

Legislative History for Connecticut Act

SB 248	PA 139	1987
House 4084 - 4087		4
Senate 1462-1464, 1494-1495		5
Public Health 380 - 383, 386-388, 389 - 392, 395-398		15
		24

Transcripts from the Joint Standing Committee Public Hearing(s) and/or Senate  
and House of Representatives Proceedings

Connecticut State Library

Compiled 2016

H-460

CONNECTICUT  
GEN. ASSEMBLY  
HOUSE

PROCEEDINGS  
1987

VOL. 30  
PART 11  
3702-4108

House of Representatives

Tuesday, April 28, 1987

CLERK:

Calendar 411, House Bill 7557, AN ACT CONCERNING  
CONTINUED OCCUPANCY IN STATE-ASSISTED HOUSING PROJECTS.  
Favorable Report of the Committee on Planning and Development.

REP. BALDUCCI: (27th)

Mr. Speaker.

DEPUTY SPEAKER LAVINE:

Representative Balducci.

REP. BALDUCCI: (27th)

May that bill be referred to the Committee on Judiciary.

DEPUTY SPEAKER LAVINE:

The motion is on referral to Judiciary. Is there  
objection? Hearing no objection, it is so ordered.

CLERK;

Calendar 415, please turn to Page 16, Substitute for  
Senate Bill 248, AN ACT CONCERNING DENTISTS AND DENTAL  
HYGIENISTS HIRED IN NURSING HOMES, as amended by Senate  
Amendment Schedule "A". Favorable Report of the Committee  
on Public Health.

REP. GIONFRIDDO: (33rd)

Mr. Speaker.

DEPUTY SPEAKER LAVINE:

Representative Gionfriddo.

House of Representatives

Tuesday, April 28, 1987

REP. GIONFRIDDO: (33rd)

I move acceptance of the Joint Committee's Favorable Report and passage of the bill in concurrence with the Senate.

DEPUTY SPEAKER LAVINE:

Will you remark?

REP. GIONFRIDDO: (33rd)

Yes, Mr. Speaker, this bill permits dental hygienists to work for nursing homes. Mr. Speaker, the Clerk has an amendment, LCO No. 6466, previously designated Senate Amendment Schedule "A". Will the Clerk please call and may I have permission to summarize?

DEPUTY SPEAKER LAVINE:

Will the Clerk please call 6466?

CLERK:

LCO 6466, previously designated Senate Amendment Schedule "A" offered by Senator Matthews.

DEPUTY SPEAKER LAVINE:

The gentleman is seeking permission to summarize. Is there objection? Hearing no objection, you may proceed.

REP. GIONFRIDDO: (33rd)

Mr. Speaker, this amendment permits dental hygienists to be paid for the work they do in the nursing home.

tcc

2224086

House of Representatives

Tuesday, April 28, 1987

I move its adoption.

DEPUTY SPEAKER LAVINE:

The motion is on adoption. Will you remark, Sir?

REP. GIONFRIDDO: (33rd)

I believe the amendment is self-explanatory, Mr. Speaker.

DEPUTY SPEAKER LAVINE:

Will you remark further on the amendment? Will you remark further? If not, we will try your minds. All in favor of the amendment signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER LAVINE:

Those opposed nay.

The amendment is adopted.

Will you remark further? Will you remark further?

If not, staff and guests will come to the well of the House.

The machine will be opened.

CLERK:

The House of Representatives is now voting by roll call. Members please return to the Chamber. The House of Representatives is voting by roll. Members to the Chamber, please.

House of Representatives

Tuesday, April 28, 1987

DEPUTY SPEAKER LAVINE:

Has every Member voted? Will you please check the board and see if your vote is properly recorded? If so, the machine will be locked and the Clerk will take a tally.

Will the Clerk announce the tally/

CLERK:

Senate Bill 248, as amended by Senate Amendment Schedule "A".

Total Number Voting	140
Necessary for Passage	71
Those Voting Yea	139
Those Voting Nay	1
Those Absent and Not Voting	11

DEPUTY SPEAKER LAVINE:

The bill, as amended, is passed.

CLERK:

Continuing on Page 16, Calendar 417, Substitute for Senate Bill 1078, AN ACT CONCERNING THE STATE-WIDE ENVIRONMENTAL PLAN, as amended by Senate Amendment Schedule "A" Favorable Report of the Committee on Environment.

