



February 16, 2016

Senator Gerratana, Representative Ritter, Senator Markley, Representative Srinivasan and Members of the Public Health Committee:

My name is Marie Paulis, RDH, MSDH, and I am a Registered Dental Hygienist. I serve as the Connecticut Dental Hygienists' Association Legislative Chair, and I teach in the Dental Hygiene Program at the University of New Haven, where we treat patients from the Greater New Haven Area. **I support the bill with the attached substitute language added to the bill that adds in the Advanced Dental Hygiene Practitioner into the current bill, H.B. 5133, and includes the language for an Expanded Function Dental Assistant, EFDA, for the following reasons:**

Commission on Dental Accreditation (CODA)

- As of 8/2015, the Commission on Dental Accreditation (CODA) has finalized its standards for this mid-level provider, meaning it is ready to begin accrediting programs as of January 2017.
- The CODA Accreditation Standards, written by dentist members of the American Dental Association, outline the courses needed to certify this provider.
- The scope of practice in the ADHP Bill is the recommended scope of practice in the CODA Standards.

Minnesota Update:

- Mid-levels have been operating successfully for 5-years.
- Per Dr. Karl Self, DDS as of 2/10/16: there are 58 mid-level graduates
- The rate of "no-shows" in public health settings has decreased because of decreased wait times for appointments.
- In addition to working in established PH settings, mid-levels are going to where treatment is needed...to schools and to the elderly, under the auspices of the public health facilities.
- Simple decay is treated earlier, decreasing emergency room visits/costs.
- PH facilities are saving money and able to expand services.
- Clinics are able to offer more complicated health care services by the dentist.

Similarities between Minnesota & Connecticut:

- Both CT and Minnesota have between 10%-11% of population below the poverty level.
- Dental disparities are much higher among minority populations; Minnesota population 5.9% Black and 5% Latino or Hispanic; Connecticut population is 11.5% Black and 15% Latino & Hispanic.

The Need Is Real

You have had the ability to become a well-educated individual pursuing professional goals to make a difference for society. I'm sure throughout your education you have been taught to rely on evidence and research to make your decisions. I implore you to do the same here. The evidence demonstrates that people in Connecticut have difficulty getting the dental care they need and deserve; look at the long lines at the CT Mission of mercy. Speak to anyone who works in a public health facility. Come watch what my students and me see every day. We see people begging for care. Just last week, I

had a 20-year old patient, who had a raging abscess and was told by a clinic that she would have to wait 3 months for emergency care...and she even had private insurance! I had a Public Health Hygienist who came to me this past November and said she had not previously considered going for this position until recently when her facility had been looking to hire a dentist for months with no luck. She asked what courses she could start taking now towards a Master's Degree so that she can get this as soon as it passes and help her patients get the care that they need. If you need further evidence, I can provide you with additional facts and a number of people with personal stories.

Safety, Scope and Collaborative Agreement

Please note that this provider can only perform about 18 procedures beyond the scope of a registered dental hygienist, whereas the scope of a dentist includes approximately 600 procedures; it is a very limited scope of practice. We are trained on how to handle medical emergencies. We are required to have Basic Life Support certifications and know how to administer oxygen, take vitals, and to call 911. We already administer local anesthesia and take pharmacology classes and are aware of the effects of medications and diseases like diabetes have on oral health. Please note that in Minnesota, the mid level providers take their clinical exams along with the dental students for the procedures in their scope of practice and, per the grades and examiners, there is no difference in the level of performance (Dr. Nakasaki, 2016).

In addition, the safety of the scope will be assured by the collaborative agreement. Dental Hygienists work in public health setting under a collaborative agreement now. The collaborative agreement, which will be a mandatory agreement between every advanced dental hygiene practitioner and a dentist, will outline the specific scope of practice that the practitioner may do at that particular facility. This document should eliminate any reservations you may have about the safety of the scope of practice, since the specific scope of practice must be agreed upon between the facility, supervising dentist, and the advanced dental hygiene practitioner.

Thank you for your time and consideration.

Sincerely,

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General Assembly
February Session, 2016

Committee Bill No.
LCO No.

Referred to Committee on Public Health
Introduced by:
(PH)

***AN ACT CONCERNING SERVICES PROVIDED BY DENTAL
PROFESSIONALS AND CERTIFICATION FOR ADVANCED DENTAL
HYGIENE PRACTITIONERS***

Be it enacted by the Senate and House of Representatives in General
Assembly convened:

1 Section 1. Section 20-126l of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 20[09]16*):

3 (a) As used in this section:

4 (1) "General supervision of a licensed dentist" means supervision
5 that authorizes dental hygiene procedures to be performed with the
6 knowledge of said licensed dentist, whether or not the dentist is on the
7 premises when such procedures are being performed;

8 (2) "Public health facility" means an institution, as defined in section
9 19a-490, a community health center, a group home, a school, a
10 preschool operated by a local or regional board of education or a head
11 start program; and

12 (3) The "practice of dental hygiene" means the performance of
13 educational, preventive and therapeutic services including: Complete
14 prophylaxis; the removal of calcareous deposits, accretions and stains
15 from the supragingival and subgingival surfaces of the teeth by
16 scaling, root planing and polishing; the application of pit and fissure
17 sealants and topical solutions to exposed portions of the teeth; dental

18 hygiene examinations and the charting of oral conditions; dental
19 hygiene assessment, dental hygiene diagnosis, treatment planning and
20 evaluation; dental triage; the administration of local anesthesia in
21 accordance with the provisions of subsection (d) of this section; and
22 collaboration in the implementation of the oral health care regimen.

