



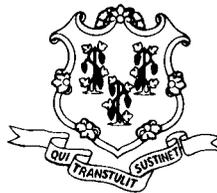
Keeping Connecticut Healthy

REPORT TO THE GENERAL ASSEMBLY

**AN ACT CONCERNING
ORAL HEALTH CARE**

DECEMBER 1, 2004

J. Robert Galvin, M.D., M.P.H., Commissioner



State of Connecticut
Department of Public Health
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**State of Connecticut
Department of Public Health**

Report to the General Assembly

An Act Concerning Oral Health Care

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EXECUTIVE SUMMARY

During the 2004 legislative session, the General Assembly enacted Special Act No. 04-7 which required the Commissioner of Public Health to establish an ad hoc committee for the purpose of assisting the commissioner in evaluating possible statutory changes that would improve the access to and quality of oral health care in the state of Connecticut, particularly to persons who are underinsured, uninsured or on Medicaid. The Act required the committee to consider potential statutory changes that would meet the goals of improving access to and quality of oral health care by:

1. facilitating the use of dental hygienists as midlevel providers in public settings;
2. considering the administration of local anesthesia and nitrous oxide by dental hygienists;
3. expanding the functions of dental assistants;
4. requiring continuing education for dentists;
5. revising the definition of dentistry; and
6. considering a post-graduate year as an alternative to an examination as a requirement for licensure of dentists;

Additionally, other topics could be considered as they related to the goals stated above and at the discretion of the commissioner.

The Act also required that on or before December 1, 2004, the Commissioner of Public Health submit, in accordance with section 11-4 of the general statutes, the results of the evaluation, with specific recommendations for statutory changes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health. This report provides an overview of discussions of the Oral Health Ad Hoc Committee on issues related to improving access to and the quality of oral health care in Connecticut and outlines specific legislative recommendations as required by Special Act 04-7.

It is important to note that while the Department has included many of the specific recommendations suggested by the ad hoc committee, others were not included because they needed further study, or they were either not consistent with the agency's mission or not within the agency's purview. Although not included within the Department's formal recommendations for statutory changes, all of the committee's recommended actions have been incorporated into this report.

The Department of Public Health makes the following recommendations for statutory changes:

- The statute recognizing dental assistants should be amended to clarify that dental assistants may engage in the taking of dental x-rays under the supervision of a licensed dentist, provided the dental assistant has successfully completed the dental radiography portion of the Dental Assisting National Board examination. Draft language for this proposal is attached.
- The dental hygiene scope of practice should be amended to allow for the administration of local anesthesia, both infiltration and mandibular block, by appropriately trained and credentialed licensed dental hygienists, under the indirect supervision of a licensed dentist. "Indirect supervision" means supervision requiring that a licensed dentist authorize the procedure, and that a dentist is on-site while the procedure is being performed by the dental hygienist. Draft language for this proposal is attached.

- Statutory requirements for renewal of dental licensure should be amended to include a minimum of twenty-five hours of mandatory continuing education every two years. Coursework in areas such as infectious diseases including AIDS and HIV, access to care, risk management and care of special needs patients should be required. Provisions should also be included to allow for a waiver of a portion of the required continuing education hours for dentists who volunteer their services in safety-net facilities. Draft language for this proposal is attached.
- Statutory requirements for dental licensure should be amended to allow for the licensure of foreign-trained dentists who: have passed the national board examination for dentistry; completed a two-year dental residency in a Commission on Dental Accreditation accredited program; completed an additional two years of supervised residency or fellowship training in a safety-net facility, or served as a full-time faculty member in a school of dentistry in this state for no less than three years; and passed a clinical skills evaluation. Draft language for this proposal is attached.
- Statutory requirements for dental hygiene licensure should be amended to allow foreign-trained dentists to qualify for licensure as a dental hygienist, provided the dentist has passed the national board examination for dental hygiene; enrolled in an accredited dental hygiene program located in Connecticut and successfully completed not less than one year of training in a safety net facility affiliated with and under the supervision of such dental hygiene program; and passed a clinical skills evaluation. Draft language for this proposal is attached.
- Statutory requirements for dental licensure should be amended to allow for the completion of no less than one year of graduate dental training as a resident dentist in a Commission on Dental Accreditation accredited residency program in lieu of the practical skills examination. Draft language for this proposal is attached.
- License renewal fees should be waived for retired dentists who provide a minimum of one hundred hours of volunteer services per year in a public health facility, and who do not otherwise engage in the practice of dentistry. Draft language for this proposal is attached.
- The dental statutes should be amended to incorporate an updated definition of dentistry, which reflects current practice. Language for this proposal is being drafted.

ORAL HEALTH AD HOC COMMITTEE MEMBERSHIP AND SUBCOMMITTEE DISCUSSIONS

In accordance with the provisions of Special Act 04-07, membership on the ad hoc committee consisted of the following representatives:

1. The Commissioners of Public Health and Social Services, or their representatives (ex-officio members)
2. Two members of the Department of Public Health
3. Four dentists nominated by the Connecticut Dental Association, as follows:
 - a. One employed in a private practice
 - b. One employed in a public practice
 - c. One who is an educator
 - d. One who is a maxillofacial surgeon
4. Four dental hygienists nominated by the Connecticut Dental Hygienists Association, as follows:
 - a. One employed in a private practice
 - b. One employed in a public practice
 - c. One who is an educator
 - d. One employed in a school-based dental setting
5. One representative from a regionally accredited institution of higher education offering a program for dental assistants.

The Commissioner of Public Health was also authorized to expand the membership of the committee to include other representatives from other related fields.

