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...
Maine Senate defeats midlevel provider bill

A June “issue brief” from The Pew Charitable Trusts provides several examples of dentists in both business and academia supporting state initia- tives 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 legisla- tion 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 Sen- ate 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 ap- proximately 15 states have some type of midlevel dental-care provider legis- lation under consideration. But in Maine, it’s back to the drawing board for proponents of such licensing.

The Maine 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-to-21 vote prior to being killed, Stone reported.

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

Much of the legislation’s focus was on serving dental patients participat- ing in MaineCare, the state’s version of Medicaid. Proponents had pre- sented statistics on how many of the state’s residents were living in dental- care 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 dem- onstrate a need for the bill.

One of the main statistics to be challenged was from a legislature- sponsored report on oral health care in Maine that had said 66 percent of the state’s residents lived in “ru- ral” areas. The Maine Dental Asso- ciation argued the correct figure was 35 percent, and that the inaccurate data 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

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advocates higher Medicaid reimburse- ment rates and streamlined administra- tive 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 reducing the expected wave of dentists retir- ing. According to the analysis, the expec- tation is that new dentists will continue to open practices in heavily populated areas and primarily serve privately in- sured patients.

The report also quotes American Den- tal Association statistics looking at 2030 to 2032 that indicate an increasing num- ber of dental-school graduates won’t keep pace with overall population growth to reach a continued decline in the overall ratio of dentists to patients

Midlevel care providers supported

In the end, the report focuses on the ex- pansion of a midlevel provider workforce as the most likely access-to-care answer that won’t fail short.

“Midlevel providers can extend the reach of the dental team to areas where dentists are scarce,” the brief states. “They can also make it more financially feasible to provide care for Medicaid-enrolled children. Working under the super- vision 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.”