23 (b) No person shall engage in the practice of dental hygiene unless
24 such person (1) has a dental hygiene license issued by the Department of
25 Public Health and (A) is practicing under the general supervision of a
26 licensed dentist, or (B) has been practicing as a licensed dental hygienist for
27 at least two years, is practicing in a public health facility and complies with
28 the requirements of subsection (e) of this section, (2) has an advanced
29 dental hygiene practitioner certification [practice license issued by the
30 department] and is practicing under a collaborative management
31 agreement with a licensed dentist, or ~~[(2)]~~ (3) has a dental license.

32 (c) A dental hygienist licensed under sections 20-126h to 20-126w,
33 inclusive, shall be known as a "dental hygienist" and no other person
34 shall assume such title or use the abbreviation "R.D.H." or any other
35 words, letters or figures which indicate that the person using such
36 words, letters or figures is a licensed dental hygienist. Any person who
37 employs or permits any other person except a licensed dental hygienist
38 to practice dental hygiene shall be subject to the penalties provided in
39 section 20-126t.

40 (d) A licensed dental hygienist may administer local anesthesia,
41 limited to infiltration and mandibular blocks, under the indirect
42 supervision of a licensed dentist, provided the dental hygienist can
43 demonstrate successful completion of a course of instruction
44 containing basic and current concepts of local anesthesia and pain
45 control in a program accredited by the Commission on Dental
46 Accreditation, or its successor organization, that includes: (1) Twenty
47 hours of didactic training, including, but not limited to, the psychology of
48 pain management; a review of anatomy, physiology, pharmacology
49 of anesthetic agents, emergency precautions and management, and
50 client management; instruction on the safe and effective administration
51 of anesthetic agents; and (2) eight hours of clinical training which
52 includes the direct observation of the performance of procedures. For
53 purposes of this subsection, "indirect supervision" means a licensed
54 dentist authorizes and prescribes the use of local anesthesia for a
55 patient and remains in the dental office or other location where the
56 services are being performed by the dental hygienist.

57 (e) A licensed dental hygienist shall not perform the following
58 dental services: (1) Diagnosis for dental procedures or dental treatment
59 [that is outside the scope of practice of a licensed dental hygienist] not
60 withstanding the scope of practice of the advanced dental hygiene
61 practitioner (2) the cutting or removal of any hard or soft tissue or
62 suturing; (3) the prescribing of drugs or medication which require the
63 written or oral order of a licensed dentist or physician; (4) the
64 administration of parenteral, inhalation or general anesthetic agents in
65 connection with any dental operative procedure; (5) the taking of any
66 impression of the teeth or jaws or the relationship of the teeth or jaws for
67 the purpose of fabricating any appliance or prosthesis; (6) the placing,
68 finishing and adjustment of temporary or final restorations, capping
69 materials and cement bases.

70 (f) Each dental hygienist practicing in a public health facility shall
71 (1) refer for treatment any patient with needs outside the dental hygienist's
72 scope of practice, and (2) coordinate such referral for treatment to dentists
73 licensed pursuant to chapter 379.

74 (g) All licensed dental hygienists applying for license renewal shall
75 be required to participate in continuing education programs. The
76 commissioner shall adopt regulations in accordance with the provisions of
77 chapter 54 to: (1) Define basic requirements for continuing education
78 programs, (2) delineate qualifying programs, (3) establish a system of
79 control and reporting, and (4) provide for waiver of the continuing
80 education requirement by the commissioner for good cause.

81 Sec. 2. Section 20-112a of the general statutes is repealed and the
82 following is substituted in lieu thereof (*Effective October 1, 20[09]16*):

83 (a) As used in this section:

84 (1) "Direct supervision" means that a licensed dentist has authorized
85 that certain procedures be performed on a patient by a dental assistant
86 with such dentist remaining on-site in the dental office while such
87 procedures are performed and that, prior to the patient's departure from
88 the dental office such dentist reviews and approves the treatment
89 performed by the dental assistant;

90 (2) "Dental assistant" means an entry level dental assistant, certified
91 dental assistant, noncertified dental assistant and an expanded function
92 dental assistant;

93 (3) "Certified dental assistant" means a person who passes the
94 certified dental assistant or certified orthodontic assistant examination of
95 the Dental Assisting National Board and maintains a current Dental
96 Assisting National Board Certified Dental Assistant or Certified
97 Orthodontic Assistant credential. Documentation of current certification
98 shall be maintained on the premises by the employing dentist and made
99 available to the Department of Public Health upon request;

100 (4) "Entry level dental assistant" means a person who has completed
101 on-the-job training in dental assisting under the direct supervision, control
102 and responsibility of an employing, licensed dentist and who successfully
103 completes the infection control examination of the Dental Assisting
104 National Board not later than six months after the date of commencing
105 employment, provided any person employed as an entry level dental
106 assistant on or before October 1, 20[09]12, shall successfully complete said
107 examination not later than October 1, 20[10]13. An affidavit that supports
108 the successful completion of said examination by any such entry level
109 dental assistant shall be maintained on the premises by the employing
110 dentist and made available to the Department of Public Health upon
111 request;

