



August 15, 2024

Sara Montauti, MPH

Healthcare Quality Safety Branch

Practitioner Licensing and Investigation Section

Department of Public Health

410 Capitol Ave, MS#12HSR

P.O. Box 340308

Hartford, CT 06134

Dear Ms. Montauti:

The Connecticut Oral Health Initiative Inc., a Connecticut 501c3 not-for-profit organization, is submitting the attached scope of practice request for the 2024-2025 legislative cycle. At COHI our mission is to strengthen and safeguard access to quality, affordable oral health services for all Connecticut residents. The changes proposed in the following request advance our mission.

COHI is requesting amendments to Sec. 20-126y of Chapter 379a\* of the Connecticut General Statutes related to the practice of dental therapy in Connecticut and their scope of practice to align with the Commission on Dental Accreditation standards.

Thank you for your time and consideration of this request. Should you have any further questions, please feel free to contact me anytime at the email below.

Sincerely,

*Jon Trister*

Jon Trister

Scope of Practice Request Project Manager

Connecticut Oral Health Initiative

[jon@ctoralhealth.org](mailto:jon@ctoralhealth.org)

Scope of Practice Submission to the Department of Public Health

Connecticut Oral Health Initiative

August 15, 2024

### **1. A plain language description of the request;**

In 2019 the Connecticut General Assembly approved Public Act No. 19-56<sup>1</sup> which amended Chapter 379a\* of the general statutes to add Sec. 20-126y that allowed Dental Therapists to practice in a public health facility in Connecticut and established a scope of practice<sup>2</sup> for the profession. Dental therapists are highly trained dental providers that work under the supervision of a certified dentist, similar to a physician assistant in medicine. Dental therapists can provide some restorative and preventative care such as examinations and cavity fillings.

It has been five years since the legislation was passed into law and there are currently zero practicing dental therapists in the state. The purpose of this request is to change dental therapist policy to align with national standards. These changes would remove barriers to practice for dental therapists which would expand access to oral health care for residents of the state, particularly residents from the most medically underserved communities that rely on public health facilities for their oral health care needs. These residents currently face inequitable access to services.

This request updates CGS Chapter 379a\* to: 1) eliminate the requirement for dental therapists to hold a dental hygienist license as a prerequisite; 2) establish a separate license for dental therapy, and 3) allow for an associate level educational program for dental therapy.

Many communities and public health settings struggle to recruit and retain dental providers. Dental therapists enable dentists and community health centers to see more medicaid patients, reduce patient wait times, and divert emergency room usage. In addition, fixing this law would allow for more accessible education programs thus

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<sup>1</sup> <https://www.cga.ct.gov/2019/ACT/pa/pdf/2019PA-00056-R00SB-00807-PA.pdf>

<sup>2</sup> [https://www.cga.ct.gov/current/pub/chap\\_379a.htm#sec\\_20-126y](https://www.cga.ct.gov/current/pub/chap_379a.htm#sec_20-126y)

creating a more representative workforce by creating good paying jobs in low income communities. The changes proposed in this submission would eliminate barriers that are preventing dental therapists from practicing in Connecticut, and expand access to basic oral health care for Connecticut residents and improve the overall patient experience.

Research shows that authorizing dental therapists results in more access to oral health care and an increase in the frequency of visits<sup>3</sup>. These results are of particular significance to BIPOC communities, rural communities, and low-income communities<sup>4</sup>. The changes proposed in this request have profound equity considerations and would expand access to oral health care which results in more people in underserved communities receiving the care they deserve.

