Dear Senator Gerratana, Representative Ritter and members of the Public Health Committee,

My name is Beth Barber. I started my dental assisting career in 1977 and have been a Dental Assisting National Board (DANB) Certified Orthodontic Dental Assistant (COA) since 1997. I am a Master of the American Dental Assistants Association (MADAA) and am an active member of the Connecticut Dental Assistants Association. I would like explain why I support HB No. 6814 “An Act Concerning Dental Assistants and Expanded Function Dental Auxiliary” and why this is so very important to the citizens of Connecticut.

HB No. 6814 addresses the very real need to mobilize a currently underutilized member of the dental team, the dental assistant, in delivering quality patient care. As far back as July 1, 2004, the Connecticut Department of Public Health established an ad hoc committee to examine and evaluate the possible changes that would improve access to oral health care, and one of those changes was expanding the functions of dental assistants. As recently as January 23, 2013, the report “Every Smile Counts: DPH Presents Latest Public Health Data” states: “Many children in Connecticut do not get the dental care they need.” “Dental decay continues to be a significant problem for Connecticut’s children.” “Untreated tooth decay is also a significant problem for many vulnerable adults in Connecticut.” So, access to dental care is still an issue in Connecticut, as the current dental workforce is not adequate to meet the needs of our citizens.

Two early studies for using dental auxiliary personnel for restorative procedures (1959 - Dr. William E. Ludwick of the Naval Dental Corps. and 1962 - Dental Research Facility, Dental Department, Administrative Command, U. S. Naval Training Center, Great Lakes, IL), concluded that dental assistants could be taught to effectively perform certain expanded functions procedures to a high standard, and that they contributed to the ability to treat more patients.

In 1964, Kentucky was the first state to pass legislation for expanded function dental assistants, or EFDAs, (Ky. Acts ch.12, sec. 6). In 1976, Ohio passed legislation for EFDA programs and they are still going strong today, almost 40 years later! Current laws in more than 40 states have introduced and passed similar legislation that permit the training and development of expanded functions auxiliaries at a high performance level. This is a tried, tested and successful concept.

Dental assistants would enroll in courses to be educated and clinically trained for certain safe and reversible expanded skills under clinical settings. This education would only take place in schools accredited by the American Dental Association’s Commission of Dental Accreditation (CODA), thus assuring high curriculum standards. The state of Connecticut would not need to design or administer any of these exams. Nationally recognized and accepted written examinations would be available to evaluate this knowledge, so there is no cost to local governments or the state of Connecticut.

Only dental assistants certified by DANB would be eligible for expanded functions programs in Connecticut. This is because DANB will only consider an assistant to sit for the certified dental assistant exam if they meet education and experience requirements. DANB currently requires certified dental assistants to take 12 hours of approved continuing education and be current in CPR every year. The public in Connecticut would be pleased to know that education and training to perform certain expanded function procedures would be a requirement for EFDAs.

EFDAs added to Connecticut’s scope of practice for Dental Assistants will be a wonderful opportunity for those motivated, career-minded nationally certified dental assistants who desire to expand their skills (they are already certified in infection control and radiation health and safety). It has been proven that dental assistants who invest in their career stay in the field longer, and are less likely to change their employer. Workforce retention is critical to the viability of Connecticut’s dental delivery system.

Allowing educated and trained dental assistants to perform certain safe procedures does not require licensing of the dental assistant in this situation, as these skills are completely reversible, and the dental assistant is working under the licensed dentist at all times. No licensing means that there is no cost to local governments or the state of Connecticut.
The dentist has always been and will continue to remain in charge of the dental assistant. The dental assistant would only perform certain expanded functions under the supervision of the licensed dentist. A dentist would only allow a dental assistant to perform expanded skills that he or she approves of. That means that the dentist is in the office at the time the procedure has been performed, that the dentist has examined the patient, and said, “Yes, you may go ahead with the procedure”. And once the procedure is completed the dentist will also be there to evaluate how well that procedure was carried out. This provides not only assurance of overall quality of care but also protection of public health and safety.

The Connecticut Department of Public Health received written support for EFDA legislation on September 30, 2011 from the Connecticut State Dental Association, the American Academy of Pediatric Dentistry, the Connecticut Society of Pediatric Dentists and the Connecticut Association of Endodontists.

This proposal is presented to you today as a solution to the Connecticut Department of Public Health’s overall desire to improve delivery of oral healthcare to the citizens of Connecticut, a solution that will maximize all of the dental team members’ productivity and allow for more of our citizens to receive quality dental care and at the same time provide safeguards to patients while providing that optimal level of dental care.

I ask you to vote favorably on HB No. 6814 and to please keep this bill intact. HB No. 6814 would permit EFDA to practice in accordance with their education, skill and training, and to provide increased and cost effective access to oral healthcare for the benefit of the children, underserved and ultimately, all citizens of Connecticut.

In closing, I would like to thank the members of the Public Health Committee for allowing me to submit this testimony.

Respectfully,

Beth M. Barber, COA, MADAA, BS
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