112 (5) "Expanded function dental assistant" means a certified dental
113 assistant or dental hygienist licensed under chapter 379a who has
114 successfully completed an expanded function dental assisting program at
115 an institution that offers an education program accredited by the
116 Commission on Dental Accreditation of the American Dental Association
117 that includes: (A) Not less than seventy hours of clinical and laboratory
118 instruction and not less than forty-three hours of clinical instruction; (B) a
119 comprehensive clinical examination; and (C) a standardized
120 comprehensive written and clinical proficiency examination in expanded
121 functions according to Dental Assisting National Board standards;
122 provided prior to working as an expanded function dental assistant, the
123 employing dentist shall verify that the expanded function dental assistant
124 has successfully completed the required education and training and passed
125 the required examinations. Documentation that the expanded function
126 dental assistant has met such requirements shall be maintained on the
127 premises by the employing dentist and made available to the Department
128 of Public Health upon request; and

129 (6) "Noncertified dental assistant" means a person who has
130 successfully completed a dental assistant education program accredited by
131 the Commission on Dental Accreditation of the American Dental
132 Association, or a person who has no less than three thousand hours of

133 experience as an entry level dental assistant, and who has passed the
134 infection control examination and the radiation health and safety
135 examination of the Dental Assisting National Board. An affidavit that
136 supports the successful completion of said examinations by any such
137 noncertified level dental assistant shall be maintained on the premises by
138 the employing dentist and made available to the Department of Public
139 Health upon request.

140 (b) A licensed dentist may delegate to dental assistants such dental
141 procedures as the dentist may deem advisable, including the taking of
142 dental x-rays if the dental assistant can demonstrate successful completion
143 of the dental radiography portion of an examination prescribed by the
144 Dental Assisting National Board, but all such procedures shall be
145 performed under the dentist's supervision and control and the dentist shall
146 assume responsibility for all such procedures; provided such assistants
147 may not engage in: (1) Diagnosis for dental procedures or dental treatment;
148 (2) the cutting or removal of any hard or soft tissue; [or suturing]; (3) the
149 prescribing of drugs or medications that require the written or oral order of
150 a licensed dentist or physician; (4) the administration of local, parenteral,
151 inhalation or general anesthetic agents in connection with any dental
152 operative procedure; (5) the taking of any impression of the teeth or jaws
153 or the relationship of the teeth or jaws for the purpose of fabricating any
154 appliance or prosthesis; (6) the placing, finishing and adjustment of
155 [temporary or] final restorations, capping materials and cement bases; [or]
156 (7) the practice of dental hygiene as defined in section 20-126l, as amended
157 by this act; or (8) coronal polishing, unless the dental assistant is certified
158 as an expanded function dental assistant and the procedure is not
159 represented or billed as prophylaxis.

160 (c) An expanded function dental assistant shall: (1) Maintain in good
161 standing certified dental assisting status with the Dental Assisting National
162 Board or a state dental hygiene licensure as prescribed in chapter 379a; (2)
163 conspicuously display such certification or licensure in the place of
164 employment where such expanded function dental assistant services shall
165 be performed; (3) maintain professional liability insurance or other
166 indemnity against liability for professional malpractice while employed in
167 such capacity in an amount that is not less than five hundred thousand
168 dollars for one person, per occurrence, with an aggregate of not less than
169 one million five hundred thousand dollars; and (4) limit his or her practice
170 to a public health facility as defined in section 20-126l, as amended by this
171 act, or a dental health professional shortage area as designated by the
172 federal Health Resources and Services Administration.

173 (d) The Commissioner of Public Health, in consultation with the
174 State Dental Commission, shall adopt regulations, in accordance with
175 chapter 54, to implement the provisions of this section. Such regulations
176 shall minimally: (1) Identify the types of procedures that may be
177 performed by a certified dental assistant, entry level dental assistant,
178 expanded function dental assistant and a noncertified dental assistant; (2)
179 delineate the levels of supervision required for such procedures; and (3)
180 prescribe that a dental assistant may work under the supervision of a
181 licensed dental hygienist in a public health facility as defined in section 20-
182 126l, as amended by this act.

183 Sec. 3. Section 20-13j of the general statutes is repealed and the
184 following is substituted in lieu thereof (*Effective [January 1, 2010] October 1,*
185 *2016*):

186 (a) For the purposes of this section:

187 (1) "Department" means the Department of Public Health; and

188 (2) "Health care provider" means: (A) A physician licensed under
189 this chapter; (B) a dentist licensed under chapter 379; (C) a chiropractor
190 licensed under chapter 372; (D) an optometrist licensed under chapter 380;
191 (E) a podiatrist licensed under chapter 375; (F) a natureopath licensed
192 under chapter 373; (G) a dental hygienist licensed under chapter 379a; (H)
193 an advanced dental hygiene practitioner [licensed] certified in accordance
194 with sections 4 and 5 of this act; (I) an advanced practice registered nurse
195 licensed under chapter 378; or [(I)] (J) a physical therapist licensed under
196 chapter 376.

