tie vote, I am disappointed that this issue was not included for this bill or legislative session; it deserves to be brought to the floor for a vote during this session.

Supporting the creation of the hygiene-based mid-level provider, ADHP can help save Medicaid money. This is achievable because a dental hygiene mid-level provider can provide clients with full preventive care in addition to minimally invasive restorative treatment in a public health setting. By intervening in the early stages of the disease process, oral healthcare expenses are minimized. One of the misunderstood goals of ADHP is that we want to practice independently from a dentist when in all actuality, we as ADHP'S would work collaboratively to form a relationship with the dentist who would provide the advanced restorative care. This is integrated health care and is the way of the future. The public health programs using dental hygienists and mid level providers are proven to be sustainable. Volumes of evidence-based literature ranging from 1958 to present day exist in support of an ADHP.

I request that you, as my legislator, ensure that ADHP be presented, adopted AND put forward as a bill for a vote this 2013 legislation session. Please speak to your colleagues on my behalf and oppose SB 993 as it is currently written. Thank you for your time.

Respectfully,
Jeannie Schnakenberg, RDH, BS