The Ad Hoc Committee was divided into three subcommittees, each with a particular focus. The Access and Quality subcommittee examined potential legislative remedies and other alternatives to enhance access to quality oral health services for underserved populations, particularly those on Medicaid. The Scope of Practice subcommittee focused on expansion options for the practice of dental assisting, and dental hygiene, as well as the development of mandatory continuing education requirements for dentists. The third subcommittee focused on revising the definition of dentistry. Members of the Ad Hoc Committee had the opportunity to participate on one or more subcommittees. Membership lists for the ad hoc committee, as well as each of the subcommittees, including expanded membership, can be found in Appendix B.

ACCESS AND QUALITY

Expanding Access to Care

Recognizing that community health centers, including but not limited to federally qualified health centers (FQHC) and school-based health centers (SBHC), are the safety net providers in Connecticut for those residents that are uninsured and underinsured, options that would expand the capacity of these facilities to improve and expand access to quality dental care were discussed.

To increase access to underserved and special needs populations in safety net sites, as well as private offices, the committee considered strategies to overcome the following barriers:

- availability of general and specialty dentists who are willing to work in safety net facilities. It was pointed out that forty dentists graduate in Connecticut on a yearly basis. Of those, only

fifty percent remain in Connecticut to practice, and an unknown subset practice in SBHCs and FQHCs;

- availability of dental hygienists and dental assistants in Connecticut who are willing to work in underserved areas;
- capacity of safety net providers to increase dental operatories and to expand hours of operation;
- capacity of dental providers to serve patients with special needs;
- cultural competency of oral health care providers and institutions regarding the communities that they serve;
- infrastructure support;
- limited and cumbersome options for foreign trained dentists to become licensed to practice in Connecticut;
- limitations of the scope of practice for dental hygienists and dental assistants;
- reimbursement rates for patients who are insured through public assistance programs;
- availability of funding to stabilize the financial status of safety net providers; and
- limitations in patients' knowledge about navigating the health care system and accessing oral health providers.

Ensuring Quality of Care

Increasing access to oral health care does not necessarily ensure that patients will have access to quality care. Quality of care includes:

- ensuring an appropriate level of training for providers;
- knowledge and understanding of the patients' overall health and capabilities (including special needs patients);
- cultural competence of providers and institutions;
- availability of appropriate resources to perform services; and
- proficiency in the practice of dentistry.

Patient education is an important component of ensuring quality care. Patients who have knowledge of what good oral health is, how it can affect overall health and how to prevent oral disease are better prepared to partner with their provider to receive quality oral health services.

Committee members expressed concerns about the practice in some FQHCs, and other community health centers, of limiting the number of oral health care procedures performed on a patient during a single visit, in order to maximize reimbursement. The practice of quadrant dentistry (treating multiple teeth in one appointment) minimizes patient discomfort, improves oral health and reduces the number of times a patient needs to see a dentist to complete treatment. However, under the current reimbursement structure, the practice of quadrant dentistry does not always generate sufficient revenue to support a facility's operating budget. Therefore, many community health centers choose not to practice quadrant dentistry and the result may be a more profitable bottom line at the expense of quality care.

Best Practice Models/Strategies

From their collective experiences, committee members explored strategies that have the potential to improve access to quality oral health care for underserved populations. Although research and evidenced-based modalities are either not available, or are inconclusive, some of the strategies discussed include:

- encouraging dental graduates to complete postgraduate training in community based health centers, particularly those in underserved areas;
- developing incentive programs to attract new graduates willing to work in underserved areas (particularly safety net providers) and to take on Medicaid patients;
- ensuring that loan repayment process is simple, accountable and transparent to encourage dental practitioners to work in an underserved area;
- implementing care coordination for private providers to assure a steady influx of patients and encourage dentists to treat Medicaid patients;
- expanding the functions of dental assistants and dental hygienists, in an effort to increase services available to patients;
- mandating continuing education for dentists as a condition for license renewal, to encourage maintenance of current skills and increase the sensitivity and willingness of dentists to treat special needs patients;
- establishing procedures to allow for the licensure of foreign trained dentists who have demonstrated clinical competence and wish to practice in Connecticut; and
- waiving the license renewal fee for dentists who perform dentistry on a volunteer basis for a minimum of one hundred hours per year in areas of the state that are designated as underserved.

SCOPE OF PRACTICE

Dental Assistants

The current laws governing the practice of dentistry allow for the delegation of dental procedures to dental assistants. With the exception of taking dental x-rays, the law does not mandate uniform education, training or examination requirements for dental assistants. To understand the types of procedures currently being performed by dental assistants, and the types of procedures dental assistants could perform with additional training, committee members reviewed specific core competencies. In reviewing core competencies, it was recommended that procedures should be delegated based on a dental assistant's level of education, training and experience, and that the following categories of dental assistants should be established and recognized in statute:

- *Entry Level (ELDA)* – on the job trained, no formal education
- *Dental Assistant (DA)* – 2 years full-time or 4 years part-time dental assisting experience and/or up to 6 months of formal education in a non-accredited dental assisting education program
- *Certified Dental Assistant/Registered Dental Assistant (CDA/RDA)* – successful completion of the 3-part Dental Assisting National Board (DANB) Examination. The pathway to sit for the examination can be experience or graduation from an American Dental Association accredited dental assisting program.

- *Expanded Function Dental Assistant (EFDA)* – extended, formal education beyond that of a certified or registered dental assistant.

Identification and development of educational and training requirements for expanded functions has not been completed, and requires further study. However, committee members recommend that the following additional procedures, beyond their current scope of practice, could be delegated by dentists, to appropriately trained and credentialed dental assistants:

Entry Level Dental Assistants

- No additional procedures identified

Dental Assistants

- Charting of existing teeth and restorations
- Removal of temporary crowns and cement
- Fabrication of custom trays, to include impression, bleaching trays and athletic mouth guards

Certified/Registered Dental Assistants and Expanded Function Dental Assistants

- Rotary coronal polishing procedures, which shall not be represented as prophylaxis
- Application of topical fluoride
- Placement of temporary crowns
- Placement of temporary fillings
- Fabrication of temporary crowns
- Removal of permanent cement from supragingival surfaces
- Polishing of exposed tooth surfaces

Expanded Function Dental Assistants

- Placement and curing of composite resin restorations
- Placement of liners and bases
- Sizing and fitting stainless steel crowns
- Placement and carving of amalgams
- Removal of temporary fillings
- Removal of post-extraction dressings
- Placement of stainless steel crowns

Standards for education and training, as well as the appropriate levels of supervision of procedures performed by dental assistants must also be defined in statute. Committee members requested the Department to explore the possibility of licensing or certifying dental assistants, however, at this time Departmental resources do not allow for the establishment of a new licensing program.

