



To: Senate Government Operations Committee
From: Falko Schilling, Esq., Consumer Protection Advocate, VPIRG
Date: February 20th, 2014
Re: S.35 Licensed Dental Practitioners

For the record, my name is Falko Schilling and I am the Consumer Protection Advocate at Vermont Public Interest Research Group (VPIRG). VPIRG is the state's largest nonprofit consumer and environmental advocacy organization with more than 30,000 members and supporters across Vermont. One of VPIRG's core mission's is to help provide access to high quality affordable health care to all Vermonters. We recognize that dental care is an essential part of comprehensive health care, and that steps need to be taken to help ensure that Vermonters can get the dental care they need. For these, and the following reasons we ask the Committee to pass S.35 and allow mid-level dental practitioners to practice in Vermont.

A Solution for Vermont

Mid-level dental providers (called dental practitioners or dental therapists) are currently members of the dental team in 54 countries as well as in Alaska and Minnesota.ⁱ These providers have a scope of practice which is more expansive than a dental hygienist, but less expensive than a dentist. We believe that licensing dental practitioners in Vermont is one tool that we can use to address our aging dental workforce, and improve Vermonter's access to dental care. We appreciate the time that the Committee has put in to reviewing S.35, and would like to take the opportunity to address some questions that have been raised during the deliberations.

First Class Care

Some opponents of S.35 have argued that by allowing dental practitioners to practice in Vermont we would be creating a two tiered system where some people would receive second class care. This simply has not been the case in states and countries that utilize mid-level dental providers. A review of the global literature on dental therapists found "There have been many evaluations of the technical quality of care provided by dental therapists over the past 60 years. The studies have consistently found that the quality of technical care provided by dental therapists (within their scope of competency) was comparable to that of a dentist, and in some studies was judged to be superior."ⁱⁱ

Improved access

Evidence shows that the addition of mid level dental practitioners can help improve access to dental care. This can be seen in the experience of Minnesota where mid level dental providers began entering the workforce in 2011. Though the training requirements for these providers differ from what is proposed in S.35, their impact on the workforce can be informative of the possible

benefits the state would see from passing S.35. In the 2014 report “Early Impacts of Dental Therapists in Minnesota” the Minnesota Department of Health found that dental therapists have improved access in a number of areas. Clinics that employ dental therapists are seeing more new patients, have increased dental team productivity, decreased travel and wait times, and have seen lower appointment fail rates.ⁱⁱⁱ

Adequate Education

The education required of dental practitioners varies globally, but a two year curriculum has been the tradition in the majority of countries using dental therapists.^{iv} The education requirements in S.35 go above and beyond the traditional two year program by requiring that students wishing to become a licensed dental practitioner to first become dental hygienists. This model is in line with practices in New Zealand, Australia and United Kingdom where the training of dental hygienists and dental therapists have been integrated in to a three year curriculum.^v The curriculum proposed by Vermont Technical College (VTC) for the training of dental practitioners was developed to ensure that graduates had adequate training in all areas of their scope of practice. This curriculum will provide the courses outlined in a model national curriculum developed by a panel of national experts convened by the American Association of Public Health Dentistry and published in the Journal of Public Health Dentistry.

Conclusion

Based on our research we believe that S.35 presents one of many possible solutions to Vermont’s dental issues. It allows for fully trained hygienists to expand upon their education in an effort to better meet the dental needs of their community. We believe that VTC has developed a comprehensive curriculum and that when partnered with on the job training and personalized supervision it will create a well trained workforce that can offer high quality dental care to Vermonters.

ⁱ Nash, David A. et al “A review of the Global Literature on Dental Therapists: In the Context of the Movement to Add Dental Therapists to the Oral Health Workforce in the United States” April 2012, at 2. Available at <http://www.wkkf.org/news/Articles/2012/04/~media/97A0E38A926443BF81491C09DCA6A7EA.ASHX>

ⁱⁱⁱ Nash at 6

ⁱⁱⁱ Minnesota Department of Health, Minnesota Board of Dentistry “Early Impacts of Dental Therapists in Minnesota” Report to the Minnesota Legislature 2014, February 2014. Available at <http://www.health.state.mn.us/divs/orhpc/workforce/dt/dtlegisrpt.pdf>

^{iv} Nash at 4

^v *Id.*