



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

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THE PLASTIC SURGERY
FOUNDATION™



October 1, 2019

Ms. Karen G. Wilson
Healthcare Quality and Safety Branch
Connecticut Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134

RE: Connecticut State Dental Association's Scope of Practice Request

Dear Ms. Wilson,

On behalf of the Connecticut Society of Plastic Surgeons (CSPS) and the American Society of Plastic Surgeons (ASPS), we are writing in opposition to the Connecticut State Dental Association's (CSDA) scope of practice request that would allow dentists to administer botulinum neurotoxin and dermal fillers on patients in the state. The Connecticut Society of Plastic Surgeons is the largest association of plastic surgeons in the state and, in conjunction with our national affiliate, ASPS, we represent 94 board-certified plastic surgeons in Connecticut. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety.

Per your request, below please find responses to your specified questions regarding the impact of the dental scope expansion request:

1) A plain language description of the request:

In CSDA's scope of practice request they urge the Department to review and amend the Dental Practice Act in order to change dental scope of practice to allow dentists to "administer botulinum neurotoxin (Botox, Xeomin, Dysport, etc) and dermal fillers (Juvederm, Restylane, Sculptra, etc) for the functional or cosmetic enhancement of the gums, cheeks, jaws, lips, the oral cavity and associated structures of the maxillofacial areas. The dentist must have either received satisfactory training in a dental institution accredited by the Commission on Dental Accreditation (CODA) or successfully completed a specific training program/continuing education course, such as required by the American Academy of Facial Esthetics (AAFE), in injectables and facial fillers. (The American Dental Association recognizes the AAFE as the premier choice for Botox and dermal fillers training/continuing education). This must be limited to the practice of dentistry and related to the delivery of a patient's comprehensive dental treatment."

The American Society of Plastic Surgeons and Connecticut Society of Plastic Surgeons **oppose** the dental scope of practice request from the Connecticut State Dental Association (CSDA) because it would authorize dentists to administer botulinum neurotoxin and dermal fillers, which we believe is outside their scope of practice and level of training. We support the state's current scope of practice outlined in Chapter 379 – Dentistry, which explicitly prohibits dentists from performing cosmetic procedures

including injections of botulinum neurotoxin and dermal fillers outside the oral cavity, its contents, or the jaws.

2) Public health and safety benefits that the requestor believes will occur if the request is implemented and, if applicable, a description of any harm to public health and safety if it is not implemented;

As surgeons, we encourage you to maintain the high level of patient care that has been established and maintain current standards that permit only licensed Medical Doctors (MD) or Doctors of Osteopathic Medicine (DO) who meet appropriate education, training, and professional standards to perform surgery in the maxillofacial region.

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.”

This is one of the most clear, comprehensive, and appropriate definitions of dental practice in the United States. Many states want to ensure that dentists do not practice outside their training but fail to achieve their policy goal because their laws are not as well-crafted as Connecticut’s. That Connecticut statute is this definitive – and this specifically focused on facial cosmetic medical procedures – speaks to the fact that the legislature (1) understood dentists’ desire to stretch beyond their capabilities, (2) understood the public safety risk in that practice dynamic, and (3) moved in a concerted fashion to stop that specific practice.

Current statute is appropriate, because there are serious patient risks involved with allowing these injections into the dental scope of practice. For example, a surgical error of just a few millimeters can result in a punctured eyeball and 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. Further complicating this issue, dentists do not have hospital admitting privileges to treat the potential complications that do occur. In a situation where time is of the essence, the absence of hospital privileges is a significant safety issue.

Unfortunately, our members are all too familiar with nightmarish stories of patients who fall victim to poorly trained individuals who perform procedures that fall squarely outside of their scope of practice. For example, a patient named Carol went to a provider for a common cosmetic procedure – the kind that thousands of women and men have every day. However, she made a common mistake: she didn’t consult a board-certified plastic surgeon. The provider injected substances into Carol’s face that resulted in a severe, adverse reaction that caused her face to become permanently disfigured. Worse still, the provider had no idea what caused the reaction or how to treat the complications, changing Carol’s life forever. Unfortunately, patients like Carol are forced to deal with life-altering consequences, such as disfigurement and loss of vision, following botched surgical procedures, even when the

procedures are “only” administered by injection. We encourage you to watch Carol’s story for yourself at www.plasticsurgery.org.¹

Even purely cosmetic injections carry the risk of surgical error. ASPS’s policy statement on the administration of botulinum toxin neuromodulators – enclosed for your review – goes into great detail on the background of the development of injecting botulinum toxins and other similar therapies. 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.

