

January 16, 2014

Subj: Testimony before Senate Government Operations Committee on S.0035

From: J. Steve Arthur, DDS, MPH – Director, Office of Oral Health, Vermont Department of Health

Good morning.... I am Steve Arthur, Director of the Office of Oral Health at the Department of Health. Thank you for inviting me and offering time to speak about this bill. I will read my testimony today, and provide copies of it at the conclusion. I have also provided a handout, which has a few graphs and data which I will refer to in this testimony.

Senate bill S.35 proposes to authorize and regulate the practice of a dental practitioner. It establishes a new type of dental provider for Vermont, a mid-level dental provider, for the purpose of providing more access to dental care at a more affordable price.

This “Licensed Dental Practitioner” would occupy a “mid-level” position between the hygienist and the dentist. The Licensed Dental Practitioner, also known as “dental therapist” in other states:

- would be required to have a minimum of 4 years training.
- would be required to pass a clinical licensing examination.
- must have a “supervising dentist” and a “collaborative agreement” specifying scope of practice.
- would be capable of a limited scope of dental procedures, including: fillings, simple extractions, cleanings, and preventive procedures such as topical fluorides and sealants.

With that quick summary, I want to spend most of my time discussing the potential need for a new provider, from the point of view of helping to solve two problems – access to care and the looming dentist workforce shortage.

The cost of dental care in Vermont, as in all states, is prohibitively high for many people. Through Medicaid, Vermont provides funding for approximately 50% of Vermont’s children and very limited funding for adults. For many others, dental care is unattainable. This includes the elderly on fixed incomes (with no Medicare coverage and no insurance), most adults who are low income (including pregnant women who do not fall within the income guidelines for Medicaid) and families just above Vermont’s Medicaid eligibility.

With health care reform, approximately 30,000 individuals are moving from the Vermont Health Access Program (VHAP) to Medicaid and thus will be eligible for adult dental services, although restricted to the dental cap of \$510. Projecting current utilization rates for adults of about 25%, this would mean an additional 7,500 adults trying to access dental care in an already difficult access environment.

Additionally, there is an access issue due to inadequate distribution of dentists and dentists who do not accept families on Medicaid or accept limited numbers within their practices and limited ages. While the State has successfully provided incentives for dentists to work and live in many underserved areas and treat underserved low income families (through scholarships and loan repayment), there still remain geographically underserved populations around Vermont.

So, let me give you some recent statistics that describe the potential serious shortage of dentists in Vermont for the coming decade. You can follow along with me on the handouts I’ve provided.

Slide #1. As you can see in this projection, Vermont's population is now around 628,000 and is projected to grow to approximately 690,000 by 2050. Not seen on this graph, but equally impressive, is the fact that our senior population will be growing substantially. Today, we have approximately 15.7% of our population over the age of 65. By 2030, it will be approaching 206,000... or 25% of our population. By the way, in this country, 10,000 turn 65 years of age EACH DAY! And aging dentists are part of the problem.

Slide #2. Data from the 2011 Survey of Dentists, done biennially as part of re-licensure, showed 368 dentists in Vermont. At that time, 63% were age 50 or older; 49% were 55 or older.... **And 34% age 60 or older.** Five of the nine pediatric dentists (children's dentists) were 55 or older. This is critical, as our pediatric dentists are significant contributors to children's dentistry in Vermont.

Slide #3 notes that in 2001 we had 354 dentists in Vermont (note the big red circle on the left of the slide) and, moving across the row, we see that in 2011, we had 368. This is a net increase of 14 dentists in 10 years, just a little more than one per year net gain.

Slide #4 shows the dramatic nature of our dental workforce age distribution. On the left of the slide is the bar graph from 2001... and on the right, the data from 2011. In 2001, 8% of the dentists were age 60 or over. Ten years later, a full 34%, over 1/3 of all dentists in Vermont, are over age 60. Seven years from now, virtually all those 126 dentists will have retired.

