

February 5, 2015

Members of the Senate Health and Welfare Committee;

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) School 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.

As a faculty member at VTC, one of my responsibilities is to educate and oversee students in clinical rotations as they complete their education. During these rotations, the students and their instructors serve the community by providing important preventive dental care for significantly reduced fees at our on-site clinic in Williston. The VTC clinic is open to the public, and we have approximately 2500 patient appointments each academic year. We have an average of 20 students treating patients 3 days a week, yet we are unable to keep up with the demand for our services.

Although we recommend that all of our patients see a dentist annually for an examination and maintain a dental home, the majority of our patients are uninsured or underinsured, on a fixed income, or are Medicaid recipients, and for many of these patients dental care is a luxury they are unable to access or afford. Because we are a dental hygiene school, students can only provide diagnostic and preventative services as dental hygienists are not traditionally trained to treat active decay. I will tell you that to treat the same patients over and over again in our clinic, and see them return year after year with untreated, progressing decay because they cannot find or afford dental treatment is heartbreaking and unacceptable.

Is there a need for a new dental workforce provider in Vermont? Yes. In 2011, through a semester long survey of our patient base, it was determined that although 93% of our patients considered routine dental care a priority in their lives, only 43% of them were able to access that care in a traditional dental setting, and 76% of them delayed their care due to financial constraints.

Would the target population be accepting of this new provider? Yes. In 2013, research was conducted in Vermont of patients at health clinics in Plainfield, Richford, and Rutland to determine perceived need and public acceptance of the Licensed Dental Practitioner. Of 287 study participants, 91% reported they would receive services, restorative and/or preventive,

from an LDP. Of those surveyed, 64% answered affirmatively that they have delayed dental care due to unaffordability.

Will the proposed education in Vermont be adequate to train this provider? Yes. In 2010, the American Association of Public Health Dentistry (AAPHD) convened a panel of national dental educators and experts that reviewed the education and training programs for Alaska Dental Health Aid Therapists and other successful international midlevel dental provider models. The panel then created an evidence-based framework for dental therapy education in the U.S. and recommended a two-year dental therapy curriculum that culminates with an Associate's degree, or a one-year curriculum for already licensed dental hygienists to be trained in the additional procedures needed to become a dental therapist.

Additionally, the AAPHD developed a national model curriculum. In the handout today you will find that the courses recommended by the panel are incorporated in the draft education program developed by Vermont Technical College; the proposed curriculum at VTC meets or, in several areas, exceeds recommendations put forth by the AAPHD panel. The amount of education for the provider exceeds the amount recommended by the AAPHD. As you can see, in anticipation of the passage of this legislation, Vermont Technical College has created a training program that is evidence based and builds on a national model curriculum and national educational standards.

Does evidence indicate the provider will competently and safely treat the public? Yes. In Minnesota, providers carry their own liability insurance. This insurance costs less than a dentists' liability insurance partly due to the fact that since licensing began no complaints related to patient safety issues have been filed against dental therapists in Minnesota.

The scope of practice in Vermont will consist of all preventive services a licensed dental hygienist already performs or can be legally trained to perform (20 and 6 respectively), and 8 new procedures that would be limited to the LDP scope of practice and parallel the scope of practice in Minnesota and Alaska. The number of procedures proposed for the Vermont provider is significantly lower than procedures performed by the Minnesota Advanced Dental Hygienist (6 years of education/82 procedures), or the Alaskan dental health therapist (2 years of education/46 procedures), yet the education proposed for the LDP is a minimum of 3 plus years, and a maximum of 4 plus years. This does not take into account the 400 additional hours required under the direct supervision of a dentist once the practitioner is licensed.

The VTC program will, of course, comply with all accreditation standards. Although these standards have not been finalized yet by the Commission on Dental Accreditation (CODA), the curriculum will be revised, if it is necessary, to meet or exceed all CODA standards.

I have been a dental hygienist for 16 years and a dental hygiene educator for 11 years, and I am convinced that a Licensed Dental Practitioner 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 decay. In addition, because the Licensed Dental Practitioner as proposed in Vermont will be based solely 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 of dental decay and periodontal disease and it is time that everyone had access to these methods. Through the creation of the LDP 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.