2025 PA ORAL HEALTH SUMMIT:

Transforming Systems to Strengthen Smiles

November 12 -13, 2025

Harrisburg, PA

Day 1

PCOH
PA Coalition for Oral Health

Welcome

Micah Gursky

2026 Board Chair

PA Coalition for Oral Health

2025 PA ORAL HEALTH SUMMIT:
TRANSFORMING SYSTEMS TO STRENGTHEN SMILES

THANK YOU TO OUR 2025 PRIME EVENT SPONSOR

HIGHMARK. FOUNDATION

United Concordia dental℠

PCOH
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2025 PA ORAL HEALTH SUMMIT: TRANSFORMING SYSTEMS TO STRENGTHEN SMILES

GOLD EVENT SPONSOR

Special Smiles LTD.

Comprehensive dental care for persons with special needs

Special Outreach Services

Welcome

Helen Hawkey

Executive Director

PA Coalition for Oral Health

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Helen Hawkey

Executive Director

Nicole Payonk

Policy & Advocacy Coordinator

Nora Lugaila

Dental Access Coordinator

Thank you!

Summit Planning Team

- Kristen Rapp
- Kimberly Bury
- Kelly Braun
- Kristin Haegele Hill
- Micah Gursky
- Dr. Michael Verber, DMD, FICOI
- Sarah Oas
- Jacqueline Pugliese
- Dr. Elizabeth Powell
- Kelanie Yordy
- Jasmine Morales
- Dr. Suzan Ly
- Susan Gage
- Vanessa Rastovic , Esq.

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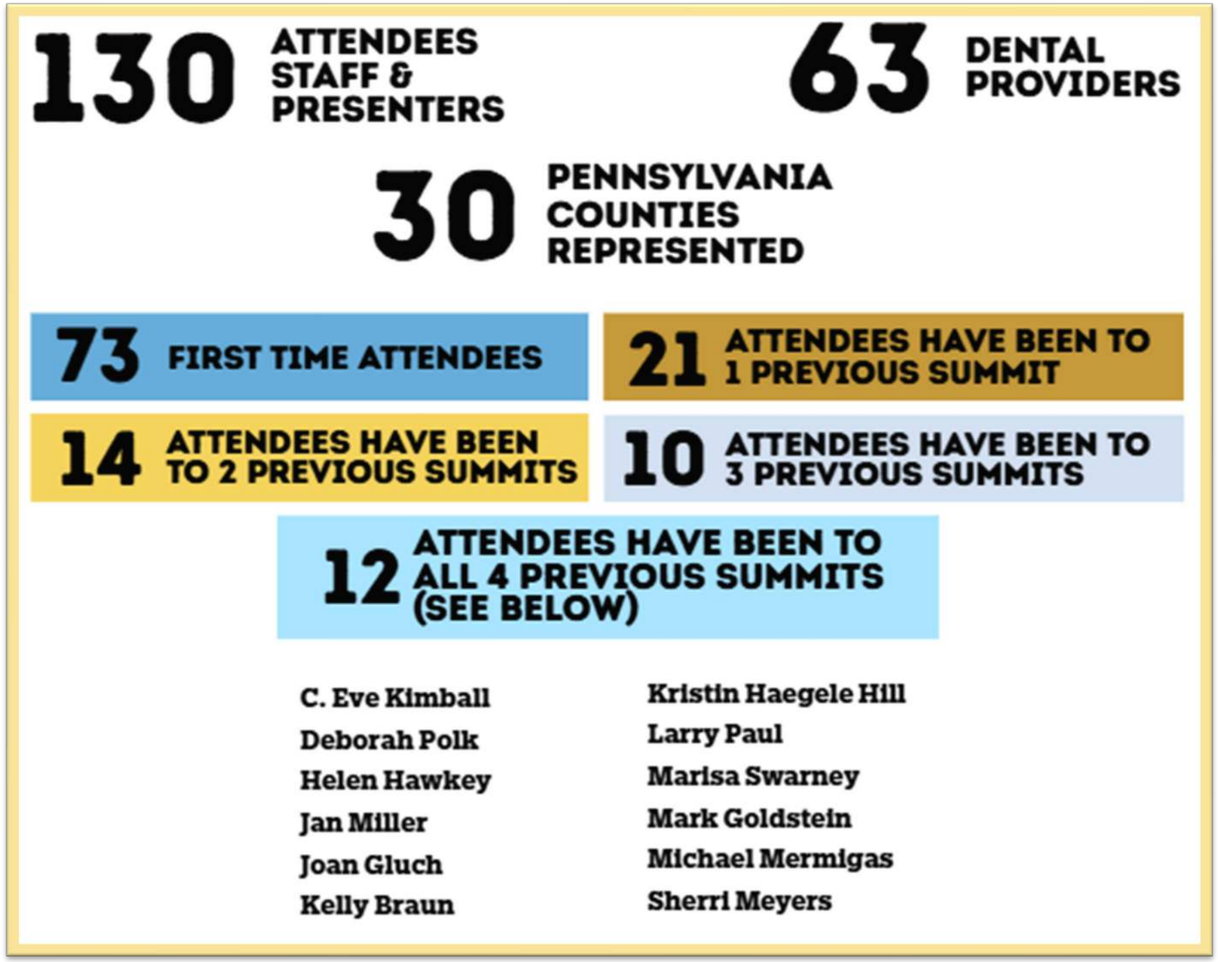
Logistics

- Needs
- Rules of Engagement
- Q&A Submission
- Let’s Go

Who’s in the room?



30 seconds each:

- Name, Organization, Geographic Region
- What do you consider your hometown?

Let’s hear from…

Dr. Chelsea Fosse
American Academy of Pediatric Dentistry

Keep Going:
Essential Advocacy in a Shifting Oral Health Landscape

Pennsylvania Oral Health Summit
November 12, 2025

Chelsea Fosse, DMD, MPH
Research & Policy Center
American Academy of Pediatric Dentistry

research & policy center

Disclosures

I have no commercial financial relationships to disclose.

The AAPD Foundation has support from the CareQuest Institute for Oral Health for a project on transition from pediatric to adult care for people with intellectual and developmental disabilities.

American Academy of Pediatric Dentistry

The American Academy of Pediatric Dentistry (AAPD) is the recognized authority on children's oral health. Founded in **1947**, the AAPD is a not-for-profit professional membership association representing the specialty of pediatric dentistry. Its nearly **12,000 members** provide primary care and comprehensive dental specialty treatments for **infants, children, adolescents and individuals with special health care needs**. As advocates for the **optimal oral health of all children**, the AAPD promotes evidence-based policies, best practices, and clinical guidelines; educates and informs policymakers, parents and guardians, and other health care professionals; supports research; and provides continuing professional education for pediatric dentists and general dentists who treat children. Visit the AAPD website at www.aapd.org or the AAPD's consumer website at www.mychildrensteeth.org for more from the BIG Authority on little Teeth.

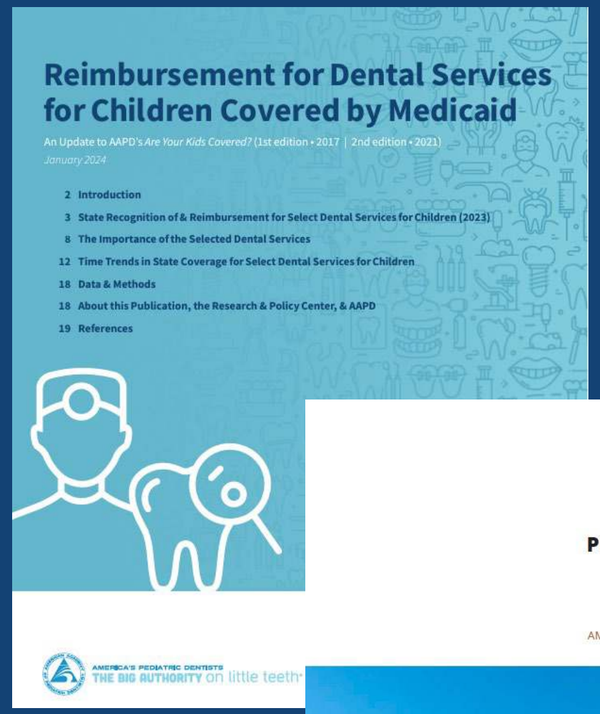
AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®

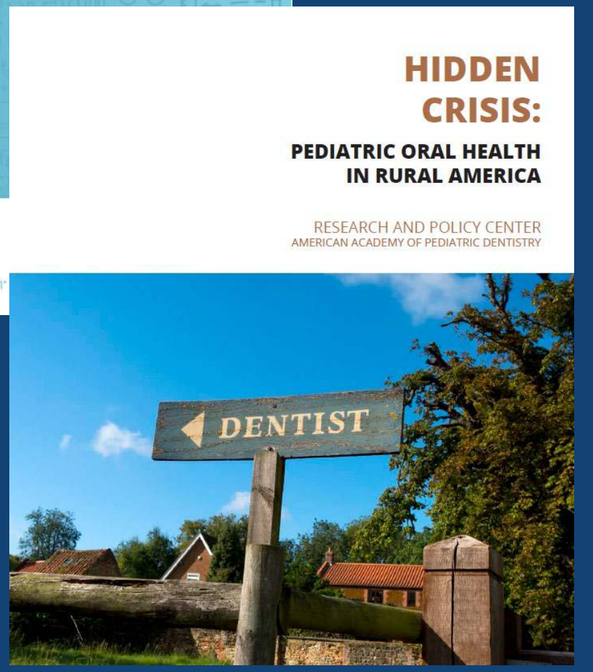
AAPD Research & Policy Center

The RPC aims to conduct impactful oral health services research and advance sound policies that improve the oral health and overall health of children.

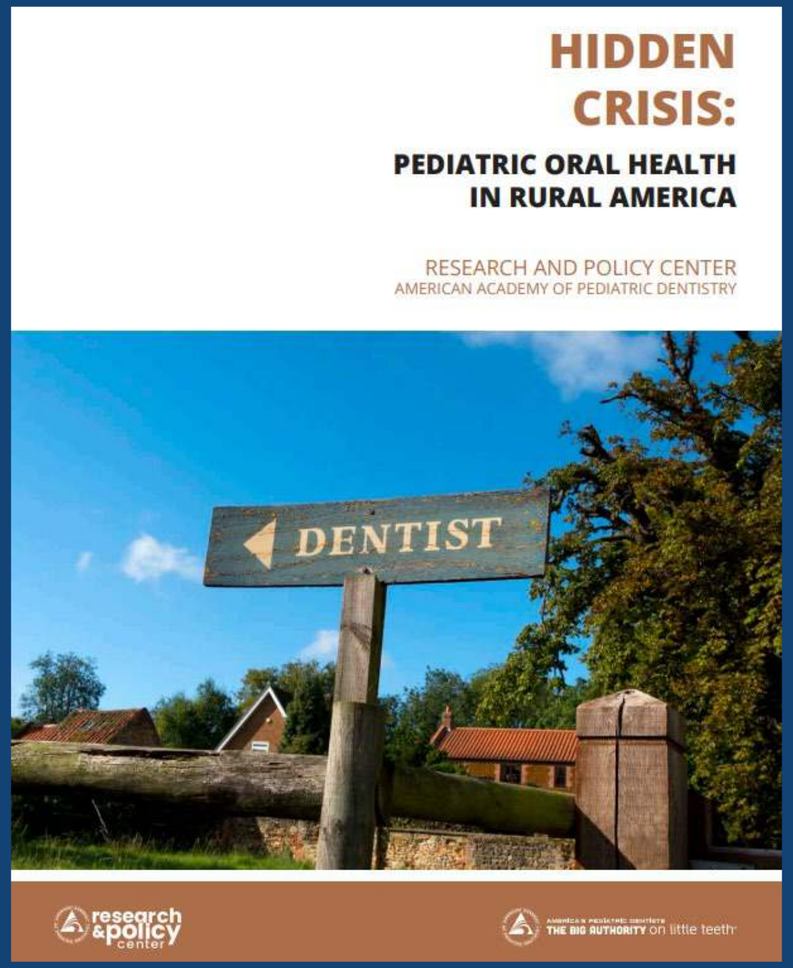
We do this by:

- administering primary research
- monitoring existing reputable data sources
- synthesizing evidence for guideline development
- collaborating with other leaders in oral health and health policy
- generating discussion on contemporary issues in pediatric dentistry





Considerations for Rural Communities



Recruit *from* Rural: Build a robust dentist and dental team workforce in rural areas by **recruiting from rural communities** to the profession.

Recruit *to* Rural: Introduce dentists – including pediatric dentists and other specialists – to the rewards of working in rural areas by offering **enhanced loan repayment programs** and tax benefits.

Reach Out, Refer, and Collaborate: Facilitate partnerships between **medical providers, schools, community organizations**, county agencies, oral health coalitions, faith-based organizations, advocates for children, and pediatric dentists to implement programs that promote optimal oral health.

Enhance Digital Capability: Extend **internet access** in rural areas to broaden the reach and benefits of teledentistry while expanding coverage and payment parity for services delivered via telehealth.

AAPD RPC – Hidden Crisis: Pediatric Oral Health in Rural America (April 2023)

Learning Objectives

1. Analyze recent oral health advocacy successes and synthesize key strategies that drove measurable change
2. Identify prime policy opportunities to promote oral health at the organizational, local, state, and/or federal levels
3. Develop an action plan to drive targeted change within our complex oral health system

The Game Plan

1. Where have we been?
2. Where are we now?
3. What can we do next?
4. How can we do it?

Where have we been?

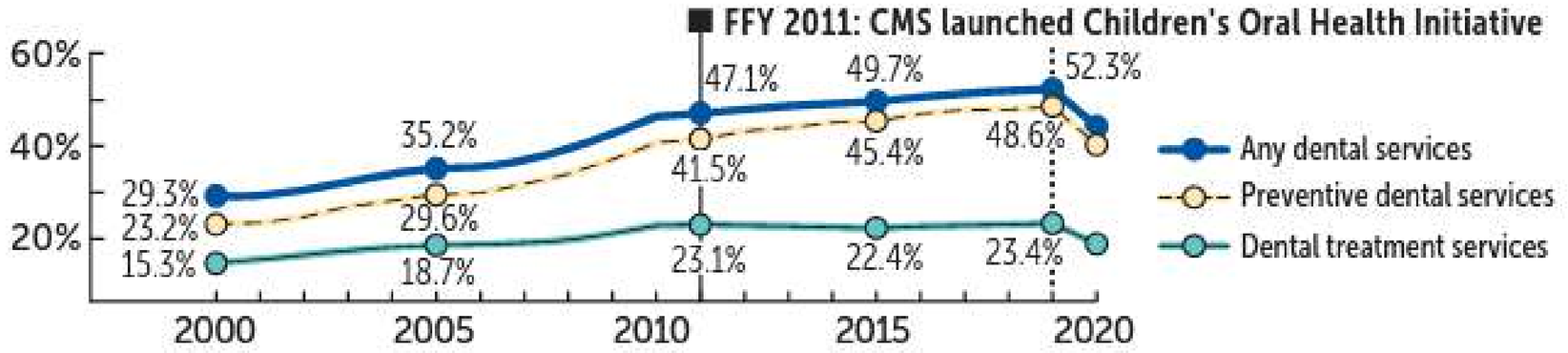
Children Getting Connected to Care

Child and Adolescent Oral Health

ACCESS/UTILIZATION OF CHILDREN AND ADOLESCENTS' ORAL HEALTH CARE SERVICES

States are required to provide dental benefits to children covered by Medicaid and CHIP.

Percentage of Children and Adolescents, Ages 1 to 20, Enrolled in Medicaid for at Least 90 Continuous Days Who Received Dental Services, FFY 2000-2020[4]



Notes: Federal fiscal year (FFY) 2011–2020 percentages include data reported by states to CMS as of March 4, 2022. The data reflect the national percentage of children receiving selected dental services across states from FFY 2000 to FFY 2020. The highest rates of dental service use occurred in FFY 2019, as indicated by the dotted line in the exhibit. Rates of service use fell in FFY 2020 due to disruptions in care during the COVID-19 public health emergency.

CMS: 2023 Medicaid & CHIP Beneficiaries at a Glance: Oral Health (March 2023)

Pregnancy & Postpartum Medicaid Coverage

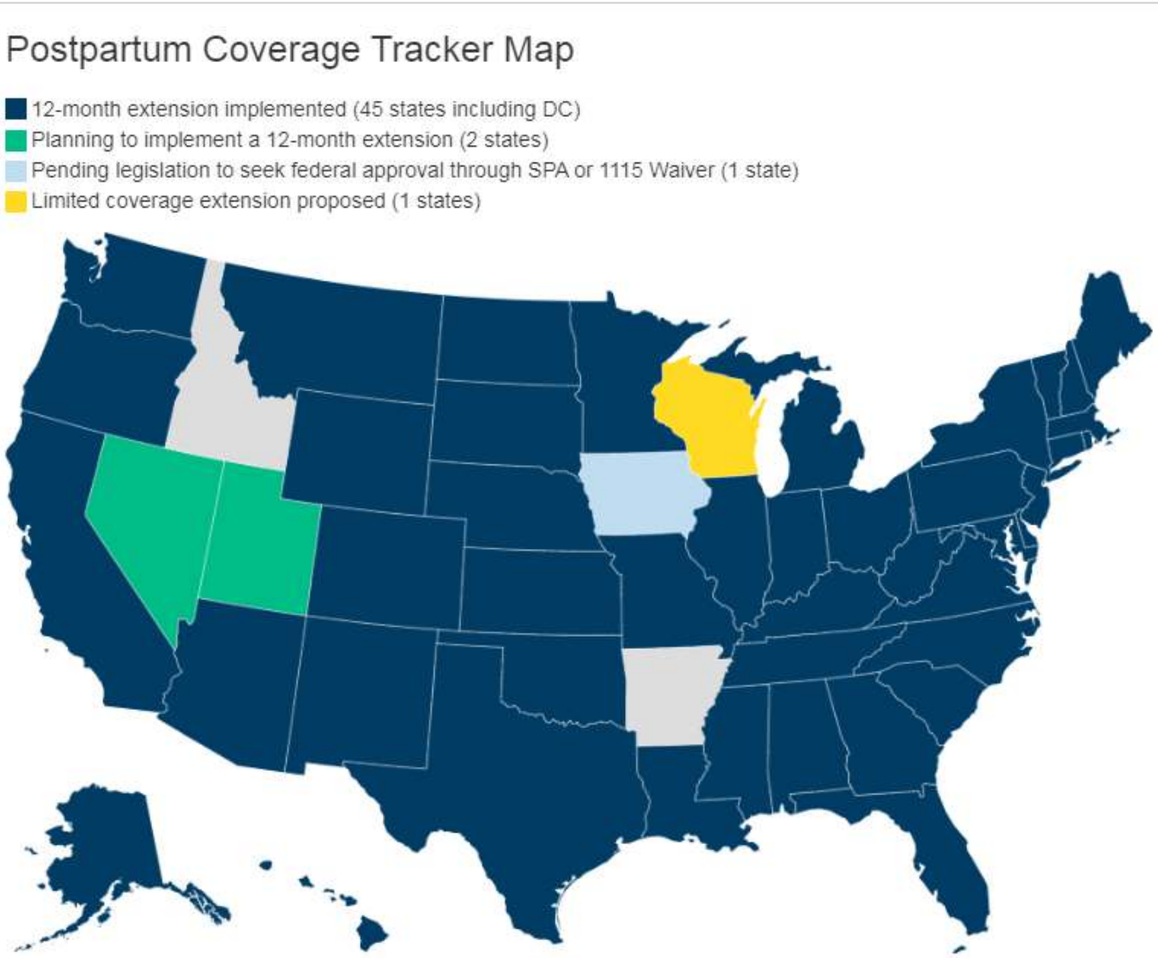
FOR IMMEDIATE RELEASE
September 22, 2022

Contact: HHS Press Office
202-690-6343
media@hhs.gov

HHS Approves 12-month Extension of Postpartum Medicaid and CHIP Coverage in North Carolina

In addition to today's postpartum extension in North Carolina, the Biden-Harris Administration is also highlighting that, beginning in October 2022, all 50 states and D.C. will offer dental coverage for Medicaid enrollees who are pregnant and postpartum through at least 60 days after pregnancy. This change means that an even broader array of critical Medicaid benefits will be available during and after pregnancy.

Medicaid Postpartum Coverage Extensions: Approved and Pending State Action as of February 23, 2024



CMS Press Release (September 2022)
KFF Medicaid Postpartum Coverage Extension Tracker

Medicaid Adult Dental

Kentucky Gov. Andy Beshear to expand Medicaid coverage to dental, visi

Published 1

Tennessee's Medicaid adult denta what you nee

December 18, 2022 a

by Elizabeth Fite

Cleanings, fillin

Virginia to Medicaid t dental ber

THE REGISTE

New state law has led to an increased numbe West Virginians receiving dental care

By Jessica Farrish The Register-Herald Mar 19, 2022

July 2, 2021 Evan Popp

'Life-changing:' Maine coverage to low-incon

Following a multi-year effort spearheaded by people in need of dental care along with advocates and providers, 217,000 low-income adults in Maine will gain access to comprehensive oral health coverage as part of action taken in the legislature this week.

Maryland passes Adult Dental Care Medicaid Expansion

April 6, 2022 by Rob Flaks

MARYLAND- A bill to add adults to the dental care portion of Maryland's Medicaid has passed the state legislature and heads to Governor Hogans's desk with a veto-proof majority.

Utah bill proposes expanding dental care coverage to adults under Medicaid

Boram Kim | Jan 26, 2023 | Utah

Share this:

More

Senate Bill 19, a measure that would extend dental benefits under Medicaid to adults 21 years of age and older, advanced to the House after passage in the Senate by a vote of 19 to 0 with 10 abstentions Monday.

Adult Dental as *Potential* Essential Health Benefit

Allowing States to Add Routine Adult Dental Benefits as Essential Health Benefits (EHBs)

"Under this proposal, states would be permitted to include routine non-pediatric dental services as EHB for purposes of their ABPs or BHP standard health plans."

CMS Newsroom: HHS Notice of Benefit and Payment Parameters for 2025 Proposed Rule

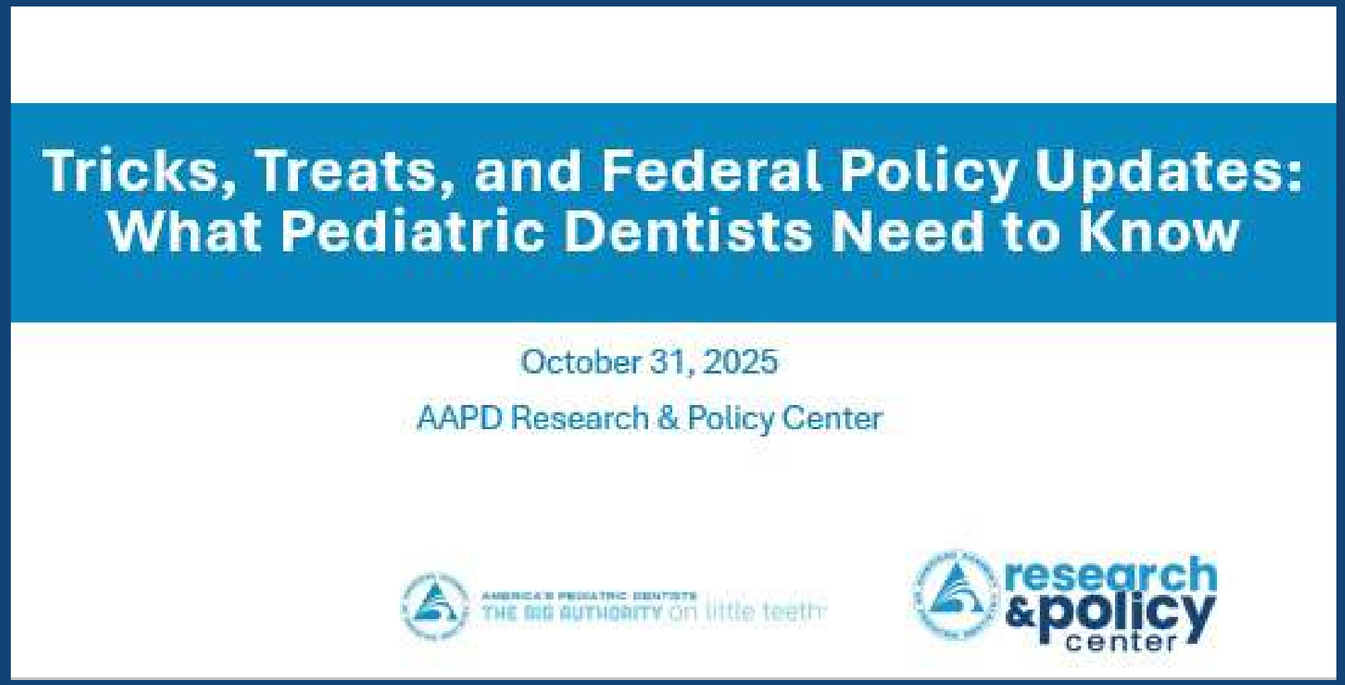
Where are we now?

Buckle up!

1. **Oral Health Federal Infrastructure**
2. **Fluoride**
3. **HR 1 / Public Law No. 119-21**
    - Medicaid
    - Student loans
    - Affordable Care Act & commercial
4. **Shutdown**
5. ***Immunizations***

Interested in greater detail?

Check this out at https://www.aapd.org/research/policy-center/webinars/.



January 29, 2025

View this email in your browser

research

Dear Members:

On the evening of
memorandum (M-2
obligation or disb
January 28 at 5pm
to submit requeste
resumption of affe
Other **programs a**
Health Resources
(CDC), and Natio

Impact of NIH Indir
on Pediatric Dentis

On Friday, February 7, the National Institut
guidance to **limit indirect costs** **(or faciliti**
and currently funded institutions to 15%.
schools and hospitals – have much highe
not clear how funded institutions will mak
planned research activity. This action is b
February 10. **If you, your practice, departr**
impacted by the proposed NIH funding li

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AAPD® E-NEWS

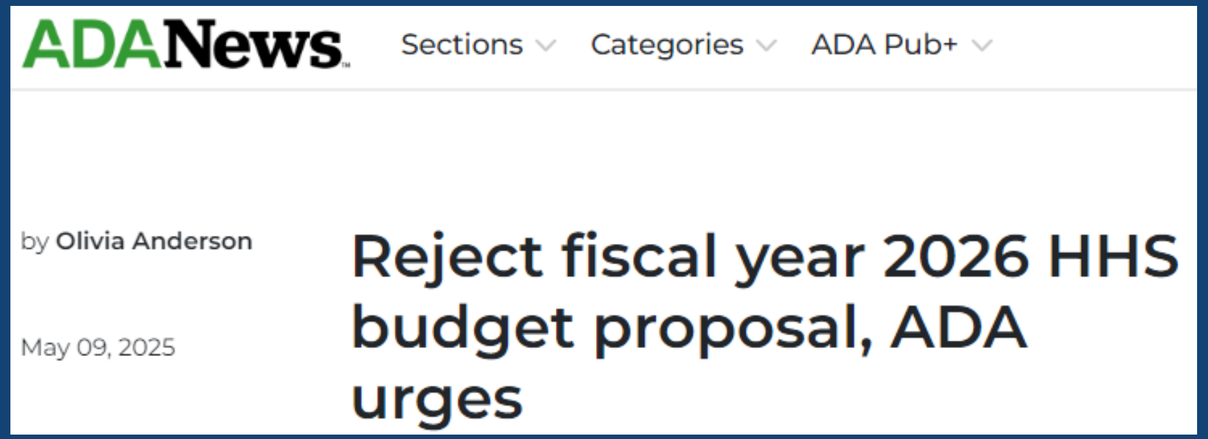
AAPD UPDATES

HHS Cuts Impact Oral Health

As many have heard, many of our dental partners in the federal government have been directly impacted by the reduction in force (RIF) layoffs within the U.S. Department of Health and Human Services (HHS) over the past week. This includes the Chief Dental Officer and other oral health colleagues in the Health Resources and Services Administration (HRSA), as well as the *entirety* of the Centers for Disease Control and Prevention Division of Oral Health (CDC DOH) and the National Institute for Occupational Safety and Health (NIOSH).

Oral Health Federal Infrastructure

ADA+ Responds


ADANews Sections Categories ADA Pub+

by Olivia Anderson

May 09, 2025

Reject fiscal year 2026 HHS budget proposal, ADA urges

- **NIH/NIDCR:** "Maintaining trust in the research enterprise and protecting funding for the National Institute of Dental and Craniofacial Research (NIDCR) as a separate and unique institute"
- **CDC Division of Oral Health**: "… essential that the [CDC DOH] continues to champion effective interventions and care coordination, particularly for chronic diseases associated with poor oral health"
- **HRSA:** Title VII
- **Indian Health Service (IHS)** Dental Health Program (DHP)
- **Oral-systemic connection**

https://adanews.ada.org/ada-news/2025/may/reject-fiscal-year-2026-hhs-budget-proposal-ada-urges/
https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/advocacy/prevention-and-education/letter_rejecting_proposed_hhs_cuts.pdf

Fluoride

April 15, 2025 View this email in your browser

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AAPD and 250 Leading Health Organizations Reaffirm: Community Water Fluoridation is Safe, Effective, and Essential

The American Academy of Pediatric Dentistry (AAPD) is joined by 250 of the foremost health professional organizations and research bodies in a coalition letter affirming the safety and efficacy of community water fluoridation. Supporters include the American Academy of Pediatrics, American Dental Association, Families USA, First Focus on Children, National Association of Pediatric Nurse Practitioners, Center for Medicare Advocacy, Justice in Aging, state health societies, disabilities advocacy organizations, and many more.

The letter is being sent to Members of Congress and health officials in the Administration.

Read the full letter at AAPD.org/aapd-affirms-cwf.

https://www.aapd.org/aapd-affirms-cwf/

FDA & Fluoride Supplements

May 13, 2025 View this email in your browser

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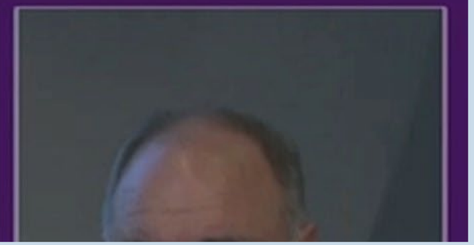
AAPD Alert: Fl

Today the US Food
supplements from t
dentists and physic
specifically applies
added), *not* toothpa

Please share with u
your patients are *n*

We Want

AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth



The consumption of naturally occurring fluoride was discovered to be preventative of tooth decay.

Fluoride makes tooth
that teeth are more re

Clinical and anima
reduces dental car

Exposure to f
changes in th

Consum
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Rem
incre

Public Comment - Use of Orally Ingestible Unapproved Prescription Drug Produ

AAPD Statement on Recent FDA Announcement Related to Fluoride Supplements

The AAPD strongly supports fluoride supplementation as a method to prevent caries, particularly in communities without fluoridated water, and for all children with high caries risk.

Read the Full Statement

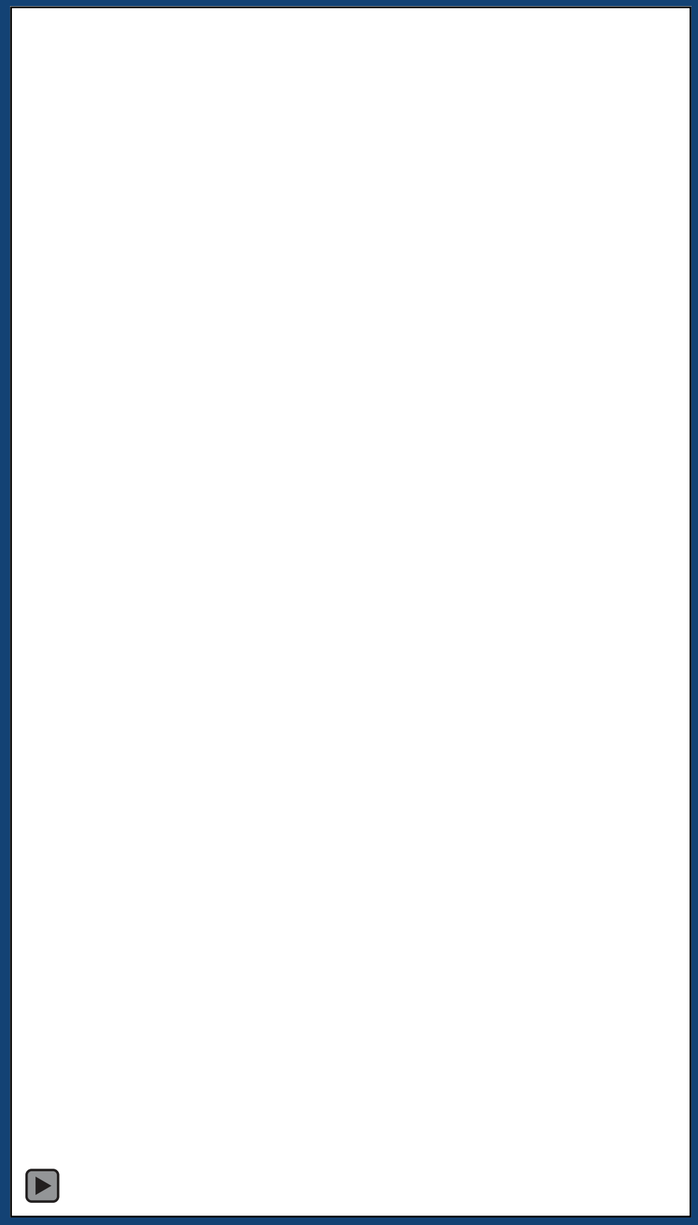
https://www.aapd.org/statement-on-recent-fda-announcement-to-fluoride-supplements/

Fluoride *Successes*

Senate HELP Hearing

State & Local

- **Louisiana: 10-5 on May 28**
- **Nebraska: Died in Committee**
- **Arkansas**
- **Florida communities**



Fluoride
Resources

- AAPD Fluoride resources
- Campaign for Dental Health / I Like My Teeth (Fluoride FAQs)
- CareQuest Fluoride Advocacy Toolkit

HR 1

- Medicaid & ACA
  - Work Requirements – mandatory
  - Redeterminations – 6 months
  - Eligibility restrictions
  - FMAP – immigrant coverage penalty
  - Provider tax prohibition
  - Cost sharing requirements
- ACA
  - Advance Premium Tax Credits (APTCs)
  - Open enrollment shortened
  - Adult EHB status?
- Rural Health Transformation
- Student Loans
- SNAP
- ABLE
- Family Effect
- State impacts pending

January 20, 2025

March 3, 2025

The Honorable Mike Crapo, Chairman, Committee on Finance, U.S. Senate
The Honorable Brett Guthrie, Chairman, Energy and Commerce Committee, U.S. House of Representatives
The Honorable Ron Wyden, Ranking Member, Committee on Finance, U.S. Senate

MAKE A DONATION

FIRST FOCUS
CAMPAIGN FOR CHILDREN

Resources › Letters & Correspondences

LETTER: PROTECTING MEDICAID AND CHIP FOR AMERICA'S CHILDREN

February 24, 2025

AMERICA'S PEDIATRIC DENTISTS
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June 26, 2025
Delivered electronically

The Honorable John Thune
U.S. Senate
511 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Charles Schumer
U.S. Senate
322 Hart Senate Office Building
Washington, DC 20510

Re: Medicaid Considerations in Budget Reconciliation

Dear Majority Leader Thune and Leader Schumer:

On behalf of over 11,000 members of the American Academy of Pediatric Dentistry (AAPD), we write to voice deep concern regarding the cuts to the Medicaid program that have been proposed in the federal budget reconciliation process. These are the largest cuts to Medicaid ever considered, a historically bipartisan supported program. While much remains to be settled in the process, and most of the direct impacts will be on adults, we are anxious about the potential indirect effects these measures will have on children's oral health.

There is an undeniable "family effect" in oral health. Research demonstrates that children's oral health status and receipt of dental care is associated with their parents' dental coverage and experience. The AAPD is committed to advancing the optimal oral health of children, and to do so we support adult Medicaid dental programs based on research findings such as:

The Family Effect

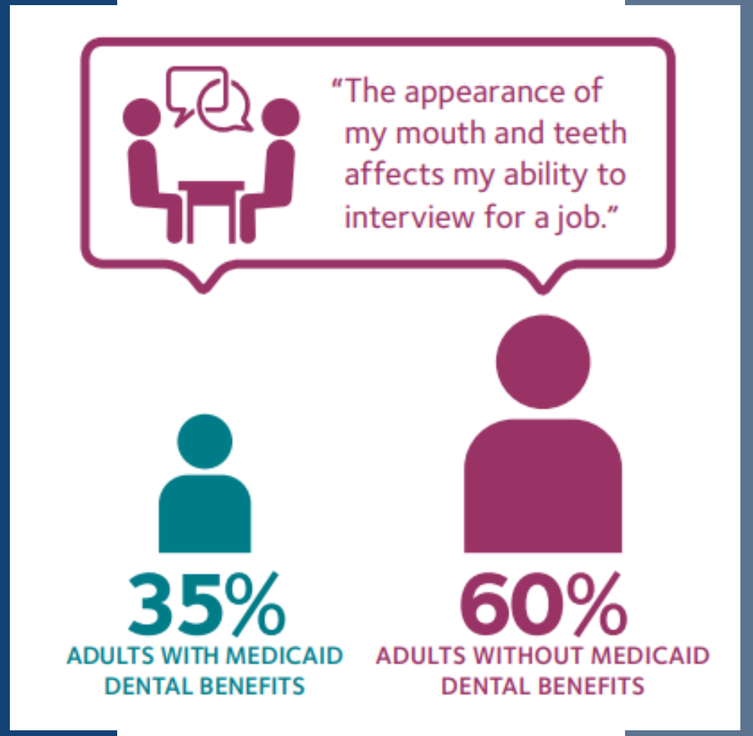
ORAL HEALTH

By Brandy J. Lipton, Tracy L. Finlayson, Sandra L. Decker, Richard J. Manski, and Mingan Yang

The Association Between Medicaid Adult Dental Coverage And Children's Oral Health

Children's dental service use reflects their parents' dental service experience and insurance

Burton L. Edelstein, DDS, MPH; Marcie S. Rubin, DrPH, MPH, MPA; Sean A.P. Clouston, PhD; Colin Reusch, MPA



Parents' dental coverage impacts children.

