

CLERK:

On Page 21, Calendar Number 302, Substitute for House Bill Number 6819, AN ACT CONCERNING ACCESS TO ORAL HEALTH CARE, Favorable Report of the Committee on Judiciary.

SPEAKER AMANN:

Representative Nardello.

REP. NARDELLO: (89th)

Thank you, Mr. Speaker. Mr. Speaker, I move acceptance of the Joint Committee's Favorable Report and passage of the Bill.

SPEAKER AMANN:

The question is on acceptance of the Joint Committee's Favorable Report and passage of the Bill. You may proceed, Madam.

REP. NARDELLO: (89th)

Yes. Mr. Speaker, this last year Members of the dental profession came to us on a number of issues in the Public Health Committee, and it was decided that we would form an ad hoc committee to discuss these issues with the Department of Public Health.

The Department of Public Health served as mediators and as facilitators and all of the affected professions came together with the discussion to develop the language that you see before you today.

The Bill is supported by all the professions that took place, took part in this process, and I do need to thank the professions and the Department for all their work on this Bill.

The Bill requires CE for dental licensure. It allows dental students to opt to completing a year of residency in lieu of a practical exam.

It allows foreign trained dentists to be licensed after passing a written and practical exam, completing two years' of residency, practicing two years in a community or school based health center, or working for three years as a faculty member in a dental school.

It allows dental hygienists to administer local anesthesia and it modifies the definition of dentistry.

It is a product of work [inaudible] of all the professions together. They are on board for this and it will increase access to oral health care and I ask all my colleagues to support it.

SPEAKER AMANN:

Thank you, Madam. Will you remark further? Will your remark further on the Bill before us?

Representative Winkler.

REP. WINKLER: (41st)

Thank you, Mr. Speaker. A question, through you, to Representative Nardello.

SPEAKER AMANN:

Please frame your question, Madam.

REP. WINKLER: (41st)

Thank you. Representative Nardello, a number of the Members in the Chamber have received letters from dentists complaining of the requirements allowing a foreign dentist to practice in Connecticut. Could you elaborate on that please?

REP. NARDELLO: (89th)

Through you, Mr. Speaker.

SPEAKER AMANN:

Representative Nardello.

REP. NARDELLO: (89th)

Yes. In the Bill, foreign trained dentists have to do four things, actually, in order to be able to practice. They have to pass the licensure and practical exam, both written and practical. They have to complete a two-year residency.

They have to serve for two years in a school based or community health center or three years as a faculty in a dental school. So they must complete all those things before they can qualify for dental licensure.

SPEAKER AMANN:

Representative Winkler.

REP. WINKLER: (41st)

Thank you, Mr. Speaker. And Representative Nardello, this was agreed upon by the Connecticut Dental Society. Is that correct?

SPEAKER AMANN:

Representative Nardello.

REP. NARDELLO: (89th)

I'm sorry, through you, Mr. Speaker. It has the support of the Connecticut State Dental Society.

SPEAKER AMANN:

Representative Winkler.

REP. WINKLER: (41st)

Thank you, Mr. Speaker. And through you to Representative Nardello, there was also some concern regarding the

administration of mandibular injections by dental hygienists. Could you elaborate a little bit on that, please.

REP. NARDELLO: (89th)

Through you, Mr. Speaker.

SPEAKER AMANN:

Representative Nardello, will you respond, Madam?

REP. NARDELLO: (89th)

Yes, Representative Winkler. There was some concern about that, but we did, there are 35 states that allow this, and in those 35 states it has been going on for a number of years. It's not new.

There has never been a malpractice suit against any dental hygienist and there's never been a problem, to our knowledge.

And again, the Bill was worked between the Dental Association and the Dental Hygienist Association so that both the dentists and the hygienists were in support of the Bill.

SPEAKER AMANN:

Representative Winkler.

REP. WINKLER: (41st)

Thank you, Mr. Speaker. I will be voting in support of this. This has been the result of a year-long negotiation between the Connecticut Dental Society, the hygienists, and I believe the Department of Public Health is also supportive of this measure.

