

# **Report to the General Assembly Public Health Committee**

## **Scope of Practice Review Committee Report on Dentists**

## Table of Contents

Executive Summary.....	2
Background .....	2
Scope of Practice Request.....	3
Impact Statements .....	3
Committee Membership.....	4
Scope of Practice Review Committee Evaluation of Request.....	4
A. Public Health and Safety Benefits.....	4
B. Access to Healthcare .....	5
C. Laws Governing the Profession.....	5
D. Current Requirements for Education and Training and Applicable Certification Requirements .....	5
E. Summary of Known Scope of Practice Changes.....	6
F. Impact on Existing Relationships within the Health Care Delivery System .....	6
G. Economic Impact .....	6
H. Regional and National Trends .....	7
I. Other Health Care Professions that may be Impacted by the Scope of Practice Request .....	7
J. Description of How the Request Relates to the Profession's Ability to Practice to the Full Extent of the Profession's Education and Training .....	7
Discussion and Conclusions .....	8
Appendix A: Scope of Practice Law .....	10
Appendix B: Scope of Practice of Dentistry.....	13
Appendix C: Committee Membership.....	15
Appendix D: CSDA Scope of Practice Request.....	16
Appendix E: Impact Statements and Responses.....	22

## **Executive Summary**

In accordance with Connecticut's General Statutes (CGS) Section 19a-16d through 19a-16f, the Connecticut State Dental Association (CSDA) submitted a scope of practice request to the Department of Public Health (DPH) seeking changes to enable dentists to administer neurotoxins and injectables for both functional and cosmetic enhancements.

The scope of practice for dentists can be found under CGS Sec. 20-123. Currently, dentists may perform cosmetic procedures only if it is related to the oral cavity, its contents, or the jaws. Because dentists who are qualified to administer neurotoxins and fillers undergo training for the full face, the CSDA requested to allow dentists to perform cosmetic procedures on the entire face above the neck and shoulders.

A scope of practice review committee was established to review and evaluate the request as well as subsequent written responses to the request and additional information that was gathered through the review process. The review committee consisted of representatives from CSDA, the Connecticut Academy of Physician Associates (ConnAPA), the Connecticut Hospital Association (CHA), the Connecticut Dermatology and Dermatologic Surgery Society (CDS), the Connecticut Society of Plastic Surgeons (CSPS), the Connecticut Coalition of APRNs (CTAPRNs), and the Connecticut Nurses Association (CNA). Eleven individual dentists also participated in the review committee.

Following the discussion between these groups, the review committee largely agreed that requiring training in injectable pharmacologics for dentists, excepting oral and maxillofacial surgeons, was reasonable. However, the review committee did not agree on the area of the face on which dentists should be able to perform cosmetic procedures. The dentists on the committee expressed that their training in injectables encompasses the full face and neck, and thus they should be able to practice according to the full scope of their training. However, the other healthcare providers on the committee felt that this request was too expansive, but that they would feel comfortable with dentists injecting neurotoxins and dental fillers in a more defined region, such as the perioral area.

## **Background**

Connecticut General Statute Section 19a-16d through 19a-16f establishes a process for the submission and review of requests from health care professions seeking to revise or establish a scope of practice prior to consideration by the General Assembly. Under the provisions of these statutes, persons or entities acting on behalf of a health care profession that may be directly impacted by a scope of practice request may submit a written impact statement to the Department of Public Health. The Commissioner of Public Health shall, within available appropriations, establish and appoint members to a scope of practice review committee for each timely scope of practice request received by the Department. Committees shall consist of the following members:

1. Two members recommended by the requestor to represent the health care profession making the scope of practice request;
2. Two members recommended by each person or entity that has submitted a written impact statement to represent the health care profession(s) directly impacted by the scope of practice request;

3. The Commissioner of Public Health or the commissioner's designee, who shall serve as ex-officio, non-voting member of the committee.

Scope of practice review committees shall review and evaluate the scope of practice request, subsequent written responses to the request, and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. Upon concluding its review and evaluation of the scope of practice request, the committee shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. DPH is responsible for receiving requests and for establishing and providing support to the review committees, within available appropriations.

## **Scope of Practice Request**

The CSDA submitted a scope of practice request to permit Connecticut Licensed Dentists to administer botulinum neurotoxin (commonly called Botox), dermal fillers, and similar injectables for the functional or cosmetic enhancement of the gums, cheeks, jaws, lips, oral cavity, and associated structures of the maxillofacial areas. The language in the current dental scope of practice language raised questions among the review committee members about the procedures that dentists may perform.

In subsequent committee meetings, the CSDA clarified their request, asking for subsection (5) of CGS Sec. 20-123(a) to be struck. Subsection (5) currently states that the practice of dentistry does not include "the performance of cosmetic surgery or other cosmetic procedures other than those related to the oral cavity, its contents, or the jaws." This would enable dentists to perform cosmetic procedures on the maxillofacial and associated structures, which encompasses the entire cranial structure above the neck and shoulders. The full text of the current dental scope of practice can be found in Appendix B.

## **Impact Statements**

Written impact statements in response to the scope of practice request submitted by CSDA were received from the following organizations:

- Connecticut Academy of Physician Associates (ConnAPA)
- Connecticut Hospital Association (CHA)
- Connecticut Dermatology and Dermatologic Surgery Society (CDS)
- Connecticut Society of Plastic Surgeons (CSPS)
- Connecticut Society of APRNs (CTAPRNS)
- Connecticut Nurses Association (CNA)

In addition to the six impact statements from professional associations, the department received 23 impact statements from dentists expressing interest in serving on the committee. The Department only officially appointed members who were able to attend at least one of the three committee meetings,

however, all impact statements received are located in Appendix E. The 11 unaffiliated members who served on the review committee can be found in Appendix C, Committee Membership.

The majority of impact statements acknowledged the initial proposal and requested the opportunity to discuss the matter further. Several impact statements submitted by dentists generally expressed that they have received specialized training in the maxillofacial region, uniquely positioning them to administer injectables safely and effectively.

CSPS and CDS submitted a joint impact statement expressing concern over the CSDA request, stating that dentists lack the clinical training to perform surgery outside of the oral cavity. Their impact statement flagged significant complications can occur with Botox and injectable fillers, such as soft tissue necrosis from filler embolization and ocular ptosis from neurotoxins. Because dentists do not have hospital admitting privileges to treat these potential complications, CDS and CSPS flagged a significant safety issue with the scope expansion.

## **Committee Membership**

In accordance with the provisions of Connecticut General Statute 19a-16e, a scope of practice review committee was established to review and evaluate the scope of practice request submitted by CSDA. Membership on the scope of practice review committee included:

- Two representatives from ConnAPA;
- Two representatives from CDS;
- Two representatives from CHA;
- One representative from CNA;
- One representative from CTAPRNs;
- Two representatives from CSPS;
- Two representatives from CSDA
- Eleven dentists currently practicing in Connecticut; and
- The Commissioner's designee (chairperson and ex-officio, non-voting member).

## **Scope of Practice Review Committee Evaluation of Request**

### [\*\*A. Public Health and Safety Benefits\*\*](#)

In their request, the CSDA stated that dentists and oral and maxillofacial surgeons perform procedures within the maxillofacial region under existing licenses. Some of these surgeries are complex, such as facial reconstruction after trauma or orthognathic surgery. The doctoral-level education for dentists involves extensive training in various medical and dental sciences, including anatomy, pharmacology, pathology and clinical skills over the course of several years. The CSDA and supportive dentists on the committee reiterated that general dentists already perform extensive injections in the oral cavity and in the jaw for the treatment of temporomandibular joint dysfunction (TMJ).

Additionally, the CSDA cited that there have been zero reported malpractice cases in the states that allow dentists to perform these cosmetic procedures. Committee members encouraged the CSDA to provide quality of care data rather than malpractice insurance reports to more accurately demonstrate safety, because not every malpractice judgement is reported.

Dermatologists and plastic surgeons on the committee expressed concern about how dentists may address complications that occur from filler in areas not as near to the mouth. They brought up that dentists do not have hospital admitting privileges to treat potential complications, which they flagged as a safety concern. Members of CDS and CSPS brought up examples of cases where the material has migrated, causing stroke, necrosis of an eyelid or the nose. They expressed that the training dentists have does not make them experts in the soft tissue of the eye or the litter of the nose. Practitioners with less training have physician oversight by plastic surgeons or dermatologists, but dentists lack this oversight. In the discussion, the dentists responded by saying that migration of injectables is rare, and dentists would refer the patient to a specialist to take care of any complications.

#### **[B. Access to Healthcare](#)**

CSDA's submission did not directly answer how the scope change may impact healthcare access. However, CSDA representatives highlighted that expanding the dental scope will enable more comprehensive patient care. In the meetings, members brought up the convenience to patients, many of whom see a dentist regularly, but do not have a designated dermatologist or plastic surgeon. The dentists on the committee framed their current scope as an unfair restriction of practice given their training, stating that they will be able to better serve their patients with the ability to perform these cosmetic procedures. In the third meeting, one member shared that the vague language of the current scope can make it difficult for dentists to treat patients.

#### **[C. Laws Governing the Profession](#)**

The profession of dentistry is regulated by DPH under CGS Chapter 379. Other state and federal laws that govern the profession include Connecticut mercury amalgam best management practices, opioid prevention laws, state and federal infection control practices, state and federal Medicaid regulations, and Section 1557 of the Patient Protection and Affordable Care Act.

