

Voices
for Vermont's Children



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

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- Good morning. My name is Beth Nolan and I am the Policy Associate for Voices for Vermont's Children.
- Thank you for the opportunity to speak today in support of S.20.
- As an independent children's research and policy advocacy organization, Voices advocates for our most vulnerable and disadvantaged children and youth. For over 30 years we have led the way in education reform, child protection and safety, efforts to reduce childhood poverty and increasing access to quality childcare and health care. 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.
- That is 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, children, and many organizations who work with Vermonters who cannot access needed dental care. These organizations and many others across Vermont are all saying the same thing: there is a dental care access problem for Vermonters of all ages and we must expand the reach of the dental team by adding a Licensed Dental Practitioner.
- I will address two issues in this testimony:
 - The lack of Access to dental care in Vermont and
 - the need to establish the Licensed Dental Practitioner (LDP).

Access

- There is no question that Vermont has a dental access problem. Our oral health system is not working for too many Vermonters of all ages.
 - According to the Household Health Insurance Survey, in 2012 nearly 70,000 Vermonters did not get needed dental care because they could not afford it.
 - Our system does not work for people in Addison, Bennington, Grand Isle, Orange, and Windham Counties who do not have a single established safety-net setting in their community that provides dental care.
 - According to the 2013 University Medical Center's Community Needs Assessment, respondents identified access to dental care, especially for children, as a top unmet need in Chittenden and Grand Isle Counties.

- The system is not working when in just one year, over 6000 emergency department visits are for dental care (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 47% of children with Dr. Dynasaur coverage do not get needed dental care. This amounted to 24,000 children in 2011.
- In a recent article published by the Bennington Banner, the Vermont State Dental Society reported larger impending problems in the future, as nearly half their dentists are retiring. Dr. Michael Brady of Bennington, a former president of the Vermont State Dental Society and former chairman of the State Board of Dental Examiners, said in an interview with the reporter, "The problem you have is that the dentists are older... They're practicing less, they're seeing fewer patients, they're not being as energetic in their practices. Consequently, you do have a lack of access to dentists in the area, whether you have regular insurance or Medicaid." (Bennington Banner, *Statewide difficulty in recruiting dentists extends to Bennington County*, Dec 2014).
 - The shortage of providers, both safety-net and private dentists contribute to this access crisis and is evident in the following maps:
 - The first map indicates an impending shortage of dentists as many rapidly age towards retirement, leaving us with even fewer providers to address Vermonters' dental needs.
 - The second map makes it clear that there are significant gaps in safety net settings providing dental care.
 - The final map shows how too few dentists are accepting a substantial number of Medicaid patients.
 - These maps, two of which are taken directly from the Dental Landscape Study conducted for the Green Mountain Care Board by JSI Research, and one of which Voices developed, make it clear just how significant our dental access problem is and how our current dental workforce is not adequate.
 - We currently struggle to provide access to Vermonters who need dental care, our dentists are retiring at a pace we are unable to replace, and since more people are covered under the Affordable Care Act, access will be even more of a challenge.
 - We need an oral health care delivery system that will meet the needs of these underserved Vermonters. And it needs to include workforce development. The Dental Landscape Study I mentioned concluded this very same thing-we must address our workforce challenges and that should include midlevel dental providers. The Licensed Dental Practitioner will help to meet the need.

A Licensed Dental Practitioner

- Adding an LDP to the dental team will help make dental care more accessible. LDPs will expand dentists' and health clinics' ability to treat the current backlog of patients and add new patients to their caseload, especially people with low incomes, seniors, and children with Dr. Dynasaur.

- LDPs will bring dental care to communities; in settings like schools, community centers, WIC Clinics, and nursing homes. Therefore, expanding access in a way that reduces several barriers that adults and children face in our current system.
- An LDP is a highly trained dental care provider. They will be dental hygienists, many of whom are already working in our communities, with advanced training to provide preventive and restorative care.
- It is a workforce development opportunity for Vermont. An opportunity for dental hygienists, a workforce of primarily women.
- Since they will be trained at Vermont Technical College, they are far more likely to stay in our communities. The VTC program will exceed standards set by national dental experts and educators. By the time LDPs begin practicing, they will have as much clinical experience in the procedures they are trained and licensed to perform, as a dental school graduate.
- With LDPs providing preventive and restorative care, we can help reduce the need for expensive emergency department visits.
- LDPs can work in settings that currently have empty dental chairs in a cost-effective way. According to a 2013 Community Catalyst Study, for every dollar a midlevel dental provider generates it costs less than 30 cents to employ them. Just imagine, this allows safety-net clinics and dental providers to employ LDPs and offer more care to the thousands of underserved Vermonters.
- Midlevel providers like the LDP work. They practice right now in Minnesota's rural and urban communities and in Alaska's native communities. In Minnesota, the dental therapist model is working so well in safety net clinics, that one clinic, Children's Dental Services, is actually paying tuition for current employees to be trained.
- There is no question that midlevel dental providers are important members of the dental team, providing quality care. In fact, a 2013 American Dental Association study recognized that "appropriately trained mid-level providers are capable of providing high quality service" (*A systematic review of oral health outcomes produced by dental teams incorporating midlevel providers*, JADA, Jan 2013).
- This means that LDPs, who will be highly trained and meet all national standards set forth by dental professionals, can in fact perform procedures that are currently under a dentist's scope of practice, including extractions and fillings.
- The LDP model is unlike any model in our current dental delivery system. It is the only model being proposed that allows for comprehensive dental care in a setting that helps reduce barriers for people living and working in Vermont. Current models, like the Expanded Function Dental Assistant, and proposed models, like the Community Dental Health Coordinator, are unable to go into communities and actually provide low-income adults, children, and seniors with treatment.
- LDPs will work as part of a dental team, under the general supervision of a dentist, with a collaborative agreement..
- For years we have tried to focus on fixing our 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 for dentists. 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. It is not the whole solution. We need to increase our capacity, our workforce, our ability to treat these children and adults who year after year continue to suffer from the lack of access to needed dental care. We need to do so in a way that actually reduces barriers for our most underserved populations. Please support S.20. Support S.20 so that those safety net and private practice settings that know this could help them increase access will have the opportunity to do so.