Dental Hygienists

Current statutory limitations prohibit dental hygienists from administering anesthesia to patients. Committee members spent a considerable amount of time discussing the possibility of allowing the administration of local anesthesia and nitrous oxide by dental hygienists. It was recognized that Connecticut is one of fifteen states that does not allow for the administration of some level of anesthesia by dental hygienists. Appropriate levels of supervision were also discussed in the context of the administration of anesthesia. Although dental hygiene members support the administration of both local anesthesia and nitrous oxide, concerns regarding patient safety were raised. Committee members did agree however that dental hygienists with appropriate education,

training and experience should be allowed to administer local anesthesia by infiltration and mandibular block under the indirect supervision of a licensed dentist. Indirect supervision means supervision requiring that a licensed dentist authorize the procedure, and is on-site while the dental hygienist is performing the procedure.

Expanding the practice of dental hygienists, and recognizing and using dental hygienists and/or other dental professionals as midlevel practitioners require further study.

Continuing Education

Mandatory continuing education alone does not assure the clinical competence of a practitioner. However, evidence-based continuing education courses can improve a practitioner's knowledge base, skills and/or practice management. Connecticut is one of only five states that do not require dentists to complete continuing education. Committee members agreed that continuing education requirements should be flexible enough to allow for course offerings in a variety of settings, and should address specific content areas such as infectious diseases including AIDS and HIV, access to care, risk management, special needs patients, and domestic violence/sexual abuse. A suggestion was made that all health care providers should be required to hold and maintain CPR certification. In an effort to encourage practitioners to volunteer their services, it was recommended that a portion of the mandatory continuing education hours should be waived for dentists who provide volunteer services in safety-net facilities. In developing the proposed mandatory continuing education requirements for dentists, it was also recognized that the existing dental hygiene continuing education regulations should be updated.

Foreign-trained Dentists

Foreign-trained dentists do not currently qualify for dental licensure Connecticut. The American Dental Association (ADA) accredits dental schools that are located within the United States. The ADA does not approve or recognize schools that are located outside of the United States, and there is no equivalent organization that reviews such programs. Outside of the educational system, there are few tools that are available to use in assessing foreign dental degrees. Therefore, it is recommended that the statutory requirements for dental licensure be amended to allow for the licensure of foreign-trained dentists who: have passed the national board examination for dentistry; completed a two-year dental residency in a Commission on Dental Accreditation accredited program; completed an additional two years of supervised residency or fellowship training in a safety-net facility, or served as a full-time faculty member in a school of dentistry in this state for no less than three years; and passed a clinical skills evaluation.

It was also recognized that upon careful review of a foreign-trained dentist's background and skills, a foreign-trained dentist may be able to function as a dental hygienist. Therefore, it is recommended that the statutory requirements for dental hygiene licensure should be amended to allow foreign-trained dentists to qualify for licensure as a dental hygienist, provided the dentist has passed the national board examination for dental hygiene; enrolled in an accredited dental hygiene program located in Connecticut and successfully completed not less than one year of training in a community health center affiliated with and under the supervision of such dental hygiene program; and passed a clinical skills evaluation.

PGY1

One of the topics the Ad Hoc Committee was specifically charged with evaluating was consideration of a post-graduate year (PGY1) of training as an alternative to one of the examinations required for dental licensure. Dentists are currently required to complete a national written examination and a regional clinical skills examination to qualify for a license. After carefully

considering many factors, the Ad Hoc Committee recommended that an applicant for dental licensure should be allowed to complete no less than one year of graduate dental training as a resident dentist in a Commission on Dental Accreditation accredited residency program, in lieu of passing the clinical skills examination. During residency, the dentist would practice under supervision. The training in essence is a year-long evaluation of the dentists' skills, during which the dentist has the opportunity to gain additional clinical experience.

It is important to note that this recommendation is being proposed as an alternative to taking the examination. All candidates must pass the National written examination to qualify for licensure. There is currently one other state that offers an alternative similar to this proposal, and one other state mandates that all dentists complete an accredited residency program prior to obtaining licensure and no longer provides an alternative for their applicants to take a clinical skills examination.

Waiver of licensure fees and insurance liability issues

Public Act 03-104, An Act Concerning retired Dentists, allows retired dentists who provide a minimum of one hundred hours of volunteer services per year in a public health facility (e.g., community health center, group home, school or other health care institution licensed by the Department of Public Health), and who do not otherwise engage in the practice of dentistry, to renew their dental licenses at a reduced fee. As of the date of this report, no dentists have applied to renew their license at the reduced fee. Anecdotally, it has been reported that retired practitioners would be more inclined to participate if the license fee was waived entirely. It was also discussed that malpractice liability insurance coverage for retired practitioners impacts a dentist's ability and/or desire to volunteer. Although remedies to any malpractice liability insurance coverage issues need further review, it was recommended that the license renewal fee be waived for retired dentists who volunteer in public health facilities.

DEFINITION OF DENTISTRY

To evaluate the current practice of dentistry in Connecticut, the Department convened a subcommittee comprised of individuals representing the dental profession as well as the medical profession. In conducting this review process, the Department experimented with a new approach toward mediating scope of practice issues, and along with our professional partners, retained the services of a mediator to assist in developing the new definition of dentistry. The goal of the mediation is an agreed upon definition that will be endorsed by all of the participants. The Department anticipates concluding the mediation on or before January 15, 2005 and plans to move forward with suggested legislation that encompasses a revised definition of dentistry during the 2005 legislative session.