#### **[D. Current Requirements for Education and Training and Applicable Certification Requirements](#)**

The current requirements for dental licensure can be found in CGS Sec. 20-107 through Sec. 20-110 and on the DPH website.<sup>1</sup> To be licensed in Connecticut, domestic applicants must graduate from a dental school accredited or recognized by the American Dental Association (ADA), successfully complete the National Board of Dental Examiners (NBDE) examinations, and successfully complete an acceptable Regional Board Examination approved by the Connecticut State Dental Commission and Department of Public Health. DPH has reciprocity for out-of-state dentists in good professional standing. Foreign

---

<sup>1</sup> <https://portal.ct.gov/dph/practitioner-licensing--investigations/dentist/dentist-licensure-requirements>

educated dentists have different educational and training requirements for licensure that can be found on the DPH website.<sup>2</sup>

CSDA requested that all general dentists practicing in the state be allowed to perform the discussed cosmetic procedures. In the second meeting, CSDA representatives stated that all licensed dentists in Connecticut have either completed a Commission on Dental Accreditation (CODA)-accredited program, or they are foreign-trained and have met equivalent standards. Although post-doctoral training is not required for general dentists in Connecticut, the dentists on the review committee clarified that most dentists seek out additional training.

#### **E. Summary of Known Scope of Practice Changes**

In 2019, the legislature amended the X-ray portion of the dental assistant statute in Sec. 20-112a(c)(1)(A) by adding reference to radiation health and safety competency assessment. This change did not constitute a scope change, as it merely expanded the trainings that qualify a dental assistant to perform dental x-rays under a dentist.

In Public Act 29-56, Section 14, the legislature established the practice of dental therapy by dental hygienists. Dental therapists are trained to do basic dental procedures under a collaborative agreement with a dentist licensed pursuant to chapter 379. Dentists who enter into a collaborative agreement with a dentist shall be professionally responsible and legally liable for all services authorized and performed by the dental therapist, and dentists may only have a collaborative agreement with two dental therapists at any one time.

CSDA previously requested a scope of practice change for botulinum neurotoxins and dermal fillers in 2019, but the Department did not take up the request. Aside from changes made to adjacent professions, the dentistry scope of practice has remained relatively unchanged for the last 20 years.

#### **F. Impact on Existing Relationships within the Health Care Delivery System**

In their proposal, CSDA expressed that expanding the scope of practice to allow dentists to administer injectables and dermal fillers will leverage trust patients already have with their dentists. Allowing patients to receive a broader range of treatments from a familiar provider can enhance patient care and foster a more cohesive healthcare experience.<sup>2</sup>

Other members of the review committee brought up potential impacts to the number of patients who see other providers for the requested cosmetic procedures, however, the impact on existing relationships was not a central theme of the discussion.

#### **G. Economic Impact**

CSDA cited three anticipated economic impacts of their proposed scope change:

1. Increased revenue for dental practices, by providing an additional revenue stream for dental practices, and allowing dentists to both attract a wider range of patients.

---

<sup>2</sup> <https://portal.ct.gov/dph/practitioner-licensing--investigations/dentist/licensure-eligibility-requirements-of-graduate-of-foreign-dental-schools>

2. Improved patient convenience and satisfaction, by providing more comprehensive care by a single trusted provider at one site, reducing the need for multiple healthcare visits.
3. Continuity of the oral healthcare economy in Connecticut. CSDA stated that oral healthcare in the state contributes to an annual 6.5 billion dollars in economic impact (per year??), supporting almost 29,000 jobs. Additionally, every dental office job guarantees an additional 1.4 jobs in other economic sectors in the state.

#### **H. Regional and National Trends**

According to CSDA, 27 states allow dentists to use dermal fillers and neurotoxins in cosmetic procedures.<sup>3</sup> However, the number of states that allow injectable pharmacologics was subject to committee discussion. Several of the states that allow cosmetic procedures limit the area of the face on which dentists without additional cosmetic certifications can administer injections in (e.g. Virginia), and other states require the procedures to relate to surgery or dental reconstructive treatment (e.g. Iowa, New York). Although specific states were subject to debate, there are a number of states with more expansive laws on cosmetic procedures for dentists.

CSDA brought up several examples of scope of practice expansions to cosmetic procedures in other states. Arizona and California passed legislation in 2022, and Nevada passed legislation in 2023, expanding the dental scope of practice. Recently, the Alabama Board of Dental Examiners decided that dentists in the state can continue administering botulinum neurotoxin (Botox, Xeomin, Dysport) and dermal fillers. The Michigan Dental Association plans to form a workgroup to develop a policy recommendation and consider legislation to allow dentists to appropriate training to administer Botox and dermal fillers for both therapeutic and cosmetic purposes, aligning with CODA training standards. Current Michigan laws lack specific language on cosmetic use.

#### **I. Other Health Care Professions that may be Impacted by the Scope of Practice Request**

CSDA argued that the proposed change will not significantly impact other health professions, as it will empower patients to see the healthcare provider that they feel most comfortable with for these specific procedures. Given that PAs can already perform the requested injections, ConnAPA highlighted that panels of patients could be impacted by another provider group offering the same services. Representatives from CDS reiterated that the majority of cosmetic uses for Botox are on the upper face, such as frown lines, forehead wrinkles, crow's feet, all of which are far removed from the oral cavity. If complications occur with an injection, dentists may need to refer their patients to either a dermatologist or a plastic surgeon to treat the complication.

#### **J. Description of How the Request Relates to the Profession's Ability to Practice to the Full Extent of the Profession's Education and Training**

In the initial request and review committee discussions, CSDA and the dentists on the review committee highlighted that dentists undergo extensive training on the head and neck. It is increasingly common for dentists to take specific training programs during dental school and residency for the use of injectables and neurotoxins. Continuing education programs such as those offered by the American Academy of

---

<sup>3</sup> <https://dentox.com/state-by-state-dental-botox-regulations/>

Facial Esthetics (AAFE), the American Association of Oral and Maxillofacial Surgeons (AAOMS), and the American Dental Association (ADA) are available for dentists to maintain their skills.

The dentists argued that the daily procedures of dentists are often more high-risk than the procedures being requested in their scope expansion. Facial aesthetics have been integral to the practice of dentistry with dental restoration and designing smiles.

## **Discussion and Conclusions**

CSDA submitted a scope of practice request to expand the scope of practice for dentists that have completed a CODA-approved program. Currently, the dental scope of practice allows dentists to do injections for functional purposes, and to perform cosmetic procedures only if they are related to the oral cavity, its contents, or the jaws. CSDA recommended striking clause (5) of Sec. 20-123(a) to allow dentists to perform both functional and cosmetic procedures on the maxillofacial and associated structures, which encompasses the entire face above the neck and shoulders. The other healthcare providers on the committee felt that this request was too expansive, but that they would feel comfortable with dentists injecting neurotoxins and dental fillers in a more defined region such as the perioral area. The scope of practice review committee discussed the information provided in the scope of practice request across three meetings held on October 30, November 12, and November 20, 2024.

One theme that was central to the meetings was the education and training for dentists, and how that relates to their current versus their expanded scope. Although licensed dentists receive either a four-year Doctor of Dental Surgery (DDS) or a Doctor of Medicine in Dentistry (DMD) degree, committee members highlighted that these degrees differ from a medical education and residency. There was consensus among the group that based on their education and training, dentists are highly qualified to treat the oral cavity and surrounding area. However, some committee members expressed concern over dentists that have not sought out a residency or other post-doctoral training having the ability to administer neurotoxins and dermal fillers. The dentists on the review committee reiterated that training on injectables has become more common in dental education, and dentists who did not receive this training in school are seeking it out.

A second important subject discussed was the need for additional education to mitigate health and safety risks. Non-dental representatives on the committee expressed concerns about the health and safety risks to patients who may choose to receive fillers from a dentist, especially given the potential complications that may arise. These members felt more comfortable establishing an additional educational or training requirement and restricting the area in which dentists may administer injectables. CSDA representatives responded by highlighting that other healthcare providers such as APRNs, PAs, and MDs are allowed to administer these injections without documentation of additional training in their scope of practice statute. The other healthcare providers on the committee felt that these providers do not have additional education requirements because their education differs that of dentists. Other professions such as podiatrists and optometrists have provisions in their respective statutes for them to offer an expanded level of care as long as they satisfy additional educational or training requirements. CSDA representatives argued that dentists in Connecticut have either received training on these cosmetic procedures, or they seek out additional training prior to administering injectable pharmacologics. Other members of the committee indicated that they would feel more

comfortable putting educational guardrails in statute to limit the risks of untrained dentists administering neurotoxins and fillers, especially if dentists are seeking out training in the status quo.

