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Dear Chairman Hawkins and Members of the Committee:

Thank you for the opportunity to submit this testimony in support of House Bill 2139. I am a long-time dental educator and researcher. I am currently Chair of the Board of Directors of the ACORN Clinic (a local not-for-profit providing medical and dental care to the underserved), the immediate past Chair of the Board of Directors Oral Health America (national non-profit oral health advocacy group), and the former dean of the University of Florida College of Dentistry and a past president of the American Dental Education Association (representing all academic dental institutions in the United States). I have also been a sub-committee member of the Commission of Dental Accreditation (CODA) and a consultant/site visitor for dental education accreditation. As you can see from my credentials, I care deeply about the dental profession and access to oral health care.

Dental therapists are safe. I have been researching oral health care access since 2002 and have seen dental therapy in action while visiting sites where dental therapists work in both Alaska and Minnesota. As a result, I can tell you dental therapists are safe, proven members of the dental care delivery team. Dental therapy has been used in over 50 modern industrialized countries for about 100 years.

Dental therapists improve access to care. The evidence from Minnesota and Alaska shows that dental therapists are very effective in reducing wait times at overwhelmed clinics, working well with dentists, and decreasing use of hospital emergency departments, among other positive outcomes.

Dental therapists are highly trained in the procedures they practice. House Bill 2139 includes educational standards established by the Commission of Dental Accreditation (CODA). CODA is made up of representatives from organized dentistry, educational programs, licensure groups, specialty organizations and the public and is authorized by the US Department of Education. Just as CODA accreditation ensures that dentists graduate at the highest standards possible, CODA accreditation assures that dental therapists will also graduate with the highest standards of quality. It is a recognition of the safety and efficacy of dental therapists in taking care of patients.

I am frequently asked how dental therapists can be educated in only 2-3 years while it takes 8 years for dental education (4 years of college and 4 years of dental school). The answer is simple; dental therapists only perform a small subset of the procedures that a dentist performs. As a dentist I learned about 500 skills, also known as competencies, while a dental therapist only learns about 50-60. Though narrow, this scope of practice is geared towards underserved communities, and they are the most regularly used procedures.

More importantly, for those procedures within their scope of practice, dental therapists do the procedures more frequently while in school than dental students do. Dental therapists are trained to do the routine, “bread and butter” procedures of dental practices; fillings, preventive treatments, extractions, stainless steel crowns and pulpotomies/nerve treatments.

Dental therapists boost productivity and are cost effective for dental practices. When dental therapy was implemented in Minnesota, there were strong objections from organized dentistry. After implementation, there was a remarkable change of heart among dentists. The state has now graduated 54 therapists, most fully employed. Twenty-four are employed in private dental practices and the others are in nonprofit clinics, FQHCs, and other similar facilities. Fifteen of them work in Health Resources and Services Administration (HRSA) designated rural areas.

Dental therapists work under the general supervision of a dentist and are part of the dental team. Data from Minnesota shows that when a private practitioner hires a dental therapist, the dentist is freed up to work at the top of his or her scope of practice. Consequently, dentists can perform more complex procedures, increasing practice income and profitability. Please contact me if you would like to review the studies that demonstrate this. Dentists who do not want dental therapy do not have to hire them. However, dentists who do want to employ all tools available need to be able to incorporate dental therapists as part of their delivery team.

The fundamental premise of this discussion is that the dental care delivery system in this country is broken for approximately 190,000,000+ people who cannot access the system for a variety of reasons. Therefore, we need to examine some of the reasons for this problem and look at solutions or approaches to address the problem. Dental Therapy is one of the approaches that is evidence based and that is working internationally and in the United States.

Across the country, states are increasingly looking to dental therapists to improve access to care. Dental therapy has bipartisan support across the country. Dental therapists have the potential to significantly improve access to care and transform for the better how dental care is delivered and managed. Thank you for this opportunity to support House Bill 2139.

Sincerely,

Frank Catalanotto, DMD