DEPUTY SPEAKER LAVINE:

Representative Mushinsky.

S-265

CONNECTICUT  
GEN. ASSEMBLY  
SENATE

PROCEEDINGS  
1987

VOL. 30  
PART 4  
1136-1523

SENATOR ROBERTSON:

Mr. President?

THE CHAIR:

Senator Robertson.

SENATOR ROBERTSON:

Senator DiBella has very amply corrected or at least shed light on the questions we had in our Caucus and I personally would have no objections to placing this on the Consent Calendar. Thank you.

THE CHAIR:

Further remarks on the bill? So you're moving this to the Consent Calendar? Senator DiBella?

SENATOR DIBELLA:

Yes, Mr. President, I did request that it go on the Consent Calendar.

THE CHAIR:

Any objection? Hearing none, the item is placed on the Consent Calendar.

THE CLERK:

Calendar page 6, Cal. 290, File 429, Substitute for Senate Bill 248. An Act Concerning Dentists and Dental Hygienists Hired By Nursing Homes. Favorable Report of the Committee on Public Health.

THE CHAIR:

Senator Matthews.

SENATOR MATTHEWS:

Mr. President, I move acceptance of the Joint Committee's Favorable

Regular Session  
April 22, 1987

50  
dk

1463

Report and passage of the bill.

THE CHAIR:

Clerk has an amendment. Please call the amendment.

THE CLERK:

L.C.O. 6466, designated Senate Amendment Schedule "A", offered  
by Senators Matthew and Gunther.

THE CHAIR:

Senator Matthews.

SENATOR MATTHEWS:

Thank you Mr. President. I move adoption of the amendment and  
ask permission to summarize.

THE CHAIR:

You may proceed, without objection.

SENATOR MATTHEWS:

All right, thank you, Mr. President. This amendment, Mr.  
President, allows a dental hygienist to also operate in a convalescent  
home under the general supervision of a licensed dentist. In addition,  
payment shall be made directly to the dentist or the dental hygienist.  
I ask for the...

THE CHAIR:

Further remarks on the amendment? All those in favor of the  
amendment, signify by saying aye. Opposed? The amendment is adopted.  
Further amendments?

Regular Session  
April 22, 1987

51  
dk

1464

THE CLERK:

No further amendments.

THE CHAIR:

We're now on the bill as amended. Senator Matthews.

SENATOR MATTHEWS:

Thank you Mr. President. The bill is essentially what the... amendment, but it also includes that the dentists may be hired by the patient or the nursing home. And also included is that the Department of Income Maintenance disallows their employing or contracting with either the dentist or the dental hygienist. Health codes already require yearly annual dental examinations of patients in such facilities.

THE CHAIR:

Further remarks on the bill as amended? Senator Matthews.

SENATOR MATTHEWS:

If there are no objections, Mr. President, I move that we place this bill on the Consent Calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR MATTHEWS:

Thank you.

THE CLERK:

Cal. 292, File 433, Senate Bill 820. An Act Concerning Violations of Injunctions Under the Connecticut Unfair Trade Practices

Consent Calendar, will all Senators please return to the Chamber.

An immediate roll call has been ordered in the Senate on the Consent Calendar, will all Senators please return to the Chamber.

THE CHAIR:

Please give your attention to the Clerk, who will now read the second Consent Calendar. And the Clerk will please proceed.

THE CLERK:

Calendar page 1, Cal. 228, Senate Bill 1114. Cal. 255, Substitute for Senate Bill 861.

Calendar page 5, Cal. 283, Substitute for Senate Bill 632,

Calendar page 6, Cal. 290, Substitute for Senate Bill 248.  
Cal. 292, Senate Bill 820.

Calendar page 7, Cal. 296, Substitute for Senate Bill 337.  
Cal. 297, Substitute for Senate Bill 1023. Cal. 298, Substitute  
for Senate Bill 1052.

Calendar page 9, Cal. 308, Substitute for House Bill 6262.  
Cal. 309, Substitute for House Bill 7422, Cal. 310, Substitute for  
House Bill 6112.

Calendar page 11, Cal. 319, Substitute for House Bill 5699.  
Cal. 321, Substitute for House Bill 7351.