So I do know the fine work that the hygienists do, going into nursing homes and providing dental care. If it wasn't for them, many of the nursing home residents would not even be getting dental care, so I compliment them for that and urge the Chamber's support. Thank you, Mr. Speaker.

SPEAKER AMANN:

Thank you, Madam. Will you remark further? Representative Kirkley-Bey.

REP. KIRKLEY-BEY: (5th)

Thank you, Mr. Speaker. A question, through you, to Representative Nardello.

SPEAKER AMANN:

Please frame your question, Madam.

REP. KIRKLEY-BEY: (5th)

Representative Nardello, would this, by enabling these individuals to be able to perform their duties, would it in any way help us in the inner cities who have a major problem with children being able to get dental work.

Because of the low amount of reimbursement we get from Medicaid, they do not want to do the dental work, and we know now that many diseases and many illnesses are attributed to the fact that people go without proper dental care. Through you, Mr. Speaker.

SPEAKER AMANN:

Representative Nardello.

REP. NARDELLO: (89th)

Through you, Mr. Speaker. Yes, there are two components of the Bill that would address your concerns, Representative Kirkley-Bey.

The first is the fact that you can opt for a residency program, and residency programs often are in areas, or urban areas or areas that are under served, instead of the practical exam that we have now.

And secondarily, when we require the foreign trained dentists to either teach three years at a dental school or be in a community or school based health center as a way to get his licensure, that's another way that we can recruit people to these areas.

So two aspects of the Bill will address the oral health care access issue.

SPEAKER AMANN:

Representative Kirkley-Bey.

REP. KIRKLEY-BEY: (5th)

I would like to thank Representative Nardello and all the individuals who worked on this. There is major concern going on in the urban areas, especially with regard to the fact that so many children are lacking in the dental support and care that they need to be able to grow up and have a perfect set of teeth.

So thank you very much, and I will support the Bill as well.

SPEAKER AMANN:

Thank you, Madam. Will you remark further? Will you remark further on the Bill before us. Representative DelGobbo.

REP. DELGOBBO: (70th)

Thank you, Mr. Speaker. I have a question to the proponent of the Bill if I might.

SPEAKER AMANN:

Please prepare your question, Sir.

REP. DELGOBBO: (70th)

Thank you, Mr. Speaker. To the proponent of the Bill, if I am reading the language correctly, in effect, Lines 59 through 70

represent an exemption from having to take the practical exam as is required under current law. Is that correct? Through you, Mr. Speaker.

SPEAKER AMANN:

Thank you, Sir. Representative Nardello.

REP. NARDELLO: (89th)

Through you, Mr. Speaker. Mr. Speaker, that is a choice. You can either take the practical exam or you can choose the residency program. You don't have to, in other words, it doesn't keep you from taking the practical exam. It's a choice, either or.

SPEAKER AMANN:

Sorry, Representative, I apologize.

REP. DELGOBBO: (70th)

That's okay, Mr. Speaker. Thank you, Mr. Speaker, and thank the gentle lady. So, in short, there is--

SPEAKER AMANN:

Representative DelGobbo, could you just hold for one second, Sir.

(GAVEL)

Ladies and gentlemen, ladies and gentlemen, the Representatives on this side of the aisle can't really hear right now the response to the question. I ask your indulgence while the question is being asked.

Representative DelGobbo, you have the floor, Sir.

REP. DELGOBBO: (70th)

Thank you, Mr. Speaker. So, if I take that response correctly, in

short, there is, if this law, if this provision were to become law, there would be a route to licensure, which would not require a practical exam in order to get licensure. Is that correct? Through you, Mr. Speaker.

SPEAKER AMANN:

Thank you, Sir. Representative Nardello.

REP. NARDELLO: (89th)

Through you, Mr. Speaker. Yes, that is correct.

SPEAKER AMANN:

Representative DelGobbo.

REP. DELGOBBO: (70th)

Thank you, Mr. Speaker. And so, before I try and understand even why we would do that, it is purported that this represents apparently not only something that's not a detriment to public health, but somehow provides an opportunity for more dentists to be available in the American field practicing dentistry. Is that correct? Through you, Mr. Speaker.

