

March 12, 2019

Connecticut General Assembly – Public Health Committee
Legislative Office Building
300 Capitol Avenue
Hartford, CT 06106

Testimony in support of

H.B. 7303: AN ACT CONCERNING THE RECOMMENDATIONS OF THE DEPARTMENT OF PUBLIC HEALTH REGARDING DENTAL PRACTITIONERS and

H.B. 7281: AN ACT CONCERNING THE PRACTICE OF DENTAL THERAPY BY LICENSED DENTAL HYGIENISTS

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

I am Mary Moran Boudreau, a registered dental hygienist and recently retired from the position of the Executive Director of the Connecticut Oral Health Initiative, an advocacy organization concerned with oral health care and coverage for all Connecticut residents.

I encourage you to **support Raised Bill 7303** with some recommendations to amend the bill. As HB 7303 is more comprehensive than HB 7281, I am remarking on that bill only. I am starting my testimony on the dental therapist, followed by comments on the other sections.

HB 7303, Sections 4 & 5

I support the practice of the dental therapy by licensed dental hygienists in Connecticut. The practice of dental therapist will help address barriers to dental care:

- high cost of care, especially for low- and moderate-income families, adults and older adults;
- inadequate or no public or private dental insurance;
- lack of available services due to location or transportation to the site; and
- lack of culturally competent care, addressing age, race, ethnicity, gender, sexual orientation and more.

When we look at dental health surveys completed in Connecticut like the Every Smile Counts for school-age children and for older adults, we see there is still oral disease that is not being prevented, diagnosed and treated. We need more providers that will provide quality dental services in schools, long-term care facilities, senior centers, and other public health settings that are more easily accessed by those not receiving oral health services now.

I support all of **Section 4, Subsection (1)** but would like to add “administration of nitrous oxide” as persons receiving dental treatment can benefit from its anesthetic and pain reducing effects. As this new licensed dental professional will be working in public health settings, the patients should received the same pain management as in private practices.

I support all of **Section 4, Subsection (2) and (3)**.

For **Section 4 (4)**, I offer a couple recommendations.

Subsection (b) - The Department of Public Health needs to provide licenses for Dental Therapists, as they do separately for Advanced Practice Nurses (APRN) and Registered Nurses (RN). Licensing is necessary for the safety of patients, and for organizations to be able to recognize a dental therapist as having the education and credentialing before this professional starts practicing there. It is also important for the State to know who is a dental therapist, how many are working in the state, where they are practicing, and so on. The fee collected for licensing will cover more than any costs to the State for the process.

Subsection (c) – A dental therapist after the education they receive in an accredited institution and the one thousand hours of clinical practice under direct supervision of a dentist, should be able to work without the supervision of a dentist in public health settings, just as registered dental hygienists are allowed after two years of licensure.

HB 7303, Sections 1, 2 & 3

I support the satisfactory completion of at least one year of clinical postdoctoral dental residency as accredited by the Commission on Dental Accreditation or a successor organization.

As more post-graduates enter residencies, mostly providing dental services in public health settings, this will improve: their skills working with diverse racial, ethnical and cultural populations; may increase access for our most vulnerable populations defined by race, ethnicity, cultural, language, income and age; and may increase the number of dentists who will choose to work in public health settings after completion of the one-year residency.

HB 7303, Sections 7 & 8(a) (2)

I support the expanded definition for dental hygienists to gain continuing education credits when volunteering at temporary dental clinics and to include those clinics in the definition of public health facilities. Temporary dental clinics provide more opportunities for the public,

especially those with socio-economic barriers, to receive preventive, educational and therapeutic dental services.

HB 7303, Section 8 (a) (3)

I support the addition of taking impressions of teeth for the fabrication of certain applications, but question why under the direct supervision of dentists. Registered dental hygienists have legally been taking alginate impressions for study models long before I became a dental hygienist in 1975. Let them continue to do so under general supervision like all other procedures except local anesthesia which is under indirect.

HB 7303, Section 9

I support the removal of the limitation on on-line and distance learning programs as many of those programs are better accredited and reviewed than in-person courses. It also addresses the needs of today's licensed dental hygienists who access information electronically.

Good oral health is essential to staying healthy. We need as a state to provide oral health services, in settings where the cost can be lower to the patient, where they can access it with ease and provides quality care. Please vote this bill to go to the House and Senate for passage.

If I can be of any assistance with the passage of this bill, please contact me. Thank you for your time and your commitment to this issue.

Sincerely,



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