VERMONT
DEPARTMENT OF HEALTH

Senate Health & Welfare Testimony – S.20
Harry Chen, MD – January 23, 2015

Thank you for allowing me to testify on Senate bill S.20, An act relating to establishing and regulating licensed dental practitioners, which proposes to authorize and regulate the practice of a licensed dental practitioner. This bill establishes a new type of dental provider for Vermont, a mid-level dental provider (analogous to a nurse practitioner or a physician assistant), to increase access, flexibility, diversity, and affordability into the current dental care system.

What are Dental Therapists/LDPs?

This "Licensed Dental Practitioner" would occupy a "mid-level" position between the hygienist and the dentist. The Licensed Dental Practitioner, also known as "dental therapist" in other states:

- would be required to have a minimum of 3 years training
- would be required to pass a clinical licensing examination
- must have a "supervising dentist" and a "collaborative agreement" specifying scope of practice
- would be capable of a limited scope of dental procedures, including: fillings, simple extractions, cleanings, and preventive procedures such as topical fluorides and sealants

The literature from countries using dental therapists in their oral health workforce is extensive. *A Review of the Global Literature on Dental Therapists in the context of the movement to add dental therapists to the oral health workforce in the United States* (W.K. Kellogg Foundation) summarizes the literature to provide as comprehensive a review as possible so as to make the global literature accessible. Conclusions of the report include:

- Dental Therapists practice in 54 countries and territories, including highly developed, industrialized ones as well as developing countries
- Dental therapists practice primarily in public clinics, typically associated with caring for children
- Dental therapists improve access to care, specifically for children
- Dental therapists have a record of providing oral health care safely
- Dental therapists included in the oral health workforce have the potential to decrease the cost of care, specifically for children

Why do we need a LDP/ Examples of Oral Health Disparities in VT

I want to begin by talking about why there is a need for an additional type of dental provider in Vermont from a public health perspective. While our current system of dental care may work well for people of middle and high income, vulnerable and underserved populations face persistent and systemic barriers to accessing oral health care. These barriers are numerous and complex and include social, cultural, structural, and economic factors. Lack of access to oral health care contributes to profound and enduring oral health disparities, in Vermont and nationally. This creates a situation in which the very people who experience the overwhelming burden of oral disease have the least access to dental care (IOM & NRC, 2011).

In Vermont only 49% of low income adult Vermonters (25k or less), and 63% of middle income Vermonters (25-50K) access dental care annually, while **91%** of high income Vermonters (75k +) benefit from annual dental care (VDH, 2013).

The 2013-2014 oral health survey of Vermont children states that "There are **significant** oral health disparities in Vermont with low-income children and minority children having the highest level of tooth decay and the lowest level of dental sealants" (VDH a, 2014). The Centers for Disease Control state that "tooth decay is one of the most common chronic conditions of childhood in the United States. Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing, and learning." Yet tooth decay is highly preventable.

Vermont is credited with having one of the lowest percentages of residents living in an underserved or dental shortage area; however, that does not tell the full story. A dental shortage area is based purely on a dentist to population ratio. It is not defined by the lack of dental providers who accept Medicaid insurance, or have a sliding scale fee. Unfortunately the Health Department frequently hears from Vermonters all over the state who are unable to access dental care in their own community because of a **lack of dental providers who will accept Medicaid insurance**, or because they can't afford the care they need.

In addition to the persistent and systemic **oral health disparities** that exist in our state, there are simply not enough new dentists coming to VT in sufficient number to replace the large number of "baby boomer" dentists who will be retiring. As our general population is aging in Vermont, so are the very dentists whom we rely on to provide care.

The Vermont Dental Landscape Study, commissioned by the Green Mountain Care Board in 2013 states that given the low Medicaid utilization rates, low acceptance of new patients in dental practices and the aging dentist population, current access issues will continue to be exacerbated as dentists move toward retirement. Key finding number eight of the Report states that "**Vermont will have to employ alternative dental workforce models to bridge the access gaps created by an aging dentist workforce even with the implementation of other strategies**" (JSI, 2013)

Similarly, a goal of the 2014 Vermont Oral Health Plan (the result of a collaborative process between the Health Department and the Vermont Oral Health Coalition) is to "Enhance the oral health workforce to meet the needs of all Vermonters"; and lists "**support the development of a Licensed Dental Practitioner position…to improve workforce capacity and access to oral health services**" as a **specific strategy** to achieve this goal (VDH b, 2014).

How are Dental Therapists working in other states?

Currently Alaska and Minnesota have different versions of this mid-level oral health provider; the Minnesota model is the most similar to what is being proposed for VT.

A report on the early impacts of Dental Therapists in Minnesota by Minnesota Department of Health & the Minnesota Board of Dentistry (2014) states a number of promising findings:

- The dental therapy workforce appears to be fulfilling statutory intent by serving predominantly low-income, uninsured, and underserved patients. In smaller practices, often in rural areas, clinics have seen a doubling of patients served. The addition of dental therapists to clinics has also reduced wait time for appointments, an impact that is more apparent in rural areas than urban. Patients in rural areas were almost two times more likely to experience a reduction in wait time.

- Dental therapists appear to be practicing safely, and clinics report improved quality and high patient satisfaction with dental therapist services. There is even a hospital site using a dental therapist to provide oral health services to low-income pregnant women directly in its OB department. In the past, these patients were referred to the hospital's emergency room.
- Benefits attributable to dental therapists include direct cost savings, increased dental team productivity, improved patient satisfaction, and lower appointment fail rates. Many clinics report greater flexibility in scheduling and increased ability to serve more medically complex individuals.
- Most clinics employing dental therapists for at least a year are considering hiring additional dental therapists.
- Dental therapists offer the potential for reducing unnecessary ER visits for non-injury dental conditions. Given the small initial numbers of dental therapists in Minnesota, a reduction in utilization of ER use statewide cannot be established. However, preliminary evaluation results suggest dental therapists may be helping serve patients who have visited the ER in the past for dental issues, and may also be preventing current ER use by expanding capacity at dental clinics serving vulnerable populations that might otherwise resort to the ER.

In Summary

The need for an alternative workforce model has clearly been established by numerous organizations in Vermont, nationally, and internationally. Just as many of us receive safe, high quality medical care from a nurse practitioner or a physician assistant, thousands of Vermonters could benefit from receiving safe, high quality dental care from a Licensed Dental Practitioner that is well trained to do a limited number of dental procedures under the supervision of a dentist who is then freed up to operate at the top of his or her scope of practice.

Our small state of Vermont currently spends approximately *2.5 million dollars a year treating dental issues in emergency rooms, *2 million dollars a year treating dental pain and infection with General Assistance vouchers, and over *2.5 million dollars a year treating dental decay in hospitals for children under the age of six. *Only about half the children and about a quarter of the adults who have Medicaid insurance access dental care annually.

Dental therapists currently practice in 54 countries and in two states in the US. This is a viable and accepted model for delivering oral health care with a particular impact on the most vulnerable and underserved including children and the elderly. Oral health care is critical to the health and economic viability of our state – oral diseases are not confined to the mouth but are linked to both acute and chronic medical issues, tooth loss plays a factor in employability and social and emotional well-being. Untreated tooth decay in children can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. There is a significant portion of Vermonters who currently cannot access oral care because of lack of resources or lack of dentists who accept Medicaid. The addition of a mid-level provider to the dental team could greatly increase accessibility to needed oral care for those in greatest need.

**Department of Vermont Health Access data*

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