Legislative Testimony
Public Health Committee
HB 6814 AAC Dental Assistants and Expanded Function Dental Auxiliary
Wednesday, March 11, 2015
Carolyn J. Malon, D.D.S.

Senator Gerratana, Representative Ritter and members of the Public Health Committee, my name is Dr. Carolyn J. Malon. I have been practicing dentistry in Connecticut for 29 years. My volunteer service to the citizens of our state includes Give Kids a Smile, CT-MOM, and I am a HUSKY/Medicaid provider. I am a Past President of the Connecticut State Dental Association. I am writing to testify in favor of House Bill 6814 An Act Concerning Dental Assistants and Expanded Function Dental Auxiliaries.

The Expanded Function Dental Auxiliary model is one which exists in 44 states in the U.S. **This makes Connecticut one of only 6 states which do not allow EFDAs!** Most dental assisting programs throughout the country and in Connecticut already teach many competencies which Connecticut's dental assistants are currently prohibited from performing. If HB 6814 were passed, dental assistants ***and dental hygienists*** would be allowed to expand the scope of services which they can provide, by building on their current knowledge and skills. In addition to helping treat patients in need of dental care, the establishment of EFDA would provide dental assistant and hygienists with a new career ladder.

An Expanded Function Dental Auxiliary would work under the supervision of a licensed dentist, and perform functions as per regulations set forth in the state dental practice act. The EFDA educational model is cost effective, and the proposed training program could be completed within one year. This means that EFDAs could potentially be working to help provide dental care within two years of the passage of HB6814.

A few years ago, I participated in the scope review process through the Department of Public Health, which evaluated the EFDA model. The result of that study was a favorable report on EFDA. A copy of the 2012 report from the Department of Public Health to the General Assembly is attached for the Committee's information.

I believe that the time has come to pass legislation to provide for Expanded Function Dental Auxiliaries in the State of Connecticut, and I urge the members of the Public Health Committee to support House Bill 6814.

Respectfully Submitted,

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Keeping Connecticut Healthy

DPH

Connecticut Department of Public Health

Report to the General Assembly

An Act Concerning the Department of Public Health's Oversight Responsibilities relating to Scope of Practice Determinations:

Scope of Practice Review Committee Report on Expanded Functions Dental Auxiliaries

Jewel Mullen, MD, MPH, MPA, Commissioner

02/01/2012

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Report to the General Assembly

An Act Concerning the Department of Public Health's Oversight Responsibilities relating to Scope of Practice Determinations for Health Care Professions: Scope of Practice Review Committee Report on Expanded Functions Dental Auxiliaries (EFDA)

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Executive Summary

In accordance with Public Act 11-209, the Connecticut Dental Assistants Association (CDAA) submitted a scope of practice request to the Department of Public Health to establish an Expanded Functions Dental Auxiliary (EFDA) in Connecticut. An EFDA is a highly trained and skilled dental assistant or dental hygienist who receives additional education to perform reversible, intraoral procedures and additional tasks (expanded duties or extended duties), services or capacities, often including direct patient care services, which are delegated by a licensed dentist and performed under the supervision of a licensed dentist. The Department also received two additional scope of practice requests related to dental care and services: a request from the Connecticut State Dental Association (CSDA) related the addition of Interim Therapeutic Restorations (ITR) to the dental hygiene scope of practice and a request from the Connecticut Dental Hygienists' Association (CDHA) related to advanced dental hygiene practitioners. The Department made a decision to combine the scope of practice review committees due to the complexity of the issues and because the impacted parties are the same for all of the requests. The decision to combine the committees was supported by scope of practice review committee members. A separate report, however, is being submitted for each of the scope of practice requests as the issues are very distinct.

The scope of practice review committee reviewed and evaluated the CDAA's request to establish an EFDA as well as subsequent written responses to the request and additional information that was gathered through the review process. Literature and other information reviewed and evaluated by the scope of practice review committee demonstrated that dental assistants and dental hygienists who receive appropriate education and training can safely engage in expanded functions and practice as EFDAs. Education and training programs for EFDAs have been in place for many years in other states. EFDA education and training programs in Connecticut can certainly be incorporated into existing accredited dental hygiene education programs to allow dental assistants and currently licensed dental hygienists to gain additional competencies. The Dental Assisting National Board (DANB) already has examination and certification programs in place that could be utilized in Connecticut.