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

We believe that this scope of practice request will have a limited impact on third party reimbursement since cosmetic medical procedures are traditionally not covered by insurance carriers.

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

This proposal would not increase public access to health care as these are cosmetic procedures and there is no deficiency to access to cosmetic procedures. In their scope of practice request, CSDA argues convenience for patients instead of access, and it uses only flimsy, anecdotal assertions to “prove” that there are true access issues. The argument would be akin to arguing that for patient convenience, they should also be allowed to perform cardiac surgery. At any rate, convenience should not be a value that overrides patient safety, especially when dentists do not have the requisite medical training to perform the requested procedures and there could be negative patient outcomes if the request is granted. We hope the Department prioritizes patient safety above all else to ensure quality health outcomes for Connecticut’s patients.

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

Under current statute, Chapter 379, Section 20-123 – Dentistry, “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. 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.” ASPS and CSDA support the current dental scope of practice established by the state.

6) The state’s current regulatory oversight of the profession

According to Chapter 379 - Dentistry, the Connecticut Commission of Public Health, with advice and assistance from the Dental Commission, can implement regulations related to dental scope of practice. The Connecticut General Statute, Chapter 379, licenses and regulates physicians in the state. These provisions outline requirements for licensure and continuing medical education. The statute provides additional levels of oversight by requiring physicians who practice office-based surgery to obtain both a Certificate of Need and a license from the Department of Public Health.

¹ <https://www.plasticsurgery.org/video-gallery/carols-story-who-to-trust-with-your-plastic-surgery-journey>.

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

Doctors of Dental Surgery (DDS) and Doctors of Medicine in Dentistry (DMD) complete four years of dental school following graduation from an undergraduate program. They are trained for primary dental care, including gum care, root canals, fillings and crowns. This current level of training does not prepare them to perform botulinum toxin injections and dermal fillers. Additionally, CSDA argues that dentists should be allowed to perform these procedures if they complete an additional training program/continuing education course, such as offered by the American Academy of Facial Esthetics (AAFE). We caution the Department that these education programs are not accredited and pose serious patient safety risks. For example, the American Academy of Facial Esthetics offers two-day programs with the option of participants completing an “On-Demand” online video to satisfy one of their education days – leaving them with just only one day of in-person training.² Even more troubling is that dentists could also just watch the “On Demand – Botox & Dermal Filler” video, complete a brief questionnaire, and then receive ADA CERP CME course credit, which under the guidelines of the proposed scope request would then allow dentists to perform botulinum toxin injections and dermal fillers with absolutely no hands-on training.³ Both of these education options fail to offer dentists in-person training on how to properly perform the procedures, but also respond to patient complications.

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 surgical 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. Throughout this education, plastic surgeons are trained in all plastic surgery procedures, including breast, body, face and reconstruction.

ASPS and CSPA members in Connecticut must also abide by the high standards set in place by 1) the accredited medical facilities (hospitals, ambulatory surgery centers, etc.) where they perform procedures, 2) The American Board of Plastic Surgery, 3) the Accreditation Council for Graduate Medical Education (ACGME), 4) The American Board of Medical Specialties, 5) the Centers for Medicare & Medicaid Services, and 6) the Connecticut Medical Examining Board.

Exposing patients to surgery performed by practitioners who do not have the requisite knowledge and experience compromises safety.

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

There have been no dental scope of practice requests made to the Connecticut Department of Public Health within the past five years. During the 2019 legislative session, Rep. David Carney introduced H.B. No. 5654, which would allow dentists to perform cosmetic medical procedures such as botulinum toxin injections and dermal fillers within their dental scope of practice. When the Joint Public Committee on Public Health held a hearing on this bill in February 2019, 10 medical specialties including the American Society of Plastic Surgeons voiced their strong opposition to the bill and scope expansion. Additionally, the Connecticut Department of Health voiced their opposition to the bill because “without the benefit

² <https://www.facialesthetics.org/courses-events/botulinum-toxins-dermal-filler/>

³ <https://www.facialesthetics.org/product/demand-botox-dermal-filler-volume-2-login-will-emailed-1-2-business-days/>

of a formal scope of practice process that would include an assessment of any public health and safety risks that may be associated with this request.” We encourage the Department to take into consideration the strong opposition to this scope of practice by not just ASPS, but the House of Medicine in the state.