HPI, Lipton et al – Health Affairs (2021), Edelstein et al – JADA (2020)

Medicaid Dental
Children & Adults

A House congressional committee (Energy and Commerce) is considering and voting on Medicaid reforms throughout today. The reforms incorporate new requirements that, if passed into law, will require states to revamp how they finance the program, likely impacting coverage for optional benefits and potentially provider reimbursement rates. Children's oral health coverage is required by law via the EPSDT provision in Medicaid (Early and Periodic Screening, Diagnostic and Treatment; informally the "medically necessary care" provision for children covered by Medicaid). It is likely that we will see states – due to federal changes – make cuts to programs that are *not* federally mandated, such as adult dental. There is strong evidence to support that children are better connected to dental care when their parents and caregivers also have dental coverage. As indicated in the Academy's legislative priorities, we will continue to support our colleagues leading the charge on Medicaid adult dental efforts, particularly the ADA.

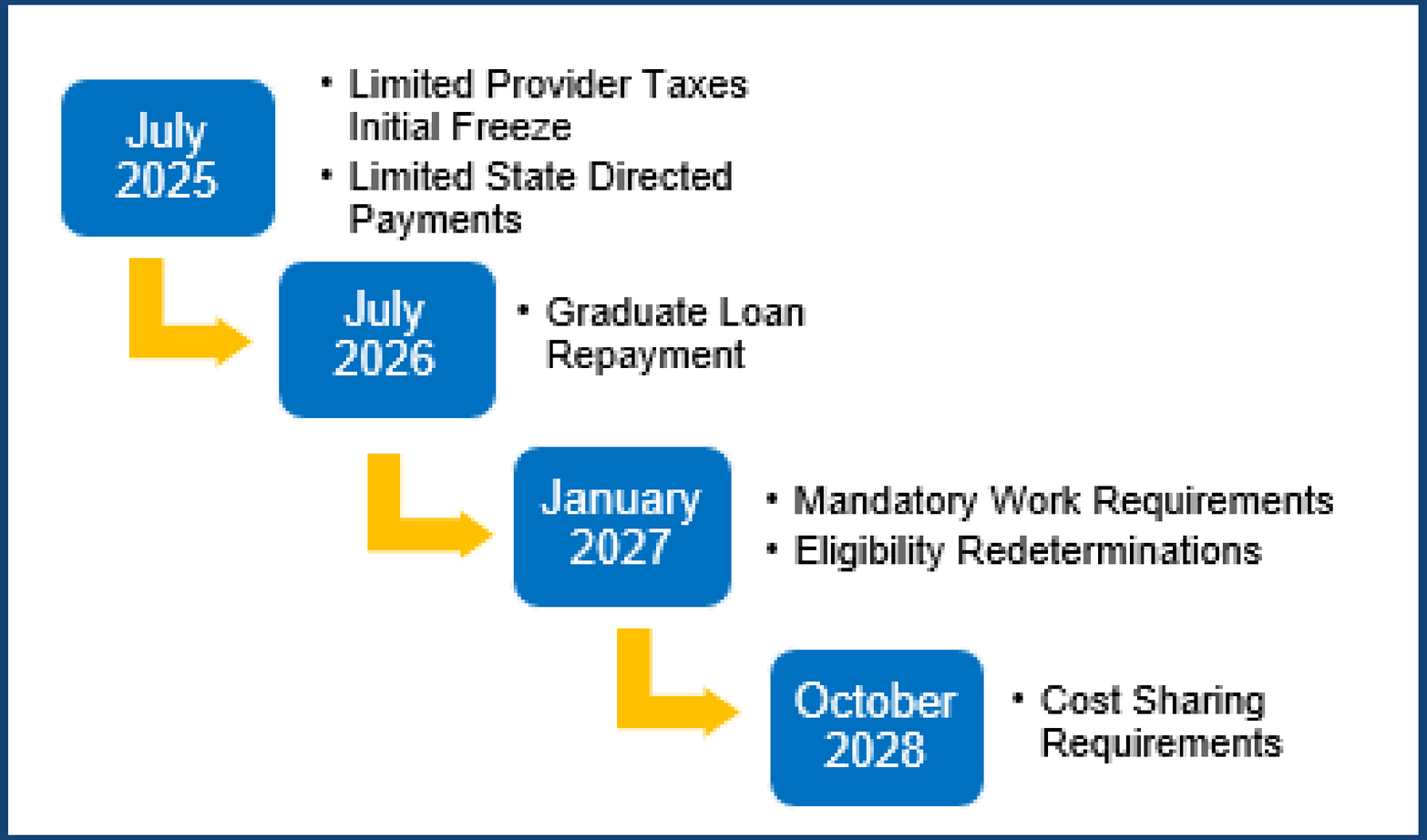
https://us5.campaign-archive.com/?e=__test_email__&u=5575166df0c0a154c2e008363&id=f24e5c2cfa

H.R. 1 Impact on Patients		
Provision	**Description**	**Why it matters**
Mandatory Work Requirements (also known as "Community Engagement") *Enactment:* ***01/01/2027*** *with potential for states to delay* *Section of Senate Engrossed Version: 71119*	States must condition Medicaid eligibility for individuals ages 19-64 on working or partici activities every m tions of employm to be eligible or n for Medicaid. Cert pregnant women, ties, and parents children exist. Thi for the vast majo savings in Medica ple losing coverag	Some parents and caregivers of children with disabilities will be
Eligibility Redeterminations *Enactment:* ***01/01/2027*** *Section of Senate Engrossed Version: 71107*	Eligibility redeterr occur every six m for individuals ag Medicaid through Act's expansion o provision does nc 12-month recertif children.	

H.R. 1 Impact on Patients		
Provision	**Description**	**Why it matters**
Cost Sharing Requirements *Enactment:* ***10/01/2028*** *Section of Senate Engrossed Version: 71120*	Cost sharing requirements for those above 100% of the federal poverty level in Medicaid expansion states will be instated. States will be able to charge up to $35 per service or visit. This includes some preventive services, but others – like prenatal, pediatric, and some primary care – will be exempt.	Adult patients may choose to forego needed dental care which will lead to more invasive needs and costly conditions in the future. As shown by the family effect, adults deferring care due to costs may also defer dental care for their children. This could lead to patients only utilizing care when they are experiencing pain, swelling, or infection which are all costlier and more difficult to remedy.
Loss of Medicaid and Difficulty Enrolling in Private marketplace plans	Those who lose Medicaid coverage will not automatically be enrolled in marketplace plans, and in many cases there will be waiting periods that did not previously exist. They may have difficulty or be ineligible to qualify for tax credits that make plans more affordable.	Marketplace plans must offer coverage for the Essential Health Benefits. This includes pediatric dentistry – or at least presenting the option for pediatric dentistry coverage. Loss in health insurance coverage for parents may lead to foregoing care for children.
Overall	Coverage and access for some of those who were previously eligible will be lost, and there will be greater administrative burden to access care.	

https://www.aapd.org/globalassets/2025-q3-pdt.online-1.pdf -- See page 34

Medicaid: Staggered Implementation



FY25 Budget Reconciliation
SNAP

- Work requirements – additional, and exemptions canceled (e.g., parents caring for children *only* under 14 yo going forward)
- Increased financial burden on states
- 40 million beneficiaries impacted

FY25 Budget Reconciliation
ABLE

- Added flexibility, contribution limits for those in the disability community taking advantage of these accounts

Shutdown Impacts

research & policy center

Resources for Families Affected by the Government Shutdown

Wondering how you may be able to support the patients and families you serve during the government shutdown? Check out these organizations for the latest information.

HEAD START

Approximately 134 programs across 41 states will lose operational funding on November 1, affecting around 65,000 children. The hardest-hit states include Florida, Georgia, Missouri, and Ohio.

Find your local Head Start programs: https://headstart.gov/center-locator

See shutdown impacts by state and congressional district: https://nhsa.org

research & policy center

Resources for Families Affected by the Government Shutdown

SNAP

Forty-two million Americans (1 in 8) rely on SNAP benefits. Some states have announced that SNAP benefits will not be paid starting November 1.

USDA Supplemental Nutrition Assistance Program

Putting Healthy Food Within Reach

Find local food pantries: https://foodfinder.us/

Find local food banks: https://www.feedingamerica.org/find-your-local-foodbank

WIC

WIC serves nearly 7 million mothers, pregnant women, and children who rely on it for nutritious food, breastfeeding support, infant formula, nutrition education, and healthcare referrals.

While WIC has typically remained open during shutdowns, many state agencies are now running out of funding options- escalating the risk of hunger and hardship.

Find food assistance & other services: https://www.findhelp.org/

Local WIC office contacts: https://www.fns.usda.gov/wic/program-contacts

Immunization Schedules

AAP News™ Latest News Collections Print Issues Alerts About

SHARE

AAP releases evidence-based immunization schedule; calls on payers to cover recommendations

August 19, 2025

Melissa Jenco, Senior News Editor

https://publications.aap.org/aapnews/news/32835/AAP-releases-evidence-based-immunization-schedule

AAPD Pediatric Oral Health Advocacy Priorities 2025

1. HRSA training programs
2. Dental Faculty Loan Repayment Assistance Act (H.R. 1758 / S. 1080)
3. Chronic disease prevention and oral health promotion: community water fluoridation, diet/nutrition (sugar reduction)

Available at https://www.aapd.org/globalassets/2025-congressional-handout-final.pdf

Recent Congressional Efforts

- **Title VII**
  - Prior to shutdown, promising Congressional action
  - Anticipated (certain?) delays for existing and prospective awards
  - Challenges with limited HRSA program staff

- **Ensuring Lasting Smiles Act**
  - AAPD Grassroots Advocacy continues
  - Gaining momentum in an unlikely time

What can we do next?

What's Next?

1. **Medicaid**: Strengthen – not just preserve – our dental programs
2. **Prenatal to Three**
   - Head Start
   - MIECHV / Home Visiting
3. **Farm Bill**
   - SNAP
   - WIC
4. **Disabilities**
   - HEADs UP
5. **Reengage with Rulemaking*****

AAPD Advocacy w/ CMS

- Ensure the experiences of children are represented (via proxy with parents or caregivers) in beneficiary committees
- Promote the transparency and accessibility of both provider and beneficiary resources for Medicaid programs online
- Involve dental providers in state Medicaid advisory committees
- Develop benchmarks for dental service payment rate
- Remain steadfast in meeting the evolving needs of people with disabilities
- Establish appointment wait time standards that managed care entities must uphold to promote access to care
- Institute a medical loss ratio requirement for managed care entities

AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth

July 3, 2023

Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted electronically at Regulations.gov

Re: CMS-2442-P; Medicaid Program; Ensuring Access to Medicaid Services

Dear Administrator Brooks-LaSure:

On behalf of the American Academy of Pediatric Dentistry (AAPD)[1] and our nearly 11,000 members, we appreciate the opportunity to comment on the ***Ensuring Access to Medicaid Services*** proposed rule for the Medicaid program (**CMS-2442-P**), relating to 42 CFR Chapter IV. We applaud the Centers for

https://www.aapd.org/advocacy/legislative-and-regulatory-issues/latest-advocacy-news/aapd-response-to-cms/

AAPD Advocacy w/ HRSA

ADA American Dental Association®

AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®

July 5, 2023

Carole Johnson
Administrator
Health Resources and Services Administration
5600 Fishers Lane, Room 14N39
Rockville, MD 20857

Dear Administrator Johnson:

On behalf of the American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD), we are writing to you in response to the Health Resources and Services Administration's (HRSA) information collection request entitled, *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, OMB No. 0915–0172—Revision.* **ADA and AAPD strongly urge HRSA to retain the oral health national performance measure (NPM)** rather than transitioning the oral health measure to a state performance measure. Title V programs have led the way in maternal and child health (MCH) innovations, investment, and improvement, and **oral health must remain a national priority to ensure that progress is not slowed or reversed.**

AAPD State-Level Advocacy: Example from Alaska

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THE BIG AUTHORITY on little teeth

AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth
Alaska

Alaska
DENTAL SOCIETY

RE: Revisions to Alaska Administrative Code, Medicaid Coverage for Dental Services, Section 7 AAC 110.150 and 110.155

Dear Commissioner Hedberg:

On behalf of the American Academy of Pediatric Dentistry (AAPD)[1], the Alaska Dental Society (ADS), and the Alaska Academy of Pediatric Dentistry, we are writing concerning an issue that is having a significant impact on the children of Alaska. In response to a legislative audit, the Alaska Division of Public Assistance, Department of Health has enacted new Medicaid regulations that are intended to reduce spending and combat fraud. Although these regulations are well-intentioned, they have and will continue to delay dental treatment for children who are in pain by creating new, unnecessary, and unreasonable administrative burdens. Children and families—particularly in our most vulnerable communities—need timely delivery of care.

How could we do it?

Tips

1. Identify the advocacy or policy target

- Federal, State, Local
- Big P (legislative, regulatory), little p (organizational policy)

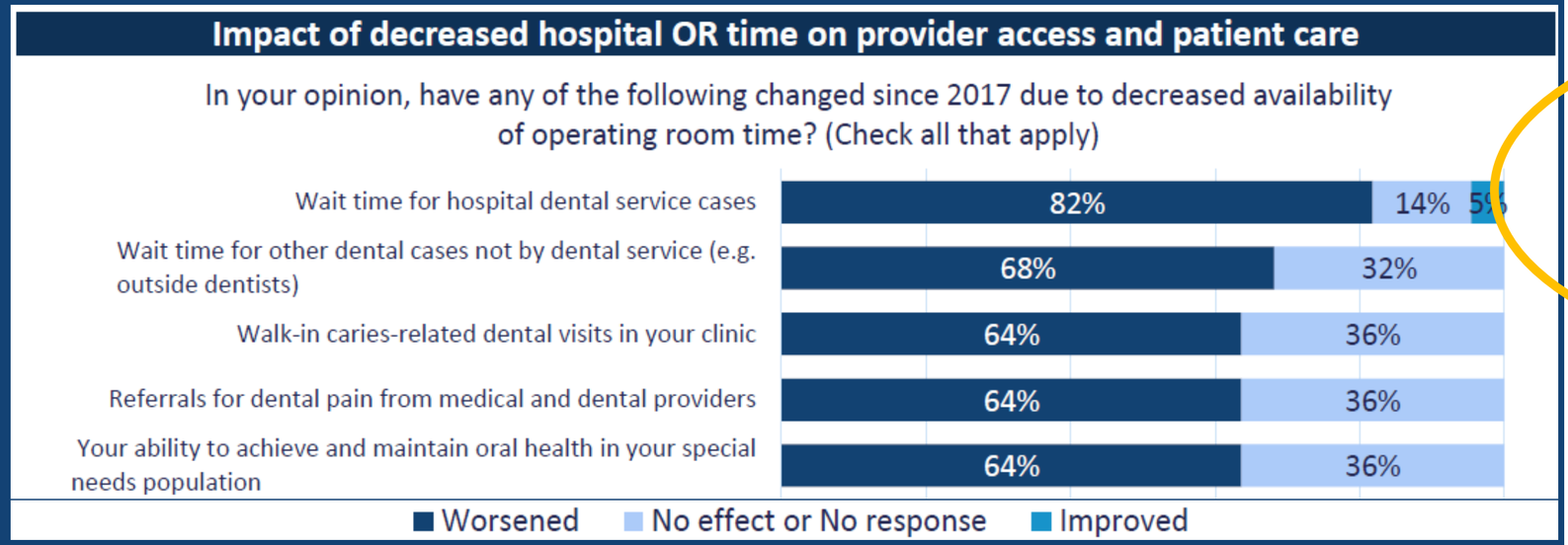
2. Chart a path from issue to solution

- Be specific. Know exactly what change you want to see. Create the ideal solution.

3. Establish influence

- Partnerships (Making friends!)

Case Study: Operating Room Denial or Increased Wait Times



Factors contributing to HOR availability for dental cases

What factors have contributed most to the change in OR availability for dental cases at your hospital? (Ranked by order of importance.)

1. **Shortage of staff in OR** or surgical center
2. **Inadequate OR availability for all providers** who need it
3. **Poor reimbursement** to hospitals for facility fees for dental cases
4. **Competing medical cases are a priority,** based on perceived value/importance
5. **Shortage of staff in dental** program
6. **Availability of other venues** in the community (eg, non-affiliated surgicenters)

AAPD poster at NOHC 2023

The Root of the Problem

Lack of access to ORs has been caused in significant part by two key concerns:

- Insufficient payment for the hospital facility services involved; and
- Exclusion of dental procedures from the ASC covered procedures list

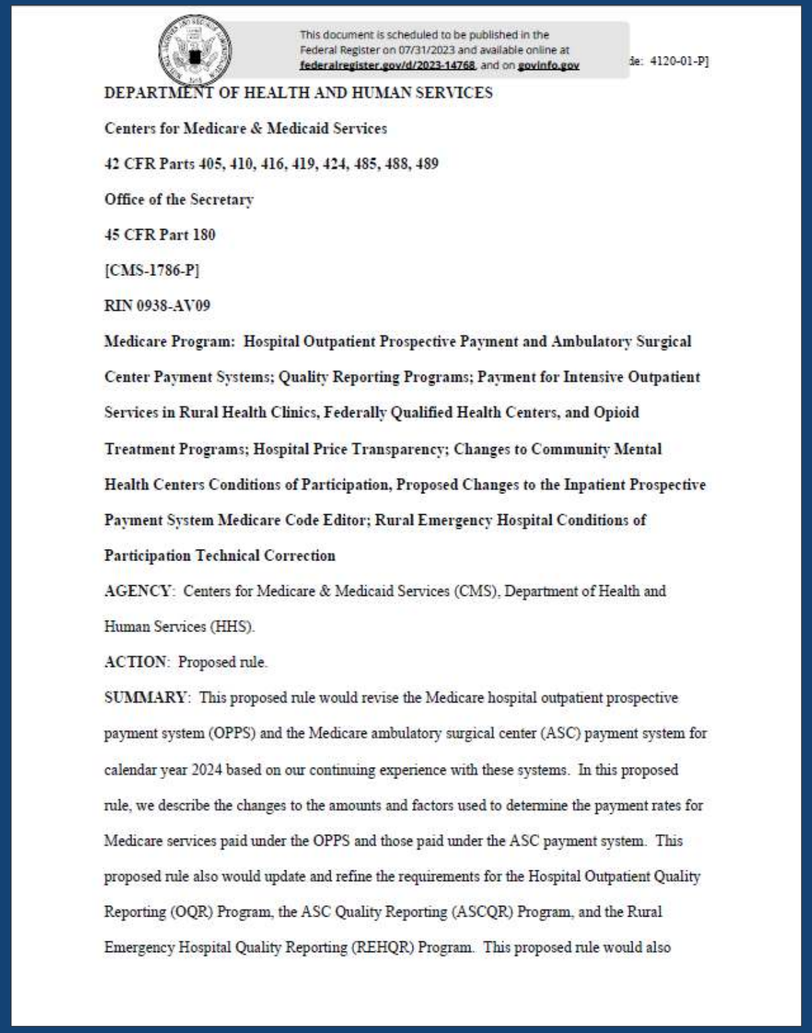
Policy Pathway

CMS establishes a payment mechanism to ensure dental cases are financially viable for hospitals: G0330 HCPCS code

State Medicaid Agency (SMA) adopts the G0330 HCPCS code OR establishes another coding and billing mechanism to address this issue in the state

Hospitals and ASCs are apprised of the availability of the coding and billing mechanism, use/bill the code, and can preserve – or improve – the time available for dental cases in ORs

Dental Coalition Advocacy



This document is scheduled to be published in the Federal Register on 07/31/2023 and available online at federalregister.gov/d/2023-14768, and on govinfo.gov

de: 4120-01-P]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 405, 410, 416, 419, 424, 485, 488, 489

Office of the Secretary

45 CFR Part 180

[CMS-1786-P]

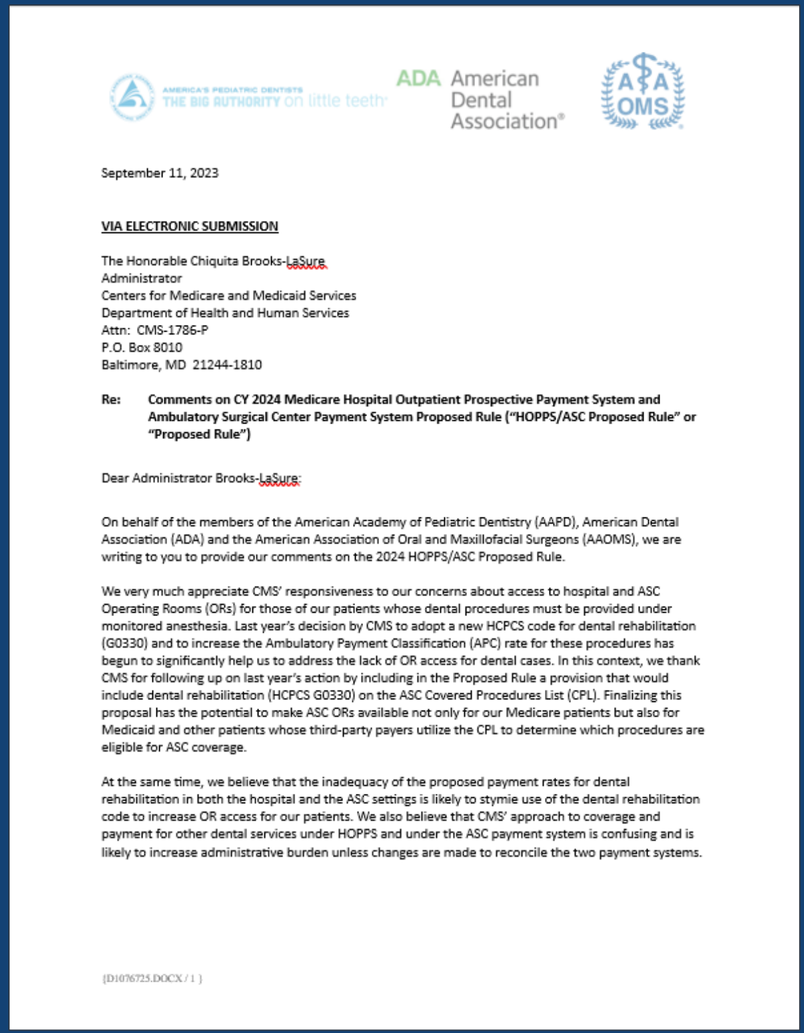
RIN 0938-AV09

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Payment for Intensive Outpatient Services in Rural Health Clinics, Federally Qualified Health Centers, and Opioid Treatment Programs; Hospital Price Transparency; Changes to Community Mental Health Centers Conditions of Participation, Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor; Rural Emergency Hospital Conditions of Participation Technical Correction

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Proposed rule.

SUMMARY: This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for calendar year 2024 based on our continuing experience with these systems. In this proposed rule, we describe the changes to the amounts and factors used to determine the payment rates for Medicare services paid under the OPPS and those paid under the ASC payment system. This proposed rule also would update and refine the requirements for the Hospital Outpatient Quality Reporting (OQR) Program, the ASC Quality Reporting (ASCQR) Program, and the Rural Emergency Hospital Quality Reporting (REHQR) Program. This proposed rule would also



AMERICA'S PEDIATRIC DENTISTS THE BIG AUTHORITY on little teeth

ADA American Dental Association®

AAOMS

September 11, 2023

VIA ELECTRONIC SUBMISSION

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1786-P
P.O. Box 8010
Baltimore, MD 21244-1810

Re: Comments on CY 2024 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule ("HOPPS/ASC Proposed Rule" or "Proposed Rule")

Dear Administrator Brooks-LaSure:

On behalf of the members of the American Academy of Pediatric Dentistry (AAPD), American Dental Association (ADA) and the American Association of Oral and Maxillofacial Surgeons (AAOMS), we are writing to you to provide our comments on the 2024 HOPPS/ASC Proposed Rule.

We very much appreciate CMS' responsiveness to our concerns about access to hospital and ASC Operating Rooms (ORs) for those of our patients whose dental procedures must be provided under monitored anesthesia. Last year's decision by CMS to adopt a new HCPCS code for dental rehabilitation (G0330) and to increase the Ambulatory Payment Classification (APC) rate for these procedures has begun to significantly help us to address the lack of OR access for dental cases. In this context, we thank CMS for following up on last year's action by including in the Proposed Rule a provision that would include dental rehabilitation (HCPCS G0330) on the ASC Covered Procedures List (CPL). Finalizing this proposal has the potential to make ASC ORs available not only for our Medicare patients but also for Medicaid and other patients whose third-party payers utilize the CPL to determine which procedures are eligible for ASC coverage.

At the same time, we believe that the inadequacy of the proposed payment rates for dental rehabilitation in both the hospital and the ASC settings is likely to stymie use of the dental rehabilitation code to increase OR access for our patients. We also believe that CMS' approach to coverage and payment for other dental services under HOPPS and under the ASC payment system is confusing and is likely to increase administrative burden unless changes are made to reconcile the two payment systems.

{D1076725.DOCX / 1 }

Building a Community of Support

- Consortium for Citizens with Disabilities
  - Autism Speaks
  - Brain Injury Association of America
  - National Down Syndrome Congress
  - The Arc
  - United Spinal Association
- Ambulatory Surgery Center Association
- American Academy of Pediatrics

CCD

CONSORTIUM FOR CONSTITUENTS WITH DISABILITIES

March 31, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Access to Dental Surgical Services for Children and Adults with Disabilities

Dear Administrator Brooks-LaSure:

On behalf of the undersigned members of the Consortium for Constituents with Disabilities (CCD) Health Task Force, we write to thank the Centers for Medicare and Medicaid Services (CMS) for taking significant initial action to address timely operating room access for individuals with disabilities in need of dental surgical services. We were pleased to see CMS' responsiveness to this issue being raised last year, and we would like to work with the agency again this year to ensure that agency actions can be built upon to support all individuals with disabilities, regardless of where they reside. CCD is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration, and inclusion of children and adults with disabilities in all aspects of society free from racism, ableism, sexism, and xenophobia, as well as LGBTQ+ based discrimination.

As we have previously noted, children and adults with disabilities often face significant health disparities with respect to oral health care access. Often times, the optimal care setting to address the complex oral health care needs for certain children and adults with disabilities is in a hospital or an ambulatory surgical center (ASC). We want to acknowledge CMS's work to ensure that beginning January 1, 2023, hospitals have a viable way to bill for and receive more fair reimbursement for dental surgical services. We are hopeful this important agency action will support individuals with disabilities who can access the hospital for their needed dental care.

We remain concerned, however, that despite CMS's efforts to develop a new dental billing mechanism, Medicare still does not cover dental surgeries that are performed in ASCs, and as a result of this coverage limitation, neither do many state Medicaid programs. For individuals with disabilities who require access to an operating room to address their complex dental needs and who do not live within close geographic proximity to a hospital, an ASC is a needed resource for these surgeries to be provided.

820 First Street, NE Suite 740 • Washington, DC 20002 • PH 202-567-3516 • FAX 202-408-9520 • Info@c-c-d.org • www.c-c-d.org

Brief History

2023

- CMS created new HCPCS G0330 (APC5871) code
- Available for use in hospitals for facility fee reimbursement
- Ancillary services list
- Not applicable for ASCs
- National average fee $1722.43

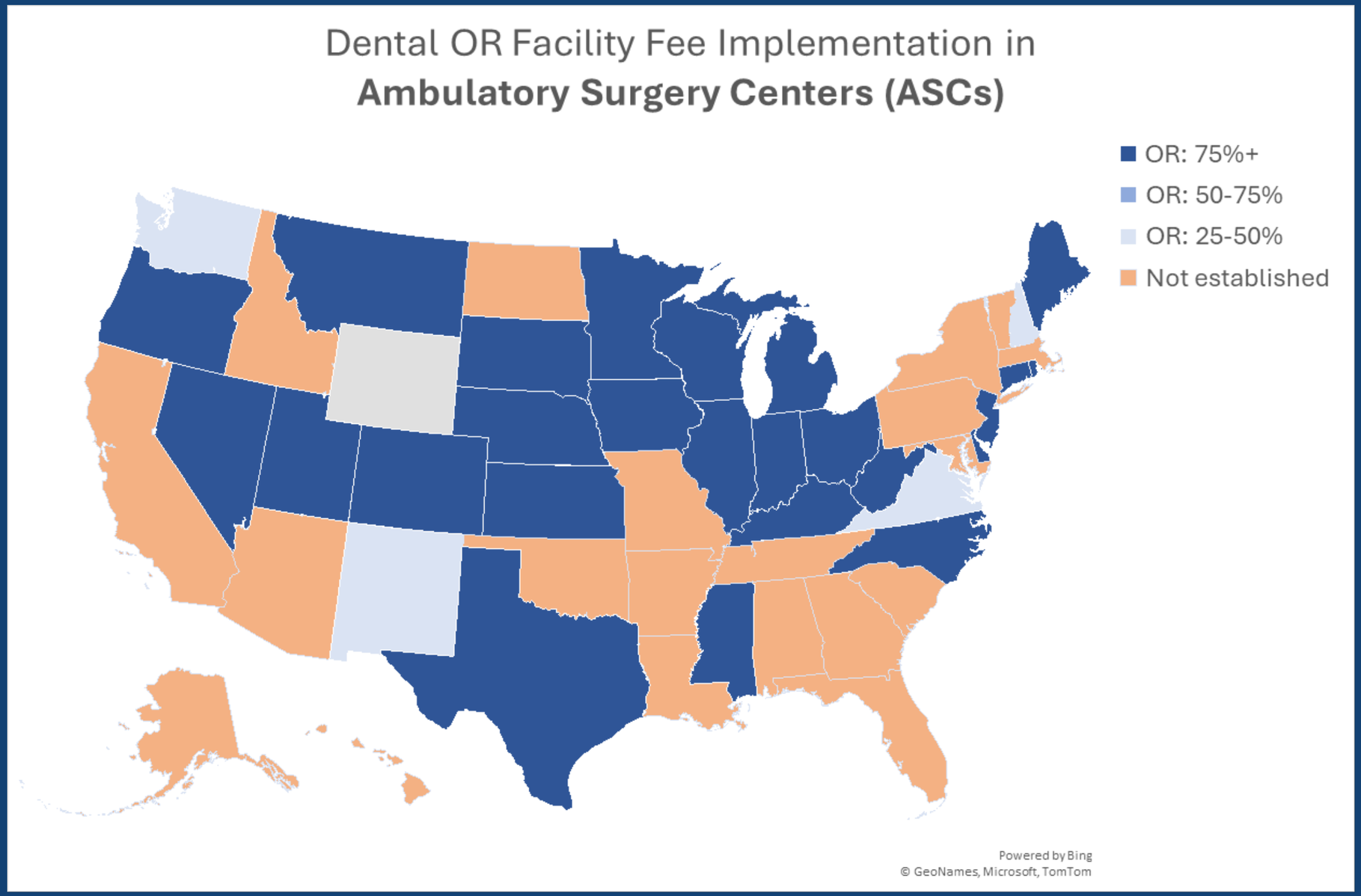
2024

- Assigned new APC to HCPCS G0330 (APC5164) code
- Added to ASC covered procedures list (CPL)
- New fees established for both hospitals and ASC usage; 234 reimbursable CDT codes in hospitals, 26 in ASCs
- $3080.91 national average for ORs
- $1318.93 national average for ASCs

2025

- Addition of some CDT codes to the ASC list
- $3243.07 for ORs
- $1394.45 for ASCs

ASCs (April 2025)



https://www.aapd.org/research/policy-center/rpc-publications/dental-rehabilitation-in-operating-rooms/

Monitoring State Implementation

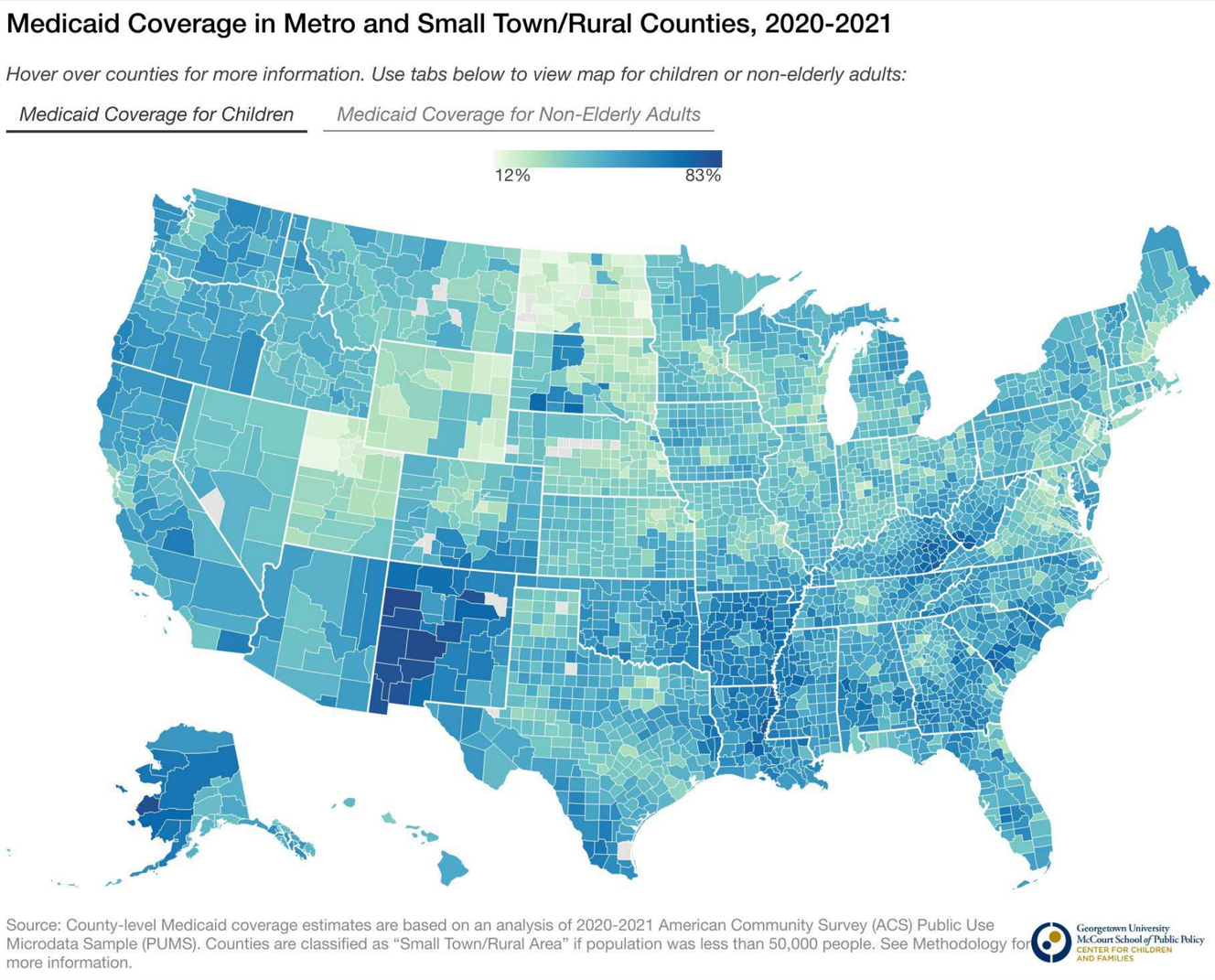
STATE CLASSIFICATION		Hospital	ASC
OR access billing established	A billing code (e.g., G0330, 41899) is recognized by the state to support the facility costs associated with dental rehabilitation surgeries	*23*	*31*
OR: 75%+	Rate is at least 75% of Medicare rate	4	26
OR: 50-75%	Rate is at least 50% and up to 75% of Medicare rate	9	0
OR: 25-50%	Rate is at least 25% and up to 50% of Medicare rate	10	5
No OR access billing established	No OR access billing code is recognized by the state	28	20
TOTAL		***51***	***51***
RATE CUTOFF POINTS		**HOP**	**ASC**
Medicare rate (2025)		**$3,242.07**	**$1,394.45**
75% of Medicare rate		$2,431.55	$1,045.84
50% of Medicare rate		$1,621.04	$697.23
25% of Medicare rate		$810.52	$348.61

https://www.aapd.org/research/policy-center/rpc-publications/dental-rehabilitation-in-operating-rooms/

Tools to Take Home

Medicaid Coverage by County

Center for Children & Families at Georgetown University



https://kidshealthcarereport.ccf.georgetown.edu/

ADA Dental Quality Alliance
State Oral Healthcare Quality Dashboard

ADA

Population

Children

Year

2019

State

- Select all
- Alabama
- Alaska
- Arizona

Program

Medicaid

Measure

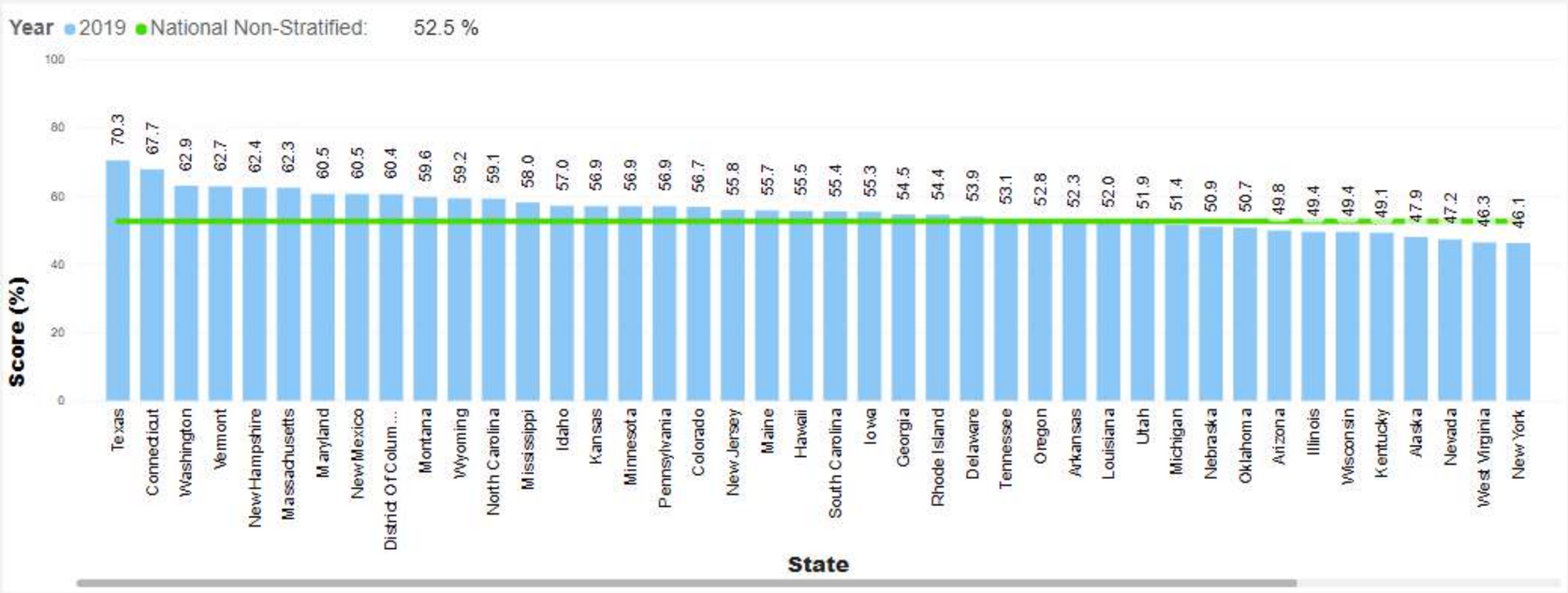
Utilization of Services

Service Type

Dental or Oral Health

State | State - Measure Comparison | **National Comparison** | Time Trend

State and National Scores, Utilization of Services, Dental or Oral Health, Medicaid, 2019



NOTES 2019 National score based on data from 43 states with data quality of Low/Medium Concern

ADA Health Policy Institute
Dental Care Utilization Dashboard

DENTAL CARE UTILIZATION RATE FOR CHILDREN

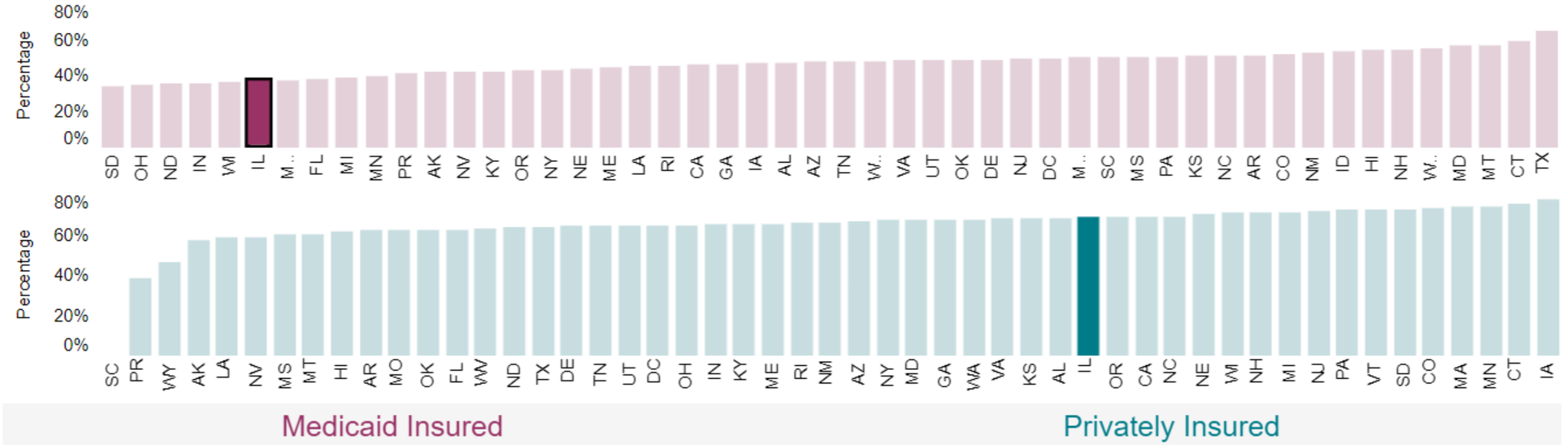
Percentage of children who saw a dentist in the last 12 months.