Slide #5 shows predictions from the American Dental Education Association, estimating that from 2014 until 2027, more dentists will be leaving the workforce than entering it. The ship doesn't begin to right itself until after 2027. This is exactly what we will see here in Vermont, as was clearly evident in the previous slides. During the next 10 years we will most likely lose more dentists that we will be able to recruit.

Slide #6 simply shows the number of new graduating dental students in U.S. dental schools... and, although increasing in 2011 and 2012, these increases will not solve the looming dentist shortage, particularly in a rural state like Vermont... and this is why.

Slide #7 describes a 2012 survey of senior dental students by the Am. Dental Education Association. Particularly striking in this table is the fact that only 7% of the senior dental students expressed an interest in locating their new dental practices in rural areas.... And only 14% in small towns. Most want to practice in more metropolitan areas.... And there's a reason for this.

Slide #8. Because of the high debt load (averaging \$235,000 for private dental schools, \$170K for public schools ... with an average indebtedness of approximately \$200,000 for ALL schools)), newly graduating dentists are often looking to practice in more affluent areas in order to pay off those debts more rapidly, not the small communities which dot our landscape throughout Vermont.

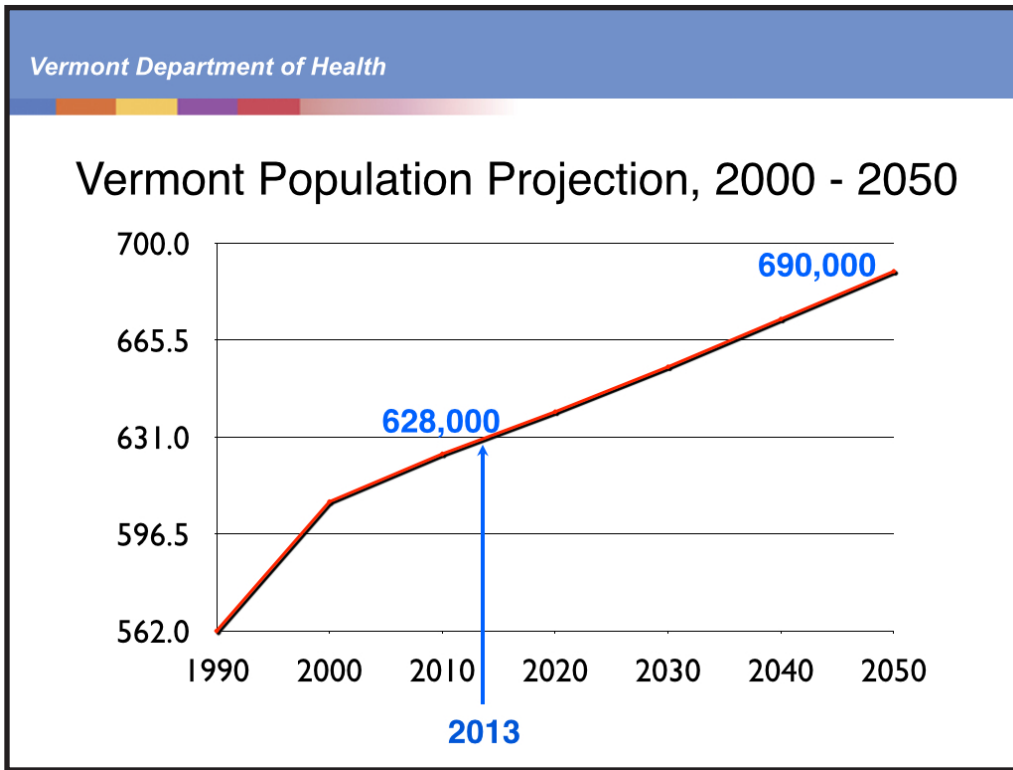
Our experience has shown that most dentists who do express interest in Vermont are most attracted to practice in more urban areas such Chittenden County.

The implications of these findings are clear. Without significant changes in the next ten years (recruitment, retention of new dentists and/or new types of dental providers), it is increasingly unlikely that Vermont will be able to provide adequate dental care for its population. There are simply not enough new young dentists coming to Vermont in sufficient numbers to replace the large number of "baby boomer" dentists who will be retiring.

