Legislative Testimony
Public Health Committee
Proposed SB 40 – An Act Concerning the Certification of Dental Therapists
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Senator Gerratana, Co-Chairs, and esteemed members of the Public Health Committee, my name is Dr. Jonathan Knapp. I am a Past President of the Connecticut State Dental Association, Past Chair of the ADA Council on Dental Practice and currently Chair the Subcommittee on Information Exchange of the Standards Committee on Dental Informatics, an ANSI accredited Standards Development Organization. I have run a general and family dental practice in Bethel since 1993 and currently serve hundreds of Connecticut Medicaid patients, both children and adults. I serve on the Board for CT Mission of Mercy CT-MOM, and on the Administrative Board for The Perinatal & Infant Oral Health Quality Improvement Project at CTDHP (a HRSA Grant to Husky). I am happy to provide this testimony regarding SB 40 – An Act Concerning the Certification of Dental Therapists.

Unfortunately, I cannot support this bill as written because it does not contain specific language regarding legislative intent and it does not address critical elements that should be very well defined prior to establishing such a position.

Proposed Bill SB40 does not comply with, and in fact completely bypasses, previously agreed upon protocols that require review and input from stakeholders when considering scope of practice issues in the health care fields. Public Act 11-209, signed by Governor Malloy back in 2011, provides for a rigorous review process that is to be conducted by The Department of Public Health whenever there is a proposal that will impact scope of practice within the healthcare professions. This process was widely supported by dentists, hygienists and dental assistants here in Connecticut, as well as other stakeholders in healthcare such as MD’s, nurses and PA’s. Prior to enactment, the Dental Therapist position should be subjected to this important process.

Many questions and concerns would be appropriately addressed by subjecting this proposal to review procedures. What purpose will be fulfilled by creating a new type of provider for our state? If this is meant to address a perceived lack of access to dental care, that lack of access should be well defined so as to ensure that the needs of our population will be appropriately addressed. Due to the dramatic improvements in the dental Medicaid program in CT, the needs of citizens up to the age of 21 are being overwhelmingly met based on utilization data easily obtainable from DSS. Additionally, there is additional capacity that still exists within the current system, with providers consistently calling CT Dental Health Partnership agents to ask for more patients. Is this intended to address some other need here in CT? Is it targeted at adults or the elderly, who have some of the most complex medical/pharmacological complications of anyone in society? Where will Therapists be permitted to practice and under what conditions? Will this exist in Public Health settings? Private practices? Large-scale, corporate run, for-profit clinics looking to maximize production goals? Who will be held responsible for any issues that may arise and will penalties be imposed when practice violations occur? I believe that many of these
questions are beyond the sole purview of our Department of Public Health and require consideration and definition prior to enactment.

What will the position look like? What level of training will be required? Will the position be supervised? The model recently approved by CODA (Commission on Dental Accreditation) is based on a three-year post-secondary curriculum, which means that CODA sees this position not as a master’s level provider, but rather as someone capable of providing a narrowly prescribed but prioritized range of services, with only three years of education and training post high school. In terms of cost effectiveness, the master’s level provider’s education costs would be very close to the costs to become a fully licensed dentist. Meanwhile, the lower cost education program involving three years post high school, as accredited by CODA, holds much more promise. At less than half the cost to train and employ, it would be much more likely to attract candidates from areas with fewer dentists, such as rural towns and inner cities, who would be willing to return to their communities to provide care.

Furthermore, will candidates be required to undergo clinical testing? This provider will be performing cutting procedures involving teeth and gums, which have never been within the purview of anyone other than dentists. Dentists are required to pass clinical evaluations on these procedures prior to being granted the privilege to perform them.

For the reasons outlined above, as well as the high potential for unintended consequences, I believe that any effort to establish a Dental Therapist in Connecticut should be more properly vetted through consensus based, established protocols and should include more definitive legislative intent pertaining to critical areas of concern. Until such conditions are met, I would urge defeat of SB40.

Respectfully submitted,

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