

# **Scope of Practice Request for Expanded Functions for Dental Auxiliaries September 2011**

On August 15, 2011, the Connecticut Dental Assistants Association (CDAA) submitted to the Connecticut Department of Public Health (DPH) a Scope of Practice Request regarding the increase in the scope of practice for dental auxiliaries in Connecticut, in public health and private settings, by providing for the education and training of Expanded Functions Dental Auxiliaries (EFDAs).

## **A Summary of the CDAA's Scope of Practice Request as Presented to the Department of Public Health:**

Per Public Act 11-209, An Act Concerning the Department of Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professions, the Connecticut Dental Assistants Association (CDAA) is submitting a scope request which would increase the scope of practice for dental assistants in public health and private settings.

The CDAA is requesting this Scope of Practice change to the practice of dental assisting to provide for the education and training of an Expanded Functions Dental Auxiliary (EFDA) in Connecticut. An EFDA is a highly trained and skilled dental assistant or dental hygienist who receives extra education to perform reversible, intraoral procedures, and additional tasks (expanded duties or extended duties), services or capacities, often including direct patient care services, which may be legally delegated by a licensed dentist and performed under the supervision of a licensed dentist. EFDAs are utilized in 44 states and the District of Columbia.

It is hoped that this request to create expanded functions for dental auxiliaries is seen as a positive change to all dental health care providers in Connecticut. The intent is to increase the access to care for the underserved citizens in Connecticut, including the elderly and those with special needs. By increasing the dental workforce that can provide preventive care, we can decrease the numbers of children and adults in Connecticut who are not receiving good, basic, preventive dental care, and help prevent the suffering of pain that comes with dental decay and infection. This can only be a good thing for the citizens of Connecticut.

In closing, the CDAA looks forward to working with the Department and all interested partners through this new scope process in the hopes of identifying real solutions that will positively impact the lives of the citizens of Connecticut.

## **About the Scope of Practice Request**

The Department of Public Health is the agency that controls/regulates all health care professions in Connecticut. As of the end of 2010, the Health Care Systems Branch of the DPH currently licenses, certifies and registers health practitioners in 55 professions in Connecticut. Dental assistants are not licensed, certified or registered by the DPH. Instead, dental assistants are overseen by the Commissioner of Public Health, with advice and assistance from the Connecticut State Dental Commission.

The Department of Public Health was developed in 1878, and is the state's leader in public health policy and advocacy. Its mission is to protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy;
- Promoting physical and mental health, and
- Preventing disease, injury, and disability.

Scope of practice refers to the laws that state what a professional can or cannot do and in Connecticut, are included in the state's practice acts. The first scope of practice request in the state of Connecticut was established in 1893 for Physicians. The original Dental and Dental Hygienist professions scopes of practice laws were established in 1915.

A Scope of Practice Request is a report submitted first to the DPH and is used by the DPH to help them understand and become familiar with a group's or association's (in this instance the CDAA's) request to change/expand the current scope of practice for their occupation before it is presented to the legislature. Reasons to change scopes of practice may include increasing public safety and expanding access to quality care. Also, a group's request for expanding the permissible duties with increased education, training and professional competencies may provide for a career ladder and thus increased career satisfaction.

### **A Little History about Expanded Functions for Dental Auxiliaries in Connecticut:**

Efforts have been ongoing for many years now in Connecticut, to amend the state Dental Practice Act in several areas regarding dental assistants.

In 2004, as a result of Substitute House Bill No. 5636, Special Act No. 04-7, the Commissioner of Public Health established an ad hoc committee to examine and evaluate possible changes in the statutes regulating dentistry that would improve access to oral health care and the quality of oral health care, such as expanding the functions of dental assistants.

In 2009, Proposed Bill No. 5630 was introduced to expand the scope of functions that may be performed by dental assistants in an effort to increase access of dental care for underserved populations. Committee Bill No. 5630 was also introduced that year that proposed a change to describe levels for dental assistants that would be: Entry level dental assistant, Non-certified dental assistant, DANB-certified dental assistant and Expanded Functions dental assistant. This bill also proposed a requirement for all dental assistants to show successful completion of the DANB infection control exam that would have been implemented by October 1, 2010. This mandate supports the DPH's mission statement "to protect and improve the health and safety of the people of Connecticut". However, neither Bill moved forward to the legislative process.

### **What Next:**

As of September 12, 2011, the CDAA's Scope of Practice Request was posted on the DPH website ([www.ct.gov/dph](http://www.ct.gov/dph)). Click on "**Scope of Practice Determinations for Health Professions**" under "**Featured Links**". The Commissioner of Public Health will then establish and appoint members to a scope of practice review committee. By February 1, 2012, this review committee is to complete their review and evaluation of the Scope of Practice Request and will then give a written report with their findings to the Public Health Committee, who will then review the request. It would then be determined if this scope of practice change should take place and if a Bill should be created.