

Legislative Testimony
Public Health Committee

HB 7303 - An Act Concerning the Recommendations of the Department of
Public Health Regarding Dental Practitioners

HB 7281 - An Act Concerning the Practice of Dental Therapy By Licensed
Dental Hygienists

Wednesday, March 13, 2019

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

My name is Dr. Jonathan Knapp. I currently serve as the Co-Chair of the Connecticut State Dental Association's Legislative Council. I am also a Past Chair of the American Dental Association's Council on Dental Practice. I currently serve as the Chair of The Subcommittee on Information Exchange for the ANSI accredited ADA Standards Committee on Dental Informatics, and I sit on the Electronic Claims Content Committee, which addresses issues with electronic dental claims submission. I have been practicing dentistry in Bethel, Connecticut for 25 years and I'm an active Medicaid provider. I have been involved in The Connecticut Mission of Mercy free dental clinic and on its oversight board since its inception. I am writing in opposition to House Bill 7281 – An Act Concerning the Practice of Dental Therapy By Licensed Dental Hygienists and in support of House Bill 7303 - An Act Concerning the Recommendations of the Department of Public Health Regarding Dental Practitioners with proposed modifications to section 4, which addresses dental therapy.

First off, I support Sections 1 and 2 of HB 7303, which serve to underscore the growing importance of a post-graduate year of additional training for dentists who wish to obtain a license to practice in our state. Although the language being proposed by DPH seems to prioritize that year of residency, it does not yet mandate a post-graduate year of training. I would support adding it as a requirement in a future session. I did not choose to pursue a residency and I regretted it. Although I allied myself with talented and supportive mentors after graduation, it took a number of years of tutelage and continuing education to gain the skills and confidence that would have resulted from a residency program. Since my graduation, the body of knowledge in dentistry has exploded, making it virtually impossible to acquire all of the necessary information and experience needed to become a complete clinician.

I am opposed to the requirement in Section 4 that a dental therapist first become a dental hygienist and that they hold a hygiene license. I urge modification of Section 4 to support the training of dental therapists according to the standards adopted by the Commission on Dental Accreditation (CODA) in August of 2015. CODA, which includes hygienists, examined this issue carefully and specifically chose not to require a hygiene degree or hygiene license. Although there is nothing that prevents a hygienist from pursuing training as a dental therapist, they are separate skill sets. In fact, the

competencies of a certified dental assistant are more aligned with the skills of the dental therapist. Why shouldn't these dental assistants have a pathway to dental therapy that doesn't require the bloating on of the training and licensure it takes to become a hygienist? Most importantly, if we truly wish to improve access to dental care, we will need to bend the cost curve to provide that care. Requiring five or six years of education – a minimum of 2 years for an associate degree in hygiene plus the required three years for a CODA accredited dental therapist degree – will be unnecessarily expensive at levels north of \$300,000 at some of the private schools here in Connecticut. It will be cost prohibitive for many who live in poor urban or rural areas, and who would otherwise want to be trained as a dental therapist in order to return to and serve their community. In addition, how can we expect to sustain a model when practitioners with this level of educational debt will demand salaries commensurate with this investment in time and money. When I last checked about 4 years ago, full time hygienists in the Hartford area had an average salary of \$80,000 per year plus benefits. With 2-3 additional years of training, a hygienist based dental therapist will surely seek higher compensation. It's hard to imagine Community Health Centers and FQHC's being able to sustainably employ providers at those steep costs. Is the state in a position to raise reimbursement rates enough to sustain that long term?

Allowing dental therapists to practice in public health settings, such as community health centers and school-based centers, is another appropriate measure in this bill, aimed at improving access to dental care. In order to ensure that this new workforce model is accomplishing this goal, I would further urge that language be included to provide for appropriate short, mid, and long-term outcome studies. In fact, the CODA standards do call for ongoing outcome assessment regarding the effectiveness and appropriate deployment of this workforce model.

Furthermore, I support the language in HB 7303 that sets forth the elements of a strong collaborative agreement, which must exist for these practitioners to most effectively and safely provide care. I also support having a pathway that ultimately leads to general supervision but one that requires a period of direct supervision by a dentist. This initial close supervision provides for the development of a relationship and comfort level between the supervising dentist (who is ultimately responsible for the care rendered) and the dental therapist, which leads to better teamwork, better patient care, and better outcomes. With a substantial period of direct supervision (somewhere around 2500 hours), and periodic ongoing quality assurance, dentists and dental therapists should be completely comfortable with the therapist practicing under the license of the dentist – eliminating the need for separate licensure.

Finally, I whole heartedly support the language in Section 7, which provides for an hour of CE credit for practitioners who volunteer at charitable events such as CT Mission of Mercy and "Stand Down" events aimed at those who serve or have served in the defense of our nation. As a member of the CTMOM Steering Committee and the overseeing Connecticut Foundation for Dental Outreach Board, we perennially push to attract new volunteer providers. We strive to provide a volunteer experience at CTMOM

that will inspire practitioners to continue - and expand on - their efforts to give back to the citizens of our great state.

For the reasons outlined above, I respectfully ask that you support HB 7303 with modifications as proposed (and being discussed with DPH), and that you oppose HB 7281. I welcome any questions you might have at any point as the process continues.

Respectfully submitted,

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