SPEAKER AMANN:

Representative Nardello.

REP. NARDELLO: (89th)

Mr. Speaker, could you repeat the question? I'm not sure exactly what you're asking.

SPEAKER AMANN:

Representative DelGobbo, could you repeat the question, Sir.

REP. NARDELLO: (89th)

Through you, Mr. Speaker.

REP. DELGOBBO: (70th)

Thank you. Well, the previous speaker prior to myself, had said that, had sort of said, well, you know, we had problems getting dentists in the inner cities.

And one of the results of this Bill might be that there would be more dentists available, we would be able to move more people through the system and somehow make it easier so that there would be more dentists available.

And, I guess I wanted to just confirm that connection, that this Bill in its totality represents potentially that opportunity. Through you, Mr. Speaker.

SPEAKER AMANN:

Representative Nardello.

REP. NARDELLO: (89th)

Through you, Mr. Speaker. What it represents, Representative DelGobbo is the fact that if you opt for the residency program, those residency programs are usually in hospitals, and thereby, those hospitals are usually located in inner cities so thereby you would have people staffing those residence programs often in the inner cities, which would mean again, personnel able to serve that particular population.

That's really what it's about. It doesn't guarantee or it doesn't make the dentist more available. It just gives them the option of serving a residency and the residency would be most likely in a hospital.

SPEAKER AMANN:

Representative DelGobbo.

REP. DELGOBBO: (70th)

Thank you, Mr. Speaker. And I'm, by no means, an expert either in the dental field or the medical field broadly and how residencies work.

For example, medical doctors and residents and how that happens in hospitals and the level of care that represents, and I don't know. I don't know whether residents, maybe I should watch more of these TV shows, residents doing operations as a resident? I don't know if that happens as a surgeon?

I guess I'd be concerned that you would have, in effect, practicing dentistry in certain settings, which is what the answer suggests. That you would have somebody who is not a practicing, certified, legally practicing dentist, but in fact a resident practicing dentistry.

Now granted, that would be under supervision of some level, but I just intuitively believe that there's a distinction between somebody actually being in and doing the procedure versus what might happen if you're a surgeon, if you're a surgical resident.

I don't know if that's the answer or not. I guess I'll listen to see if that's in fact the case. I guess, Mr. Speaker, I'll tell you what, I'll offer that as a question because it looked like Representative Nardello had a response. Through you, Mr. Speaker.

SPEAKER AMANN:

Thank you, Sir. Representative Nardello.

REP. NARDELLO: (89th)

Through you, Mr. Speaker. If you look at this carefully, what it does is, it actually follows the medical model and physicians have residency programs and they are supervised through those residency programs.

And you'll also note that physicians, if you're a surgeon, you don't have to perform surgery in order to get your license. Nobody goes in, makes you perform a surgery and tests you.

So it actually is moving the dental model to the medical model, and that was the reason why dentistry supported this and wanted it in this Bill.

SPEAKER AMANN:

Representative DelGobbo.

REP. DELGOBBO: (70th)

Thank you, Mr. Speaker. And I appreciate that. Again, I will admit, you want to talk about energy stuff or finance stuff, I'll have a good debate. On this stuff, I will defer to gentle ladies like yourself on the issue.

What does strike me, though is, and I've heard this from a number of practicing dentists, regardless of what the Association says, is that the real life, the real practical things that are going on now, is that you can be somebody going through dental school, and it takes you several times to pass the practical exam for dentistry, and for whatever standard they have for that practical exam.

I would kind of think that the kind of care I'd want, I'm going to be receiving is somebody who sort of passes that threshold.

So, my question, through you, Mr. Speaker, is, I have had dentists contact me saying, this is not a good idea, the proposition before us, because you can go and you can be setting in a setting, and maybe supposedly being supervised by, you know, somebody else.

But there's something altogether different than taking a real world practical examination as is currently required.

And so for that reason, I've had practicing dentists say, folks, you better be careful about what you're doing because you might not get the results you would like. Through you, Mr. Speaker.

SPEAKER AMANN:

Representative Nardello.