197 (b) The department, after consultation with the Connecticut Medical
198 Examining Board, the Connecticut State Medical Society, or any other
199 appropriate state board, shall, within available appropriations, collect the
200 following information to create an individual profile on each health care
201 provider for dissemination to the public:

202 (1) The name of the medical or dental school, chiropractic college,
203 school or college of optometry, school or college of chiropody or podiatry,
204 school or college of natur[e]opathy, school of dental hygiene, school of
205 physical therapy or other school or institution giving instruction in the
206 healing arts attended by the health care provider and the date of
207 graduation;

208 (2) The site, training, discipline and inclusive dates of any
209 completed postgraduate education or other professional education
210 required pursuant to the applicable licensure section of the general
211 statutes;

212 (3) The area of the health care provider's practice specialty;

213 (4) The address of the health care provider's primary practice
214 location or primary practice locations, if more than one;

215 (5) A list of languages, other than English, spoken at the health care
216 provider's primary practice locations;

217 (6) An indication of any disciplinary action taken against the health
218 care provider by the department, the appropriate state board or any
219 professional licensing or disciplinary body in another jurisdiction;

220 (7) Any current certifications issued to the health care provider by a
221 specialty board of the profession;

222 (8) The hospitals and nursing homes at which the health care
223 provider has been granted privileges;

224 (9) Any appointments of the health care provider to a Connecticut
225 medical school faculty and an indication as to whether the health care
226 provider has current responsibility for graduate medical education;

227 (10) A listing of the health care provider's publications in peer
228 reviewed literature;

229 (11) A listing of the health care provider's professional services,
230 activities and awards;

231 (12) Any hospital disciplinary actions against the health care
232 provider that resulted, within the past ten years, in the termination or
233 revocation of the health care provider's hospital privileges for a
234 professional disciplinary cause or reason, or the resignation from, or
235 nonrenewal of, professional staff membership or the restriction of
236 privileges at a hospital taken in lieu of or in settlement of a pending
237 disciplinary case related to professional competence in such hospital;

238 (13) A description of any criminal conviction of the health care
239 provider for a felony within the last ten years. For the purposes of this
240 subdivision, a health care provider shall be deemed to be convicted of a

241 felony if the health care provider pleaded guilty or was found or adjudged
242 guilty by a court of competent jurisdiction or has been convicted of a
243 felony by the entry of a plea of nolo contendere;

244 (14) To the extent available, and consistent with the provisions of
245 subsection (c) of this section, all professional malpractice court judgments
246 and all professional malpractice arbitration awards against the health care
247 provider in which a payment was awarded to a complaining party during
248 the last ten years, and all settlements of professional malpractice claims
249 against the health care provider in which a payment was made to a
250 complaining party within the last ten years;

251 (15) An indication as to whether the health care provider is actively
252 involved in patient care; and

253 (16) The name of the health care provider's professional liability
254 insurance carrier.

255 (c) Any report of a professional malpractice judgment or award
256 against a health care provider made under subdivision (14) of subsection
257 (b) of this section shall comply with the following: (1) Dispositions of paid
258 claims shall be reported in a minimum of three graduated categories
259 indicating the level of significance of the award or settlement; (2)
260 information concerning paid professional malpractice claims shall be
261 placed in context by comparing an individual health care provider's
262 professional malpractice judgments, awards and settlements to the
263 experience of other health care providers licensed in Connecticut who
264 perform procedures and treat patients with a similar degree of risk; (3) all
265 judgment award and settlement information reported shall be limited to
266 amounts actually paid by or on behalf of the health care provider; and (4)
267 comparisons of professional malpractice payment data shall be
268 accompanied by (A) an explanation of the fact that health care providers
269 treating certain patients and performing certain procedures are more likely
270 to be the subject of litigation than others and that the comparison given is
271 for health care providers who perform procedures and treat patients with a
272 similar degree of risk; (B) a statement that the report reflects data for the
273 last ten years and the recipient should take into account the number of
274 years the health care provider has been in practice when considering the
275 data; (C) an explanation that an incident giving rise to a professional
276 malpractice claim may have occurred years before any payment was made
277 due to the time lawsuits take to move through the legal system; (D) an
278 explanation of the effect of treating high-risk patients on a health care
279 provider's professional malpractice history; and (E) an explanation that

280 professional malpractice cases may be settled for reasons other than
281 liability and that settlements are sometimes made by the insurer without
282 the health care provider's consent. Information concerning all settlements
283 shall be accompanied by the following statement: "Settlement of a claim
284 may occur for a variety of reasons that do not necessarily reflect negatively
285 on the professional competence or conduct of the health care provider. A
286 payment in settlement of a professional malpractice action or claim should
287 not be construed as creating a presumption that professional malpractice
288 has occurred."

289 (d) Pending professional malpractice claims against a health care
290 provider and actual amounts paid by or on behalf of a health care provider
291 in connection with a professional malpractice judgment, award or
292 settlement shall not be disclosed by the department to the public. This
293 subsection shall not be construed to prevent the department from
294 investigating and disciplining a health care provider on the basis of
295 professional malpractice claims that are pending.

296 (e) Prior to the initial release of a health care provider's profile to the
297 public, the department shall provide the health care provider with a copy
298 of the health care provider's profile. Additionally, any amendments or
299 modifications to the profile that were not supplied by the health care
300 provider or not generated by the department itself shall be provided to the
301 health care provider for review prior to release to the public. A health care
302 provider shall have sixty days from the date the department mails or
303 delivers the prepublication copy to dispute the accuracy of any information
304 that the department proposes to include in such profile and to submit a
305 written statement setting forth the basis for such dispute. If a health care
306 provider does not notify the department that the health care provider
307 disputes the accuracy of such information within such sixty-day period,
308 the department shall make the profile available to the public and the health
309 care provider shall be deemed to have approved the profile and all
310 information contained in the profile. If a health care provider notifies the
311 department that the health care provider disputes the accuracy of such
312 information in accordance with this subsection, the health care provider's
313 profile shall be released to the public without the disputed information, but
314 with a statement to the effect that information in the identified category is
315 currently the subject of a dispute and is therefore not currently available.
316 Not later than thirty days after the department's receipt of notice of a
317 dispute, the department shall review any information submitted by the
318 health care provider in support of such dispute and determine whether to
319 amend the information contained in the profile. In the event that the
320 department determines not to amend the disputed information, the

321 disputed information shall be included in the profile with a statement that
322 such information is disputed by the health care provider.