Committee members were tentatively willing to consider a model similar to New Jersey and Massachusetts as an avenue for compromise. In the third meeting of the review committee, the group looked at statutes in New Jersey,<sup>4</sup> which outline the conditions for dentists to provide injectables for cosmetic or functional purposes. While the statutes discussed would have to be adapted to be applicable to the dental education landscape in Connecticut, there was some agreement in the group around how these two states laid out their dental scopes of practice. On pages 89 and 90 of New Jersey's regulations, a dentist may administer an injectable pharmacologic in the peri-oral area, which is defined as the gums, cheeks, jaws, lips and oral cavity and associated tissues. The peri-oral area is a similar scope to the CSDA's initial request, but it is less expansive than their request to strike sub-clause (5) in its entirety. New Jersey stipulates that dentists may administer injectables only after having completed a post-doctoral course that is sufficient to prepare a dentist to satisfactorily administer injectable pharmacologics safely and effectively. Dentists in New Jersey with a permit in oral and maxillofacial surgery are exempt from the additional education requirement for other dentists. The review committee also looked at Massachusetts, specifically, a policy advisory<sup>5</sup> on the use of neurotoxins and dermal fillers by licensed dentists. In this advisory, the MA Board of Registration in Dentistry allows dentists to use neurotoxins and fillers so long as it is part of the delivery of the patient's comprehensive dental treatment plan. The advisory also lays out educational requirements to ensure that dentists who administer these injectable pharmacologics have received adequate and accredited training. Committee members were amenable to looking further at these states' models when considering how Connecticut should go about changing the dentistry scope of practice.

The review committee ultimately agreed that some specialized or additional training is needed for dentists to perform the requested cosmetic procedures but disagreed on the scope of the face on which a dentist should be allowed to practice. The requestors representing CSDA expressed that because dentists who receive training in injectables are qualified to treat everything above the shoulders in a patient, they should not be restricted to procedures in and around the mouth. The other representatives on the scope committee expressed that based on the education and training of dentists, as well as an examination of what other states allow dentists to perform, they would feel more comfortable with allowing dentists to perform cosmetic procedures in the perioral area. The perioral area is a more restrictive area than the entire cranial structure, as it does not include the eyelids and the brow.

If legislation to expand the dental scope of practice is raised, the review committee agreed that training beyond completion of a CODA-accredited program should be required, and that the training should be accessible to dentists interested in acquiring additional qualifications.

---

<sup>4</sup> <https://www.njconsumeraffairs.gov/regulations/Chapter-30-New-Jersey-Board-of-Dentistry.pdf>

<sup>5</sup> <https://www.mass.gov/doc/botulinum-toxin-and-dermafillers-by-licensed-dentists/download#:~:text=Therefore%20a%20dentist%20licensed%20under,disease%20disfigurement%20or%20disfunction.>

## Appendix A: Scope of Practice Law

### **Sec. 19a-16d. Submission of scope of practice requests and written impact statements to Department of Public Health. Requests for exemption. Notification and publication of requests.**

(a) Any person or entity, acting on behalf of a health care profession that seeks to establish a new scope of practice or change a profession's scope of practice, shall submit a written scope of practice request to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

(b) (1) Any written scope of practice request submitted to the Department of Public Health pursuant to subsection (a) of this section shall include the following information:

(A) A plain language description of the request;

(B) Public health and safety benefits that the requestor believes will be achieved should the request be implemented and, if applicable, a description of any harm to public health and safety should the request not be implemented;

(C) The impact that the request will have on public access to health care;

(D) A brief summary of state or federal laws that govern the health care profession making the request;

(E) The state's current regulatory oversight of the health care profession making the request;

(F) All current education, training and examination requirements and any relevant certification requirements applicable to the health care profession making the request;

(G) A summary of known scope of practice changes either requested or enacted concerning the health care profession in the five-year period preceding the date of the request;

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

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

(J) Regional and national trends concerning licensure of the health care profession making the request and a summary of relevant scope of practice provisions enacted in other states;

(K) Identification of any health care professions that can reasonably be anticipated to be directly impacted by the request, the nature of the impact and efforts made by the requestor to discuss the request with such health care professions; and

(L) 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.

(2) In lieu of submitting a scope of practice request as described in subdivision (1) of this subsection, any person or entity acting on behalf of a health care profession may submit a request for an exemption from the processes described in this section and section 19a-16e. A request for exemption shall include a

plain language description of the request and the reasons for the request for exemption, including, but not limited to: (A) Exigent circumstances which necessitate an immediate response to the scope of practice request, (B) the lack of any dispute concerning the scope of practice request, or (C) any outstanding issues among health care professions concerning the scope of practice request can easily be resolved. Such request for exemption shall be submitted to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

(c) In any year in which a scope of practice request is received pursuant to this section, not later than September first of the year preceding the commencement of the next regular session of the General Assembly, the Department of Public Health, within available appropriations, shall: (1) Provide written notification to the joint standing committee of the General Assembly having cognizance of matters relating to public health of any health care profession that has submitted a scope of practice request, including any request for exemption, to the department pursuant to this section; and (2) post any such request, including any request for exemption, and the name and address of the requestor on the department's Internet web site.

(d) Any person or entity, acting on behalf of a health care profession that may be directly impacted by a scope of practice request submitted pursuant to this section, may submit to the department a written statement identifying the nature of the impact not later than September fifteenth of the year preceding the next regular session of the General Assembly. Any such person or entity directly impacted by a scope of practice request shall indicate the nature of the impact taking into consideration the criteria set forth in subsection (b) of this section and shall provide a copy of the written impact statement to the requestor. Not later than October first of such year, the requestor shall submit a written response to the department and any person or entity that has provided a written impact statement. The requestor's written response shall include, but not be limited to, a description of areas of agreement and disagreement between the respective health care professions.

**Sec. 19a-16e. Scope of practice review committees. Membership. Duties.**

(a) On or before October fifteenth of the year preceding the commencement of the next regular session of the General Assembly, the Commissioner of Public Health shall select from the timely scope of practice requests submitted to the department pursuant to section 19a-16d the requests on which the department will act and, within available appropriations allocated to the department, establish and appoint members to a scope of practice review committee for each such request. Committees established pursuant to this section shall consist of the following members: (1) Two members recommended by the requestor to represent the health care profession making the scope of practice request; (2) two members recommended by each person or entity that has submitted a written impact statement pursuant to subsection (d) of section 19a-16d to represent the health care professions directly impacted by the scope of practice request; and (3) the Commissioner of Public Health or the commissioner's designee, who shall serve as an ex-officio, nonvoting member of the committee. The Commissioner of Public Health or the commissioner's designee shall serve as the chairperson of any such committee. The Commissioner of Public Health may appoint additional members to any committee established pursuant to this section to include representatives from health care professions having a proximate relationship to the underlying request if the commissioner or the commissioner's designee determines that such expansion would be beneficial to a resolution of the issues presented. Any member of such committee shall serve without compensation.

(b) Any committee established pursuant to this section shall review and evaluate the scope of practice request, subsequent written responses to the request and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. The committee, when carrying out the duties prescribed in this section, may seek input on the scope of practice request from the Department of Public Health and such other entities as the committee determines necessary in order to provide its written findings as described in subsection (c) of this section.

(c) The committee, upon concluding its review and evaluation of the scope of practice request, shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The committee shall provide the written findings to said joint standing committee not later than the February first following the date of the committee's establishment. The committee shall include with its written findings all materials that were presented to the committee for review and consideration during the review process. The committee shall terminate on the date that it submits its written findings to said joint standing committee.

**Sec. 19a-16f. Report to General Assembly on scope of practice review processes.**

On or before January 1, 2013, the Commissioner of Public Health shall evaluate the processes implemented pursuant to sections 19a-16d and 19a-16e and report to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a, on the effectiveness of such processes in addressing scope of practice requests. Such report may also include recommendations from the committee concerning measures that could be implemented to improve the scope of practice review process.

## Appendix B: Scope of Practice of Dentistry

### CHAPTER 379 DENTISTRY

**Sec. 20-123. Scope of practice of dentistry. Activities restricted to licensed dentists. Extended scope of practice for graduates of post-doctoral dental training programs. Penalties. Exceptions.** (a) No person shall engage in the practice of dentistry unless he or she is licensed pursuant to the provisions of this chapter. The practice of dentistry or dental medicine is defined 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 practice of dentistry does not include:** (1) The treatment of dermatologic diseases or disorders of the skin or face; (2) the performance of microvascular free tissue transfer; (3) the treatment of diseases or disorders of the eye; (4) ocular procedures; **(5) the performance of cosmetic surgery or other cosmetic procedures other than those related to the oral cavity, its contents, or the jaws; or (6) nasal or sinus surgery, other than that related to the oral cavity, its contents or the jaws.**

(b) No person other than a person licensed to practice dentistry under this chapter shall:

- (1) Describe himself or herself by the word "Dentist" or letters "D.D.S." or "D.M.D.", or in other words, letters or title in connection with his or her name which in any way represents such person as engaged in the practice of dentistry;
- (2) Own or carry on a dental practice or business;
- (3) Replace lost teeth by artificial ones, or attempt to diagnose or correct malpositioned teeth;
- (4) Directly or indirectly, by any means or method, furnish, supply, construct, reproduce or repair any prosthetic denture, bridge, appliance or any other structure to be worn in a person's mouth, except upon the written direction of a licensed dentist, or place such appliance or structure in a person's mouth or attempt to adjust such appliance or structure in a person's mouth, or deliver such appliance or structure to any person other than the dentist upon whose direction the work was performed;
- (5) Sell or distribute materials, except to a licensed dentist, dental laboratory or dental supply house, with instructions for an individual to construct, repair, reproduce or duplicate any prosthetic denture, bridge, appliance or any other structure to be worn in a person's mouth;
- (6) Advertise to the public, by any method, to furnish, supply, construct, reproduce or repair any prosthetic denture, bridge, appliance or other structure to be worn in a person's mouth;
- (7) Give estimates of the cost of dental treatment; or
- (8) Advertise or permit it to be advertised by sign, card, circular, handbill or newspaper, or otherwise indicate that such person, by contract with others or by himself or herself, will perform any of the functions specified in subdivisions (1) to (7), inclusive, of this subsection.

