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. John Mooney. I have been practicing dentistry in Putnam, Connecticut since 1989. I am a general practitioner, providing care to over 800 Medicaid patients. I serve on the Mission of Mercy Steering Committee and I am the Access to Care Chair for the Connecticut State Dental Association.

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 modifications to section 4 which addresses dental therapy.

I am in opposition to HB 7281 because of its lacking critical descriptive and regulatory language that is included in the Department of Public Health's bill regarding Dental Therapy. The department bill concerning dental therapy, with some modifications, is one I could support.

The CSDA's Access to Care Committee has kept a watchful eye on workforce models since its inception in Alaska back in 2004. We recognized early on that it would not stay within the Alaskan Tribes and would eventually migrate to the lower 48. Our analysis back in 2008 found that if dental workforce innovation were to happen that an Alaskan model Dental Therapist made the most sense based on a variety of factors, including educational costs and applicability being the most important. The CSDA's policy evolved in 2008-2009, supporting a pilot study of Dental Therapy if and when our dental delivery system was overwhelmed. Our policy further evolved in 2015 when the Commission on Dental Accreditation (CODA) decided that they would accredit Dental Therapy programs. After studying the basic CODA model and its educational requirements, the CSDA changed its policy to support a Basic Model CODA Dental Therapist operating in Public Health settings only.

This was important for several reasons, first the CODA model predisposed no pre-requisite educational requirements and paved a natural pathway for the recruitment of individuals from the community of need. It also allowed the possibility of the educational and clinical requirements to be adapted to the Community College curriculum, drastically reducing the cost of education. In theory these reduced costs could be

reflected in salary requirements after certification, allowing their employment by FQHC's and School-Based clinics to be economically feasible.

The important concept here is that the proposed dental therapists outlined by CODA, is a separate dental auxiliary that functions under the supervision of a dentist. Thus the requirement that an individual must have a hygiene license, directly increases the time of education, therefore the costs of education, and the costs of compensation upon graduation. It also presents an unnecessary barrier to individuals who could be recruited from the populations of need. Though the CSDA reached this conclusion as far back as 2008, recently other advocacy groups have reached the same conclusions. You have in your possession a paper written by a Blue Ribbon panel of national experts on Dental Therapy. As you'll read, this national panel of experts agree that the best model of Dental Therapy is one without pre-requisite and one that can recruit from the community of need. They also support the notion of restricting where a Dental Therapist can practice as well as a pathway to general supervision.

The CSDA has always believed that if we were to innovate our workforce, we should do so keeping the community of need and economic feasibility of the new model in mind. A pure Basic model CODA Dental Therapist represents the best case for patients and for those who would employ this new dental auxiliary. This belief is reinforced by writings of national experts on dental therapy as well as the Pew and Kellogg Foundations. I respectfully ask the Committee to keep the patients we are trying to reach in mind and strike the language that requires a hygiene licensure from the bill.

Respectfully submitted,

Dr.John Mooney
227 Pomfret ST
Putnam, CT 06260
860-963-7676 office
860-917-5574 cell
john.mooney.dmd01@snet.net