REP. NARDELLO: (89th)

Through you, Mr. Speaker, as a matter of fact, the Connecticut State Dental Association met at its annual meeting just a couple of weeks ago.

And I know there were some issues from some dentists on that. But they actually had a resolution to ask about supporting the Bill and the resolution actually passed by a majority of 80%.

So I'm not saying that every dentist in the State of Connecticut supports this Bill. But I am saying that at no point has the Dental Association or dentistry ever gone forward with the belief that this would in any way lower the standards.

As a matter of fact, if you really think about it, if you take a practical exam, you are working on one patient once and you're being evaluated with that patient.

In a residency program, you are doing it over the course of a year and hopefully you're going to see many patients each and every day and you will be evaluated by a supervisor, who, if they do not believe that you are doing correct dental work, would not certainly pass you through the residency program.

So I think in many ways, it's going to be a more rigorous examination of our dentists rather than less of an examination. Because again, a practical exam is a snapshot, one snapshot of a moment in time. Thank you.

SPEAKER AMANN:

Representative DeIGobbo.

REP. DELGOBBO: (70th)

Thank you, Mr. Speaker. I thank the gentle lady for that snapshot of an education and for her responses. Thank you, Mr. Speaker.

SPEAKER AMANN:

Thank you, Sir. Will you remark further? Representative Sawyer.

REP. SAWYER: (55th)

Thank you, Madam Speaker, Mr. Speaker. That was a close one. One of the most graphic things that I've ever seen pictorially, surgically, was a woman who had been in a car accident, severely traumatized, and I think the simplest description is to say that the bones in her face crumbled from the accident.

To be very graphic about it, what was done was, the skin had to be gently removed and the bones had to be placed back together like a jigsaw puzzle.

The surgeon that would do this elaborate, elaborate piece of surgery would usually be an oral maxillofacial surgeon, and in my understanding and reading and discussion, those surgeons are not just dentists.

Most of them started out as dentists, but went on to do a very, very extensive, very long surgical training and in many cases have 12 years of medical school and training.

I apologize, my computer screen left me in the lurch there for a moment. And in looking at this particular Bill, and knowing the importance of an oral maxillofacial surgeon whose specialty is literally from the neck up, with extensive training on nerves, muscles, bone, tissue and actually a lot of plastic surgical experience.

I would like to ask the, Representative Nardello a question in relationship to that. In this particular Bill--

SPEAKER AMANN:

Would you please frame your question, Madam.

REP. SAYWER: (55th)

Thank you, Mr. Speaker. On Line 191 to 192, the language says, in

d, it says, frontal and orbital surgery and nasal ethmoital procedures to the extent that such surgery and procedures are associated with trauma.

Through you, Mr. Speaker, if she would for clarification, describe what with trauma means, and if she is looking for that maybe I'll clarify that a little bit more.

My question is, does that mean someone having to be in a hospital setting, or could that be someone who has an emergency situation that actually could have something done in an inpatient, in a surgeon's office if it was an emergency. Through you, Mr. Speaker.

REP. NARDELLO: (89th)

Through you, Mr. Speaker.

SPEAKER AMANN:

Representative Nardello.

REP. NARDELLO: (89th)

I do believe that's, those lines refer to the fact that it would be in a hospital setting and if you have trauma there's a team of people in the hospital and the oral maxillofacial surgeon would be part of that trauma team, and that's what that language is getting at.

SPEAKER AMANN:

Representative Sawyer.

REP. SAWYER: (55th)

Thank you, Mr. Speaker. And again, through you, Sir.

SPEAKER AMANN:

You may proceed, Madam. I'm getting a little follow up from the

Clerks down there, just trying to straighten them out, Madam. Go ahead, please proceed.

REP. SAWYER: (55th)

A very serious situation, Mr. Speaker, I can tell. Through you, Mr. Speaker. So if I might, when you're talking about with trauma, you are talking about a hospital setting.

So, what, would that term exclude an oral maxillofacial surgeon from tending to say, a child who had birth defects, not something that happened, that was traumatized, but something that occurred naturally and needed to be remedied through surgery. Through you, Mr. Speaker.