With that said, what is the rationale for the Vermont Department of Health's support of S.0035? The primary goal of instituting licensed dental practitioners in Vermont, and similar providers throughout the U.S., is to expand the availability of basic dental services to disadvantaged groups and populations that are currently served inadequately. Availability of licensed dental practitioners in Vermont also holds promise to expand workforce in the dental safety-net of community health centers, school-based programs, and some private dental offices as well. Potentially most valuable to dentistry as an advanced healthcare profession is the opportunity to maximize the dentists' expertise in managing the most complex patients and most complex treatments while delegating some routine and basic care to these new, mid-level dental providers. The Health Department supports the concept of a new mid-level dental provider as an innovative approach to help solve workforce and access issues. It has worked in other countries around the world, it's working in Alaska and Minnesota, and it could work in Vermont.

Thank you for the opportunity to speak here today.

*Steve Arthur, DDS, MPH
Office of Oral Health
Vermont Department of Health*




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Vermont Department of Health

Vermont Dental Workforce

- 368 dentists
 - 63% are 50 or older
 - 49% are 55 or older
 - 34% are 60 or older
- 5 of the 9 pediatric dentists are 55 or older
- 11 of the 25 orthodontists are 55 or older
- 5 of the 10 endodontists are 55 or older



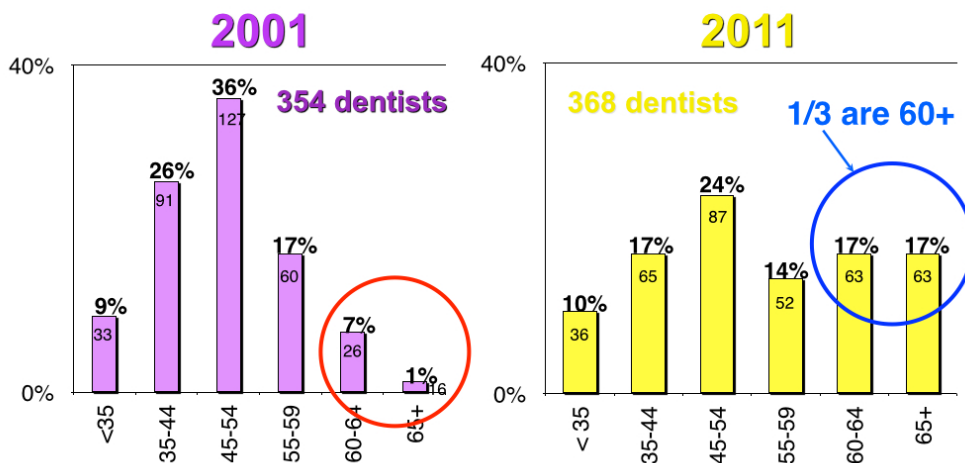
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Numbers of Dentists by Specialty, 2001-2011

	2001	2003	2005	2007	2009	2011
Total Active Dentists	354	367	352	355	366	368
Primary Care Dentists	277	293	278	282	292	297
General dentists	268	284	269	272	280	288
Pediatric dentists	9	9	9	10	12	9
Specialists dentists	77	74	74	73	74	71
Oral Surgeons	23	22	19	24	26	23
Endodontics	10	10	9	7	9	10
Orthodontics	27	26	27	27	24	25
Periodontics	11	10	12	11	12	11
Prosthodontics	4	3	4	2	2	1
Other specialties	2	3	3	2	1	1

