

**Legislative Testimony**  
**Public Health Committee**  
**HB 6275 AAC Certification of Advanced Dental Hygiene Practitioners**  
**Wednesday, March 11, 2015**  
**Jeffrey Berkley, DDS**

Senator Gerrantana , Representative Ritter and members of the Public Health Committee, my name is Jeffrey Berkley. I am an Oral and Maxillofacial Surgeon for 28 years, now in a single specialty group practice which consists of eight surgeons that practice in five offices throughout Connecticut. 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 cannot afford care. The surgeons in our practice provide services to both children and adults through the CT Dental Health Partnership. I am an attending in the Department of Dentistry at Yale, teaching in their residency program, and I am head of the Dental Department at Midstate Medical Center. I am also the current President of the Connecticut State Dental Association, and today I am testifying on behalf of the CSDA and its nearly 2,400 member dentists, in opposition to proposed House Bill 6275, An Act Concerning Certification of Advanced Dental Hygiene Practitioners.

Midlevel providers were created in Medicine as a response to a workforce shortage in primary care providers created by the predominant specialization and even sub specialization of physicians. The dental workforce model differs markedly from this in that the vast majority of dentists are primary care providers. Dental midlevel providers have been approved in only three states, each with a critical access to care problem that was unique to that state. The approved midlevels differ among those states, none of which are an Advanced Dental Hygiene Practitioner. The goals of increasing utilization and of providing care to those with no insurance and no funds are both issues that do not include an ADHP as one of the solutions. My emphasis today is on the concept of certification of a proposed ADHP.

Certification implies that an educational program exists that provides a base level of knowledge sufficient to justify the responsibilities given to the holder of that certificate. It implies an accredited training program and an established mechanism for testing knowledge and skills. In healthcare, those guidelines are even more critical, as the safety of our citizens depends on it. There should also be a process to ensure continuing education, a regulatory body that supervises and enforces the safe delivery of care, and appropriate supervision safeguards

to ensure that important concerns don't "fall through the cracks". These guidelines should be specific to the certification in question.

Just last month, the Commission on Dental Accreditation (CODA) announced that it has developed standards for dental therapy education programs. First, it is important to note that dental therapists are quite different than ADHPs. Second, CODA has indicated that it will not proceed with the process of accrediting existing dental therapy programs until documentation is provided showing that 1) the allied dental education area (i.e., ADHPs) have been in operation long enough to establish benchmarks and adequately measure performance, and 2) that there is evidence of need and support from the public and professional communities to sustain education programs in the discipline. There are currently no nationally accredited educational and training programs for dental therapy or ADHP. And there won't be for a long time. If the provider is to be performing many of the same functions as general dentists, then they should be held to the same standards. Dentistry is a technical field, but we are not technicians. There is increasing awareness that the oral cavity is a gateway to the overall health of the body, affecting diabetes, heart disease and other systemic health. Our primary care providers need to have knowledge of these interactions or be directly supervised by those who do. This is especially important in the very groups that are most emphasized when discussing the underserved: children and the elderly. The educational process would therefore need to be very similar to that currently in place in dentistry to meet minimum standards, providing little advantage to a midlevel.

In the past, the CSDA has proposed Interim Therapeutic Restoration (ITR) and Expanded Function Dental Auxiliary (EFDA) as options that exist in many states and the military. Unlike the EFDA proposal submitted, these alternatives have long term track records and training programs and certification protocols that are already in place many places in the country. Since DSS has acknowledged that dental care access is no longer an issue in Connecticut, we should be focusing on ways to improve the efficiency of care delivered and methods to increase our citizen's utilization of the services available to them.

**Respectfully Submitted,**

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