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

As previously noted, dentists do not have the requisite medical education and training to respond to complications that arise from cosmetic surgical procedures. When complications arise for which dentists are not clinically trained to triage, dentists will be forced to refer patients to physicians to manage complications. If the provider is not trained to treat the known complications of the procedure, then we do not believe they should be permitted to perform the procedure.

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

We believe that patient safety and quality health outcomes are the most important components of a health care delivery system, and therefore, encourage the Department to value these factors above all else when evaluating this scope of practice request. With that being said, it is also important to note that the CSDA’s analysis provided in their scope request for this section was misleading. The document cites a statement from a blog post entitled, “*Competition Keeps Health Care Costs Low*,”⁴ rather than the actual Stanford University study referred to in their original request, “*Physician Practice Competition and Prices Paid by Private Insurers for Office Visits*.”⁵

We encourage the Department to read the actual study, which takes a look at physician competition and most importantly the reimbursement rates by private preferred provider organizations for office visits for only 10 specialties – none of the specialties were plastic surgery or a dental specialty. We believe it is inappropriate to use the findings from this study when determining whether to expand dental scope of practice for cosmetic procedures because the study looks at insurance reimbursement rates, which would not be a factor for consideration since cosmetic medical procedures are traditionally not covered by insurance plans. Additionally, the study does not analyze how expanding competition amongst different specialties and providers will impact health care costs. ASPS does not believe that CSDA has provided a factual economic impact on their scope of practice request that outweighs the serious risks to patient safety that this proposal will have on patients in the state.

11) Regional and national trends in licensing of the health profession making the request and a summary of relevant scope of practice provisions enacted in other states;

The statistics provided by CSDA are misleading because they imply that a majority of states have regulations or policy positions in place authorizing dentists to administer Botox and dermal fillers. The truth is that only 27 states have ANY laws in place clarifying whether dentists can do injectable procedures, and many of those explicitly and/or effectively prohibit the use of injectables outside the oral cavity⁶

⁴ <https://scopeblog.stanford.edu/2014/10/21/competition-keeps-health-care-costs-low-stanford-study-finds/>

⁵ Baker, L. C., Bundorf, M. K., Royalty, A. B., & Levin, Z. (2014). Physician Practice Competition and Prices Paid by Private Insurers for Office Visits. *Jama*, 312(16), 1653. doi: 10.1001/jama.2014.10921

⁶ <https://dentox.com/state-by-state-dental-botox-regulations/>

12) Identification of any health care professionals that can reasonable be anticipated to be directly affected by the request, the nature of the impact, and efforts made by the requestor to discuss it with such health care professionals;

As previously mentioned, 10 medical specialties including ASPS and CSPA have voiced their strong opposition to an expansion of dental scope of practice to the Connecticut General Assembly, specifically citing concerns related to patient safety. It is also important to note that the Connecticut State Dental Association has not conducted independent outreach to either of our organizations regarding their scope of practice request and the nature of its impact. They also have not documented any outreach to other medical organizations regarding their scope of practice request.

13) A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training

As previously described in response to Questions 2 and 7, ASPS believes that there are serious patient risks involved with allowing dentists to administer botulinum toxin and dermal fillers as part of dental scope of practice given the fact that dentists lack the medical and clinical training necessary to perform these procedures. Given the possibility of complications arising from these procedures, we believe it is critical that procedures are performed only by physician surgeons who have the comprehensive training and board certification to handle those complications when they do occur.

We thank you for your commitment to improving patient safety in Connecticut. For the reasons listed above, we urge you to reject this scope of practice proposal. Please do not hesitate to contact Patrick Hermes (ASPS) at phermes@plasticsurgery.org or Lisa Winkler (CSPA) at lisa@grassrootsct.com with any questions or concerns.

Sincerely,



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President, American Society of Plastic Surgeons



Thomas Sena, MD
President, Connecticut Society of Plastic Surgeons

CC: Ms. Kristina Diamond
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