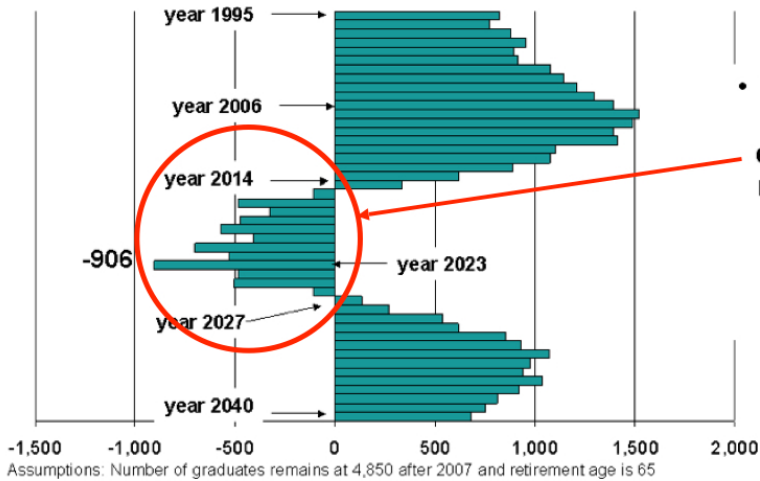
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AGE DISTRIBUTION



Slide #4 shows the dramatic nature of our dental workforce age distribution. On the left of the slide is the bar graph from 2001... and on the right, the data from 2011. In 2001, 8% of the dentists were age 60 or over. Ten years later, a full 34%, over 1/3 of all dentists in Vermont, are over age 60. Seven years from now, virtually all those 126 dentists will have retired.

Estimated Changes in Number of Dentists in the Dental Workforce, 1995 - 2040



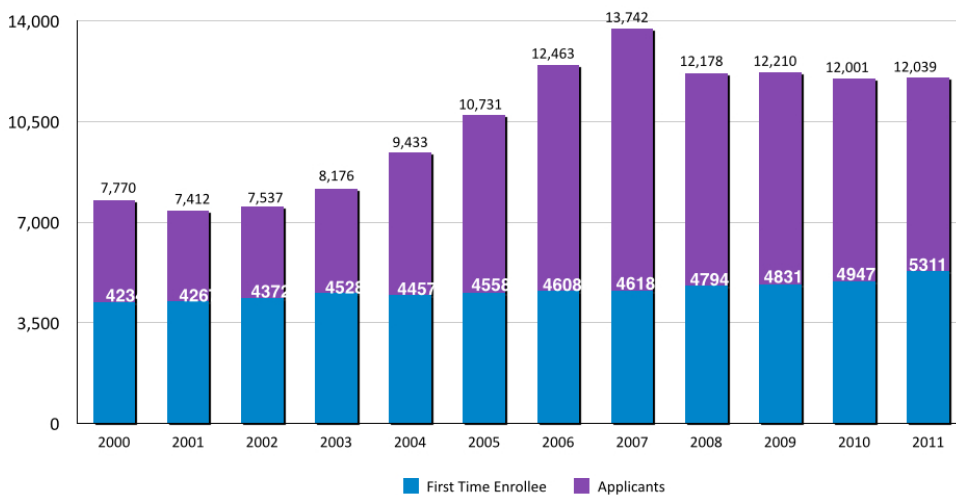
Source: American Dental Education Association

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Dental School Applicants and First-Time Enrollees, 2000-11



American Dental Education Association



Source: American Dental Education Association, U.S. Dental School Applicants and Enrollees, 2011 Entering Class

Slide #6 simply shows the number of new graduating dental students in U.S. dental schools... and, although increasing in 2011 and 2012, these increases will not solve the looming dentist shortage, particularly in a rural state like Vermont... and this is why.

Seniors' Practice Location Plans by Race/Ethnicity, by Percentage of Total 2012 Respondents in Each Category

Practice Location	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White	Two or More Races
Rural Community	25.0%	3.3%	4.3%	4.8%	0.0%	7.0%	7.3%
Small Town	8.3%	13.7%	9.7%	10.3%	9.1%	14.1%	11.0%
Large Town	8.3%	13.6%	11.9%	15.9%	27.3%	16.4%	14.7%
Mid Size City	50.0%	29.4%	25.9%	27.8%	36.4%	27.0%	27.5%
Urban Fringe	8.3%	21.7%	20.5%	23.8%	9.1%	20.4%	18.3%
Inner City	0.0%	6.6%	15.7%	6.3%	9.1%	7.6%	9.2%
Other	0.0%	1.5%	4.3%	2.8%	0.0%	3.3%	8.3%
Don't Know	0.0%	10.2%	7.6%	8.3%	9.1%	4.3%	3.7%

Source: American Dental Education Association, Survey of Dental School Seniors, 2012 Graduating Class
 Note: Percentages may not total 100% because of rounding.

