

Legislative Testimony
Public Health Committee
HB 5654 – AA Allowing Dentists to Perform Certain Facial Therapies As Part of
Their Dental Practice
Monday, February 11, 2019

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

My name is Dr. Michael Ungerleider, DMD. I have been practicing dentistry for 30 years, the past 28 in Granby, Connecticut. I provide General, Family, Orthodontic, Cosmetic, Surgical and Implant Dentistry for the communities of Granby, Simsbury, East Hartland, Barkhamsted, Canton, and Southwick, Massachusetts. I am also Past President of the CT State Dental Association (CSDA)

I am writing in support of House Bill 5654-An Act Allowing Dentists to Perform Certain Facial Therapies As Part of Their Dental Practice

I believe that that there are 6 questions that need to be answered:

- 1) Why are pan-facial injectables a topic in dentistry?
- 2) What is the trend in the U.S.A.?
- 3) Why is there resistance and what are the objections?
- 4) Is there patient demand?
- 5) What are the patient benefits?
- 6) What are the State's benefits?

Dental Medicine is a sub specialty of Medicine. Dentists are specialists in the head and neck region. All of us have in-depth education, including cadaver dissection in this area. You can't tell me we're capable of chemically altering one cranial nerve, but not another. Moreover, we all learned that we can inadvertently affect the Abducent Nerve when giving PSA local anesthesia – resulting in temporary double vision, and oculomotor can also be affected resulting in temporary eyelid ptosis.

Since the 1860's it has been shown that the muscles of the face, including the Zygomaticus major and the Orbicularis oculi are involved in the smile and Associated structures include the upper face.

Currently Connecticut is one of only 12 states in the country that do not allow Injections of Botox and Dermal fillers for cosmetic purposes by dentists. In the past 9 years, 19 states have approved the cosmetic use of injectables. That is, in less than 10 years, we've moved from less than 25% to 75% of States that now include injectables into the Scope of Dental Practice.

Boston University School of Dental Medicine has the first full week course on facial injectables for 3rd and 4th year Dental Students this coming April.

The Resistance and objections are usually related to one or more of the following: Education, Safety, and Scope of Practice.

It's not realistic to require a skill or activity to be taught in an entry-level program before it becomes part of a profession's scope of practice. If this were the standard, there would be few, if any, increases in scope of practice. However, the entry-level training program and its accompanying accrediting standards should provide the framework, including the basic knowledge and skills needed, to acquire the new skill once out in the field. There should be appropriate accredited post-professional training programs and competence assessment tools that indicate whether the practitioner is competent to perform the advanced skill safely.

Continuing education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a practitioner uses to provide services for patients, the public, or the profession.

Best practices and standards of care are continually changing. As more evidence is gained and new procedures and advances in technology emerge, there are more ways that practitioners can help to improve outcomes and quality of life. Continuing education provides fresh information that can be implemented to improve patient outcomes. We don't practice by the same standards they did 20 years ago or even 5 years ago so it's important for us to make an effort to stay informed of impending changes to their practice.

Botox is Safe for cosmetic applications. Studies (1*) show that site injection pain, facial paresis, muscular weakness, eyelid edema occur in only 1% of patients and only 2% of patients experience eyelid or eyebrow ptosis. In other words these are safe procedures when performed by well-trained clinicians.

According to data published in the Journal of the American Medical Association in 2015,(2*) there were less than 1% adverse events.

When we compare the very low incidence of adverse temporary events with the use of Botox to the percentage of adverse events seen with the placement of implants, a commonly performed procedure currently done across the state everyday safely, we find a much higher percent of adverse effects with the placement of implants. We, as providers, manage these events all the time successfully. We are used to dealing with complications and adverse events on a daily basis. Adverse Reactions include Ecchymosis, Hemorrhage, Infection, Wound Dehiscence, Implant Failure, and Nerve damage. These events occur in between 2-24% of cases per the published data. And we manage these events on a regular basis safely and successfully. (3*-14*)

Is there Patient Demand? Yes. According to Healio.com, the report' "Facial Injectable Market-North America Industry Analysis, Size, Share, Growth, Trends and Forecast 2016-2024," estimates that the global market is expected to rise at a compound annual growth rate of 12% between 2016 and 2024. Helio.com is an in-depth specialty clinical

information website. Data from the American Society of Plastic Surgeons shows the expected Demand for Botulinum Toxin Type A Cosmetic Procedures in the United States trending up. Between 2005 and 2013 the number of BoTox procedures doubled, and is expected to rise an additional 6.4% per year.

