

January 20, 2016

Members of the House Committee on Human Services;

Thank you for allowing me to speak with you today. My name is Sheila Bannister, and I am an Associate Professor at the Vermont Technical College (VTC) Department of Dental Hygiene, and a Registered Dental Hygienist.

As an educator in the dental hygiene program, I know from first-hand experience that the dental needs in our community are not being met for a significant number of people. As national research has shown, there are profound oral health disparities within the United States and, consequently, within our state. I personally see the evidence of this on a daily basis, much more so than someone working in a traditional dental office might, because the patients that the dental hygiene students at VTC treat are usually the patients that cannot access a traditional dental office for care.

I also oversee a rotation that allows dental hygiene students to observe dental surgeries for children age 5 and under. These surgeries are done in a Fanny Allen operating room two days a week, by pediatric dentists, for children who present with rampant dental decay. The surgeries require that the child undergoes general anesthesia, and between 10-20 restorations or extractions are performed on each child at great cost to taxpayers. The problem of childhood dental disease is widespread as evidenced in the 6 month wait period for these surgeries. The dental therapist would alleviate some of this need by reaching these children before it is too late, and children are only one segment of the Vermont population in need of regular dental care that the dental therapist would benefit.

Today, I will focus specifically on three topics: the proposed educational program in Vermont for the dental therapist, the ability of the dental therapist to directly access the community, and the advantages to the combination of prevention and restorative services the dental therapist will provide.

First, what is the proposed education in Vermont and will the education be adequate to train this provider?

Dental therapists will be educated at Vermont Technical College. The College is home to a long standing dental hygiene program and, at VTC, dental therapists will be educated under the guidelines of the Commission on Dental Accreditation's (CODA) Standards for Dental Therapy. CODA is the accrediting body for all dental education programs, including the dental hygiene program at VTC, and the dental therapy program will meet, or exceed, all CODA accreditation standards.

Students accepted into the program will already be registered dental hygienists, all of whom have completed 2 to 3 years of rigorous training, successfully passed their clinical boards, national boards, and regional boards, and have an interest in community outreach. The

dental therapist educational program will employ a dentist as the program director, and only licensed dentists will be eligible to teach the clinical portions of training.

Education will consist of 12 months of full time training that will increase the dental hygienists' previous scope of practice from 26 to 34 procedures. This means that a dental therapist will have spent 3 to 4 plus years to master 34 procedures whereas, in comparison, dental schools educate their students in nearly 500 procedures. Therefore, the dental therapist will graduate with a limited scope of practice of 34 procedures that are mainly prevention based with close to, or more than, the amount of training a general dentist receives.

Once the dental therapist has completed their formal education, they will be required to pass the same competency based tests that dentists are required to complete for the 8 restorative procedures they have learned. In addition, the dental therapist will be required to complete 1000 hours of practice under the direct supervision of a dentist, and will not be permitted to practice under general supervision until their supervising dentist provides signed approval.

Is there a need for a provider in Vermont that can practice under general supervision both in and outside a traditional dental office, and go directly to the populations most in need?

Yes. For example, the elderly; older adults develop dental decay at a higher rate than children, and develop higher rates of severe periodontal (gum) disease than the general public. Bacterial infections of the oral cavity, compounded by medical conditions and medications, often lead to tooth loss, oral cancer and systemic illness. As of 2010, approximately 1.6 million people resided in long term care facilities and over 1 million in assisted living facilities. State and federal regulations mandate the provision of oral health care to institutionalized residents, but a significant portion of patients in these facilities receive only emergency and palliative services, or minimal oral hygiene care delivered by an untrained and overworked health aide.

Another example of the positives of general supervision would be the addition of the dental therapist in an emergency room setting. In Rutland, I met with a physician's assistant who showed me the unstaffed dental unit in the ER and then explained the palliative treatment and referral to nowhere he provides for patients in pain. He would like to have an oral health expert on the medical team to provide some restorative care, but can't find a dentist to fill the position. A dental therapist on the ER medical team would reduce the number of repeat ER visits, save taxpayer money, and increase patients' knowledge of preventative oral care.

These examples illustrate the absolute need for this provider to work under general supervision rules as they safely do in Alaska, Minnesota, and throughout the world. Without this ability, a huge portion of the underserved would remain without care.

Will the dental therapist assist in preventing dental disease and raising Vermonters' overall dental IQ?

Yes. Dental hygienists are prevention specialists with a strong background in community oral health. Throughout the last few years I have been contacted by many practicing dental hygienists who understand the benefits of adding the dental therapist to the dental team. These hygienists are ready and eager to continue their education and become dental therapists not only for their own professional satisfaction, but to increase their ability to best serve their patients.

I have been a dental hygienist for 16 years and a dental hygiene educator for 12 years, and I am convinced that dental therapists in Vermont could treat early decay and disease thoroughly and competently as they have done in other countries and other states. This provider will fill a void in our current dental system and reduce the need for more invasive and expensive treatment further on down the road, thereby reducing the risk of the medical problems that can often accompany untreated dental disease. Because the dental therapist will be based on a dental hygienist, disease will be prevented, not just treated, and prevention is the way out of the cycle we find ourselves in today. Dental disease is almost 100% preventable, and effective measures now exist to prevent the most common dental diseases. It is time that everyone had access to these methods. Through the creation of the dental therapist in Vermont, I am confident that we will be taking a step toward assuring that all members of our state have an equal chance for a healthy life.

Again, thank you for allowing me to speak with you today and I will be happy to answer any questions you may have.