

From: Dr. Charles Bookwalter. 802-864-6881
To: House: Human Services Committee
6May15 – Testimony S20, LDT

Background:

I reside in Burlington. I am a board certified pediatric dentist with Timberlane Dental Group working mostly at our Burlington and S. Burlington offices. Along with our other pediatric dentists, I am on staff at the UVM Medical Center. I am the president of the Vermont Society of Pediatric Dentistry, and a consultant to the Examination Committee for the American Board of Pediatric Dentistry.

TDG has consistently rendered the most Medicaid services in the state; and of our group, I provide the most. For the first quarter of 2015 (1January through 31March), we saw 207 new Medicaid patients making up 43% of our new patients. Our group provides primary and speciality services for children across the state with a specific focus on the very young, and those with special health care needs. We also provide treatment in the hospital setting for children and adults with special needs that cannot be treated in the office setting.

As for our state, our MC utilization numbers rank in the top tier, #2? That is the result of our dental community stepping up to the plate to provide services in spite of a very poor reimbursement system.

For licensure, dentists and hygienists must graduate from an accredited program. As a pediatric dentist, I have two additional years in accredited residency program. Accreditation is a critical component because it provides a standard to which the educational institution must comply. It provides accountability to the profession and the public.

Regarding s20: Licensed dental therapist (LDT) Bill.

I am strongly opposed to this bill. I feel it has the potential to create an inadequately trained technician with significant education loan debt to a market where their services have no cost savings and a limited job market.

I will address the training and the professional aspect.

Training. The bill approves the training to be done at a dental hygiene school, **not** an accredited dental therapist school or dental school. The listed procedures in this bill have nothing to do with dental hygiene or the accreditation of a hygiene program. Please do not misunderstand, VTC has a terrific dental hygiene program. But this has nothing to do with dental hygiene. This bill approves a very broad scope of surgical / non-reversible procedures like extractions, fillings, root canals. Yet, the training requires a minimum number of hours, and no specifics. For me at OSU College of Dentistry, in addition to the didactic and preclinical requirements, I had minimal clinical requirements for

amalgam and composite restorations, gold inlays, extractions, in addition to requirements for crowns, bridges, root canals, dentures, and periodontal therapy. I have no doubt that it was required for accreditation. In my opinion, without accreditation for dental therapy, there is no accountability for this therapist program at VTC.

I have heard the therapist compared to the expanded medical team like the optometrist and Certified Registered Nurse Anesthetist (CRNA). Google CRNA: It requires "a bachelor's degree in nursing, Registered Nurse licensure, a minimum of one year acute care experience, and the successful completion of both an accredited nurse anesthesia educational program and the national certification examination". All of these medical team groups require an accredited program in their specific field.

I have also heard an argument that this may improve access for the elderly. I have family who are knocking on or have passed the 90 year mark and needed dental services. In my opinion, that is a frail group with complex needs and best not managed by the therapist.

Parents hold me accountable for treating their children to the highest standards of care. What parent would not!! I cannot hire and spend unknown hours directly supervising and training a marginally prepared technician to experiment on children in my private practice setting, Medicaid or not. Parents do not bring their children to me with the expectation of being treated by a trainee. I suspect the same goes for every dentist. How do I address a disgruntled parent who thinks I hired a minimally trained technician from a hygiene school, who can only work in Vermont, to treat their Medicaid eligible child? This is a risk management nightmare. Is the object to create a 2-tier delivery system?

Lastly, I think this bill has the potential to hamper our recruiting of dentists. The Vermont State Dental Society has a productive recruiting program for dentists. Our group has brought 2 young pediatric dentists and 3 general dentists to Vermont in the last 6 years. I know of negotiations happening in another pediatric practice. With four years of dental school and \$250000 in loans, I suspect this LDT bill may cause concern of new dentists.

I do not see the plus side to this bill, and it should not be considered to be a no cost experiment. If you have questions, please call. Thank you for your time, your service to our state, and your attention to unintended consequences.

Alternates:

We cannot drill ourselves out of oral disease problems. Stats say that 80% of our children are free of tooth decay. I have a filling or crown in every back tooth, yet of my four children, two have had one filling each. Education is the KEY to prevention and reducing this burden, not more fillers.

The VSDS has a multipoint program to improve access to care.
Our tooth tutors provide a valued educational component and access
point.

The “sugar tax” has the potential to help citizens ID sugar loaded fluids.
School curriculums are a no cost potential opportunity for education.
A state mandated community water fluoridation program.