Testimony of Dr. Frank Catalanotto

Proponent Testimony on Senate Bill 98

Health, Human Services and Medicaid Committee

Ohio Senate

Proponent Testimony

February 6th 2018 3:15PM

South Hearing Room

Testimony of Dr. Frank Catalanotto

February 6, 2018

**INTRODUCTION**

* Mr. Chairman and members of the committee, thank you for the opportunity to testify today in support of bringing dental therapy to the state of Ohio
* My name is Frank Catalanotto. I am a pediatric dentist and long term researcher and advocate for improving access to oral health care for all. I have also been a long term subcommittee consultant to the Commission on Dental Education and am very familiar with how they work.
* My research and advocacy work since 2002 has focused on access to oral health care.  I have been actively involved in Dental Therapist issues for a decade. I have been to Alaska and Minnesota several times. I have seen dental therapists at work and have been impressed.
* **I commend the Ohio State legislature for considering legislation that would allow** dentists to hire dental therapists. It is making a real difference in Minnesota and Alaska and I know it’ll do the same here.

**What are the results of the lack of access to quality oral health care?**

* There are now several published scientific papers showing that poor oral health negatively impacts school learning. Education is the way out of poverty for many poor people, but you cannot learn if you suffer from toothaches.
* A number of recent scientific papers show the very clear relationship between poor oral health and overall health, especially for diseases such as diabetes and cardiovascular disease.  Insurance companies actually underwrite dental care to save money in their medical lines of insurance.
* There is a growing cost to doing nothing about this lack of access to dental care. When people cannot get dental care, they often resort to hospital emergency rooms for relief. Statewide, there were about 168,000 ED visits for preventable dental problems in 2016.
* The cost for treating oral health issues in the emergency room is much more expensive than treating them in a primary care setting. According to the Ohio Department of Health, in 2010 and the first half of 2011, dental treatment in emergency rooms cost $188.5 million. Emergency room visits with a primary dental diagnosis cost more than $58 million.
* Last year in my state of Florida, our hospitals billed out over half a billion dollars for such problems. And that is mostly wasted money because all that happens in the hospital is patients are given antibiotics and pain medication and told to see a dentist the next day. Well, if there was no dentist today, there will not be one tomorrow.
* Most of these conditions could have been treated more cost-effectively with earlier access to dental care.  That is why I support bringing dental therapy to Florida.

**What are dental therapists?**

* Dental therapists are analogous to ARNPs or Physician Assistants in Medicine. They are members of the oral health care team led by dentists.
* Dental therapists have a narrow scope of practice—they get rigorous training, but on a much smaller number of procedures than a dentist can perform. They become expert on those treatments. However, their training takes less time than dentists and their salaries are lower, thus reducing the costs of delivering dental care.
* Dental therapists have practiced in at least 50 other countries for almost 100 years. An analysis of more than 1000 studies showed that they provide safe, high-quality care.
* Two states, Alaska and Minnesota have about a decade of experience in the United States in using dental therapists and the scientific evaluations of their work are uniformly excellent.
* Maine and Vermont have also passed dental therapy legislation and a number of other states are pursuing such legislation (Kansas, Florida,
* New Mexico, Texas, Michigan, Ohio, Massachusetts, Washington and Oregon and North Dakota].
* As the head of the dental team, dentists work with a dental therapist through a collaborative management agreement.
* That means the supervising dentist works with each therapist and sets the parameters of the therapists’ scope of practice.  And let’s remember that this idea is not being forced onto the dentists.  They can make the decision as to whether they want to hire a dental therapist.
* Dental therapists work under general supervision rules which mean they can practice in remote settings or during office hours when the dentist is not in the office, providing more access to working people.

**How can dental therapists help Ohio?**

* As I mentioned earlier, Dental therapists have a narrow scope of practice—they get rigorous training, but on a much smaller number of procedures. They become expert on those treatments.
* However, their training takes less time than dentists and their salaries are lower, giving dentists a way to see more patients including those on Medicaid.
* And they work for dentists: the therapist can see patients in a remote rural clinic, at a nursing home or elementary school or during hours when a lot of working people can make it to the office, outside the typical 9-5 schedule. They stay in touch with their supervising dentist by phone or teletechnology.

**Dental Therapist’s and Safety**

**WHAT IS THE COMMISSION ON DENTAL ACCREDITATION OR CODA?**

* The Commission on Dental Accreditation, housed in the American Dental Association building in Chicago, has now implemented education standards for dental therapy education.
* All dental educational programs are accredited by CODA which is made up of representatives of organized dentistry, educational programs, licensure groups, specialty organizations and the public. CODA is authorized by the US Department of Education.
* Do you think they would have done this if they thought dental therapy was not a safe and high quality member of the oral health care team?
* **Just as CODA accreditation ensures that dentists** graduate at the highest standards possible, CODA accreditation assures that dental therapists will also graduate with the highest standards of quality. **CODA’s approval of standards are recognition of the safety and efficacy of dental therapists in taking care of patients.**

**Dental Therapist’s and Safety:**

* CODA’s accreditation standards stipulate three academic years of education **but do NOT require a specific degree**. This is to give educational institutions flexibility in developing programs, which are encouraged by CODA to provide for **educational mobility and career laddering** (for instance, for dental hygienists or assistants to pursue dental therapy education).
* One of the important questions we are frequently asked about dental therapists is how they can be educated in this shorter timeframe while it takes 8 years for dental education- four years of college and four years of dental school.
* **The answer is very straightforward**. As a dentist, I learn about 500 or so skills or what we call competencies.  But in Senate Bill 98 a Dental Therapist only learns about 36.
* In other words, DTs only perform a small fraction of the procedures that a dentist performs. For example, dentists learn how to do root canal therapy. A Therapist does not learn this because it is not in their scope of practice. Dentists learn how to remove teeth that are buried in bone- we call that an impacted tooth- Dental Therapists do not do this.
* More importantly, for those procedures within their scope of practice, DTs frequently do more of those procedures while in school than dental students do.
* Even the American Dental Association Council on Scientific Affairs concluded in 2013 that “The results of a variety of studies indicate that appropriately trained midlevel providers are capable of providing high-quality services, including irreversible procedures such as restorative care and dental extractions.”

**Conclusion:**

* I would like to conclude with two closing thoughts.
* If somebody tells you they oppose dental therapy because they think or feel that they would unsafe dental practitioners, ask them if they have any published scientific evidence to support their concerns. I can tell you the answer- there are NO negative studies about dental therapy.
* Second, Ohio has an opportunity to be a leader in health care innovation. You can continue leading by adopting this critically important policy solution.

I have attached some additional documents that may be helpful to you and the Committee. If you need any additional information, please feel free to contact me at [frankdentaltherapy@gmail.com](mailto:frankdentaltherapy@gmail.com) or by cell phone at 352-256-5909.