323 (f) A health care provider may elect to have the health care
324 provider's profile omit information provided pursuant to subdivisions (9)
325 to (11), inclusive, of subsection (b) of this section. In collecting information
326 for such profiles and in the dissemination of such profiles, the department
327 shall inform health care providers that they may choose not to provide the
328 information described in said subdivisions (9) to (11), inclusive.

329 (g) Each profile created pursuant to this section shall include the
330 following statement: "This profile contains information that may be used as
331 a starting point in evaluating a health care provider. This profile should
332 not, however, be your sole basis for selecting a health care provider."

333 (h) The department shall maintain a web site on the Internet for use
334 by the public in obtaining profiles of health care providers.

335 (i) No state law that would otherwise prohibit, limit or penalize
336 disclosure of information about a health care provider shall apply to
337 disclosure of information required by this section.

338 (j) All information provided by a health care provider pursuant to
339 this section shall be subject to the penalty for false statement under section
340 53a-157b.

341 (k) Except for the information in subdivisions (1), (2), (10) and (11) of
342 subsection (b) of this section, a health care provider shall notify the
343 department of any changes to the information required in subsection (b) of
344 this section not later than sixty days after such change."

345 Sec. 4. (NEW) (*Effective October 1, 20[09] 16*) No person shall engage
346 in advanced dental hygiene practice unless such person holds and
347 maintains a dental hygiene license in good standing and an advanced
348 dental hygiene practice [license] certification issued by the Department of
349 Public Health. An advanced dental hygiene practice [license] certification
350 issued under section 5 of this act shall be renewed annually in accordance
351 with the provisions of section 19a-88 of the general statutes, as amended by
352 this act.

353 Sec. 5. (NEW) (*Effective October 1, 20[09] 16*) (a) Each application for
354 an advanced dental hygiene practice [license] certification shall be in
355 writing on forms prescribed by the Department of Public Health, signed by

356 the applicant and accompanied by an application fee of two hundred
357 dollars. An applicant shall have graduated from a master's degree program
358 in advanced dental hygiene practice from an institution of higher learning
359 accredited by the Board of [Governors] Regents of Higher Education in
360 accordance with the provisions of section 10a-34 of the general statutes.
361 Any such master's degree program accredited by the Board of Governors
362 of Higher Education shall include a curriculum that incorporates advanced
363 dental hygiene practice competencies as adopted by the American Dental
364 Hygienists' Association.

365 (b) An applicant for an advanced dental hygiene practice [license]
366 certification shall be examined as to his or her professional knowledge and
367 skill prior to the granting of such [license] certification, through a
368 comprehensive, competency-based examination, prescribed by the
369 Department of Public Health and administered independently of any
370 institution of higher education that offers a master's degree program in
371 advanced dental hygiene practice.

372 Sec. 6. (NEW) (*Effective October 1, 20[09] 16*) (a) As used in this
373 section:

374 (1) "Advanced dental hygiene practitioner" means a licensed dental
375 hygienist who satisfies the requirements of sections 4 and 5 of this act and
376 is authorized to perform all services set forth in section 20-126l of the
377 general statutes, as amended by this act, pursuant to a collaborative
378 management agreement;

379 (2) "Collaborative management agreement" means a written
380 agreement between an advanced dental hygiene practitioner and a dentist,
381 licensed in accordance with the provisions of chapter 379 of the general
382 statutes, that outlines a mutually agreed upon relationship in which the
383 advanced dental hygiene practitioner and the dentist agree to the
384 parameters of practice provided by such advanced dental hygiene
385 practitioner; and

386 (3) "Public health facility" means an institution, as defined in section
387 19a-490 of the general statutes, a community health center, group home,
388 school, preschool operated by a local or regional board of education or
389 head start program.

390 (b) Pursuant to a collaborative management agreement with a
391 licensed dentist, an advanced dental hygiene practitioner may:

392 (1) Formulate an individualized care plan based on scientific
393 rationale, evidence-based standards of care, and practice guidelines in
394 collaboration with the patient and multidisciplinary health care team;

395 (2) Administer local anesthesia;

396 (3) Diagnose and treat for oral diseases and conditions within the
397 advanced dental hygiene practitioner scope of practice;

398 (4) Provide diagnostic, educational, palliative, therapeutic,
399 prescriptive and minimally invasive restorative oral health services
400 including: (A) Preparation and restoration of primary and permanent teeth
401 using direct placement of appropriate dental materials; (B) temporary
402 placement of crowns and restorations; (C) placement of preformed crowns;
403 (D) pulpotomies on primary teeth; (E) direct and indirect pulp capping in
404 primary and permanent teeth; and (F) placement of atraumatic temporary
405 restorations;

406 (5) Prescribe, dispense and administer only the following drugs
407 within the parameters of the collaborative management agreement and
408 within the scope of practice of the advanced dental hygiene practitioner:
409 Fluorides, Analgesics, anti-inflammatories, [and] antibiotics[;] and
410 antimicrobials.