Calendar page 12, Cal. 322, Substitute for House Bill 5647.  
Cal. 325, Substitute for House Bill 7456. Cal. 326, Substitute for  
House Bill 7460.

And Calendar page 13, Cal. 327, House Bill 7462.

THE CHAIR:

Any corrections or omissions? We'll now proceed to vote. The machine is open, please record your vote. Senator Atkin. Has everyone voted? The machine is closed, Clerk please tally the vote.

Result of the vote: 36 yea, 0 nay. The second Consent Calendar is adopted.

THE CLERK:

Calendar page 15, Disagreeing Actions, Cal. 151, File 179 and 343, Substitute for Senate Bill 972. An Act Requiring Supervision of Deputy Fire Marshals and Fire Inspectors and Permitting the Appointment of Regional Fire Marshals. As amended by House Amendment Schedules "A" and "B". Favorable Report of the Committee on Public Safety.

THE CHAIR:

Senator Herbst.

SENATOR HERBST:

Mr. President, I move passage of this act, as amended by the House, "A" and "B".

THE CHAIR:

Will you remark?

SENATOR HERBST:

On the amendments. One merely indicates at the end of the bill, in line 83, that the fire marshal's approval... State Fire Marshal's approval is necessary in the appointment of local, regional fire

JOINT  
STANDING  
COMMITTEE  
HEARINGS

PUBLIC HEALTH  
PART 2  
328-626

1987

JEANNE MALONEY: My name is Jeanne Maloney and I am speaking in favor of SB 248, An Act Concerning Dentists and Dental Hygienists Hired by Nursing Homes. I am a dental hygienist and President Elect of the Connecticut Dental Hygienists' Association. I am speaking today on behalf of the members of the CDHA.

Dental hygienists are currently employed in nursing homes/geriatric facilities in Connecticut. These hygienists are licensed by the State of Connecticut and are working under the general supervision of a dentist. The dental hygienists are performing those duties traditionally delegated to the dental hygienist and are responsible for maintaining an on-going preventive dental program in the geriatric facility. We all know the statistics. 5% of the 22 million people over age 65 reside in nursing homes. For too long, dental health services for these elderly people have been minimal or overlooked altogether.

The Connecticut Dental Hygienists Association favors this legislation because we feel that the current Practice Act is vague and confusing in this area. It is unclear to us whether dental hygienists can be hired directly by geriatric facilities, or must be in the employ of the dental consultant.

I'd like to summarize four areas of concern. The education and skill-development for dental hygiene places great emphasis on communication; with the patient, the family, the care givers and the dentist. This proficiency is most effective when performing important functions in the nursing home setting. Rapport with the elderly patient and his or her family members as well as on-going, informative, staff in-service education are areas in which dental hygienists, unlike dentists, are well prepared.

Number two. Continuity of care delivered is another concern. Dentists that serve as dental consultants typically fall into three categories; young dentist who are seeking to build their practices, who often leave after a brief assignment, dentists who are retired or phasing out of the practice and also may leave soon, and an occasional good samaritan who will work in this setting as a humanitarian gesture. We have a dichotomy here. Dentists who choose not to serve or to stay-hygienists who wish to serve but may not be permitted to do so (if the dental consultant

JEANNE MALONEY: (continued)

leaves). They hygienist who is hired directly by the facility becomes a recognized and important member of the staff not just an "appendage of the dentist."

Number three, the next issue of cost effectiveness. It is not usually a lucrative activity to be a dental consultant at a nursing home. Some of the problems include the loss of earning time when the dentist must leave his office, travel to the geriatric facility, treat patients and then travel back to the office. Travel time obviously decreases the office time available for direct patient treatment and the opportunity to earn what is the usual and customary fees generated by dentists—approximately 100 dollars per hour. The hygienist, on the other hand earns from 13 dollars to 20 dollars per hour. Which she is able to earn in private practice as well as in the nursing home setting. Furthermore, the procedures performed by the hygienist are preventive in nature and less costly than operative dentistry. The hygienist routinely assesses patients' oral health and can signal the dentist early-on in the disease state for his intervention and treatment. This also keeps costs down for the patient.