**2. Public health and safety benefits that the requestor believes will occur if the request is implemented and, if applicable, a description of any harm to public health and safety if it is not implemented;**

Adding dental therapy to the panoply of providers will increase access to basic oral health care, particularly in underserved communities. Dental therapists are oral health providers who work under the supervision of a dentist to provide commonly needed care like exams and fillings. They have been working in the U.S. for 20 years and the research shows they are a cost-effective means of expanding access to care, both by allowing community health centers to treat more patients with the same budget and by allowing more care to be delivered in community settings like schools and long-term care facilities. For example, the city of New Britain could expand their existing school-based preventative oral health programs to offer more services by adding dental therapists to the team, allowing more children to get their oral health care needs fully taken care of in school without the need for referral to an outside dental office for

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<sup>3</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8933736/>

<sup>4</sup> <https://www.dentaltherapy.org/dental-therapy-101>

additional procedures, such as cavity fillings or simple extractions. Outside referrals can be fraught. In some instances folks never go for their referral and thus never get the care that they need. They have a proven track record of high-quality care and their education is regulated by the same entity (the Commission on Dental Accreditation [CODA])<sup>5</sup> that oversees education for dentists, dental hygienists and dental assistants.

Connecticut authorized dental therapists in 2019 intending to expand access to care but some of the requirements included in statute have made it difficult to implement. As such, five years later no dental therapists are working in Connecticut and no dental therapy education programs have been created.

Removing the requirement that dental therapists also hold dental hygiene degrees would decrease barriers to entry for the profession, reduce the time and cost it would take to become a dental therapist and allow Connecticut's community colleges to offer the training. At least one community college is eager to do so but cannot meet this dual professional requirement. CODA, which sets the education standards for all dental professions and accredits training programs, is clear that it considers dental therapy and dental hygiene separate professions. While there is some overlap in their scope, each provider has their own role, with hygienists providing preventive and periodontal care while therapists focus on basic restorative care. The scope of dental therapists includes preventive procedures like dental prophylaxis and sealants but does not include more advanced procedures like root planing. The chart below highlights the breakdown in what each profession in the oral health team does and how they are different.

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[https://coda.ada.org/-/media/project/ada-organization/ada/coda/files/dental\\_therapy\\_standards.pdf?rev=814980f6110140e7ba00659703cc3b3c&hash=81A3585FD5B1B478DA7D99065A9B75DE](https://coda.ada.org/-/media/project/ada-organization/ada/coda/files/dental_therapy_standards.pdf?rev=814980f6110140e7ba00659703cc3b3c&hash=81A3585FD5B1B478DA7D99065A9B75DE)

## Dental Provider Comparison

	Dental Hygiene	Dental Therapy	Dentistry
<b>Prerequisite</b>	0-1 year of college classes	0-1 year of college classes	Bachelor's degree
<b>Minimum length of education program (per the CODA accreditation standards, the US Dept of Education accepted accreditation standards)</b>	2 academic years	3 academic years	4 academic years
<b>Number of procedures the provider can perform</b>	~40	~75	~500
<b>Expertise</b>	Focus on Gums and Preventive routine care, i.e. cleanings	Focus on Teeth and Restorative routine care, i.e. fillings	Focus on Teeth and Expansive Restorative care
<b>Anticipated Annual Compensation, Informed by Education Costs</b>	~\$77,000 <sup>i</sup>	~\$77,000; ~\$120,000+ if dual degree required	~\$164,000 <sup>ii</sup>

<sup>i</sup> U.S. Bureau of Labor Statistics. Dental Hygienists. Updated May 1, 2020. Retrieved from: <https://www.bls.gov/ooh/healthcare/dental-hygienists.htm#tab-1>

<sup>ii</sup> U.S. Bureau of Labor Statistics. Dentists. Updated May 1, 2021. Retrieved from: <https://www.bls.gov/ooh/healthcare/dentists.htm>

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CODA does encourage educational institutions to offer advanced standing for qualified students but is clear that all dental therapy programs must be a minimum of three academic years. When combined with a dental hygiene prerequisite (as Connecticut's current law includes), this necessitates dental therapy degrees offered as a bachelor's or master's degree for five years or more of school. This means that community colleges in Connecticut are not able to offer the degree (even though they are in other states), making the education longer, more expensive and less accessible for Connecticut students, especially students of color from medically underserved communities dental therapy is aimed to help the most. This also increases the cost to employers/providers of dental therapy services, such as for community health centers who are struggling to retain the number of dentists needed to meet the demand.

