Dentist shortage

New report from The Pew Charitable Trusts outlines two shortages limiting children’s access to care

By Robert Selleck, Managing Editor

A report released June 23 by The Pew Charitable Trusts concludes that a lack of access to dental care in the United States, especially among low-income children and families, is being compounded by uneven geographic distribution of dental services and dentists’ low Medicaid participation rates.

The findings are consistent with previous studies and analysis by Pew, which is a strong backer of the concept of expanding the role of midlevel providers of oral health care as a core strategy to improve access to dental care among underserved populations.

This latest analysis also warns of an impending likelihood that the access-to-care challenge will increase because of the number of dentists intending to retire soon and the number of children who will qualify for subsidized dental care through private or public insurance programs when provisions of the Patient Protection and Affordable Care Act take effect in 2014.

Drawing on data from the U.S. Department of Health and Human Services — Centers for Medicare and Medicaid Services, the American Dental Association and the U.S. Department of Health and Human Services — Health Resources and Services Administration respectively, a table in the Pew report provides a state-by-state snapshot of the converging challenges.

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The Pew Charitable Trust Children’s Dental Campaign continues to push for expansion of the dental workforce. It supports creation of trained ‘dental hygiene therapists’—midlevel-care providers who could perform procedures now undertaken by only dentists in most states. Photo by Johann Hellgson, www.dreamstime.com.

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Although the number of Medicaid-enrolled children not receiving dental care in 2011, the percent of dentists more than 55 years of age as of 2009 (approaching retirement), and the percent of the state’s total population that is classified as being underserved in dental care and residing in areas designated as having a shortage of dental-care services as of 2003. According to the report, more than 14 million children enrolled in Medicaid did not receive dental services in 2011. And in 22 states fewer than half of Medicaid-enrolled children received dental care. By comparison, 2010 data shows that privately insured children were nearly 30 percent more likely to receive dental care than those insured through Medicaid or other government programs. The report points out that studies show it’s the former group that is at far greater risk for developing cavities or carrying other oral-health problems.

**Complex problem**

The Pew report describes the access-to-dental-care issue as a complex problem with numerous contributing factors. It advocates higher Medicaid reimbursement rates and streamlined administrative processes to make it more financially feasible for dental-service providers to work with Medicaid patients, but the report concludes that such steps alone aren’t enough to address the access-to-care gap. The Pew analysis also downplays the value of an anticipated increase in the number of dental schools opening as having meaningful impact on correcting the widespread shortage of dentists retiring. According to the analysis, the expectation is that new dentists will continue to open practices in heavily populated areas and primarily serve privately insured patients.

The report also quotes American Dental Association statistics looking at 2010 to 2010 that indicate an increasing number of dental-school graduates won’t keep pace with overall population growth to check a continued decline in the overall ratio of dentists to patients.

**Midlevel care providers supported**

In the end, the report focuses on the expansion of a midlevel provider workforce as the most likely access-to-care answer that won’t fall short. ‘Midlevel providers can extend the reach of the dental team to areas where dentists are scarce,’ the brief states. ‘They also can make it more financially feasible to provide care for Medicaid-enrolled children. Working under the supervision of dentists, these practitioners can improve the ability of safety-net systems to reach low-income communities, save states money on emergency room care and other costly alternatives, and ensure that more children and families get the care they urgently need.’

**Maine Senate defeats midlevel provider bill**

Maine House has approved the proposed legislation 95-45.

A June “issue brief” from The Pew Charitable Trusts provides several examples of dentists in both business and academia supporting state initiatives to expand certain capabilities of non-dentist members of the dental services team. But Maine dentists are not listed among the examples.

An explanation for that might be found in a recent Bangor Daily News article by Matthew Stone in which the defeat of midlevel-provider legislation in the Maine Senate is attributed to heavy lobbying by Maine dentists.

Just days before the Pew issue brief was released in June, the Maine Senate voted down legislation that would have created licensed “dental hygiene therapists” to help address the state’s access-to-dental-care gap. Fifty-three countries have similar licensing in place, and in the United States, Alaska and Minnesota have some form of midlevel licensing available to help address access-to-care challenges.

The Pew issue brief reports that approximately 15 states have some type of midlevel-dental-care-provider legislation under consideration. But in Maine, it’s back to the drawing board for proponents of such licensing.

The Main House had approved the “dental hygiene therapist” legislation by a 95-45 vote, sending it on to the Senate, where it was voted down in a 14-21 vote prior to being killed, Stone reported.

The proposed legislation was sponsored by Mark Evans, D-North Berwick, who is the House speaker. It was co-sponsored by more than 40 legislators representing both parties, Stone reported.

Much of the legislation’s focus was on serving dental patients participating in MaineCare, the state’s version of Medicaid. Proponents had presented statistics on how many of the state’s residents were living in dental-service shortage areas identified by the federal government. The Maine Dental Association appears to have successfully challenged the accuracy of some of the statistics used to demonstrate a need for the bill.

One of the main statistics to be challenged was a legislature-sponsored report on oral health care in Maine that had said 66 percent of the state’s population resided in “rural” areas. The Maine Dental Association argued the correct figure was 55 percent, and that the inaccurate figure was based on mixing together different definitions of “rural” from two different federal agencies. Not in contention was the statistic that 13.5 percent of Main dentists practiced in service shortage areas identified by MaineCare, the state’s version of Medicaid.

The legislation’s focus was on MaineCare enrollees, but Pelletier said it could be expanded to all patients. The proposed legislation also required that non-dentist members of the dental hygiene team expanding their duties be able to demonstrate a need for the bill. He said the proposed legislation’s simplified nature was a key issue for the House.

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