AMERICAN DENTAL EDUCATION ASSOCIATION

ADEA THE VOICE OF DENTAL EDUCATION

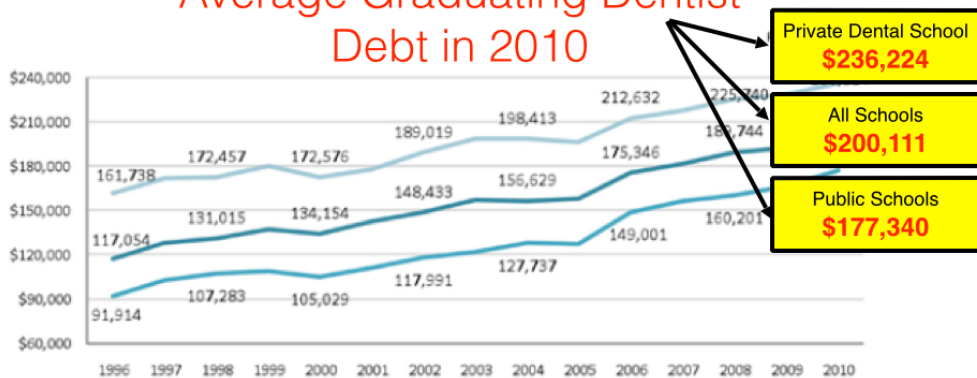
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Average Debt Among Graduating Students with Debt by Type of School, 1996-2010 (in 2010 Constant Dollars)

ADEA

American Dental Education Association

Average Graduating Dentist Debt in 2010



Source: American Dental Education Association, 2010 Senior Survey

Because of the high debt load (averaging \$236,000 for private dental schools, \$177K for public schools ... with an average indebtedness of approximately \$200,000 for ALL schools)), newly graduating dentists are often looking to practice in more affluent areas in order to pay off those debts more rapidly, not the small communities which dot our landscape throughout Vermont.

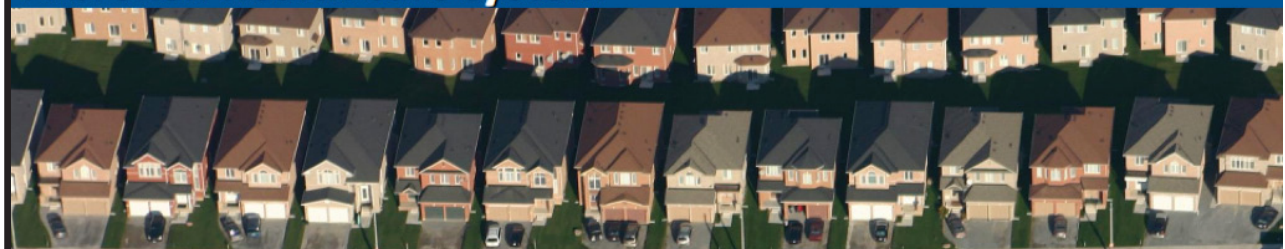
Experience has shown that most dentists who do express interest in Vermont are most attracted to practice in more urban areas such Chittenden County.

In Summary

- Our Vermont population is growing and getting older
- Our Dentists are the oldest in the country - **48.7% are age 55 or older**
- In the next 8 years **Vermont will lose 1/3 of its dentists**
- Recruitment of new dentists will be problematic:
 - High debt load of young graduating dentists - **avg. = \$200,000**
 - ADEA survey which shows **new young dentists are not looking to practice in rural or small towns**
- **Mid-Level providers (dental therapists) are one part of the solution**
 - **90 years of experience and research shows safety and quality**
 - **14,000 now NOW practicing in 54 countries and 2 U.S. states (Alaska & MN)**

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A broken health care system



“If you live in the suburbs, if you have a car, plenty of money, dental insurance, and no dental disease, we have the perfect delivery system for you.”

— Charles Bertolami
Dean, New York University
College of Dentistry