



Testimony of the  
CT Society of Plastic Surgeons  
CT State Medical Society  
CT Dermatology and Dermatological Surgery Society  
In Opposition to  
HB5654, An Act Allowing Dentists to Perform Certain Facial Therapies  
as Part of Their Dental Practice

Before the Public Health Committee  
February 11, 2019

Good morning, Senator Abrams, Rep. Steinberg, Sen. Somers, Rep. Petit and distinguished members of the Public Health Committee. My name is Patrick Felice and I am a board-certified plastic surgeon and past president of the Connecticut Society of Plastic Surgeons. I am here today on behalf of our organization, as well as the CT State Medical Society and the CT Dermatology and Dermatological Surgery Society representing thousands of physicians in Connecticut to testify in opposition to H.B. 5654 to allow dentists to administer neurotoxins and dermal fillers under their scope of practice.

The bill before you today poses serious patient risks given the fact that 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.”

It is important to understand that a surgical error of just a few millimeters can result in a punctured eyeball with resulting catastrophic vision loss. Such errors could also result in a perforated blood vessel, which connects to the back of the eye and can cause immediate and permanent vision loss. Another severe risk is misdiagnosing a cancerous lesion as benign, and then improperly injecting it, which can result in the spread of cancer.

It took over 30 years of research and development to derive clinical uses of botulinum toxins to treat serious medical conditions, such as cervical dystonias, cranial nerve VII disorders, benign essential blepharospasm, general spasticity, strabismus, migraine headaches, hyperhidrosis, vocal cord dysfunction, anal fissures, urinary incontinence, bruxism, vasospastic disorders of the hand, and other conditions. Botulinum toxins are now an established component of facial rejuvenation but present serious risks to patients when not administered properly.

I have seen the complications and the disfiguring results that can occur when patients come to me to address these complications and repair the damage. In fact, I have discussed these complications in the past before this very committee. Given that dentists do not have hospital privileges, who will treat their complications?

To ensure patient safety and promote quality of care, it is important to appreciate the training differences between surgeons and dentists.

Doctors of Dental Surgery (DDS) and Doctors of Medicine in Dentistry (DMD) complete four years of dental school following graduation from an undergraduate program.

In contrast, plastic surgeons must attain a core medical and surgical education while completing seven to ten years of training, which includes increased responsibility and decision-making authority in the hospital setting. Board-certified plastic surgeons must: (1) earn a medical degree; (2) complete three to six years of full-time experience in a residency training program accredited by the Accreditation Council for Graduate Medical Education (ACGME); and (3) the last three years of training must be completed in the same program.

Similar to the rigorous training requirements that plastic surgeons complete, oral and maxillofacial surgeons also undergo extensive postdoctoral training – including completion of a four-to-six-year, hospital-based surgical residency program – in order to perform surgery specifically in the maxillofacial region. It is through this depth and duration of residency training that they attain the necessary skills to perform complex surgical procedures

Some DDS or DMD graduates elect to further their training by completing medical school, a residency program in oral and maxillofacial surgery, a minimum of 24 months of surgical rotations under the direction of a general surgery program, and three years of concentrated plastic surgery training in an ACGME accredited plastic surgery program. Only dentists with this advanced training achieve the necessary proficiency and experience to perform surgery in the maxillofacial region and are therefore eligible for plastic surgery surgical privileges. This additional training affords them the advanced knowledge and experience to deal with complex surgical issues. Exposing patients to surgery performed by practitioners who do not have that knowledge and experience compromises safety.

Allowing dentists who have not also fulfilled the requisite medical school and postdoctoral residency training to inject botulinum toxin neuromodulators and dermal fillers in this region would jeopardize patient safety and lower the standard of care in Connecticut.

Finally, I would like to mention that in 2011, the Connecticut General Assembly passed Public Act 11-209 to create a scope of practice review process within the Connecticut Department of Public Health. Under this process, organizations submit proposals to the department and committees of interested

parties are organized to review the request, study its implications and make recommendations. The proposal before you today has not been submitted to the department for review and consideration.

On behalf of the patients of the state of Connecticut, we urge your opposition to HB 5654.

Thank you for your consideration.