

3/11/2015

Testimony to the Public Health Committee in support of **Proposed HB 6275: An Act Concerning Certification of Advanced Dental Hygiene Practitioners**

Dear Sen. Gerratana, Rep. Ritter, Sen. Markley, Rep. Srinivassan and distinguished members of the Public Health Committee:

I am a Licensed Registered Dental Hygienist and an active member of CDHA. I am writing to testify in support of Proposed Bill #6275, An Act Concerning Certification of Advanced Dental Hygiene Practitioners. I have recently retired from a position as the lead supervising dental hygienist at a public health clinic where I had been employed for 17 years. My experience has been that the needs of the patients are quite different from those seen in private practice. For every new patient with a cleaning appointment, 10 to 15 appointments with the dentist are not unusual because of the treatment needs of the patients. Positioning an Advanced Dental Hygiene Practitioner makes so much sense: The ADHP could be providing treatment that is routine and straightforward, freeing up time for the dentists to perform the more complex dental procedures.

The ADHP model is based on education and training. With an experienced licensed dental hygienist completing the ADHP curriculum at a Master Degree level, the scope of practice would be clearly defined and associated with a certificate upon completion. Then using a collaborative agreement between the dentist or the facility, the limitations of the scope of practice would again be defined and established so the patient could benefit from having more providers available to complete treatment. The ADHP could perceivably save a PH facility money, since the salary would be 38% less than a dentist.

The ADHP would be trained and educated to diagnose oral and systemic disease (curriculum often the same hours as a dental student for the didactic and clinical portion) and limited to prescribing fluorides, antimicrobials, analgesics and antibiotics. However, the ADHP provider would not work in a vacuum – this provider would be another integral part of the dental team, working closely with dentists, hygienists and assistants.

In the states where dental hygienists practice with an advanced scope, procedures are being performed now (and there are many versions of the scope of practice) and they are successful and utilized. There have been no problems with these models to date. The most advanced model is in Minnesota which is almost identical to the CT proposal of ADHP.

We support working as a part of an interdisciplinary health team collaborating with dentists, dental hygienists, dental assistants and other health care professionals to treat patients and deliver quality care. Dental Hygienists and Dentists currently work in collaboration so this is not a new concept. The mid-level provider will encourage professionals to continue their education, seek professional development and advancement and promote job growth in the health care field.

Thank you for the consideration of my testimony.

Dinah G. Auger, RDH, BS
72 Canterbury Tpke.
Norwich, CT 06360