<sup>6</sup> [https://www.ctoralhealth.org/\\_files/ugd/8c3db9\\_645209d49b2d4f7191375f56acc7da8f.pdf](https://www.ctoralhealth.org/_files/ugd/8c3db9_645209d49b2d4f7191375f56acc7da8f.pdf)

Removing the requirement that dental therapists hold dental hygiene degrees would not stop universities in Connecticut from developing masters level programs that combine dental hygiene and dental therapy education as some expressed interest in doing during the 2019 legislative debate. While little progress appears to have been made since the law passed in 2019, these universities would still be able to develop their desired programs should the state remove the hygiene requirement. The separation of the two professions would open up the ability of community colleges or other four year colleges to offer a dental therapy degree.

The ability of a range of educational institutions to offer dental therapy training makes it easier to develop programs in areas without enough dental providers and tailor them to the needs of low-income, first generation or nontraditional students. This is how dental therapy has helped create a dental workforce that is more representative of the communities it serves while creating good paying jobs in those communities in numerous other states and other nations.

### **3. The impact of the request on public access to health care;**

Dental therapists will expand access to routine oral health care for underserved communities. These communities face significant inequity in access to oral health care. COHI produced a [Medicaid Gap Analysis in 2022](#) that states of the approximately 500,000 people in Connecticut on Medicaid, “more than half may not be utilizing any of their dental benefits in a given year.”<sup>7</sup> Medicaid recipients have reported difficulty in getting an appointment at a community health center in a timely fashion due to the large number of people seeking care, and the low number of dentists working in community health centers.

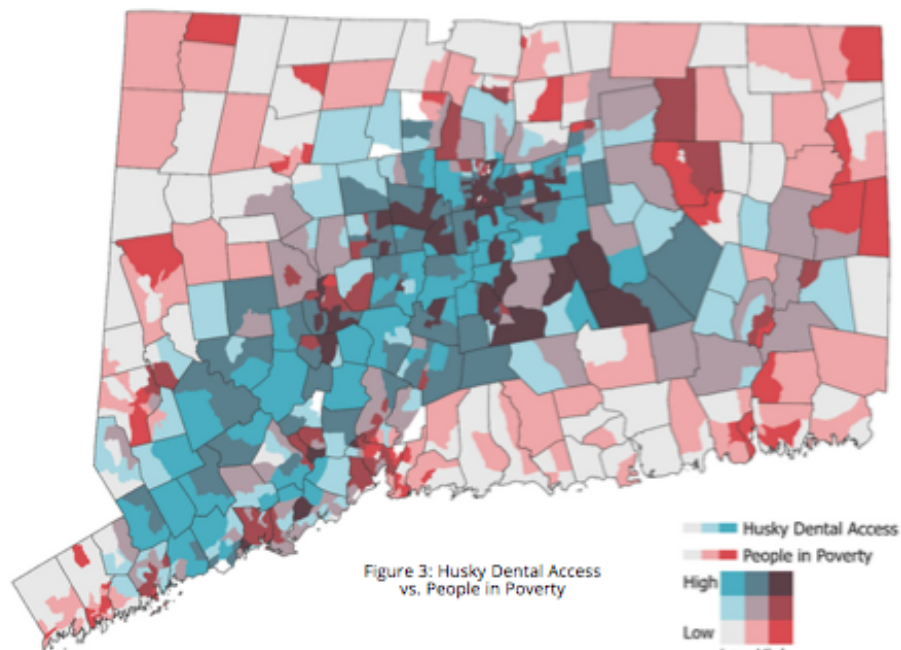
One of the main problems with access to dental care is the inconsistent distribution of providers. It is estimated that at least 58 million people in the U.S. are living in communities without enough dental providers.<sup>8</sup> The most affected areas are black and

<sup>7</sup> [https://www.ctoralhealth.org/\\_files/ugd/8c3db9\\_458ec6d0a9b04558b380e71072337781.pdf](https://www.ctoralhealth.org/_files/ugd/8c3db9_458ec6d0a9b04558b380e71072337781.pdf)

<sup>8</sup> <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

brown communities, rural communities, and tribal areas. The changes proposed in this request would increase access to oral health care for these groups by eliminating the barriers that prevent dental therapists from practicing in public health facilities in Connecticut.

