

April 24, 2017

Dr. Susan Wilson, D.D.S. President, Columbus Association of Dentists 60 South James Road Columbus, Ohio 43213

Dear Dr. Wilson,

I recently received a copy of a letter which you wrote to the Ohio Legislative Black Caucus regarding SB98. UHCAN Oho has since its inception worked for affordable, accessible quality health care for all, so like you we believe that health care is a right and not a privilege for a few. Achieving this goal requires a multi-faceted approach including bringing the voice of the consumer to the policy table when changes to health care for the most vulnerable are discussed. We work to assure equal health and dental care treatment for all Ohioans and an equal voice in the process. Our work in underserved communities verify what the data tells us; there are not enough dentists where the needs are greatest. In fact, Ohio has 88 dental health professional shortage areas where there is a documented shortage of dentists to serve a community's need including low-income urban areas and rural counties and communities. The reasons for this shortage include our historically abysmal Medicaid reimbursement rate, the challenge of locating in a rural community. No matter the reason the result is the same, people who can afford dental care get it and those who cannot often do not.

Part of our work on dental access has been to educate policy makers and the public about the connection between oral health and overall health. When we began our work in 2010 on the dental therapist effort in Ohio there was a paucity of knowledge about this fact among many people.

Ahead of an opportunity to meet, I want to share some additional information with you

- · Educational requirements
 - There are distinguished and highly qualified dental educators and leaders in the dental care field developing the curriculum based on education standards published by the Commission On Dental Accreditation – the same accrediting body which approves most dental education. The Ohio based educational institutions which train dental therapists will determine what pre-requisites will be required of the candidates for their programs, so to say it is just "post high school" is misleading.
 - Senate Bill 98 (SB98) calls for the dental therapist (DT) to be educated in a CODA approved dental education program lasting 3 academic years to perform 35 procedures. Most dentists are in dental school for 4 years and are educated to perform nearly 500 procedures. Dental therapists will get 75% of the education and clinical time to become proficient to perform about 0.7% of the procedures
 - o After graduation, the DT will face the same licensing Board which licenses all dentists who practice in Ohio.

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- The dental therapist then undergoes a 400-hour preceptorship with their hiring/supervising dentist during which their ability to perform these procedures to the standards of the supervising dentist is evaluated. At the end of that 400 hours the supervising dentist will detail in a set of standing orders those procedures which the DT is authorized to perform. The supervising dentist can reduce the scope that the DT can perform but cannot expand the scope.
- · How extractions are handled
 - o SB98 does allow for some extractions, again ONLY with the approval of the dentist. Allowed are:
 - serial extractions of primary (baby) teeth, except facilitative or surgical extractions
 - nonsurgical extractions of primary and permanent teeth except when the tooth is unerupted, impacted, fractured, or needs to be sectioned for removal
 - root canal therapy (removing tooth nerves) is <u>NOT</u> part of SB98 or the proposed practice of the DT.
- Standards of Care
 - o The standard of care is established by CODA and the Ohio State Dental Board and is the same standard expected and required of all licensed dentists. We assume that the licensed Ohio dentist will demand only the highest quality of care. The current lack of care creates a situation that is life threatening as evidenced by the cases of Diamante Driver, a 12 year old from Baltimore and Kyle Willis a 24 year old from Cincinnati
- Has the Dental Therapist model been proven to increase access to care in geographic areas similar to Ohio?
 - o The problems of access to dental care can be found in every state in both rural and urban areas.
 - o In Minnesota, the DT has been practicing since 2010 and has been evaluated by the Minnesota Department of Health and Minnesota Dental Board. These findings were published and include:
 - Dental therapy workforce is growing and fulfilling statutory intent by serving low income, uninsured and underserved patients and
 - Clinics can see more patients, most of which are public program enrollees or from underserved communities, and decrease wait and travel time for some patients which increases access
 - Dental therapists are practicing safely and clinics are reporting improved quality and high patient satisfaction with their services
 - Benefits of dental therapists include direct cost savings, increased dental team productivity, improved patient satisfaction and lower appointment fail rates
 - Savings from the lower cost of dental therapists allow clinics (and private practices) to expand their capacity to see public program and underserved patients. They also offer potential to reduce unnecessary ER visits for non-injury dental conditions
 - Most clinics that employ dental therapists for at least a year are considering hiring additional dental therapist.

The available experience and research have only indicated an expansion of quality dental care.

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- Dental therapists and independent practice
 - Per SB98 the ONLY way a DT can work in Ohio is by being hired by and being under the supervision of a licensed Ohio dentist.
- Reimbursement for services provided by the Dental Therapist
 - While the Medicaid reimbursement level will be the same, the difference in the salary for the DT and the
 dentist is one of the places where savings are created. Savings in clinics and private practices in Minnesota
 are reinvested in the operations allowing the practices to see more patients and hire more practitioners.
- Cost savings for the state Medicaid System
 - Overall in the state Medicaid system, cost savings are achieved by reduced inappropriate ER usage, reduced complications from long term lack of access to routine dental care which impacts heart issues, increased risk of stroke, negative diabetes outcomes and a host of other medical issues including increased risk of death.
- Dental Therapists practicing in underserved areas and maintaining profitability.
 - Dental therapists are employees of the dentist or program and not independent practitioners. The services they provide reflect the dentist or program.
 - We would be happy to introduce you to Dr. John Powers a private practice dentist in Minnesota who is hiring more DT's seeing more Medicaid patients and has increased profitability by doing so.

We would appreciate the research and/or data which shows dentists moving away from underserved areas. But more importantly, the dental therapist can only work under the supervision of the dentist. Where dentists are using DTs in Minnesota they are expanding their practices. In fact, with the implementation of DT, dentists may be attracted to areas that have historically been underserved.

We appreciate your commitment to serving all your patients with the same level of care and your general concern that the quality of dental care only be improved in Ohio, since these are our goals as well. We would appreciate the opportunity to meet with you and your colleagues to talk about how the proposal to expand the dental workforce can benefit Ohioans who do not have access to care. In working with the sponsors to draft SB98, we remained focused on expanding high quality dental care to more Ohioans.

Let me know when we can arrange such a meeting.

Sincerely

David Maywhoor, Project Director

Dental Access Now!

CC:

Ohio Legislative Black Caucus, National Dental Association, W.K. Kellogg Foundation

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