

Scope of Practice Request

The Connecticut State Dental Association (CSDA) is a statewide professional membership organization representing 2,200 dentists throughout the state of Connecticut. CSDA members are committed to protecting the health and well-being of people of all ages.

(1) A plain language description of the request;

The current Connecticut Dental Practice Act defines the practice of dentistry as: “the diagnosis, evaluation, prevention or treatment by surgical or other means, of an injury, deformity, disease or condition of the oral cavity or its contents, or the jaws or the associated structures of the jaws.” The CSDA is requesting a change to the scope of the Dental Practice Act to allow dentists to administer botulinum neurotoxin (Botox, Xeomin, Dysport, etc) and dermal fillers (Juvederm, Restylane, Sculptra, etc) for the functional or cosmetic enhancement of the gums, cheeks, jaws, lips, the oral cavity and associated structures of the maxillofacial areas. The dentist must have either received satisfactory training in a dental institution accredited by the Commission on Dental Accreditation (CODA) or successfully completed a specific training program/continuing education course, such as required by the American Academy of Facial Esthetics (AAFE), in injectables and facial fillers. (The American Dental Association recognizes the AAFE as the premier choice for Botox and dermal fillers training/continuing education). This must be limited to the practice of dentistry and related to the delivery of a patient’s comprehensive dental treatment.

(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;

Dentists are trained specialists in facial, peri-oral and oral structures. They are currently permitted to administer Botox as part of a dental treatment for temporal mandibular joint disorders and myofascial pain. Many dental patients complain of cosmetic outcome of dental treatment, but their problem is not with their teeth. It is with the musculature around their lips or the lips themselves. In some cases, Botox offers a remedy which otherwise would require extensive surgical procedures, such as surgical removal of under-portions of the lips. Botox has an incredible safety record and gives patients a non-surgical alternative for those concerned about the higher safety risks associated with surgical procedures.

While the public health and safety will not technically be harmed without implementation, allowing dentists to administer injectables and facial fillers gives the general public increased access to care to another provider who can safely administer them.

(3) The impact that the requestor believes the request will have on the profession's ability to obtain or expand third party reimbursement for the services provided by the profession;

Botox is already a medically reimbursable procedure for certain diagnosis codes. Purely cosmetic procedures would have not financial impact on Insurance or third party reimbursements.

(4) The impact of the request on public access to health care;

Patients in dental practices across the State are asking for injectable pharmacologics to be offered in their dental office. Oftentimes the patients are already anesthetized for a dental procedure and if the dentist was able to offer Botox or dermal fillers the patient would then be best served. If dentists cannot perform what a patient requests, the patient will be forced to go to another provider that they do not know, or will decide not to get the desired treatment. This change in the scope of practice will greatly increase access to these procedures for the general public.

(5) A brief summary of state or federal laws governing the profession;

Chapter 379 of the Connecticut General Statutes governs the profession of dentistry. This chapter delineates licensure requirements as well as a comprehensive requirement for ongoing Continuing Education.

(6) The state's current regulatory oversight of the profession;

Dentists' regulatory oversight falls under the Department of Public Health.

(7) All current education, training, and examination requirements and any relevant certification requirements application to the profession;

In summary, a general dentist must complete four years of undergraduate education and four years of dental school. Then must satisfactorily complete a written examination given by the Joint Commission on National Dental Examiners and complete at least one year of clinically based postdoctoral general practice or specialty residency program accredited by the Commission on Dental Accreditation. The Dental Commission may approve a clinical or practical examination in lieu of the clinically based postdoctoral general practice or specialty dental residency program. Dentists may pursue further dental specialty education and training for an additional 2-4 years. Each licensed dentist must complete a minimum of 25 continuing education hours every two years.

(8) A summary of known scope of practice changes requested or enacted concerning the profession in the five years preceding the request;

No scope of practice changes for dentists have been requested by the CSDA within the last five years.

During the 2019 legislative session, legislation passed to allow dentists to administer a finger-stick diabetes test for patients who have risk factors for diabetes. The law went into effect on July 1, 2019. In addition, Representative Carney introduced House Bill 5654 – An Act Allowing Dentists to Perform Certain Facial Therapies as Part of Their Dental Practice. That bill would have allowed dentists to perform certain facial therapies, including, but not limited to, the administration of neurotoxins and dermal fillers, as part of their dental practice and to establish standards and training methods for the performance of such therapies. A public hearing was held, however, the bill died in the Public Health Committee.

Further, as the Department is well-aware, workforce related bills that resulted in expansion of scope for dental assistants and dental hygienists have been enacted over the past few years.

(9) The extent to which the request directly affects existing relationships within the health care delivery system;

This request directly affects the current and future patients of a dental practice. It gives more people more access to care. It enlarges the pool of providers who can give these treatments.

(10) The anticipated economic impact of the request on the health care delivery system;

The anticipated economic impact on the health care delivery system is that it will increase the number of providers of these requested procedures according to Stanford University's study "Competition keeps health care costs low." Therefore, this will drive down the cost due to the extra competition and increased availability for the service.

(11) 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;

According to the American Society of Plastic Surgery, Botox is the most commonly performed minimally invasive cosmetic procedure in this country. Currently Connecticut is one of only 12 states in the country that does not allow dentists to administer Botox and dermal fillers for cosmetic purposes. Furthermore, in the past 9 years, 19 states have approved the cosmetic use of injectables by dentists. That means, in less than 10 years, we've moved from less than 25% to 75% of States that now include injectables into the scope of dental practice.

Just this past May 2019, Boston University's Goldman School of Dental Medicine was the first U.S. dental school to offer facial injectables course. New dental school graduates want to practice dentistry to its fullest and they will practice in a state that allows them to do that. We want Connecticut to be able to compete with other states for new dental school graduates.

(12) Identification of any health care professionals 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 professionals.

Currently in Connecticut, physicians, physician assistants, advanced practice registered nurses, and registered nurses are allowed to administer Botox. They may be affected by this request, however, the facial injectables provided by the dentists will be only in addition to their patient's comprehensive dental treatment plans and will be limited to the oral and maxillofacial areas. A full smile design includes the teeth, the lips, perioral area, the nasolabial area, and the upper and lower jaws.

(13) A 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.

Dentists should be allowed to practice the full scope of what they are trained in. Based on the recent trends, we can be sure more and more dental schools will be adding injectables in dental education. Locally, Boston University is adding it to the general dental training. UCONN already has it in the oral surgery curriculum. In Connecticut, doctors, physician assistants, advanced nurse practitioners, and nurses can already administer injectables. Consider that some of these healthcare providers do not even come close to knowing the facial, oral and peri-oral areas compared to a general dentist. Further, dentists are very familiar with how to take care of complications in these facial areas, at least as well as those other healthcare providers. There is no one who gives more injections in the lower face region than dentists, on a day to day basis. Finally, for a dentist who treats a person who has not been able to smile, or whose lips run too high, or don't even close when swallowing, the ability to add injectables to the dental treatment plan as a viable non-surgical alternative treatment is priceless for that patient.