

The Honorable Barbara L'Italien, Chair
The Honorable Tackey Chan, Chair
Joint Committee on Consumer Protection and Professional Licensure
State House Room 109-E
Boston, MA 02133

Dear Chairwoman L'Italien and Chairman Chan,

Thank you for this opportunity to testify in support of H.1980. My name is Alan Budd. I currently live in Needham, but I am originally from Newton. I have practiced general dentistry in the Commonwealth for the past 34 years. In addition to being a dentist, I am also the Program Director of the Massachusetts Dental Society's Dentist Assistance Program, which is a peer support network for dentists with substance use and other mental health problems. The Dental Society represents approximately 80 percent of all dentists in Massachusetts. On behalf of the Society and myself, I urge you to vote favorably on this legislation. This legislation is of the utmost importance to our patients, whose safety is our first priority.

Access to prescriptions puts dentist at risk for misusing substances. For decades, studies have shown that 10 percent of dentists misuse substances at some point in their careers. Unfortunately, this problem isn't going away anytime soon. How can we help these providers?

The answer is diversion, which in this sense means referring to treatment instead of punishment; similar to what drug courts do. This legislation directs the Board of Registration in Dentistry to have at its disposal a confidential alternative to the traditional public, punitive measures.

Diversion programs are the gold standard in recovery circles. These evidence-based programs are used in many states, and in Massachusetts by the Medical and Nursing Boards with tremendous success. Recovery rates for the population at large for addiction is in the range of 30-40 percent. For medical professionals the recovery rate is 80-90 percent with a very low relapse rate.

In fact, the Dental Board had one such program for years called the Massachusetts Professional Recovery System, or MPRS. Unfortunately, that program does not exist today. Since MPRS was disbanded, not a single dentist has come forward voluntarily seeking help. Without that confidential option, a dentist practicing impaired will avoid detection at any cost. He or she will go "underground"—figuratively and sometimes literally.

Diversion brings the problem out of the shadows, as my history shows. I am a person in long-term recovery. When I needed help, the Dental Board diverted my case to the MPRS. The MPRS facilitated my path to recovery, and it did that by providing compassionate, and most importantly, confidential assistance that included referrals to treatment and monitoring my progress for five years. I don't know where I would be today if it weren't for that program, and I am extremely grateful for it. It made it possible for me to get help without being subjected to stigma. It helped me become a whole person, a productive citizen, a safe provider, and an appropriate prescriber of prescription medications. And it made it possible for me to work to make a difference in the lives of my colleagues afflicted with this disease, their families, their communities, and of course, their patients.

That is why the Massachusetts Dental Society fully supports this bill. Bill H.1980 calls upon the Dental Board to use diversion, which is a proven successful method to get healthcare professionals the help they need and their patients the protection they deserve. I urge you to support this bill and I thank you again for the opportunity to speak to you today.

Sincerely,

Dr. Alan Budd

Program Director
Dental Assistance Program
Massachusetts Dental Society