The map below highlights the gap in providers that accept Husky Health care as it relates to poverty stricken areas. It clearly shows that there are many geographic areas in Connecticut that do not have affordable access to oral health care within a reasonable traveling distance. Not having reliable transportation to a care facility has proven to be a barrier for people to receive basic oral health care.



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Eliminating the requirement for dental therapists to also be dental hygienists as approved by CODA, would allow for an easier educational path to obtain dental therapist certification. This would encourage more people to enter the profession, thus expanding access to dental care even further. Furthermore, allowing dental therapy programs to be taught at community colleges would further increase access to the profession, which would allow more individuals who live in the communities where the

<sup>9</sup> [https://www.ctoralhealth.org/\\_files/ugd/8c3db9\\_458ec6d0a9b04558b380e71072337781.pdf](https://www.ctoralhealth.org/_files/ugd/8c3db9_458ec6d0a9b04558b380e71072337781.pdf)

community health centers are located to work there. This would allow for a dental therapy program to be under Connecticut's debt-free community college program further opening up access to the profession.

#### **4. A brief summary of state or federal laws governing the profession**

Connecticut General Statutes [Chapter 379a\\* Sec. 20-126y](#) outlines the laws governing the dental therapy profession in CT. State statute allows dental therapists to practice under the supervision of a licensed dentist. They are also required to practice in public health facilities. It is also a requirement in Connecticut that dental therapists hold a dental hygienist license as a prerequisite. This last requirement is the biggest reason why there are no practicing dental therapists in Connecticut, but are in numerous other states that do not have the dental hygiene license requirement.

In addition to state statute requiring dental therapists to also be licensed dental hygienists, dental therapists must complete a dental therapy program at a CODA accredited dental therapy program. No such programs currently exist in Connecticut likely because the demand for this master level program is not worth the development cost. Removing the hygiene prerequisite would allow for dental therapy programs to be taught at the associates level at community colleges and other four year colleges, which would make the education more affordable and accessible and ultimately result in more dental therapists being licensed and able to practice, which would expand access to oral health care for residents.

#### **5. The state's current regulatory oversight of the profession;**

The Connecticut State Department of Public Health has oversight of the profession, but only in cases where they are renewing their dental hygienist license. In Connecticut there is no system in place to obtain a dental therapist license, so there is no regulatory oversight. This is one of the reasons why we have zero practicing dental therapists in Connecticut. Providers won't enter into collaborative agreements with them because there is no license specific to dental therapy in the state to regulate the practice. Dental

Therapy is a distinct and separate profession from dental hygiene as it serves a separate and distinct difference in practice. It should have its own regulatory oversight and licensure to ensure dental therapists can practice with the proper supervision and oversight.

**6. All current education, training, and examination requirements and any relevant certification requirements applicable to the profession;**

Connecticut statute states that a dental therapist is a dental hygienist licensed pursuant to chapter 379a of the general statutes. The prerequisite for dental therapists to be a dental hygienist has become a barrier for dental therapists to practice in Connecticut. In addition to the educational requirements in order to obtain a dental hygienist license, a dental therapist must successfully complete a dental therapy program. The program must be in accordance with the CODA standards for dental therapy educational programs. This requires full-time instruction or its equivalent at the postsecondary college level and incorporates all dental therapy practice competencies, at an institution of higher learning accredited by CODA.

After completing the educational requirements for dental therapy on top of the educational requirements already met to obtain a hygienist license, a prospective dental therapist must then successfully complete a comprehensive examination. Statute requires that the examination be administered independently of any institution of higher education that offers a program in dental therapy.

Prior to entering into a collaborative agreement with a supervising dentist, a dental therapist must; (A) receive a certificate of completion, signed by a dentist licensed pursuant to chapter 379 of the general statutes, that verifies completion of one thousand hours of clinical practice under direct supervision of such dentist, and (B) has successfully complete six hours of continuing education related to dental therapy. Only after completing all of the above requirements can a dental therapist enter into a collaborative agreement with a supervising dentist and begin practicing dental therapy.

