

House Health & Human Services

04/22/2025 01:30 PM

SB25-194 Sunset Dental Practice Act

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Jessica Jack For themselves	<p>Chairperson, Members of the Committee:</p> <p>My name is Dr. Jessica Jack. I am a board-certified pediatrician. I've dedicated much of my career to advancing health equity through innovative models of care—especially those that integrate medical and dental services. I also serve on the Colorado Cancer Coalition and have led statewide initiatives to improve human papillomavirus (HPV) vaccination rates across urban and rural counties in our state.</p> <p>I come to you today not only as a physician but as an advocate for evidence-based, community-centered solutions that protect and improve the health of all Coloradans. Most recently, I co-authored a study published in <i>Pediatrics</i>, the official journal of the American Academy of Pediatrics, titled "Improving Human Papillomavirus Vaccine Delivery in Dental Clinics" (April 2025). This research, conducted in collaboration with Denver Health's Federally Qualified Health Centers, demonstrated that when dental professionals are engaged in HPV vaccine delivery—through education, referral, and even administration—we saw measurable increases in vaccination rates among adolescents.</p> <p>Why does this matter? Because HPV-related cancers are preventable. And yet, Colorado's vaccination rates remain far below our national goals—especially in marginalized communities with limited access to pediatric care. By the time many children reach adolescence, they are more likely to see a dentist than a primary care provider. This is particularly true in our state's FQHCs and school-based health centers, where routine dental visits are often the only consistent point of healthcare contact.</p> <p>Through my medical-dental integration work, we've proven that dental clinics can serve as critical access points for preventive</p>

	<p>services—like immunizations—when we break down outdated silos in healthcare delivery. Our study showed that with proper training, workflow support, and policy alignment, dentists and dental hygienists are well-positioned to contribute to vaccine equity efforts, especially for vaccines like HPV that are time-sensitive and underutilized.</p> <p>Expanding the scope of practice to allow dentists and hygienists to administer vaccines would not only enhance public health infrastructure, it would save lives. It also reflects a modern, common-sense approach to healthcare—one that anticipates the needs of the future and empowers trusted providers across disciplines to meet those needs where people already are.</p>
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April 22, 2025

The Honorable Kyle Brown
Chair, Committee on Health & Human Services
Colorado House of Representatives
200 E Colfax Avenue
Denver, CO 80203
Delivered electronically

RE: Oppose CO SB 25-194 – Sunset Dental Practice Act

Dear Chairperson Brown/Members of the Committee on Health & Human Services:

On behalf of the undersigned organizations, we are writing to share our concerns regarding Senate Bill 25-194, which would make changes to the “Dental Practice Act.” We are specifically concerned with language in Section 10 12-220-305 (1)(u) and Section 24 12-220-504 (1)(d). Section 10 12-220-305 (1)(u) would amend the practice of dentistry to include the ability to order and administer neuromodulators and dermal fillers to dental patients of record for therapeutic and cosmetic purposes. Whereas Section 24 12-220-504 (1)(d) would add administering neuromodulators and dermal fillers for therapeutic and cosmetic purposes under the direct supervision of a dentist or delegation by a physician to what constitutes dental hygiene. These are medical procedures that should require medical education, training, specific knowledge of facial anatomy (especially around the eyes) and the ability to manage the specific complications that may arise.

Procedures by any means, methods, devices or instruments that can alter or cause biologic change or damage the skin and subcutaneous tissue constitute the practice of medicine and surgery. This includes the use of foreign or natural substances by injection or insertion.^{i,ii} Our organizations believe that the medical procedures dentists and dental hygienists are seeking to perform which use Food and Drug Administration (FDA)-regulated devices, such as those that can alter or cause biologic change or damage, should only be performed by a physician or appropriately trained non-physician personnel under the direct, onsite supervision of an appropriately trained physician.ⁱⁱⁱ This legislation jeopardizes patient safety and disregards what is considered adequate and appropriate medical education and training. Quality patient care includes evaluating a patient’s needs and condition(s), selecting an appropriate course of treatment and providing adequate follow-up care.

With the growing public demand for facial fillers and neuromodulators, providing patients with properly trained, educated, and supervised medical personnel is a safeguard Colorado should have for its citizenry. Fillers and neuromodulators can also be used to treat scars from injury and surgery, as well as from medical conditions; other applications include correcting facial asymmetries resulting from congenital, accidental, or medical conditions. Our utmost concern is to ensure that these products are safely administered by licensed and qualified physicians or under the direct, on-site supervision of a licensed and qualified physician. As with other cutaneous procedures, it is necessary to receive adequate training before using soft-tissue augmentation agents. Physician injectors should first be made to demonstrate a detailed knowledge of anatomy and possible adverse events (such as sensitivity, infection, and necrosis) through passing an American Board of Medical Specialties (or an ABMS-equivalent Board) examination in one of the CORE aesthetic specialties after residency training in one of these disciplines.^{iv}

According to the American Dental Association, three or more years of undergraduate education plus four years of dental school is required to graduate and become a general dentist^v and dental hygienists receive anywhere from two to four years of education, resulting in an associate degree, baccalaureate, or master's degrees, in some cases.^{vi} The focus of their education is on oral health, rather than the skin and facial tissue. Dentists and dental hygienists are not required to demonstrate competency in procedures involving skin and soft tissue augmentation with products that can alter or damage living tissue. It is of utmost importance that the physician or nonphysician clinician performing procedures with botulinum toxin or dermal fillers have specific, long-term training (such as a medical residency in dermatologic surgery, plastic surgery, facial plastic surgery or oculofacial plastic surgery). The education for dental hygienists does not include this type of intense training; additionally, any short-term training program offered by manufacturers of these products does not adequately protect patient safety.

