

Statement for the record against Connecticut Senate Bill (SB) 40

***An Act Concerning the Certification of Dental Therapists***

Submitted to the Public Health Committee

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By

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On behalf of more than 38,000 members of the Academy of General Dentistry including 515 members of the Connecticut Academy of General Dentistry, we thank you for the opportunity to submit a statement for the record on a public health issue. We express our resolute opposition to SB-40, an act concerning the certification of dental therapists. We do not find a justification for the designation of dental therapists and believe that we must serve as advocates for the safety of our patients.

**Education and Training**

The Connecticut AGD opposes the delivery of oral surgical procedures by anyone except licensed dentists or oral surgeons. We have grave patient safety concerns in states allowing dental therapists to diagnose diseases and extract teeth.

The education and training of dental therapists, in some cases only two years of preparation beyond high school, is insufficient to operate high-speed drills and perform irreversible procedures, such as tooth extractions. Often compared to nurse practitioners and physician assistants, dental therapists' education and training is not at all comparable. Dental therapists have exceedingly less education and training than other mid-level providers. Nurse practitioners and physician assistants generally have graduate school degrees and they do not engage in surgical procedures or practices that are irreversible.

Dentists undergo rigorous undergraduate and graduate programs with core science, math, and anatomy classes in order to build a foundation for a comprehensive understanding of the human body. Furthermore, dentists are trained to diagnose many oral, head, and neck cancers.

The dentist is the head of the dental team and must ensure that all members of their team have sufficient education and training to meet and exceed patients' needs.

### **Commission on Dental Accreditation (CODA) Standards for Dental Therapy Accreditation**

The Commission on Dental Accreditation (CODA) has not accredited any U.S. dental therapy programs. To date, the programs in the U.S. are not sufficiently rigorous to meet accreditation standards.

### **Dentist shortages**

An often-used justification for the creation of dental therapists is the promotion that there is a shortage of dentists. In fact, there is neither a shortage of dentists in the U.S. nor in Connecticut. Some areas of the country may experience an uneven distribution of dentists.

The state of Minnesota rationalized the creation of dental therapist programs to service rural areas of the state. However, the Minnesota experiment demonstrated that very few dental therapists practice in the rural regions while the majority congregate around larger cities.

### **Access to Care**

The Connecticut AGD finds that access to care is a complex subject and will require state and federal resources. An absence of dental insurance or benefits may contribute to an access to dental care problem. Furthermore, some patients do not prioritize oral care and fail to recognize it as means of overall disease prevention. Public education is warranted to link oral care and overall health.

Mid-level providers, such as dental therapists, are being promoted to target patients in rural communities and those of lower socioeconomic status. However, these populations generally provide the greatest rate of medical complications and therefore need health care providers with the highest level of expertise. Regardless of economic status, patients should not receive substandard care.

### **Promotion of Dental Therapists**

The W.K. Kellogg Foundation with an endowment of \$7.3 billion is supporting large multi-year grants to organizations in furtherance of a dental therapist model in the U.S. Since 2008, Kellogg Foundation grant funding for dental therapist projects exceeds \$16 million.

Some of the grant funding is allocated to produce studies on national or international aspects of dental therapy. We do not find the studies of sufficient scientific rigor and are more promotional in nature. In fact, there is a large coordinated public relations (PR) campaign occurring in the U.S., with the use of biased survey results. Many newspaper articles and third party organizations tout the prospect of the creation of dental therapists. Rarely are articles presented in a balanced manner and seem to be drafted to serve a PR purpose, generally to support the passage of a bill in a state legislature.

The Connecticut AGD finds that a rigorous examination of skills, training, and education of dental therapists is missing entirely from most publications.

### **Costs of Care**

Another justification for the creation of dental therapists is to reduce costs. In fact, dentists report the use of dental therapists had a negative financial impact on their businesses due to the limited scope of work dental therapists could perform. Dentists spend more time mentoring dental therapists and less time treating patients.

Furthermore, dental therapist programs are being touted as a way to decrease visits to the emergency room for dental related problems. There is no evidence of that occurring in many states. The Connecticut AGD is not aware of a financial justification for the development of a dental therapist model.

If implemented, the costs associated with executing dental therapist accreditation would require Connecticut state resources allocated for state dental board services, licensing, and examinations.

### **Summary**

In summary, we ask you to oppose Senate Bill 40. In Connecticut, there is no justification for the creation of the dental therapist model. We thank you for your efforts toward ensuring the safety of the public and look forward to working with you to improve the oral health of citizens in Connecticut.