EFDAs have been in place in several other states for many years and proven to be an effective tool in enhancing access to care. Literature and other information that was reviewed as part of scope of practice review process stressed the importance of increasing the role of auxiliary staff in providing oral health care. EFDAs are able to support the dental team in providing care to patients, especially the underserved. EFDAs supplement and support dentists by performing basic dental procedures that enable the dentists to see more patients. Although a dentist must oversee procedures performed by EFDAs, they can play a significant role in enhancing the ability of dental practices and clinics to serve those in need. Studies demonstrate that procedures can safely be delegated to EFDAs and that quality of care was not adversely affected when the duties were delegated to these trained dental auxiliaries, and that dentists who work with EFDAs are more productive than colleagues who don't use EFDAs. Studies also show that improved access to oral health care can decrease the need for more costly restorative treatments and help to reduce the overall cost of dental care.

In reviewing all of the information provided, the scope of practice review committee did not identify any specific public health and safety risks associated with allowing appropriately educated and trained dental assistants and dental hygienists to engage in expanded functions. Evidence provided by the CDAA demonstrated that enactment of these changes in other states has enhanced quality and affordable dental care, and it is anticipated that the enactment of similar changes would enhance quality and affordable dental care in Connecticut. Creation of an EFDA as outlined in the CDAA's proposal would increase the current scope of practice for both dental assistants and dental hygienists and expand their ability to practice to the full extent of their current education and training.

The committee was not presented with draft statutory revisions for review. Should the Public Health Committee decide to raise a bill related to the CDAA's scope of practice request, the Department of Public Health along with the pertinent organizations that were represented on the scope of practice review committee to review this request (CDHA and CSDA) respectfully request the opportunity to work with the Public Health Committee on such a proposal.

Background

Public Act 11-209, An Act Concerning the Department of Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professions, established a process for the submission and review of requests from health care professions seeking to revise or establish a scope of practice prior to consideration by the General Assembly. Under the provisions of this act, persons or entities acting on behalf of a health care profession that may be directly impacted by a scope of practice request may submit a written impact statement to the Department of Public Health. The Commissioner of Public Health shall, within available appropriations, establish and appoint members to a scope of practice review committee for each timely scope of practice request received by the Department. Committees shall consist of the following members:

1. Two members recommended by the requestor to represent the health care profession making the scope of practice request;

2. Two members recommended by each person or entity that has submitted a written impact statement, to represent the health care profession(s) directly impacted by the scope of practice request; and

3. The Commissioner of Public Health or the commissioner's designee, who shall serve as an ex-officio, non-voting member and chairperson of the committee.

The Commissioner of Public Health was also authorized to expand the membership of the committee to include other representatives from other related fields if it was deemed beneficial to a resolution of the issues presented.

Scope of practice review committees shall review and evaluate the scope of practice request, subsequent written responses to the request and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request my enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. Upon concluding its review and evaluation of the scope of practice request, the committee shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The Department of Public Health (DPH) is responsible for receiving requests and for establishing and providing support to the review committees, within available appropriations.

Scope of Practice Request

The Connecticut Dental Assistants Association (CDAA) requested a scope of practice request to establish an Expanded Functions Dental Auxiliary (EFDA) in Connecticut. An EFDA is a highly trained and skilled dental assistant or dental hygienist who receives additional education and training to perform reversible, intraoral procedures and additional tasks which are delegated by a licensed dentist and performed under the supervision of a licensed dentist. Highly skilled EFDAs are able to support the dental team in providing care to patients, especially the underserved.

Impact Statements and Responses to Impact Statements

Written impact statements in response to the scope of practice request submitted by CDAA were received from the Connecticut State Dental Association (CSDA), the Connecticut Association of Endodontics (CAE), the American Academy of Pediatric Dentistry (AAPD), the Connecticut Society of Pediatric Dentists (CSPD) and the Connecticut Dental Hygienists' Association (CDHA). CDAA submitted written responses to the impact statements, which were reviewed by the scope of practice review committee.

Scope of Practice Review Committee Membership

In accordance with the provisions of Public Act 11-209, a scope of practice review committee was established to review and evaluate the scope of practice request submitted by the CDAA. The Department received three scope of practice requests related to dental care and services: the request submitted by the CDAA, which is the subject of this report; a request from the Connecticut State Dental Association (CSDA) related to the addition of interim therapeutic restorations (ITR) to the dental hygiene scope of practice; and a request from the Connecticut Dental Hygienists' Association (CDHA) related to advanced dental hygiene practitioners. Because the issues are complex and the impacted parties are the same for all of the requests, the scope of practice review committees were combined. Committee members specific to this request included representation from:

1. the Connecticut State Dental Association;
2. the Connecticut Association of Endodontics;
3. the American Academy of Pediatric Dentistry
4. the Connecticut Society of Pediatric Dentists;
5. the Connecticut Dental Hygienists' Association; and
6. the commissioner's designee (chairperson and ex-officio, non-voting member).