Adult Dashboard

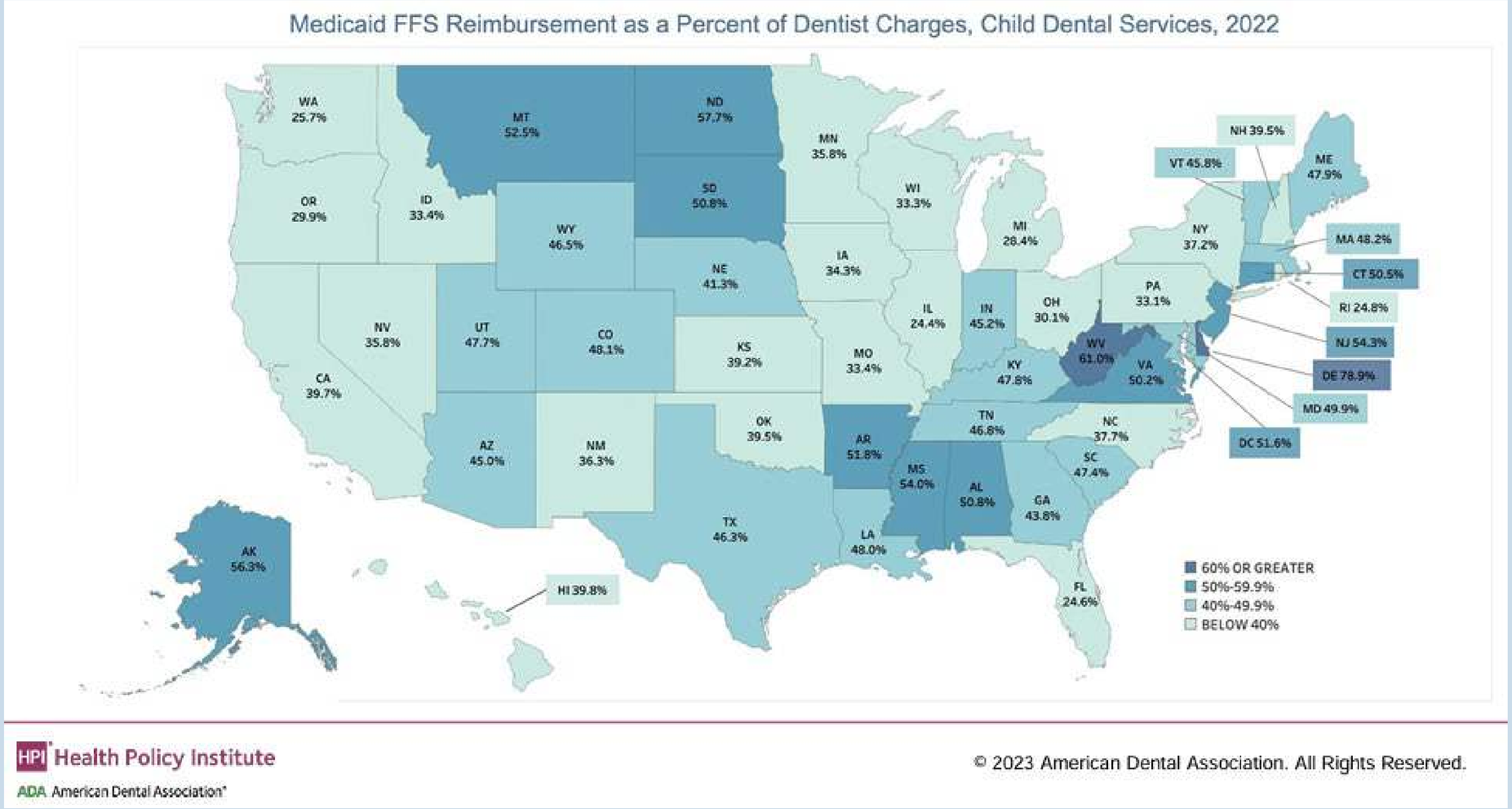
MEDICAID INSURED CHILDREN	
47% United States	**37%** Illinois

PRIVATE INSURED CHILDREN	
66% United States	**69%** Illinois

ALL STATES, 2021



ADA Health Policy Institute
Medicaid Reimbursement



ADA Health Policy Institute: Medicaid Reimbursement

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Other Partner Organizations

ANOHC
American Network Of Oral Health Coalitions

CareQuest Institute for Oral Health

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Project Accessible ORAL HEALTH
Enhancing the Wellness of People with Disabilities

OHWRC
Oral Health Workforce Research Center

NAMD
National Association of Medicaid Directors

ADA®

NCSL

NACCHO
National Association of County & City Health Officials

astdd
Where oral health lives

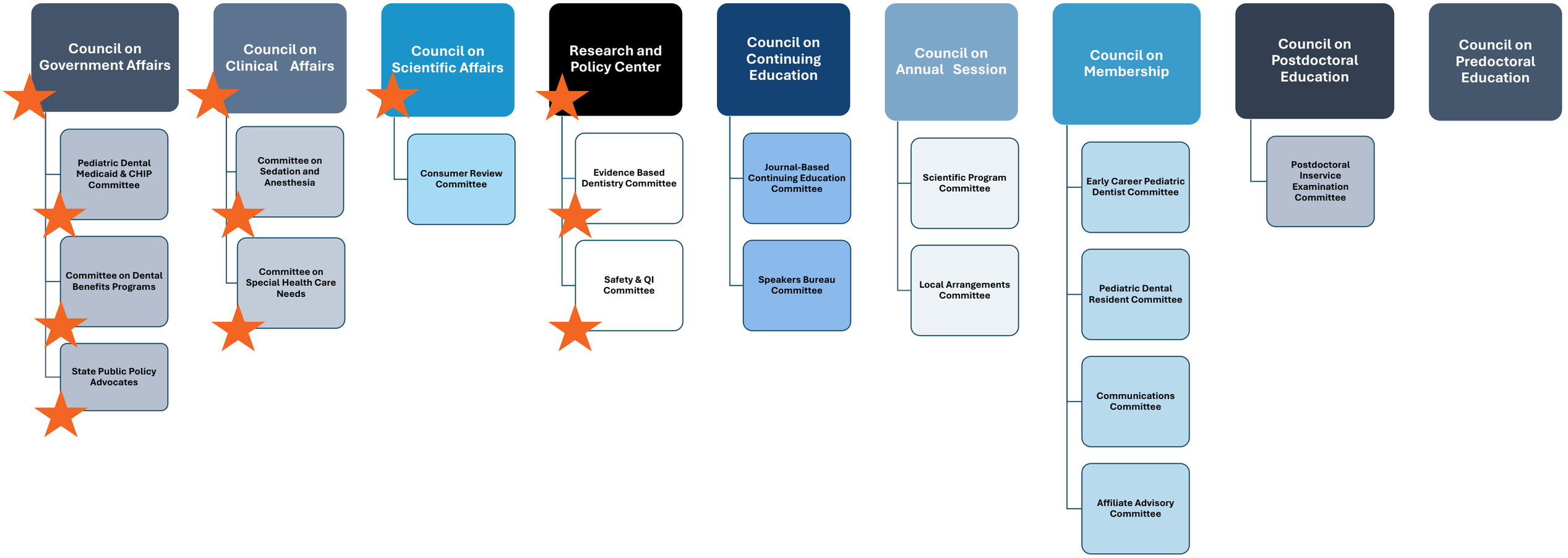
American Heart Association.
Voices for Healthy Kids

OHRC
National Maternal and Child Oral Health Resource Center

AADMD
AMERICAN ACADEMY OF DEVELOPMENTAL MEDICINE & DENTISTRY

MSDA
MEDICAID | MEDICARE | CHIP SERVICES DENTAL ASSOCIATION

Let's partner!



Interested in getting involved? Complete the AAPD Volunteer Form by the end of the calendar year to be considered for the next Academy year. The AAPD welcomes and encourages Affiliate Members (general dentists) on many of its councils and committees. Note that that the prospective volunteer list is not "recycled," so please repeat these steps in subsequent years.

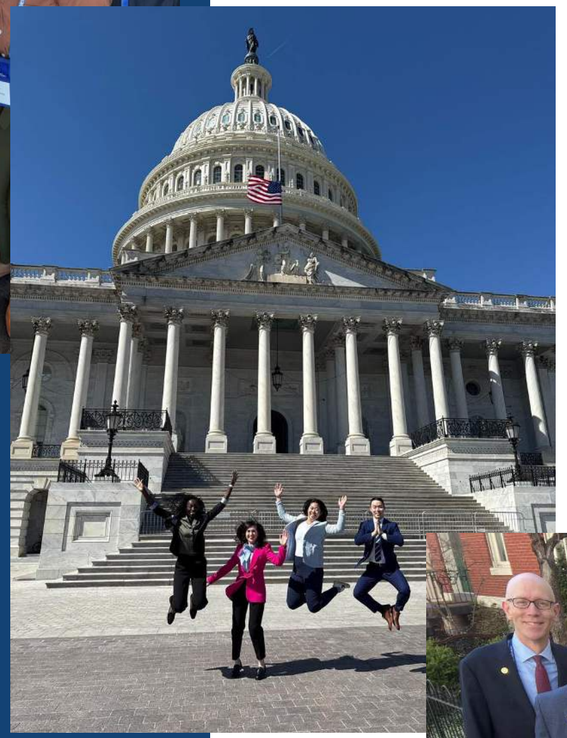
Parting Thoughts

1. **Two sides of every coin**: “Under attack” vs. “In the ‘spotlight’”
2. **It’s not all doom and gloom**: The oral health and broader health communities have stepped up, been unified, and influenced decisions.
3. **No more space for complaining** without stepping up to be part of the solution (Sorry!)

The Game Plan

1. Where have we been?
2. Where are we now?
3. What can we do next?
4. How can we do it?

Keep Going.



AAPD Resources

AAPD Research & Policy Center

AAPD.org

AAPD Public Policy Advocates

AAPD Policies & Recommendations

Recommended Resources

(not exhaustive!)

- American Academy of Pediatric Dentistry (AAPD) Research & Policy Center (RPC), AAPD Oral Health Policies & Recommendations
- American Dental Association (ADA) Health Policy Institute (HPI)
- CareQuest Coverage Checker
- NASHP State Medicaid Dental Services Tracker
- National Maternal and Child Oral Health Resource Center
- American Academy of Pediatrics (AAP) Section on Oral Health (SOOH)
- American College of Obstetrics and Gynecology
- Oral Health in America (NIH/NIDCR), December 2021

AAPD
Research &
Policy Center

RPC Rundown
(See what we're up to, and let's stay in touch!)

Thank you!

Chelsea Fosse, DMD, MPH
cfosse@aapd.org

research & policy center

Time for a break!

Please return at
11:05 a m

Workforce Spotlight:

Temple University and Tamaqua Partnership

State Senator David G. Argall

State Representative Jamie Barton

29th Senatorial District

124th Legislative District

BRIGHTENING SMILES FOR RURAL PENNSYLVANIA

Temple University's New Rural Dental Education Center & Clinic Coming to Tamaqua, PA

Presented by Senator Dave Argall (R-29) and Rep. Jamie Barton (R-124)

- Micah Gursky of Tamaqua presented at this summit two years ago.
  - He spoke about available emergency room visits as it relates to dental care.
- Dr. Amid Ismail, Dean, Kornberg School of Dentistry, spoke about the need for rural dentist program.
  - Dr. Ismail issued a challenge to find a location for a rural dental education center.
- The rest is history!

BEGINNINGS

THE WHY

- Practicing dentists per 100,000 people:
  - Rural: 34.9
  - Urban: 56.1
- Lack of practicing dentists in rural counties.
  - Only 6% of dental school graduates practice in rural areas.
- MA is utilized heavily in rural Pennsylvania.
- MA recipients less likely to see a dentist.

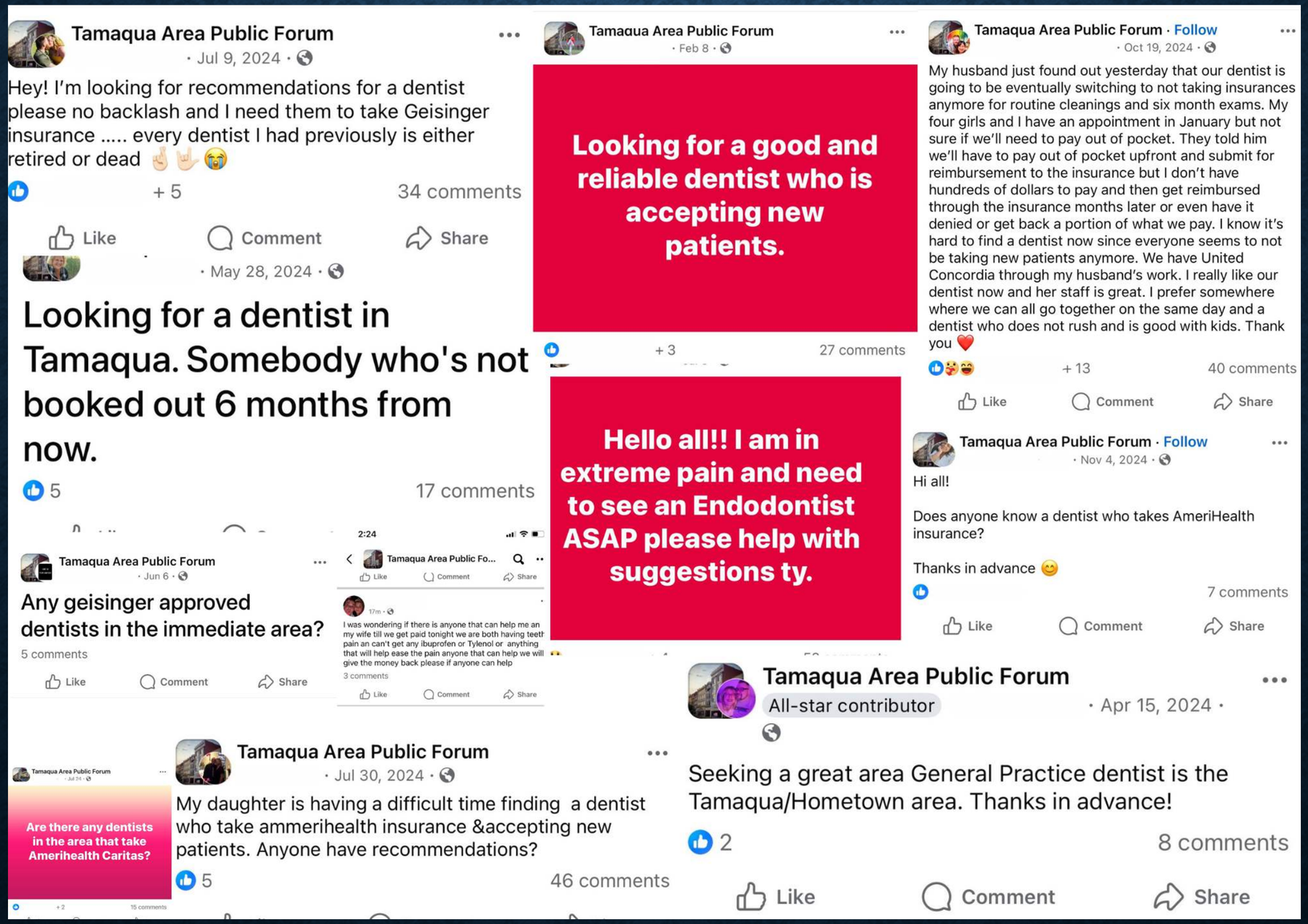
Source: Pennsylvania's Dentist and Dental Hygienist Workforce Survey Reports

NEED ASSESSMENT

Too much demand, not enough supply.

50% of the Commonwealth is underserved as it relates to dental care.

VALIDATION FROM THE COMMUNITY



KEY BENEFITS OF A TEMPLE RURAL DENTAL TRACK

Job creation

25 Employees

Projected to run a balanced budget within 3 years of operation.

Good paying jobs will result from this project.

$3M in annual payroll.

Source: Tamaqua Temple University Dental Program Executive Summary

KEY BENEFITS OF WORKING TOGETHER

24 dental chairs upon completion for dentists and hygienist training

20 students

- 10 third-year students
- 10 fourth-year students

Potential for an additional 6-10 students from LCCC

23 new Dorm/Housing Units coming to downtown

Source: Tamaqua Temple University Dental Program Executive Summary

TAMAQUA'S PUBLIC-PRIVATE PARTNERSHIP

CHOOSE TAMAQUA HAPPINESS

Reuse of former Rite Aid retail location

This will be the new home of the education center and clinic.

Reuse of a former department store

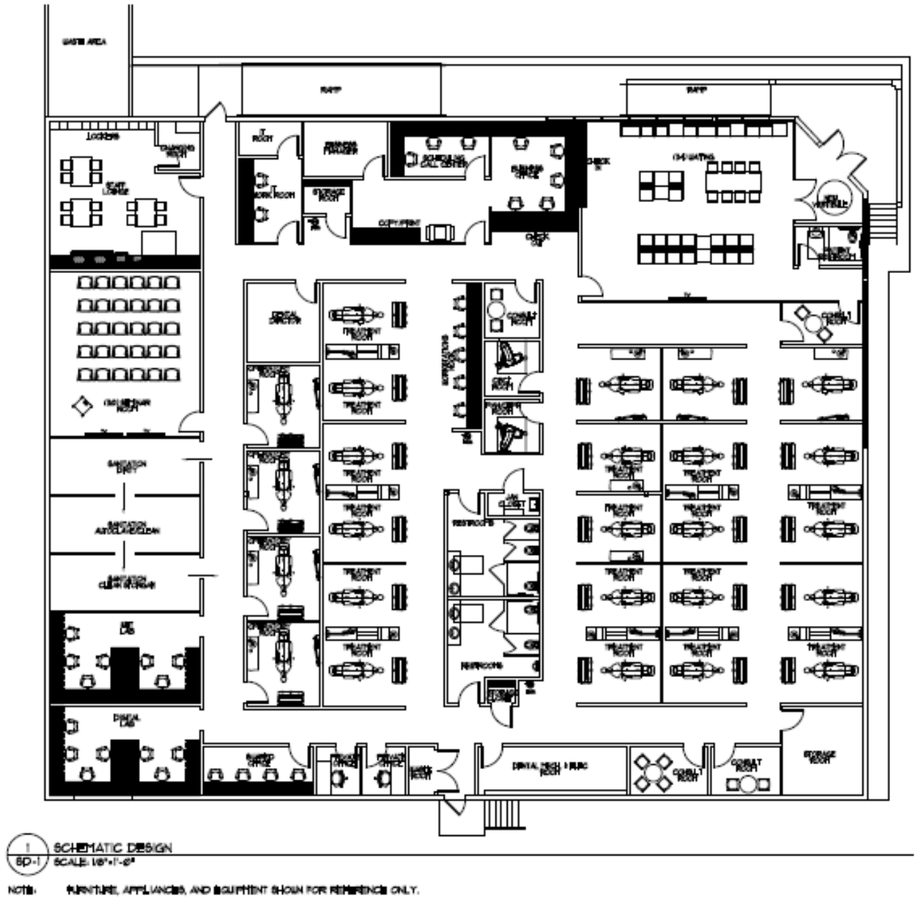
This will be redeveloped into student apartments.

LOCATION OF THE FUTURE DENTAL EDUCATION CENTER & CLINIC

WHAT TAMAQUA GETS!

Inside the Rural Dental Clinic

Daytime:
Train Dentists

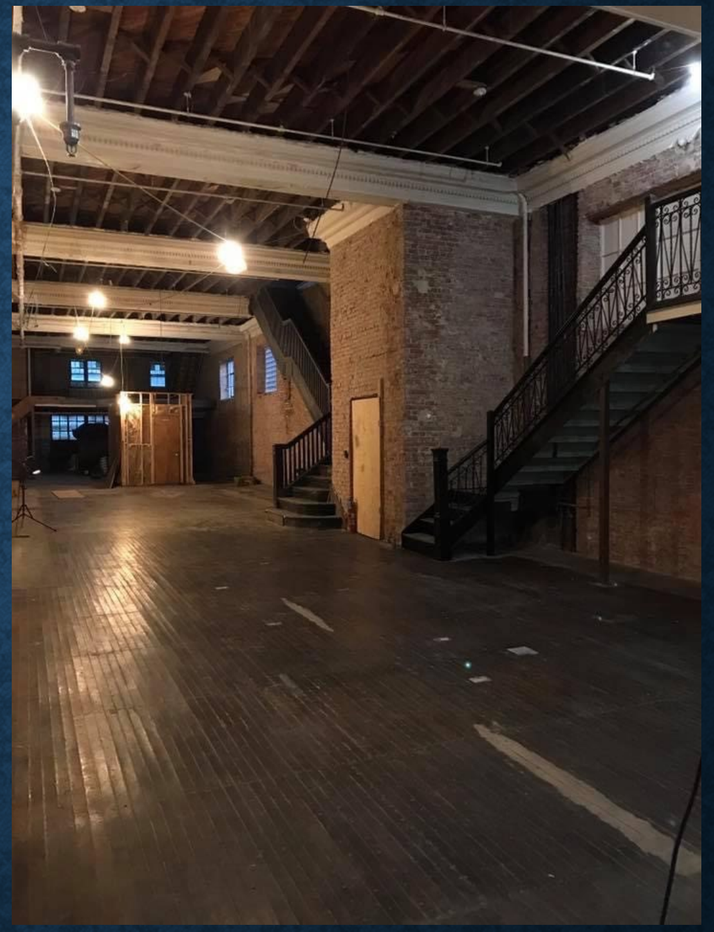


Nighttime:
Train Hygienists

The clinic will serve Medicaid patients.

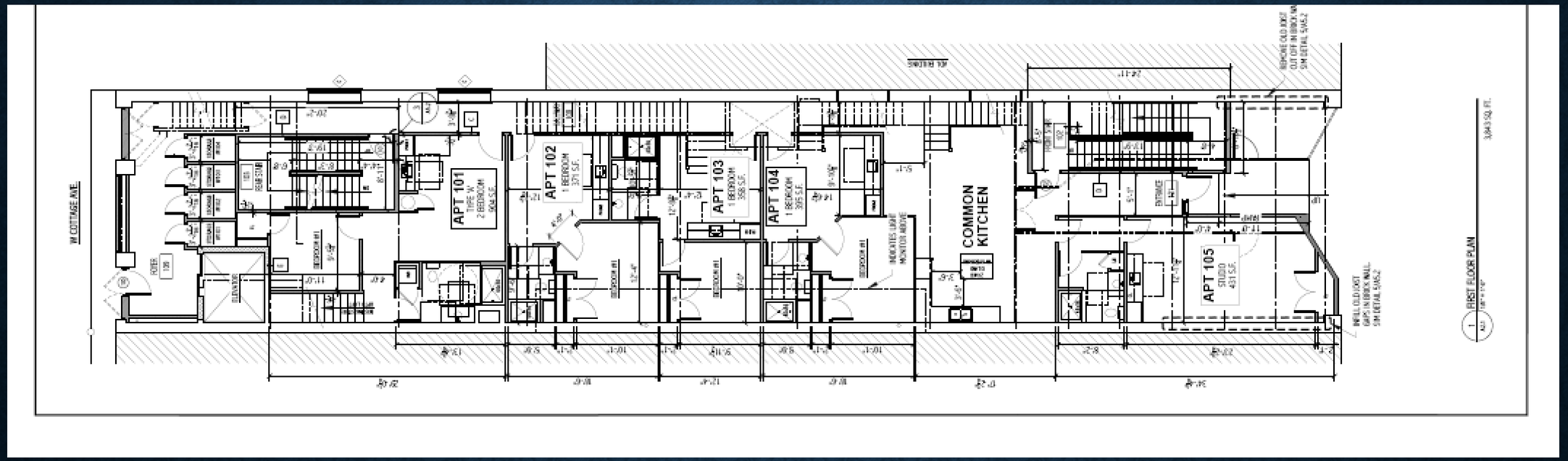
STUDENT APARTMENTS

Current exterior



Current interior

STUDENT APARTMENTS



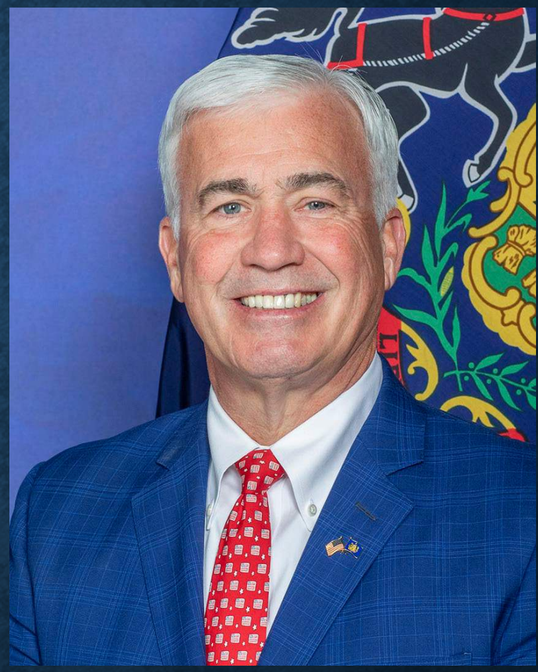
The Plan

GOALS

- Open the dental clinic by the Fall 2026 semester with 10 third-year dental students.
  - The clinic will have 20 students in place by Spring 2027.
    - 10 third-year students
    - 10 fourth-year students
- 16 dental hygienist students will be using the same clinic space through a cooperative agreement with Lehigh Carbon Community College.
- Great example of public-private partnerships at work.

THANK YOU!

<u>Senator Dave Argall</u>
Mahanoy City Office: (570) 773-0891
Pottsville Office: (570) 621-3400
Harrisburg Office: (717) 787-2637
dargall@pasen.gov



<u>Representative Jamie Barton</u>
Tamaqua Office: (570) 668-1240
Harrisburg Office: (717) 787-9029
jbarton@pahousegop.com

Workforce Spotlight:

Pitt Dental Medicine Regional Training Centers: A Creative and Sustainable Solution to Improve Oral Health and Workforce Shortages in Rural Pennsylvania

Dean Marnie Oakley
University of Pittsburgh

PCOH
PA Coalition for Oral Health

Pitt Dental Medicine

Regional Training Centers

A Creative and Sustainable Solution to Improve Oral Health and Workforce Shortages in Rural Pennsylvania

Marnie Oakley, Dean

The Problem

WORKFORCE SHORTAGES

In 2022...

4/10 dental practices recruited Dental Assistants + Dental Hygienists

9/10 "extremely challenging" "very challenging"[1]

⅓ of dental auxiliaries will retire in the next 5 years[1]

The Problem

WORKFORCE SHORTAGES (2021)[2]

across 48 counties

PA Dentists

8,456

PA Hygienists

7,169

Rural Population

3.4M

Rural Dentists

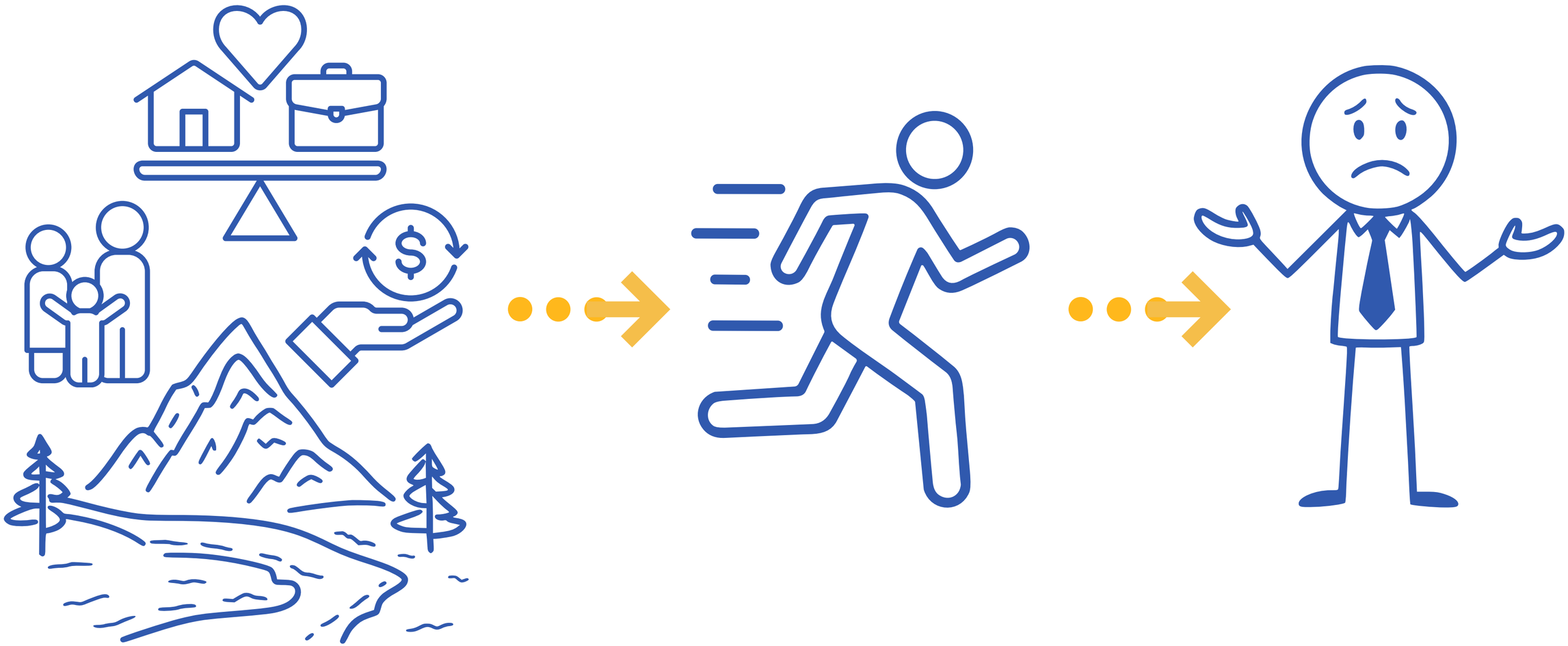
20.2%

1,691

Rural Hygienists

24%

1,721



Pitt Dental Medicine

Regional Training Centers

PROGRAMS

#3

General Practice Residency

Dental Hygiene Program

#5

#12

Dental Assistant Training Program

Pitt Dental Medicine

Regional Training Centers

Virtual classroom

In-person clinical training

In their rural hometown

ALL 3 PROGRAMS

DH/DA

"TRAIN WHERE YOU LIVE"

Pitt Dental Medicine

Regional Training Centers

EDUCATIONAL MODEL

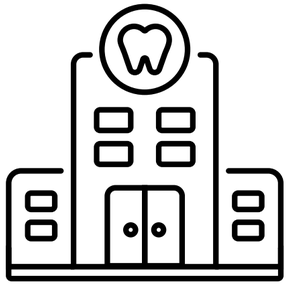
Evidence-based, virtual dental education

Pitt Dental Medicine

Clinical training site for residents & students

Clinical training site for GPR residents

Hospital Partner



FQHC Partner

Pitt Dental Medicine

Regional Training Centers

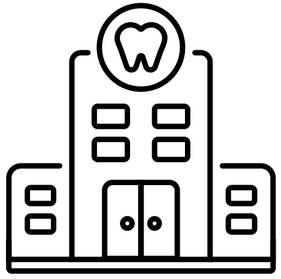
PARTNERSHIP MODEL

Tuition for dental hygiene + dental assisting programs

Pitt Dental Medicine

Income from procedures performed by GPR residents & dental hygiene students + faculty dentist & hygienist

Hospital Partner



FQHC Partner

GME funding/each resident + income from procedures performed by residents

Pitt DentalMedicine
Regional Training Centers

PATIENT AND WORKFORCE OUTCOMES

SHORT TERM

More rural **patients visiting** a dentist each year

More **dentists and dental auxiliaries** in rural communities

Improved access to care for patients (less travel, more availability)

More **complex dental treatments** available

Patients' **improved knowledge** of **oral hygiene** practices

LONG TERM

Sustained dental workforce in each county where there is a Regional Training Center

Reduction of **dental disease** in counties with a Regional Training Center

Improvement in **oral and overall health** in each county with a Regional Training Center

Attracting students to healthcare careers, **previously unimaginable**

Pitt Dental Medicine
Regional Training Centers

ECONOMIC OUTCOMES

SHORT TERM

New revenue for hospital and dental clinic **partners**

New tuition income for Pitt Dental Medicine

Family sustaining wages for dental hygiene graduates

Immediate **job opportunities:** dentists, dental hygienists, & dental assistants

LONG TERM

New jobs create **more taxable income** generating more revenue for **local & county governments**

Increased **economic output** in counties with Regional Training Centers

Reduction in **ER visits** for dental emergencies resulting in overall health care **cost savings**

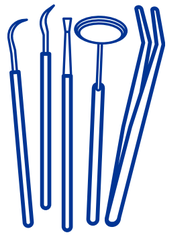
More patients **healthy for surgery**

Pitt Dental Medicine
Regional Training Centers

FOUNDATION OF REGIONAL TRAINING CENTERS

Built on mutually beneficial partnerships

Annual turnover of licensed dentists (GPR residents) providing higher complexity of care



Train DA/DH students in their rural communities

Pitt Dental Medicine
Regional Training Centers

RETURN ON INVESTMENT: POTENTIAL IMPACT

Regional Training Centers	10	15	20
Investment	$10M	$15M	$20M
Patients Treated	50,000	75,000	100,000
Resident Graduates	30	45	60
Dental Hygienist Graduates	50	75	100
Dental Assistant Graduates	120	180	240

per year

Pitt Dental Medicine
Regional Training Centers

Interested in learning more?

