



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

444 East Algonquin Road • Arlington Heights, IL 60005-4664

847-228-9900 • Fax: 847-228-9131 • www.plasticsurgery.org



THE PLASTIC SURGERY
FOUNDATION™



February 08, 2019

The Honorable Mary Abrams
Co-Chair, Public Health Committee
Legislative Office Building, Room 3002
Hartford, CT 06106

The Honorable Jonathan Steinberg
Co-Chair, Public Health Committee
Legislative Office Building, Room 3004
Hartford, CT 06106

RE: Opposition to H.B. 5654

Dear Co-Chairs Abrams and Steinberg,

On behalf of the Connecticut Society of Plastic Surgeons (CSPS) and American Society of Plastic Surgeons (ASPS), we are writing in opposition to H.B. 5654, which would allow dentists to administer neurotoxins and dermal fillers within their scope of practice. 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 93 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.

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. If passed, the bill would allow dentists to perform procedures that fall squarely outside the scope of dentistry – and thus beyond a level appropriate for a dentist’s training and clinical capacity.

There are serious patient risks involved with allowing these injections into the dental scope of practice given the fact that dentists lack clinical training to perform surgery outside of the oral cavity. For example, 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.

While some injections are intended for cosmetic use, the risk of surgical error listed above still exists. In terms of cosmetic injections, 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.

To ensure patient safety and promote quality of care, it is important to appreciate 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. Through this additional training, dentists 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. We therefore urge you to not bring this bill forward. Please do not hesitate to contact Patrick Hermes, Director of Advocacy and Government Relations, at phermes@plasticsurgery.org or (847) 228-3331 with any questions or concerns.

Sincerely,



Alan Matarasso, MD, FACS
President, American Society of Plastic Surgeons



Thomas Sena, MD
President, Connecticut Society of Plastic Surgeons

cc: Members, Public Health Committee