

**6814**

Legislative Testimony

Public Health Committee

H.B. No.6814 (RAISED)

AN ACT CONCERNING DENTAL ASSISTANTS AND

EXPANDED FUNCTIONDENTAL AUXILIARY

Wednesday, March 11, 2015

Allen Hindin, DDS, MPH

Senator Gerratana, Representative Ritter and members of the Public Health Committee, my name is Allen Hindin, DDS, MPH. I have been a dentist for almost 44 years, practicing in Danbury since 1974, before that serving as a resident and General Dental Officer in the US ARMY Dental Corps for three years. I graduated from New York Medical College, with an MPH, in 2003.

Expanded Function Dental Auxiliaries (EFDA) are not a new or even recent concept in American Dentistry. They have been successfully employed within dental practices since the early 1960s, when David Sorricelli, a public health dentist in Pennsylvania, began teaching his dental assistants to place and adjust dental restorations, following removal of decay by dentists. What he found was significantly improved efficiency, along with improved quality of care. Dr. Sorricelli's reports led to Pennsylvania, Ohio (see attached) and Kentucky being the earliest states adopting enabling legislation. Many states have followed their lead, including Vermont, Maine, California, Minnesota, Washington and others. No state, in which EFDA has been legal, has ever rescinded enabling legislation and none have reduced scope of duties.

I initially became aware of EFDA capabilities while serving in the US ARMY. During the early 1970s, FTs. Campbell and Knox were then training sites for EFDA. I was stationed at FT. Sheridan, IL, which was not far away. As these programs demonstrated effectiveness, many of dental officers became either aware of or participated in EFDA based practices. EFDA as it is presently identified, has long been a Military Occupational Specialty (MOS-see attached). The most recent comprehensive study of EFDA (2006), by the US ARMY, concluded that they perform delegated tasks at high levels of quality and improve

efficiency of restorative dental teams by 30-70%. Patients have reported high levels of satisfaction. My personal clinical experience practicing with EFDA has been very positive and I highly recommend adding them to teams led by dentists, provided one has the interests and desire in doing so.

No additional studies have recently been published. No adverse outcomes have ever been associated with EFDA practices and states which have enabled EFDA have found no increases in malpractice premiums. EFDA is predictably dependable. I have been unable to find one case of liability on the part of EFDA. I suggest elimination of requirements for EFDA purchasing \$500,000 in liability insurance (page 4, (3)), as employer dentists are ultimately responsible for procedures delegated and history tells us this requirement is simply a waste of money.

Today, EFDAs are widely employed, in private dental practices and public health settings.

EFDA requires a community college level curriculum, or a minimum number of years as a full time dental assistant. allowing for affordable career ladders for dental assistants. A Certificate in Dental Assisting is achieved by passage of the Dental Assisting National Board (DANB). Dental hygienists (RDH) can become EFDA certified as well. This is well noted in HB 6814.

A pathway created for US Military and Public Health Service trained EFDAs, is greatly appreciated. It is an appropriate means to allow those who have served our country to transition their skills into an economy which will eagerly employ them. I applaud the writers of HB 6814 for their attention to this subject.

Licensure should not be required of EFDAs, since they function under the authority and responsibility of a licensed dentist. Certification is more than sufficient a means by which the public can be adequately protected, especially for a subordinate role.

It is important that The Public Health Committee create a legislative process which defines EFDA but does not delineate scope of function, other than that their scope be limited to reversible procedures. I strongly advise against establishment of lists of allowable clinical procedures, under statute, as doing so will almost guarantee annual or semi-annual returns for adding or deleting what accredited schools or DANB are fully competent to do. I suggest the Committee consider elimination of all but essential listings.

Please vote in favor of EFDA, HB 6814. It is long overdue in Connecticut.

Respectfully,

Allen Hindin, DDS, MPH