Sara Dickey

Manager of Executive Strategic Initiatives

saradickey@pitt.edu

1. ADA Health Policy Institute in collaboration with American Dental Assistants Association, American Dental Hygienists' Association, Dental Assisting National Board, and IgniteDA. Dental workforce shortages: Data to navigate today's labor market. October 2022. Available from: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf, Accessed: Nov 11, 2025.
2. 2021 Pennsylvania's Dentist and Dental Hygenist Workforce Survey Report. At: https://paoralhealth.org/wp-content/uploads/2023/06/Dental-workforce-report_2021.pdf, Accessed: Nov 11, 2025.

Workforce Spotlight:

From Need to Action: Central Penn's Community-Driven Approach to Dental Workforce Development

Dr. Michael Verber
Verber Dentistry
Central Penn College

From Need to Action

Central Penn College's Community-Driven Approach to Dental Workforce Development

Michael Verber, DMD

2025 PA Oral Health Summit

November 12th, 2025

1913

Fones School of Dental Hygiene opened by Dr. Alfred C. Fones and his cousin Irene Newman.

1914

First Graduating Class
Fones School

THE ROCHESTER HER

HYGIENIC SCHOOL FOR YOUNG WOMEN INCLUDED IN PLANS OF NEW DENTAL DISPENSARY OUTLINED BY DIRECTOR

Plans for the organization of a dental hygienists school for the education and training of young women so that their services may be available for dentists as well as for schools and public institutions are contemplated by the

tion compiled, a course of action will be mapped out.

"We shall endeavor," said Dr. Burkhart, "in co-operation with the school authorities, to make careful and extended examinations of the mouths of

How much has changed in the more than 100 years since Fones?

There are nearly 13,000,000 Pennsylvanians. Most should see a hygienist 2x per year.

At least 25% of them have moderate or severe periodontal diseases and require 4 visits/year.

The bottom line is we need 32,500,000 hygiene hours/year to treat our population preventively. We would need at least 4x as many hygienists as we currently have.

Bottom line:

We need to multiply AND empower.

This is going to get worse!

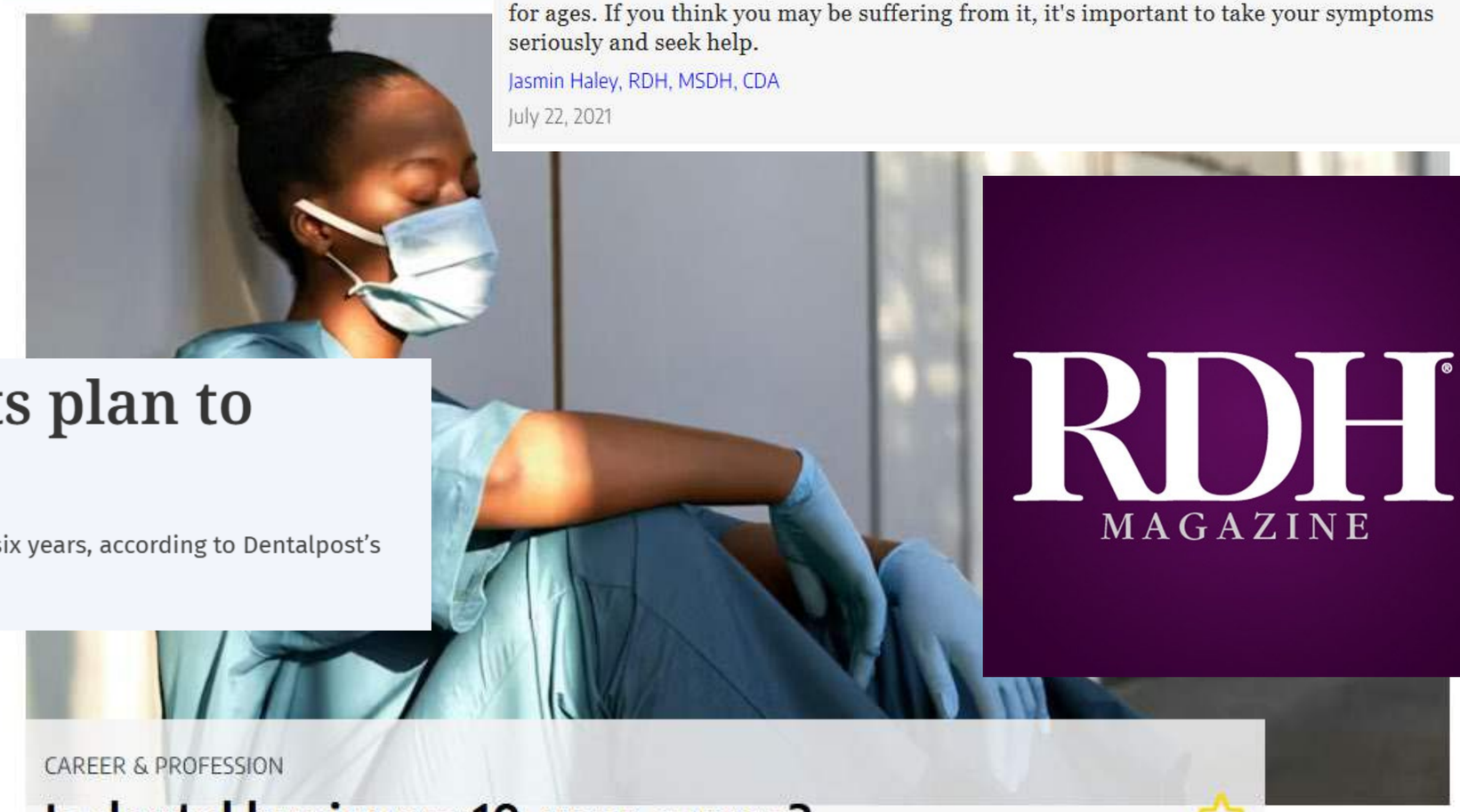
CAREER & PROFESSION

Burnout: The clinical condition making a profound impact on our profession

Burnout has only recently been acknowledged as a medical condition, but it's been around for ages. If you think you may be suffering from it, it's important to take your symptoms seriously and seek help.

Jasmin Haley, RDH, MSDH, CDA

July 22, 2021



RDH MAGAZINE

34% of dental hygienists plan to retire within 6 years

Thirty-four percent of dental hygienists plan to retire within six years, according to Dentalpost's 2024 Dental Salary Survey.

CAREER & PROFESSION

Is dental hygiene a 10-year career?

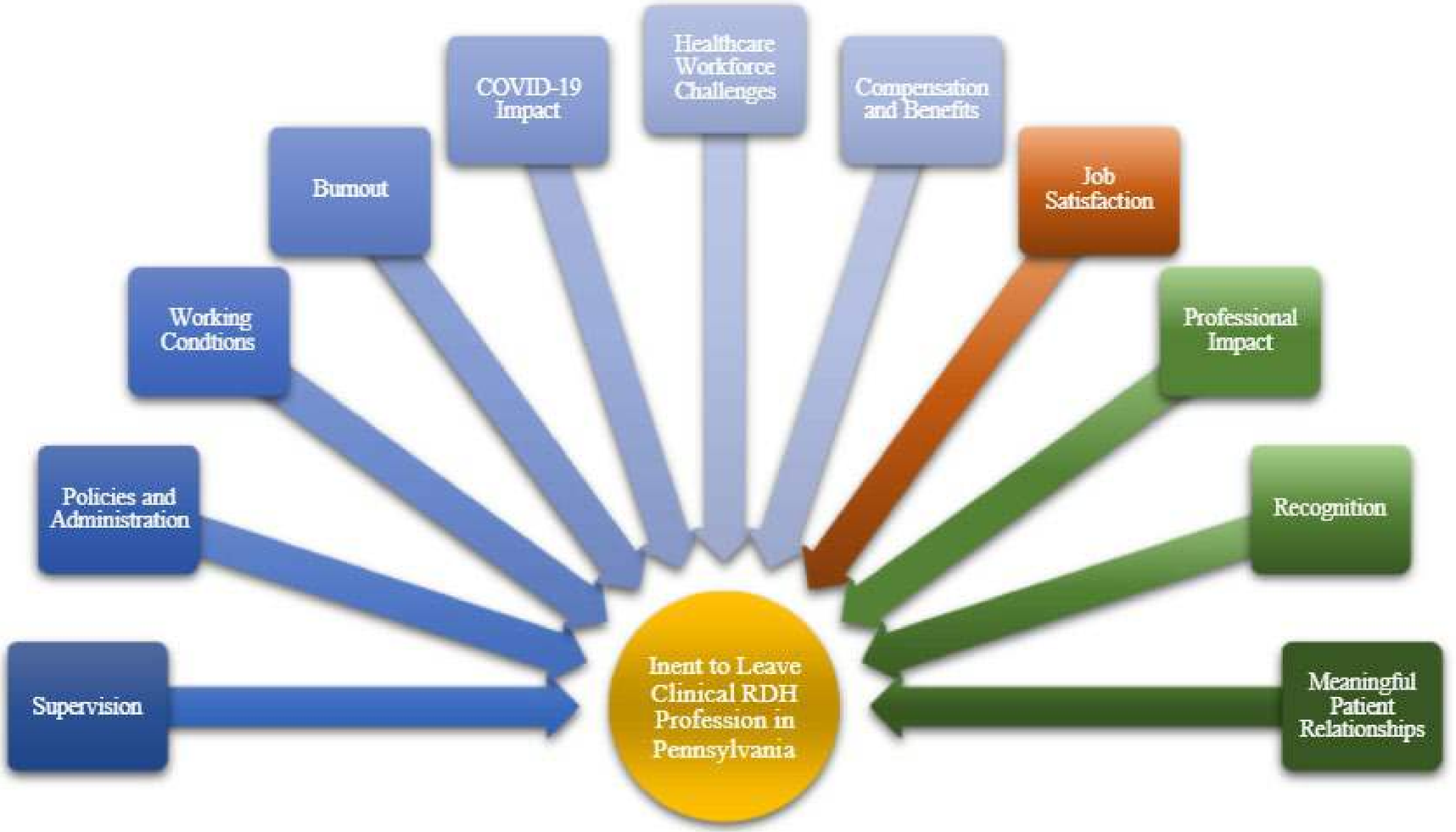
With all the turnover in the field of dental hygiene since the pandemic, some are questioning the longevity of this career. Amanda Hill weighs in.

Amanda Hill, BSDH, RDH, CDIPC

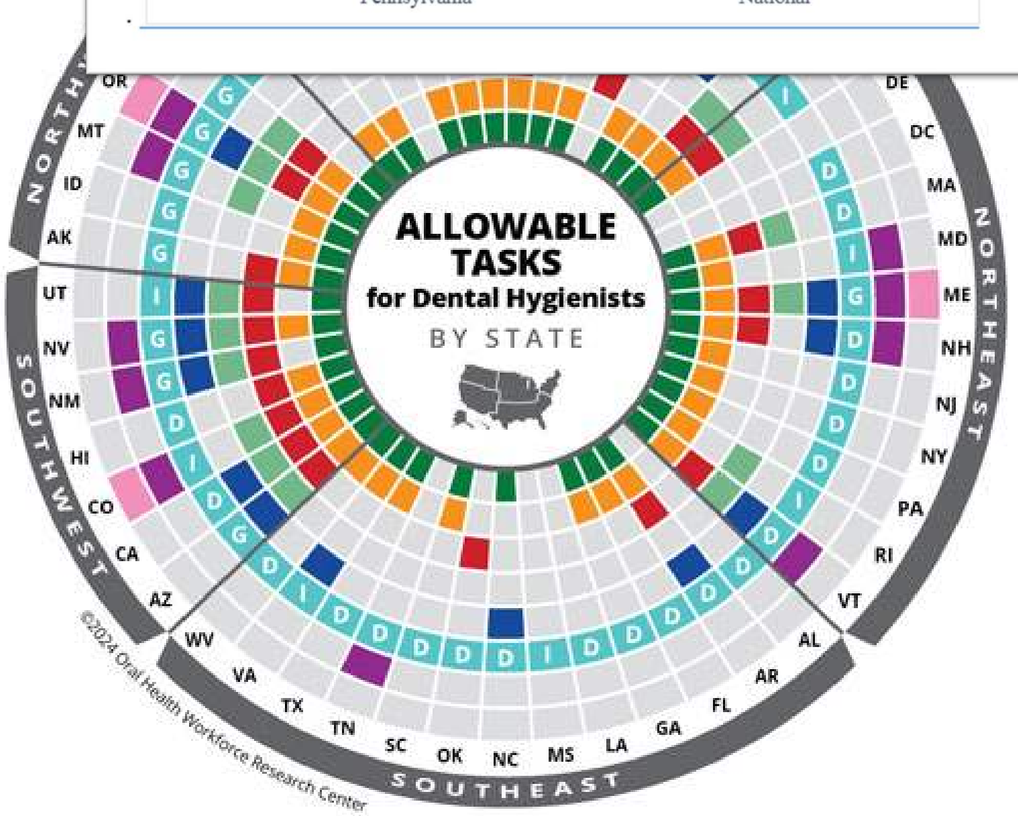
July 1, 2024

The Lived Experiences of Factors Contributing to the Intent to Leave the Clinical Dental Hygiene Profession in Pennsylvania

Linda Anne Straub-Bruce



Mean Annual Wage ($)
95,000
90,000
85,000
80,000
75,000
70,000
77,010
89,890
Pennsylvania
National

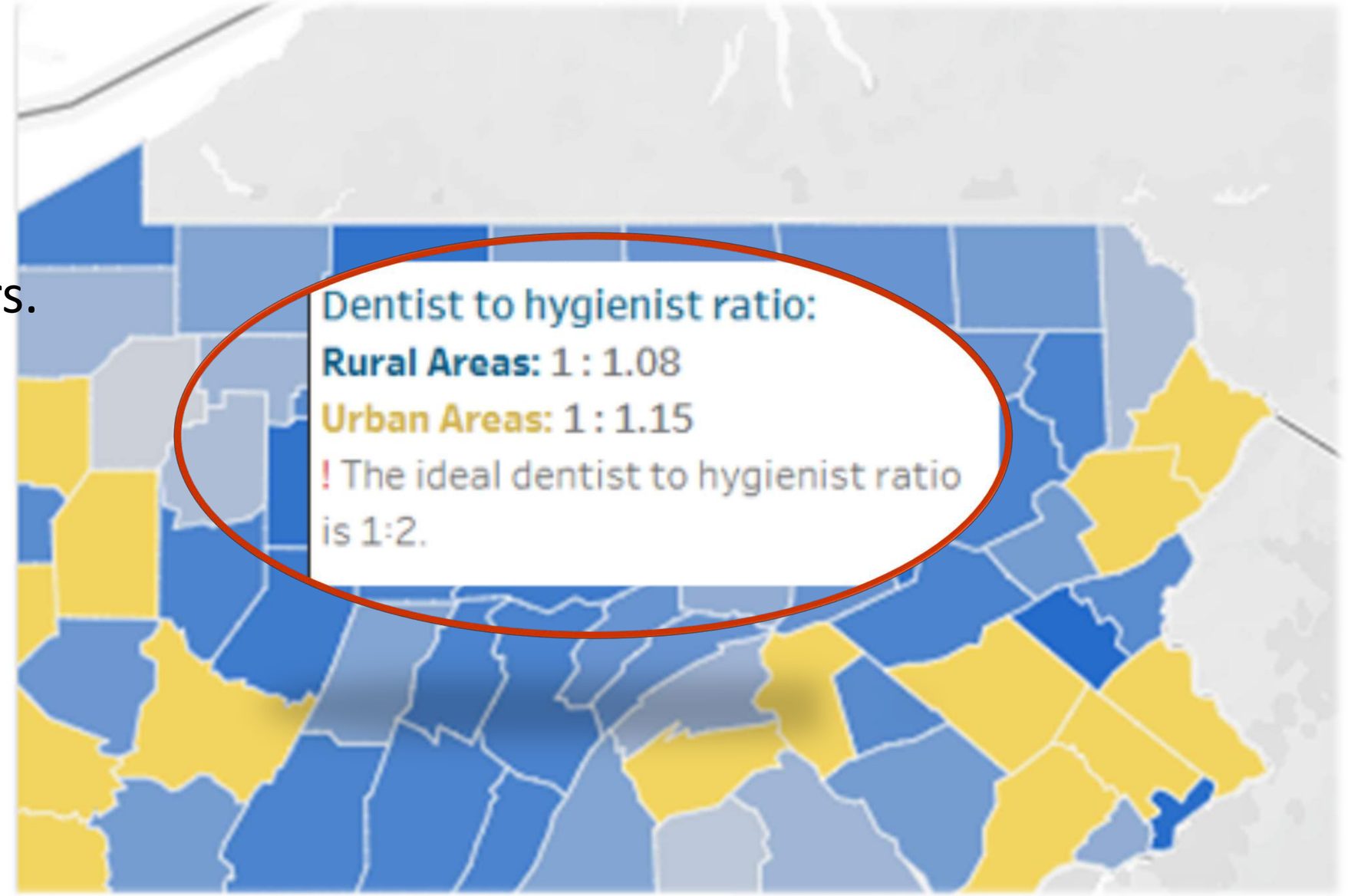

ALLOWABLE TASKS
for Dental Hygienists
BY STATE
NORTHWEST
SOUTHWEST
NORTHEAST
SOUTHEAST
OR
MT
ID
AK
UT
NV
NM
HI
CO
CA
AZ
DE
DC
MA
MD
ME
NH
NJ
NY
PA
RI
VT
AL
AR
FL
GA
LA
MS
NC
OK
SC
TN
TX
VA
WV
©2024 Oral Health Workforce Research Center

DDH Dentist and Dental Hygienist Compact
This project is funded by the Department of Defense
What is the Dentist and Dental Hygienist Compact?
The Dentist and Dental Hygienist Compact is an interstate occupational licensure compact. Interstate compacts are constitutionally authorized, legally binding, legislatively enacted contracts among states. This compact enables licensed dentists and dental hygienists to practice in all states participating in the compact, as opposed to them obtaining an individual license in every state they want to practice.
APPLICATION
A dentist or dental hygienist holds an active unencumbered license in a compact state
The dentist or dental hygienist applies for a compact privilege
BACKGROUND CHECK
The practitioner undergoes an FBI background check
APPLICATION REVIEWED
The practitioner's license and eligibility are verified
The practitioner pays fees and completes jurisprudence requirements
COMPACT PRIVILEGE ISSUED
The compact privilege is issued on behalf of the remote state
The practitioner now has legal authorization to practice in the remote state where they hold a compact privilege

We do not allow for growth within clinical hygiene practice.

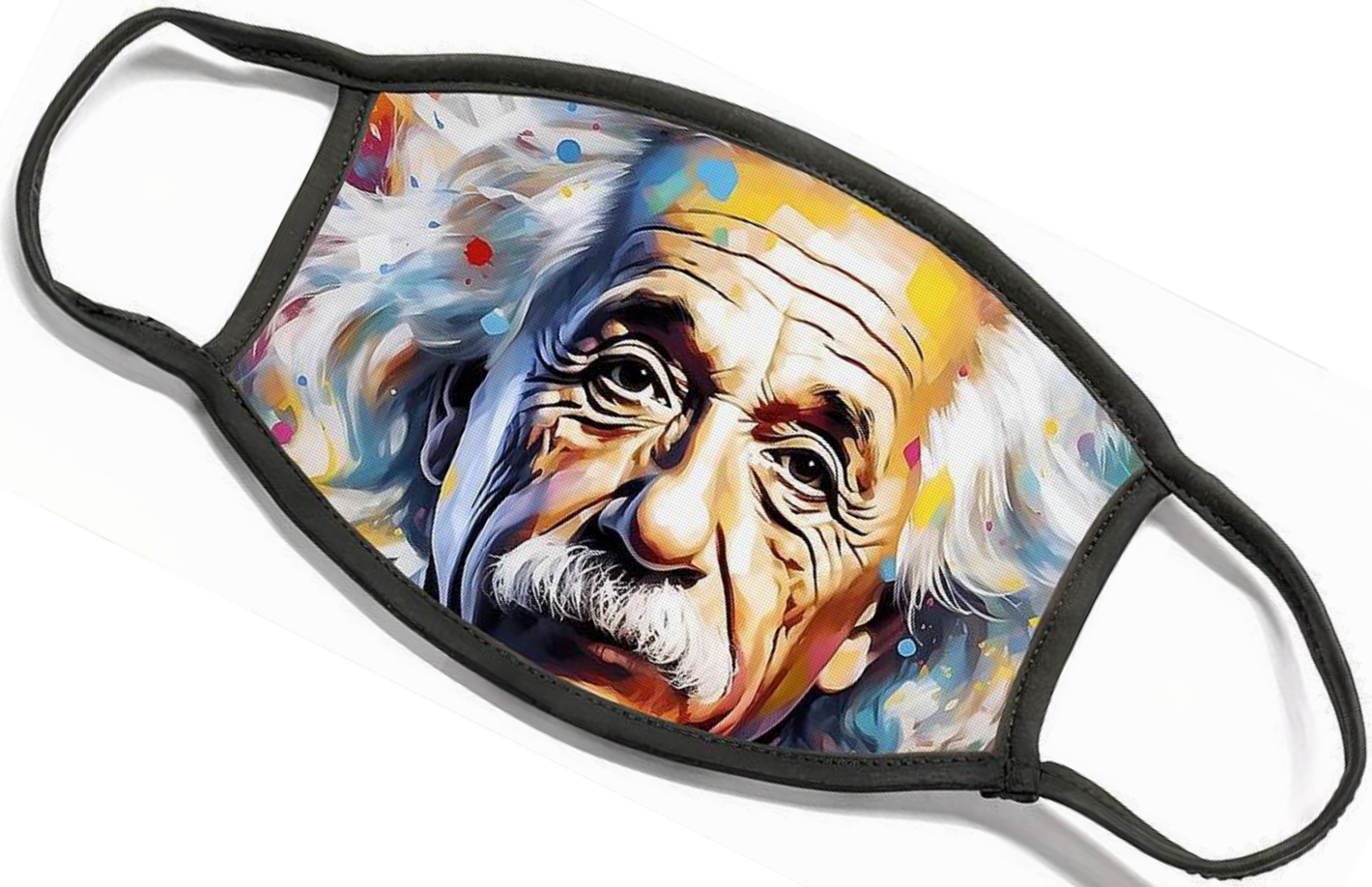
PROBLEM

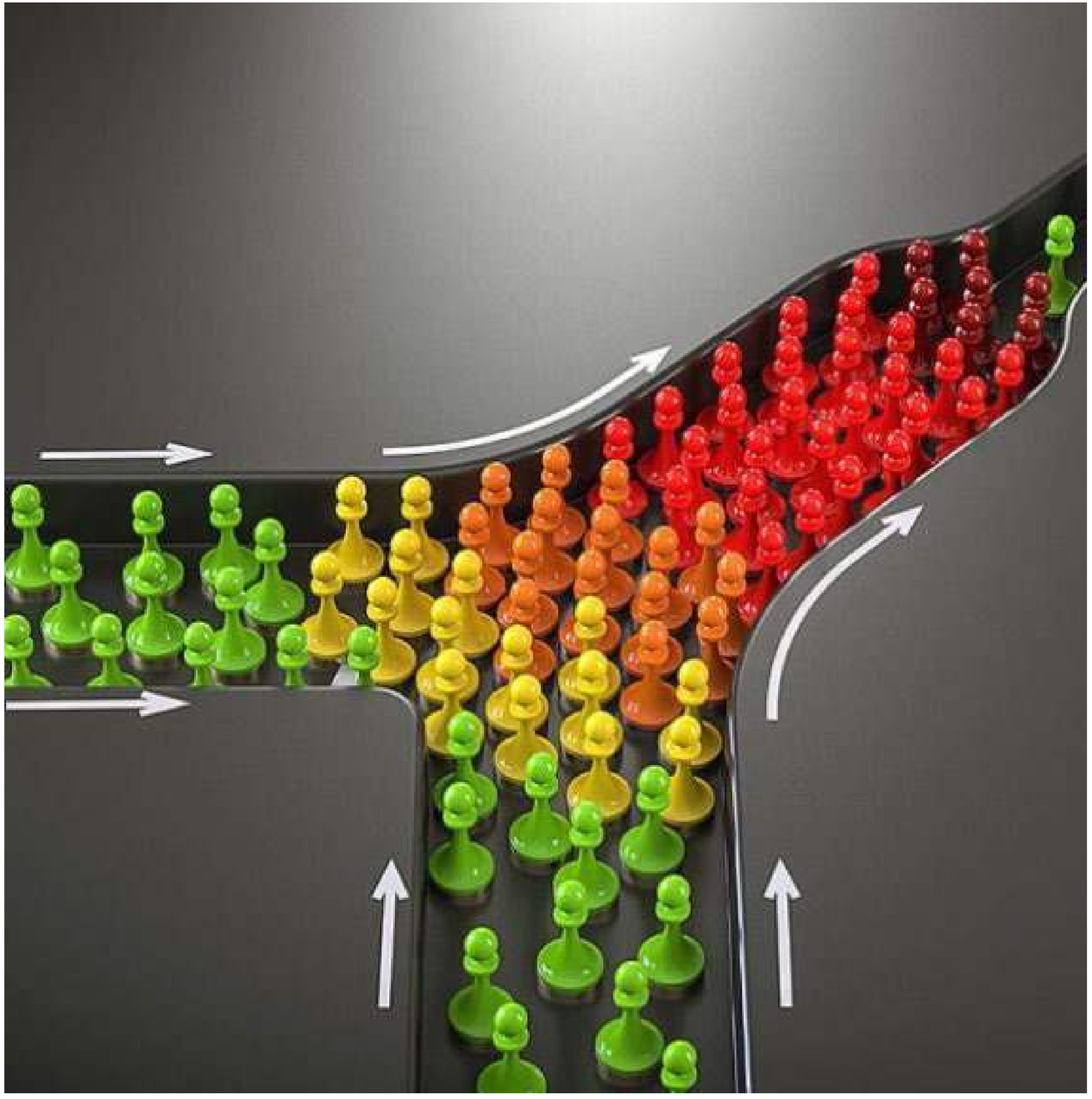
We have an uneven distribution of providers.



PCOH
PA Coalition for Oral Health

We are weeding out the folks that want to work with their hands and their brains for folks that want to primarily work with their brains.





LANCASTER COUNTY CAREER & TECHNOLOGY CENTER

7.9% acceptance rate

Cumberland Perry

Area Career & Technical Center

- This what the business model demands.
- This is what is reimbursed.
- This is what the patients expect.
- This is where prevention starts.
- This is the that nobody else can do.

If we give more time to hygienists to do the other stuff, we will need 8x as many hygienists as currently exist in PA.

We need to continue to expand our funding & efforts beyond…

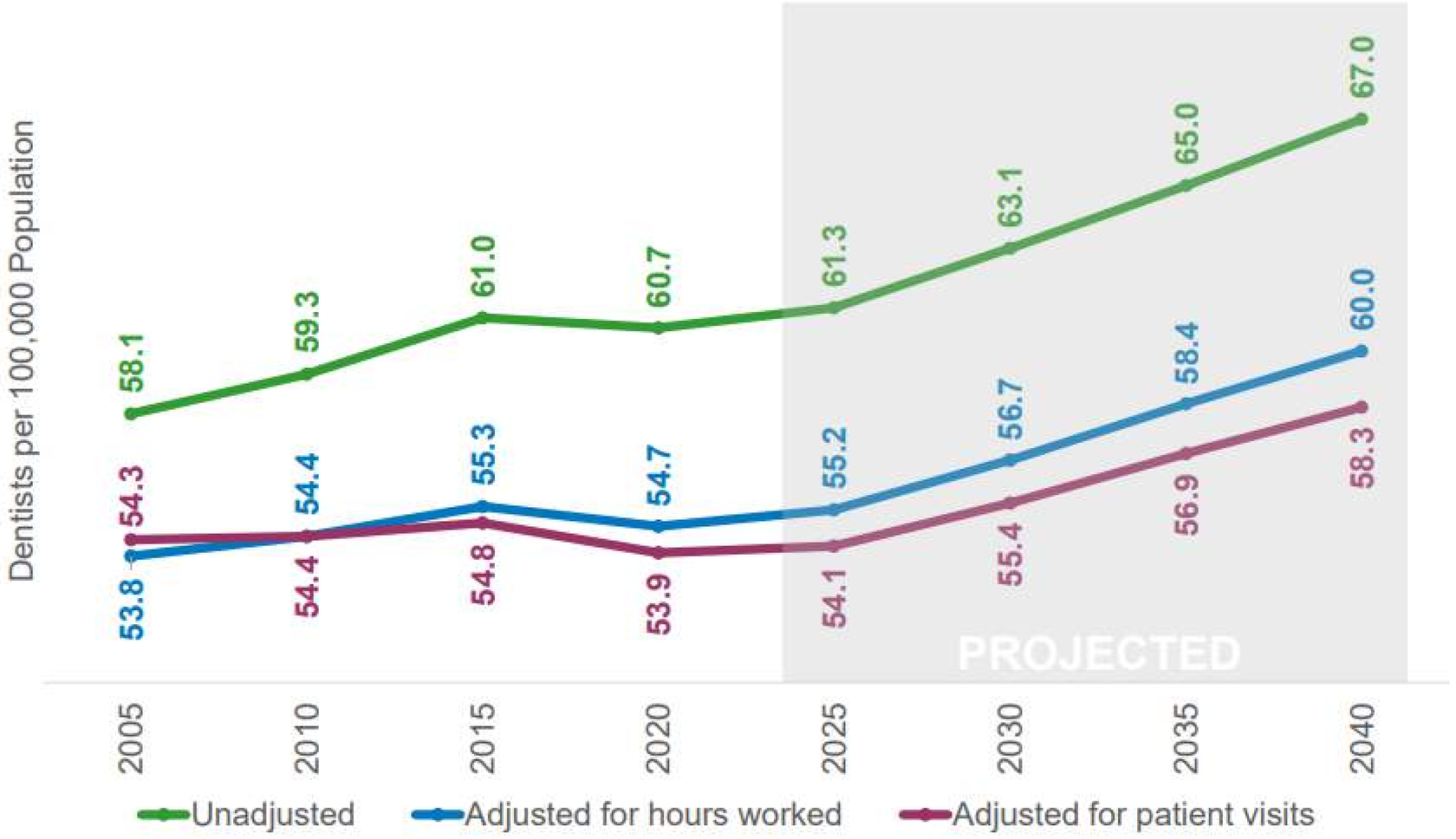
- Federally Qualified Health Centers
- School Hygienists
- Public Health Dental Hygiene Practitioners
- Expansion of Medicaid benefits
- Increased insurance reimbursements

COMMUNITY HEALTH CENTER
FQHC
SM
UALITY

The Best Business Model Wins

- Dentistry has been good to many providers and inadequate for most patients for a long time.
- If we want to improve access to care, we need economically sound solutions.
- The only viable way forward is a modernization of the workforce and educational institutions.

Dentist-to-Population Ratios Projected to Increase



- The number of dentists per capita is expected to grow in the next 15 years.
- New dental school graduates will outnumber the exits of older dentists after the large baby boomer cohort ages out of the dentist workforce.

