

State Representative Anthony DeVitis
Sponsor Testimony
House Bill 184
Before the Senate Health, Human Services and Medicaid Committee
December 5, 2017

Chairman Burke, Vice Chair Beagle, Ranking Member Tavares, and members of the Senate Health, Human Services and Medicaid Committee: thank you for the opportunity to provide sponsor testimony on House Bill 184 – the Ohio Dental Care Optimization Act of 2017. This bill will update the State’s laws to allow for the use of tele-dentistry to deliver dental care to Ohioans, especially in remote underserved areas, and provides other reforms to improve access to quality dental care in Ohio.

The Ohio Department of Health recently contracted with the Health Policy Institute of Ohio to perform a State Health Assessment, which was conducted from March to July 2016. The final report shows significant progress is being made in the area of oral health.

According to the State Health Assessment report, unmet dental-care needs decreased, continuing a trend that began in 2012. Specifically, the assessment found that the percent of children ages 3 to 17 with unmet dental care needs decreased from 6.8 percent in 2010 to 5.4 percent in 2012, and 4.6 percent in 2015, a more than 30 percent decline over the five year period.

Ohio also fares well on adult oral health. For example, according to the assessment, 65.3 percent of adults visited a dentist or dental clinic within the previous 12 months, which was above the national average of 64.4 percent.

The State Health Assessment also demonstrates that Ohio has a larger population of dentists than the typical state, which is growing even when adjusted for population growth. For example, in 2012, the population to dentist ratio in Ohio was 1,789 to one. In 2013, it was 1,746 to one and in 2015 the population to dentist ratio was down to 1,710 to one. Ohio fares much better than the national average in population to dentist ratio, which is 2,590 to one.

While the State Health Assessment revealed much good news about oral health demonstrating that Ohio is making progress and is doing better than many other states in important oral health indices, the report revealed there are disparities in oral health by race and geography. For example, while statewide workforce ratios show that Ohio performs better than the U.S. average, there are certain areas of the state where unmet dental needs persist.

House Bill 184 was developed to build upon the progress Ohio has made in the area of oral health by advancing programs and strategies that have been demonstrated over the years to effectively improve access to care. For example, this legislation doubles the capacity of the Dentist Student Loan Repayment Program, which has incentivized dozens of dentists through loan repayment assistance to relocate to designated underserved areas and provide care to thousands of Medicaid patients and other low-income Ohioans without the use of any taxpayer dollars. Considering there is a healthy supply of dentists in Ohio, this program is an effective and efficient approach to extending access to quality dental care for those most in need.

In summary, House Bill 184 provides several innovative strategies to build upon the progress the State has made in improving access to dental care in Ohio. By maximizing the use of our current dental workforce, we can continue to improve deficiencies in our dental delivery system and address geographic disparities in dental care experienced in some areas of the State.

Once again, thank you for the chance to testify on behalf of this legislation, and I would be happy to answer any questions you may have.