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OHIO LEGISLATURE  
HOUSE OF REPRESENTATIVES  
HEALTH COMMITTEE

SUBMITTED TESTIMONY FOR HEARING ON HB 184  
JUNE 21, 2017

Thank you for this opportunity to submit testimony regarding HB 184. I am Dr Larry Hill. Prior to my recent retirement, I was the dental director for the Cincinnati Health Department for 30 years and the executive director of the CincySmiles Foundation. Though retired from those positions, I am still very actively involved in matters that concern the oral health of Ohio's communities. I am submitting this testimony in opposition to the Bill.

I was born and raised in Cleveland, completed my undergraduate studies at The Ohio State University, received my dental education at Case Western Reserve in Cleveland, served two years in the United States Navy during the Viet Nam era and, after having received a Masters Degree in dental public health, returned to Ohio to my position at the Cincinnati Health Department. I am, at this time, the only public health dentist in Ohio, who has devoted a career to public health practice in the field. During my career, Cincinnati earned a national reputation for its clinical programs, our school based dental disease prevention program, our dental program for the homeless and our dentist volunteer program that became the model for the Ohio Dental Association's statewide OPTIONS program. In short, my career was devoted to creating access to oral disease prevention and treatment for underserved, unserved and uninsured populations. Those include children of low income families, the working poor, folks with mental and physical challenges, the homeless, people in nursing homes and so on.

The reason I am submitting my testimony is because I see it as another diversionary tactic of the Ohio Dental Association and the College of Dentistry at the Ohio State University. I am a longtime member of the Ohio Dental Association. We have a real access to dental care problem in Ohio. However, the problem is not unique to Ohio. Medicare has no coverage for dental care and doesn't work very well under Medicaid. Medicaid reimbursement rates in Ohio have not increased in 17 years, Federally Qualified Health Centers are underfunded by the feds for dental services. Specifically in Ohio, too many children are not receiving dental sealants and too many seniors cannot afford even routine dental care. Only about 25% or less of the

elderly have any dental insurance. Head Start programs, though required to have every child be examined by a dentist and receive necessary follow-up care, express great difficulty in finding dentists willing to care for their children. The Ohio Department of Health Family Health Survey has found access to dental care to be the number one health access issue.

Yet in the face of all of this, organized dentistry has done little to successfully address the problem. For years the ODA opposed legislation offered by the Ohio Dental Hygiene Association that would have allowed dental hygienists to practice to the full level of their training. The ODA, for years opposed allowing dental hygienists to apply dental sealants on low income children in school ( the most effective place to get to the kids) unless a dentist examined the children first. This was a completely unnecessary restriction which had been dropped by many states. It had become a culture of no while children and low income adults suffered. One can only guess what the motives were – poor understanding of the programs,? greed,? control?

Then along came the dental therapist model. Again the response has been no. But, as the dental therapist movement has been gaining traction in the U.S. ( after successfully greatly improving access in 54 countries and in Alaska since 2003 and Minnesota since 2011), both organized dentistry and the dean at the College of Dentistry have thrown out smoke screens to make it look like they're doing something about access to care. First there was HB 190 which has had no significant measurable impact. As pressure for dental therapists increased, they came up with HB 463. Again, no measurable improvement. Now they offer HB 184. All of these come with absolutely no evidence or field experience to demonstrate any significant change. What they do, however, is waste a lot of legislative time with writing the legislation, office visits, hearings and votes with little if any outcomes.

What all of this has done is divert attention from a model that has been proven to work – Dental Therapists. In addition to global reviews of the literature by both distinguished educators and public health dentists and the American dental Association itself, the Ohio Dental Association is still in opposition. Though the dental therapist programs in Alaska and Minnesota have demonstrated great success, still the Ohio Dental Association opposes a model proven to work and continues to push anything else, even though there is little evidence to support them. Two official reports to the Minnesota legislature from the Minnesota Board of Dentistry and the Minnesota department of health and a recent report of the findings in Alaska demonstrate just how we can actually move the needle on access to dental care.

It is time that we end these diversionary,, time consuming and costly measures that simply delay effective means to provide care to Ohio's most vulnerable populations. Dental therapists have been proven to be a cost effective model to significantly improve access to dental care. We need to get on with methods that work and have been proven to do so. Thank you for this opportunity.