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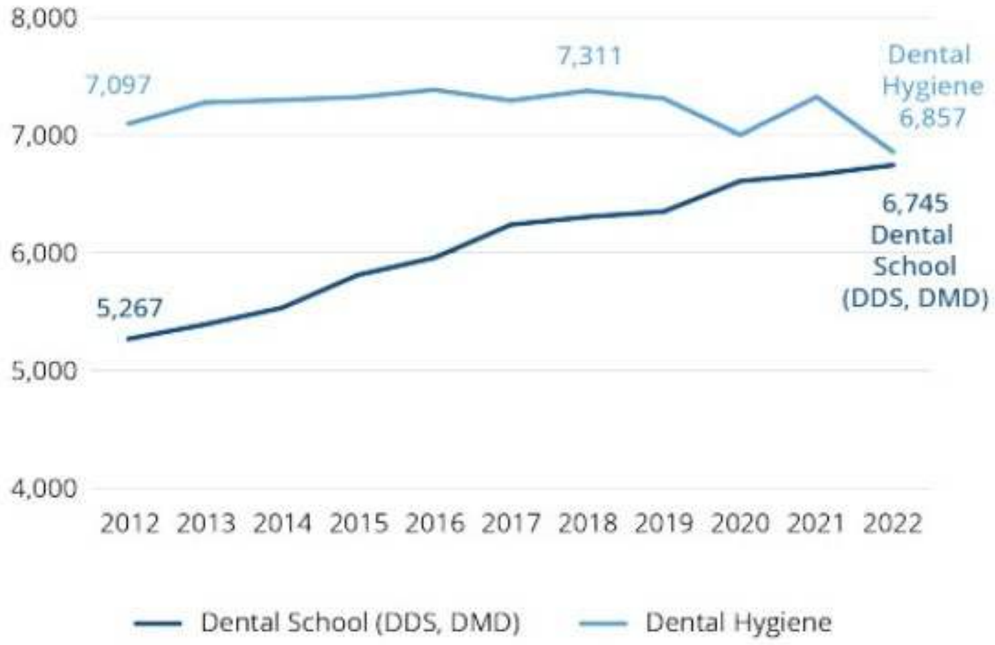
01 Bottlenecks in Dental Hygiene Programs



2012-2022

DENTAL SCHOOL GRADUATES

↑ 28%

DENTAL HYGIENISTS

↓ 3%

$312,700

$22,100

PROBLEM

- Hygienists bored & burnt out
- Dentists not making enough money doing prophies to pay their loans
- Nobody wanting to remove plaque and calculus from teeth
- Restoration over prevention
- Everybody doing Botox

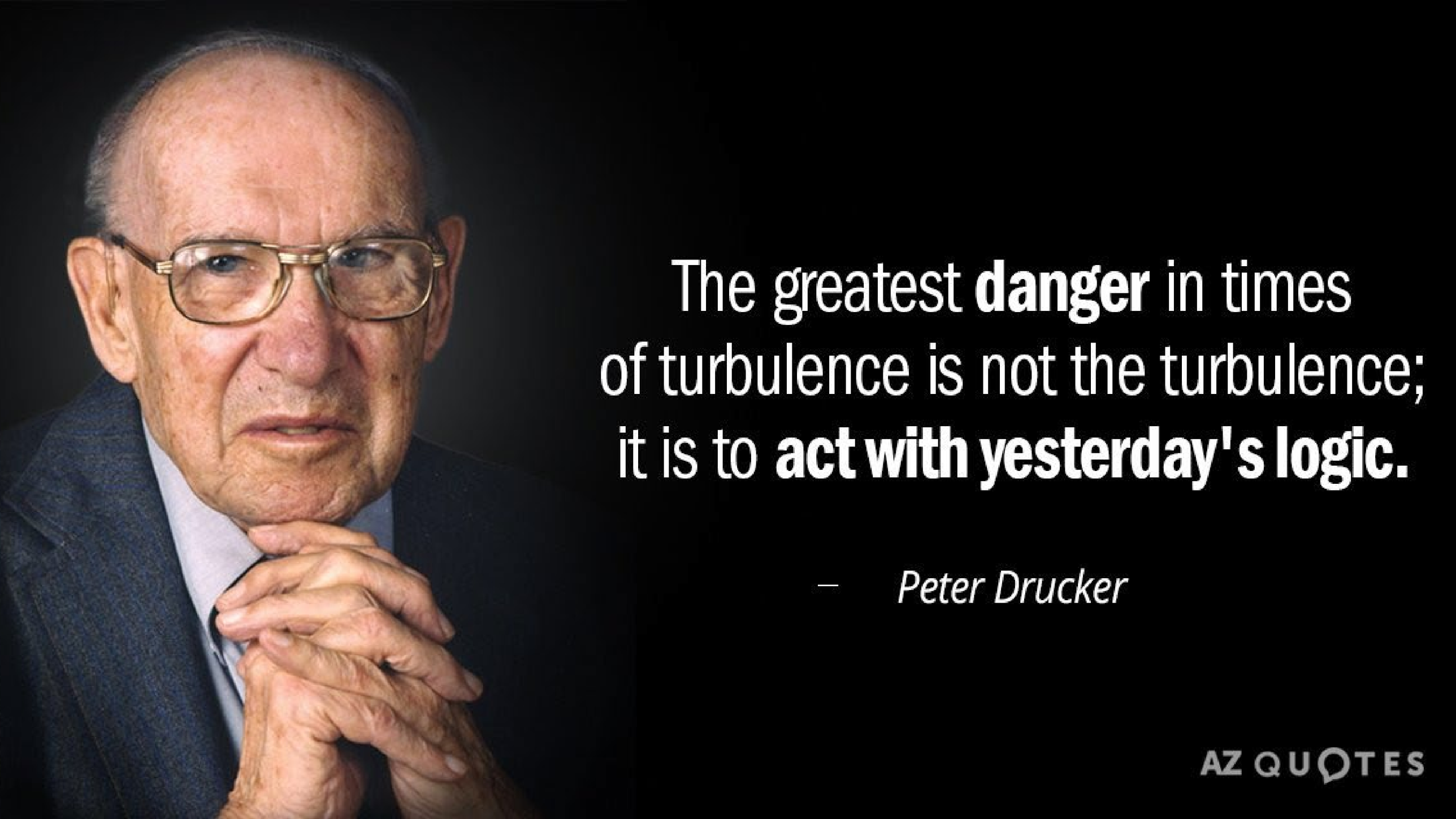
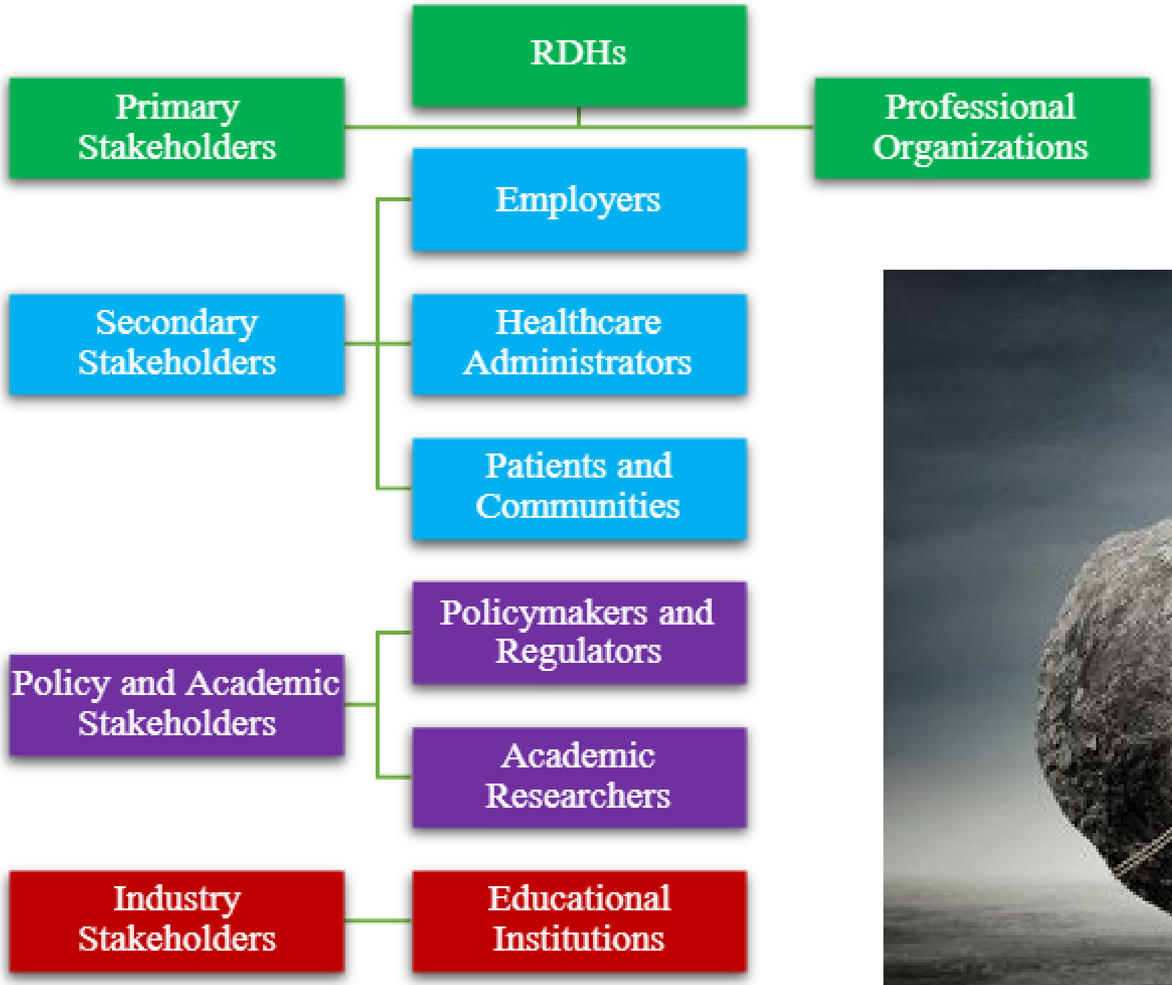

The greatest **danger** in times of turbulence is not the turbulence; it is to **act with yesterday's logic.**
— *Peter Drucker*
AZ QUOTES

Figure 10

Key Stakeholders in the RDH Workforce and Research Outcomes



Insurance

Professional Organizations

Educational Institutions

Policy Makers

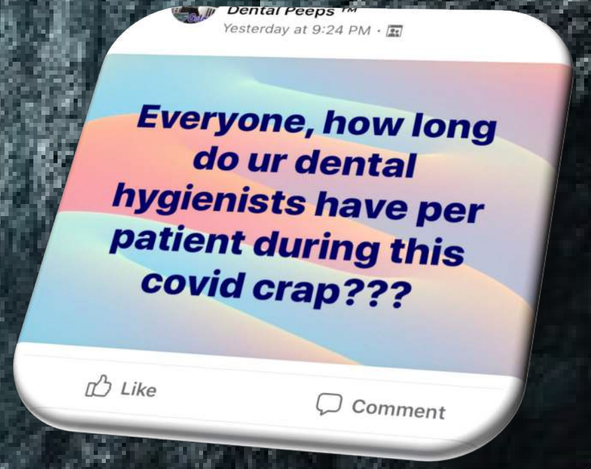
Hygienists

Dentists

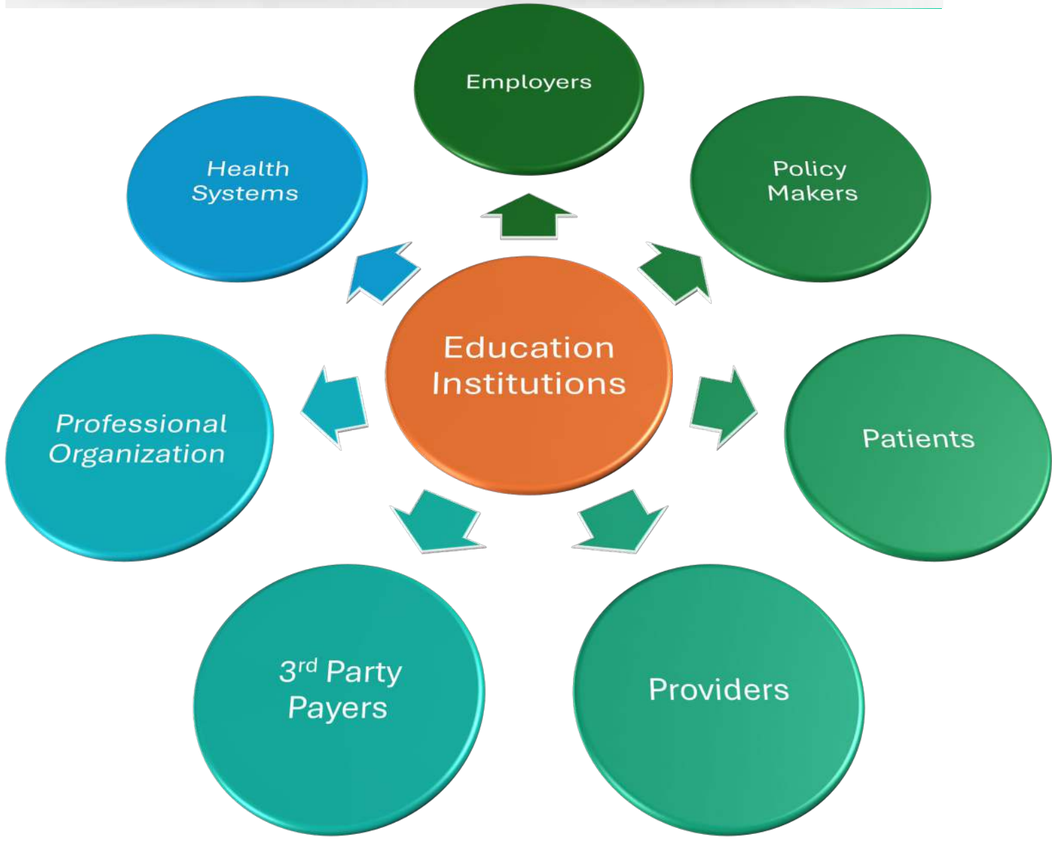
PATIENTS

&

LEGISLATORS



SOLUTION


Employers
Health Systems
Policy Makers
Education Institutions
Professional Organization
Patients
3rd Party Payers
Providers

Employers
Health Systems
Policy Makers
CENTRAL PENN COLLEGE
DENTAL
Professional Organization
Patients
3rd Party Payers
Providers

30 year ROI on a $2,000,000 Investment

Economic support for up to 1,500 Small Businesses	• 60% of U Penn dentists are women • 70% of dentists are practice owners
Free Dental Clinic	• 25,000 annual preventative visits
6,000 family sustaining careers in PA	• $3,487,500,000 in wages (today's dollars) • 95% women • 2 year degrees w/ little or no student debt
Access to dental care for 1,200,000 Pennsylvanians	• More than 2,000,000 PA residents have no access to dental care • Ability to address underserved areas

Create pathways for clinical providers to ladder up throughout their careers

dental career pathways

Start

Exploration

Emerge

Apprenticeship

Bachelor's Degree

Associate's Degree

Certificate Program

Residency

Dental School

Dental Specialist

General Dentist

PHDHP

Dental Hygienist

EFDA

Dental Assistant

Dental Lab Tech

Treatment Coordinator

Practice Administrator

Business Manager/Director

EMERGE EDUCATION

VERBER ADVANCED DENTAL INSTITUTE

VDG VERBER DENTAL GROUP

dental career pathways

HS Diploma
or
GED

Dental Assisting
Certificate

3,500 hours dental
assisting work
experience &
HS Diploma or GED

Expanded Function
Dental Assisting (EFDA)
Certificate

Dental Hygiene
AAS

Dental Assisting &
EFDA
AAS

Organizational
Leadership
MS

Healthcare
Management
BS

Dental Hygiene
License

CENTRAL PENN COLLEGE
DENTAL

DA

EFDA

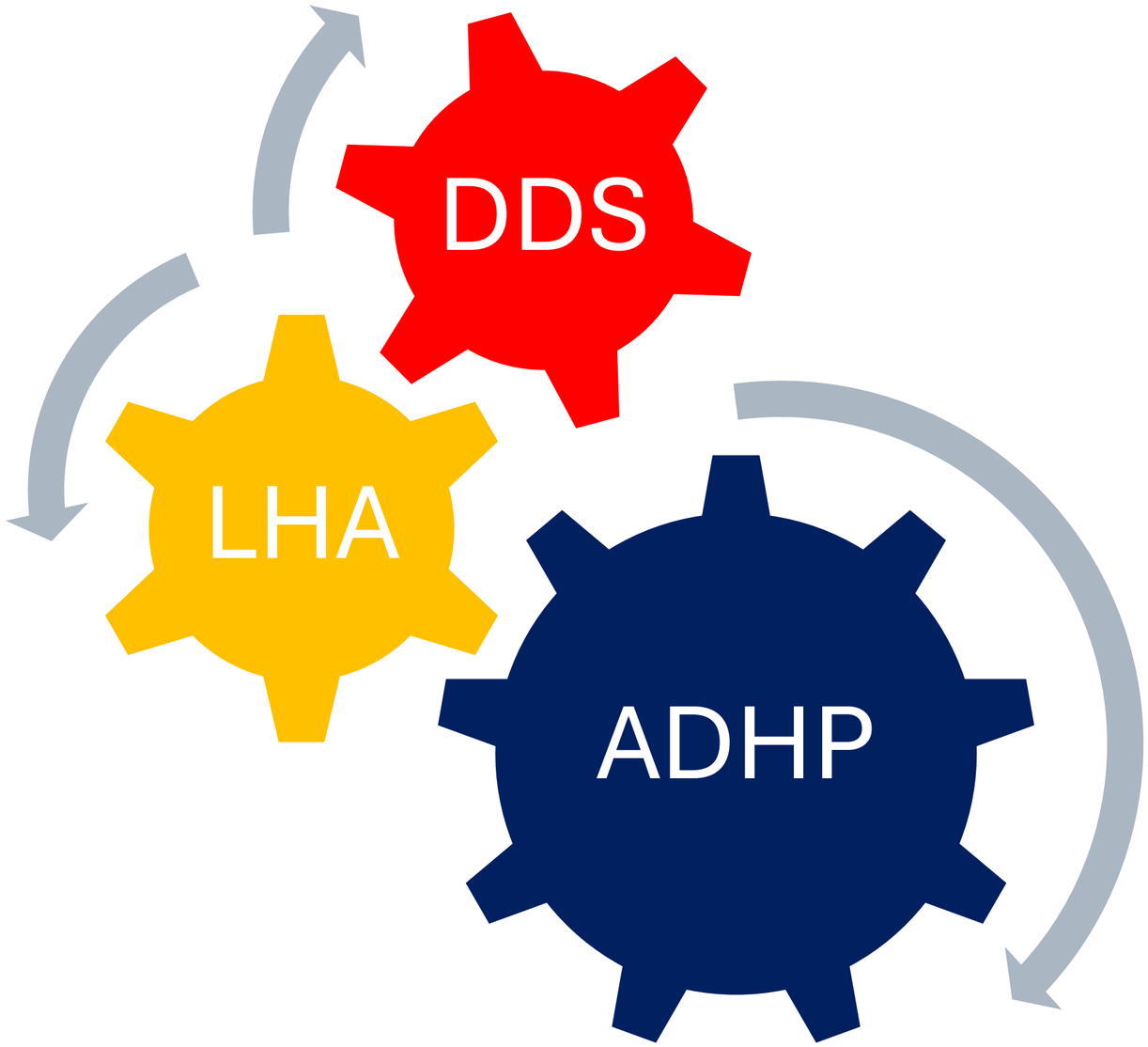
LHA

RDH

ADHP

Now that it is broken, we have an opportunity to get things right.

We will never get to where we need to be in the current model.



Grand Bargain instead of turf wars!

- Expanded Hygiene Scope of Practice
- LHAs would require direct supervision of DDS/DMD and ADHP

- Highly Motivated and Nimble
  - ESOP
  - Enrollment Issues
  - Lacks subsidized funding
- Can serve all of PA and Beyond
  - Centrally Located
  - Housing
- Career Minded Mission
- Innovative & Industry Driven
- Diverse Student Population
- Certificates, Associates, Bachelors, Masters Degrees

Scholarships Available Now!

Policy Brief: Workforce Modernization

DELTA DENTAL®

dr.verber@verberdental.com

Thank You to Our Panelists:

Senator David G. Argall
Representative Jamie Barton
Dean Marnie Oakley
Dr. Michael Verber

Time for Q&A

PCOH
PA Coalition for Oral Health

Thank You to Our Lunch Sponsor:

Penn Dental Medicine
University of Pennsylvania

See you back at 1:00 pm!

PCOH
PA Coalition for Oral Health

Oral Health Workforce (Numbers and Composition, Training, and Potential):

Dental School Applications and Post - Graduation Decisions

Dean Mark Wolff
University of Pennsylvania

Penn Dental Medicine
University of Pennsylvania

2025 PA Oral Health Summit:
Transforming Systems to Strengthen Smiles

Dental Workforce:

Numbers, Composition, Training

Potential

Are More Dental Schools the Answer?

2025

Penn Dental Medicine
University of Pennsylvania

Mark S. Wolff, DDS, PhD

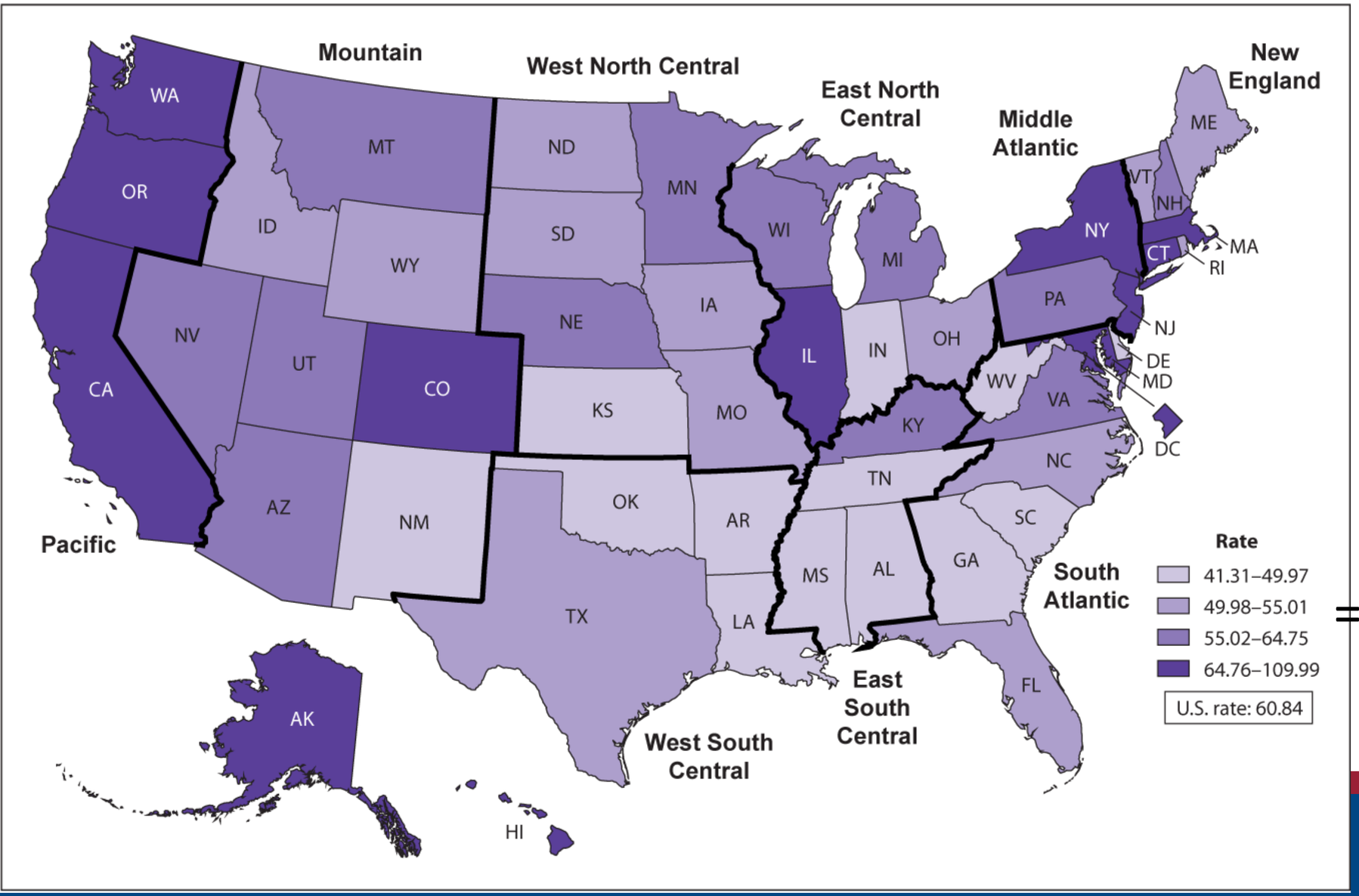
Morton Amsterdam Dean
University of Pennsylvania
School of Dental Medicine
Philadelphia, PA USA

dean@dental.upenn.edu

I declare no conflicts of interest… other than being a Dean!

Is there a Dentist Shortage in the United States?

Figure. Number of dentists per 100,000 resident population, by state: United States, 2021

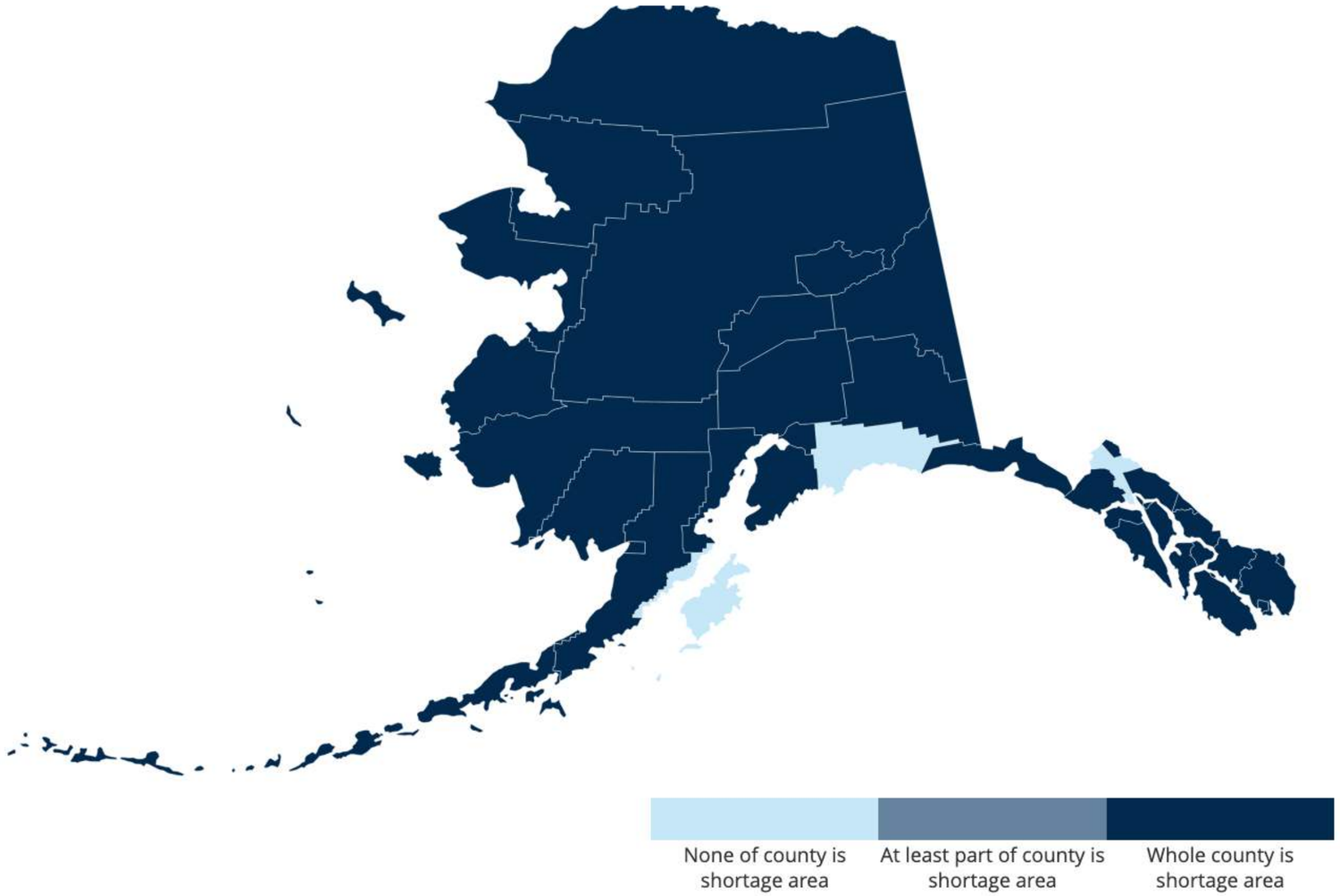


Rate
41.31–49.97
49.98–55.01
55.02–64.75
64.76–109.99
U.S. rate: 60.84

= 1 dentist/1,700 people

https://www.cdc.gov/nchs/hus/topics/dentists.htm

Is there a Dentist Shortage in the United States?



Alaska has shortages in all but a few cities,

though the state is well above the national average!

https://www.ruralhealthinfo.org/charts/9?state=AK

Dental Health Profession Shortage Areas (DHPSA)
with a current dentist shortage of 337 dentists

July 2025

https://www.ruralhealthinfo.org/charts/9?state=PA

Will there a Dentist Shortage in Pennsylvania in the Future?

35% of responding Pennsylvania dentists are over the age of 60

At minimum, an impending retirement totaling over 3000 practicing dentists in the next decade statewide

https://www.pa.gov/content/dam/copapwppagov/en/health/documents/topics/documents/programs/2023%20Pennsylvania%27s%20Dentist%20and%20Dental%20Hygienist%20Workforce%20Survey%20Report.pdf

Is there a Dentist Shortage in Pennsylvania?

Shortage in Rural Communities

Many rural and underserved areas in Pennsylvania face a shortage of dentists, impacting access to essential dental care.

Health Disparities Increase

Limited access to dental services can contribute to health disparities, affecting overall well-being of residents in these communities.

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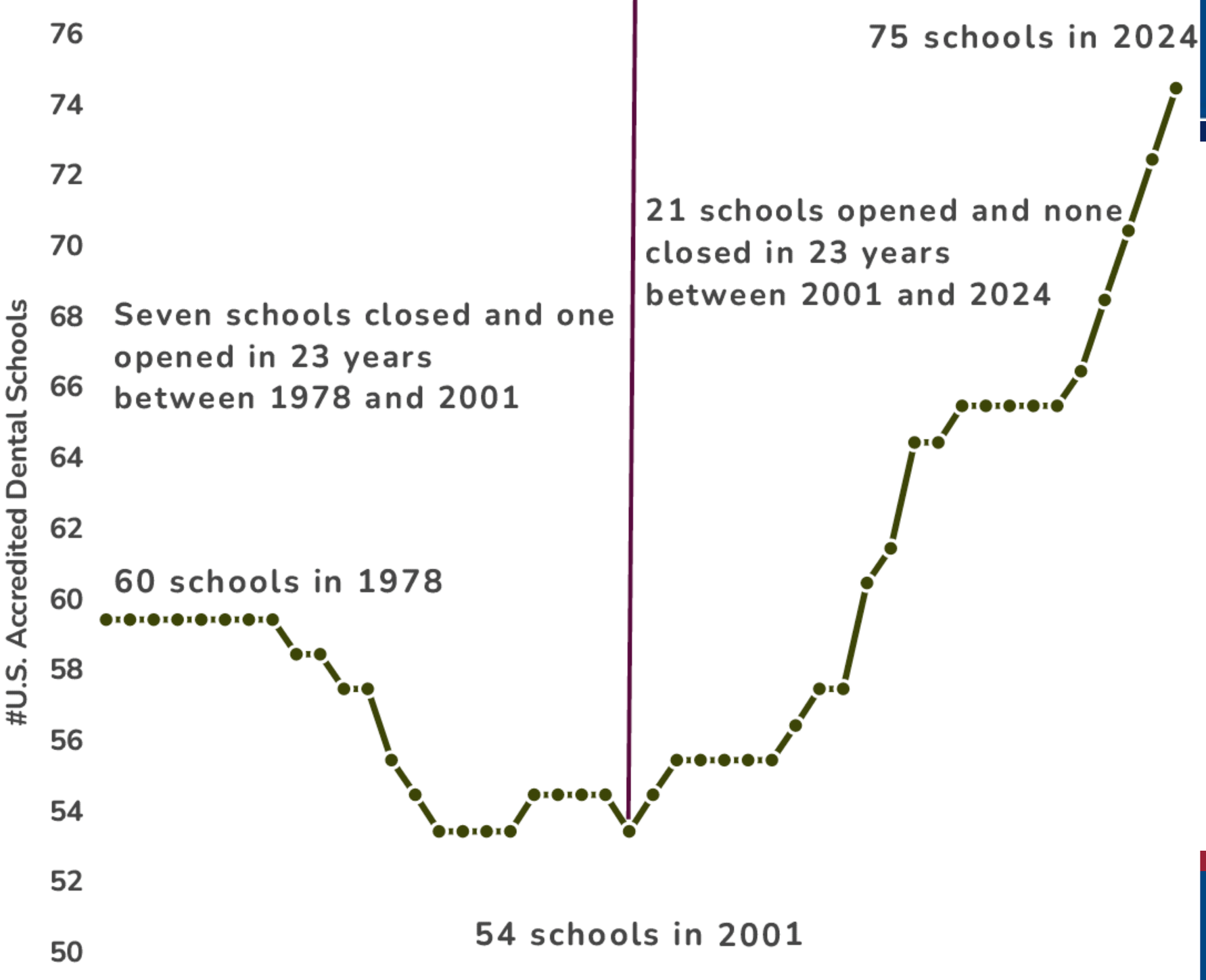
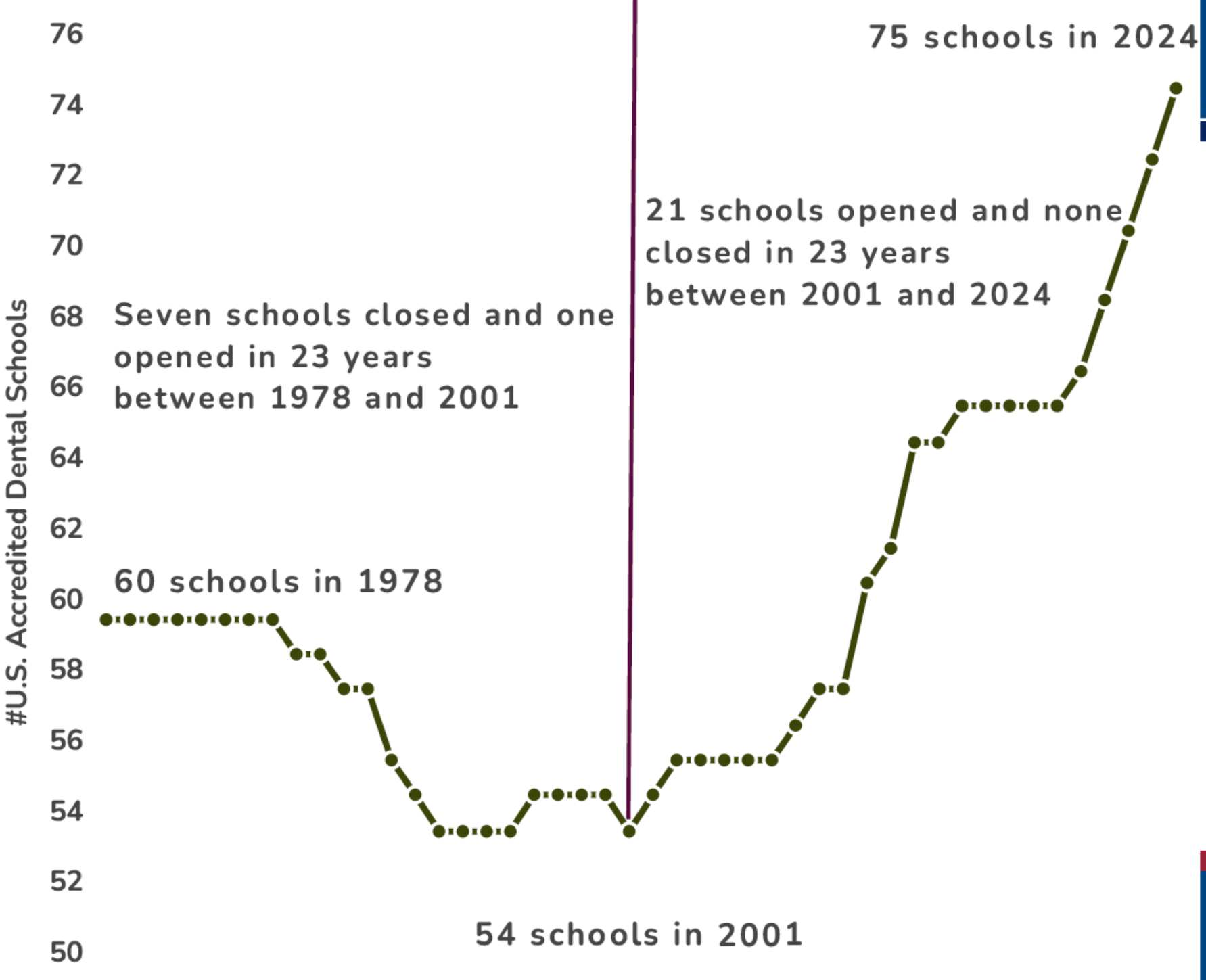


Is there a shortage of dental schools?

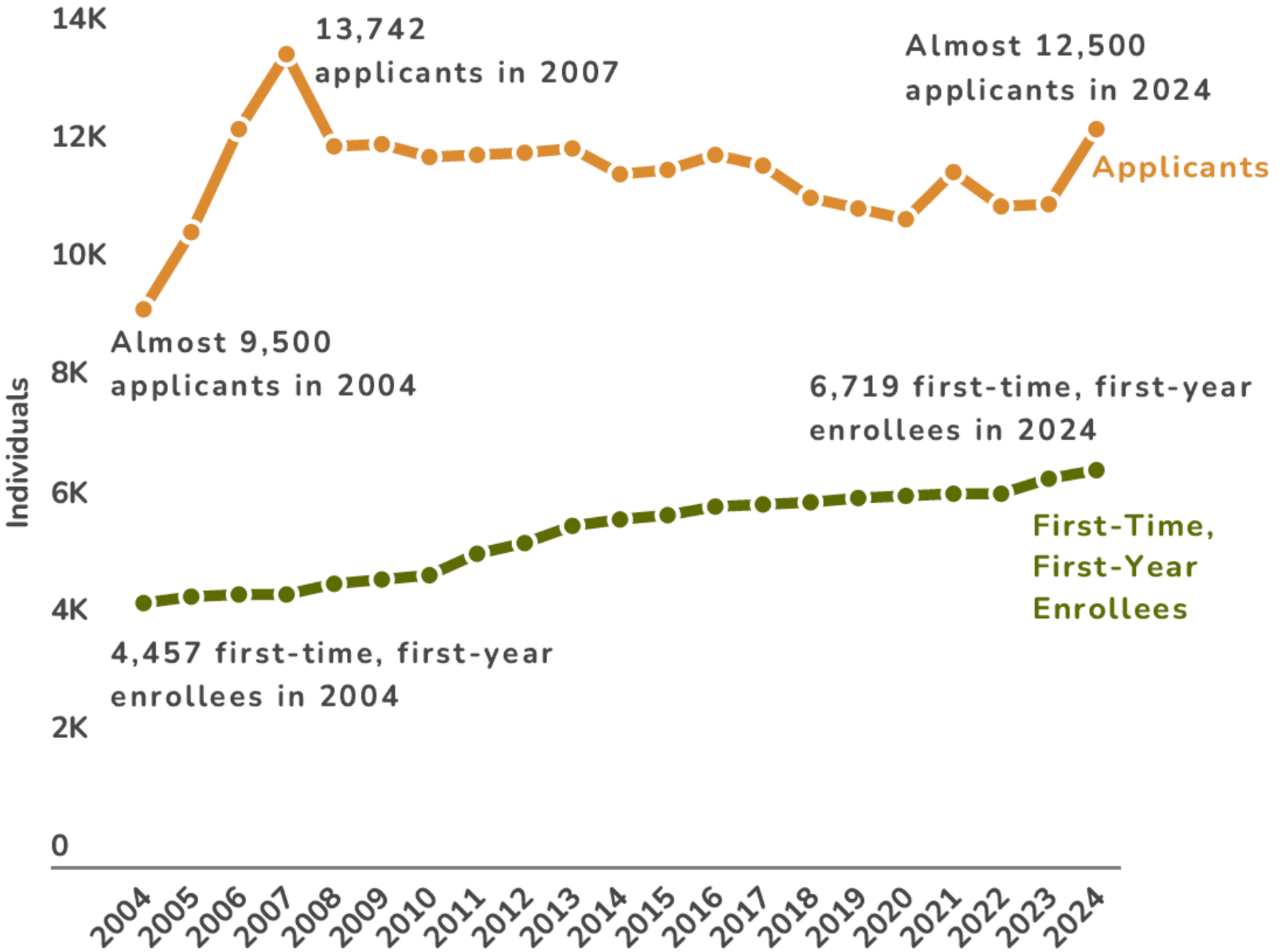


There IS definitely a shortage of FACULTY!