Number four, the reimbursement mechanism for hygienist not employed directly by the nursing home is awkward for all concerned. Because of the hygienist has not been assigned as a third party provider, fees for services of dental hygienists covered by insurance or by Title 19, must be collected by the dentist who turns these fees over to the nursing home who then pays the hygienist. Since the nursing home is designated as a provider, doesn't it make more sense for them to collect these fees, pay the hygienist their fair salary, thereby simplifying the entire reimbursement process?

Hiring of dental hygienists by nursing homes makes sense. We hope the Committee will support Bill SB 248 and help dental hygiene to help the elderly in nursing homes.

REP. GIONFRIDDO: I just want to ask one question on this, because it relates to this and you might want to address or perhaps other speakers may as well. In

REP. GIONFRIDDO: (continued)

looking at this bill, I guess see some of the issues a bit more simply. We have a simple clause that is being removed from the bill, where it says where dental treatment is provided by the dentist directly for the patient out of the convalescent home. Thereby treating the convalescent home setting in the same manners which we treat other settings. We have went back into the record of the hearings for General Assembly to find out when that was added. Why it was added and discovered that 14 years ago the legislature in adding convalescent homes add this disclaimer to it. Apparently solely because of the concern that convalescent homes would take a cut if they were used essentially as a middleperson in this. Should that be a concern of ours at this point? It seems that is really the single issue raised despite the difficulties of using dental hygienist today over this issue. It truly seems to be the single issue raised by the completion of that clause. Should we be concerned about it?

JEANNE MALONEY: I think the reimbursement issue is probably one of the most confusing and I will defer to the following speaker and then a subsequent one both who are directly involved with reimbursement mechanism. So I let them direct your question directly. Thank you.

REP. GIONFRIDDO: Carolyn Butt and then William Wilcox.

CAROLYN BUTT: Good morning, my name is Carolyn Butt, I am a registered dental hygienist currently licensed to practice in Connecticut.

I wish to express my support for Senate Bill 248. I feel strongly that the Connecticut Dental Hygienists Association is exercising good judgement in its efforts to permit dental hygienists to work directly for nursing homes under general supervision of the dental consultant.

I have personally been engaged in such employment since January 1984. From the very beginning, I have had complete support and cooperation from the dental consultant, in addition to staff, families and, most importantly, the patients.

CAROLYN BUTT: (continued)

Since my employment, the general oral health status of the facility has been greatly improved. On a weekly basis, the needs of patients are assessed and addressed. Dental treatment is coordinated so that the dentist's valuable time is best utilized. It is fair to say I have made a difference and there are other capable hygienists who could do the same.

I believe it is important that you recognize that a vote in favor of this bill would allow delivery of continuous, preventive care to a group that has generally been ignored.

There are far too many elderly patients whose dental needs have been served on an emergency-only basis. Lack of care is the result of dentists' reluctance to give up profitable chair time. In contrast, for the facility to hire a dental hygienist would be cost effective as well as assuring continuity of care.

Nothing that we support here today goes outside the limits of the Practice Act. We want only to be allowed to work in long-term care facilities in cooperation with the dentist, consultant. We wish to use our professional skills and expertise to, number one, evaluate the dental status of the patient. Number two, take necessary x-rays to assist the dentist in his diagnosis, three, refer and/or coordinate any necessary dental treatment, four, provide patients with prophylaxis treatment (teeth cleaning), five, provide staff with current in-service education, and six, instruct the patient, family and/or staff on how to improve oral hygiene status.

Statistics show that the elderly population is on the increase. Accepting this fact, we must act to meet their growing dental health needs. This proposed legislation is long overdue. The dental hygienist has an important role to play. She has been educated to recognize problems and to solve them. Don't waste this talent. Allow her the right to utilize her skills and make these last but important years comfortable for the geriatric patient. Thank you.

59  
cjp

PUBLIC HEALTH

March 5, 1987

JOHN BONEE: (continued)

on them. the burden should definitely placed strictly upon the vendor. And so if in order to get the, that eliminated you had to keep the lower fine, then I support it. But I do think that it would be appropriate to have an infraction be the fine for the first offense. Up to 99 dollars, and then have it be a misdemeanor there after.