(c) Notwithstanding the provisions of subsection (a) of this section, a person who is licensed to practice dentistry under this chapter, who has successfully completed a postdoctoral training program that is accredited by the Commission on Dental Accreditation or its successor organization, in the specialty area of dentistry in which such person practices may: (1) Diagnose, evaluate, prevent or treat by surgical or other means, injuries, deformities, diseases or conditions of the hard and soft tissues of the oral and maxillofacial area, or its adjacent or associated structures; and (2) perform any of the following procedures, provided the dentist has been granted hospital privileges to perform such procedures: (A)

Surgical treatment of sleep apnea involving the jaws; (B) salivary gland surgery; (C) the harvesting of donor tissue; (D) frontal and orbital surgery and nasoethmoidal procedures to the extent that such surgery or procedures are associated with trauma.

(d) Any person who, in practicing dentistry or dental medicine, as defined in this section, employs or permits any other person except a licensed dentist to so practice dentistry or dental medicine shall be subject to the penalties provided in section 20-126.

(e) The provisions of this section do not apply to:

(1) Any practicing physician or surgeon who is licensed in accordance with chapter 370;

(2) Any regularly enrolled student in a dental school approved as provided in this chapter or a medical school approved as provided in chapter 370 receiving practical training in dentistry under the supervision of a licensed dentist or physician in a dental or medical school in this state or in any hospital, infirmary, clinic or dispensary affiliated with such school;

(3) A person who holds the degree of doctor of dental medicine or doctor of dental surgery or its equivalent and who has been issued a permit in accordance with section 20-126b and who is receiving practical training under the supervision of a licensed dentist or physician in an advanced dental education program conducted by a dental or medical school in this state or by a hospital operated by the federal government or licensed pursuant to subsection (a) of section 19a-491;

(4) Any regularly enrolled student in or graduate of an accredited school of dental hygiene who is receiving practical training in dental hygiene in an approved school of dental hygiene in the state or in any hospital, infirmary, clinic or dispensary affiliated with such school, under the supervision of a dentist licensed pursuant to this chapter or a dental hygienist licensed pursuant to chapter 379a; or

(5) Controlled investigations or innovative training programs related to the delivery of dental health services within accredited dental schools or schools of dental hygiene, provided such programs are (A) under the supervision of a dentist licensed pursuant to this chapter or physician licensed pursuant to chapter 370, and (B) conducted within a program 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.

## **Appendix C: Committee Membership**

**DPH Commissioner's Designee (ex-officio non-voting member)**

Chris Andresen, MPH

**Connecticut State Dental Association (CSDA) (Requestor)**

Kathlene Gerrity

Steve Hall, DMD

**Connecticut Academy of Physician Associates (ConnAPA)**

Jason Prevelige, DMSc, MBA, PA-C

Adam Olsen, PA-C, CCDS, DMSc

**Connecticut Hospital Association (CHA)**

Karen Buckley

Brian Cournoyer

**Connecticut Dermatology and Dermatologic Surgery Society (CDS)**

Robert Langdon, MD

Steven Thornquist, MD

**Connecticut Society of Plastic Surgeons (CSPS)**

Boris Goldman, MD

Julie Vasile, MD

**Connecticut Coalition of APRNs (CTAPRNs)**

Lynn Rapsilber, DNP, ANP-BC, FAANP

**Connecticut Nurses Association (CNA)**

Cassandra Esposito, MSN, APRN, FNP-C

**No Organizational Affiliation (Submitted individual impact statements)**

Alex Quintner, DMD

N. Summer Lerch, DDS

Judith Lombardo, DMD

Damon Jenkins, DMD

Scott Pearl, DMD

David Fried, DMD

Stacey Michael, DMD

Elizabeth Holzhauer, DMD

Gary Pearl, DMD

Adam Kennedy, DMD

Lindsay Albino, DMD

## **Appendix D: CSDA Scope of Practice Request**

The following pages contain the original scope of practice request submitted by the Connecticut State Dental Association.

---

Sara Montauti, MPH.  
Healthcare Quality and Safety Branch  
Practitioner Licensing and Investigations  
Department of Public Health  
410 Capitol Avenue, MS# 12HSR P.O. Box 340308  
Hartford, CT 06134  
Phone: (860) 509-7307

Dear Ms. Montauti,

On behalf of Connecticut's dentists, their practice teams, and patients, the Connecticut State Dental Association (CSDA) is formally submitting the attached letter to request a change in the scope of practice. The requested change seeks to allow dentists to administer botulinum neurotoxin (such as Botox, Xeomin, Dysport), dermal fillers (such as Juvederm, Restylane, Sculptra), and similar injectables for the functional or cosmetic enhancement of the gums, cheeks, jaws, lips, oral cavity, and associated structures of the maxillofacial areas.

For all future correspondence regarding the submission, please contact:

Kathlene Gerrity  
Executive Director, Connecticut State Dental Association  
Email: [kgerrity@csda.com](mailto:kgerrity@csda.com)  
Phone: 860-378-1800

Thank you.

Chris Matta.



## Connecticut State Dental Association

835 West Queen Street  
Southington, CT 06489

860.378.1800 / phone  
860.378.1807 / fax

[CSDA.com](http://CSDA.com)

August 12, 2024

Sara Montauti, MPH.  
Healthcare Quality and Safety Branch  
Practitioner Licensing and Investigations  
Department of Public Health  
410 Capitol Avenue, MS# 12HSR  
P.O. Box 340308  
Hartford, CT 06134

Dear Ms. Montauti,

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

This submission is to permit Connecticut Licensed Dentists to administer botulinum neurotoxin, dermal fillers and similar injectables for the functional or cosmetic enhancement of the gums, cheeks, jaws, lips, oral cavity, and associated structures of the maxillofacial areas.

### **2. Public health and safety benefits**

Currently, dentists and Oral and Maxillofacial Surgeons perform procedures within the maxillofacial region under their existing licenses. Some of these surgeries are extremely complex, such as facial reconstruction after trauma or orthognathic surgery, intentional fracturing and repositioning of the jaws and facial bones. The existing Scope of practice in Connecticut does not allow the administration of neurotoxin, dermal fillers, and similar injectables cosmetic procedures be dentists. This is an inappropriate limitation on the scope of practice, which diminishes the patient-provider relationship; providing these injections should be included without a distinction between pain management or cosmetic care, allowing dentists to fully utilize their expertise in facial anatomy to enhance patient outcomes.

The administration of neurotoxins, dermal fillers, and similar injectable cosmetic procedures should not be exclusively limited to MD and DO physicians. Dentists are particularly adept at performing injections in the head and neck region, safely and frequently navigating vital structures in the regular course of their administration of oral health care treatments. Adapting these skills we already use to the indicated cosmetic

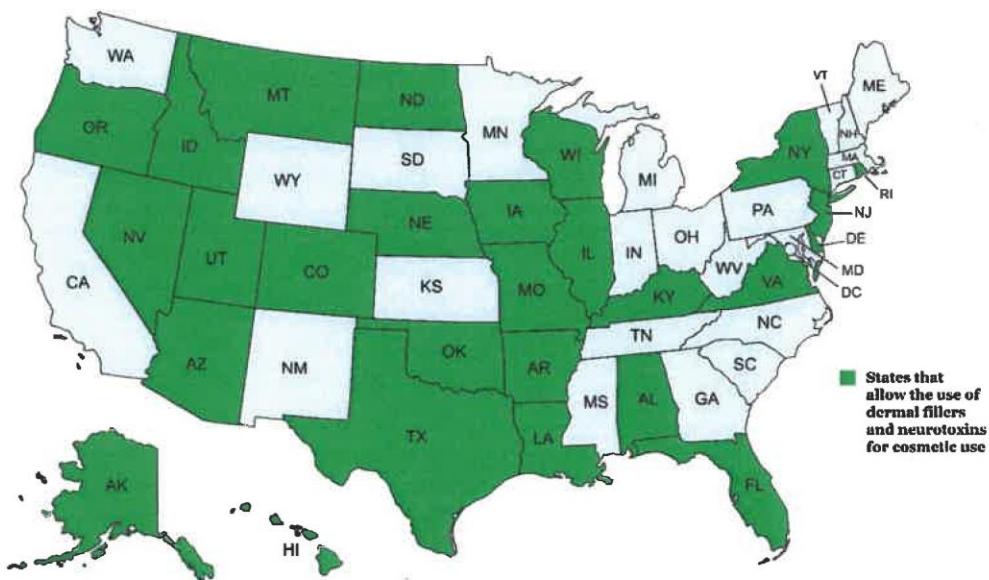
procedures is a natural evolution more in a lateral direction than one that introduces an all-new skill set.

In Connecticut, various healthcare professionals, including physician assistants, advanced practice registered nurses, and registered nurses, are already permitted to administer these substances; arguably, dentists are more trained to perform these types of injections due to their concentrated study of the maxillofacial region while other practitioners are studying the entire human anatomy.

A Doctoral level education for dentists involves extensive training in various medical and dental sciences, including anatomy, pharmacology, pathology, and clinical skills over the course of several years. This rigorous education prepares dentists to diagnose and treat a wide range of complex dental and oral health issues. In contrast, a Bachelor level education for medical auxiliaries, such as nurses, focuses on foundational knowledge and practical skills necessary for supporting healthcare professionals. While they are trained to perform certain procedures, their scope and depth of training are not as comprehensive as that of a dentist's doctoral education.

