

Position Statements of the Vermont State Dental Society

Vermont State Dental Society 2010 Access to Oral Health and Oral Health Care

Oral health is fundamental to overall health and well-being.

Personal Oral Health Care and Nutrition

Through proper nutrition and personal oral health care, individual Vermonters can prevent most dental problems and reduce the need for dental treatment [and decrease dental expenditures].

The Vermont State Dental Society supports policies and programs to advance personal oral health care and healthy nutrition that will lead to improved oral and general health.

Access to Professional Oral Health Care

The VSDS is committed to ensuring that any individual in need of dental care will have access to treatment. Vermont dentists have historically contributed to Vermont's high, if not the highest, rank among states in providing access to dental care services to Vermont's low income children and adults.

In Vermont, access to dental care is realized through private practices and dental clinics. Private practices currently account for 80% of all the dental care provided to low income Vermonters. In addition to the private practitioners there are dental clinics such as the "Walk In Clinic" in Brattleboro and "Vermont Dental Care" in Barre and Winooski. Along with these clinics, the expansions of the existing FQHC's (Community Health Centers) in Vermont and their affiliated dental clinics have enhanced the capacity to provide oral health care prevention and restorative services by reaching out to those not currently receiving care.

The VSDS believes that by enhancing the capacities and continuing the missions of these diverse Vermont dental facilities, which include both private practice and clinics, the access to oral health is enhanced for all Vermonters.

Adult Medicaid Dental Benefits

The VSDS continues to support the completion of all components of the "Dental Dozen". This is a thoughtful 3-year plan to improve the oral health of Vermont's most

vulnerable. Unfortunately the plan was not funded in 2009, the third and most critical year of funding.

While the VSDS continues to place a priority on dental benefits for children, the needs of low-income adult Vermonters cannot be ignored. The current adult Medicaid dental benefit program is less than a basic or minimal program due to underfunding. We advocate for its continuation with sufficient funding so that this population of Vermonters has the same oral health care necessary for good health. The current adult Medicaid program provides adults access to emergency and basic preventive and restorative services, with a cap on yearly payments of \$495. – This is the level that was in existence in 1992.

The VSDS has recommended for several years an enhanced dental benefit plan for pregnant women and nursing mothers. Scientific evidence has shown that the transfer of bacteria from mother to young child is also a cause of “Baby Bottle Tooth Decay” now known as “Early Childhood Caries.” Our proposal is to offer these women who are eligible for Vermont Medicaid the same dental benefits as the state employee dental plan. This would be a comprehensive dental benefit plan, but without co-payments or deductibles. This effort would improve the health of the mother, and it would reduce the incidence of Early Childhood Caries in the most vulnerable of Vermont’s young children.

Dental Provider Reimbursements

Over 80% of all Vermont Medicaid dental services are provided by private practice dentists, yet dental provider reimbursements are deteriorating for these private dental practices serving state funded patients. In contrast, Federally Qualified Health Center dental clinics receive higher reimbursement, reflecting yearly increases in cost. VSDS supports increasing Medicaid provider reimbursements with a goal of eventually reaching full, cost-based and equal reimbursements for all dental care providers.

Dental Workforce

VSDS is committed to ensuring that there are sufficient dental professionals statewide to meet the oral health needs of Vermonters now and in the future. In cooperation with the Vermont Dentist Workforce Development Committee, the VSDS coordinates efforts to attract dentists to Vermont. The VSDS also coordinates with the Vermont AHEC’s Pipeline health career program to attract Vermonters to careers in the profession. The VSDS also recruits dentists to practice in Vermont (particularly outside Chittenden County) by using a dentist recruitment coordinator. Recruitment visits are made to dental schools and dental events. A Job Opportunities section of the VSDS’ web site (VSDS.org) matches existing practices with potential new dentists. The VSDS seeks legislative support of our efforts by restoring funding to the Vermont Health Professions Loan Repayment Program that was lost in last year’s budget.

The VSDS has worked aggressively to ensure the establishment of new schools of dental hygiene now affiliated with Vermont Technical College and dental assisting at

the Center for Technology Essex. The VSIDS also has established a sizable scholarship program for dental hygiene students. Both of these programs are thriving and are at capacity for applicants.

Dental Amalgam

The VSIDS supports the unrestricted availability of dental amalgam as a dental restorative material. It is one of several restorative options available to the patient to discuss with their dentist. In 2009 the FDA, based on an intensive review of the scientific record, has placed no restrictions on the use of dental amalgam. The VSIDS and Vermont dentists have been leaders nationally in proper dental office waste management including support for the installation of dental amalgam separators. The VSIDS was recognized in 1999 with the Vermont Governor's Award for Environmental Excellence in Pollution Prevention. In 2008, the VSIDS produced a consumer oriented dental filling fact sheet which is readily available in most Vermont dental practices to assist patients in understanding the advantages and disadvantages of dental filling materials.

http://www.vsids.org/_ah/editor/documents/Dental%20Fillings%2011x14%20Fact%20Sheet.pdf

Community Water Fluoridation

The Centers for Disease Control and Prevention has called community water fluoridation (along with vaccinations and infectious disease control) one of the ten great public health achievements of the 20th century. The Vermont State Dental Society supports community water fluoridation and encourages its continuation and expansion.

Health Care Reform

When the legislature considers its health care reform options we recommend that the oral health programs for low income Vermonters receive the highest priority. As health care has developed, oral health which is a preventable disease, has been delivered in a separate delivery system and with a separate insurance/benefit system. This system has provided Vermont with a wide variety of geographically distributed dental practices and a system of care where 75% of the dentists practice general dentistry and the remainder are specialists. This is the opposite of the medical delivery system. Current dental practice is based on a **patient centered "dental home"** concept that provides a comprehensive and coordinated expanse of dental health services. Oral health education is central to this concept that also includes preventative and restorative services. This is an approach to prevention and care delivery that medicine in Vermont is seeking to achieve through programs such as Vermont's chronic care initiative and medical home concepts. In the dental model, a licensed dentist supervises a team of well educated and trained individuals who strive to efficiently and effectively enhance the oral health of Vermont residents. This system of care delivery has been very effective. An increase in the availability of employer sponsored programs and an increase in funding for state program dental benefits would further enhance access to care, particularly for low income

populations. The current system that allows stand alone dental only insurance plans option should be preserved. When dental benefits are bundled in an insurance package with a medical plan, the dental benefits often become the first casualty of cost reduction efforts. In order to reduce this consequence we advocate for keeping the stand alone dental insurance option.

Over 50% of the needy at risk populations where dental care has been made available through government plans do not access this provided care. This statistic is similar to those covered through the private sector by business employer's dental insurance. It is the Community Care Coordinator who is being currently trained by grants from the American Dental Association that will focus on the social service component of linking needy individuals and families to a dental home. This new mid-level professional will also be trained to offer preventative and palliative care under the supervision of a dentist.

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