

VERMONT STATE DENTAL SOCIETY

POSITION STATEMENT: DENTAL THERAPISTS

Background: The proposal to authorize licensure of a new mid-level dental professional first surfaced in the Vermont Legislature in 2011 and has been pending in every year of the Legislature ever since. This proposal was not one that originated in Vermont, but was brought to the State by an outside entity. Since 2011, there have been approximately two dozen legislative committee hearings featuring testimony from more than twenty member dentists, spanning three executive directors of the Dental Society.

It is important to note that only three states (Alaska, Minnesota and Maine) have adopted some form of a dental therapist with no two states' laws alike. Minnesota arguably has the law most like the Vermont proposal but in its statutorily-mandated review of their law, the report found that it is too soon to gauge the success or failure of their law in meeting the oral health needs of their residents.

Existing Workforce: The current dental workforce team is composed of dentists, hygienists, expanded function dental assistants (EFDAs), and dental assistants. Each is licensed by the Board of Dental Examiners pursuant to education and experience requirements commensurate with their authorized scope of practice. An EFDA (57 of them), for example, provides didactic instruction, laboratory and clinical exercises for advanced operative procedures. Students follow matriculation at the Center for Technology, Essex with 50 hours of didactic education and 135 hours of laboratory practical experience before performing required clinical competencies under the direct supervision of a sponsoring dentist. An EFDA student also has an externship with a supervising dentist. A final bench test is then administered.

In addition to this dental team, Vermonters receive oral health services through Federally Qualified Health Centers ("FQHCs") and other clinics, through public health hygienists in the State's Women, Infant and Children Offices, and (unfortunately and increasingly) through hospital emergency rooms.

Access to Oral Health Services: There are 363 members of the Dental Society (representing 85% of all licensed dentists) helping to serve the State's approximately 625,000 residents. The federal government employs a 1:5000 ratio to determine if a geographic region is designated as underserved. Vermont has one such designated area representing 4.3% of the State's residents (a portion of Orleans County).

Vermonters' access and pay for dental services with help from private insurance policies, State assistance programs such as Medicaid, or personal out-of-pocket expenses. In recent years we have seen Medicaid eligibility swell from a variety of factors, such as through the Affordable Care Act and transitions of former Catamount or VHAP-eligible individuals, which is further stressing a fragile program

that pays dentists approximately 50% of the usual and customary charges for dental services and caps payments for Medicaid adults at \$510/year. And yet, approximately 80% of Dental Society member dentists provide oral health care to Medicaid individuals.

Improving a Vermonter's access to oral health services requires a multi-prong approach addressing a myriad of factors, including patient education, preventative services, a State partner that lives up to its responsibility to adequately compensate for services delivered to patients in State programs, and overcoming barriers to care such as cost and the ability to afford dental care, lack of transportation, and lack of insurance. Simply adding another member to the workforce conveniently ignores these factors and will do nothing to improve Vermonters' access to dental care.

Our Position: From its inception in 2011 the Dental Society and its members have opposed authorizing licensure of a dental therapist in Vermont and that position continues. The Dental Society believes there are other, more immediate and concrete measures legislators can take to improve access to oral health and we have described these in our Action for Dental Health. Further, we believe there is capacity to further utilize existing workforce members, such as through more EFDAs, rather than adding another workforce member.

The Dental Society has looked very closely at the dental therapist proposal and is very concerned with many aspects of the proposal itself and its potential impact in Vermont. These include:

- The authority for dental therapists to perform irreversible surgery at the proposed level of education and experience is unconscionable.
- Utilizing a dental therapist will not save patients money or be economically viable for the dental office, clinic or State, or it will require State subsidies to be economically viable.
 - Medicaid reimbursement and private insurance rates, for example, will be the same for the dental therapist or other dental professional providing the service – in other words, the patient will see no cost savings to see a dental therapist.
 - Bringing a dental therapist on board adds overhead and potentially personnel costs to the dental office.
 - There are State costs in regulating the professional, establishing rules, reviewing agreements and overseeing a new program.
- We are not convinced there is a pipeline of students to make the investment and infrastructure needed worthwhile or survivable for the long-term.
- We are not convinced there will be job opportunities for a continual stream of dental therapists - for a non-portable degree since Vermont's proposal is so unlike any others.
- We are convinced this proposal, if enacted, will eventually create a two-tier system of dental care in Vermont with some patients seeing a dental therapist and others seeing a dentist. We believe all Vermonters should be entitled to receive care from a licensed dentist.
- Liability of all kinds rests with the dentist or dental office and not the dental therapist, including the addition of medical malpractice liability and costs to the dentist or dental office

We are often told this proposal is no different than what was proposed in the past for nurse practitioners. There are a number of reasons why this is not an apt comparison, including a nurse practitioner requires a master's degree or higher, plus 2,000 hours of clinical training. Further, even after this education and experience requirement, nurse practitioners are not authorized to perform irreversible surgical procedures.

Unnecessary Distraction and Drain on Resources: The Dental Society firmly believes the legislative focus on the dental therapist proposal has taken away or diluted the focus on real, more pressing issues of importance related to oral health care. At the same time it has consumed the majority of Dental Society resources, resulting in a distraction from our preferred focus on these other issues, including

- Recruitment and retention of dentists to Vermont to meet Vermonters' oral health needs in all corners of the State.
- Promoting fluoridation of public water systems as a public health success story, and resisting consistent efforts by some in Vermont's cities and towns to reduce or eliminate fluoridation.
- Addressing the crisis in the Medicaid dental program to ensure that it remains a viable path to oral health care for so many Vermonters. As previously mentioned, this means addressing expansion of eligibility, increased bureaucratic and administrative requirements, low provider reimbursements, and uncertain future participation by dentists in a thoughtful and comprehensive manner.
- Impacting other safety net programs (to identify)
- Addressing uncertainty and constant change in private and public health insurance and dental insurance coverage for oral health.

Conclusion: The Dental Society priorities lie in those areas and issues previously identified and not with the proposal to authorize licensure of dental therapists. We stand ready to partner with the Legislature and other stakeholders on these other priorities. The Dental Society will continue to oppose licensure of dental therapists for the reasons we have identified.

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January 20, 2016