SUBCOMMITTEE RECOMMENDATIONS

1. The number of dental facilities located in underserved areas of Connecticut should be increased, and existing facilities that provide oral health services to underserved populations should be expanded. Although bonding money was released in October 2004 to support this expansion, reimbursement and other funding-related issues must be addressed to ensure that the expanded facilities can be appropriately staffed and that the goal of increasing access to care is achieved.
2. The feasibility of providing Medicaid reimbursement for care coordination for oral health services should be explored, to decrease no-show rates in clinics and private practices.
3. The financial status of the major safety net facilities in the state, which are currently economically fragile and need adequate financing in order to survive, must be stabilized.
4. Reimbursement rates for services provided to children and adults should be equal. Adult rates should be brought up to the level of pediatric rates.
5. Application procedures for the state loan repayment program should be reviewed to ensure that the process is simple, accountable, and transparent.
6. The state loan repayment program should be expanded to include dentists and dental hygienists who work part-time (e.g., nights/weekends) in safety-net facilities, while maintaining their full-time positions in other settings, with the aim of increasing access to oral health care for adults with daytime employment and children who attend schools without school based health centers.
7. The statute recognizing dental assistants should be amended to clarify that dental assistants may engage in the taking of dental x-rays under the supervision of a licensed dentist, provided the dental assistant has successfully completed the dental radiography portion of the Dental Assisting National Board examination.
8. The Department of Public Health should convene a work group to continue the review of the following scope of practice issues related to dental assistants and dental hygienists: delegation of specific additional procedures by dentists to appropriately trained and credentialed dental assistants, expanding the functions of dental hygienists, and recognizing and using dental hygienists, and/or other dental professionals, as midlevel practitioners, with a goal of submitting additional recommendations within a year.
9. The dental hygiene scope of practice should be amended to allow for the administration of local anesthesia, both infiltration and mandibular block, by appropriately trained and credentialed licensed dental hygienists, under the indirect supervision of a licensed dentist.
10. Continuing education requirements for dentists should be established to support the maintenance of clinical competence, and to increase the cultural competencies of dentists and sensitivity of dentists in treating special needs populations.
11. All health care providers should be required to hold and maintain CPR certification.
12. Procedures should be established to allow for the licensure of foreign-trained dentists who have passed the national board examination for dentistry; completed a two-year dental

residency in a Commission on Dental Accreditation accredited program; completed an additional two years of supervised residency or fellowship training in a safety-net facility, or served as a full-time faculty member in a school of dentistry in this state for no less than three years; and passed a clinical skills evaluation.

13. Procedures should be established to allow foreign-trained dentists to qualify for licensure as a dental hygienist, provided the dentist has passed the national board examination for dental hygiene; enrolled in an accredited dental hygiene program located in Connecticut and successfully completed not less than one year of training in a safety net facility affiliated with and under the supervision of such dental hygiene program; and passed a clinical skills evaluation.
14. Applicants for dental licensure in Connecticut should be allowed to substitute successful completion of one year of postgraduate training in a Commission on Dental Accreditation accredited dental residency program in lieu of taking a practical skills examination.
15. The licensure fee for dentists who perform dentistry on a volunteer basis in areas of the state designated as underserved should be waived. Liability issues for retired practitioners must be resolved.
16. The dental statutes should be amended to incorporate an updated definition of dentistry, which reflects current practice, as developed and agreed upon during the mediation process.

**DEPARTMENT OF PUBLIC HEALTH
RECOMMENDATIONS FOR STATUTORY REVISION**

1. The statute recognizing dental assistants should be amended to clarify that dental assistants may engage in the taking of dental x-rays under the supervision of a licensed dentist, provided the dental assistant has successfully completed the dental radiography portion of the Dental Assisting National Board examination. Draft language for this proposal is attached.
2. The dental hygiene scope of practice should be amended to allow for the administration of local anesthesia, both infiltration and mandibular block, by appropriately trained and credentialed licensed dental hygienists, under the indirect supervision of a licensed dentist. "Indirect supervision" means supervision requiring that a licensed dentist authorize the procedure, and that a dentist is on-site while the procedure is being performed by the dental hygienist. Draft language for this proposal is attached.
3. Statutory requirements for renewal of dental licensure should be amended to include a minimum of twenty-five hours of mandatory continuing education every two years. Coursework in areas such as infectious diseases including AIDS and HIV, access to care, risk management, care of special needs patients, and domestic violence/sexual abuse should be required. Provisions should also be included to allow for a waiver of a portion of the required continuing education hours for dentists who volunteer their services in safety-net facilities. Draft language for this proposal is attached.
4. Statutory requirements for dental licensure should be amended to allow for the licensure of foreign-trained dentists who: have passed the national board examination for dentistry; completed a two-year dental residency in a Commission on Dental Accreditation accredited program; completed an additional two years of supervised residency or fellowship training in a safety-net facility, or served as a full-time faculty member in a school of dentistry in this state for no less than three years; and passed a clinical skills evaluation. Draft language for this proposal is attached.
5. Statutory requirements for dental hygiene licensure should be amended to allow foreign-trained dentists to qualify for licensure as a dental hygienist, provided the dentist has passed the national board examination for dental hygiene; enrolled in an accredited dental hygiene program located in Connecticut and successfully completed not less than one year of training in a community health center affiliated with and under the supervision of such dental hygiene program; and passed a clinical skills evaluation. Draft language for this proposal is attached.
6. Statutory requirements for dental licensure should be amended to allow for the completion of no less than one year of graduate dental training as a resident dentist in a Commission on Dental Accreditation accredited residency program in lieu of the practical skills examination. Draft language for this proposal is attached.
7. License renewal fees should be waived for retired dentists who provide a minimum of one hundred hours of volunteer services per year in a public health facility, and who do not otherwise engage in the practice of dentistry. Draft language for this proposal is attached.
8. The dental statutes should be amended to incorporate an updated definition of dentistry, which reflects current practice. Draft language for this proposal is being drafted.

