

## Testimony on **Raised H.B. No. 5163 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.**

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

Thank you for allowing me to speak today. I am Mary Moran Boudreau, the Executive Director of the Connecticut Oral Health Initiative (COHI), the only non-profit in the state solely dedicated to establish “Oral Health for All.” On behalf of the COHI Board of Directors, I urge you to **support House Bill No. 5163 An Act concerning the Department of Public Health's Recommendations regarding Various Revisions to the Public Health Statutes, Sections 4 and 18** with some recommendations for Section 4.

To increase access to oral health care, Sec. 4. Subdivision (2) of subsection (a) of section 20-126l introduces “**senior centers**” as an additional public health setting where dental hygienists may engage in the practice of dental hygiene according to Chapter 359a. I recommend the addition of “**independent living centers**” (also known as retirement communities, congregate care senior apartments, elderly housing).

As of 1995, a registered dental hygienist “who has been practicing as a licensed dental hygienist for at least two years” has been allowed provide the full scope of practice of dental hygiene services in public health facilities as defined in Sec. 20-126l. Definitions. Scope of practice. Limitations. Continuing education. Exceptions. (a) As used in this section:...(2) “Public health facility” means an institution, as defined in section 19a-490, a community health center, a group home, a school, a preschool operated by a local or regional board of education or a head start program or a program offered or sponsored by the federal Special Supplemental Food Program for Women, Infants and Children. “Each dental hygienist practicing in a public health facility shall (1) refer for treatment any patient with needs outside the dental hygienist's scope of practice, and (2) coordinate such referral for treatment to dentists licensed pursuant to chapter 379.”<sup>i</sup>

### **Oral health is essential to overall health and well-being of older adults.**

Good oral health improves a person’s ability to speak, smile, taste, chew, swallow, and show feelings and emotions. Oral diseases, from dental decay to gum disease to oral cancer, cause significant pain and disability for many Americans. Infections and inflammation in the mouth increase risks to chronic diseases and other medical conditions. The demographic of older adults (i.e., 65 years of age and older) is growing. Their health and oral health can be complicated by comorbid conditions such as hypertension, diabetes mellitus, and they may use several prescription and/or over-the-counter medications, that may impact their oral health. Daily home care may be limited due to physical and cognitive impairments like arthritis and

dementia. Dental conditions associated with aging include dry mouth (xerostomia), root and coronal caries, and periodontitis (gum and bone disease).<sup>ii</sup>

### **Connecticut Data on the Oral Health of Older Adults**

The Connecticut Department of Public Health contracted with the Connecticut Oral Health Initiative to conduct a statewide oral health survey on older adults in long-term care facilities and a congregate meal sites, mostly located in senior centers.<sup>iii</sup> The findings included:

- 26% had untreated tooth decay (26%)
- 19% had no natural teeth and 10% were missing dentures
- 43% rated the condition of their teeth as fair or poor
- 29% needed dental care
- 59% had no dental insurance (Medicare does not cover dental care)
- 40% had not seen a dentist in over a year
- 20% had problems getting dental care

### **Allowing Dental Hygienists to Practice at Senior Centers and Housing Makes Sense**

There are 180 senior centers in Connecticut, and 92 cities and towns have rental housing for older adults, all serving diverse populations. The centers and housing are community focal points where older adults have access to social, health and other services. In many of these sites, they can access physical therapists, massage therapists, hearing specialists, VNA nurses and social workers, but not dental hygienists.

With the passage of this bill, there will be an increase in the number of older adults who will gain access to preventive dental care and referral to a dentist.

- Older adults would get care which they might otherwise forgo.
- Hygienists will refer patients to a dental “home” to continue their care.
- When older adults are in trusted, familiar surroundings, they may be more likely to allow a hygienist to examine them.

### **H.B. No. 5213 recommendation of “Licensed child care center”**

In testimony for **Raised H.B. No. 5213 AN ACT CONCERNING ORAL HEALTH ASSESSMENTS OF CHILDREN** submitted today, I supported the inclusion of “**licensed child care center as defined in Sec. 19a-77, excluding “group child care home”**” to address the oral health needs of young children. This would serve as an access point for children to receive preventive oral health care and assessments. This will benefit the parents and guardians who are working and experiencing difficulty with leaving work to bring their child to a dental home. Additionally, early prevention and detection of dental disease is recommended for all children by the age of one year. This will save children from having dental decay, improve their health and save money as dental treatment for dental decay is more expensive than preventive care.

### **Sec. 18. Section 20-110 of the General Statutes regarding Licensure of Dentists**

COHI supports the recommended changes in the statute including “upon receipt of an application and a fee of five hundred sixty-five dollars, issue a license without examination to a

## Oral health for all

practicing dentist in another state or territory who (1) holds a current valid license in good professional standing issued after examination by another state or territory that maintains licensing standards which, except for the practical examination, are commensurate with the state's standards, and (2) has worked continuously as a licensed dentist in an academic or clinical setting in another state or territory for a period of not less than five years immediately preceding the application for licensure without examination.” These changes will make it more appealing for dentists licensed in other states to come to practice in Connecticut.

In conclusion, I **urge you to support this very important measure that will ensure access to preventive dental care and referral to a dental home to complete treatment of any oral disease presented in their mouth, and preventive services to improve their oral health in the future.**

If I can be of any assistance, please contact me by text or call to 860-205-4105 or email at maryb@ctoralhealth.org. Thank you for your time and your commitment to all Connecticut residents.

Sincerely,



Mary Moran Boudreau  
Executive Director

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<sup>i</sup> [https://www.cga.ct.gov/2015/pub/chap\\_379a.htm](https://www.cga.ct.gov/2015/pub/chap_379a.htm)

<sup>ii</sup> <https://www.ada.org/en/member-center/oral-health-topics/aging-and-dental-health>

<sup>iii</sup> <http://www.portal.ct.gov/DPH/Press-Room/Press-Releases---2013/September-2013/DPH-Study-Finds-Dental-Care-Lacking-Among-Long-Term-Care-Residents-and-Vulnerable-Older-Adults>