The public and our patients will benefit from both increased access to care and increased affordability. According to the Federal Trade Commission (FTC), “Competition in America is about price, selection and service. It benefits consumers by keeping prices low and quality and choice of goods and services high”(15*)

The Brookings Institution, a nonprofit public policy organization based in Washington, D.C., has as its mission to conduct in-depth research that leads to new ideas for solving problems facing society at the local, national and global level. In 2017 they came out with a study (16*) that recommended to remove barriers to price competition among providers. They concluded that States should update Scope of Practice laws to reflect current knowledge about non-physician practitioners’ ability to safely provide services traditionally provided by physicians, and State licensing boards should encourage provider competition through facilitating practices such as telehealth, as well as increase transparency.

From the 11th Annual Report to the Secretary of Health and Human Services and the U.S. Congress titled “Continuing Education, Professional Development, and Lifelong Learning for the 21st Century Health Care Workforce,” Charles Inlander, a panelist of the Peoples Medical Society, noted: “We still have laws that are so archaic that they protect no one except certain professional bases. That’s archaic in this era of technology and better training. It’s time for a new look at regulating, and if we do that, we will then be able to focus back on where professional education has to go.”(17*)

According to Forbes Healthcare, The Cure for Health Care is Competition (18*). “Despite what seems like endless discussion over the future of health care, politicians and the public have yet to diagnose the crucial problem within our health care system: it is completely devoid of real, market-based competition-the type of competition that allows the highest-value providers to win and builds long-term doctor-patient relationships.”

The Hirschman-Herfindahl Index (HHI) is a commonly accepted measure of Market Concentration used by FTC, DOJ and other US Government Agencies. A higher HHI indicates a less competitive market, for example one dominated by one large practice, and a lower HHI indicates higher competition. Stanford School of Medicine conducted a study which showed that between 2003 and 2010 prices increased more rapidly in areas that were less competitive. Even when there is no change in HHI, practices in less competitive areas could continue to drive up prices. The summary from the study conducted by researchers at the Stanford University School of Medicine and the National Bureau of Economic Research was that Medical practices in less competitive health-care markets charge more for services. (19*)

More competition means price stabilization.

More competition means Increased Access to Care.

In 2017, the average American waits 32.3 days for a Dermatology appointment and 29.3 days to see their Family Physician.(20*). The average wait for a Dental Appointment will vary from office to office, but I can tell you from personal experience, emergencies are seen the same day and most other appointments are seen within a week or two.

This bill will be good for Connecticut.

Dental School Graduates want to practice dentistry to its fullest. They will practice in a state that allows them to do that. Don't continue to put barriers up to providers that want to help the Citizens of our State.

In summary:

- 1) Injectables are in Dentists domain**
- 2) The entire country is trending towards Inclusion**
- 3) Yes, they are safe**
- 4) Patient demand exists**
- 5) Practice Scopes Must Evolve**
- 6) Patients and CT will benefit**

For the reasons stated above, I urge you to support **HB 5654 – AA Allowing Dentists to Perform Certain Facial Therapies As Part of Their Dental Practice**

Respectfully Submitted,

Michael A. Ungerleider, DMD, MAGD
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1* <https://www.drugs.com/pro/botox-cosmetic.html>

2* Multicenter Prospective Cohort Study of the Incidence of Adverse Events Associated With Cosmetic Dermatologic Procedures Lasers, Energy Devices, and Injectable Neurotoxins and Fillers Murad Alam, MD, MSCI1,2,3; Rohit Kakar, MD1,4; Michael Nodzinski, et al, Dover, MD, FRCPC10,11,20,21
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- 13* *Misch's Avoiding Complications in Oral Implantology* 1st Edition by Carl E. Misch DDS MDS PHD(HC) (Author), Randolph Resnik (Author) Chapter 1, pps 4-6.
- 14* *J Oral Implantol.* 2008;34(1):34-8. doi: 10.1563/1548-1336(2008)34[34:AITTIA]2.0.CO;2. Avoiding injury to the inferior alveolar nerve by routine use of intraoperative radiographs during implant placement. Burstein J1, Mastin C, Le B.
- 15* <https://www.ftc.gov/sites/default/files/attachments/competition-counts/zgen01.pdf>
- 16* Making health care markets work: Competition policy for health care
Martin Gaynor, Farzad Mostashari, and Paul B. Ginsburg Thursday, April 13, 2017
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- 18* <https://www.forbes.com/sites/realspin/2017/.../the-cure-for-health-care-is-competition/>
- 19* <https://med.stanford.edu/news/all-news/2014/10/competition-keeps-health-care-costs-low--researchers-find.html>
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