The above requirements are in accordance with, and aligns with CODA Standards for dental therapy with the exception of the requirement that a dental therapist first must be a dental hygienist. Connecticut is one of only three states that allow dental therapists to require dental hygienist certification. After the 2019 law was passed in Connecticut, every state that has since passed legislation authorizing dental therapists has not included the requirement for a dental therapist to also have a dental hygienist license. The educational requirements to obtain a dental hygienist certification on top of the educational requirements for dental therapy, have proven to be a barrier for those wishing to practice dental therapy in Connecticut.

**7. A summary of known scope of practice changes requested or enacted concerning the profession in the five years preceding the request;**

In 2019, the Connecticut General Assembly passed Public Act No. 19-56 titled, 'An Act Concerning the Legislative Commissioners' Recommendation for Revisions to the Public Health Statutes, Dental Assistants and Dental Therapy'. This legislation allowed for the creation of the dental therapy requirements listed earlier. Since being signed into law in 2019, there have been no scope of practice change requests submitted or enacted. This request will be the first of its kind related to scope of practice for dental therapists in Connecticut. As previously stated, there are zero practicing dental therapists in the state five years after the law was passed. The changes proposed in this request would eliminate a significant barrier to implementation and expand access to oral health care in our most medically underserved communities.

**8. The extent to which the request directly affects existing relationships within the health care delivery system;**

The changes proposed in this request would increase the capacity for public health facilities, such as community health centers, to provide dental care to more people. Dental therapists are required to work under the supervision of a licensed dentist, thus the changes proposed here would add more professions to provider options, and would increase access to dental care. Dentistry is composed of four distinct professions; (1)

Dentists; (2) Dental Assistants; (3) Dental Hygienists; and (4) Dental Therapists. Dental assistants, hygienists, and therapists, all have their own distinct and unique roles to play under the supervision of a dentist.

### **9. The anticipated economic impact of the request on the health care delivery system;**

This change would remove barriers to implementation so higher education institutions could offer dental therapy programs, and interested students could enter the profession. Public Health facilities could hire dental therapists to provide treatment to their communities as it intended to do when it authorized them in 2019. This could increase access to care, particularly for low-income communities and individuals covered by Medicaid; increase the efficiency of community health centers and allow them to treat more patients with the same budget; increase the amount of care that could be cost-effectively provided in community settings allow more people with barriers to getting into dental offices to get care; and create a more diverse dental workforce. This would also create opportunities for dental hygienists and dental assistants to do more and potentially advance their careers. This could result in decreased use of emergency rooms for preventable dental conditions, and, over time, improve the oral health status of Connecticut's population.

