R. Calnon, DDS, said in a news release, “We hope that our few areas of disagreement do not obscure our welcoming Sen. Sanders to this fight. His bill aims high, and that has long been needed. We fully support his intent, to help extend good oral health to all Americans.”

The proposed legislation addresses much of what the subcommittee heard from witnesses in February. That testimony frequently focused on the costs of dentistry and dentistry education — and the impact such costs have on where dentists practice and the types of patients they most typically serve (those with dental insurance or other means of paying for care).

At the hearing’s 90-minute mark Sub-committee Chairman Sanders said, “Generally speaking, dentists make a pretty good income. Why is it that we have a dental shortage in this country? Why do we have a problem?”

In response, Shelly Gehshan, MPP, director of the Pew Children’s Dental Campaign, Pew Center on the States, based in Washington, D.C., said the supply of dentists ebbs and flows with the economy, with the 1960s and 1970s producing a large contingent of dental school graduates before recessions forced closure of dentistry schools. As a result, today’s large number of dentists retiring every year exceeds the annual number of dental school graduates. Dr. Whitmer, MS, executive director at Community Health Centers of the Rutland Region, Rutland, Vt., said his organization just hired two recent dental school graduates — each of whom had more than $350,000 in debt from financing their educations. He said it was only because of the National Health Services Corps and loan repayment assistance that the two were able to take the positions, which focus on delivering care to underserved populations.

Burton Edelstein, DDS, MPH, professor of dentistry and health policy and management at Columbia University, New York, NY, said that dental training requires universities to fully fund their own operatory and high-end equipment purchases, unlike medical schools, which can rely on non-university hospitals for clinical training. “The result: Practices face similar expenses. The result: Providing dental services and/or training is a highly expensive proposition.”

Gregory Föeke, DDS, president of Outreach Dentistry in Lafayette, La., which is primarily a mobile concept serving the poor, disabled and elderly, praised the federal income tax system’s “informed medical expense allowance,” which he said enables him to earn enough to focus his practice on underserved populations. But he acknowledged that his income places him in the lower 10 to 15 percent of the profession in earnings. He said he supported the Special Care Dentistry Act, which he said enables development of a stronger infrastructure for delivering treatment to underserved populations.

Subcommittee members repeatedly referred to the access-to-care issue as a crisis.

Sen. Bernard Sanders, I-Vt., chairman of the U.S. Senate Subcommittee on Primary Health and Aging, leads the hearing on “Dental Crisis in America: The Need to Expand Access.” Photo Provided by U.S. Senate Committee on Health, Education, Labor and Pensions

See page D2 for the American Dental Hygienists’ Association stance on the access-to-care proposals.

Sanders said more that 150 million people in the United States lack dental insurance; and for those who have it, benefits typically are capped at $5,000 to $2,000 per year, which covers only basic services. He said 47 million people live in areas where it is a challenge to find dental care. “This is an issue of enormous importance, and does not get the attention it deserves,” Sanders said.

The proposed legislation references the need for nearly 9,500 additional dentists to provide to the nation’s current oral health needs. Various witnesses and subcommittee members spoke of the growing supply of research linking oral health to overall health. Also acknowledged were the financial impacts that hospitals have on patients with emergency rooms as their only option for dental care, which typically means just immediate symptoms are being addressed, not underlying causes and prevention.

The proposed legislation takes a multi-pronged approach with a variety of programs that would make it more financially viable for dental professionals to provide care to “people falling outside of current-care delivery models.” We’re going to shine a spotlight on an issue that is not much talked about and we are going to do our best to solve this problem,” Sanders said.