411 (6) [Perform nonsurgical extractions on] Remove mobile, exfoliating,
412 primary and mobile, permanent teeth;

413 (7) Place and remove sutures;

414 (8) Prevent or intercept potential orthodontic problems and
415 parafunctional habits by early identification of such problems, space
416 maintenance services and appropriate referral to other health care
417 professionals;

418 (9) Provide temporary reparative services to patients with defective
419 prosthetic appliances;

420 (10) Consult, collaborate and coordinate care with other health care
421 professionals;

422 (11) Provide referrals to patients as needed for further dental
423 procedures or other health care needs;

424 (12) Utilize emerging technologies in assessment, evaluation,
425 diagnosis, prognosis, intervention and prevention of disease or conditions
426 that impair oral or systemic health and wellness; and

427 (13) Use electronic technology to transfer digital radiography,
428 photography, clinical assessment data and fiber optic imaging in
429 collaboration with other health care professionals when warranted for the
430 health of the patient.

431 (c) An advanced dental hygiene practitioner, [licensed] certified in
432 accordance with the provisions of sections 4 and 5 of this act, shall practice
433 pursuant to a collaborative management agreement [only] in a public
434 health facility or a dental health professional workforce shortage area as
435 designated by the federal Health Resources and Services Administration.

436 (d) A collaborative management agreement entered into in
437 accordance with the provisions of this section shall be in writing, signed by
438 the parties to the agreement and maintained by the advanced dental
439 hygiene practitioner at the location where such practitioner is employed
440 and shall be available for inspection upon the request of the Department of
441 Public Health. A collaborative management agreement shall be reviewed
442 by the parties involved on an annual basis and shall minimally include: (1)
443 A description of the supervisory relationship between the advanced dental
444 hygiene practitioner and the licensed dentist; (2) specific protocols for
445 prescribing, administering and dispensing medications, including, the
446 types of medications to be prescribed, administered and dispensed and the
447 conditions and circumstances under which such medications are to be
448 prescribed, dispensed and administered; and (3) an emergency protocol
449 that addresses situations under which the following shall occur: (A)
450 Consultation with a licensed dentist or other health care provider; (B)
451 transfer of patient care to a licensed dentist or other licensed health care
452 provider; (C) the provision of emergency care; (D) methods for disclosing
453 the relationship covered by such agreement to the patient; and (E) methods
454 for reviewing patient outcomes.

455 (e) All [licensed] certified advanced dental hygiene practitioners
456 shall participate in continuing education programs.

457 Sec. 7. (NEW) (*Effective October 1, 20[09] 16*) An advanced dental
458 hygiene practitioner's [license] certification along with such practitioner's
459 dental hygiene license for the current year shall be displayed
460 conspicuously in the public health facility, office, place of business or place
461 of employment of such practitioner. Each [licensed] certified advanced

462 dental hygiene practitioner shall promptly notify the department of any
463 change of address or employment subsequent to his or her licensure.

464 Sec. 8. (NEW) (*Effective October 1, 20[09] 16*) (a) The Department of
465 Public Health may take any of the actions set forth in section 19a-17 of the
466 general statutes for any of the following causes: (1) The presentation to the
467 department of any diploma [or] license, or certification illegally or
468 fraudulently obtained, obtained from an institution that is not accredited or
469 from an unrecognized or irregular institution or state board, or obtained by
470 the practice of any fraud or deception; (2) illegal conduct; (3) negligent,
471 incompetent or wrongful conduct in professional activities; (4) conviction
472 of the violation of any of the provisions of sections 20-126h to 20-126w,
473 inclusive, of the general statutes, as amended by this act, by any court of
474 criminal jurisdiction; (5) the violation of any of the provisions of said
475 sections or of the regulations adopted hereunder or the refusal to comply
476 with any of said provisions or regulations; (6) the aiding or abetting in the
477 practice of advanced dental hygiene of a person not [licensed] certified to
478 practice in this state; (7) engaging in fraud or material deception in the
479 course of professional activities; (8) the effects of physical or mental illness,
480 emotional disorder or loss of motor skill, including, but not limited to,
481 deterioration through the aging process, upon the license or certification
482 holder; (9) abuse or excessive use of drugs, including alcohol, narcotics or
483 chemicals; (10) failure to comply with mandatory continuing education
484 requirements; (11) failure to maintain professional liability insurance; (12)
485 practicing without a collaborative management agreement; (13) failure to
486 properly supervise dental assistants; or (14) failure to provide information
487 to the Department of Public Health required to complete a health care
488 profile, as set forth in section 20-13j of the general statutes, as amended by
489 this act. A violation of any of the provisions of sections 4 to 14, inclusive, of
490 this act, by any [unlicensed] noncertified advanced dental hygiene
491 practitioner, with the knowledge of such practitioner's employer, shall be
492 deemed a violation thereof by such employer. The Commissioner of Public
493 Health may order a license or certificate holder to submit to a reasonable
494 physical or mental examination if his or her physical or mental capacity to
495 practice safely is the subject of an investigation. Said commissioner may
496 petition the superior court for the judicial district of Hartford to enforce
497 such order or any action taken pursuant to said section 19a-17.

