

Dr. Edward Sterling
Interested Party Testimony on House Bill 184
Health Committee
Ohio House of Representatives
Proponent Testimony
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9:00 A.M.
Room 121

Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio and members of the House Health Committee – I am Dr. Edward S. Sterling, a Diplomate of the American Board of Pediatric Dentistry, Fellow of the American Academy of Pediatric Dentistry, Lifetime Achievement Award recipient of the Ohio Dental Association, Past Director of the Nisonger Center Dental Programs at OSU and was granted Emeritus Status from OSU College of Dentistry when I retired at the end of 2011. I am very familiar with access to care. For 40 years, I developed and directed the Dental Programs at The OSU Nisonger Center. The central campus program serves children and adults with developmental disabilities. The other program, located in The Franklin County Family and Early Childhood Education Center, is a joint program of the Franklin County Board of Developmental Disabilities, Urban League Head Start, Columbus Public Schools and YMCA. It serves young children with a significant percentage of Hispanic children seen there for care. In addition, I have been working for some time as an advisor to the Dental Access Now! Coalition.

I am here today as an Interested Party regarding House Bill 184. I won't spend much of your time discussing the issue of the dental care crisis in Ohio. The data seems to irrefutably confirm that Ohio has an access to dental care problem which grows larger as each day passes. I would like to point out that one of the key reasons that an access issue exists is due in part to the fact that fewer than 20% of Ohio's dentists will serve any significant number of Medicaid patients. This statistic is important to bear in mind as I proceed.

I would like to highlight a portion of HB184 which can make an impact on the issue of access to dental care. Passage of HB184 would authorize "provision of dental services through teledentistry, defined as the delivery of dental services through the use of synchronous, real-time communication and the *delivery of services by a dental hygienist or Expanded Function Dental Auxiliary (EFDA)* pursuant to a dentist's authorization."

Teledentistry has proven itself in Alaska where the Dental Health Aid Therapist (DHAT) can be supervised from hundreds of miles away by a licensed dentist while the DHAT successfully performs irreversible surgical procedures (filling cavities) for children and adults. The DHAT is a rigorously trained, evidence based, dental professional who has been providing care for over 100 years worldwide and in Alaska since 2005 and Minnesota since 2010.

While the use of teledentistry represents a small step forward I would caution, that if the dentist is not a Medicaid provider, it merely forestalls problems. There is no commitment or requirement that the supervising dentist will provide the care needed that exceeds the scope of HB184.

Another aspect of HB184 would permit the application of silver diamine fluoride to help arrest dental decay. It does accomplish that but also significantly blackens teeth which to the untrained eye can make a tooth look worse. Physicians know medicine but it is the rare physician who knows much about dentistry. Drug seekers know how to work the system and certainly a number of the people coming to the Emergency Department with "dental pain" fit that description. Now, that tooth that has been treated with silver diamine fluoride looks even worse. And what do people with dental pain get when they come to the Emergency Department? They will get a prescription for antibiotic and pain medication.

There is no question that access to dental care is a significant issue. It has been discussed in the dental literature for at least 60 years that I am aware. An article published in the June, 2017 Journal of the American Dental Association titled "Income inequality in the United States and its potential effect on oral health," the authors found there was a "significant association between income inequality and oral health as measured by using the overall condition of the mouth and teeth, life satisfaction and frequency of experiencing functional and social problems related to oral health. Generally people from areas of lower income infrequently reported better oral health and oral health-related quality of life."

HB184 does little to significantly address the issue of access to care.

I thank you for this opportunity and will be happy to answer questions.