With respect to the vending machines, we did pass that in West Hartford, and with respect to the enforcement issue in general, there, when you have a just bill where there is widespread public support. I don't think we should be overly concerned about the enforcement end of it. My experience is that most merchants were so embarassed about selling tobacco product to young people that they basically wanted an excuse not too. I do think though that it is unfortunante that you have reduced the power of the vending machine bill to just put the labels on the machine as opposed to outlawing them all together in the State. I know at the municipal we felt that that was all we could do as a municipality, legally. But certainly if you have the guts to do it, you could get rid of vending machines in the State of Connecticut. And I think that would be a great idea. Thanks alot.

REP. GIONFRIDDO: Thank you, Rita Johnston, then Ellen Adler. I have to also make one announcement. One of the odd things about the sign up sheet today is the sign up sheet is continued to be lengthier than the number of people in the room. But we are obligated to be out of the room at one o'clock, because we do have a Committee meeting and also another Committee will be using this hearing room at that point. We would probably like to do it by 12:45. So if all the speakers would keep it in mind, I think we will probably be concluding about 12:45 here.

RITA JOHNSTON: I am Rita Johnston and I am employed by a non-profit public dental clinic that annually provides comprehensive treatment to over 570 elderly residents of eastern Connecticut. These individuals come to our facility. We speak in support of Committee Bill 248. One of our dentists conducted a survey of the needs of convalescent home patients in three

60  
cjp

PUBLIC HEALTH

March 5, 1987

RITA JOHNSTON: (continued)

facilities and determined that 56% required treatment. Now with diagnosing and finding the treatment needed where are they going to get the care. Many of them are transported to our facility. That is what I want to highlight. Is the cost of transportation to the facilities.

Currently transportation by a medi-van Medicaid will pay 44 dollars, but the 1.50 per mile round trip add 10.25 for one additional attendant. For a private paid patient the cost is 68 dollars plus 2.50 per mile round trip. Add 12.50 for one additional attendant.

The nursing home that we get many of our patients from is one mile from our facility, therefore, the State is paying 44 dollars to transport that patient one mile. It is very costly, provide treatment outside the facility. We support bringing the services to the convalescent homes. Thank you.

SEN. MATHEWS: Just a minute Miss Johnston, we want to ask you a question about the funding. The question that Representative.

RITA JOHNSTON: I cannot ask that, I think another person can.

SEN. MATHEWS: All right, fine, thank you very much. Ellen Adler followed by Ann Steele.

ELLEN ADLER: Good morning, my name is Ellen Adler and I am a registered dental hygienist and a member of the Connecticut Dental Hygienist Association.

I strongly urge you to support SB 248. This bill will allow convalescent or nursing homes to directly hire a dental hygienist. The elderly and often medically compromised patients are being denied comprehensive dental care due to the lack of qualified dental personnel on their staff. This results in patients suffering from pain or discomfort and also loss of their natural teeth. But most important is the early detection of oral cancer.

I hope that we at the Association can count on your support. Thank you.

61  
cjp

## PUBLIC HEALTH

March 5, 1987

SEN. MATHEWS: Thank you very much. Just a minute Miss Adler, are you, would you.

ELLEN ADLER: I believe Ann can answer the question.

SEN. MATHEWS: All right, Ann Steele folowed by R. Whosel. Connecticut Hospice.

ANN STEELE: Good morning Senator Mathews, members of the Public Health Committee. My name is Ann Steele, I am from West Hartford, I am a lobbyist for the Connecticut Association of Mental Health Clinics for Children, which is the statewide association of child guidance clinics. And I am here today to speak in support of the Task Force Study on the impact of health maintenance organizations on the delivery of mental health services in Connecticut. That is SB 249.

We naturally agree with the speakers from the family service agencies. I will, therefore, summarize my remarks.

I would just like to point out a couple of instances that we have found. We have tried unsuccessfully to negotiate contracts with HMO. The result has been twofold. First of all clients who may have had insurance coverage and using the services of clinics and then they switched to an HMO plan might return to the clinic that they had been using previously to discover at that point that the services were no longer cover it.

Another area is clients who are referred to clinics and when they get to the clinic that is when they first learn again that their HMO coverage will not apply to the clinic services.

For the clinics there is also an area of fiscal impact. One clinic in the Bridgeport area did a study for calendar 1986. Looked at clients that had coverage from a local IPA in that community. The clinic served 42 families and children and discovered that they had suffured a revenue loss of about 20,000 dollars. So there is a fiscal impact.