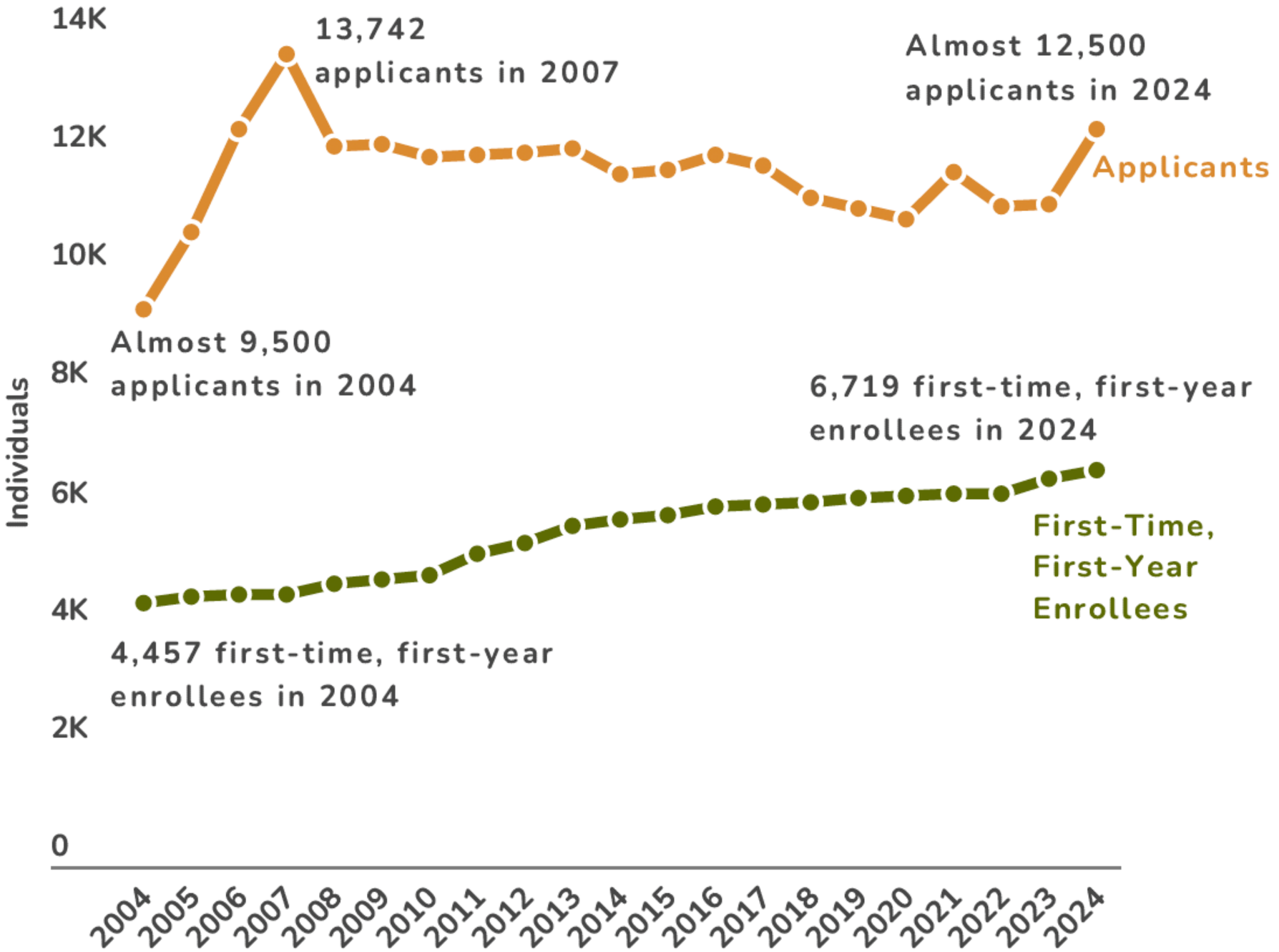
2007
3.05 applicants/seat

2024
1.86 applicants/seat

2023
1.70 applicants/seat



There is a shortage of qualified applicants!



State	Population	Applicants per Million Residents	Acceptances per Million Residents
California	38,965,193	3.5	1.9
Texas	30,503,301	3.3	1.6
Florida	22,610,726	4.1	2.2
New York	19,571,216	3.9	2.3
Pennsylvania	12,961,683	2.6	1.3

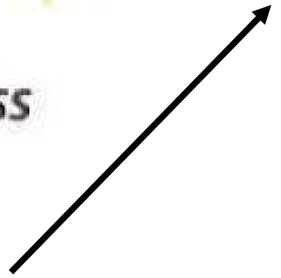
State	Population	Applicants per Million Residents	Acceptances per Million Residents
California	38,965,193	3.5	1.9
Texas	30,503,301	3.3	1.6
Florida	22,610,726	4.1	2.2
New York	19,571,216	3.9	2.3
Pennsylvania	12,961,683	2.6	1.3

Name of Institution	Total First-time, First-year Enrollees	Pennsylvania Applicants	Pennsylvania Residents Admitted
The Maurice H. Kornberg School of Dentistry, Temple University	135	265	42
University of Pittsburgh School of Dental Medicine	63	208	39
University of Pennsylvania School of Dental Medicine	167	169	17

****ADEA Dental School Applicants and Enrollees Report, 2024 Entering Class*

Name of Institution	Total First-time, First-year Enrollees	Pennsylvania Applicants	Pennsylvania Residents Admitted
The Maurice H. Kornberg School of Dentistry, Temple University	135	265	42 (15%)
University of Pittsburgh School of Dental Medicine	63	208	39 (19%)
University of Pennsylvania School of Dental Medicine	167	169	17 (10%)

****ADEA Dental School Applicants and Enrollees Report, 2024 Entering Class*



All Students

Rank

1 **Less Expensive Than Other Schools**
(e.g., Due to In-state Tuition, Financial Aid, etc.)

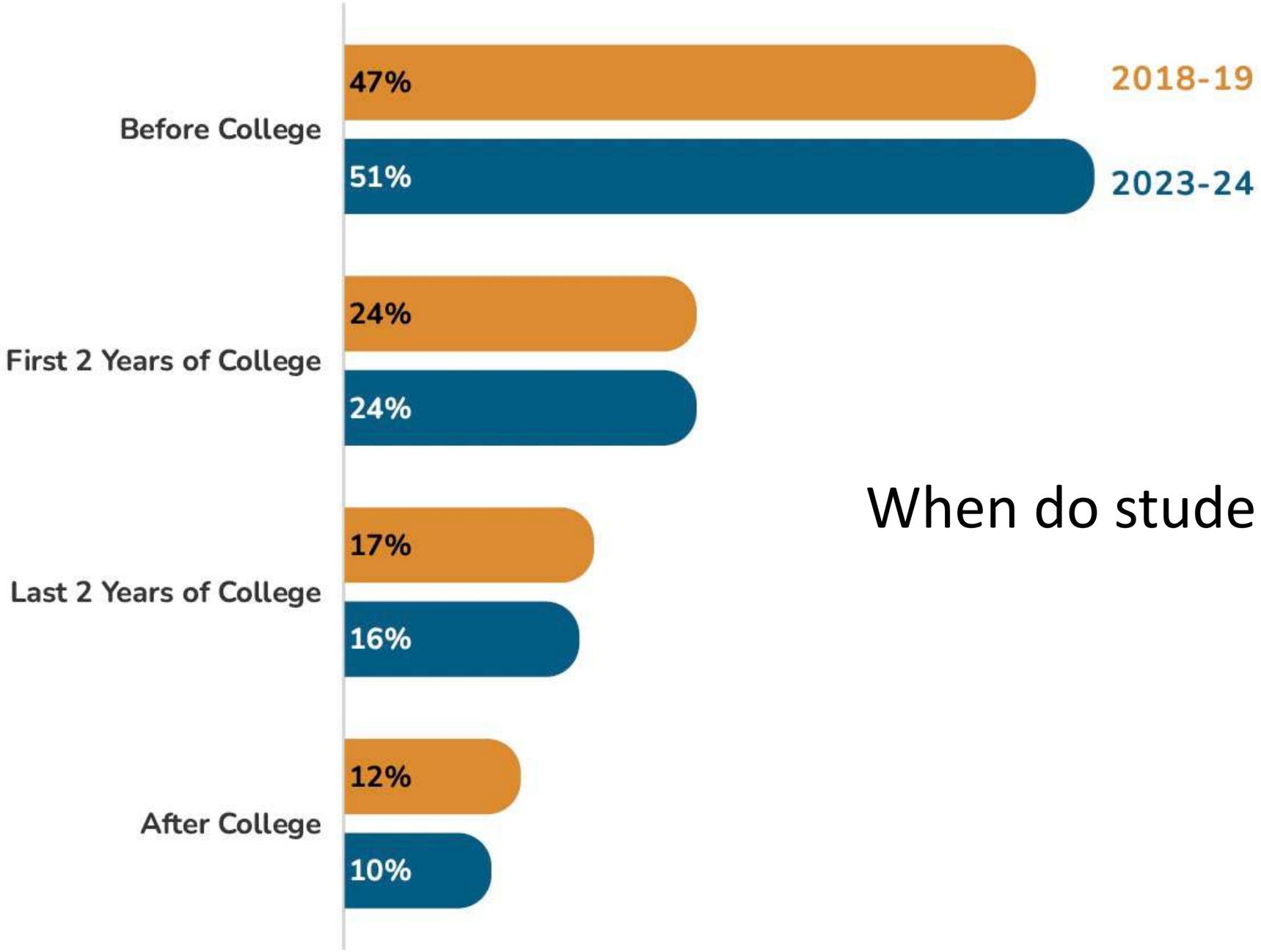
2 **Proximity to Family/Friends**

2 **Academic Reputation**

3 **The Only School That Offered Me a Place**

4 **Specific Opportunities**
(e.g., clinical procedures performed, the chance to work with specific technologies or faculty)

How do students select a dental school to attend?



When do students choose dentistry?

So…

So… What can we do?

So… What can we do?

It starts in High School

So… What can we do?

It starts in High School

Encourage STEM Education

So… What can we do?

It starts in High School

Encourage STEM Education

Encourage interest in the HEALTH PROFESSIONS

So… What can we do?

It starts in High School

Encourage STEM Education

Encourage interest in the HEALTH PROFESSIONS

Encourage College Graduation

So… What can we do?

Every Office is a
Recruitment Center

So… What can we do?

Every Office is a
Recruitment Center

Every young patient is a potential

Dentist

Hygienist

Dental Assistant

So… What can we do?

Expand the workforce:

- Every Primary Care office must think oral health

So… What can we do?

Supporting the new Grad:

- Provide scholarships for individuals who agree to practice in underserved areas of the Commonwealth

Image generated by Adobe Photoshop

So… What can we do?

Supporting the new Grad:

- Provide loan repayment for individuals practicing in underserved areas of the Commonwealth

Image generated by Adobe Photoshop

So… What can we do?

Support for the Practitioner:

Favored loan programs for practicing in underserved areas of the Commonwealth

Image generated by Copilot

So… What can we do?

Image generated by Copilot

Support for the Practitioner:

Property tax abatements for offices in underserved areas of the Commonwealth

So… What can we do?

Image generated by Copilot

Support for the Practitioner:

Financial support for training programs in dental assisting throughout the Commonwealth

Oral Health Workforce (Numbers and Composition, Training, and Potential):

Bridging the Gap: Current Landscapes and Emerging Solutions for Pennsylvania's Safety Net Dental Workforce

Caitlin Wilkinson
Pennsylvania Association of Community Health Centers

PACHC

Bridging the Gap

Current Landscapes and Emerging Solutions for Pennsylvania's Safety Net Dental Workforce

November 12, 2025 | Presented by Caitlin Wilkinson, MBA, CPRP

SERVING PA SINCE 1981

About PACHC

The Pennsylvania Association of Community Health Centers supports a comprehensive network of Community Health Centers, including Federally Qualified Health Centers, FQHC Look-Alikes, Rural Health Clinics, and other organizations with similar missions. Together, these organizations deliver vital healthcare services to more than one million patients each year while operating more than 450 locations in both rural and urban communities throughout Pennsylvania.

1M Patients Served Annually

55 Counties Served

450+ Health Centers in PA

1 in 12 PA residents are patients

What is a Community Health Center?

MEDICAL

DENTAL

BEHAVIORAL

SOCIAL SERVICES

PACHC

PA FQHC Stats

Our community health center patients include:

16,381
Veterans

22,306
Agricultural Workers

174,313
Uninsured

31,597
Homeless

152,842
Older Adults 65+

314,550
Children Age < 18

Oral Health Workforce

University of Pittsburgh

COMMUNITY COLLEGE OF PHILADELPHIA

LANCASTER COUNTY CAREER & TECHNOLOGY CENTER

NORTHAMPTON COMMUNITY COLLEGE

FORTIS

Penn
University of Pennsylvania

LUZERNE County Community College

HARCUM COLLEGE

Pennsylvania College of Technology
A Penn State Affiliate

MONTGOMERY COUNTY COMMUNITY COLLEGE

HACC
Founded in 1964
Central Pennsylvania's Community College

WESTMORELAND COUNTY COMMUNITY COLLEGE

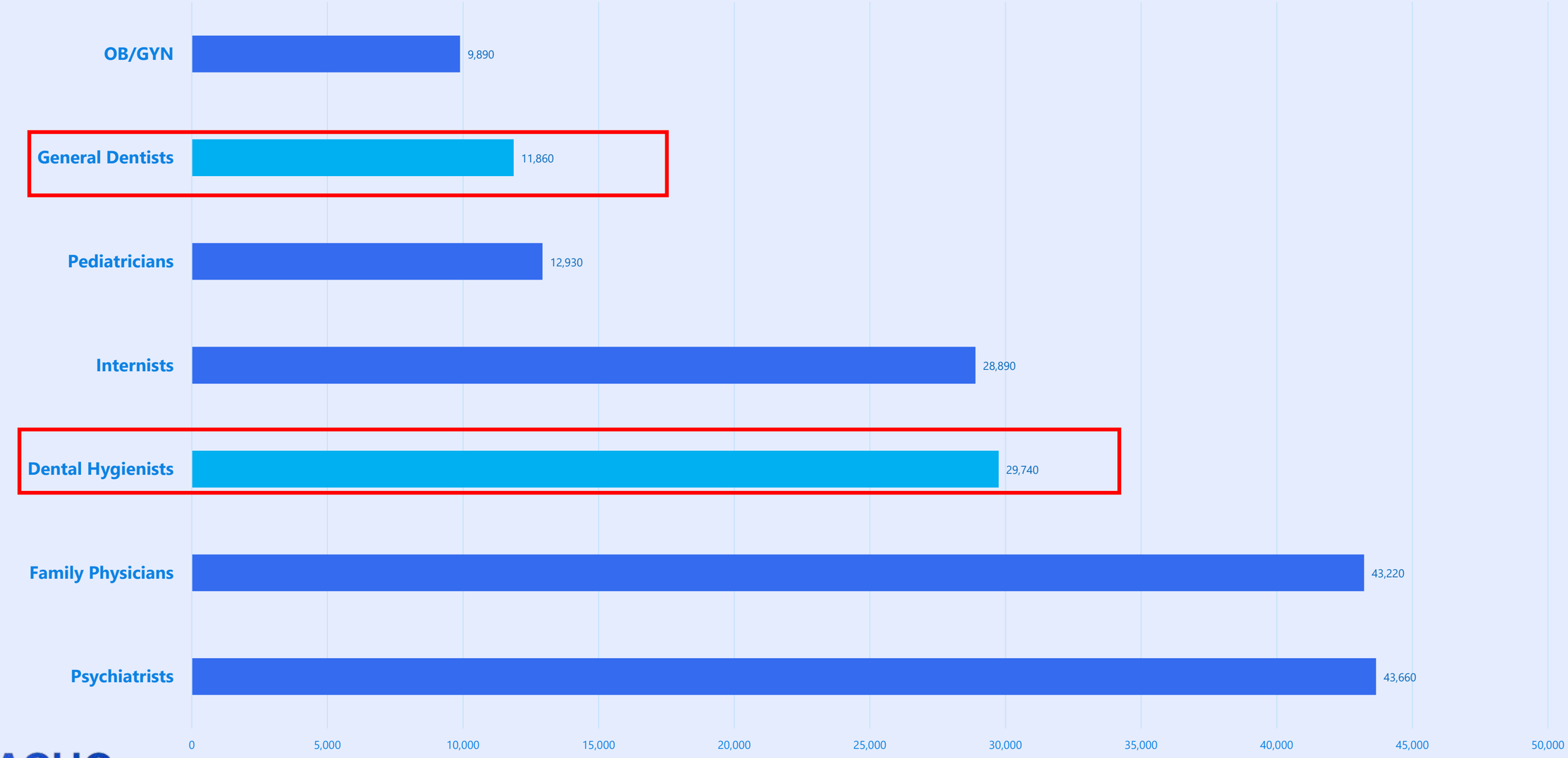
LECOM
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

TEMPLE UNIVERSITY

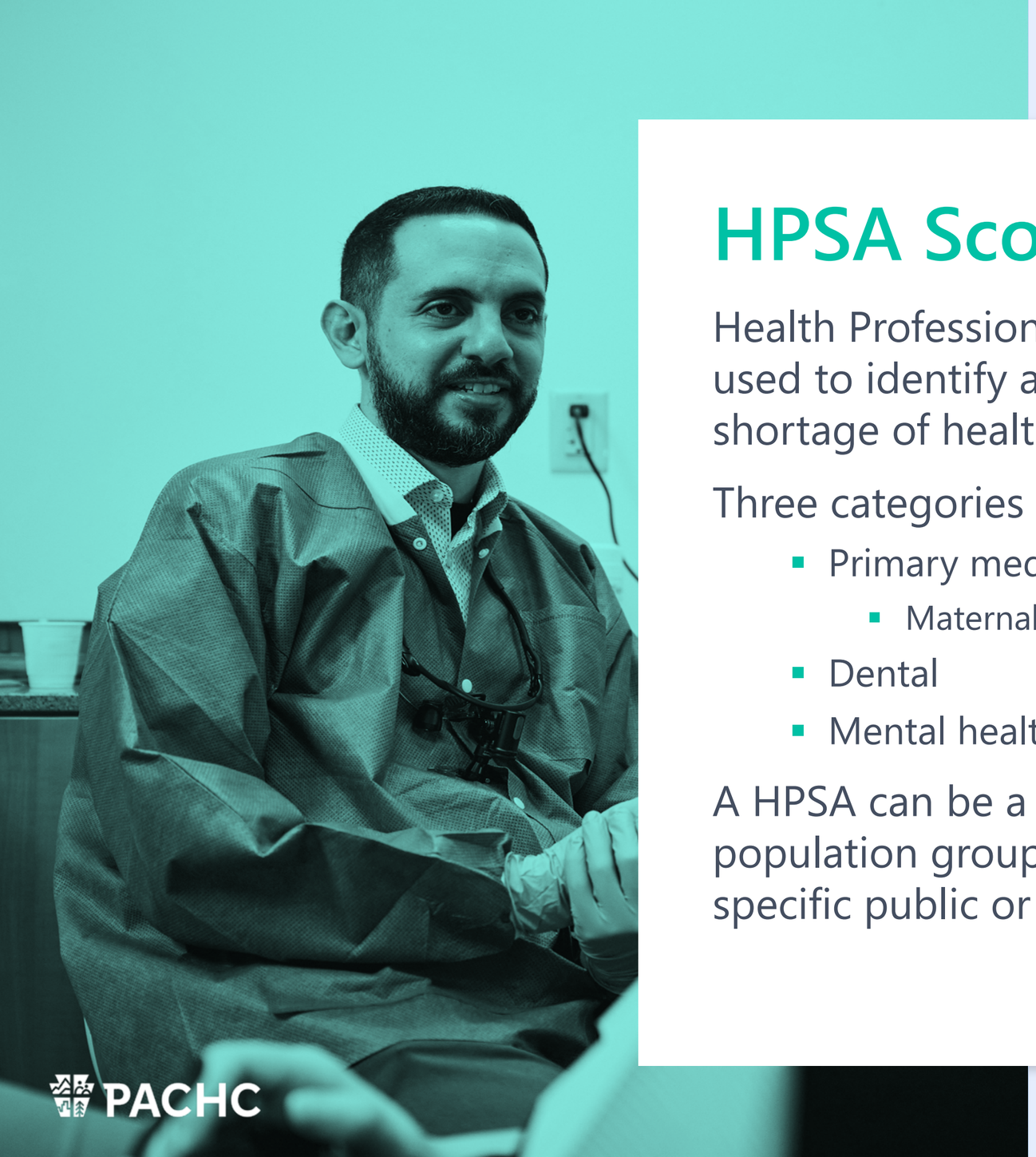
MANOR COLLEGE

PACHC

Projected Provider Shortages for 2037



Source: Health Resources & Services Administration



HPSA Score

Health Professional Shortage Area (HPSA) designations are used to identify areas and population groups experiencing a shortage of health professionals.

Three categories of HPSA designation:

- Primary medical
  - Maternal Care Target Areas
- Dental
- Mental health

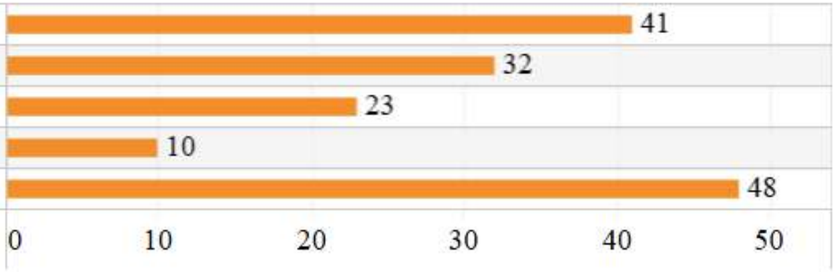
A HPSA can be a distinct geographic area, a specific population group within a defined geographic area, or a specific public or non-profit facility.

DENTAL HPSA SCORES

Population-to-Provider Ratio [10 points max] + **Percent of Population below 100% FPL** [10 points max] + **Water Fluoridation Status** [1 point max] + **Travel Time to NSC** [5 points max] = **HPSA Score** Out of 26

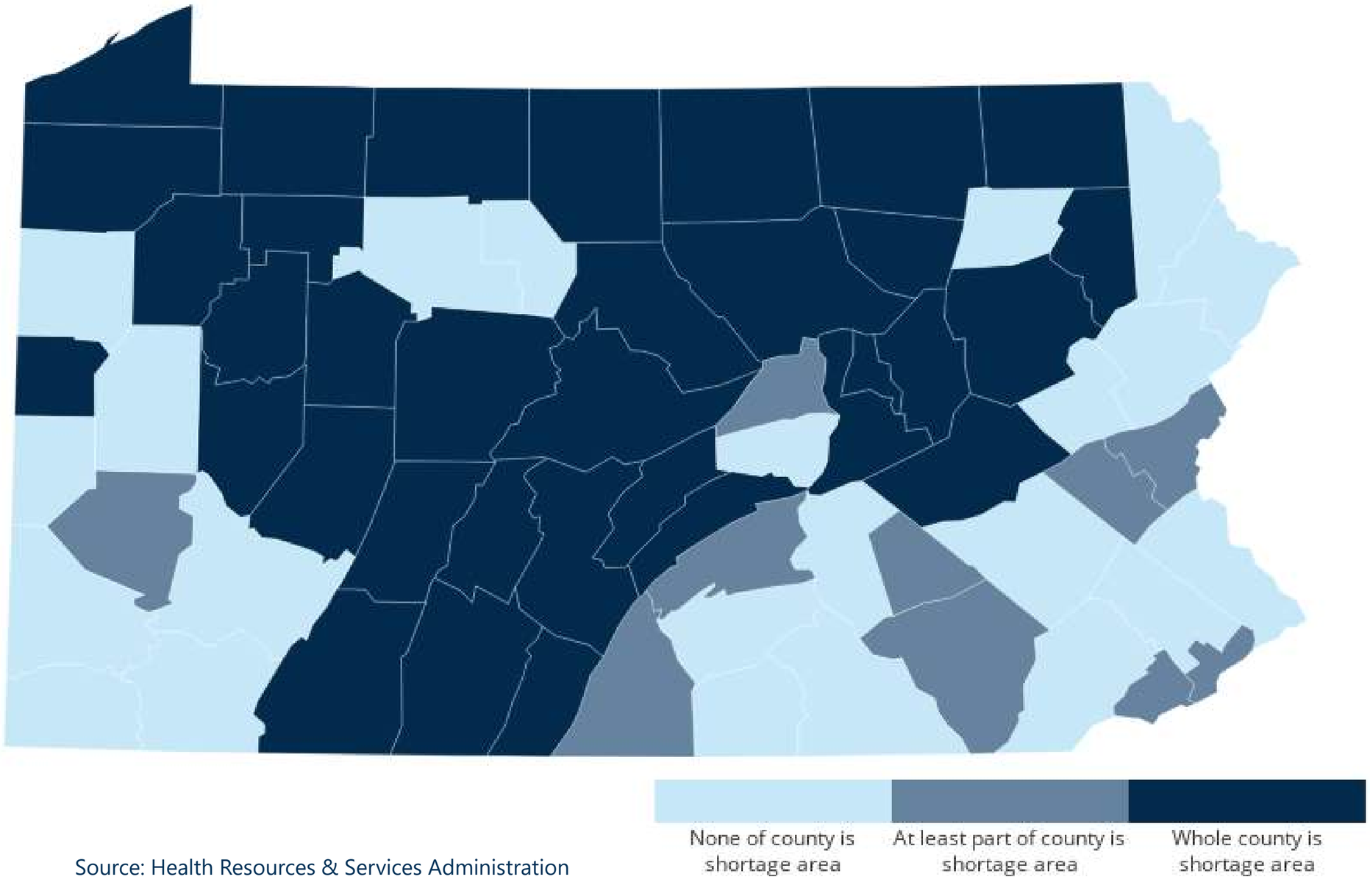
HPSA Type

Discipline	HPSA Type	HPSA Sub -Type
Dental Health	Facility	Federally Qualified Health Center
		Rural Health Clinic
		Correctional Facility
		Federally Qualified Health Center Look A Like
	Population Group	Low Income Population HPSA



Source: Health Resources & Services Administration and the Pennsylvania Department of Health

Health Professional Shortage Areas: Dental Care, by County, July 2025 - Pennsylvania



Source: Health Resources & Services Administration

Drill Down on Recruitment & Retention

Job Seeker Priorities

Loan Repayment Programs

There are loan repayment program available to licensed clinicians who commit to work in HPSAs and/or areas with limited access to medical care:

pennsylvania
DEPARTMENT OF HEALTH

[Pennsylvania Primary Care Loan Repayment Program]

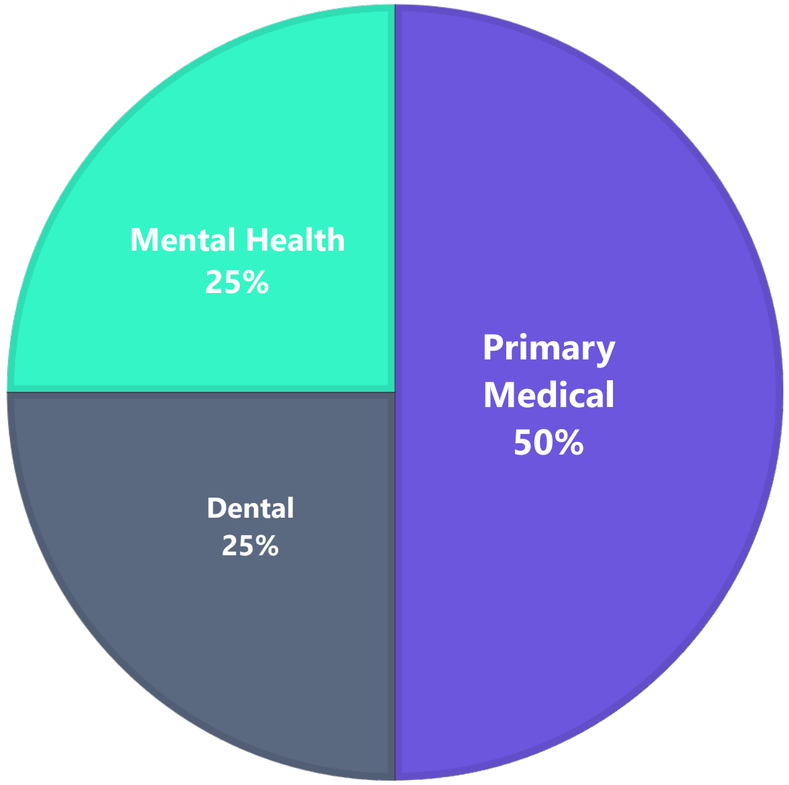
HRSA
NATIONAL HEALTH
SERVICE
CORPS

[National Health Service Corps Loan Repayment Programs]

Pennsylvania Primary Care Loan Repayment Program

Up to $80,000 in loan repayment in exchange for
2 years of full-time service in a HPSA in Pennsylvania.

- Family Physicians
- Internists
- Pediatricians
- Geriatricians
- Obstetrician/Gynecologists
- Psychiatrists
- Nurse Practitioners
- Dentists
- Dental Hygienists/PHDHPs
- Certified Nurse Midwives
- Physician Assistants
- LCSWs
- Licensed Professional Counselors
- Marriage and Family Therapists
- Psychologists



Can I Be a SLRP Site?

Eligible Sites

- FQHCs & Look-Alikes
- Certified Rural Health Clinics
- Hospital-affiliated outpatient primary care practices
- CCBHCs
- Behavioral health outpatient clinic licensed by PA Office of Mental Health and Substance Abuse Services
- State Correctional Institutions
- Group or solo private practices
- Public health departments
- Dental clinics
- Free clinics
- Mobile units (if affiliated with & functions as part of LRP-approved site practice)

Qualification Factors

- Physically located in PA
- Located in designated HPSA or serve a minimum of 30% low-income patients
- Provide outpatient medical, dental, and/or behavioral primary care services
- Ensure access to ancillary, inpatient, and specialty referrals
- Provide services on free or reduced fee schedule basis to individuals at or below 200% of FPL
- Accept patients covered by Medicare, Medicaid, and CHIP
- Agree to not discriminate in the provision of services based on protected classes
- Use clinician credentialing process including reference review, licensure verification, and NPDB query
- Agree not to reduce a clinician's salary due to LRP support
- Support LRP clinicians in maintaining a primary care clinical practices as indicated in LRP contract

National Health Service Corps Programs

HRSA NATIONAL HEALTH SERVICE CORPS

Scholarship Program
Tuition, fees, monthly stipend, & educational support in exchange for 2-4 years of service

Students to Service LRP
Up to $120,000 in loan repayment award in exchange for 3 years of service

Loan Repayment Program
Up to $80,000 in loan repayment award in exchange for 2 years of service

NHSC HPSA Requirements

NHSC Scholarship Program

Discipline	CY 2026	CY 2025
Primary Care Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), & Nurse Practitioner (NP)	21	19
Physician Assistant (PA)	19	5
Certified Nurse Midwives (CNM)	19	16
Dentists (DDS & DMD)	14	3
Psychiatric (MD & DO)	21	19

Students to Service Awardees must work at an approved site with a HPSA of 14 or higher

Can I be a NHSC Site?

Eligible Sites

- FQHCs
- FQHC Look-Alikes
- State prisons
- Certified Rural Health Clinics
- Critical Access Hospitals
- State or Local Health Departments
- Community Outpatient Facilities (including community mental health centers)
- Private Practices
- School-based Clinics
- Mobile Unites
- Free Clinics
- SUD Treatment Facilities

Qualification Factors

- Ensure access to ancillary, inpatient, and specialty referrals
- Accept patients covered by Medicare, Medicaid, and CHIP
- Provide services without regard to whether a person can pay
- Located in and treat patients from a HPSA
- Provide medical, dental, and/or behavioral primary care services tailored to community needs
- Provide services on free or reduced fee schedule basis to individuals at or below 200% of FPL
- Agree not to reduce a NHSC clinician's salary due to NHSC support
- Allow clinicians to maintain a primary care clinical practice as indicated in their contract

Starting at the Root

Strategies to Strengthen the Workforce

- **Mentorship**
  - How are you encouraging the young people in your community to pursue a career in oral health?
- **Academic Partnerships**
  - How are you engaging with the training schools to create a shorter-term workforce pipeline?
- **Training and Upskilling**
  - How are you training and upskilling your current workforce to meet the needs of your clinic?

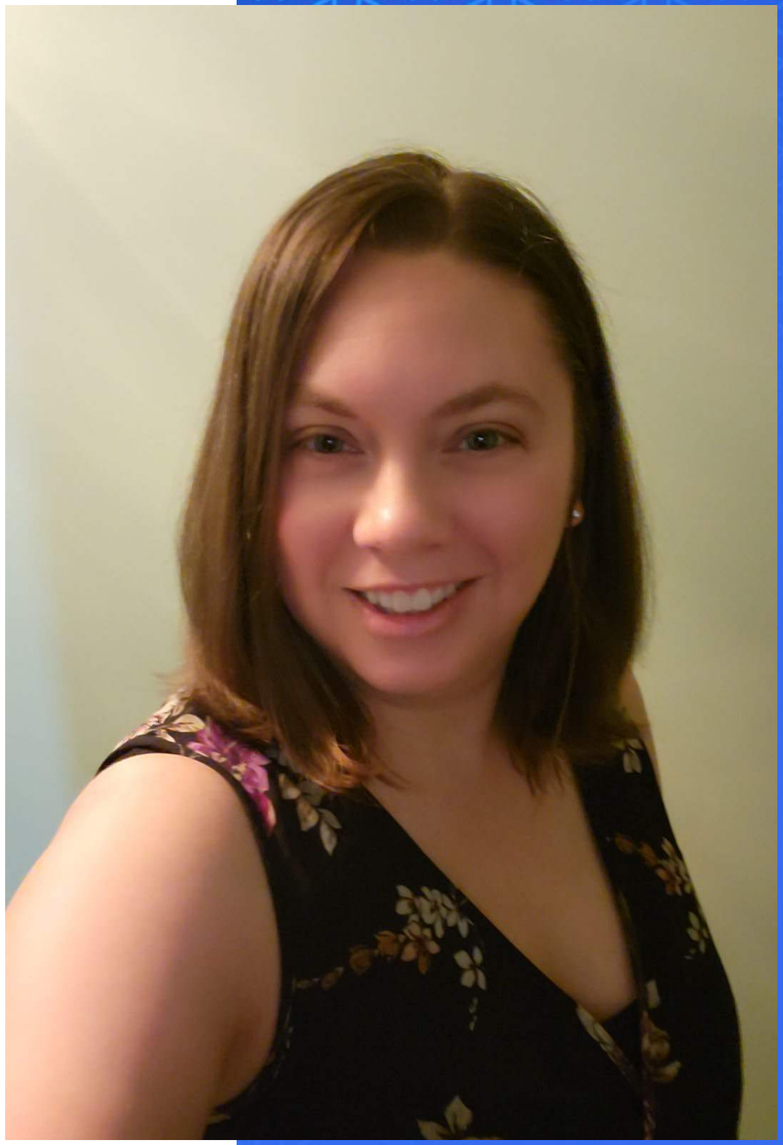
Health Center Spotlight

Kristin Thornton, CDA, EFDA

Kristin has worked at Keystone Health Center for the past 17 years. They provided on the job training and financial support for Kristin to pursue both her CDA and EFDA certifications. She credits the dentists she worked with at Keystone for much of her success because of their mentorship and teaching.

Kristin loves working in a health center because there is a lot of variety in her day and she gets to be part of improving the patients' lives through the restorative work they do.

"It's like we are doing artwork. I'm putting my artwork in someone's mouth."



Health Center Spotlight

PHMC Dental Collaboration with Penn Dental Medicine

Public Health Management Corporation partnered with Penn Dental Medicine to provide general dentistry and emergency care to the community.

Dental care is provided by 3rd and 4th year dental students, Advanced Education General Dentistry residents, and faculty from Penn Medicine, providing them with exposure to community and public health settings and increasing access to oral health care in the community.

PACHC

Health Center Spotlight

Keystone Health Center Dental Assistant Training

Keystone Health Center partnered with a local community college to offer an accelerated Dental Assistant Training program.

Trainees are hired as employees, and the health center provides the tuition, dedicated learning time, and externship placement in exchange for two years of service. A dedicated staff member manages the program and provide hands on lab and didactic sessions for the students.

THANK YOU

Caitlin Wilkinson
Director, PA Primary Care Career Center
Caitlin@pachc.org
https://paprimarycarecareers.org

PACHC

LinkedIn

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Wormleysburg PA 17043

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Oral Health Workforce (Numbers and Composition, Training, and Potential):

Strengthening Pennsylvania's Dental Assisting Workforce

Paulette Dietz

STRENGTHENING PENNSYLVANIA'S DENTAL ASSISTING WORKFORCE

Paulette Dietz, RDH, BS, MEd

Faculty, University of Pittsburgh - School of Dental Medicine

DISCLOSURE STATEMENT

I have no financial relationships or conflicts of interest to disclose.

OBJECTIVES

- Identify current challenges affecting Pennsylvania's dental assisting workforce, including training pathways, recruitment, and retention.
- Evaluate innovative approaches to curriculum design, clinical partnerships, and credentialing that strengthen the dental assisting pipeline.
- Discuss actionable strategies for educators, policymakers, and employers to enhance workforce readiness and address service gaps.

WHY THIS MATTERS

Dental assistants are essential to dental care delivery (clinical support, patient prep, infection control, etc.)

Pennsylvania faces both supply and access issues, especially in rural & underserved areas.

DATA SNAPSHOT— WORKFORCE NUMBERS & TRENDS IN PA

DISTRIBUTION & ACCESS GAPS

RURAL VS URBAN SPLIT:

- Only ~17-23% of dental hygienists & dentists practice in rural counties, the majority in urban areas.
- Dentists per 100,000 population: ~34.9 in rural counties vs ~56.1 in urban counties (2023)
- Hygienists: 45.6 per 100,000 in rural vs 53.0 in urban counties.

