Legislative Budget and Finance Committee

A Study Pursuant to HR 68 of 2021: Rural Dental Health

<u>Report Comments by Stephen Fickes, Project Manager</u>
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Good morning. Members of the committee, it is a pleasure to be here today to discuss the results of our study pursuant to House Resolution (HR) 68 of 2021. HR 68 asked us to review the availability of dental health services in rural areas of Pennsylvania and to present recommendations to expand dental services in these areas of the state.

Understanding access to dental services in Pennsylvania -- and more specifically rural areas -- begins with identifying where dental providers are located. We used the best available data to create a multidimensional analysis of the number and practicing location of licensed dentists. We determined that there were over 7,000 licensed dentists actively operating across 6,800 practice locations in Pennsylvania in 2019. In addition, we determined that the number of dentists per capita has decreased by 7 percent over the 20-year period between 2001 and 2021.

More significantly, we found that when we compared the geographic location and distribution of these practicing dentists, the number of providers in non-rural counties outpaced those in rural areas at a ratio of 15:1. Our definition for what constitutes a rural

county is based on classifications used by the Unites States Census Bureau and other federal agencies. Those counties not meeting the definition of "rural" are defined as "non-rural."

Another important topic related to dental accessibility is the ability of rural residents to access dental services that are provided through the state's Medical Assistance (MA) program. This issue is important because Medicaid recipients typically only have access to MA participating dentists, which furthers the disconnect between providers and the availability of services, regardless of how many dentists serve a rural area. Our research revealed that – on average – rural counties have 39 percent more MA recipients for every dentist participating in Medicaid than non-rural areas of the commonwealth.

HR 68 also asked us to review the costs and barriers to dental care. For residents residing in rural communities, the primary obstacle to dental care is access to a dentist. Accepting this condition, we then used our dataset on dentists, their practice locations, and demographic detail such as age, to further analyze expected employment trends. We found there is an imbalance between dentists entering the field and those retiring - as there are more dentists expected to retire or leave the field, than are currently entering the workforce through Pennsylvania-based dental schools. Most troubling with this imbalance is that rural communities are likely to be further underserved because

currently new dentists are not locating to rural areas to begin their practice. Instead, dental graduates are preferring more readily available employment options in non-rural areas of the state. For example, we found that in 2019, only six percent of the graduates from Pennsylvania-based dental schools practiced in rural areas.

Cost of dental services is also a significant barrier to access to dental care in rural communities. Cost is not measured only by fee for services, but is influenced by other factors such as the geographic distribution of dentists and population to provider ratios. Stated simply, more dentists in an area equals a lower population to provider ratio, which helps to lower cost. There is debate as to the ideal population to provider ratio, but our research indicated that 5,000:1 to 4,000:1 is considered to be adequate. Based on our data, Pennsylvania has only 12 counties exceeding this top ratio, but nine of the counties are rural, which may limit the ability of their residents to obtain lower cost services in those areas.

Cost is by far the most significant barrier for low-income patients, who rely upon publicly funded insurance programs, like Medicaid, for dental coverage. While many dentists accept Medicaid as a form of payment, we were informed that there is a distinction between accepting Medicaid and being a "meaningful provider" within the program - which is defined as billing $10,000 or more to Medicaid. Using this criteria, rural

communities are further disadvantaged as we found there are 36 percent more meaningful providers in non-rural communities than rural communities, which again makes access an issue for rural residents.

Overall, we found that expanding dental service accessibility to rural areas is a complex and multifaceted issue. Looking forward, we reviewed several existing initiatives, as well as those used in other states. We then discussed the viability of the programs with relevant experts and stakeholders. Unfortunately, while some policy options may have more direct impact than others, there is no single recommendation to be made that could immediately and reasonably address the issue. Nevertheless, in terms of long-range policy options, there are four key suggestions to be considered:

- First, is to explore strategies that will increase the number of rural students in dental schools, as research indicates that students that have a direct tie to a rural area are much more likely to return and practice in that area.

- Second, we offer several suggestions which could potentially strengthen Pennsylvania's healthcare student loan forgiveness programs, including expanding eligibility to current dental students, providing incentives for providers to extend their

service in reimbursement programs, and increasing the time commitments for providers who wish to serve rural areas on a part-time basis.

- Third, we highlight mobile dentistry and teledentistry as alternatives to expand access to basic dental services in rural areas. However, there are also challenges with these delivery modes in rural areas including: the limitation of services offered, the ability to provide continued care, the availability of broadband internet access, and long-term financial viability concerns that could be detrimental for both modes of service. As a first step, we recommend the General Assembly consider defining mobile dentistry and teledentistry to improve documentation efforts for private and public providers.

- Fourth, we also recommend further integration between primary and dental healthcare services in rural areas. A prime example of which started in 2016 with the Medical Oral Expanded Care (MORE Care) collaborative. This initiative trained and educated primary care staffs at 13 rural health clinics located in six counties on basic oral healthcare services, including administration of dental risk assessments, application of fluoride varnishes, and coordination with patients to set self-management oral healthcare goals. This program was also one of the first programs in Pennsylvania to coordinate care between primary and oral

healthcare providers. Expansion of similar programs could help to make inroads among patients who typically have been deterred from seeking dental treatment, which could help to reduce costs and improve overall health outcomes.

As you can tell, while many of these policy options will take time to implement, we are encouraged that a plan is in place through the Department of Health and its *Pennsylvania Oral Health Plan 2020-2030*. Going forward, we recommend that this plan be used to guide the expansion of our recommendations as well as further rural dental health initiatives that may arise.

Finally, I would like to thank several stakeholder groups that assisted us, including particularly, the Pennsylvania Coalition for Oral Health and the American Dental Association. I would also like to thank Matt Thomas, of our staff, who was instrumental in conducting the research and analysis for this report. I would be happy to answer any questions you may have. Thank you.