

Statement of Dinah Auger, RDH, BS
Public Health Committee
House Bill 7281 and House Bill 7303

Sen. Abrams, Rep. Steinberg, Sen. Somers, Rep. Petit and members of the committee:

My name is Dinah Auger. I reside in Enfield and am a Registered Dental Hygienist and an active member of ADHA-CT. I would like to offer brief comments on two bills that relate to creating a mid-level oral health practitioner referred to as “Dental Therapist”.

We appreciate the fact that the committee raised House Bill 7281, An Act Concerning the Practice of Dental Therapy by Licensed Dental Hygienists, for a hearing. We also appreciate that the Department of Public Health has endorsed the Dental Therapist concept in section 4 and section 5 of House Bill 7303, An Act Concerning the Recommendations of the Department of Public Health Regarding Dental Practitioners, which is the next item on your agenda.

I have worked in the public health field for 18 years, and enthusiastically support the concept of a Dental Therapist. Our dental hygiene association has a recent history of working with the Department of Public Health, along with the Connecticut State Dental Association, the Connecticut Dental Assistants’ Association and the Connecticut Society of Oral and Maxillofacial Surgeons, to discuss the development of a mid-level provider. There are many reasons why this professional would be beneficial to citizens of Connecticut, especially those having trouble accessing dental treatment.

My experience is that patients for whom I have provided preventive services have difficulty completing their treatment in a timely manner. Many patients need 15 to 20 appointments following their cleaning and can take over a year to complete. Meanwhile, the teeth continue in the disease process and can result in extraction or root canal. This means more complicated and costly treatment. A Dental Therapist could complete some of the patient’s treatment, more timely, at a lesser cost and then have the dentist complete more complicated services.

The new practitioner will be focused on serving patients who historically have been underserved. He or she will work in public health facilities, such as school-based health centers. Each Dental Therapist will work under the general supervision of a dentist and will have a collaborative agreement with them.

Having served many elderly patients, mentally challenged patients, children 1 year to adult, and Medicaid adults, I can tell you that the need for treatment is great. Seeing patients at least every 6 months allows Dental Hygienists to develop a relationship, making many patients feel at ease in the dental chair. It would be a very easy transition to then be able to provide basic dental treatment for these patients as a Dental Therapist. I have heard time and again –“ I wish you could be the one to continue my care – I trust you.” This is particularly evident with patients with mental health issues.

There are many hygienists working now in CT who hold a Masters level degree who would be perfect candidates to continue their clinical education for a Dental Therapist. This practitioner has been very successful in Minnesota and is also now in some form in 5 other states. Like the Nurse Practitioner, it was not thought to be necessary initially by the medical community, but look at clinics now with multi APRN’s along with Physician’s Assistants. Clinics could not function cost-effectively without these providers.

Both bills require that an individual have a dental hygiene license before they can become a Dental Therapist. I believe this makes sense. Unfortunately, I believe some entities may ask that you do not link the two together. That really would be a major step toward ending the dental hygiene profession; legislation to do just that was discussed this year in Washington state at the behest of their state dental association.

Give Connecticut the opportunity to “catch up” with the changes in the delivery of dental treatment. The Dental Therapist program would be the equivalent education as a dentist for the services allowed and established in the profession. It would be a standard of licensure first by having Dental Hygienists move forward with further didactic and clinical training to ensure the protection of the public.

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