REP. NARDELLO: (89th)

Through you, Mr. Speaker.

SPEAKER AMANN:

Representative Nardello.

REP. NARDELLO: (89th)

I do believe that that would not in that case. But again, that particular language refers to the issue of trauma.

That birth defect is something the child is born with. It's not an incident where the person comes in after an accident. They would go to a trauma center.

If someone has a birth defect, and say he's a cleft palate correction, let's just say that's what we were talking about. They obviously can go to the private practice oral surgeon and have that taken care of, because that's a different situation.

SPEAKER AMANN:

Representative Sawyer.

REP. SAWYER: (55th)

If I might just extend this line of questioning just a little bit further to make it clear.

If we had a child who had such a severe malocclusion that could not eat that required upper mandibular correction through bone straightening, a bone correction which would require surgery to do that, would that be allowed under this language? Through you, Mr. Speaker.

SPEAKER AMANN:

Thank you, Madam. Representative Nardello.

REP. NARDELLO: (89th)

Through you, Mr. Speaker, yes, I believe it would be allowed under this language.

SPEAKER AMANN:

Representative Sawyer.

REP. SAWYER: (55th)

I would like to very much thank the lady for her answers on that, because I know it has been a grave concern to a number of the oral maxillofacial surgeons.

One of the things that I had found very, very distressing has been comments by some people within the Department of Public Health that some of the, some surgeons have been practicing outside of their scope of practice.

I do understand that there was one instance where they were, but in honesty, dentistry has changed so fast, so far in the last ten years, that almost all the dentists were practicing outside of their scope of practice because of the newest and latest technology.

One of my grave concerns has been with this Bill, has been that we not draft the oral health care Bill so tightly that we have professionals in the field, be it any of the dental professionals that are encompassed in this particular Bill, and drafting language too narrowly to allow for the latest technology that's coming out to be able to be used, and letting Connecticut continue to be in the forefront of dentistry.

So I'd like to thank Representative Nardello for all of her work on this because I know it has been extremely long and time consuming and with so many, many groups.

And I am hoping that if there are dentists as well as hygienists that feel that this does not meet the need for the newest and greatest technology that they will come back to us. Thank you, Mr. Speaker.

SPEAKER AMANN:

Thank you, Madam. Will you remark further on the Bill?
Representative Gibbons.

REP. GIBBONS: (150th)

Thank you, Mr. Speaker. If I may, please, a couple of questions to the proponent of the Bill, through you, please.

SPEAKER AMANN:

Please frame your question, Madam.

REP. GIBBONS: (150th)

Yes. Through you, Mr. Speaker, it is my understanding that the majority of the dentists in the state did approve and sign on to this Bill. Is that correct, please? Through you, Mr. Speaker.

SPEAKER AMANN:

Representative Nardello, would you like to respond, Madam?

REP. NARDELLO: (89th)

Through you, Mr. Speaker, that is indeed correct. They did originally when we set up the ad hoc committee and they were part of that six months proceeding of meetings and they actually reaffirmed that support just a couple of weeks ago by an 80% majority.

SPEAKER AMANN:

Representative Gibbons.

REP. GIBBONS: (150th)

Thank you, Mr. Speaker. Through you, the reason I asked is, I along with many of my colleagues, have received several letters from dentists asking us to oppose this Bill.

And I'm not sure if they're asking us to oppose it because they're afraid that the competition is going to come in and take over their practice, or if they've got more substantive reasons for the opposition, and that's what I'm trying to find out.

Again, you mentioned that what is replacing a year's of, I mean, what is replacing a clinical test, a one shot clinical test, is now a year of residency that will be overseen by a regular dentist. Is that correct, please? Through you, Mr. Speaker.

SPEAKER AMANN:

Representative Nardello.

REP. NARDELLO: (89th)

Through you, Mr. Speaker, yes, that is indeed correct. And of course, they must pass that satisfactory. They will be evaluated during that year.

REP. GIBBONS: (150th)

All right. I believe that answers--

SPEAKER AMANN:

Representative Gibbons.