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

Connecticut is one of the few states that does not permit dentists to administer neurotoxins and dermal fillers for cosmetic purposes. Many states currently permit dentists to administer neurotoxins,



dermal fillers, for cosmetic purposes as shown in the map below.

**4. Proposed education, training, and examination requirements and any relevant certification requirements applicable to the profession**

To ensure the highest standards of care and safety, it will be mandated that dentists must either have completed a CODA (Commission on Dental Accreditation) approved program or have undergone specific training provided by the Connecticut State Dental Association (CSDA) to be authorized to perform the procedure.

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

On this matter the CSDA requested scope of practice changes in both 2019 and 2023. In 2019 was the Dental Therapy Scope of Practice enacted to authorize Dental Therapists in CT.

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

Expanding the scope of practice to allow dentists to administer botulinum neurotoxin (Botox, Xeomin, Dysport) and dermal fillers will positively impact existing healthcare relationships by leveraging the trust patients already have with their dentists, enabling them to receive a broader range of treatments from a familiar and trusted provider.

Patients feel comfortable and secure with their regular dental professionals, which can ease anxiety about procedures. This trust, combined with the dentists' expertise in the maxillofacial region, ensures safe and effective treatment, enhancing patient care and satisfaction while fostering a more cohesive healthcare experience. There are also no reported malpractice cases in the states that allow dentists to perform these cosmetics procedures.

**7. The anticipated economic impact of the request on the health care delivery system.**

The anticipated economic impact of this scope change will be threefold:

**1. Increased Revenue for Dental Practices:**

- a. **Expanded Services:** Allowing dentists to administer botulinum neurotoxin and dermal fillers provides an additional revenue stream, helping small and independent practices remain financially viable.
- b. **Broader Patient Base:** By offering these cosmetic procedures, dental practices can attract a wider range of patients, increasing overall practice income.

2. Improved Patient Convenience and Satisfaction:
  - a. Comprehensive Care: Patients can receive both dental and cosmetic treatments from their trusted dentists, enhancing convenience and reducing the need for multiple healthcare visits.
  - b. Increased Satisfaction: Trusting a single provider for multiple services improves patient satisfaction, loyalty, and retention, as patients appreciate the ease and reliability of receiving comprehensive care in one place.
3. Oral Healthcare in Connecticut contributing an annual 6.5 billion economic impact, supporting almost 29,000 jobs. Every dental office job guarantees an additional 1.4 jobs in the other economic sectors in our state

**8. 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.**

Recently, the Alabama Board of Dental Examiners decided that dentists in the state can continue administering botulinum neurotoxin (Botox, Xeomin, Dysport) and dermal fillers. Additionally, several states have expanded the scope of practice for dentists to include these cosmetic procedures. Arizona passed legislation in 2022, California confirmed this practice in the same year, and Nevada joined in 2023, recognizing dentists' expertise in the maxillofacial region and ensuring comprehensive training for patient safety.

In Michigan, the Michigan Dental Association plans to form a workgroup to develop a policy recommendation and consider legislation to allow dentists with appropriate training to administer Botox and dermal fillers for both therapeutic and cosmetic purposes, aligning with CODA training standards, as current Michigan laws lack specific language on cosmetic use by dentists.

**9. 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.**

The proposed change will not significantly impact other health professions. Instead, it will empower patients by giving them greater flexibility to select the healthcare provider they feel most comfortable with for these specific procedures. This patient-centric approach fosters a more personalized and satisfactory healthcare experience.

**10. 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 undergo extensive training, including concentrated courses on the anatomy of the head and neck, comparable to or at times exceeding those of our medical colleagues.

Additionally, they receive specific training programs during dental school and residency training for the use of injectables and neurotoxins, following completion of these programs, continuing education programs such as those offered by the American Academy of Facial Esthetics (AAFE), the American Association of Oral and Maxillofacial Surgeons (AAOMS), and the American Dental Association (ADA) are available for dentists to maintain their skills.

CSDA is committed to providing ongoing continuing education courses, as well, to enable all dentists to maintain a high level of knowledge in the evolution of these procedures. Dentists are highly trained and capable of responding to complications arising from any procedures that they are performing, and these procedures are no different in that regard. Ensuring our patients' safety remains a top priority. There have been no negative outcomes for dentists performing these cosmetic injections throughout the US.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Hall".

Dr. Steve Hall, President 2024-2025

## Appendix E: Impact Statements and Responses

The following pages contain the text of all impact statements and responses received by DPH.

**From:** N Summer Lerch DDS <n.summer.lerch@gmail.com>  
**Sent:** Monday, September 16, 2024 7:08 AM  
**To:** Montauti, Sara  
**Subject:** Supporting CSDA's Request for a Scope Of Practice Change

Dear Sarah,

I hope this message finds you well.

I want to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a practicing dentist in New Haven, I firmly believe that the current limitation on administering dermal fillers and botulinum neurotoxins (i.e. Botox, Xeomin and Dysport) are outdated and restrictive.

I am a board Accredited cosmetic dentist, accredited by the American Academy of Cosmetic Dentistry (AACD), and have been for 34 years. I look at people's smiles every day from the point of view, "How can I give this person the smile they have always wanted, a smile that will bring new confidence and joy into their life?" We have done some amazing, healing and life-giving work. However I am limited in all by how far can go for them. I would like to be able to enhance their lips with a filler, or shorted the distance between their nose and teeth with a neurotoxin, or smooth out the wrinkles, whether from time or injury, on their lips.

There is no one better suited to do this than a cosmetic dentist. I am a highly trained healthcare professional that gives 10-20 injections in the lower face every working day. It is concerning to me that dentists, who, either are coming out of school trained in these procedures for pain management or facial enhancement, or take upon themselves to get the proper training, are not allowed to preform the work they are trained and qualified to do. The fact that Connecticut allows other healthcare practitioners like PA, APRN, RN to preform these treatments with less training, when dentists cannot, is illogical and unfair.

Further, expanding our scope of practice to include these treatments would bring Connecticut in line with the other **38** states where such practices are currently permitted. This change will not only align our state with national patient care standards, it will also enhance patient's access to high quality care delivered by their trusted dental professional. Studies have shown people are more bonded to their dentist than any other healthcare professional. I invite you to enhance this relationship even more.

Thank you for your consideration in this important matter. I ask that you and the department support this advancement of the scope of practice for dentists to better serve our patients. Also to empower dentists in their craft and to modernize our healthcare practices in the state of Connecticut.

Please contact me if you have any follow-up questions. Feel free to use my cell number. I'd welcome the opportunity to speak to you.

---

N. Summer Lerch, DDS, FAGD, AAACD

President Elect, 2024-2025

Connecticut State Dental Association

Accredited by the American Academy of Cosmetic Dentistry



[www.theartofsmiles.com](http://www.theartofsmiles.com)

Center for Esthetic Dentistry, LLC

Orange Street Smiles, LLC

375 Orange Street

New Haven, CT 06511

O: 203.624.5256

C: 203.980.9663

Fellow, Academy of General Dentistry

Fellow, Pierre Fauchard Academy

ADA Action Team Leader for CT Congressional District III

Past President, New England Academy of Cosmetic Dentistry

**From:** Dr. Stacey Michael <scmdmd@live.com>  
**Sent:** Friday, September 13, 2024 5:57 PM  
**To:** Montauti, Sara  
**Subject:** Support of expanding CT dentists scope of practice

Dear Sarah,

I hope this message finds you well. I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state.

As a dentist practicing in Clinton, CT, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive. Given that I am already trained in these advanced procedures, and I routinely do so for pain management purposes, it is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical.

Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals.

Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices. Please contact me if you have any follow-up.

Thank you,  
Stacey C. Michael, DMD, FAGD, D.ABDSM  
*Fellow, Academy of General Dentistry*  
*Diplomate, American Board of Dental Sleep Medicine*

Michael Dental of Clinton, LLC  
37 Commerce Street  
Clinton, CT 06413  
860-669-5777  
[www.michaeldentalclinton.com](http://www.michaeldentalclinton.com)

**From:** Dr. Mike Maroon <drmikemaroon@advanceddental.com>  
**Sent:** Sunday, September 15, 2024 3:02 PM  
**To:** Montauti, Sara  
**Subject:** Support for Dentists to Administer botulinum neurotoxins

Dear Sarah,

I hope this message finds you well.

I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in Berlin CT, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive.

Given that I am already trained in these advanced procedures, and I routinely do so for pain management purposes, it is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical.

Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals.

Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices.

Please contact me if you have any follow-up questions.

Sincerely,



**Dr. Mike Maroon**  
Dentist & Smile Designer

39 Webster Square Rd ~ Berlin CT  
26 Shunpike Rd, Ste A ~ Cromwell CT

✉ drmikemaroon@advanceddental.com  
🌐 AdvancedDental.com  
📞 (860) 828-3933



**From:** Lindsay Albino <lkalbino14@gmail.com>  
**Sent:** Friday, September 13, 2024 3:09 PM  
**To:** Montauti, Sara  
**Subject:** Scope of Practice Change Request

Dear Sarah,

I hope this message finds you well. I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in North Haven, Connecticut, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive.

Given that I am already trained in these advanced procedures, and I routinely do so for pain management purposes, it is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical.

Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals. Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices.

Please contact me if you have any follow-up questions.

Sincerely,

Michael Garaffa, DMD  
Office phone: 203-239-1155  
Fantarella Dental Group  
North Haven, CT 06473

**From:** [Dr. Robin Santiago](#)  
**To:** [Montauti, Sara](#)  
**Subject:** Scope of practice needs updating  
**Date:** Sunday, September 15, 2024 8:47:40 PM

---

Dear Sarah,

I hope this message finds you well. I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist who practiced for 4 decades in Hartford and West Hartford, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive.

Given that so many dentists are already trained in these advanced procedures, and routinely do so for pain management purposes, it is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical.

Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals.

Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices.

Please contact me if you have any follow-up questions.

Sincerely,

Robin Santiago, DMD  
104 Whetten Road,  
West Hartford, CT 06117  
860-490-7661  
Retired dentist  
Life member ADA, CSDA

Sent from my iPhone

**From:** Lindsay Albino <lkalbino14@gmail.com>  
**Sent:** Friday, September 13, 2024 2:37 PM  
**To:** Montauti, Sara  
**Cc:** Kgerrity@csda.com  
**Subject:** Scope of Practice Change Request - Botulinum toxin and Fillers

Dear Sarah,

I hope this message finds you well. I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in North Haven, Connecticut, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive. Given that I am already trained in these advanced procedures, and I routinely do so for pain management purposes, it is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical.

Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals. Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices.

Please contact me if you have any follow-up questions.

Sincerely,

Lindsay Albino, DMD  
Office phone: 203-239-1155  
Cell phone: 203-578-5945  
Fantarella Dental Group  
North Haven, CT 06473

**From:** Lindsay Albino <lkalbino14@gmail.com>  
**Sent:** Friday, September 13, 2024 3:11 PM  
**To:** Montauti, Sara  
**Subject:** Scope of Practice Change Request - Botox and Fillers

Sara,

I hope this message finds you well. I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in North Haven, Connecticut, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive. Given that I am already trained in these advanced procedures, and I routinely do so for pain management purposes, it is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical.

Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals. Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices.

Please contact me if you have any follow-up questions.

Sincerely,

David Powers, DMD

Office phone: 203-239-1155

Fantarella Dental Group

North Haven, CT 06473

**From:** [Elizabeth Holzhauer](#)  
**To:** [Montauti, Sara](#)  
**Subject:** Scope of practice request  
**Date:** Saturday, September 14, 2024  
9:00:10 AM

---

Dear Sarah,

I hope this message finds you well. I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in West Hartford and Avon CT, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive. Given that I am already trained in these advanced procedures, and I routinely do so for pain management purposes, it is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical. Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals. Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices. Please contact me if you have any follow-up questions.

Sincerely,

Elizabeth Holzhauer, DMD  
860-233-9300  
Blue Back Dental, LLC

Sent from my iPhone

**From:** [David Fried](#)  
**To:** [Montauti, Sara](#)  
**Subject:** Scope of practice change Fillers Botox  
**Date:** Monday, September 16, 2024 8:34:08 AM

---

Dear Sarah,

I hope this message finds you well.

I want to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a practicing dentist in New Haven, I firmly believe that the current limitation on administering dermal fillers and botulinum neurotoxins (i.e. Botox, Xeomin and Dysport) are outdated and restrictive.

Dentists are highly trained in head and neck anatomy. Dental schools across the country are including training in both undergraduate and at the graduate level. There are also in-depth training courses which dentists have attended nationwide.

Currently, nurses and PAs in Connecticut are providing Botox and filler services. Often times they do them in peoples living rooms. And totally, sales reps have told me that they do most of the training for those individuals. Although physicians by their license, can do these procedures, many OB/GYN's and radiologist provide the services. They certainly are not trained in head and neck anatomy in any, extensive training. Since these innovations are relatively new to medicine, senior physicians did not receive any training in residencies, but received them somewhere else. Often times, it was from a drug repres with no formal education.

There are no other professionals who give more injections in the head and neck region than dentists. Dentist place implants and sinus surgery. Oral and maxillafacial surgeons reconstruct faces.

These procedures are allowed in 38 states throughout the nation, and young Dentist, who were trained are choosing to go to other states rather than deal with Connecticut's updated practice act.

We are asking you to move this forward and allow a Bill to be introduced for a public hearing.

Thanks

David Fried, DMD

203 605 4688

Dear Sarah,

I hope this message finds you well. I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in New Haven, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive. It is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies dental practitioners to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less specialized training is illogical. Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals. Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients, modernize our state's healthcare practices, and uphold the very best care for our community.

All the best,

John Gehlbach, DMD

A handwritten signature in black ink, appearing to read "John Gehlbach".



August 28, 2024

Sara Montauti, MPH  
Healthcare Quality Safety Branch  
Practitioner Licensing and Investigations Section  
Department of Public Health  
410 Capitol Avenue, MS#12HSR  
P.O. Box 340308  
Hartford, CT 06134

e-mail: [sara.montauti@ct.gov](mailto:sara.montauti@ct.gov)

Dear Ms. Montauti:

On behalf of the members of the Connecticut Society of Plastic Surgeons and the Connecticut Dermatology & Dermatologic Surgery Society, we are submitting this impact statement in strong opposition to the Dental Scope of Practice request submitted by the Connecticut State Dental Association. Their request would allow functional and cosmetic enhancement of the cheeks, lips, jaws and oral cavity with neurotoxins and injectable fillers. Their request to also treat “associated structures of the maxillofacial areas” is extremely broad in scope and could potentially include treatments of the neck, eyelids, nose, forehead, scalp and temporal areas – all of which, while commonly treated by physicians, are well outside the education and training of dentists.

In the request, the CSDA acknowledges that the public health and safety will not technically be harmed without implementation of the proposal; however, we would argue that the public health and safety could actually be put at risk by its implementation.

Simply put, dentists lack the clinical training to perform surgery outside of the oral cavity. In fact, the practice of dentistry or dental medicine is defined in Conn. Gen. Stat. §379-20-123(a) 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 provision goes on to exclude: (1) The treatment of dermatologic diseases or disorders of the skin or face; (2) the performance of microvascular free tissue transfer; (3) the treatment of diseases or disorders of the eye; (4) ocular procedures; (5) the performance

of cosmetic surgery or other cosmetic procedures other than those related to the oral cavity, its contents, or the jaws; or (6) nasal or sinus surgery, other than that related to the oral cavity, its contents or the jaws.”

Significant and real complications occur with the use of Botox and other neurotoxins and are even more concerning with injectable fillers. Compounding this issue is the fact that dentists do not have hospital admitting privileges to treat potential complications including soft tissue necrosis from filler embolization and ocular ptosis from neurotoxins. We've already seen serious complications from filler injections in Connecticut and in a situation where time is of the essence, the absence of hospital privileges is a significant safety issue.

These are just some of the concerns we have for the safety and wellbeing of the patients in our State. If this scope of practice review is accepted, we would request a representative from each of our organizations be included.

Our sincere thanks for your consideration in this matter.

Very truly yours,

*Joseph B. O'Connell, M.D.*

Joseph B. O'Connell, MD  
President, CSPS

*Philip Kerr, MD*

Philip Kerr, MD  
President, CDDSS

Connecticut Coalition of Advanced Practice Nurses

Lynn Rapsilber, DNP, APRN, ANP-BC, FAANP

Chair

[lrapsilber@gmail.com](mailto:lrapsilber@gmail.com)

September 12, 2024

Sara Montauti, MPH  
Healthcare Quality Safety Branch  
Practitioner Licensing and Investigations Section  
Department of Public Health  
410 Capitol Avenue, MS#12HSR  
P.O. Box 340308  
Hartford, CT 06134  
Phone: 860-509-7307  
e-mail: [sara.montauti@ct.gov](mailto:sara.montauti@ct.gov)

Impact Statement for Dentist SOP review

My name is Dr. Lynn Rapsilber DNP, APRN, ANP-BC, FAANP, Chair of the CT Coalition of Advanced Practice Nurses. The Coalition represents various nursing organizations to create consensus on legislative issues affecting patients, residents of CT, and our profession.

The Coalition is submitting an impact statement to have a seat at the table to discuss the request of the Dentists for changes to their SOP to administer botulinum neurotoxin, dermal fillers and similar injectables for the functional or cosmetic enhancement of the gums, cheeks, jaws, lips, oral cavity, and associated structures of the maxillofacial areas.

Realizing there is a shortage of health care providers now and in the future, scrutiny of scope of practice requests become paramount. While access to care for the residents of Connecticut is of utmost importance, unwavering regard for patient safety should not be compromised. With the residents of Connecticut at the forefront, a scope request review focuses on the education, training, licensure, current climate of practice in relationship to other states, permitting an examination of the evidence buttressing such a request.

There are aspects of this request which are of interest to APRNs as well. A thorough review performed by a convened scope of practice committee can determine, through evidence presented, whether the Dentist scope of practice change is meritorious and should proceed. The CT Coalition of Advanced Practice Nurses respectfully requests an opportunity to discuss this request further.