498 (b) For purposes of subdivision (7) of subsection (a) of this section,
499 fraud or material deception shall include, but not be limited to, the
500 following practices: (1) Submission of a claim form to a third party
501 intentionally reporting incorrect treatment dates for the purpose of
502 assisting a patient in obtaining benefits under a dental plan, which benefits

503 would otherwise be disallowed; (2) increasing a fee to a patient for a
504 service in excess of the fee charged solely because the patient has dental
505 insurance; (3) intentionally describing a procedure incorrectly on a third-
506 party claim form in order to receive a greater payment or reimbursement
507 or intentionally misrepresenting a procedure not otherwise eligible for
508 payment or reimbursement on such claim form for the purpose of
509 receiving payment or reimbursement; and (4) intentionally accepting
510 payment from a third party as payment in full for patient services rendered
511 when (A) the patient has been excused from payment of any applicable
512 deductible by the license or certificate holder, and (B) such license holder
513 fails to notify the third party of such action.

514 Sec. 9. (NEW) (*Effective October 1, 20[09] 16*) No person shall falsely
515 claim to hold a license, certificate, diploma or degree granted by a society,
516 school or by the Department of Public Health, or, with intent to deceive the
517 public, pretend to be a graduate of any advanced dental hygiene practice
518 program or college, or append the letters "A.D.H.P." to his or her name,
519 without having the degree indicated by such letters conferred upon him by
520 diploma from a college, a school, a board of examiners, or other agency
521 empowered to confer the same.

522 Sec. 10. (NEW) (*Effective October 1, 20[09]16*) Payment for advanced
523 dental hygiene practice care rendered to patients in chronic and
524 convalescent hospitals or convalescent homes shall be made directly to the
525 [licensed] certified advanced dental hygiene practitioner rendering such
526 care. The Commissioner of Social Services shall not be required to
527 recognize the cost of employing or contracting with an advanced dental
528 hygiene practitioner in the rates established for convalescent homes
529 pursuant to section 17b-340 of the general statutes.

530 Sec. 11. (NEW) (*Effective October 1, 20[09] 16*) Any person who
531 violates any provision of sections 4 to 14, inclusive, of this act shall be fined
532 not more than five thousand dollars in aggregate. Any person who
533 continues to practice as an advanced dental hygiene practitioner or engage
534 as an advanced dental hygiene practitioner, after his or her license or
535 authority to so do has been suspended or revoked and while such
536 disability continues, shall be fined not more than five thousand dollars in
537 aggregate. For purposes of this section, each instance of patient contact or
538 consultation which is in violation of any provision of this section shall
539 constitute a separate offense. Failure to renew a license in a timely manner
540 shall not constitute a violation for the purposes of this section.

541 Sec. 12. (NEW) (*Effective October 1, 20[09]16*) Nothing in sections 4 to
542 14, inclusive, of this act shall be construed to: (1) Allow a licensed
543 advanced dental hygiene practitioner to practice independently. (2) Allow
544 a licensed advanced dental hygiene practitioner to practice beyond the
545 parameters of the collaborative management agreement with the
546 collaborating licensed dentist; or [(2)] (3) prevent a licensed dentist from
547 providing advanced dental hygiene practice services.

548 Sec. 13. (NEW) (*Effective October 1, 20[09]16*) (a) Each [licensed]
549 certified advanced dental hygiene practitioner who provides direct patient
550 care services shall maintain professional liability insurance or other
551 indemnity against liability for professional malpractice. The amount of
552 insurance that each such person shall carry as insurance or indemnity
553 against claims for injury or death for professional malpractice shall not be
554 less than five hundred thousand dollars for one person, per occurrence,
555 with an aggregate of not less than one million five hundred thousand
556 dollars.

557 (b) Each insurance company that issues professional liability
558 insurance, as defined in subdivisions (1), (6), (7), (8) and (9) of subsection
559 (b) of section 38a-393 of the general statutes, shall, on and after January 1,
560 2010, render to the Commissioner of Public Health a true record of the
561 names, according to classification, of cancellations of and refusals to renew
562 professional liability insurance policies and the reasons for such
563 cancellations or refusal to renew said policies for the year ending on the
564 thirty-first day of December next preceding.

565 Sec. 14. (NEW) (*Effective October 1, 20[09]16*) The Commissioner of
566 Public Health shall adopt regulations, in accordance with chapter 54 of the
567 general statutes, to: (1) Define basic requirements for continuing education
568 programs; (2) delineate qualifying programs; (3) establish a system of
569 control and reporting; (4) provide for waiver of the continuing education
570 requirement by the commissioner for good cause; and (5) implement the
571 provisions of sections 4 to 14, inclusive, of this act.

572 Sec. 15. Subsection (c) of section 19a-14 of the general statutes is
573 repealed and the following is substituted in lieu thereof (*Effective October 1,*
574 *20[09]16*):

575 (c) No board shall exist for the following professions that are
576 licensed or otherwise regulated by the Department of Public Health:

577 (1) Speech and language pathologist and audiologist;