62  
cjp

## PUBLIC HEALTH

March 5, 1987

ANN STEELE: (continued)

Finally I would like to suggest, and this is in the written testimony. Technical changes dealing with the names of the various state associations. And as I recall that is in section 1. Thank you.

SEN. MATHEWS: Thank you very much Miss Steele. Miss Steele are you familiar with, are you aware that any HMO does cover this kind of an expense in the State.?

ANN STEELE: I am aware, and our association is looking into this, incidentally. And we will have additional information. I am aware as I recall of one HMO that has signed up either some or all of the providers as individuals. These providers working in a clinic. But has not signed up the clinic, perse. As a provider.

SEN MATHEWS: Any information you have we would appreciate learning.

ANN STEELE: Yes, we would be working on that.

SEN. MATHEWS: Thank you, R. Herdaler, and then Howard McLaughlin. All right Howard McLaughlin, after that Carol Pompano.

HOWARD MCLAUGHLIN: Good morning, my name is Howard McLaughlin. I am a general practitioner of Denistry in the town of Woodbury. And today I am representing the Connecticut State Dental Association. I would like to comment on SB 248, An Act Concerning Dentists and Dental Hygienists hired by Nursing Homes.

I have all ready distributed to the Clerk the testimony and then a short, hopefully a brief statement to summarize.

I would like to just react to a statement that was made as far as hygienists earning 17 to 20 dollars an hour. And the dentist earning 100 dollars an hour. Let us not forget that the dentis, out of that 100 dollars has to paid the hygienist, dental assistant, the office overhead and equipment, etc. So in affect, we are really talking about apples and oranges.

HOWARD MCLAUGHLIN: (continued)

In 1973, when the present bill was passed, its purpose was to allow the patients in nursing homes the dignity of having dental care provided to them by a dentist of their choice, rather than by a dentist or provided by a nursing home. The law allows that the nursing home to provide the dental facility within the nursing home so that dentists could provide services to individual patients.

The second part of the 1973 law, allowed for the directing of services to the dentists not the nursing home. This was intended to be an incentive so that the dentist would be encouraged to continue to treat elderly patients who enter nursing homes. Approximately 66% of Connecticut nursing home patients are supported by Medicaid, Title 19 funds. Direct payments by the patients reimbursement source makes practical sense. It continues a relationship between the patient and the dentist and helps to provide reimbursement for services rendered as quickly as possible.

Our concerns with SB 248 are simple. One, if the Committee desires to allow any nursing home to own or operate a dental facility we suggest that the language clearly state that such facility be located within the facility and that it be primarily used for the provision of dental care to patients of such facility.

Two, we urge you to reject section 2 of the bill and retain Section 20-12A of the Connecticut Statutes which would continue to allow direct payments to dentists who provide services to nursing home patients by the patients. We believe direct payment to a dentist for services provided the patients in nursing homes, is extremely important to the enhancement of good dental care for their patients.

If the intent of SB 248 is to allow a nursing home to hire a dentist to provide services with an on site dental facility to a patient residing in the nursing home, SB 248 does not do this.

HOWARD MCLAUGHLIN: (continued)

I would add also a statement from the most recent edition of Clear News, which is from the National Clearing House of Licenses and Enforcement of Regulation and affiliated with the Council of State Governments. This statement, "Regulatory Boards lack jurisdiction over non-professional owners of medical practices which serve to hinder for fulfilling our duty to protect public health and welfare. Public protection interests need to be wayed against free enterprise concern on this issue, and appropriate legislative action taken."

Dental care for patients in nursing homes is a major concern of the State Dental Association. As a matter of fact, discussions are now under way to investigate the possibility of developing mobile dental units which would travel to nursing homes and provide a variety of dental care to their patients. We share with the Committee its concern for providing appropriate care to nursing home patients, but caution the Committee in achieving this goal by repealing the direct payment of services to dentists. You need this option for those nursing homes who will not establish a facility and hire a dentist to provide care. Thank you for the opportunity to present our views.

SEN. MATHEWS: Thank you Dr. McLaughlin, is there any questions of Dr. McLaughlin.

REP. COCCO: Senator.

SEN. MATHEWS: Yes, Representative Cocco.

REP. COCCO: I just wonder Dr. is most of your care to nursing home patients given in the facility or is the patient moved to your office for that care?

