Voices for Vermont's Children

Promoting public policy that enhances the lives of children and youth in Vermont

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Testimony to House Human Services on S.20
January 20, 2016

As an independent children's research and policy advocacy organization, Voices advocates for our most vulnerable and disadvantaged children and youth, including around issues of health disparities. Because oral health is integral to overall health, the lack of access to dental care in Vermont undermines the health and well being of children and adults alike. We know that when parents don't access dental care, their kids are less likely to as well.

That's why Voices leads an oral health coalition of more than 40 organizations that represent thousands of people across Vermont, including: clinics for the uninsured, health care providers, community action programs, seniors, low-income adults, and children. These organizations are all saying there is a dental care access problem for Vermonters of all ages, and one of the most promising strategies to counter this is expanding the dental team to include a dental therapists.

Last May, Voices' former policy associate Beth Nolan presented the committee with an overview of the access challenges, education program, and opportunities presented by the addition of dental therapists to the oral health workforce. I'd like to highlight a few points from her testimony to refresh the committee's memory, and provide updates that have emerged since then.

Access

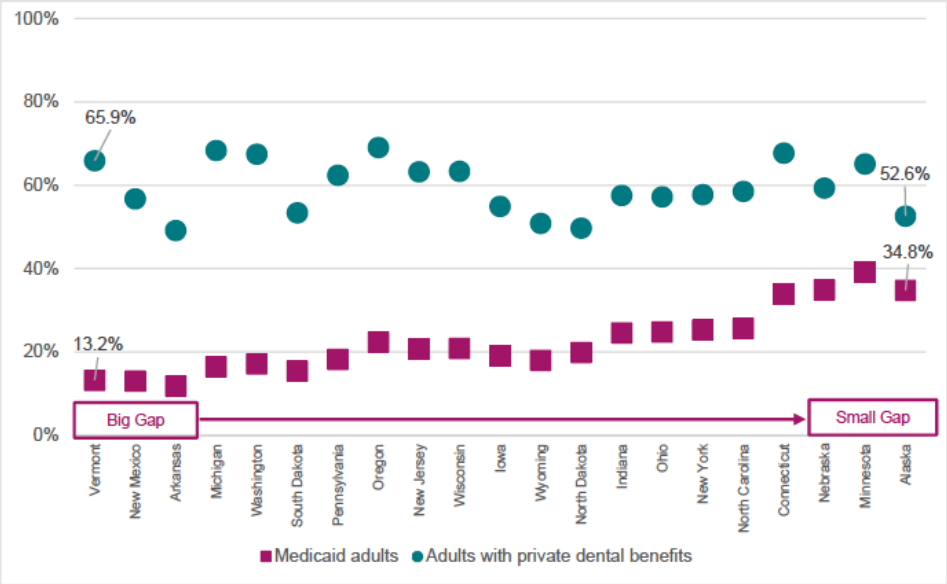
- Every year, tens of thousands of Vermonters are not accessing needed dental care. Going without dental care can mean suffering in pain, missing work and school, not being able to eat well, and living with the effects of poor oral health.[i]
- Coverage does not equal access. There are numerous barriers to getting dental care, especially for low-income Vermonters. These include the absence of a provider who accepts Medicaid within a reasonable distance, lack of transportation, lack of paid sick time to access care during regular working hours, a lack of culturally-specific care, fear, and resignation.
- Vermont is often held up as a leader in health access, but some of the statistics used to tout Vermont's relatively good dental care access are misleading. While 85% of VT dentists are *enrolled* as Medicaid providers, only 29% bill any substantial

amount ($50k or more annually) to Medicaid or accept more than 5 new Medicaid patients per month. That means only about 100 dentists are serving most of the Medicaid recipients who seek treatment in Vermont, and they are not distributed proportionately throughout the state. Pediatric dentists in particular are clustered in Chittenden County.

- Workforce challenges:
    - Vermont has the oldest population of dentists in the country with almost half over the age of 55.[ii]
    - Vermont Dental residency program brings in just 4 residents per year, with an estimated retention rate of 50%. Of the dental residents who stay in Vermont, most locate in Chittenden County.
    - We need to explore new workforce models to ensure that underserved communities have access to basic restorative and preventive dental care.

- The system is not working when in just one year, over 6000 emergency department visits are for dental care at a cost of $3.4 million – of which $1.8 million is Medicaid funded (2013 VT DOH Compilation of ED Data).
- Or when children ages 0-5 are hospitalized for early childhood caries treatment at a cost of 2.7 million dollars. (2009 Two is Too Late, Dr. Steve Arthur).
- The system is not working when 40% of children with Dr. Dynasaur coverage do not get needed dental care. This amounted to more than 22,500 children ages 1-18 in 2013.
- There is also a "cliff effect" for young adults who qualify for Medicaid, with 66% of 19 & 20 year olds going without treatment in 2013. This is the beginning of a widening utilization gap between adults with Medicaid and people with private insurance. Vermont has the highest utilization gap in the country in spite of having Medicaid reimbursement rates that are among the highest in the country.