REP. GIBBONS: (150th)

--my question. Thank you, Mr. Speaker. Because it says that PGY-1 would be eligible to receive his or her dental license without passing the clinical test.

So, through you, Mr. Speaker, you believe that this would actually be more, a more stringent testing of what a dentist would actually do.

SPEAKER AMANN:

Representative Nardello.

REP. NARDELLO: (89th)

Through you, Mr. Speaker, yes, I indeed it would, because when you enter the hospital setting in a residency program, you have many more different types of cases and I think a wider range of experience than you would again, in one particular patient on one particular day.

And dentistry has moved to this direction and do believe again it's closer to the medical model

REP. GIBBONS: (89th)

Okay. Thank you. One last follow up question, if I may, please, Mr. Speaker.

SPEAKER AMANN:

Proceed.

REP. GIBBONS: (89th)

So that somebody who wanted to become a dentist that had gone through four years of dental school and decided not to take the clinical exam, could not do this without going through the residency program in a certified hospital. Is that correct, please? Through you, Mr. Speaker.

REP. NARDELLO: (89th)

Through you, Mr. Speaker, yes--

SPEAKER AMANN:

Representative Nardello.

REP. NARDELLO: (89th)

--that is indeed correct.

SPEAKER AMANN:

Representative Gibbons.

REP. GIBBONS: (150th)

Thank you, Mr. Speaker. And thank you, I thank the Representative for her answers. Thank you.

SPEAKER AMANN:

Representative Sherer.

REP. SHERER: (147th)

Thank you very much, Mr. Speaker. You know, I, along with probably everyone in this Chamber at some time at their life has gone to the dentist.

As a matter of fact, this morning I spent a good hour and a half in

the dentist's chair and was subject to all kinds of what we as children would have said abuse, but today we know it's necessary for our well being.

One of the things that concerns me in this Bill, and sometimes the language just isn't clear, is perhaps the undefined wording in the Bill. And on Line 141, they talk about prohibitions to what a dentist can perform.

And one of the prohibitions is the treatment of dermatologic diseases and disorders of the skin or face. Now, I'm not an expert on face, nor am I an expert on lips.

However, I would like to know, through you, Mr. Speaker, to the proponent, would you say that lips are part of the oral cavity versus being part of the face?

REP. NARDELLO: (89th)

Through you, Mr. Speaker.

SPEAKER AMANN:

Representative Nardello.

REP. NARDELLO: (89th)

The lips are not intended to be included in that. The dentist would have full purview over that.

REP. SHERER: (147th)

So if--

SPEAKER AMANN:

Representative Sherer.

REP. SHERER: (147th)

Thank you. Through you, Mr. Speaker, if a patient comes to a dentist and has a canker sore or a cold sore on the outside of the lips, it is the proponent's position, for legislative intent, that the dentist can perform that procedure?

REP. NARDELLO: (89th)

Through you, Mr. Speaker.

SPEAKER AMANN:

Representative Nardello, thank you, Madam.

REP. NARDELLO: (89th)

Yes, it is the intent that they would be able to work on the lips and it was never intended that it would be otherwise.

SPEAKER AMANN:

Representative Sherer.

REP. SHERER: (147th)

Thank you. And with regard to the gathering of tissue, through you, Mr. Speaker, would the proponent agree that the taking of an intra-oral biopsy would not violate anything in this Bill, which would prohibit the taking of facial tissue.

SPEAKER AMANN:

Representative Nardello.

REP. NARDELLO: (89th)

Through you, Mr. Speaker. Yes, the dentist's purview is certainly within the oral cavity and anything inter-orally would be in the purview of the dentist, and that is not changed by this Bill.

SPEAKER AMANN:

Representative Sherer.

REP. SHERER: (147th)

Thank you, Mr. Speaker, and through you to the proponent, I thank her for her answers.

SPEAKER AMANN:

Thank you, Sir. Will you remark further? Representative Boucher.

REP. BOUCHER: (143rd)

Thank you, Mr. Speaker. Mr. Speaker, a question, through you to the proponent, please.

SPEAKER AMANN:

Please frame your question, Madam.

