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

My name is Carolyn Malon. I have been practicing dentistry in Connecticut for 30 years, both in Farmington and New Britian, and have also provided care at at the Community Dental Center at St. Francis Hospital in Hartford. I have been a nursing home dentist, and currently am a consultant to the Wheeler Clinic, as they work to add dental care to the services which they offer. I am a Husky provider, and I volunteer annually at Mission of Mercy. I served for 6 years on the State of Connecticut Dental Commission, and for 12 years I was an examiner for the dental board exams. I am a past-president of the Connecticut State Dental Association and currently serve as the Chair of the CSDA’s Council on Legislation.

I am offering this testimony in opposition to SB 40, An Act Concerning the Certification of Dental Therapists.

For a number of years now, the legislature has debated the need to establish a “mid-level dental provider” in our state. SB 40 is the most recent of bills with this goal. SB 40 however, lacks any language describing what exactly is the intent, other than the ambiguous goal of “to increase access to dental care by dental therapists”. Without any specific description of how and why this is a good idea, I am left to argue the same points that I have made in previous testimony in front of this committee when discussing dental providers.

In my testimony in past sessions, I have repeatedly asked for clarification of what problem we are trying to solve. If legislators are interested in increasing access to dental care, it would be helpful to understand what are the barriers to access to dental care in the State of Connecticut. Is the problem a lack of dentists? Is it a lack of dentists accepting Medicaid benefits? What population in Connecticut lacks access? Is it children, adults, the elderly, those in nursing facilities, those within a certain income bracket? Is it a problem of geography? Without some definition of what the problem is in accessing dental care, I argue that we should not be discussing possible solutions. I would request that prior to any further attempts at legislating a solution, that the access issue be studied to determine what the needs are of the population of our state.
I have testified in previous years on the concept of an Advanced Dental Hygiene Practitioner (ADHP), arguing that this model of provider was unproven and unnecessary. In fact, despite the investment of time and money by groups outside of the realm of dentistry in support of the ADHP model, not one state in the U.S. has adopted ADHP.

As regards the current bill, SB 40, it is my understanding that part of the reason for introducing the Dental Therapist model, rather than ADHP, is that the Commission on Dental Accreditation has established standards for therapist programs. I would like to point out that CODA is an independent body, recognized by the US Department of Education which merely establishes standards; they do not endorse models, but merely set standards for educational programs that are developed at various institutions. Their mission is as follows:

The Commission on Dental Accreditation serves the public and profession by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

The fact that CODA can provide accreditation does not mean that they have, and indeed, no Dental Therapy programs have yet been accredited.

For the newer members of the Public Health Committee, I would like to point out some facts and figures regarding access to dental care in the State of Connecticut. The Department of Public Health maintains that we have enough dentists in our state to provide care. Since reimbursement rates were raised to a more reasonable level for children in the Husky program, we now have over 1800 Husky dental providers in Connecticut. We have received an “A” rating from the Pew Foundation in a study of dental care for children. Our Husky dentists are distributed throughout the state, and new estimates show that 99% of Medicaid children live within 15 minutes of a Medicaid dentist. Moreover, population-per-provider within a 15 minute boundary is below 500 for 95% of Medicaid children. It certainly seems that there is not an issue of access to care for children in Connecticut.

The Medicaid system is fragile however, since the state made cuts to the reimbursement rate for children last year, after eight years of no increases. We all know that the cost of doing business goes up every year, and so any cut in addition to the lack of any increase over that time period is tough to swallow. Additionally, the adult reimbursement rate is approximately 50% of the children’s rates, making it difficult for dentists to continue to provide services to adult Husky beneficiaries. Dental office overhead (before the dentist gets to pay him- or herself) hovers around 65-70%. When dentists are being paid approximately 30-35% of their usual fee for treating adults in the Husky program, it means that they are providing care for free, or even losing money. Dental office overhead is fairly standard, so I fail to understand how a dental therapist can provide care in any more cost effective manner under these circumstances.

Some have mentioned mid-level dental providers in other states, and I must point out here that we are not discussing other states; we are discussing what is right for the residents of our state, the State of Connecticut. We are not Minnesota or Alaska. We do not have the same issues that they have, and we should really be interested in what the issue is here.

In summary, I oppose SB 40 due to the lack of any language which would describe the exact nature of the proposal. Additionally, there is no mention of any review by a scope of practice committee, which has been the mechanism for studying any new measure to increase scope by
health care providers. There is no compelling data to describe what are the barriers to access to care in our state, and no data to show that establishment of a dental therapist model would help to increase access.

I will reiterate that it is my distinct opinion that any legislator who wishes to address dental access in Connecticut should first find out what are the barriers to access. Without an understanding of the problem, how can we propose any solution? If we indeed have issues with access, the leadership of the Connecticut State Dental Association would be most pleased to work with the legislature to develop solutions. We do not wish to continue to come to the Capitol every year to argue against legislative initiatives. We truly want the same thing that you do: to provide the best quality dental care to the residents of our state. Please allow us to assist you in your efforts towards that end.

Respectfully submitted,

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