

## PEOPLE'S HEALTH & WELLNESS CLINIC

553 North Main Street, Barre, Vermont 05641

802-479-1229 (phone); phwc@sover.net (e-mail)



Testimony to House Government Operations Committee, April 14, 2016

Re: S. 20 – Dental Therapists

Madam Chair and Members of the Committee,

Thank you for the opportunity to present my testimony in writing on S. 20, a bill to authorize Dental Therapists to practice in the State of Vermont. My name is Peter Youngbaer, and I'm testifying as the Executive Director of the People's Health & Wellness Clinic (PHWC), located in Barre. We have served the greater central Vermont community for 22 years now, and I'm in my tenth as Executive Director. PHWC is one of Vermont's 10 free clinic programs, and a member of the Vermont Coalition of Clinics for the Uninsured (VCCU), where I am the current President of the Board. Both PHWC and the VCCU are in favor of S. 20, relating to Dental Therapists.

As the Executive Director of a clinic for the uninsured and underinsured, I can tell you that access to oral health is the single largest problem facing our patients. Last year, 44% of our patients had not seen a dentist in more than five years, or never. Let me tell you what it's like for these individuals.

For preventive work, the only option is self-pay, often beyond the reach of our patients without insurance. For those with Medicaid, it's rare to find a dentist willing to take a new patient. At our clinic, we helped hundreds of people sign up for Medicaid through Vermont Health Connect, but the dental benefit is a benefit on paper only, if no one will see you. Further, the health plans on Vermont Health Connect have no oral health benefit for adults. General Assistance Emergency Vouchers are available for those completely financially destitute and in such pain that an extraction is needed, but only two providers in central Vermont accept them. That leaves the hospital emergency room as the only alternative for care, where they may receive an antibiotic or painkiller, but no treatment for the underlying issues. To allow this suffering to continue unaddressed is unacceptable.

*MISSION: To provide primary health care and wellness education to the uninsured and underinsured community members of Central Vermont who cannot otherwise afford these services.*

In response to this crying community need, nearly three years ago, in July, 2013, we began a dental referral program with a small group of central Vermont dentists. This came about after a year and a half of planning, studying various models, and outreach to area dentists. We had dentists, hygienists, the Health Department, and our own board and staff on the planning committee. Patients eligible for referral must have no insurance, and are screened for income eligibility. Our Oral Health Case Manager, a registered dental hygienist (RDH), matched the patient with a participating dentist, who agreed to treat the patient for free, one at a time. This is a very limited service, as match ups aren't always available. We needed to do far more.

Dentists will tell you that most of what they see can be prevented. That's why, in November, 2014, PHWC began a new on-site hygiene and oral health education service for our patients. It had been only one day a week, but thanks to a new annual donation from Central Vermont Medical Center, we added a second day a week of purely on-site hygiene treatment. CVMC recognized the priority need for adult oral health care in its 2013 Community Health Needs Assessment. Our hygienist/oral health case manager also sees additional patients on her second day, but primarily devotes this day to arranging and following up on the referrals to dentists and case management. Still, this is really only a drop in the bucket, but we hope this will head off the need for more involved and expensive treatment later on for at least some people.

While hygiene services are an excellent upstream preventive program, the demand for comprehensive oral health is simply overwhelming. It has been for years, and is destined to remain so unless there is additional provider capacity brought to the system. We did a sample tracking for two weeks, and found that we turned away 18 people during that period, or a rate of 468 a year.

The primary goal of S. 20 is to increase access by creating a mid-level, highly-trained member of the dental practice team. The newly-licensed Dental Therapists will practice under the general supervision of a dentist. It's important to appreciate the distinction between general supervision and direct supervision, which requires a dentist to be present on site. Under general supervision, in addition to be able to work at a dentist's practice, it enables the Dental Therapist to practice off-site - such as in our Clinic, schools, or other public health settings - thus creating far more opportunities to serve the public, while not restricting the time of dentists, whose time is already in short supply.