**DEPARTMENT OF PUBLIC HEALTH
FUTURE INITIATIVES**

The Department of Public Health plans to take on the following projects, and submit further recommendations for statutory revisions as appropriate, within the next year.

Scope of Practice

Committee members recognized that the dental and dental hygiene scopes of practice should be amended to allow for the delegation of specific additional procedures by dentists to appropriately trained and credentialed dental assistants. Appropriate education, training and examination requirements must be identified. Although there are no longitudinal studies available that show expanding the function of dental hygienists increases access to care, there is some evidence of increased utilization of services in areas with high Medicaid populations in at least one other state. Expanding the practice of dental assistants, and recognizing and using dental hygienists as midlevel practitioners in public settings require further study. The Department of Public Health will convene a scope of practice work group to review these issues further, and suggest additional statutory revisions as appropriate.

Continuing Education

The Department of Public Health will meet with interested parties to review the existing dental hygiene continuing education requirements, make recommendations for revision and revise the regulations as appropriate.

Definition of Dentistry

Throughout the mediation process, it was recognized that there may be other procedures, which currently fall outside of the scope of practice dentistry (e.g., certain cosmetic procedures), that oral and maxillofacial surgeons are trained to perform. However, expanding the dental practice act to allow oral and maxillofacial surgeons with exceptional qualifications to perform such procedures requires further study. The Department of Public Health will convene a work group to review these procedures, make further recommendations regarding the performance of cosmetic or other procedures which do not currently fall within the practice of dentistry, and suggest additional statutory revisions as appropriate.

Loan Repayment Program

The Department of Public Health will review the current policies and procedures for the loan repayment program to ensure a simple, accountable and transparent process, and will revise policies and procedures as appropriate, toward achieving program efficiencies.

APPENDIX A



Substitute House Bill No. 5636

Special Act No. 04-7

AN ACT CONCERNING ORAL HEALTH CARE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (*Effective July 1, 2004*) (a) The Commissioner of Public Health shall establish an ad hoc committee for the purpose of assisting the commissioner in examining and evaluating possible statutory changes that would improve (1) access to oral health care, particularly by persons who are underinsured, uninsured or on Medicaid, and (2) the quality of oral health care. The committee shall hold its first meeting not later than July 15, 2004. The committee shall focus on examining statutory changes that would meet the goals of improving access to and quality of oral health care by facilitating the use of dental hygienists as midlevel providers in public settings, considering the administration of local anesthesia and nitrous oxide by dental hygienists, expanding the functions of dental assistants, requiring continuing education for dentists, revising the definition of dentistry, considering a post-graduate year as an alternative to an examination as a requirement for licensure for dentists. Other topics may be included at the discretion of the commissioner.

(b) (1) The ad hoc committee shall be appointed by the commissioner and shall consist of (A) two members of the Department of Public Health, (B) four dentists recommended by the Connecticut Dental Association, one of whom works in private practice, one of whom works in a public practice, one of whom is an educator and one of whom is a maxillofacial surgeon, (C) four dental hygienists recommended by the Connecticut Dental Hygienists Association, one of whom works in private practice, one of whom works in a public practice, one of whom is an educator and one of whom works in a school-based dental setting, and (D) a representative from a regionally accredited institution of higher education that offers a program for dental assistants. The Commissioners of Public Health and Social Services, or their designees shall be ex-officio members with full voting rights.

(2) The Commissioner of Public Health may expand the membership of the ad hoc committee to include representatives from related fields if the commissioner decides such expansion would be useful.

(c) On or before December 1, 2004, the Commissioner of Public Health shall submit, in accordance with section 11-4a of the general statutes, the results of the examination, with specific recommendations for statutory changes, to the Governor and the joint standing committee of the General Assembly having cognizance of matters relating to public health.

Approved May 21, 2004

APPENDIX B

Oral Health Care Ad Hoc Committee Membership List

Commissioner J. Robert Galvin, M.D., M.P.H.

Appointments and Expanded Membership:

Department of Public Health:

Karen Buckley-Bates, Office of Government Relations
Nancy S. Nicolescu, Office of Government Relations
Jennifer Filippone, Office of Practitioner Licensing and Certification
Pamela Painter, RDH, Oral Health Unit

Expanded Membership:

Robert Wood, President FORConn
Pat Baker, Executive Director, Connecticut Health Foundation
Robert Slate, Executive Director, Connecticut Oral Health Initiative, Inc.
Marjorie Willis, former Director, Dental Assisting Program, Prince Tech

State Agencies:

Peter O'Meara, Commissioner, Department of Mental Retardation
Designee: David Carlow, Director of Health & Clinical Services

Patricia Wilson-Coker, Commissioner, Department of Social Services
Designee: Donna Balaski, DMD

Noel Bishop, Executive Director, Connecticut Dental Association

Appointments:

Dr. Kurt Koral	Public Practice
Dr. Sheldon Natkin	Private Practice
Dr. Joseph Piecuch	Oral and Maxillofacial Surgeon
Dean Peter Robinson	Educator

Wanda Nelson, President, Connecticut Dental Hygienists Association

Appointments:

Dinah G. Auger, RDH	Public Health Practice
Beth A. Grabowicz, RDH, CDA	Private Practice
Diane E. Dimmock, RDH, MS	School Based Hygienist
Mary A. Bencivengo, RDH, MS	Educator
Joyce Ann Turcotte, RDH, M.Ed	Alternate Hygienist