Representatives from the Department of Social Services, the Department of Public Health's Office of Oral Health and the Dental Assisting National Board (DANB) also participated in meetings and provided valuable information to the committee.

Scope of Practice Review Committee Evaluation of Request

The CDAA's scope of practice request included all of the required items identified in PA 11-209 as outlined below. Additional clarifying information was obtained during the review and evaluation of this request.

Health & Safety Benefits

The CDAA identified the following health and safety benefits associated with implementing the scope of practice request:

> Dental caries is an infectious disease process affecting both children and adults. Dental decay is the single most common disease in childhood. If left untreated, tooth decay can lead to difficulty in speaking, chewing and swallowing, loss of self-esteem, needless pain and lost school days. Infected teeth are reservoirs of bacteria that flood the rest of the body, leaving a child prone to many other childhood infections, including ear infections and sinus infections. Studies have shown that sealants, a well-accepted clinical coating, can prevent tooth decay in molar teeth as soon as they erupt. Dental sealants are a covered service under Medicaid/SCHIP Programs in Connecticut, affording availability of sealants to low income children. In Connecticut, more than 1 out of every 6 third graders have untreated tooth decay. Minority and low-income children have the highest level of dental disease and the lowest level of dental sealants. In order to reverse these trends, resources have to be mobilized. Key strategies identified to improve the oral health of children in CT include: increase the number of dental professionals providing dental sealants, increase the number of dental providers in underserved areas and increase the provision of dental sealants in safety nets and private dental practice. The implementation of educated and trained EFDAs in providing dental sealants can only have a positive impact on the health and safety of the citizens of Connecticut.

Adults, including the elderly and those with special needs, who suffer from tooth decay, are also at risk for other systemic diseases. The use of certified EFDAs will increase the efficiency of the dental team thereby increasing the number of patients that can receive treatment while maintaining high standards of proper patient care. EFDAs can perform expanded skills for which they have been highly trained under strict guidelines and clinical evaluation. Reliable evaluation and examinations will ensure that EFDA students are competent to perform acquired skills.

Access to Healthcare

The CDAA identified that implementation of the scope of practice request would have the following impact on access to health care:

The implementation of EFDAs in Connecticut can improve capacity for public care by providing practitioners with more time to treat the currently underserved population. EFDAs can also increase practice productivity and efficiency and thus allow for additional "chair time" for underserved patients to include the elderly, special needs and Medicaid recipients.

Laws Governing the Profession

The CDAA provided the following information concerning current laws:

Most states have regulations regarding dental assisting and the performance of expanded functions. The regulations for all 50 states and the District of Columbia are outlines on the website for the Dental Assisting National Board (DANB) in their "State Specific Dental Assisting Information" page at www.danb.org. In Connecticut, dental assistants are not licensed, certified nor registered by the Department of Public Health but are overseen by the Commissioner of Public Health, with advice and assistance from the Dental Commission.

"A licensed dentist may delegate to dental assistants such dental procedures as the dentist may deem advisable, including the taking of dental x-rays if the dental assistant can demonstrate successful completion of the dental radiography portion of an examination prescribed by the Dental Assisting National Board", as stated in the Connecticut General Statutes, Chapter 379 Dentistry, Section 20-112a.

Currently, dental assistants are not required to take continuing education whereas dentists and hygienists do.

Dental assistants in Connecticut may perform functions authorized by the Connecticut State Dental Commission/Department of Public Health as cited in the Dental Practice Act; Chapter 379, section 20-112a. Dental procedures are delegated by a licensed dentist to the dental assistant and are performed under the supervision, control and responsibility of the dentist. Dental Assistants in Connecticut are not required to be licensed or registered but must hold a certification in DANB Radiation Health and safety in order to expose dental x-rays as cited in the Department of Public Health Statutes and Regulations: Chapter 376c, section 20-7433(3).

Current Requirements for Education and Training and Applicable Certification Requirements

In the State of Connecticut, dental assistants can be hired and trained on-the-job or complete a formal education program in a CODA-accredited dental assisting program. Both pathways provide the opportunity for dental assistants to become Certified Dental assistants through the Dental Assisting National Board (DANB). Training programs are offered by community colleges, vocational schools, or technical institutes. One-year program enrollees receive a certificate or diploma upon completion, while those in 2-year programs receive an associate degree. Dental assistants may also acquire necessary skills through on-the-job training.

The only statutory requirements related to mandatory education and training for dental assistants are in regard to taking dental x-rays. Dental assistants must successfully complete the radiology portion of the Dental Assisting National Board examination in order to take dental x-rays in Connecticut. Neither certification nor licensure is currently required for dental assistants to practice in Connecticut.