- 578 (2) Hearing instrument specialist;
- 579 (3) Nursing home administrator;
- 580 (4) Sanitarian;
- 581 (5) Subsurface sewage system installer or cleaner;
- 582 (6) Marital and family therapist;
- 583 (7) Nurse-midwife;
- 584 (8) Licensed clinical social worker;
- 585 (9) Respiratory care practitioner;
- 586 (10) Asbestos contractor and asbestos consultant;
- 587 (11) Massage therapist;
- 588 (12) Registered nurse's aide;
- 589 (13) Radiographer;
- 590 (14) Dental hygienist;
- 591 (15) Dietitian-Nutritionist;
- 592 (16) Asbestos abatement worker;
- 593 (17) Asbestos abatement site supervisor;
- 594 (18) Licensed or certified alcohol and drug counselor;
- 595 (19) Professional counselor;
- 596 (20) Acupuncturist;
- 597 (21) Occupational therapist and occupational therapist assistant;
- 598 (22) Lead abatement contractor, lead consultant contractor, lead
599 consultant, lead abatement supervisor, lead abatement worker, inspector
600 and planner-project designer;

601 (23) Emergency medical technician, emergency medical technician-
602 intermediate, medical response technician and emergency medical services
603 instructor;

604 (24) Paramedic;

605 (25) Athletic trainer; **[and]**

606 (26) Perfusionist; and

607 (27) Advanced dental hygiene practitioner.

608 The department shall assume all powers and duties normally vested with a
609 board in administering regulatory jurisdiction over such professions. The
610 uniform provisions of **[this chapter]** sections 4 to 14, inclusive, of this act
611 and chapters 368v, 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395,
612 398, 399, 400a and 400c, including, but not limited to, standards for entry
613 and renewal; grounds for professional discipline; receiving and processing
614 complaints; and disciplinary sanctions, shall apply, except as otherwise
615 provided by law, to the professions listed in this subsection.

616 Sec. 16. Subsection (a) of section 19a-88 of the general statutes is
617 repealed and the following is substituted in lieu thereof (*Effective October 1,*
618 *20[09]16*):

619 (a) Each person holding a license to practice dentistry, optometry,
620 midwifery, **or** dental hygiene[or advanced dental hygiene practice] shall,
621 annually, during the month of such person's birth, register with the
622 Department of Public Health, upon payment of the professional services
623 fee for class I, as defined in section 33-182l in the case of a dentist, except as
624 provided in sections 19a-88b and 20-113b, the professional services fee for
625 class H, as defined in section 33-182l in the case of an optometrist, five
626 dollars in the case of a midwife, and fifty dollars in the case of a dental
627 hygienist, on blanks to be furnished by the department for such purpose,
628 giving such person's name in full, such person's residence and business
629 address and such other information as the department requests. Each
630 person holding a license to practice dentistry who has retired from the
631 profession may renew such license, but the fee shall be ten per cent of the
632 professional services fee for class I, as defined in section 33-182l. Any
633 license provided by the department at a reduced fee pursuant to this
634 subsection shall indicate that the dentist is retired.

635 Sec. 17. Subsection (a) of section 19a-12a of the general statutes is
636 repealed and the following is substituted in lieu thereof (*Effective October 1,*
637 *20[09]16*):

638 (a) As used in this section and section 19a-12b:

639 (1) "Chemical dependency" means abusive or excessive use of drugs,
640 including alcohol, narcotics or chemicals, that results in physical or
641 psychological dependence;

642 (2) "Department" means the Department of Public Health;

643 (3) "Health care professionals" includes any person licensed or who
644 holds a permit pursuant to chapter 370, 372, 373, 375, 375a, 376, 376a, 376b,
645 376c, 377, 378, 379, 379a, 380, 381, 381a, 383, 383a, 383b, 383c, 384, 384a,
646 384b, 384c, 384d, 385, 398 or 399 or sections 4 to 14, inclusive, of this act;

647 (4) "Medical review committee" means any committee that reviews
648 and monitors participation by health care professionals in the assistance
649 program, including a medical review committee described in section 19a-
650 17b; and

651 (5) "Assistance program" means the program established pursuant
652 to subsection (b) of this section to provide education, prevention,
653 intervention, referral assistance, rehabilitation or support services to health
654 care professionals who have a chemical dependency, emotional or
655 behavioral disorder or physical or mental illness.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 20[09]16</i>	20-126l
Sec. 2	<i>October 1, 20[09]16</i>	20-112a
Sec. 3	<i>[January 1, 2010]October 1, 2016</i>	20-13j
Sec. 4	<i>October 1, 20[09]16</i>	New section
Sec. 5	<i>October 1, 20[09]16</i>	New section
Sec. 6	<i>October 1, 20[09]16</i>	New section
Sec. 7	<i>October 1, 20[09]16</i>	New section
Sec. 8	<i>October 1, 20[09]16</i>	New section
Sec. 9	<i>October 1, 20[09]16</i>	New section

Sec. 10	<u>October 1, 20[09]16</u>	New section
Sec. 11	<u>October 1, 20[09]16</u>	New section
Sec. 12	<u>October 1, 20[09]16</u>	New section
Sec. 13	<u>October 1, 20[09]16</u>	New section
Sec. 14	<u>October 1, 20[09]16</u>	New section
Sec. 15	<u>October 1, 20[09]16</u>	19a-14(c)
Sec. 16	<u>October 1, 20[09]16</u>	19a-88(a)
Sec. 17	<u>October 1, 20[09]16</u>	19a-12a(a)

656 **Statement of Purpose:**

657 To increase access to dental care for underserved populations through use
658 of advanced dental hygiene practitioners.

659 ***[Proposed deletions are enclosed in brackets. Proposed additions are indicated by***
660 ***underline, except that when the entire text of a bill or resolution or a section of a bill***
661 ***or resolution is new, it is not underlined.]***

662