Oral Health Care Ad Hoc Committee Subcommittee Membership List

Scope of Practice

Jennifer Filippone, Public Health Services Manager, Department of Public Health, Co-chair
Sheldon Natkin, DDS, Private Practice, Co-Chair
Donna Balaski, DMD, Department of Social Services
Beth A. Grabowicz, RDH, CDA, Private Practice
Kurt Koral, DDS, Public Practice
Wanda Nelson, President, Connecticut Dental Hygienists Association
Joyce Ann Turcotte, RDH, M.Ed, Alternate Educator
Marjorie A. Willis, CDA, RDH, former Director, Dental Assisting Program, Prince Tech
Franklin Rosenberg, M.D., Anesthesiology, St. Francis Hospital

Access and Quality

Pamela Painter, RDH, Oral Health Unit, Co-chair
Peter Robinson, Dean UConn School of Dental Medicine, Co-Chair
Dinah G. Auger, RDH, Public Health Practice
Pat Baker, Executive Director, Connecticut Health Foundation
Noel Bishop, Executive Director, Connecticut State Dental Association
David Carlow, M.S.W, R.N., Director Health & Clinical Services, Department of Mental Retardation
Diane E. Dimmock, RDH, MS, School Based Hygienist
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Richard Balducci, Vice President, Doyle and D'Amore
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Eugenia Vining, M.D., F.A.C.S., President, CT ENT Society
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Prasad Sureddi, President, CT Society of Plastic and Reconstructive Surgeons
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Karen Jalkut, District Vice President, American Arbitration Association
Lisa Winkler, CT Society of Plastic and Reconstructive Surgeons and CT Society of Eye Physicians
Tricia Dineen Priebe, CT Society of Plastic and Reconstructive Surgeons and CT Society of Eye Physicians
Denis Lafreniere, M.D., Secretary/Treasurer CT ENT Society
Allen Kallor, M.D., Member of CT Dermatology and Dermatology Surgery Society

APPENDIX C

WORKING DRAFT
DENTAL ASSISTANTS – DENTAL X-RAYS

An Act Concerning Dental Assistants and Dental X-Rays

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Subsection (a) of section 20-74ee of the General Statutes is repealed and the following is substituted in lieu thereof:

- (a) Nothing in subsection (c) of section 19a-14, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of a physician licensed pursuant to chapter 370, a chiropractor licensed pursuant to chapter 372, a natureopath licensed pursuant to chapter 373, a podiatrist licensed pursuant to chapter 375, a dentist licensed pursuant to chapter 379 or a veterinarian licensed pursuant to chapter 384. Nothing in subsection (c) of section 19a-14, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of a dental hygienist licensed pursuant to chapter 379 provided that such dental hygienist is engaged in the taking of dental x-rays under the general supervision of a dentist licensed pursuant to chapter 379. Nothing in subsection (c) of section 19a-14, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of a dental assistant as defined in section 20-112a, provided such dental assistant is engaged in the taking of dental x-rays under the supervision and control of a dentist licensed pursuant to chapter 379 and can demonstrate [by January 1, 1996,] successful completion of the dental radiography portion of an examination prescribed by the Dental Assisting National Board. Nothing in subsection (c) of section 19a-14, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of a Nuclear Medicine Technologist certified by the Nuclear Medicine Technology Certification Board or the American Registry of Radiologic Technologists, provided such individual is engaged in the operation of a bone densitometry system under the supervision, control and responsibility of a physician licensed pursuant to chapter 370. Nothing in subsection (c) of section 19a-14, sections 20-74aa to 20-74cc, inclusive, and this section shall be construed to require licensure as a radiographer or to limit the activities of a podiatric medical assistant, provided such podiatric assistant is engaged in taking of podiatric x-rays under the supervision and control of a podiatrist licensed pursuant to chapter 375 and can demonstrate successful completion of the podiatric radiography exam as prescribed by the Connecticut Board of Podiatry Examiners.

Sec. 2. Section 20-112a of the General Statutes is amended by adding subsection (b) as follows:

- (b) A dental assistant may engage in the taking of dental x-rays under the supervision and control of a dentist licensed pursuant to chapter 379 provided the dental assistant can demonstrate successful completion of the dental radiography portion of an examination prescribed by the Dental Assisting National Board.

WORKING DRAFT

MANDATORY CONTINUING EDUCATION REQUIREMENTS FOR DENTISTS

An Act Concerning Continuing Education for Dentists

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (a) For purposes of this act:

- (1) "Commissioner" means the Commissioner of Public Health;
- (2) "Contact hour" means a minimum of fifty minutes of continuing education activity;
- (3) "Department" means the Department of Public Health;
- (4) "Licensee" means a dentist licensed pursuant to chapter 379; and
- (5) "Registration period" means the one-year period for which a license has been renewed in accordance with section 19a-88 of the general statutes and is current and valid.

(b) (1) A licensee applying for license renewal shall earn a minimum of twenty-five contact hours of continuing education within the preceding twenty-four month period. The continuing education shall be in areas related to the individual's practice and shall reflect the professional needs of the licensee in order to meet the health care needs of the public. As part of the required continuing education activities, a licensee shall complete at least one contact hour in each of the following topics: infectious diseases including AIDS and HIV, access to care, risk management, care of special needs patients, and domestic violence, including sexual abuse. Qualifying providers of continuing education activities include, but are not necessarily limited to, courses offered or approved by the American Dental Association, and state, district, or local dental associations and societies affiliated with the American Dental Association; national, state, district, or local dental specialty organizations or the American Academy of General Dentistry; a hospital or other health care institution; dental schools and other schools of higher education accredited or recognized by the Council on Dental Accreditation or a regional accrediting organization; agencies or businesses whose programs are accredited or recognized by the Council on Dental Accreditation; or local, state and national medical associations, or the Accreditation Council for Graduate Medical Education. For the purposes of this section, on-line coursework shall be acceptable provided is offered or sponsored by a qualifying provider of continuing education activities as identified in this subsection. Eight hours of volunteer dental practice at a public health facility, as defined in section 20-126l of the general statutes, may be substituted in lieu of one contact hour of continuing education, up to a maximum of ten contact hours in the twenty-four month period.