Physicians complete medical school, residency and in many cases specialized fellowship and then board certification in their specialty. Some medical specialties like dermatology, plastic surgery, facial plastic surgery and oculofacial plastic surgery have focused training in using fillers and neuromodulators involving the skin and adjacent structures, which prepares physicians to perform medical procedures using fillers and neuromodulators safely and effectively. Included in this training is proper technique, and the management of any adverse events. Furthermore, the American Medical Association (AMA) states that, "Cosmetic medical procedures, such as botulinum toxin injections, dermal filler injections, and laser and intense pulsed light procedures, be considered the practice of medicine."^{vii}

During a 2021 meeting of the FDA's General and Plastic Surgery Committee on Soft-Tissue Fillers, the American Society for Dermatologic Surgery's Task Force on Soft-Tissue Fillers found that knowledge of vascular anatomy is *crucial* for all filler injections. **Intravascular injection is possible at any location on the face, but certain locations carry a higher risk, such as filler embolization; necrosis; visual abnormalities; blindness; and stroke.**^{viii} Thus, we are in firm agreement with the FDA's further updated consumer guidance in 2023 that anyone considering a neurotoxin or dermal filler consult with a licensed provider who is experienced in injecting dermal fillers, knowledgeable about fillers, anatomy, managing complications and knows the risks and benefits of treatment.^{ix}

In 2024, the AMA adopted policy on Dentist Scope of Practice Expansion, recognizing "the threat posed to patient safety when dentists and dental hygienists are authorized to practice medicine and administer procedures outside their level of education and training."^x Simply put, neither dentists nor dental hygienists have the same extensive training physicians have, especially when it comes to adverse event management beyond the dental cavity.

To best protect the citizens of Colorado from adverse events and ensure quality patient care, we urge you to amend SB 25-194 to remove Section 10 12-220-305 (1)(u) and Section 24 12-220-504 (1)(d). Thank you for your strong consideration on this matter. Should you have any questions regarding this critical patient safety issue, please do not hesitate to contact Kristin Hellquist, Chief Advocacy Officer at the American Society for Dermatologic Surgery Association, at khellquist@asds.net.

Sincerely,

Colorado Dermatologic Society
American Academy of Dermatology Association
American Society for Dermatologic Surgery Association

ⁱ ASDSA Position Statement on the Practice of Medicine. <https://www.asds.net/Portals/0/PDF/asdsa/asdsa-position-statement-definition-of-the-practice-of-medicine.pdf>

ⁱⁱ AADA Position Statement on Medical Spa Standards of Practice. <https://www.aad.org/Forms/Policies/Uploads/PS/PS-Medical%20Spa%20Standards%20of%20Practice.pdf>

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- iii ASDSA *Position Statement on Delegation*. <https://www.asds.net/Portals/0/PDF/asdsa/asdsa-position-statement-delegation.pdf>
- iv Gladstone H, Cohen J. Adverse Effects When Injecting Facial Fillers. *Semin Cutan Med Surg*. 2007 Mar;26(1):34-9.
- v General Dentistry. Retrieved from <http://www.ada.org/en/education-careers/careers-in-dentistry/general-dentistry>.
- vi Dental Hygienist Education and Training Requirements. Retrieved from <http://www.ada.org/en/education-careers/careers-in-dentistry/dental-team-careers/dental-hygienist/education-training-requirements-dental-hygienist>
- vii Addressing Safety and Regulation in Medical Spas. Retrieved Aug. 6, 2024. <https://policysearch.ama-assn.org/policyfinder/detail/dermal%20fillers?uri=%2FAMADoc%2Fdirectives.xml-0-1174.xml>
- viii Jones D, Fitzgerald R, Cox S, Butterwick K, et al. Preventing and Treating Adverse Events of Injectable Fillers: Evidence-Based Recommendations From the American Society for Dermatologic Surgery Multidisciplinary Task Force. *Dermatol Surg* 2021;47:214-26.
- ix Filling in Wrinkles Safely. Accessed Aug. 6, 2024. Retrieved from <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm049349.htm>
- x Protecting Patients from Inappropriate Dentist and Dental Hygienist Scope of Practice Expansion. Retrieved Aug. 6, 2024. <https://policysearch.ama-assn.org/policyfinder/detail/scope%20of%20practice%20dentist?uri=%2FAMADoc%2Fdirectives.xml-D-35.974.xml>