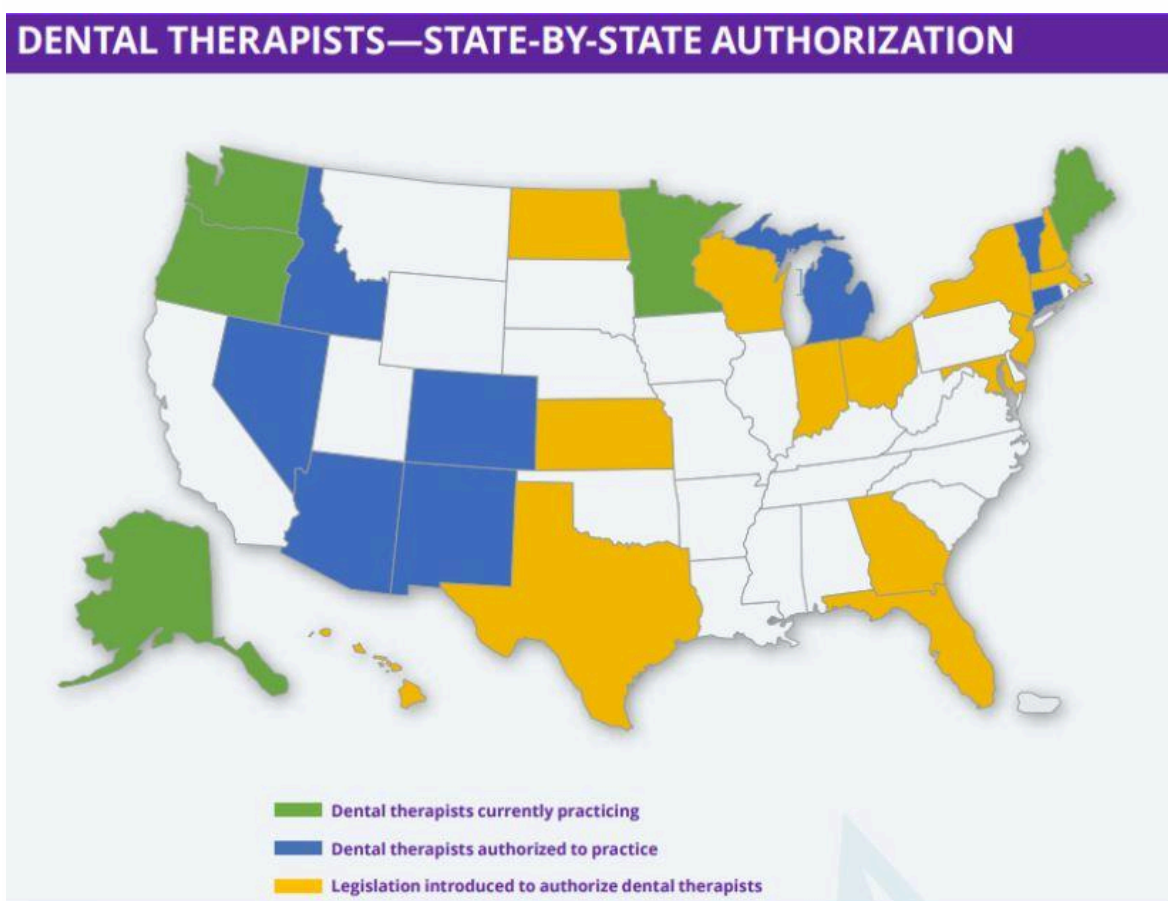
### **10. Regional and national trends in licensing of the health profession making the request and a summary of relevant scope of practice provisions enacted in other states;**

Of the 14 states where dental therapists are permitted to work, two (ME & NV) in addition to Connecticut require all dental therapists hold dental hygiene degrees and three others (AZ, NM, VT) require hygiene degrees under some paths to licensure. However, since Connecticut authorized dental therapists in 2019, an additional four

states (OR, CO, WA, WI) have authorized dental therapists and none require dental therapists to also hold dental hygiene licenses. This national trend away from requiring dual licensure has come from the states seeing that requiring dual licensure increases education costs and cuts many students from underserved communities from being able to access the education.

Of the 13 states that have authorized dental therapists via state law (dental therapists are also permitted in the Alaska tribal health system but their authorization was under federal law), all of them have created licenses for dental therapists.

The map below gives a broad view into how dental therapy as a profession is growing in the US. As you can see, dental therapy is rapidly becoming a widespread profession across the entire United States.



**11. Identification of any health care professions that can reasonably be anticipated to be directly affected by the request, the nature of the impact, and efforts made by the requestor to discuss it with such health care professions;**

Dentists, dental assistants, dental hygienists, and community health centers could be directly impacted by the changes proposed in this request. Many dentists are in support of adding dental therapists as it would allow those working in community health centers to treat more patients. For dental assistants and dental hygienists, adding dental therapists to the oral health team increases the amount of patients that they can all treat.

Adding dental therapists to the oral health team would potentially have an impact in reducing the number of emergency room visits for oral health care. This has the effect of decreasing wait times in emergency rooms, which improves the overall patient experience and allows for more people to receive the critical care they need in a timely fashion.

**12. Description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.**

In 2019 legislation was passed in Connecticut that authorized dental therapists to practice in the state. Due to the certification and educational barriers previously discussed, five years have gone by since the legislation was signed into law and there are zero practicing dental therapists in Connecticut. This request would remove the barriers preventing dental therapists from practicing so that they can perform the duties of their profession to the fullest extent of their education and training.