(c) Each licensee applying for license renewal shall sign a statement attesting that the licensee satisfies the continuing education requirements of this section. Records of attendance or certificates of completion that demonstrate compliance with the minimum continuing education requirements shall be retained for a minimum of three years following the year in which the continuing education activities were completed and shall be submitted by the licensee to the department for inspection within forty-five days of the department's request for such records. A licensee who fails to comply with the continuing education requirements may be subject to disciplinary action pursuant to section 20-114.

(d)(1) A licensee who is not engaged in active professional practice in any form during a given registration period shall be exempt from the continuing education requirements provided the licensee submits, prior to the expiration of the registration period, a notarized application on a form provided by the department. The application shall contain a statement that the licensee shall not

engage in professional practice until the licensee has completed of the requirements of this subsection.

(2) The department may, in individual cases involving a medical disability or illness, grant waivers of the continuing education requirements or extensions of time within which to fulfill the requirements. The application for waiver or time extension shall be on a form provided by the department and shall be accompanied by a verifying document signed by a licensed physician. Waivers of continuing education requirements or extensions of time may be granted by the department for a period not to exceed one registration period. If a medical disability or illness upon which a waiver or time extension is granted continues beyond the period of the waiver or time extension, the licensee shall reapply for the waiver or time extension.

(3) A licensee applying for license renewal for the first time shall be exempt from continuing education requirements.

(4) A licensee who is on active duty in the Armed Forces of the United States is exempt from continuing education activities until such licensee is discharged from active duty. The licensee must complete twenty-five contact hours of continuing education within one year of returning to professional practice.

(e) Any licensee whose license has become void pursuant to section 19a-88 of the general statutes and who applies to the department for reinstatement shall be required to submit evidence documenting successful completion of twelve contact hours of continuing education within the one year period immediately preceding application for reinstatement.

(f) These requirements will be effective for registration periods commencing on and after twenty-four months from the effective date of this section.

WORKING DRAFT

DENTAL HYGIENE – ADMINISTRATION OF LOCAL ANESTHESIA

An Act Concerning the Administration of Local Anesthesia

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 20-126l of the general statutes is repealed and the following is substituted in lieu thereof:

(a) As used in this section:

(1) "General supervision of a licensed dentist" means supervision that authorizes dental hygiene procedures to be performed with the knowledge of said licensed dentist, whether or not the dentist is on the premises when such procedures are being performed;

(2) "Public health facility" means an institution, as defined in section 19a-490, a community health center, a group home, a school, a preschool operated by a local or regional board of education or a head start program; and

(3) The "practice of dental hygiene" means the performance of educational, preventive and therapeutic services including: complete prophylaxis; the removal of calcerous deposits, accretions and stains from the supragingival and subgingival surfaces of the teeth by scaling, root planing and polishing; the application of pit and fissure sealants and topical solutions to exposed portions of the teeth; dental hygiene examinations and the charting of oral conditions; dental hygiene assessment, treatment planning and evaluation; **[and] collaboration in the implementation of the oral health care regimen; and the administration of local anesthesia in accordance with the provisions of subsection (g) of this section.**

(b) No person shall engage in the practice of dental hygiene unless such person (1) has a dental hygiene license issued by the Department of Public Health and (A) is practicing under the general supervision of a licensed dentist, or (B) has been practicing as a licensed dental hygienist for at least two years, is practicing in a public health facility and complies with the requirements of subsection (e) of this section, or (2) has a dental license.

(c) A dental hygienist licensed under sections 20-126h to 20-126w, inclusive, shall be known as a "dental hygienist" and no other person shall assume such title or use the abbreviation "R.D.H." or any other words, letters or figures which indicate that the person using such words, letters or figures is a licensed dental hygienist. Any person who employs or permits any other person except a licensed dental hygienist to practice dental hygiene shall be subject to the penalties provided in section 20-126t. Licensed dental hygienists may provide dental hygiene services in any office of a licensed dentist or in any public or private institution or in any convalescent home under the general supervision of a licensed dentist.

(d) A licensed dental hygienist shall in no event perform the following dental services: (1) Diagnosis for dental procedures or dental treatment; (2) the cutting or removal of any hard or soft tissue or suturing; (3) the prescribing of drugs or medication which require the written or oral order of a licensed dentist or physician; (4) the administration of **[local,] parenteral, inhalation or general anesthetic agents in connection with any dental operative procedure;** (5) the taking of any impression of the teeth or jaws or the relationship of the teeth or jaws for the purpose of fabricating

any appliance or prosthesis; (6) the placing, finishing and adjustment of temporary or final restorations, capping materials and cement bases.

(e) Each dental hygienist practicing in a public health facility shall (1) refer for treatment any patient with needs outside the dental hygienist's scope of practice, and (2) coordinate such referral for treatment to dentists licensed pursuant to chapter 379.

(f) All licensed dental hygienists applying for license renewal shall be required to participate in continuing education programs. The commissioner shall adopt regulations in accordance with the provisions of chapter 54 to: (1) Define basic requirements for continuing education programs, (2) delineate qualifying programs, (3) establish a system of control and reporting, and (4) provide for waiver of the continuing education requirement by the commissioner for good cause.