HOWARD MCLAUGHLIN: Well, I think it involves both. In my experience, and I think the present experience is patients are brought to the dentist facilities and in some instances it also provided at the facility. If in many instances if the facility, the institution has the facilities to provide any type of ongoing care.

65  
cjp

## PUBLIC HEALTH

March 5, 1987

REP. COCCO: Do you care that this bill precludes the using of private dentist for a patient should the patient so desire?

HOWARD MCLAUGHLIN: I don't believe it does preclude it. I think the other point here of the section on the repealing of the direct payment to the dentist acutally may complicate the situation as far as that is concerned.

REP. COCCO: If you could still offer that service yourself privately as well as have the other option offer would you have objection to it or would your association have objection to it?

HOWARD MCLAUGHLIN: I can't directly answer that at the moment without evaluating the question a little bit more thought at the moment, rather than extemporaneously.

REP. COCCO: Thank you.

SEN. MATHEWS: Dr. McLaughlin, one more question. How would you view our (inaudible) in nursing homes to have periodic examinations or cleaning of teeth of their patients?

HOWARD MCLAUGHLIN: I believe, in affect, that it should be a somehow a little bit more clearly defined on the basis of our Public Health Code in which actually right now, and I don't know if I, I really don't feel that this is being particularly well scrutinized or overviewed. On the basis of that the nursing homes by our present Public Health Code, indicates the fact that they are supposed to have a cater of this nature, the evaluation, diagnosis of their situation when they come into the home, if they have not had any prior, within the prior year. On the record. This is not really done, there is no, many times there is not indication that there is no dental care previously provided. And then once a year, at least once a year, this is suppose to be updated by the person who, in affect, is qualified to make an evaluation and diagnosis, which is actually the dentist. Because that is what the Public Health Code says right now.

68  
cjp

PUBLIC HEALTH

March 5, 1987

SHERBIE WORTHEN: (continued)

have used a child guidance clinic for his family and when he returns for the same service finds that he is no longer covered. We are hoping the Task Force will be able to have an opportunity to work with HMO's to offer comprehensive plan of mental health care to Connecticut's residents. Thank you very much.

SEN MATHEWS: Thank you very much, we have Janet Memole and then Sheri Perkowski, Claire Fowler, Brenda Kosick and Jean Hendricks.

JANET MEMOLI: Good morning, my name is Janet Carrol Memoli. Is this the one that is working. And I am an Associate Professor of Dental Hygiene at the University of Bridgeport. I wish to endorse Senate Bill 248 clearly it will bring needed services to elderly populations and nursing homes. For 11 years I have served as the liason between the dental association and the Connecticut State Dental, and the Dental State Hygienist Association and the Dental Association Council on Geriatology. I can attest to the fact that it is difficult and almost impossible at times to require the services of a dentist at a geriatric facility. Organized dentistry knows that, and the Council on Geriatology knows that.

I wish to respond also to the question that was asked before about nursing homes getting into the dental business. Based on my experience, I do not believe that this is an issue here today. That the nursing home wants to take a cut of moneys that are generated through dental services provided. Nursing homes offer dental and dental hygiene services as a convenience to patients. They are not out to make money on this, but to merely to offer another service in house.

Currently there is a Public Health Code that mandates an admissions exam and an annual exam there after. So those services are all ready on the books in nursing homes. And in response to Dr. McLaughlin about nursing homes getting into the dental providing business. The nursing home would not be in the business. The dentist and the hygienist would still use their

69  
cjp

PUBLIC HEALTH

March 5, 1987

JANET MEMOLI: (continued)

professional judgement in assessing, planning, implementing, evaluating their program. The bill would simply clarify what is all ready presently being offered in nursing homes. Their are dental services that are there. We want them to continue. We feel that the dental hygienist is the cost affective person to provide these services. If dentists wish to continue to be paid for their services directly by the patient. Then so be it. We are asking that dental hygienists will be paid by the nursing home. Can be hired directly by the facility so there is s continuity of care when the dentist come and go. There is no way that dentist stay for long periods of time at nursing homes. It is not lucrative for them. I am not faulting them for this. It is a fact of life. They cannot earn in the nursing home what they earn in their private practice. We can.

