

REPORT ON BILLS FAVORABLY REPORTED BY COMMITTEE

COMMITTEE: Public Health Committee

File No.:

Bill No.: HB-6819

PH Date: 3/21/2005

Action/Date: JFS / 4/4/2005

Reference Change: Floor

TITLE OF BILL:

AN ACT CONCERNING ACCESS TO ORAL HEALTH CARE.

SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

To improve access and quality of oral health care.

RESPONSE FROM ADMINISTRATION/AGENCY:

Wendy Furniss, Bureau Chief of the Bureau of Healthcare Systems - Department of Public Health, supports the bill but asked for certain revisions. This bill reflects most of the recommendations of the ad hoc committee that assisted the Commissioner of Public Health in evaluating possible statutory change with regard to access to and quality of oral health care. The new definition of dentistry is a result of mediation.

The Department wants subsection (c) of Section 4 to be deleted, as the requirement is redundant. Also, the Department would like to require foreign trained dentists who become faculty members at a Connecticut dental school to be employed for "no less than three years" to qualify for licensure.

With regard to dental hygienists administering anesthesia, the Department offers changes to lines

338 and 360, detailed in their testimony.

Evidence-based continuing education should be a part of all dentists' license renewal. Some hours of education would be waived for dentists that provide volunteer services in community or school-based health centers. The license renewal fee would also be waived for dentists who practice at least 100 hours per year in a public health facility. Section 19a-88 of the General Statutes would need to be revised.

Prohibiting the Department from renewing licenses of dentists who have not completed the continuing education requirements would have a fiscal impact relating to collecting, maintaining and reviewing the documentation of over 3,100 dentists. The Department wants substitute language that is cost-neutral but still holds dentists accountable. The Department of Public Health and local health departments should be in the list of qualifying continuing education providers. They request substitute language regarding the reinstatement of a lapsed license.

NATURE AND SOURCES OF SUPPORT:

Gary Price, President-Elect of the Connecticut State Medical Society, testified in support of the bill, stating that the bill was the result of a six-month negotiation process. Changes made to the definition of dentistry accommodate special circumstances within the scope of current dental practice, and has a primary regard for patient safety.

He requests a change to line 158, removing the two subsection (D)'s and replacing them with: (D) frontal, orbital, and nasoethmoidal procedures to the extent that such procedures are associated with trauma. This reflects the intent to associate all of these procedures with the context of trauma care.

Denis Lafreniere, President-Elect of the Connecticut Ear, Nose and Throat Society, supports the bill, as it is a true compromise between the medical and dental communities.

Line 158 should be altered so that it reads: (D) frontal and orbital surgery; and nasoethmoid procedures to the extent that such procedures are associated with trauma.

Robert Slate, Executive Director of the Connecticut Oral Health Initiative, testified in support of the bill, as it could lead to increased access to oral health care for underserved populations. The expansion of duties for dental assistants and hygienists could allow for the treatment of more HUSKY clients. Requiring foreign-trained dentists to work for two years in community health centers will help address staffing shortfalls.

Marcia Lorentzen, Associate Director of the Fones School of Dental Hygiene, supports the bill, as without local anesthesia, dental hygienists often compromise care due to inability to scale the teeth because of pain and discomfort for the patient. Thirty-five states allow for administration of local anesthesia by dental hygienists.

The dental hygiene licensing of foreign-trained dentists will allow for greater access to oral health care.

Prasad Sureddi, President of the Connecticut Society of Plastic and Reconstructive Surgeons, testified in favor of the bill, as it is the result of many months of debate and negotiation. Both sides made concessions in the bill, but they will sign off on the bill as it ensures access to oral and maxillofacial services within the hospital trauma setting.

The CSPRS has concerns about the issue of cosmetic surgery and the resulting patient safety issues. They do not feel it wise to expand the definition by including cosmetic surgical procedures.

Alicia Zalka, President of the Connecticut Dermatology Society and representing the Connecticut Society of Eye Physicians, supports the bill because of the lengthy negotiation process that resulted in the bill. She does mention the same error in line 158 as discussed above.

The Connecticut State Dental Association submitted testimony with several language suggestions that are detailed in their testimony.

Mary Moran Boudreau, Legislative Chair of the Connecticut Dental Hygienists' Association, supports the bill, as it will allow dental hygienists to provide high quality oral care to a greater number of people through their ability to administer local anesthesia. Often, treatment is avoided due to the discomfort or pain caused by disease prevention therapy. Hygienists can do these procedures more thoroughly with local anesthesia. Thirty-five states and the District of Columbia currently allow licensed dental hygienists to administer local anesthesia.

She recommends some language changes that are detailed in her testimony.

David Perkins, DMD, testified in support of the bill, as it does not contain language regarding PGY-1. The issue of access to care is very serious, but has many different factors that are not solved with PGY-1. Dentists that fail clinical exams should not be given licenses based only on the fact that they completed a residency program.

If mandatory post-graduate training is deemed appropriate, he asks that successful completion of a criteria based clinical examination on a live patient be administered by an independent third party.

NATURE AND SOURCES OF OPPOSITION:

Jeremiah Lowney, DDS, opposes the bill, as it will allow the licensing of foreign-trained dentists, assuming that they will improve access to dental care. Currently, foreign-trained dentists must complete 3-4 years of dental school, and he asks that this practice be continued. The legislation is vague on how these dentists will be examined for licensure.

The proposed two year clinical residency requirement is not enough, as there is minimal or no supervision and no didactic requirements. Nor is the 3 year faculty requirement any better, as no one tests the dentists' qualifications.

In order to improve access, he suggests that there be student loan forgiveness for young dentists who treat Medicaid patients and better reimbursement for Medicaid patients (at least a break even fee).

Kirt Koral, Legislative Chair of the Council on Legislation - Connecticut State Dental Association, opposed the bill, as it is necessary to have a minimum PGY-1 training program for dental school graduates. With this training, residents gain experience, speed without sacrificing quality, and greatly increase the number of procedures performed. They also learn how to treat patients with special needs that are rarely encountered in dental school.

More PGY-1 training programs would increase access to care. Currently the Dental Commissioners believe that a one day examination provides an essential evaluation of clinical skills, while Yale-New Haven Hospital provides intense clinical evaluation of all of its residents

every day of the year.

He urges the reinstatement of the PGY-1 portion of the bill.

Laurence Loeb, DDS, opposes the bill due to its lack of direct clinical supervision of foreign-trained dentists working towards licensure in community health centers. This bill creates a two-tiered system of dental practice - one for those in need of public assistance and the traditional system.

A solution to dental access should have a determination of the foreign-trained dentists' dedication to public service in it. These dentists could be encouraged to have 90 days of paid service in a public needs service each year. This requirement for re-licensure to be met in sites other than the sites specifically prescribed in this bill would have a true impact on access to care. A second requirement would be to make a certain percentage of a foreign-trained dentists practice available to Medicaid patients.

Ian Shedd

4/5/2005

Reported by

Date