(g) A licensed dental hygienist may administer local anesthesia, including infiltration and mandibular blocks, under the indirect supervision of a licensed dentist. A dental hygienist shall be qualified to administer local anesthetic agents upon successful completion of a course of instruction containing basic and current concepts of local anesthesia and pain control conducted by a program that is accredited by the Commission on Dental Accreditation, or its successor organization, which includes: (1) twenty hours of didactic training, including but not necessarily limited to, the psychology of pain management; a review of anatomy, physiology, pharmacology of anesthetic agents, emergency precautions and management, and client management; instruction on the safe and effective administration of anesthetic agents; and (2) eight hours of clinical training which shall include the direct observation of the performance of procedures. For the purpose of this section, "indirect supervision" means that a licensed dentist authorizes and prescribes the use of local anesthesia for the patient and remains in the dental office or other location where the services are being performed by the dental hygienist.

WORKING DRAFT

PGY 1 and FOREIGN TRAINED DENTISTS

An Act Concerning PGY 1 and Foreign Trained Dentists

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 20-107 of the General Statutes is repealed and the following is substituted in lieu thereof:

(a) Each application for such license shall be in writing and signed by the applicant and no license shall be issued to any person unless he presents a diploma or other certificate of graduation from some reputable dental college or from a department of dentistry of a medical college conferring a dental degree, or unless he is practicing as a legally qualified dentist in another state having requirements for admission determined by the department to be similar to or higher than the requirements of this state. The Dental Commission is authorized with the consent of the Commissioner of Public Health to determine the colleges which shall be considered reputable dental or medical colleges for the purposes of this chapter. The commission shall consult where possible with nationally recognized accrediting agencies when making such determinations. [Each applicant for such license shall also present a certificate from the State Board of Education that he has completed a four-year course at an approved high school, or has an equivalent academic education, but this requirement shall not apply to an applicant who is practicing as a legally qualified dentist in another state as above provided.]

(b) Notwithstanding the provisions of this chapter, an applicant for licensure as a dentist whose application is based on a diploma issued to the applicant from a foreign dental school may qualify for licensure provided the applicant has (1) graduated from a dental school located outside of the United States and received the degree of doctor of dental medicine or surgery, or its equivalent; (2) passed the written examination required in section 20-108; (3) successfully completed not less than two years of graduate dental training as a resident dentist in a program accredited by the Commission on Dental Accreditation; (4) successfully completed, at a level greater than the second post graduate year, no less than two years of a Commission on Dental Accreditation accredited residency or fellowship training program in a safety-net facility affiliated with and under the supervision of a school of dentistry in this state, or served as a full-time clinical instructor in a school of dentistry in this state under the provisions of section 20-120 for no less than three years; and (5) passed the practical examination required in section 20-108.

Sec. 2. Section 20-108 of the General Statutes is repealed and the following is substituted in lieu thereof:

(a) Except as provided in section 20-110, each applicant for a license to practice dental medicine or dental surgery shall be examined by the Department of Public Health, under the supervision of the Dental Commission as to his professional knowledge and skill before such license is granted. Such examination shall be conducted in the English language. The Dental Commission may, with the consent of the Commissioner of Public Health, accept and approve, in lieu of the written examination herein required, the results of an examination given by the Joint Commission on National Dental Examinations, subject to such conditions as the commission may prescribe, and the Dental Commission with the consent of the Commissioner of Public Health, may accept and approve, in lieu of the written and practical examination herein required, the results of regional testing agencies as to written and practical examinations, subject to such conditions as the

commission, with the consent of the Commissioner of Public Health, may prescribe. Passing scores shall be established by the department with the consent of the commission.

(b) Notwithstanding the provisions of this section, an applicant for licensure may submit evidence of having successfully completed no less than one year of graduate dental training as a resident dentist in a program accredited by the Commission on Dental Accreditation in lieu of the practical examination required in this section.

Sec. 3. Section 20-126i of the General Statutes is repealed and the following is substituted in lieu thereof:

(a) Each application for a license to practice dental hygiene shall be in writing and signed by the applicant and accompanied by satisfactory proof that such person has received a diploma or certificate of graduation from a dental hygiene program with a minimum of two academic years of curriculum provided in a college or institution of higher education the program of which is accredited by the Commission on Dental Accreditation or such other national professional accrediting body as may be recognized by the United States Department of Education, and a fee of seventy-five dollars.

(b) Notwithstanding the provisions of this chapter, an applicant for licensure as a dental hygienist, whose application is based on a diploma issued to the applicant from a foreign dental school, may qualify for licensure provided the applicant has: (1) graduated from a dental school located outside of the United States and received the degree of doctor of dental medicine or surgery, or its equivalent; (2) passed the written examination required in section 20-126j; (3) enrolled in a Commission on Dental Accreditation accredited dental hygiene program located in this state and successfully completed not less than one year of clinical training in a *community health center* affiliated with and under the supervision of such dental hygiene program; and (4) passed the practical examination required in section 20-126j.

WORKING DRAFT
WAIVER OF LICENSE FEES

An Act Concerning Waiver of License Fees

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section (1) of Public Act 03-124 is repealed and the following is substituted in lieu thereof:

Any person who practices dentistry for no fee, for at least one hundred hours per year at a public health facility, as defined in section 20-126l of the general statutes, and does not otherwise engage in the practice of dentistry, shall be [eligible to renew a license, as provided in section 19a-88 of the general statutes, for a fee of one hundred dollars] shall be exempt from the payment of the professional service fee required under subsection (a) of section 19a-88.

Sec. 2. Subsection (a) of section 19a-88 of the general statutes is repealed and the following in substituted in lieu thereof:

(a) Each person holding a license to practice dentistry, optometry, midwifery or dental hygiene shall, annually, during the month of such person's birth, register with the Department of Public Health, upon annual payment of the professional services fee for class I, as defined in section 33-182l in the case of a dentist, except as provided in section 1 of [public act 03-124] this act, the professional services fee for class H, as defined in section 33-182l in the case of an optometrist, five dollars in the case of a midwife, and fifty dollars in the case of a dental hygienist, on blanks to be furnished by the department for such purpose, giving such person's name in full, such person's residence and business address and such other information as the department requests.