Dear Senator Gerratana, Senator Somers, Representative Steinberg, and Members of the Public Health Committee,

My name is Dr. Doug Keck. I have been practicing pediatric dentistry in New Haven and Madison, Connecticut for 25 years. Additionally, I am one of the more than nearly 1800 dentists who provide services to clients of the Connecticut Dental Health Partnership, formerly known as Husky as well as provide pro bono care to children in my community. I also teach in the pediatric dental residency program at Yale-New Haven Hospital which also provides extensive dental care to those in need. I thank you for the opportunity to present this written testimony in opposition to SB 40 – An Act Concerning the Certification of Dental Therapists.

I would like to start out by stating that as a product of the Department of Public Health’s scope of practice process in 2012, for which my professional organization supported as well as my specialty organization that I am in support of allowing hygienists and dental assistants to become Expanded Function Dental Auxiliaries. In 2016, the Connecticut State Legislature passed a law creating this new designation of dental assistants. These EFDA’s will have competencies and roles that numerous states already allow for and could have an immediate effect on the efficiency of the dental office. Also, 99.2% of Husky clients in Connecticut have at least two dentists within 10 miles of their home, demonstrating that there is no shortage of dentists/providers in the state. Underserved populations have access to care. It is the utilization of these services which can be a problem.

The Council on Dental Accreditation has passed a document that offers a certification process for dental therapists. The dental therapy programs that exist in the US are located in states like Alaska and Minnesota where there are geographically rural populations that find it difficult to get the oral health care they may require. Connecticut does not have these issues. Because an accreditation process exists does not mean that a state has to offer a program in dental therapy. Our state dental association would respectfully ask the legislature to let the EFDA
program get up and running before passing any other legislation that would add another oral health provider to the already growing mix.

Lastly, I would argue that passing dental therapy may add cost to the state budget and extra manpower needs upon state agencies and staff who may already have limited resources. The cost of higher education for a dental therapy program is significant and may be difficult to complete without significant debt, particularly if the salary that this new practitioner would make could not cover the cost of the education. Every statistic shows that there is no need to create a Dental Therapist or any other type of mid-level provider in Connecticut. Thank you again for allowing me to submit this written testimony and if there are any further questions regarding this, please do not hesitate to contact me.

Respectfully Submitted,

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