## MEMORANDUM

**TO:** Kathlene Gerrity, Executive Director  
Connecticut State Dental Association

**FROM:** Karen Buckley, Vice President, Advocacy

**DATE:** September 11, 2024

**SUBJECT:** Impact Statement – Scope of Practice Request – Connecticut State Dental Association

The Connecticut Hospital Association (CHA), a trade association representing the 27 acute care hospitals in Connecticut, submits this impact statement, in accordance with Chapter 368a of the Connecticut General Statutes, in response to the scope of practice change for dentists requested by the Connecticut State Dental Association. The change requested would make changes to the current scope of practice for dentists, including procedures that currently may be completed by other licensed professionals who are credentialed by hospitals.

A number of Connecticut's hospitals have oral health/dental clinics, and the proposal would impact the healthcare delivery system and may require hospital policies, procedures, and credentialing to be changed. Connecticut hospitals employ or utilize a significant number of licensed healthcare professionals, including physicians, dentists, hygienists, advanced practice registered nurses, physician assistants, and other allied health professionals. The request will impact the delivery of care to hospital patients.

If the Connecticut Department of Public Health (DPH) appoints a Scope of Practice Review Committee, CHA respectfully requests an appointment to the Committee.

KMB:ljs

By E-mail

cc: Sara Montauti, Healthcare Quality and Safety Branch, Practitioner Licensing and Investigations Section,  
Connecticut Department of Public Health



**Sara Montauti, MPH**

Healthcare Quality and Safety Branch  
Practitioner Licensing and Investigations  
Department of Public Health  
410 Capitol Avenue, MS# 12HSR  
P.O. Box 340308  
Hartford, CT 06134

Dear Ms. Montauti,

The Connecticut Nurses Association (CNA) submits this impact statement in response to the Connecticut State Dental Association's (CSDA) recent proposal to expand the scope of practice for licensed dentists in Connecticut to include the administration of botulinum neurotoxin (such as Botox, Xeomin, Dysport) and dermal fillers.

As the leading professional organization for nurses in Connecticut, the CNA has been dedicated to monitoring legislation that affects both the nursing profession and the broader healthcare landscape for over a century. Our members bring extensive education, training, and daily experience across diverse healthcare settings, allowing us to advocate effectively for the health of the public. We offer our expertise across multiple specialty areas and practice settings to inform decision-making, promote understanding, and share evidence-based research.

The CNA acknowledges the expertise of dentists in the maxillofacial region and appreciates their commitment to patient care.

In CT, Registered Nurses collaborate in the implementation of the “total health care regimen and executing the medical regimen under the direction of a licensed physician, dentist....”

The growth of the aesthetics industry should be matched by equally stringent standards to protect patient safety and ensure the highest quality of care.

The Connecticut Nurses Association remains committed to supporting initiatives that prioritize patient safety, and the quality of care provided across all healthcare disciplines. We look forward to being part of the ongoing discussions surrounding this proposal.

Thank you for your attention to this matter.

Sincerely,

**Cassandra Esposito, APRN, MSN, FNP-C**

President  
Connecticut Nurses Association

Cc: kgerrity@csda.com

**From:** [Christine Tierney](#)  
**To:** [Montauti, Sara](#)  
**Subject:** Expanding the Scope of Practice for Dentists  
**Date:** Friday, September 13, 2024 4:12:32 PM

---

Dear Sara,

As a recently retired dentist, I am in favor of expanding the scope of practice for dentists in our state to administer dermal fillers and botulinum neurotoxins that the CSDA has requested. Given that dentists are already trained in these advanced procedures with significantly more training in administering and managing local anesthesia and do so with more frequency than many of the health care practitioners who are currently allowed to perform these procedures, it is logical that they should be allowed to perform these treatments.

Thirty eight other states allow dentists to perform these treatments and expanding our scope of treatment would bring Connecticut in line nationally with patient care standards as well as allow patients to have their trusted dental professional render this treatment. I had many patients who would have preferred to have me render these treatments than go to a person they didn't know who probably had less understanding of anatomy and the relationship of the soft tissue in the peri oral area.

Thank you for considering this important matter. I hope that you will support this advancement of this proposal to better serve our patients

Please feel free to contact me with any questions.

Sincerely,

Christine L Tierney, DMD  
203 561 0804  
Retired from private practice in Greenwich

**From:** Damon Jenkins <drjenkins@jenkinsdentalpros.com>  
**Sent:** Sunday, September 15, 2024 3:34 PM  
**To:** Montauti, Sara  
**Subject:** Expanding the scope of practice for dentist

Dear Sarah,

I hope this message finds you well. I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in Coventry, CT, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive. Given that I am already trained in these advanced procedures, and I routinely do so for pain management purposes, it is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical. - Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals. Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices. Please contact me if you have any follow-up questions.

Best regards,

Damon T. Jenkins DMD, MPH  
Prosthodontist  
Jenkins Dental  
1572 A Boston Turnpike  
Coventry, CT  
06238  
860-742-6665 office  
860-742-7984 fax  
[www.thejenkinsdental.com](http://www.thejenkinsdental.com)

**From:** Gary Pearl <gary@pearl.life>  
**Sent:** Sunday, September 15, 2024 8:48 PM  
**To:** Montauti, Sara  
**Subject:** Expanding scope of practice for dentists

Dear Sarah,

I hope this message finds you well. I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in Hamden, Ct, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive. My son, Scott Pearl DMD is trained in these advanced procedures, and he routinely does so for pain management purposes, it is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical. Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals. Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices. Please contact me if you have any follow-up questions.

Sincerely,

Gary

Gary Pearl, DMD  
Pearl Dental Care  
1834 Dixwell Ave  
Hamden, CT 06514  
203-281-7722  
[www.pearldentalcare.com](http://www.pearldentalcare.com)



**From:** Adam J. Kennedy <a.kennedydmd@gmail.com>  
**Sent:** Sunday, September 15, 2024 9:50 PM  
**To:** Montauti, Sara  
**Subject:** Expanding Dental Scope of Practice to Include Dermal Fillers and Botulinum Neurotoxins  
**Attachments:** Kennedy DPH Support 092024.pdf

Dear Ms. Montauti,

I am writing to urge you to consider expanding the scope of practice for Connecticut dentists to include the administration of dermal fillers and botulinum neurotoxins (e.g., Botox, Xeomin, Dysport). As a practicing dentist in New Haven, I believe the current limitations on these treatments are both outdated and unnecessarily restrictive, especially given the training and expertise dentists possess in the maxillofacial region.

Dentists receive specialized education in facial anatomy, including the complex structures of the head and neck, which uniquely qualifies us to perform these procedures with precision and care. It is worth noting that healthcare providers such as physician assistants, advanced practice registered nurses, and registered nurses—who often have less in-depth training in this specific region—are currently permitted to administer these treatments in Connecticut. Allowing dentists to do so as well would be both logical and consistent with our expertise.

Additionally, expanding the scope of practice to include these procedures would bring Connecticut in line with 38 other states where dentists are already permitted to offer dermal fillers and botulinum neurotoxin treatments. This change would not only modernize our state's healthcare regulations but also improve patient access to safe, high-quality care from trusted dental professionals they already know.

I appreciate your time and consideration of this important issue. I hope you will support this proposal to align Connecticut with national standards and better serve our patients. Should you have any questions or need further information, please do not hesitate to contact me.

Sincerely,



Adam

--

Adam J. Kennedy, DMD, FAGD  
[a.kennedydmd@gmail.com](mailto:a.kennedydmd@gmail.com)  
(203) 307-0114

**From:** Michael Dental Care <michaeldentalcare@yahoo.com>  
**Sent:** Sunday, September 15, 2024 9:01 AM  
**To:** Montauti, Sara  
**Subject:** Did you know some CT dentists go to med school?

Good morning Sarah,

Like many other dentists, I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in Guilford, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive. Given that Dentists are already trained in these advanced procedures, and routinely do so for pain management purposes, it is concerning that we are not permitted to offer injections for cosmetic reasons.

Like many other dentists in CT, my training at UCONN placed me side by side everyday with medical students during the first 2 years of medical / dental school. Our extensive medical education consisted of (but not limited to) advanced topics in Anatomy, full body dissection, Physiology, Pharmacokinetics, and Microbiology. As such, Dentists - like some Physicians - possess specialized training in the maxillofacial region which uniquely qualifies us to administer these procedures safely and effectively. In fact, many Dentists working in hospitals right now routinely respond, attend, and treat maxillofacial traumas that can require treatments such as extensive soft tissue suturing, muscle reattachment, soft and hard tissue grafting and bony fixation. So the fact that Connecticut allows other healthcare professionals with less training to perform filler and botox treatments is illogical and outdated. It's long overdue that this topic be re-addressed to give CT Dentists the deserved ability to electively administer cosmetic fillers and toxins.

Expanding the scope of practice for dentists NEEDS to happen to align Connecticut with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals.

Thank you for considering this important matter. Given the information, you should support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices. Please contact me if you have any follow-up questions.

**Proudly peer-voted "Top Dentists 2020, 2021, 2022, 2023" by Connecticut Magazine!**

**Voted Best Dentist "Best of New Haven" people's choice 2022! NH Register**

Michael Dental Care, llc  
Dr. Vincent J. Michael, DMD, FAGD, FICOI  
Fellow, Academy of General Dentistry  
Fellow, International Congress of Oral Implantology,  
ADA Advisory Board Member  
Former Adjunct Professor UCONN Dental School

The Guilford Glen  
5 Durham Road  
Building3, Second Floor  
Guilford, CT 06437  
203.453.0499  
Find MDC online at: <http://www.michaeldentalcare.net>

**From:** [Alex Quintner](#)  
**To:** [Montauti, Sara](#)  
**Subject:** Dentists and filler  
**Date:** Saturday, September 14, 2024 5:28:57 PM

---

Dear Sarah, I hope this message finds you well.