This is not a new model for Vermont. It's the model we use for our hygiene program, where the hygienist works under the general supervision of a dentist who is not on site. This enables our hygienist to see patients all day long, greatly increasing the number of people able to be served. Of course, she is only doing hygiene and oral health education, and assessing patients for referral to dentists for more involved care, if one is available. We have a great dentist, and we're very appreciative of his involvement. Our sister clinic in Addison County, the Open Door Clinic, just recently began a similar service. This is being provided at the Bristol federally qualified health center, who is opening their facility for use by Open Door. The director of that FQHC dental program, by the way, is Dr. Patrick Rowe, a dentist who is the former State Oral Health Director for the Vermont Department of Health, and has testified in favor of S. 20 as an excellent economic model for his FQHC clinic. This is a model that works, that we already have in place in Vermont, and we're glad to see it in S. 20, as it will provide the greatest access to underserved people.

This past summer, I was privileged to attend an oral health conference in Minneapolis, Minnesota. Minnesota passed their Dental Therapist legislation back in 2009, and they now have some 75 dental therapists practicing throughout the state. I met a couple of them at their work sites, which we visited on a field trip. One was a school-based clinic – the Anderson United Community School - in a neighborhood with a high low income population, including many immigrants (Minneapolis is a major refugee resettlement community), as well as a high native American population. The second site was the state of the art Apple Tree Mounds View Clinic, where Dental Therapist are highly valued as members of the dental team. This clinic, in addition to preventive and general dentistry, specializes in sedation dentistry and special needs populations, including geriatric patients, mobility impaired, and developmentally disabled. In both instances, it was abundantly clear that the Dental Therapists were increasing access to care for many underserved in the community – from children to seniors.

At the conference, we heard from a variety of speakers, including Dean Assael, who testified before this committee earlier this year, and other dentists and therapists from Minnesota and Alaska, where Dental Therapists have also been working for a number of years. While some here express worries about education and training, the reality we heard is totally different. Dental Therapists receive exactly the same training – with the dental students – for the same procedures, and take the same exams. Interestingly, for those limited set of procedures, such as delineated in S. 20 (dentists train for hundreds), Dental Therapists may have up to two years of clinical practice before they get their certification, while dentists have far less in the same procedures – only weeks or months. Indeed, one

dentist told us that he'd feel far safer getting these procedures done by a new Dental Therapist than by a new dentist. Further, the Commission on Dental Accreditation (CODA) has issued curriculum standards for the training and education of Dental Therapists, recognizing this emerging profession.

In the field, the demand for dental therapists has continued to grow, in a wide variety of practices across the geographic breadth of the state. We were shown that the addition of Dental Therapists to these practices accomplished two major goals: they increased access to oral health; and they increased both productivity and profitability of the clinics. In addition to these themes, the safety record over the years is excellent. One phrase in particular was repeated by dentists, dental therapists, hygienists, clinic directors, and educators: ***having dental therapists allows all team members to practice at the top of their license.***

If I may speak as a former member of the House (1981 – 1992) and later an advocate for people with disabilities, I've been involved in the review of numerous professional licensing bills over the years. Some of these included other health-related fields, such as radiologists and radiological technicians, optometrists, and speech language pathologists and audiologists. In some instances, there are elements of what could be called "turf wars," which are not generally helpful in deciding whether or not broader public interests are served by proposed legislation. This is a good bill. It promotes a high ideal of access to quality oral health care for Vermonters, and protects the public safety. It has worked its way through several legislative sessions, and has matured along the way.

We urge you to support S. 20 and hope that you pass the bill this year. It will take a couple of years for dental therapists to start graduating from the program, so waiting long only delays the time that Vermonters will benefit from the increased access to care. The bill is a rare opportunity to provide increase access to much-needed health care, without a big increase in cost. Indeed, the only funds

involved are modest licensing fees in the bill to support the regulatory functions in the Office of Professional Regulation. The bill is also a workforce development bill for Vermonters, providing an opportunity for career advancement for hygienists (primarily women) who take on the additional education and training, something sorely needed in today's economy.

A generation ago, we faced a similar shortage of primary care doctors in the medical field. The addition of physician assistants and nurse practitioners, or Advanced Practice Registered Nurses, has

been a god send in filling that void. Adding Dental Therapists – essentially advanced practice dental hygienists - to the oral health team would be the single largest step Vermont could take to providing a future of access to quality oral health care for all Vermonters. Thank you.

A handwritten signature in black ink, appearing to read "Peter Youngbaer". The signature is fluid and cursive, with a long horizontal stroke at the end.

Peter Youngbaer

Executive Director, People's Health & Wellness Clinic