Figure 6: Relative Gap in Dental Care Utilization between Medicaid-Enrolled Adults and Adults with Private Dental Benefits, 2013



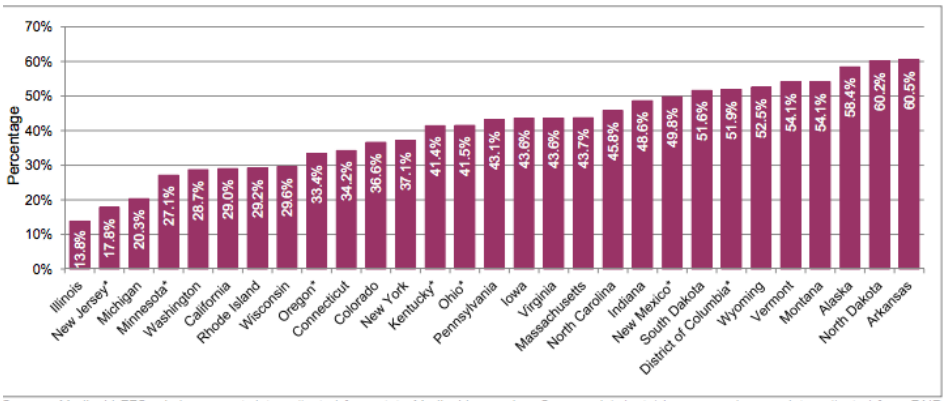
Source: HPI analysis of Truven Health Analytics MarketScan® Research Databases and Medicaid data from Medicaid Statistical Information System provided by CMS. **Notes:** States are ordered from left to right according to the relative gap between Medicaid-insured adults and adults with private dental benefits. Population is based on adults continuously enrolled in Medicaid or a private dental plan for 90 days. The states plotted provide adult Medicaid dental benefits.

(from: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0915_1.ashx)

Research Brief

HPI Health Policy Institute
ADA American Dental Association

Figure 3: Medicaid Fee-for-Service Reimbursement as a Percentage of Commercial Dental Insurance Charges, Adult Dental Care Services, 2014



Source: Medicaid FFS reimbursement data collected from state Medicaid agencies. Commercial dental insurance charges data collected from FAIR Health. **Notes:** 2013 commercial charges inflated to 2014 dollars using the all-items CPI. *These states enroll the majority of their adult Medicaid beneficiaries in managed care programs for dental services; for these states, the data in this figure may not be representative of typical dentist reimbursement in Medicaid.

(from: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_3.ashx)

Educating Dental Therapists

In August of last year, dentistry's own accrediting body the Commission on Dental Accreditation (CODA) voted to implement educational standards for dental therapy programs. In doing so, they effectively codified the profession and laid the groundwork for portable licenses as states specify that 'graduation from CODA-accredited education programs' is the standard for professional licensing. Witnesses from the education community will address the implications of the CODA ruling in more detail, but generally speaking the standards:

- Ensure training institutions will have national standards to shape their programs.
- Give students from underserved communities the ability to enter accredited programs, be eligible for financial aid, and graduate equipped to meet the unmet needs of their community.
- Provide a pathway for dental hygienists to continue their professional development and advance in their careers.

Vermont Technical College's program will be accredited as the program has been designed to exceed CODA standards. By the time DTs begin practicing, they will have as much clinical experience in the procedures they are trained and licensed to perform, as a dental school graduate. VTC has been providing high quality, accredited dental hygiene education to Vermonters for more than a decade, and is well positioned to help Vermonters advance professionally while serving their communities. What's more, VTC will be well positioned to attract DT students from around the region as other states implement dental therapy legislation (as Maine did in 2013).

Opportunities with Dental Therapy

- DTs, when under general supervision, will be able to bring dental care to communities; in settings like schools, community centers, WIC Clinics, and nursing homes. In doing so, they will reduce some of the barriers that adults and children face in our current system.
- With DTs providing preventive and restorative care, we can help reduce the need for expensive emergency department visits and hospitalizing children for care
- DTs can work in settings that currently have empty dental chairs in a cost-effective way. Dental services are billed by the procedure, not the provider. This means that a dental practice is paid the same amount to restore a tooth whether a dentist or DT does the work. DT's are paid at a lower rate to reflect their limited scope of practice, which is focused on the most common restorative and preventive procedures.

Conclusion

- For years we have tried to fix current system. We have tried to increase Medicaid reimbursement rates for dentists. We have tried to lure dentists to the state by increasing the dollars that go into loan repayment. We have established providers

such as the dental assistant. These are important components to addressing our dental access crisis.

- But clearly it is not enough. We need to increase our capacity, our workforce, our ability to treat the children and adults who year after year continue to suffer from the lack of access to needed dental care, and whose health and economic security is threatened as a result.
- It is time for dentistry to move toward a team-based approach that allows each member to practice at the top of his or her license for maximum efficiency and impact.
- Dentists who are interested in expanding access for Medicaid patients should be allowed to implement this proven solution, and those who aren't don't have to. Each dentist can assess whether dental therapists are a fit for their business model and mission
- Please support S.20 to add a proven, safe, effective solution to increasing oral health access for Vermont's most vulnerable and underserved people.

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[i] Vermont Department of Health, *Burden of Oral Disease in Vermont, 2013*, http://healthvermont.gov/family/dental/documents/burden_of_oral_disease.pdf

[ii] Craig Stevens, "Alternative Dental Workforce Providers in Vermont." (Testimony provided to Vermont Senate Operations Committee, January 15, 2014.)