

Senate Government Ops Committee  
February 11, 2014

Good Afternoon ... my name is Steve Arthur and I am the Director of the Office of Oral Health, Vermont Department of Health.

Last week, Chairman White, after input from Senator French and Senator Ayers, asked if I would be willing to bring the parties together to explore any possibility for compromise. I spoke extensively with Vaughn Collins, representing the Vermont State Dental Society and Sheila Reed, representing Voices for Vermont's Children. The Vermont State Dental Society remains opposed to the concept of a mid-level dental therapist, or Licensed Dental Practitioner, as is proposed in S.35. Voices, the supporter of this bill, has invested considerable time and effort to promote acceptance of this mid-level concept for Vermont during the last three years and wants to continue that effort. You may remember that Senator White Chairman White suggested that this reconciliation may be difficult, as these two parties are opposed on conceptual issues, not just minor details of disagreement. She was correct.

Therefore, I thought I would take just a few minutes to summarize why the Health Department supports this bill.

- The evidence has shown conclusively that mid-level dental providers are safe and effective, with over 90 years of history in countries around the world.

- The dentist workforce issue in Vermont is real and likely to be exacerbated during the next 10-15 years. I believe the evidence is clear that Vermont will have a difficult time recruiting enough dentists to serve our population. Licensed Dental Practitioners, mid-level dental providers, should be one of many potential solutions to help solve this workforce problem. Not THE solution... one of many solutions.
- The suggestion that mid-level dental providers are not economically feasible is belied by the existence of these providers, working successfully in private practices and non-profits around the world and now, in one of our own states, Minnesota, as you heard last week from the two individuals who testified by phone from Minnesota.
- Some have suggested that mid-levels dental providers would result in two tiers of care. From a public health perspective, it's my belief that we now have one of the worst forms of "two tiers of care" ... and that is those who can afford it and those who cannot, those who can access it and those who cannot. A couple of weeks ago, when testifying before this committee, I concluded with a quote from Dr. Charles Bertalomi, Dean of New York University College of Dentistry... "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." This is the real "two tiers of care."

- History is instructive. I believe that Licensed Dental Practitioners, like our Nurse Practitioners and Physician's Assistants, will eventually be part of the dental team and will help "extend" the dentist's capabilities in many areas of dentistry, allowing the dentist to practice "at the top of his/her license."

In summary, I'm confident that if this bill is passed, the Vermont Technical College will establish a training program that will meet the standards established by the Council on Dental Accreditation (CODA), with appropriate training staff and curriculum guidelines. After all, the Dental Hygiene program has been very successful for Vermont and has provided Vermont's dentists with dedicated, well trained, professional dental hygienists. I am confident VTC can do the same with a Licensed Dental Practitioner program.

I'm also confident that once a program is established and Licensed Dental Practitioners are graduating, that there will be some dental organizations and private dentists who will be early adopters and who will see benefits for their practices to enhance their mission and responsibilities to serve low income and underserved Vermonters. In other words, I'm confident that some Vermont dentists will find Licensed Dental Practitioners to be economically feasible and beneficial for their practices.

I'm confident that there will be more and better access for many Vermonters. I believe that these Licensed Dental Practitioners will eventually be practicing, under

the general supervision of their collaborating dentist, in FQHCs, private dental offices, in schools and in nursing and assisted care facilities around Vermont.

Lastly, for the dental profession, access to care for the underserved has been a lingering problem. Mid-level dental providers, such as the proposed Licensed Dental Practitioner, can be of benefit to the Vermont public and the dental profession by reducing oral health care disparities and improving citizens' oral health status. As oral health care providers with appropriate training, credentialing, licensure, supervision, and deployment to areas of significant need, Licensed Dental Practitioners could increase access to care to disadvantaged populations. Working in a complimentary or supplementary role, the LDP would enable the dentist to treat more patients, well as manage and render more complex services. LDPs can be a first contact for oral health care needs, referring services, enhancing continuity of care, and facilitating dental homes for those most in need of oral health care.

Thirty years from now, I think many will look back on this debate with curious interest, as we now look back on the controversy surrounding implementation of mid-level providers in medicine. Today, those nurse practitioners and physician assistants are integrated in medicine and provide significant efficiencies and greater access in medical practices throughout Vermont and throughout the country. I think mid-level dental providers have the potential to do the same for dentistry.

Thank you, and I'd be happy to take any questions you may have.