



University of New Haven

SCHOOL OF HEALTH SCIENCES

Dental Hygiene Programs

March 11, 2019

Senator Abrams, Representative Steinberg, Senator Anwar, Senator Lesser, Senator Somers, Representative Petit, and distinguished members of the Public Health Committee, my name is Marie Paulis and I am the Director of the Dental Hygiene Program at the University of New Haven.

The Dental Therapist model is an effective way to address the needs of many people in our state who seek services at Community Health Care Centers, schools and elderly care facilities. Let's talk about this issue with the people it really involves...the populations who would get treated, the population who would seek the degree, and the population of providers and employers who would work with them. The research shows this to be safe and effective.

Based on CODA Accreditation Standards for the Dental Therapist, approved in 2015, the scope of the dental therapist includes approximately 18 procedures beyond that of a dental hygienist. The scope of a dentist includes approximately 600 procedures. This is a very limited scope of practice. Dental hygienists in Connecticut are already certified to administer local anesthesia (or give "novacaine" as many people know it).

States where dental therapists are already approved to practice include Minnesota, Maine and Vermont. States currently pursuing this provider include our neighbors to the North, Massachusetts, as well as Arizona, Kansas, Maryland, Michigan, Missouri, Ohio, Washington, and Wisconsin. Our public health populations in need of care, and both Connecticut and Minnesota have between 10%-11% of the population below the poverty level, deserve to be treated with respect and get the dental treatment they need. Federal figures show that 4 in 10 adults nationally had had no dental visits in the past year and 1 in 5 seniors have untreated cavities.

Although this is a new concept in the United States, it is not new in other countries. Over 54 countries utilize dental therapists. Dental therapists have been shown to bring in revenue far exceeding the cost of their employment. For example, in Minnesota "In 2012, two dental therapists provided care to 1,352 patients, many of whom received regular access to dental care for the first time," states a 2014 study by The Pew Charitable Trusts. "When compared to the reimbursement value of the care they delivered, the therapists exceeded their costs of employment by a combined \$216,000." This early treatment by one of these therapists helped save \$95,000 in Medicaid expenses in 2012. (PEW, 2012)

Objective research reports from Minnesota involving over a thousand patients, multiple employment settings, and multiple employers have demonstrated the clinical, financial, and social benefits of the dental therapist. If a provider does not want to employ a Dental Therapist or utilize him to his full capacity, the dentist is certainly not required to do so. Thank you for your time.

Sincerely,
Marie Paulis, RDH, MSDH
Program Director, University of New Haven

Resources:

The Pew Charitable Trusts, Expanding the Dental Team Increasing Access to Care in Public Settings , June 2014, p. 2, http://anthe.org/wpcontent/uploads/2016/02/DHAT_ExpandingtheDentalTeam.pdf.

Hamilton, M., Grande, B., Davidson, J. (2017). The case for licensing dental therapists in North Dakota. Policy Brief. The Heartland Institute.