

REPORT HIGHLIGHTS

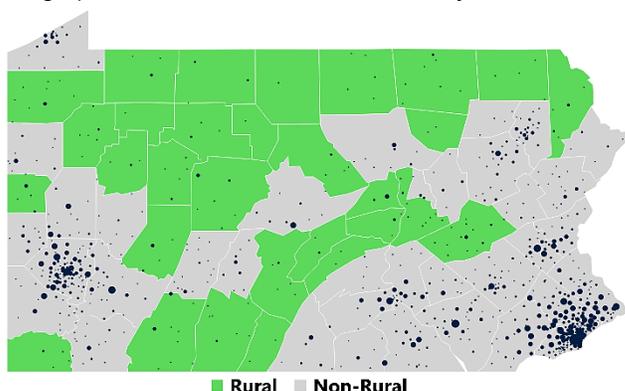
A Study Pursuant to HR 68: Rural Dental Health

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House Resolution (HR) 68, adopted by the Pennsylvania House on March 23, 2021, directed the Legislative Budget and Finance Committee (LBFC) to conduct a study on the availability of dental health services in rural areas of Pennsylvania and further seeks recommendations to expand oral health care in those areas of the state. Key highlights include the following:

- ❖ **In Pennsylvania, there were over 7,000 licensed and actively operating dentists across 6,800 practice locations in 2019.** Yet, over the past twenty years, dentists per capita has declined by seven percent. Where these dentists are located reveals a potentially troubling condition for rural areas. We found the number of providers in non-rural counties outpaced those in rural areas at a ratio of 15:1. Over 6,900 dentists practice in non-rural counties, compared to 450 in rural areas.

Geographic Distribution of Dentists in Pennsylvania.



- ❖ **New dentists are not practicing in rural areas.** Despite having three dental schools located in Pennsylvania, rural areas are struggling to attract dentists. Instead, dental graduates gravitate to available employment options in non-rural areas. In 2019, only six percent of the graduates from Pennsylvania-based dental schools practiced in rural areas. Emerging research suggests a correlation between the location of origin of dental students and where they decide to practice after graduation. We conclude that if rural access to dental services continues to be problematic, strategies to increase the number of rural students in dental schools should be explored.
- ❖ **Cost is a significant barrier for dental services.** Research shows that cost is the primary barrier to dental care regardless of age, income level, or insurance status. This problem impacts lower-income individuals in rural areas who depend on the Medical Assistance (MA) program for care. Rural counties have 39 percent more MA recipients for every dentist participating in Medicaid compared to non-rural areas. There are also significantly fewer Medicaid dentists in rural counties that bill at least \$10,000 in claims annually, which is the threshold set by some public health officials to be considered a Medicaid “meaningful provider.”

- ❖ **Strengthening student loan forgiveness programs could incentivize dental providers to practice in rural**

areas. We reviewed the Primary Care Loan Repayment Program (LRP) administered by the Pennsylvania Department of Health (DOH). The program reimburses up to \$80,000 for providers who practice in shortage areas. Between 2019 and 2022, roughly 25 percent of LRP award recipients were oral healthcare providers, but only a quarter of those grantees were practicing in rural areas. We offer suggestions to encourage longer commitments in these programs, including extending loan eligibility to current dental students and providing incentives for extensions of service.

- ❖ **Mobile dentistry and teledentistry could help to expand access to basic dental services for rural Pennsylvanians.** Integrating these methods of service into existing oral healthcare models could bring several advantages, including reducing travel burdens for rural patients, streamlining services for dental offices, and reducing costs for patients and providers. However, the limitation of services offered, the ability to provide continued care, the availability of broadband internet, and long-term financial viability concerns are significant drawbacks to both methods. The lack of a regulatory environment makes it difficult to quantifiably measure the progress of mobile dentistry and teledentistry in Pennsylvania. As a first step, we recommend the General Assembly consider defining mobile dentistry and teledentistry to improve documentation efforts for private and public providers.
- ❖ **We encourage the General Assembly and oral health stakeholders to consider all policy options aimed at improving dental services access in rural Pennsylvania.** We explored other innovative strategies that could help maximize the existing dentist workforce and improve access to oral healthcare services. These strategies include integrating basic dental health concepts into primary care, community health, and educational settings. We are encouraged that DOH has begun to endorse many of these strategies in its *Pennsylvania Oral Health Plan 2020-2030*.

For a full copy of the report, email us at lbfcinfo@palbfc.us or download a copy at <http://lbfc.legis.state.pa.us/>.