Last issue, there is a survey being conducted right now by the dental association. They are studying the feasibility of putting a mobile van into action in Connecticut to bring services to the nursing home. But if dentists won't serve in the nursing home, why would they want to serve on wheels. Who is going to man these vans. I don't see this as a solution. I would like to read just a short extract here from a letter from an administrator of a nursing home in Danbury, who has a hygienist on his staff. He says, "I respectively call upon you to examine the benefits to be derived by the proper utilization of the dental hygienist in a nursing home setting. Since the agent have a high utilization of health care and since approximately two thirds of all health care costs for the aging are paid for with public funds it is important for us to move our sites towards assessing the cost effeciency of health technoligies in terms of the overall health care dollar burden on the economy. The tendancy during recent times has been to eliminate serves leaving serious deficits in care, especially for the aged and poor. Both Title 19, and Title 18 require dental services. Without a fully dental office in a nursing home, it is necessary to send patients or residents by amulance or wheelchair van to the office of the dentist. And often this is a problem, because it requires the patient to be

JANET MEMOLI: (continued)

moved out of the facility and you have all ready heard how costly that is, so I will go on. We have utilized the services here of a dental hygienist for the past year with the following positive results. The resident is seen routinely during the year. The number of emergencies requiring an unscheduled visit to the dentist is all most absent. Those procedures requiring the dentist are foreseen and scheduled on a non-crisis basis. Continuing education for the nursing on morning and evening mouth care techniques occurs quarterly which improves the quality of patient care. Proper eating and nutrition takes place because of good teeth or dentures. The hygienist sees several residents per week. To send these residents to the dentists office would cost anywhere from 75 to 93 dollars here in the Danbury area. This is a savings in tax dollars far in excess of the hygienist salary.

All right, last sentence. What has been recorded as a cost sufficient program with proper utilization of professional services, I urge that you recognize both the talents of the hygienist and the savings to be derived by the State. It is signed by Carlton H. Pember III, administrator." I have submitted written testimony.

SEN. MATHEWS: Very good, I do want to ask you a question. The work of the general hygienist in the nursing home, doesn't that have to occur under the supervision of the dentist?

JANET MEMOLI: Absolutely.

SEN MATHEWS: How does that work?

JANET MEMOLI: Well there is a dentist consultant, once he has been acquired, and this is difficult to do, who will come on board to act as a putter outter of fires. When the patient is in pain, when there is a problem, He will be there sometimes to administer the annual exam or the admissions exam. But he necessarily is not there for many more than two to three hours per week. But he is definitely assigned the title of Dental Consultant. Now under the legislative act

71  
cjp

PUBLIC HEALTH

March 5, 1987

JANET MEMOLI: (continued)

of Connecticut, we can work under the general supervision of the dentist. Which means he does not have to be physically present. The hygienist then is hired to come in at least one full day a week and in many instances two full days a week, to become part of the staff and get ownership in this facility, and to get to know patients. When the hygienist examines and finds things to be referred to the dentist. The first option she gives that patient or the family which ever is appropriate is to go to your own private dentist. We are not trying to upsurge the place of the persons own private dentist. These people are elderly, many of them don't have dentists anymore. Their dentist has expired. This is 70 year old people. And their answers are I don't have a dentist right now. I didn't know this was going on. Okay, the next step is you give the name of three qualified dentists in the area. Three ethical men whose work we know as quality work. If the family does not want to and cannot afford to have that person transported out. We give another option. We say there is a dental consultant on board here. If you wish he comes in every Wednesday from 8 to 10:30, would you like to see him. So we are the communicator, we are the link between the patient, the family, the staff, we are good at coordinatng.

SEN. MATHEWS: All right, thank you very much, are there any other questions of Janet Memoli. Thank you. We have four people next who also want to speak on 5937. Sherry Perowski, Claire Fowler, Brenda Kostik and Jean Hendriks. Are they here? All right then we will move on to, oh, I brought you all up together because I think that you recognize that we have to be very brief and if you could complete your testimony and just a minute or two or three, why we would appreciate it. And then we would go on.

SHERRY PEKOWSKI: Good morning, I am Sherry Perkowski, and (HB 5937) this is my daughter Meagan. She is three years old now. She was born with a heart defect, and a lot of other problems. By the time she was 18 months old she had had 9 surgeries including two heart, and two open heart. The bills totalled up to over 300,000 dollars. I am just a middle class person. I have