REP. BOUCHER: (143rd)

Mr. Speaker, the one aspect of this Bill, and the only aspect that gives me cause or concern has to do with the use of anesthesia and the injection of anesthesia into the mouth for a dental procedure.

Through you, would you please have the proponent of this Bill explain that procedure, that new responsibility that would be taken on through this Bill, Mr. Speaker.

SPEAKER AMANN:

Representative Nardello, would you respond, Madam.

REP. NARDELLO: (89th)

Through you, Mr. Speaker. Actually, it's not a new responsibility since it's been done in 35 states for a number of years. And in addition to that, it really is the injection of local anesthesia. We are talking about local anesthesia as you get an injection for pain when

you go to the dentist.

It will actually help people a great deal, because particularly when they're in a periodontal office and they have to have a periodontal scaling, it makes it much more comfortable for the patient if they can have a local anesthesia.

It's very difficult for the dentist to leave his chair, come in, inject that patient, then go back, and that's really one of the reasons why dentistry is very much in support of the local anesthesia portion of this Bill.

If they thought it would compromise the patient in any way, it would not have their support. But indeed what it's going to do is going to make the patient more comfortable, and also make the dentist's workload such that it can be managed more efficiently.

REP. BOUCHER: (143rd)

Thank you, Mr. Speaker. One further question if I may.

SPEAKER AMANN:

Representative Boucher.

REP. BOUCHER: (143rd)

Yes, through you. What type of actual educational instruction is provided for the kind of necessary information that would tell the dental hygienist exactly about all the possible myriad of issues that could arise, depending on where this anesthesia is injected and to what depth or degree if there is a complicated case? Through you, Mr. Speaker.

SPEAKER AMANN:

Representative Boucher. Representative Nardello.

REP. NARDELLO: (89th)

Through you, Mr. Speaker. The Bill prescribes a curriculum that must be passed, post graduate to the dental hygienist [inaudible] her degree or within the process of her getting her degree after this point, so there is additional curriculum required in order for her to do this.

SPEAKER AMANN:

Representative Boucher.

REP. BOUCHER: (143rd)

Yes, Mr. Speaker. Through you, beyond curriculum, is there also actual practical hands on experience as well, under the direction, I guess, of a physician?

SPEAKER AMANN:

Representative Nardello.

REP. NARDELLO: (89th)

Through you, Mr. Speaker, for anybody that's familiar with it, you start with oranges and then you move to the patient under supervision.

SPEAKER AMANN:

Representative Boucher.

REP. BOUCHER: (143rd)

Thank you, Mr. Speaker. I'm not quite sure if that gives me comfort or not, but I appreciate the Representative for her answers.

SPEAKER AMANN:

Will you remark further? Will you remark further? Will you remark further? Representative Carson.

REP. CARSON: (108th)

Thank you, Mr. Speaker. Very briefly. I would just rise in strong support of this Bill. I thank Representative Nardello for all of her work.

We stood up a year ago hoping that we would see a product today that would be supported by the majority of folks, and I, too, have received possibly two letters, maybe a third from a few concerned dentists.

But my understanding from the working group that you had with the Department of Public Health, with the hygienists, with the anesthesiologists, with the Dental Association, that the vast majority of folks believe that this is very good for the State of Connecticut, good policy, and also hopefully will help with the access problem.

So again, I rise in strong support and thank all the folks involved for their hard work. Thank you.

SPEAKER AMANN:

Thank you. Thank you, Madam. Will you remark further? Will you remark further on the Bill before us?

If not, staff and guests please come to the Well of the House. Members please take your seats and the machine will be opened.

CLERK:

The House of Representatives is voting by Roll Call. Members to the Chamber. The House is voting by Roll Call. Members to the Chamber, please.

SPEAKER AMANN:

Have all the Members voted? Have all the Members voted? If all the Members have voted, please check the board to make sure your vote has been properly cast.

If all the Members have voted, the machine will be locked and the Clerk will take a tally. The Clerk please announce the tally.

CLERK:

House Bill Number 6819.

Total Number Voting 147

Necessary for Passage 74

Those voting Yea 141

Those voting Nay 6

Those absent and not voting 4