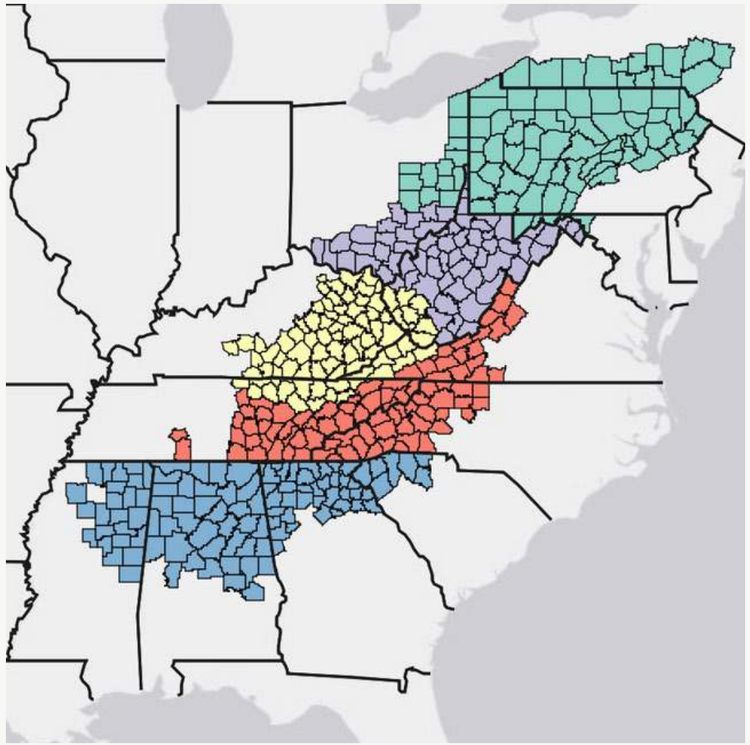
(2023 Pennsylvania Dentist and Dental Hygienist Workforce Survey Report)

TRAINING PROGRAMS

- Training-program locations correlate with workforce density: counties with training/education programs tend to have more dental assistants or allied providers.

(PCOH "Access to Oral Health Workforce Report Part I")

LOOKING INTO PA'S ARC COUNTIES



www.arc.gov/about-the-appalachian-region/

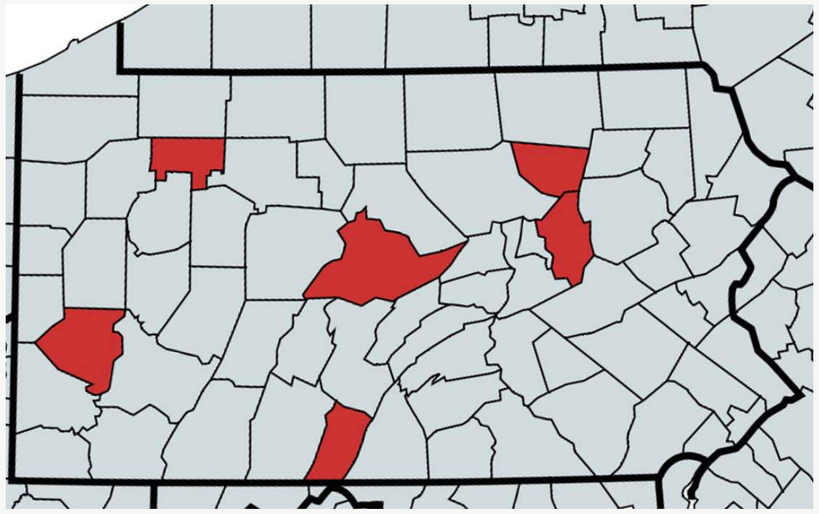
ENVIRONMENTAL SCAN

Used to assess oral health access, workforce distribution, and community needs across Pennsylvania's Appalachian Regional Commission (ARC) Counties using a comprehensive set of indicators. The goal is to inform program development, advocacy, and policy recommendations around oral health.

- Environmental Factors and Social Determinants
- Workforce
- Education

DA WORKFORCE MOST AT NEED COUNTIES

These counties were selected based on immediate workforce needs, highlighted by low EFDA (Expanded Function Dental Assistant) numbers, absence of training infrastructure, and high DHPSA scores.



ALLEGHENY Despite high provider numbers, demand remains high in the urban core. One of the few counties with a DA school.

CENTRE Low EFDA count, no DA school, high DHPSA score of 17

COLUMBIA Low provider and assistant counts, DHPSA score of 18, no local training.

FOREST Critically underserved with only one dentist and zero assistants, DHPSA 10.

FULTON Minimal dental workforce, high DHPSA score of 16, no DA programs.

SULLIVAN Four dentists, no assistants, high DHPSA score of 16, rural and isolated.

CURRENT CHALLENGES

■ RECRUITMENT ISSUES:

- ~87% of FQHC respondents reported dental assistant recruitment is more difficult now than in the past.
- Low pay relative to the cost of living & expectations
- Lack of qualified applicants

(Dental Workforce Shortages: Data to Navigate Today's Labor Market)

■ RETENTION ISSUES:

- From a PA survey: Of 391 respondents, 81% currently practicing; of those who left (62 gave a date), 53% left after 2020
- Key factors pushing people out: insufficient pay, negative workplace culture, and feeling overworked

(PCOH "Access to Oral Health Workforce Report Part I")

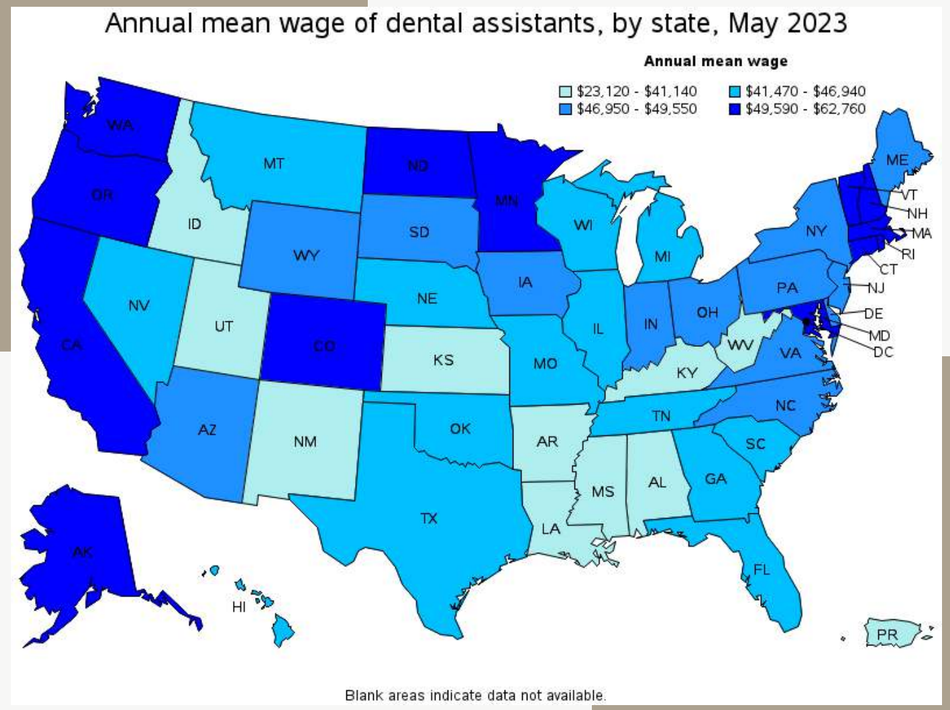
TRAINING & CREDENTIALING PATHWAYS

- Expanded Function Dental Assistants (EFDAs): graduation from board-approved program + examination. 26.8% of DAs have EFDA credentials in 2021.

  (PCOH "Access to Oral Health Workforce Report Part I")

- Length of formal training programs: Many dental assistant programs in PA take about 9-12 months; associate's degree programs can take up to 2 years.

COMPARATIVE PAY & JOB SATISFACTION



www.bls.gov/oes/2023/may/oes319091.htm

- Mean hourly wage for DAs in PA (May 2023) ≈ $22.97/hour; mean annual ≈ $47,770
- National trends: many practices are having trouble recruiting. In private practices: ~40% actively recruiting dental assistants; many find hiring "very" or "moderately" challenging. (Dental Assisting National Board)
- Job satisfaction: In the PA survey, a large portion of DAs reported practicing, but some reported underutilization of scope and a desire for more responsibilities.

(PCOH - 2022 PA Dental Assistant Survey)

GAPS IN SERVICE & OPPORTUNITY

- Dental Health Professional Shortage Areas (HPSAs) persist, especially in rural counties. PA's workforce is unevenly distributed. (Commonwealth of PA- Oral Health Workforce)

- EFDA & PHDHP (Public Health Dental Hygiene Practitioners) are disproportionately mapped in urban settings.

- Over half of dental assistants in PA say they are working below the full scope of practice, i.e., they could do more but aren't in roles that allow it.

INNOVATIVE/PROMISING APPROACHES

- Blended & distributed training models: Pittsburgh’s program with online + simulation + local clinical sites helps reach students in underserved areas.

- Credentialing & expanded functions: EFDA certification allows broader scope; could boost job satisfaction and retention.

- Aligning training programs with community needs: placing programs or clinical experiences in rural counties to help the pipeline in those geographic area.

ACTIONABLE STRATEGIES FOR EDUCATORS, EMPLOYERS & POLICY MAKERS

CHALLENGES TO IMPLEMENTATION & CONSIDERATIONS

- Ensuring adequate funding for training & clinical site supervision
- Regulatory constraints/scope of practice laws
- Balancing quality of training with flexibility and speed
- Addressing geographic maldistribution of providers (rural vs. urban)
- Retention long-term: beyond onboarding, ensuring job satisfaction, growth, culture

RECOMMENDATIONS SUMMARY

- Increase DA/EFDA training and credentialing accessibility
- Improve wages and benefits to make DA roles competitive
- Deploy training programs & clinical rotations in rural counties
- Promote employer best practices: culture, career advancement, work-life balance
- Policy incentives/supports for underserved areas

CONCLUSION

- The dental assisting workforce in Pennsylvania is facing clear and urgent challenges: recruitment, retention, geographic disparities, and under-utilization of skill sets.

- But there are promising models and strategies already in place. With concerted effort among educators, employers, and policy makers, an improved pipeline is feasible.

- Next steps: stakeholder collaboration, pilot programs, data tracking

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Oral Health Workforce (Numbers and Composition, Training, and Potential):

Applicant Trends and Workforce Realities: A Data - Driven Look at the Dental Hygiene Pipeline

Amanda Kundrod
Westmoreland County Community College

Applicant Trends and Workforce Realities: A Data-Driven Look at the Dental Hygiene Pipeline

Amanda Kundrod, RDH, MA, PHDHP, CDA, EFDA

Objectives:

- Describe current trends in dental hygiene program applications, including geographic distribution and applicant quality.
- Understand acceptance rates and barriers that limit the number of students entering the dental hygiene workforce.
- Recognize challenges and opportunities in building a sustainable pipeline of dental hygienists to meet workforce demand.
- Discuss implications of dental hygiene applicant trends on access to care in underserved regions.

Setting the Stage: National Context

First Year Enrollment in Allied Dental Education Programs
2014 - 2024

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Dental Hygiene	8,472	8,279	8,370	8,265	8,288	8,322	7,745	8,197	8,642	8,967	9,199
Percent Change	2.2	-2.3	1.1	-1.3	0.3	0.4	-6.9	5.8	5.4	3.8	2.6
Dental Assisting	7,601	6,875	6,080	5,962	5,775	5,484	4,923	4,715	4,527	4,274	4,428
Percent Change	2.8	-9.6	-11.6	-1.9	-3.1	-5.0	-10.2	-4.2	-4.0	-5.6	3.6
Dental Laboratory Technology	320	303	324	303	319	313	253	263	223	247	238
Percent Change	-20.4	-5.3	6.9	-6.5	5.3	-1.9	-19.2	4.0	-15.2	10.8	-3.6

Source: American Dental Association, Health Policy Institute, *Commission on Dental Accreditation Surveys of Dental Hygiene Education Programs, Surveys of Dental Assisting Education Programs,* and *Surveys of Dental Laboratory Technology Education Programs.*

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Setting the Stage: National Context

First-Year Student Capacity Versus Enrollment by Number of Dental Hygiene Programs, 2014 to 2024

Source: American Dental Association, Health Policy Institute, Commission on Dental Accreditation Surveys of Dental Hygiene Education Programs.

Barriers to Entry

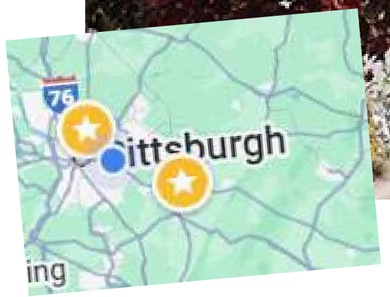
- Limited program capacity
- High level of competitiveness
- Stringent academic requirements
- Financial and logistical challenges

Dental Hygiene Education Landscape in Pennsylvania

- 13 dental hygiene programs that are accredited by the Commission on Dental Accreditation (CODA).
- Vast majority around the Southeastern region, in urban areas
- Poses a problem for rural areas, contributing to a significant shortage in dental workforce

An In-Depth Look at Westmoreland County Community College

- Established in 1970
- Community college located in rural PA, one hour east of Pittsburgh
- Westmoreland Dental Hygiene Program established in 1994
- Maximum enrollment per year – 24 students
- Associates Degree Program



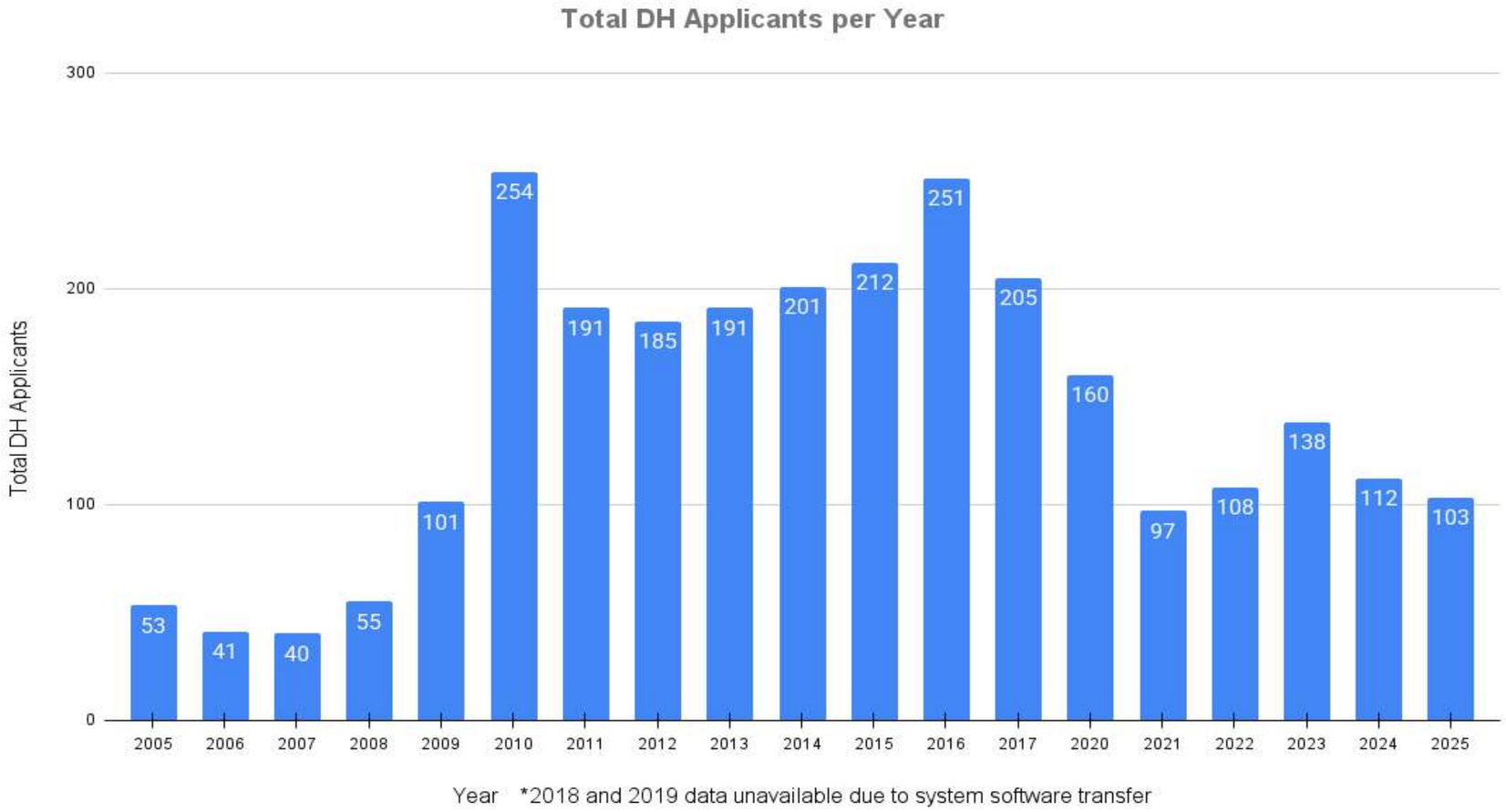
Application Volume Trends (2005-2025)

Community College Tuition

In-County: $143 per credit
Out-of-County: $280 per credit
Out-of-State: $420 per credit

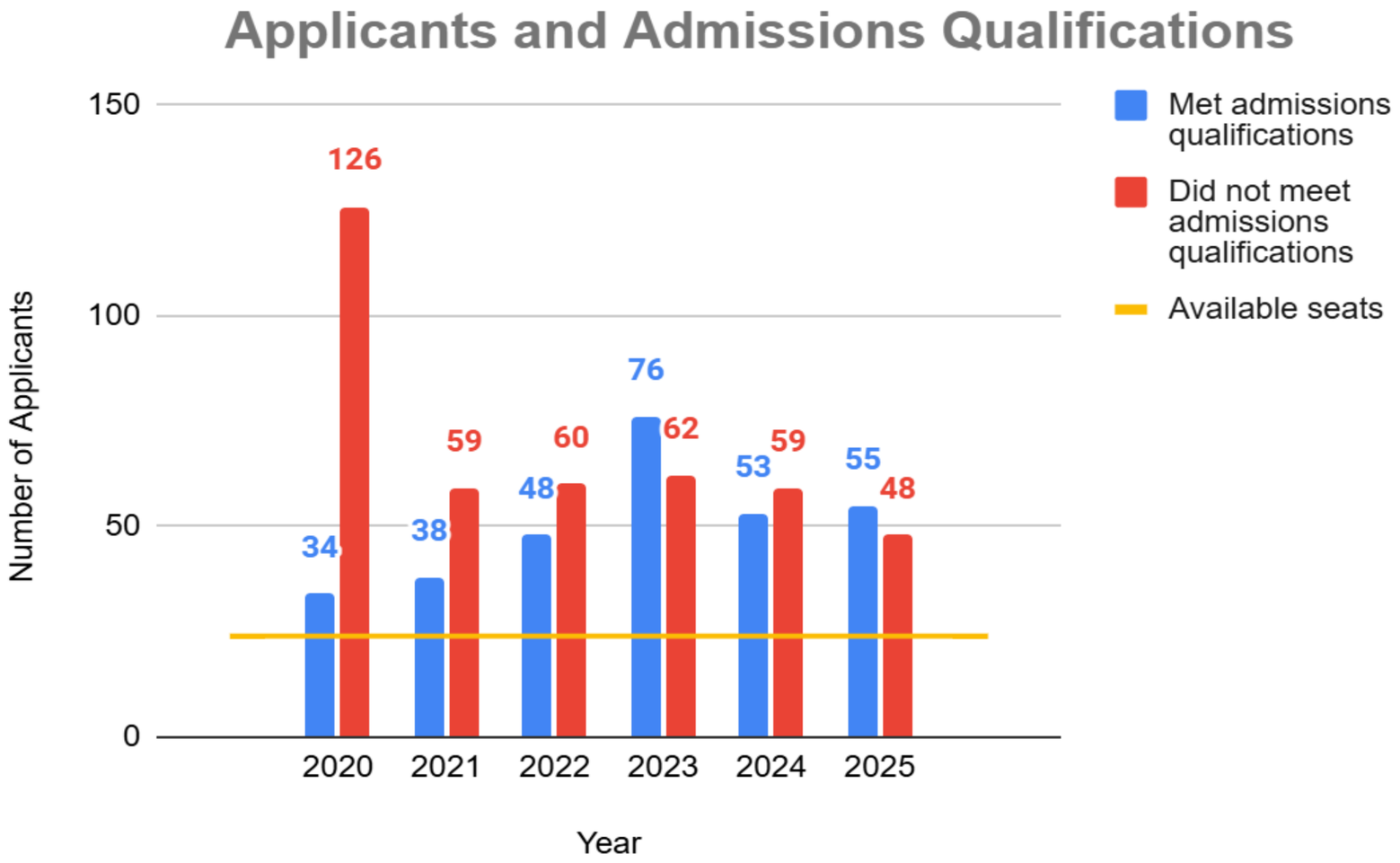
Total Tuition Cost

- **In-County: $16,898**
- **Out-of-County: $27,872**
- **Out-of-State: $38,792**

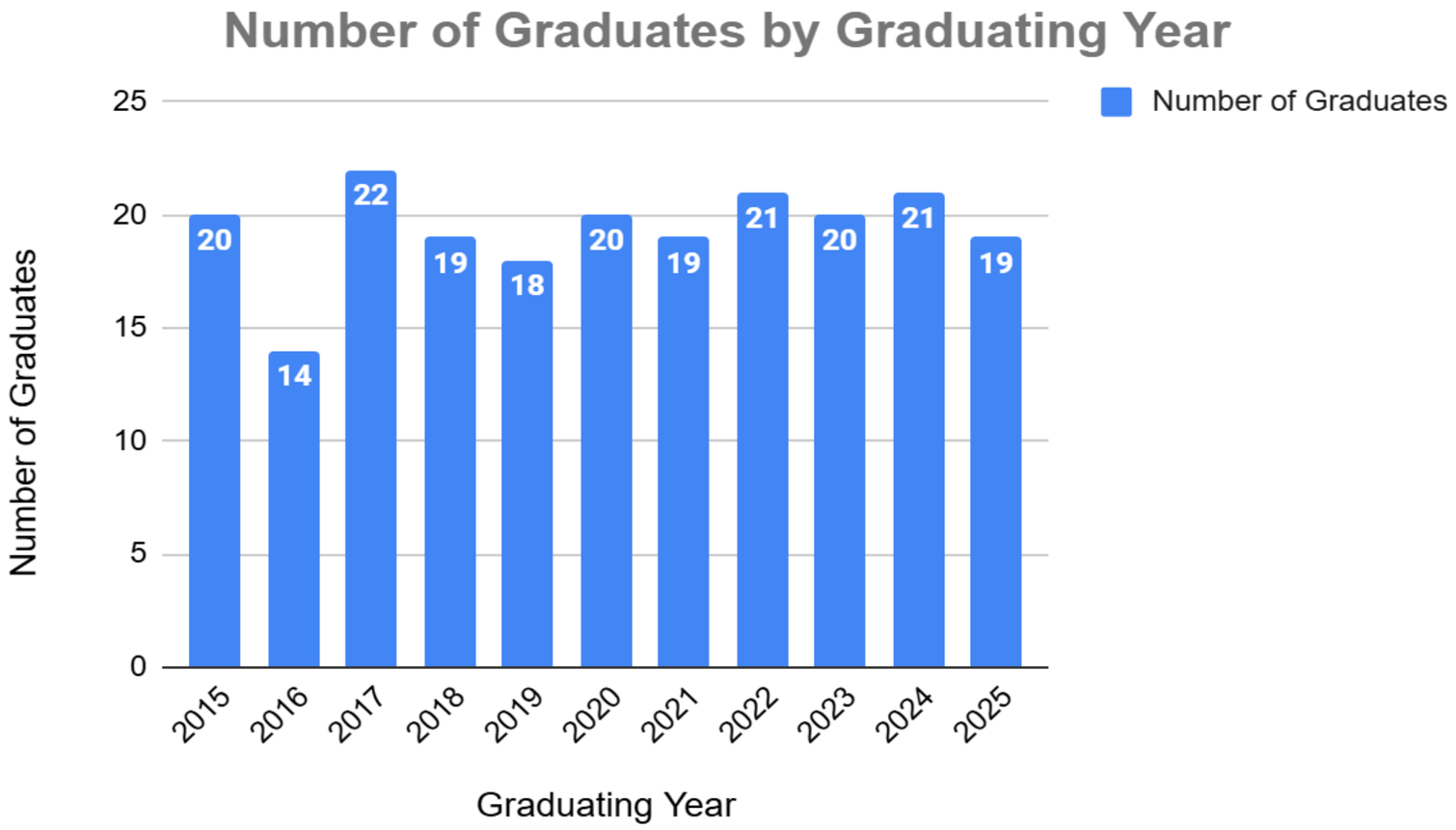


Applicant Quality

- Initial qualifications focus on:
  - GPA
  - Prerequisite courses completed with a C or better
  - NEX Exam Score



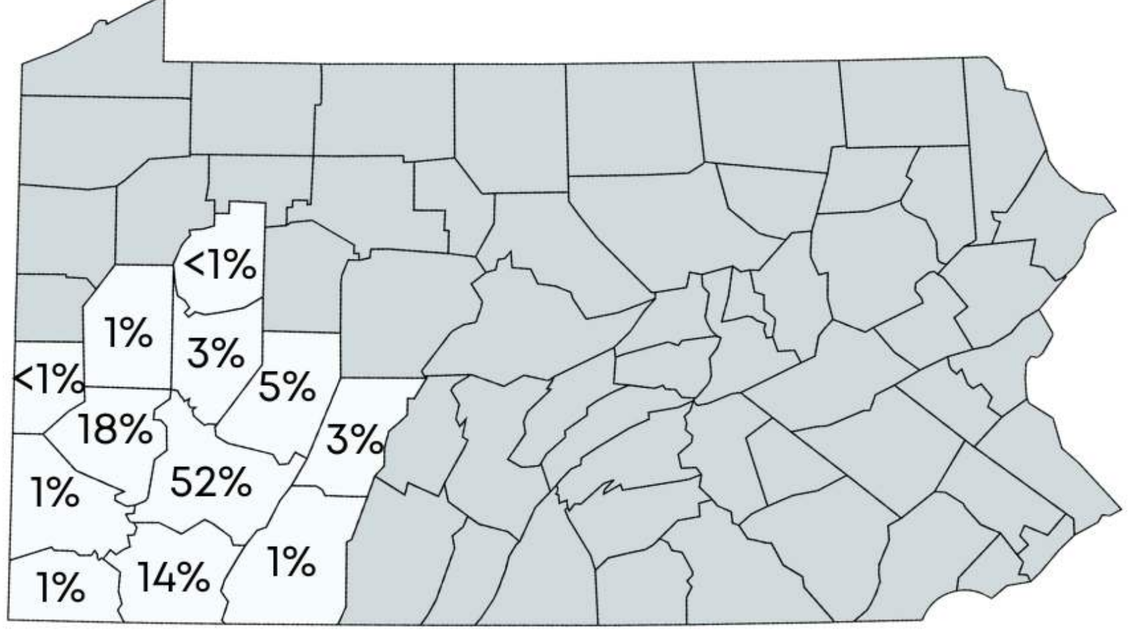
A Change in Selective Admissions



- Observations from program directors
- Shift in the selective admission's process, giving focus to:
  - Candidate interview
  - NEX exam score (over 138)
  - Pre-requisite course grades
  - Additional course grades
  - CDA, EFDA, or Radiology Certified

Geographic Distribution of Graduates 2015-2025

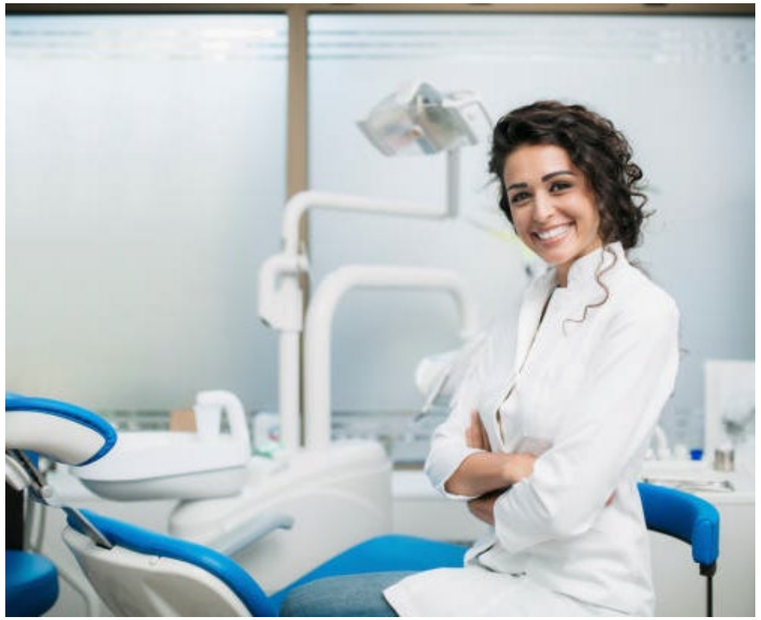
Rural disparities include the northern tier and southcentral parts of PA



Graduating Year	Allegheny	Armstrong	Fayette	Greene	Indiana	Westmoreland	Somerset	Butler	Cambria	Clarion	Washington	Beaver	Total by Graduating
2015	3	1	1	1	1	13							20
2016	1	1	3		1	7	1						14
2017	4		4	1	2	10				1			22
2018	1	2	1			13	1		1				19
2019	3		3	1	1	6		1	2				17
2020	4	1	1		2	10			1		1		20
2021	4		1		1	12			1				19
2022	4		2		1	12	1		1				21
2023	6		5			8		1					20
2024	4	1	3		1	10			1		1		21
2025	3		5			10						1	19
Total By County	37	6	29	3	10	111	3	2	7	1	2	1	

The Pipeline Challenge

- Sustainable Pipeline Solutions from applicant → student → graduate → practicing RDH



Opportunities for Growth

Strategies to Expand Program Capacity

- Increase clinic chairs and optimize lab/classroom scheduling
- Recruit and develop additional qualified faculty
- Offer flexible course formats (evening, weekend, or accelerated cohorts)
- Strengthen student pipelines through early outreach and advising

Expanding Pennsylvania's dental hygiene education through innovation, collaboration, and rural access ensures a stronger, more equitable workforce.

Opportunities for Growth

Innovative Partnerships

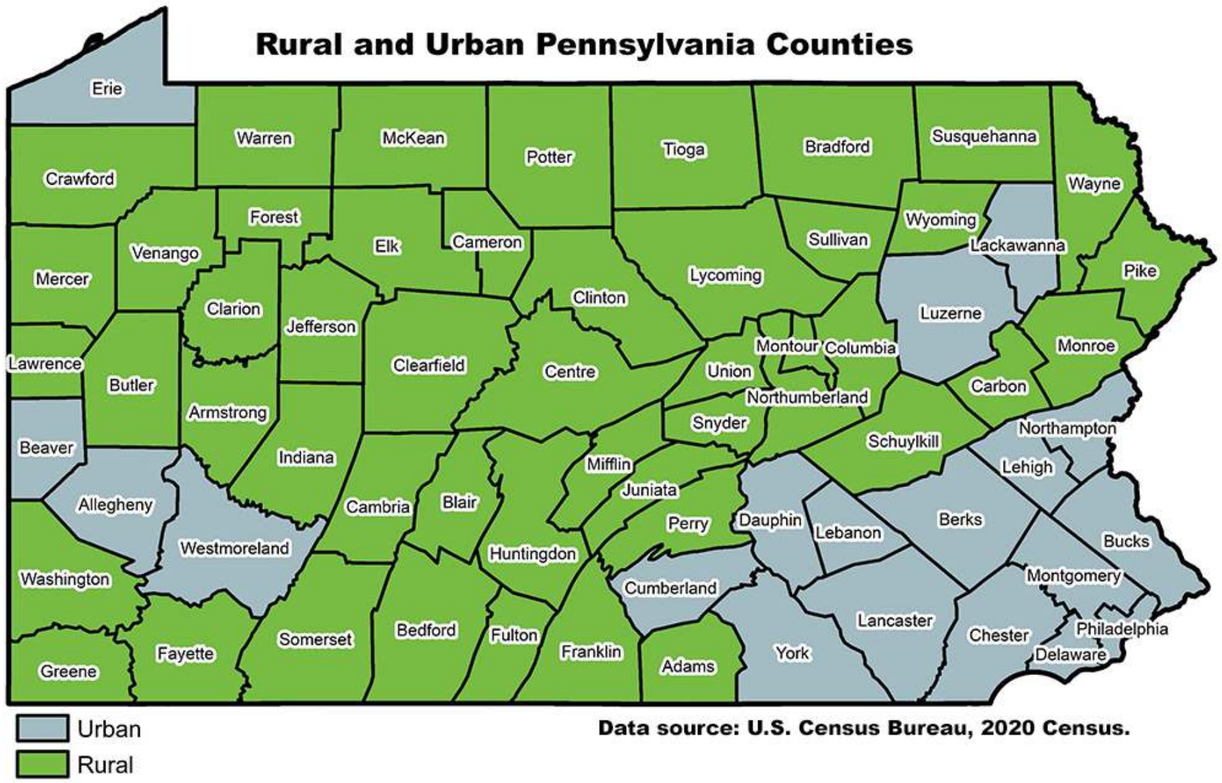
- Expand to Westmoreland's remote campus locations to share teaching and lab resources
- Continue university transfer pathways for BSDH completion
- Partner with health systems and dental offices to expand clinical placements
- Engage local and state health departments for community-based experiences

Expanding Pennsylvania's dental hygiene education through innovation, collaboration, and rural access ensures a stronger, more equitable workforce.

Opportunities for Growth

Alternative Pathways & Rural Initiatives

- Create hybrid and online courses to reach working and remote students
- Develop bridge programs (CDA-to-RDH, RDH-to-BSDH)
- Integrate simulation and teledentistry to support distance skill development
- Implement rural recruitment models and scholarship programs to serve underserved Pennsylvania communities



Expanding Pennsylvania's dental hygiene education through innovation, collaboration, and rural access ensures a stronger, more equitable workforce.

Quality care is our commitment.