Summary of Known Scope of Practice Changes

There have been no scope of practice changes related to the practice of dental assistants that have been passed within the last five years. The CDAA provided the following information in conjunction with their request:

> The Connecticut State Dental Association (CSDA) and the Connecticut Society of Pediatric Dentists (CSPD) has supported EFDA both conceptually and through policy since 2003. In 2005 the CSDA, the Connecticut Dental Assisting Association and the Connecticut Dental Hygiene Association, participated in Department of Public Health mediation regarding scope of practice. During that process, the CSDA agreed to support a long list of EFDA competencies. The CSDA also testified in favor of the EFDA-portion of House Bill 5630, "An Act Concerning The Establishment Of Licensure For An Advanced Dental Hygiene Practitioner" in 2009.

Impact on Existing Relationships within the Health Care Delivery System

The CDAA identified that the implementation of this scope of practice request would have the following impact on existing relationships within the health care delivery system:

> This scope request would directly impact the relationships between the dental assistant, dental hygienists and dentist as it would allow the dentist, as lead member of the dental team to determine how to utilize the resources within his/her office to best meet the demand for services. This would positively complement both the dental and dental hygiene professions as it would allow for an enhanced career path for both dental assistants and dental hygienists.
>
> Subsequent to the Surgeon General's report in 2000, a coalition of public and private organizations recommended, among other actions, taking steps to increase the oral health workforce's diversity, capacity, and flexibility. The expansion of duties for the dental assistant, in line with recommendations by DANB for a uniform national model for dental assistants can:

- Increase the capacity of the oral healthcare services infrastructure by enhancing dental assistant recruitment and retention;
- Minimize unproductive time that dental assistants spend obtaining new credentials when they change their state of residence, and reduce losses from the dental assisting workforce of experienced dental assistants who choose not to obtain new credentials when they change their state of residence;
- Mitigate shortages in the dental assisting workforce by enhancing the ability of dental offices within commuting distance of neighboring states to hire dental assistants living in those states;
- Allow public health initiatives designed to benefit underserved segments of the population to more effectively recruit qualified dental assisting personnel.

Research supports the improved effectiveness of the dental office when an EFDA is utilized. The increase in dental services available for Medicaid and other underserved populations will positively impact the relationship between the dental profession and the population at large.

Economic Impact

The CDAA identified and provided documentation to support that the implementation of this scope of practice request would have the following economic impact:

The request will improve the efficiency of the dental office thus allowing for the expansion of services to those patients covered by public insurance.

The impact of delegation on practice productivity and efficiency are substantial. As delegation increases, practices see more patients and generate higher gross billings and net incomes. Larger practices (e.g., more dentist and staff hours and space) are the primary employers of expanded function dental auxiliaries. This study suggests that general dental practices could substantially increase their capacity to see more patients with the effective use of expanded duty dental auxiliaries.

Moreover, training programs for EFDA are self-sustaining and can be operated in existing training programs with no additional cost to the educational system.

Regional and National Trends

The CDAA identified the following regional and national trends related to EFDAs:

Dental Assisting National Board, Inc. Position paper of the ADAA/DANB Alliance: Addressing a uniform national model for the dental assisting profession. 2005 (attached)

Dental Assisting National Board, Inc. National Overview of Dental Assisting Job Titles. (attached) This chart illustrates the various job titles given to different job function levels across the United States

Other Health Care Professions that may be Impacted by the Scope of Practice Request as Identified by the Requestor

The CDAA identified the following regional and national trends related to EFDAs:

> The EFDA certification will provide for enhanced professional development and skill development for dental assistants and dental hygienists in CT. Training will develop specific knowledge, skills and competencies essential for the EFDA to assist the dentist in delivery of quality dental care. EFDAs can perform expanded duties for which they are trained under specific guidelines that incorporate clinical evaluation. The certification process will ensure that EFDAs are competent to perform the skills identified in the expanded scope of practice. The additional services performed by the EFDA will help the dentist to expand the number of patients the practice serves and to best allocate the dental resources within the practice.
>
> This program will offer dental assistants a chance to elevate their professional status and will promote longevity in the profession. Dental assistants who are DANB-certified stay in the profession an average of 14.5 years (3 times longer than non-certified dental assistants). The enhancement of scope of services is in line with the recent Institute of Medicine report, *Improving Access to Oral Health Care for Vulnerable and Underserved Populations which concluded that* "states should examine and amend state practice laws to allow healthcare professionals to practice to their highest level of competence." By requiring the scope of services to be provided under the supervision of a dentist, the change will maintain the quality and integrity of the dental home.

Findings and Conclusions

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