

Testimony of Marilyn Copeland, CPFDA, CDA, EFDA
Senate Health and Welfare Committee
February 5, 2015

For the record, my name is Marilyn Copeland. I am currently a Vermont-registered Certified Dental Assistant with Radiology Privileges and an Expanded Function Dental Assistant endorsement. I am also a Dental Assisting National Board Certified Preventive Functions Dental Assistant.

I am a 1973 graduate of The Center for Technology, Essex, dental assisting program where I returned in 2003 to successfully complete my EFDA training. Over the years I have taken advantage of every opportunity for continued education in the interest of advancing my knowledge and skill for working and helping people in dentistry. I am active with my professional associations and am a mentor for Traditional Dental Assistants wishing to become recognized in Vermont as a DANB Certified Dental Assistant.

As stated in rule 7.10 of the Vermont Board of Dental Examiners Rules and Regulations, “A CDA or a licensed Dental Hygienist who has successfully completed a formal program in expanded function duties at a program accredited by the Commission on Dental Accreditation of the American Dental Association may be registered as an Expanded Function Dental Assistant.” An EFDA candidate must meet specific prerequisites for acceptance to an EFDA program which include work experience, successful completion of a tooth morphology course, wax carvings and most importantly the sponsorship of a practicing Vermont Dentist who will be responsible for the clinical externship. The sponsoring dentist will oversee and critique the practical competencies that must be completed prior to taking the final “bench test” which is administered using NERB criteria. The VT BODE has set the bar high for education and practical experience in granting EFDA privileges. Having an EFDA on staff will provide the dentist the opportunity to care for additional patients each day. EFDA's are trained to work independently. Once the dentist has completed the operative portion of a cavity preparation, he/she will hand off patient care to the EFDA. Under the direction of the supervising dentist the EFDA will complete the cavity restoration by placing filling materials as directed by the dentist. During this time, the dentist is available to begin care for another patient.

Today, I work with Dr. Robert Ruhl, at our general practice located in Wilmington. We serve patients both in Bennington and Windham counties. Our practice is also affiliated with Southwestern Vermont Medical Center and Brattleboro Memorial Hospital where Dr. Ruhl practices hospital-based dentistry for children and adults with special needs. Because we provide services to all patients regardless of their insurance status it is becoming a greater challenge to manage the cost for providing care. That is why I believe the EFDA model is the best solution for increasing access to care. In order to serve the population within our demographic area without compromising our standard of care, we utilize two EFDA's in our practice to keep access affordable. In my opinion, the proposed Dental Practitioner would not be a viable solution for increasing access to dental care due to the higher cost for employing such an auxiliary.

My experience working in dentistry has taught me that most of the time procedures and services go about as predicted. Occasionally unexpected events occur that require the aid of an expert.

Because an EFDA may only work under the direct supervision of their employer dentists and may only perform services that are considered reversible the patient is assured a standard of care that is no less than that set by the supervising dentist. Because Bill S.20 allows for “general” or indirect supervision of the Dental Practitioner, the DP will be making judgments and performing treatments that cannot be undone. I’m wondering how the standard of care will be maintained? I feel that partnering with a licensed dental practitioner has the potential for increased costs and liabilities for the dentist.

Beyond quality of care, my EFDA endorsement enables the practice to welcome a larger and more economically diverse number of patients. In a way, this allows us to accomplish some of S.20’s policy goals, which as I understand it, are to expand access to dental services, maintain quality standards, and increase affordability. At this time, not many dental practices employ an EFDA despite the benefits of this qualified team member. Knowing this, what benefit would there be in adding an additional dental auxiliary to our list of accredited dental professionals, without fully pursuing already existing models like the EFDA?

Finally, I wish to thank the committee for giving me the opportunity to testify today. As I mentioned earlier, I have over 40 years of experience as a Vermont dental assistant and appreciate you giving me the platform to voice some of my concerns with Senate Bill 20.

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