I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in Milford, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive. Given that I am already trained in these advanced procedures, and I routinely do so for pain management purposes, it is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical. Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals. Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices. Please contact me if you have any follow-up questions.

Sincerely,

Alex Quintner DMD

2034443880

Owner Care Advanced Dentistry

**From:** [Theodore Gargano](#)  
**To:** [Montauti, Sara](#)  
**Subject:** Dentists and Dermal Fillers  
**Date:** Monday, September 16, 2024 8:40:23 AM

---

Dear Sarah,

I hope this message finds you well. I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in

North Haven, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive. Given that I am already trained in these advanced procedures, and I routinely do so for pain management purposes, it is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical. Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals. Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices. Please contact me if you have any follow-up questions.

Sincerely,

Dr. Theodore Gargano DMD  
Gargano Family Dentistry LLC  
UConn School of Dental Medicine 2015  
Denver Health GPR 2016

Sara Montauti, MPH  
Healthcare Quality and Safety Branch  
Practitioner Licensing and Investigations  
Department of Public Health  
410 Capitol Avenue, MS#12HSR P.O. Box 340308  
Hartford, CT 06134  
[sara.montauti@ct.gov](mailto:sara.montauti@ct.gov)

September 8, 2024

The Connecticut Academy of Physician Associates (ConnAPA) represents the more than 4,000 licensed PAs in the State of Connecticut, who provide healthcare in all settings and specialties to the patients of Connecticut.

Please accept this letter as an impact statement regarding the scope of practice submission by the Connecticut State Dental Association.

ConnAPA fully supports appropriate increased access to care for the patients of Connecticut, as it stands a core mission of ConnAPA to develop methods of such increased access. CSDA offers a number of reasons for approval of their request. Given that PAs already perform this function, and have panels of patients that could be impacted by another provider group offering such services, ConnAPA respectfully requests the ability to join a convening of a review committee if this proposal is selected for further conversation.

ConnAPA appreciates the work of the Department of Public Health to ensure access to care for all in Connecticut, and will continue to be a partner with DPH in advancing additional patient care improvements.

Most appreciatively,

A handwritten signature in black ink, appearing to read "J. Prevelige".

Jason Prevelige, DMSc, MBA, PA-C  
Chair, Legislative Committee  
Connecticut Academy of Physician Associates  
[jprevelige@yahoo.com](mailto:jprevelige@yahoo.com)

**From:** [Scott Pearl](#)  
**To:** [Montauti, Sara](#)  
**Subject:** Dentist injectables  
**Date:** Sunday, September 15, 2024 8:29:40 AM

---

Dear Sarah,

I hope this message finds you well. I am a dentist in Hamden and the president of the New Haven Dental Association which is the local society for the Connecticut State Dental Association and American Dental Association. I am writing to express my support for CT dentists to be allowed to administer injectables such as botox and dermal fillers for cosmetic purposes. I took training with the American Academy of Facial Esthetics (AAFE) and dentists in 38 other states safely administer injectables for cosmetics. Dentists are experts at giving injections to the head as we do it thousands of times per year. We already effectively give injections to relieve pain. I recently taught an orthopedic surgeon friend how to administer injections to the head and he was amazed at what dentists do. Thank you for consideration and please contact me if you have any questions.

Thank you,

Scott Pearl, DMD  
203-500-7810

**From:** Julia Karpman, DMD <Doctor@myrhdentist.com>  
**Sent:** Tuesday, September 17, 2024 7:49 AM  
**To:** Montauti, Sara  
**Subject:** Dental Scope of Practice Support

Dear Ms. Montauti –

My name is Dr. Julia Karpman and I am a dentist in Rocky Hill, CT.

I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in Rocky Hill, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive.

I possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively, arguably more effectively than a nurse practitioner who has no specialized training in dissection of the head/neck application of facial injections. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical.

Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals.

Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices. Please contact me if you have any follow-up questions.

Best,

Dr. Julia Karpman DMD  
**Dental Essentials of Rocky Hill**  
2301 Silas Deane Highway  
Rocky Hill, CT 06067  
P: (860) 563-3766  
[www.myrhdentist.com](http://www.myrhdentist.com)

**From:** MICHAEL UNGERLEIDER <michael3707@cox.net>  
**Sent:** Sunday, September 15, 2024 6:59 PM  
**To:** Montauti, Sara  
**Subject:** CSDA scope of practice for Dentists

Good evening Sara,

I am writing to express my strong support for the CT State Dental Association's request to expand the scope of practice for dentists properly trained in CT. As a dentist practicing for the past 35 years in Granby, CT, I firmly believe that the current limitations on administering dermal fillers and neurotoxins (Botox, Xeomin, Dysport) are outdated.

Dentists give the most injections in and around the mouth more than any other health provider, and we are trained exactly the same as physicians in the Anatomy of the Head and Neck. Many of us have already taken specialized training in the safety and administration of these fillers and toxins.

There are even Dental Schools in Massachusetts that train the dental students to perform these procedures. That means that a Resident of CT who goes to Dental School in Boston and returns to practice in CT, will not be able to do what they have been trained to do. Meanwhile, those with less education and training, such as advanced practice registered nurses and Physician Assistants are able to give these injections. This makes no sense and is an access to care issue to our patients.

Many times, as part of a smile makeover, the lips and facial muscles need to be filled and contoured to get an ideal treatment result. Our patients want to stay in OUR office to have that work done.

As a result, this will not take away from anyone else, like a dermatologist or plastic surgeon, but rather be a source of convenience to our patients to safely and expertly get the work done by a trusted healthcare provider, their own dentist!

Thank you for considering this important matter.

I hope you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices.

Please contact me if you have any follow-up questions.

Sincerely,

Michael Ungerleider, DMD, MAGD

Granby Dental Center  
41 Hartford Avenue  
Granby, CT 06035  
860-653-3220 (o)  
860-490-7260 (c)

**From:** [Dawn Stevens](#)  
**To:** [Montauti, Sara](#)  
**Subject:** CSDA request to expand the scope of practice for dentist  
**Date:** Friday, September 13, 2024 6:30:29 PM

---

Dear Sarah,

I hope this message finds you well. I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in Unionville, CT, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive. Given that I am already trained in these advanced procedures, and I routinely do so for pain management purposes, it is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical. -Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals. Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices. Please contact me if you have any follow-up questions. Sincerely,

Dawn Cooley, DMD  
36 Main St, Rte 4  
Unionville, CT 06085  
860-673-9770  
[Office@dawncooleydmd.com](mailto:Office@dawncooleydmd.com)

**From:** [Lindsay Albino](#)  
**To:** [Montauti, Sara](#)  
**Subject:** Change of Scope of Practice - Botox and Fillers  
**Date:** Friday, September 13, 2024 3:21:51 PM

---

Dear Sarah,

I hope this message finds you well. I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in North Haven, Connecticut, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive. Given that I am already trained in these advanced procedures, and I routinely do so for pain management purposes, it is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical.

Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals. Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices.

Please contact me if you have any follow-up questions.

Sincerely,

Lisbeth Steen, DMD  
Office phone: 203-239-1155  
Fantarella Dental Group  
North Haven, CT 06473

**From:** [Onika Quinn](#)  
**To:** [Montauti, Sara](#)  
**Subject:** Cosmetic filler dentistry  
**Date:** Monday, September 16, 2024 2:55:21 PM

---

Dear Sarah,

I hope this message finds you well. I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in Torrington, I firmly believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive.

Given that I am already trained in these advanced procedures, and I routinely do so for pain management purposes, it is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical.

Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high-quality care delivered by their trusted dental professionals.

Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices.

Please contact me if you have any follow-up questions.

Sincerely,

Onika Quinn-Munroe, DMD 860-482-4041

Dr. Munroe's Dental Center

--

Onika Quinn-Munroe, DMD Dr.  
Munroe's Dental Center  
[oquinn87@gmail.com](mailto:oquinn87@gmail.com) 860-595-7866



September 16, 2024

Dear Sarah,

I hope this message finds you well.

I am writing to express my support for the Connecticut State Dental Association's (CSDA) request to expand the scope of practice for dentists in our state. As a dentist practicing in Thomaston, I believe that the current limitations on administering dermal fillers and botulinum neurotoxins (i.e., Botox, Xeomin, and Dysport) are outdated and restrictive.

I am trained in these advanced procedures, and I routinely do so for pain management purposes. It is concerning that dentists in Connecticut are not permitted to offer injections for cosmetic reasons. Dentists possess specialized training in the maxillofacial region, which uniquely qualifies us to administer these procedures safely and effectively. The fact that Connecticut allows other healthcare professionals such as physician assistants, advanced practice registered nurses, and registered nurses to perform these treatments with less training is illogical.

Expanding the scope of practice for dentists to include these treatments would bring Connecticut in line with 38 other states where such practices are already permitted. This change would not only align our state with national patient care standards but also enhance patients' access to high quality care delivered by their trusted dental professionals.

Thank you for considering this important matter. I hope that you will support the advancement of this proposal to better serve our patients and to modernize our state's healthcare practices.

Please contact me if you have any follow-up questions.

Sincerely,

Judith Lombardo, DMD

Thomaston Dental Associates

860.283.5770