

**David Maywhoor**  
**Project Director – Dental Access Now! – A Project Of UHCAN Ohio**

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**Interested Party Testimony on House Bill 184**  
**Health Committee**  
**Ohio House of Representatives**  
**Proponent Testimony**  
**June 21, 2017 - 9:00 A.M.**  
**Room 121**

Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio and members of the House Health Committee – My name is David Maywhoor and I am the Project Director for Dental Access Now! a project of Universal Health Care Action Network of Ohio (UHCAN Ohio.)

I greatly appreciate this opportunity to testify as an Interested Party about House Bill 184, which seeks to provide opportunities to increase access to dental care in Ohio but offers little in the way of determining the success of our efforts. Dental access is an issue which for decades has been described by the Ohio Department of Health as Ohio's #1 unmet healthcare need. This is a critical discussion because as we deliberate about how we will provide general healthcare to Ohio's underserved consumers, we also recognize that lack of dental care has an impact on overall health. Lack of routine dental care creates increased potential of stroke, and negatively impacts those suffering with heart disease, diabetes, and osteoporosis.

We often ignore the story of adults missing one, two or more teeth, who are also trying to find employment. These folks know the limited potential of an employer seeing them as a future employee.

These are folks with whom I have worked since 1970 when I began my career in northwest Ohio as a Headstart teacher. My professional career has been spent working to assure that care for the underserved is accessible, affordable and is of the highest quality. That is why it is important for me to speak about HB184.

You heard earlier testimony about the gradual improvements in the care for our 3<sup>rd</sup> graders from data provided by the Ohio Department of Health. While we can take heart in the number of parents who self-reported that their children have seen a dentist, and the increase in the numbers of children who benefited from the dental sealant program, we should look deeper into what the information also tells us. From that same report (attached here):

- 32 percent of parents reported that the lack of insurance and/or not having a dentist who accepted their insurance was a barrier to getting dental care for their child.
- 30 percent of parents said they couldn't afford to pay for dental care.
- Children covered by Medicaid were more likely to have untreated cavities and toothaches, while those with private insurance were less likely to have these dental problems (Figure 4).
- Over half of Ohio's 3<sup>rd</sup> grade schoolchildren had a history of tooth decay in their primary (baby teeth) or permanent (adult) teeth. A history of tooth decay means that a child had one or more untreated cavities, fillings, crowns, or one or more teeth extracted (pulled) because of cavities.

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- The percentage of children with dental sealants has remained essentially unchanged since 2010.

HB184 calls for changes to the dentist loan repayment program and Choose Ohio First Scholarships in an effort to get more dentists into underserved areas. Dean Patrick Lloyd noted in his testimony, “Our College of Dentistry ... has committed to increasing its class size by 10 additional students who will be recruited from underserved areas in Ohio. Because of their demographics and other factors, this group will have a greater likelihood of practicing in underserved areas after graduation.” While we appreciate Dean Lloyd’s hope that newly licensed dentists will work in underserved areas, we have not seen this in practice.

Prior testimony also acknowledged that graduate dentists come from our dental schools carrying a very heavy debt load, thus diminishing the “likelihood” that these new graduates will practice anywhere other than communities where they can quickly pay off their debt.

Ohio needs more dentists practicing in underserved areas. However, the proposed changes to the loan repayment will—at best—place a handful of dentists in underserved areas. According to the Ohio Department of Health in 2014, since its inception in 2004, 16 dentists had completed their obligations and a few have stayed in underserved communities. Currently, six dentists have contracts with the program.

I would like to offer an assessment of our collective work to date and make a request. Past efforts such as HB190 and HB463 sought to provide a variety of ways to improve access to dental care but offered few ways to monitor any changes which resulted from those endeavors. We respectfully ask that to any new scholarships, abatements, and/or loan repayment programs, we add requirements to analyze what actual benefits are derived from these efforts. The Ohio Department of Health should determine if any of these changes move the needle on increasing access to routine dental care and decreasing dental disease for all Ohioans and be required to post these findings on an annual basis.

When Senate Bill 98 moves to the House we will be happy to describe an evidence based provider (dental therapist) currently having success in reducing dental decay and increasing access to routine dental care in both Alaska and Minnesota.

For now, developing quality and impact related metrics and the means to conduct them will go a long way to determining if these approaches are making the necessary difference for underserved Ohioans.

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