Maintain Professional Integrity and Ensure Public Safety

- Meet licensure requirements and standards set by the State Board of Dentistry
- CODA Accreditation standards
- Uphold the highest standards of professional competence
- Practice in accordance with the fundamental principles of ethics

Successful Initiatives for Change

- Regional Training Centers (RTCs)
- Rural Dentistry Tracks
- Pipeline Programs
- Clinical Rotations and Outreach

Impact on Access to Care

- More providers in underserved areas
- Increased availability of preventative care
- Greater workforce diversity and flexibility
- Enhanced reach to rural populations
- Stronger, sustainable oral health system

Oral Health Workforce (Numbers and Composition, Training, and Potential):

The Role of Dental Practitioners in Recognizing Abuse and Supporting Patients Experiencing Intimate Partner Violence

Aakriti Dave
Dental Student

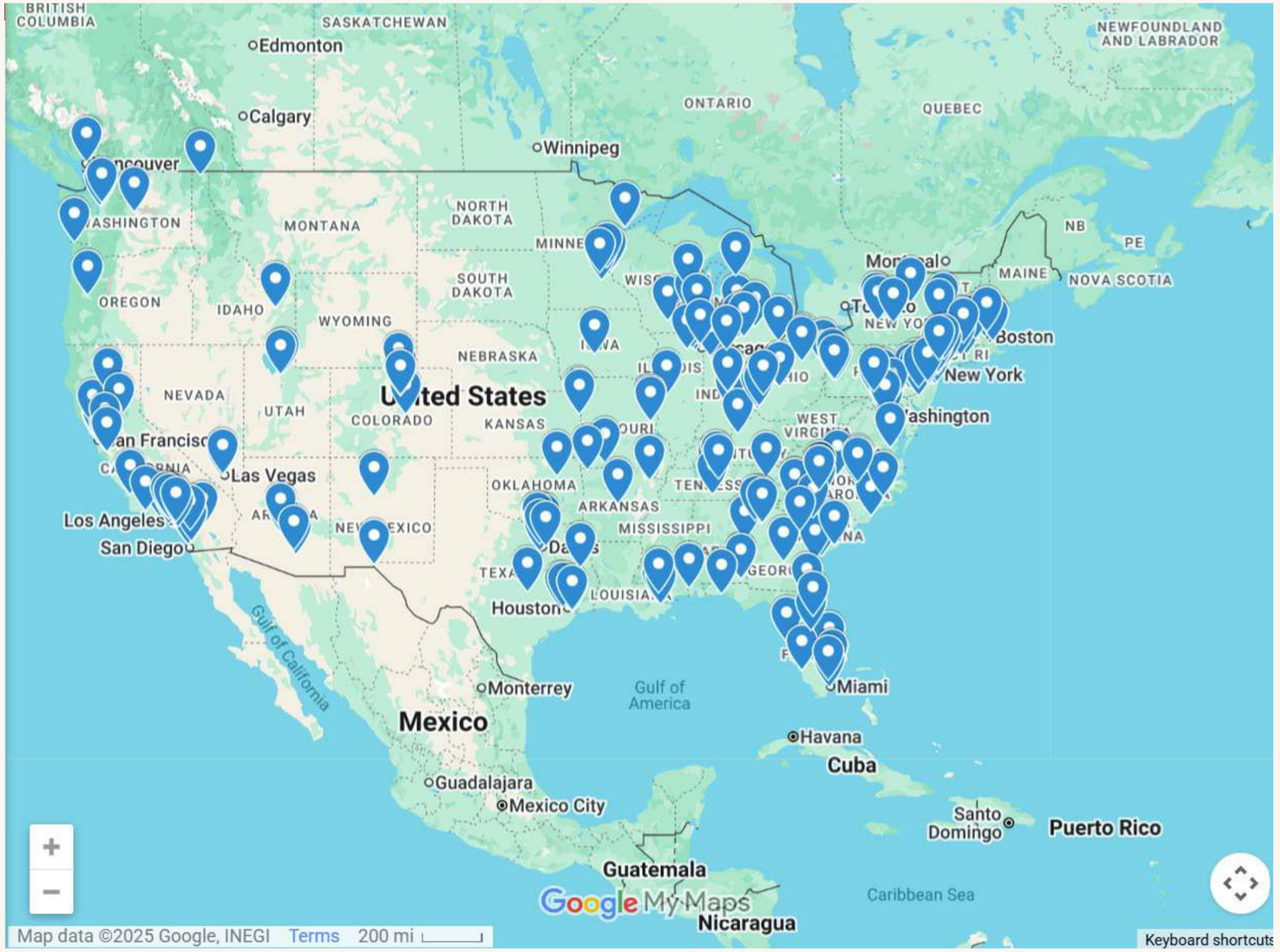
PCOH
PA Coalition for Oral Health

The Role of Dental Practitioners in Recognizing Abuse and Supporting Patients Experiencing Intimate Partner Violence (IPV)

Presented by Aakriti Dave

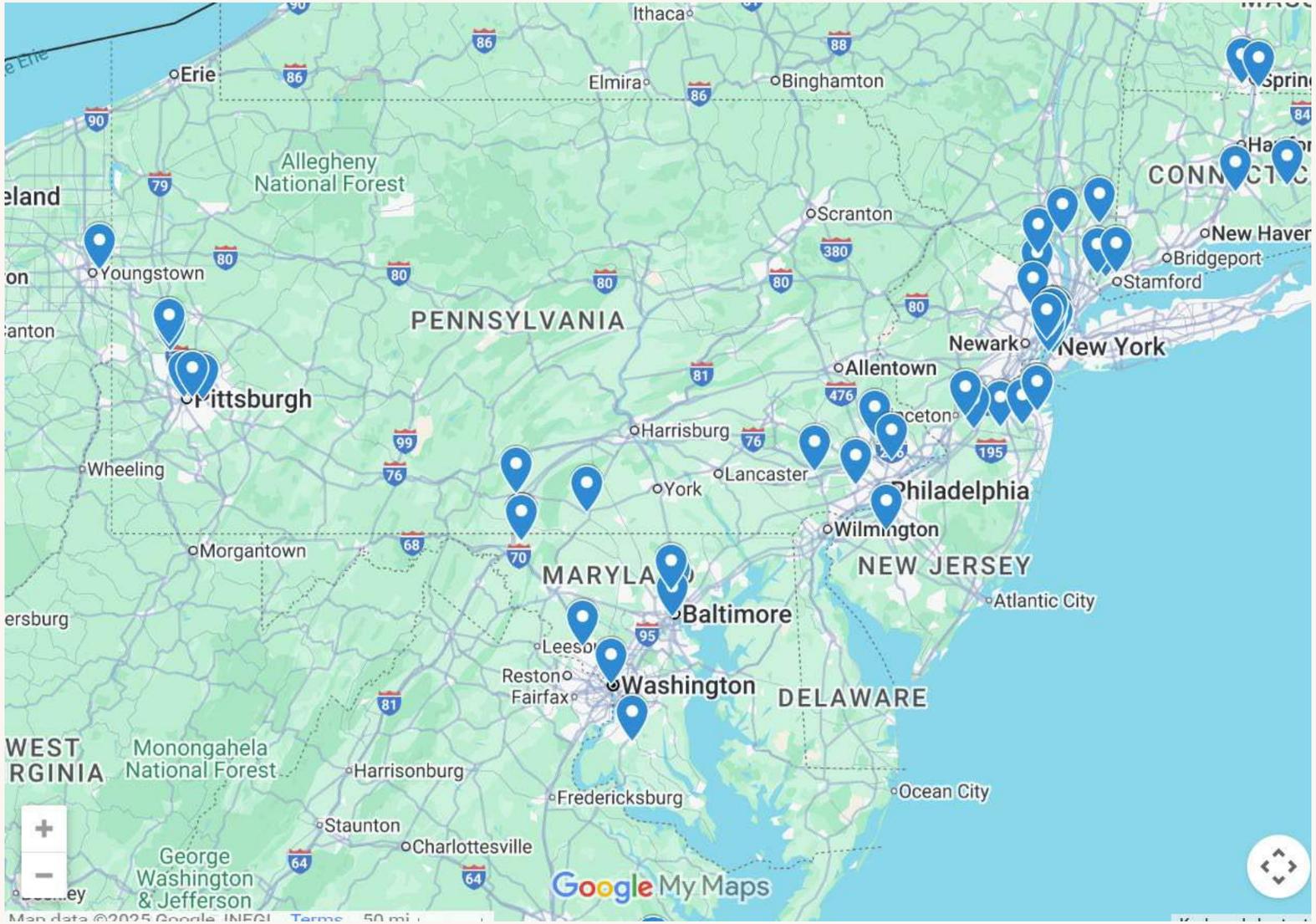
Pitt Dental Medicine Class of 2028

Distribution of Volunteer Dentists Nationwide in Give Back a Smile (GBAS) 2021



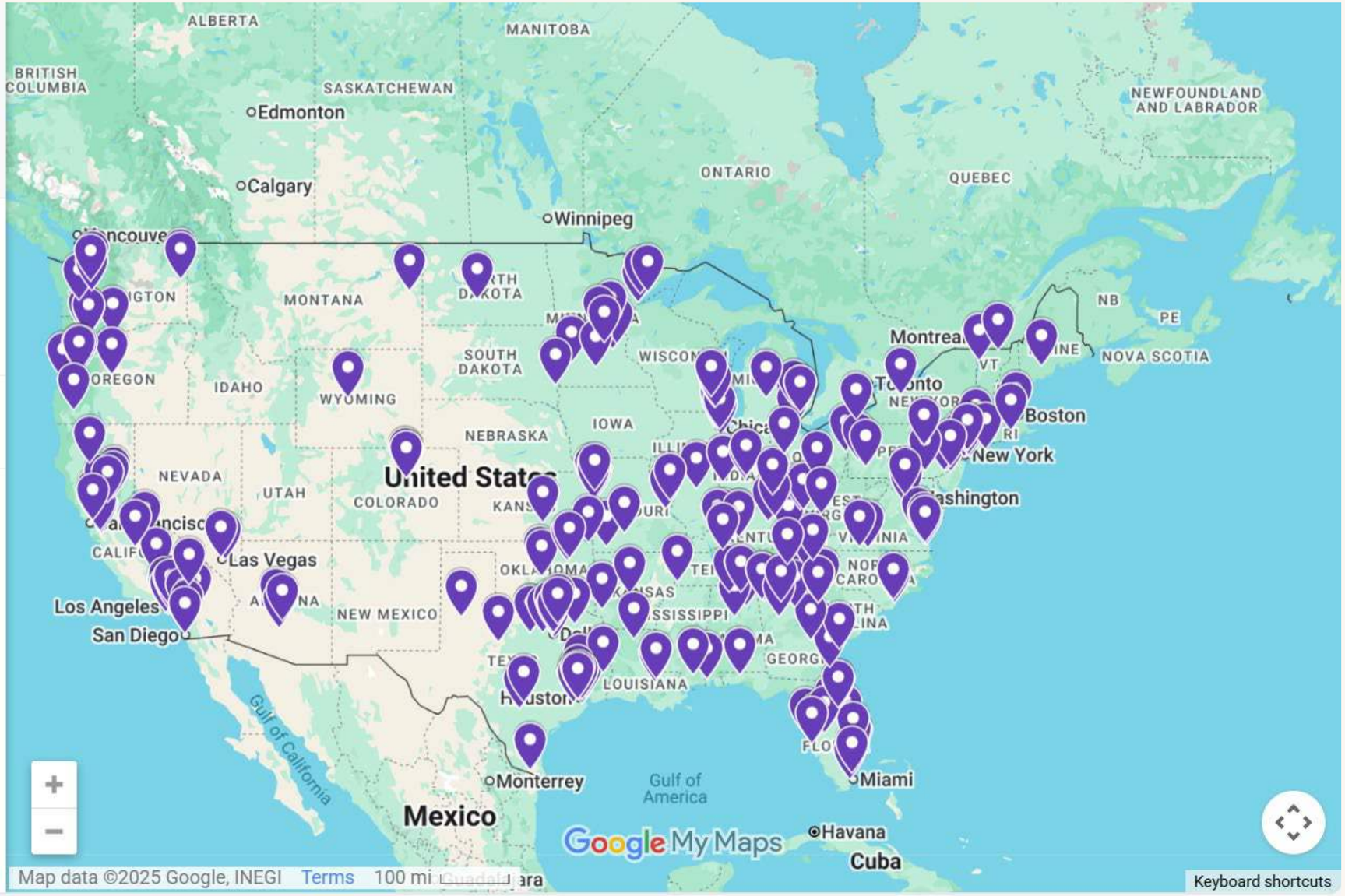
(image courtesy of GBAS)

Distribution of Volunteer Dentists in PA in Give Back a Smile (GBAS) 2021



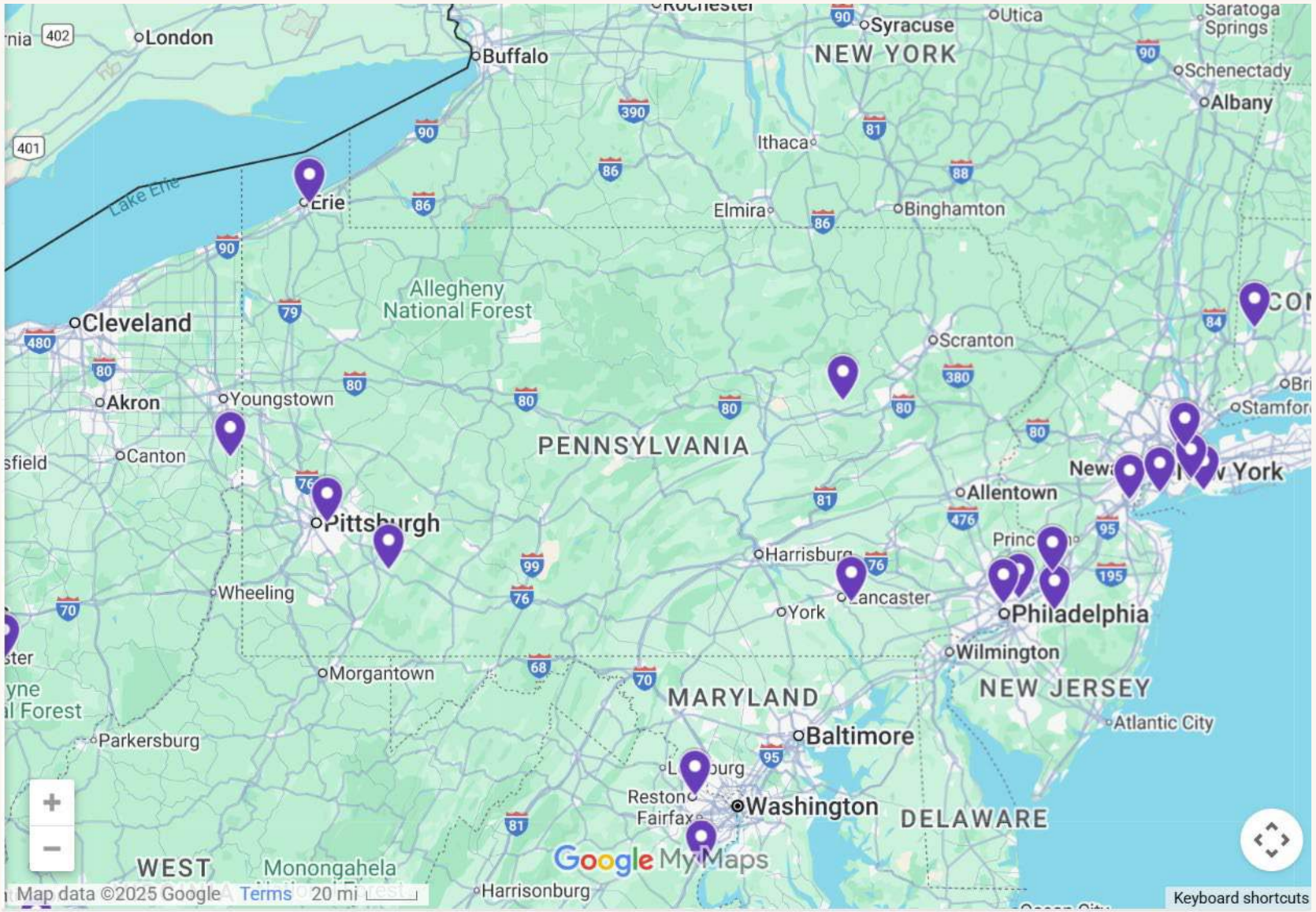
(image courtesy of GBAS)

Distribution of Patient Applicants Nationwide in Give Back a Smile (GBAS) in 2021



(image courtesy of GBAS)

Distribution of Patient Applicants in PA in Give Back a Smile (GBAS) 2021



(image courtesy of GBAS)

Domestic Violence (DV) Statistics in PA

3,102 DV shelter victims in 2023 served in one day

"Domestic Violence Statistics." PCADV, 16 Sept. 2024, www.pcadv.org/about-abuse/domestic-violence-statistics/.

2,214 DV shelter victims in 2021 served in one day

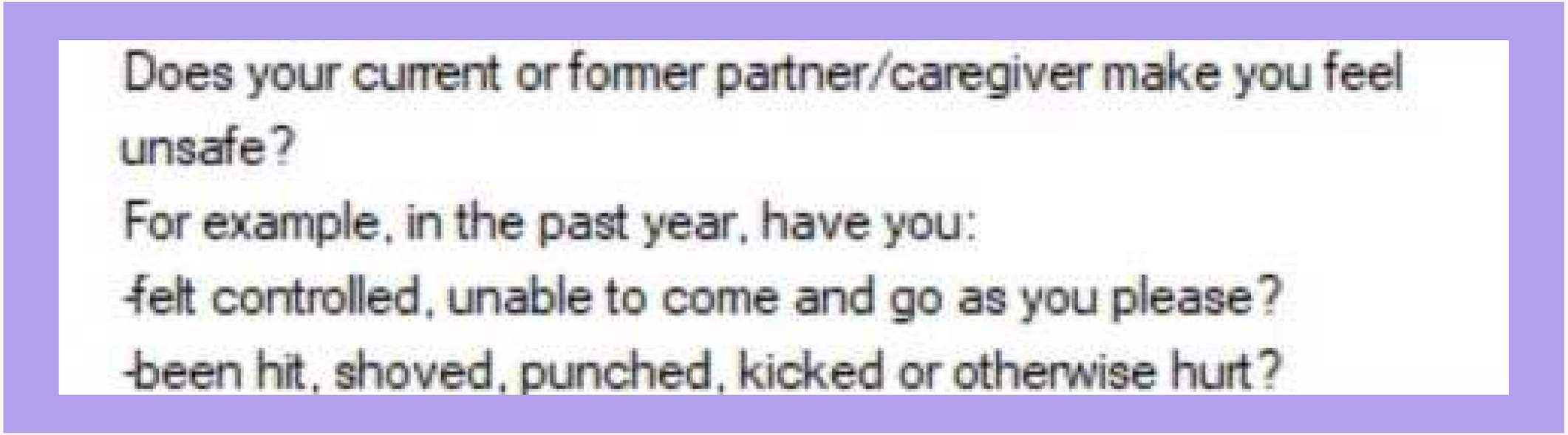
"Domestic Violence Counts Report." 16th Annual Domestic Violence Counts Report Pennsylvania Summary, National Network to End Domestic Violence, www.papqc.org/initiatives/sud/provider-resources/556-handout-domestic-violence-counts-report/file. Accessed 31 Oct. 2025.

As of February 2025:

- Only **6** patients applied for GBAS in the last year.

- Only **1** volunteer dentist in GBAS was active in the last year.

Screening for Abuse in Clinic:



axiUm Simulation Screening Clinic Questionnaire at Pitt Dental Medicine (Date of capture 2025)

A sk

V alidate

D ocument

R efer

* If yes to the previous, did you discuss how with the patient how they can get help by calling the National Domestic Violence helpline 800-799-SAFE Local shelter hotline 412-687-8005 or text 412-744-8445?
www.wcpittsburgh.org, www.nvdh.org, pcadv.org

axiUm Simulation Screening Clinic Questionnaire at Pitt Dental Medicine (Date of capture 2025)

Potential Oral Manifestations of Intimate Partner Violence (IPV)

01.

Recognizing head and neck injuries as direct signs of IPV

02.

Possible associations between stress-related oral disorders and experience of IPV

03.

Poor oral hygiene is linked to trauma history-can result in increased likelihood of cavities and gum disease

Recognizing Head & Neck Injuries as Characteristics of Potential Abuse

- Oral-maxillofacial trauma accounted for **51%** of all injuries in IPV survivors
- **75%** of head and neck trauma associated with DV occurs with oral injury
- Patients with a head, neck, or facial injury were found to be **11.8X** more likely to be victims of DV compared to patients with other types of injuries.

Souza MRF, Gonçalves MWA, de Souza GM, Fernandes IA, Falci SGM, Galvão EL. Oral and maxillofacial trauma in women assaulted by men: Systematic review and meta-analysis. J Stomatol Oral Maxillofac Surg. 2023 Feb;124(1S):101321. doi: 10.1016/j.jormas.2022.10.020. Epub 2022 Nov 5. PMID: 36347789;; Lifshitz, J., Crabtree-Nelson, S., & Kozlowski, D. A. (2019). Traumatic Brain Injury in Victims of Domestic Violence. Journal of Aggression, Maltreatment & Trauma, 28(6), 655–659. https://doi.org/10.1080/10926771.2019.1644693; Ochs, Howard A., et al. "Are head, neck and facial injuries markers of domestic violence?" The Journal of the American Dental Association, vol. 127, no. 6, June 1996, pp. 757–761, https://doi.org/10.14219/jada.archive.1996.0311

Stress-Related Oral Manifestations of IPV

- **69%** of patients experiencing orofacial pain had a history of abuse
- Positive relationship between temporomandibular disorder (TMD) symptoms and number of violence forms experienced
- TMD was **1.45X** more likely in women who had experienced IPV

Curran SL, Sherman JJ, Cunningham LL, Okeson JP, Reid KI, Carlson CR. Physical and sexual abuse among orofacial pain patients: linkages with pain and psychologic distress. J Orofac Pain. 1995 Fall;9(4):340-6. PMID: 8995905

Chandan, Joht Singh, et al. "Intimate partner violence and temporomandibular joint disorder." Journal of Dentistry, vol. 82, Mar. 2019, pp. 98–100, https://doi.org/10.1016/j.jdent.2019.01.008.

Consequences of IPV: Poor Oral Hygiene

- Limited access to care because of abuser
- Depression, commonly experienced by IPV victims, is well linked to cavities and gum disease
- Exposure to DV is associated with increased risk of developing gum disease

FRIEDLANDER, ARTHUR H., and MICHAEL E. MAHLER. "Major depressive disorder." The Journal of the American Dental Association, vol. 132, no. 5, May 2001, pp. 629–638, Your paragraph text; Kundu H, P B, Singla A, Kote S, Singh S, Jain S, Singh K, Vashishtha V. Domestic violence and its effect on oral health behaviour and oral health status. J Clin Diagn Res. 2014 Nov;8(11):ZC09-12. doi: 10.7860/JCDR/2014/8669.5100. Epub 2014 Nov 20. PMID: 25584297; PMCID: PMC4290319 ;Minhas, Sonica, et al. "Exposure to domestic abuse and the subsequent risk of developing periodontal disease." Heliyon, vol. 8, no. 12, Dec. 2022, https://doi.org/10.1016/j.heliyon.2022.e12631.

Dental-Specific Triggers for IPV Victims

Reclining in the dental chair and having the napkin placed around their neck

Providers holding and using sharp instruments

Keeping mouth open for prolonged period of time while unable to communicate or see their surroundings

Heaton, Lisa J., and Hannah J. Cheung. “Trauma-Informed Care in Oral Health Care: The role of dental hygienists.” American Dental Hygienists’ Association , vol. 98, no. 4, Aug. 2024, pp. 50–55.

Strategies to Increase Patient Comfort

Change surroundings to ensure that the patient has privacy to disclose if they choose to do so

Practice culturally competent care

Understand types of barriers to disclosing to facilitate an empathetic response to disclosures

Heaton, Lisa J., and Hannah J. Cheung. "Trauma-Informed Care in Oral Health Care: The role of dental hygienists." American Dental Hygienists' Association , vol. 98, no. 4, Aug. 2024, pp. 50–55; (2004). Culturally Competent Responses for Identifying and Responding to Domestic Violence in Dental Care Settings. Journal of the California Dental Association, 32(5), 387–394. https://doi.org/10.1080/19424396.2004.12223984

Next Steps

01. **School Level**

02. **Practitioner Level**

03. **Community Level**

GIVE BACK A SMILE
AACD CHARITABLE FOUNDATION INC.

Help heal the effects of domestic violence by volunteering with the Give Back a Smile program.

- Get connected with pre-screened patients in need
- Volunteer without leaving your office
- Work with volunteer labs

Sign Up Now

givebackasmile@aacd.com
www.givebackasmile.com

Thank you for your time!

Aakriti Dave

Pitt Dental Medicine

Class of 2028

aakritidave03@gmail.com

References:

1. Curran SL, Sherman JJ, Cunningham LL, Okeson JP, Reid KI, Carlson CR. Physical and sexual abuse among orofacial pain patients: linkages with pain and psychologic distress. J Orofac Pain. 1995 Fall;9(4):340-6. PMID: 8995905. ;
2. Chandan, Joht Singh, et al. "Intimate partner violence and temporomandibular joint disorder." Journal of Dentistry, vol. 82, Mar. 2019, pp. 98–100, https://doi.org/10.1016/j.jdent.2019.01.008 .
3. "Domestic Violence Counts Report." 16th Annual Domestic Violence Counts Report Pennsylvania Summary, National Network to End Domestic Violence, www.papqc.org/initiatives/sud/provider-resources/556-handout-domestic-violence-counts-report/file. Accessed 31 Oct. 2025.
4. Domestic Violence Statistics." PCADV, 16 Sept. 2024, www.pcadv.org/about-abuse/domestic-violence-statistics/
5. FRIEDLANDER, ARTHUR H., and MICHAEL E. MAHLER. "Major depressive disorder." The Journal of the American Dental Association, vol. 132, no. 5, May 2001, pp. 629–638, https://doi.org/10.14219/jada.archive.2001.0240
6. Heaton, Lisa J., and Hannah J. Cheung. "Trauma-Informed Care in Oral Health Care: The role of dental hygienists." American Dental Hygienists' Association , vol. 98, no. 4, Aug. 2024, pp. 50–55.
7. Kundu H, P B, Singla A, Kote S, Singh S, Jain S, Singh K, Vashishtha V. Domestic violence and its effect on oral health behaviour and oral health status. J Clin Diagn Res. 2014 Nov;8(11):ZC09-12. doi: 10.7860/JCDR/2014/8669.5100. Epub 2014 Nov 20. PMID: 25584297; PMCID: PMC4290319 ;
8. Lifshitz, J., Crabtree-Nelson, S., & Kozlowski, D. A. (2019). Traumatic Brain Injury in Victims of Domestic Violence. Journal of Aggression, Maltreatment & Trauma, 28(6), 655–659. https://doi.org/10.1080/10926771.2019.1644693;
9. Minhas, Sonica, et al. "Exposure to domestic abuse and the subsequent risk of developing periodontal disease." Heliyon, vol. 8, no. 12, Dec. 2022, https://doi.org/10.1016/j.heliyon.2022.e12631 .
10. Ochs, Howard A., et al. "Are head, neck and facial injuries markers of domestic violence?" The Journal of the American Dental Association, vol. 127, no. 6, June 1996, pp. 757–761, https://doi.org/10.14219/jada.archive.1996.0311
11. Souza MRF, Gonçalves MWA, de Souza GM, Fernandes IA, Falci SGM, Galvão EL. Oral and maxillofacial trauma in women assaulted by men: Systematic review and meta-analysis. J Stomatol Oral Maxillofac Surg. 2023 Feb;124(1S):101321. doi: 10.1016/j.jormas.2022.10.020. Epub 2022 Nov 5. PMID: 36347789;;

Thank You to Our Panelists:

Dean Mark Wolff
Caitlin Wilkinson
Paulette Dietz
Amanda Kundrod
Aakriti Dave

Time for Q&A

Time for a break…

with snacks!

Please return at
3:45 p m

Oral Health Advocacy in Pennsylvania

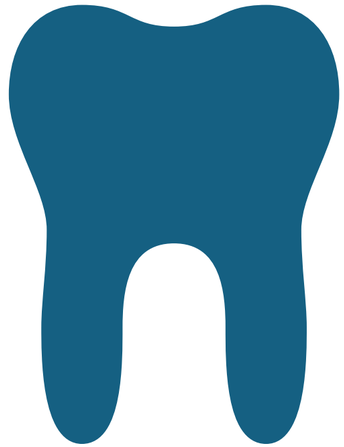
Oral Health Advocacy in PA: A Legislator's Perspective

PA State Representative Jacklyn Rusnock
126th Legislative District

PCOH
PA Coalition for Oral Health

Transforming Oral Health in Pennsylvania

From Advocacy to Action



Thank you for helping us learn how to take care of our smiles.
Reading Muhlenberg AM Head Start
Kenneth
Matthew
Trisha
Jordan
Jophiel
Delaney
Bryan

“Education is the most powerful weapon you can use to change the world”

– Nelson Mandela

Jacklyn Rusnock, RDH, BS

Dental Hygienist – 23 yrs private practice

Educator – 11 yrs Career and Tech Education
Teacher - Reading Muhlenberg CTC

Pa State Representative - <1yr Berks Co

ADVOCACY

Advocate for policies and initiatives that address your specific issues and concerns

www.palegis.us/legislation/bills

Effective Advocacy: A Collaborative Approach

CONNECTIONS/RELATIONSHIPS

- Know your audience
- Build relationships with local and state legislators – ME
- Come to table with ideas/solutions to issues

Educate/Communicate

- Use fact-based evidence AND personal stories
- Everyone has different levels of knowledge; speak in a language they can relate to

Persistence

- Change takes time and consistent effort
- Follow up, check in regularly

Policy Initiatives to Improve Oral Health

How can policy help?

Dental Licensing Compact
HB 787 SB 81

SB849 Community Water Fluoridation Ban

Medicaid HB 583 SB 860
Restoration of Dental Medicaid Coverage for Adults

Summary Table

Policy Initiation Area	Key Initiative Example	Target Impact
Prevention & public health	Oral Health Plan 2020-2030 (water fluoridation, sealants)	Reduce disease burden & increase early prevention
Workforce & practice	PHDHPs, workforce report, interstate compact SB 81	Expand provider pool, address shortages, improve access
Access & coverage	HB 583 (restore MA dental benefit), adult Medicaid benefit agenda	Improve access for low-income/Medicaid adults
Integration into primary care/rural health	MORE Care	

Empowering Local Advocates – Make Connections to Amplify your Voices

ENGAGE WITH LIKE-MINDED INDIVIDUALS IN COMMUNITY

DEFINE YOUR GOAL

CONTACT LOCAL AND STATE OFFICIALS

TOGETHER We Can Unite and Empower to Promote a Holistically Healthy Society

Oral Health Advocacy in Pennsylvania

A State Dental Board Perspective from Awareness to Action

Donna Murray
Pennsylvania State Board of Dentistry

PCOH
PA Coalition for Oral Health

Oral Health Advocacy
A State Dental Board Perspective
Awareness to Action

DONNA L. MURRAY, RDH, MSDH, CSDH, PHDHP, CDIPC

PENNSYLVANIA STATE BOARD OF DENTISTRY DENTAL HYGIENE SEAT

Pennsylvania Department of State

Image https://www.pacapitol.com/

Disclosures

- I have no financial commitments/gains as a participant in the discussions or mentioned organizations.
- As a Commonwealth of Pennsylvania State Board Member, I am **NOT** providing legal advice. Information shared is meant for individual interpretation and offered as a resource for potential individual engagement/advocacy efforts.
- Any opinions expressed are my personal opinions and should not be taken as the policy or position of the Commonwealth.

Pennsylvania Department of State

Objectives

- Recognize the ethical principals guiding advocacy
- Explore opportunities for advocacy within one's community, state or at a national level
- Utilize shared resources & information to engage with legislators, representatives, organizations, stakeholders for oral health advocacy that maintains the standard of care with a focus on public safety.

Pennsylvania Department of State

Role of State Board of Dentistry?

- Regulates the practice & licensure of dentists, dental hygienists, & certification of expanded function dental assistants in the Commonwealth of Pennsylvania
- Insures qualified dental professions through licensure of dentists, dental hygienists & EFDA certification
- Issues, suspends & revokes licenses & certificates
- Supervises dental professionals to ensure compliance with licensure & certification
- Investigates complaints
- Develops standards of professional conduct including CE requirements for professional integrity and performance in the practice of dentistry

Protect the Public from Harm

Meeting Dates

- November 14, 2025
- **2026 meetings**
- January 16, 2026
- March 13, 2026
- May 15, 2026
- July 17, 2026
- September 4, 2026
- November 13, 2026

Public session 11:00 am

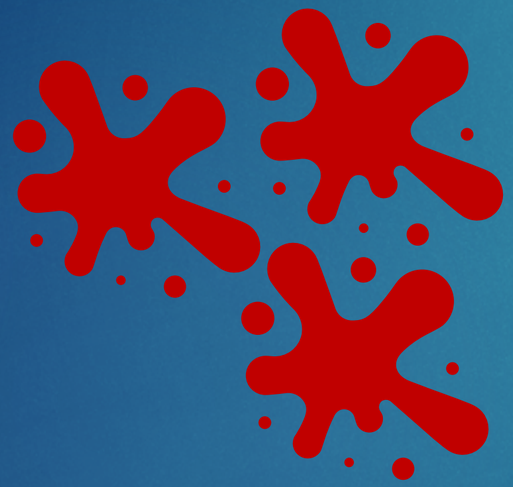
Agenda, dates, minutes are posted on website

www.pa.gov/agencies/dos/department-and-offices/bpoa/boards-commissions/dentistry/board-meetings

Pennsylvania Department of State

Potential Scenarios

- Scenario One



- Scenario Two

Pennsylvania Department of State

Why?

SUMMARY

Pennsylvania Department of State

Resources to Guide Engagement

Pennsylvania Coalition for Oral Health 2025 Policy Agenda

paoralhealth.org/wp-content/uploads/2025/01/2025-Policy-Agenda.pdf?mc_cid=a6870bc326&mc_eid=aeff8be048

State Board of Dentistry

www.pa.gov/agencies/dos/department-and-offices/bpoa/boards-commissions/dentistry

www.pa.gov/agencies/dos/department-and-offices/bpoa/boards-commissions/dentistry/board-meetings

PALegis.gov: Updates on bill proposals, House, Senate & Committee meetings

www.palegis.us/palegis-notifications

American Association of Dental Boards (AADB)

aadbdentalboards.org

Image www.pacapitol.com/

Pennsylvania Department of State

Please Continue Involvement & Advocacy!

Thank you!

Oral Health Advocacy in Pennsylvania

Restoring Adult Dental Benefit to Medicaid

Tammy Rosing
Put People First! PA

PCOH
PA Coalition for Oral Health

Restoring Adult Dental Benefit to Medicaid

Tammy Rosing, Put People First! PA

Objectives

Objective 1: Share the negative impact from cutting the adult dental benefit for Medicaid recipients since 2011

Objective 2: Share how we have been organizing to get the adult dental benefit restored and how you can support us

Impact

Adult Dental Benefit to Medicaid in PA was cut in 2011

No longer covers things like:

- Root canals and crowns
- Periodontics: services for treating gum disease, such as scaling and root planning were eliminated
- Dentures: reduced from one set every seven years to one set in a lifetime
- Millions of unnecessarily pulled teeth

Original art by Anita Knisely-Durham, SEPA

Impact: #MedicaidMondays political storytelling

Put People First - PA
Feb 19, 2024 ·

Joey, the son of Put People First! PA leader Jennina Rose Gorman, of the Central Appalachia Healthcare Rights Committee, shares his own Medicaid Monday post (with his mom's permission).

"We are here for all in need, coming together to get what we all need, against the authority. We're going to stay until they give in, and even after we will all be within - we are the Medicaid Army!"

#MedicaidMondays #WeNeedOurTeeth #Medicaid4All

Co-coordinator of Put People First-PA's Southeast PA Healthcare Rights Committee, Anita from Montgomery County, shares her Medicaid Monday story.

In 2021 a molar in my mouth broke after an untreated cavity weakened it. I'd been struggling with depression and my dental hygiene declined when I had no energy or desire to care for myself. I found an emergency dentist who was able to install a crown, and had my mom's insurance to cover the procedure. I was uninsured for a year, and paid out of pocket for dental care. If another dental emergency arose, that would also need to be out of pocket. Even now on Medicaid, that procedure would require a benefits limit exception, to qualify my situation to my provider who will decide if it's medically necessary.

I'm glad to have gotten Medicaid after over a year of applying, but the Adult Dental Benefit needs to be restored for me and millions of people like me in Pennsylvania to have peace of mind around our dental care. Our legislators and governor need to do what is right, pass SB 955 to restore the Adult Dental Benefit to Medicaid, and fully fund it because #WeNeedOurTeeth

Put People First - PA
Mar 11, 2024 ·

Molly from Montgomery County in Southeastern Pennsylvania shares her Medicaid Monday story.

#MedicaidMondays
#HealthcareIsAHumanRight
#Medicaid4All
#WeNeedOurTeeth

Photo credit: Put People First! PA

Impact: #MedicaidMondays political storytelling

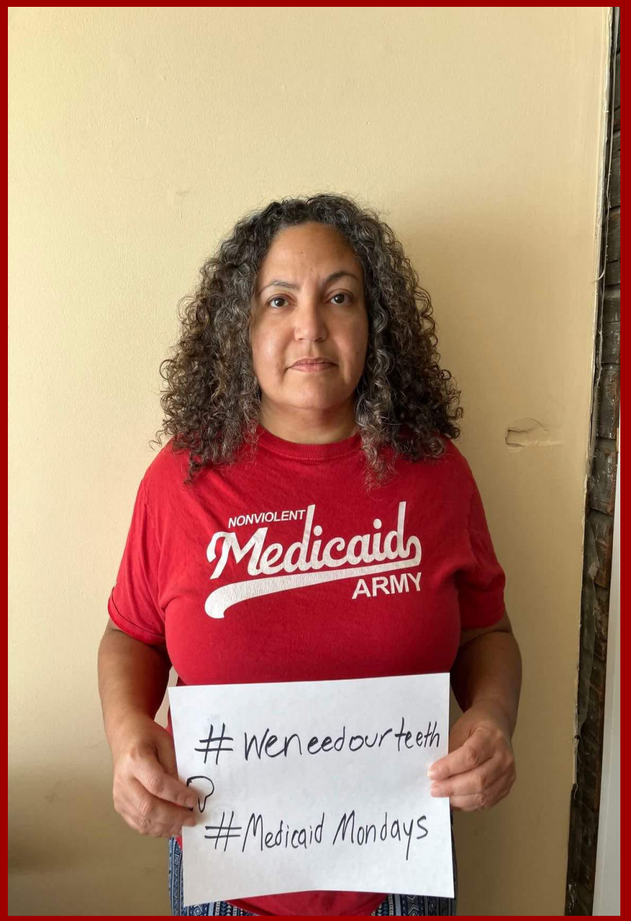


Photo credit: Put People First! PA

Impact: #MedicaidMondays political storytelling

Put People First - PA
Jun 2 ·

Michele from Northeast PA shares for #MedicaidMondays about the privatized Medicare advantage plans and the difficult to get dental care!

"I have original medicare, no dental covered. It is somewhat covered with the Medicare Advantage plans but many doctors and hospitals are not accepting the advantage plans! One woman posted online she had to travel 2 hours to go to a "covered" dentist! I don't trust the advantage plans! (part C) I think if they are trying so hard to get you on one there must be something wrong with them! And it's difficult if not impossible to return to original medicare!"

#Medicaid4All
#weneedourteeth
#HealthcareIsAHumanRight

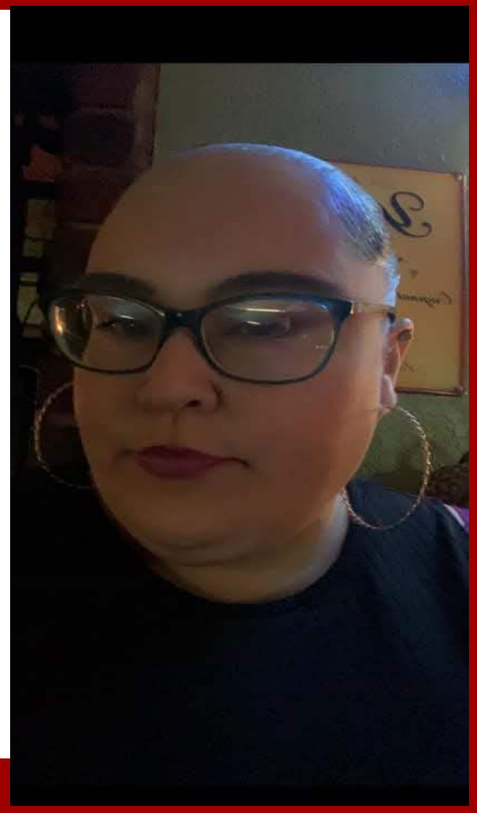
Put People First - PA
May 27, 2024 ·

Alicia from South Central PA shares for #MedicaidMondays:

I have Medicaid and they don't cover the dental work I need, or my glasses. Right now, I have a front flapper that I've had for over five years that needs adjusted. I used to have a partial on the bottom. I no longer have that because I accidentally lost it a few years back. Because the adult dental benefit was cut from Medicaid, they no longer cover that. Now that it doesn't I'm just stuck with rotting teeth in my mouth. They'll take the teeth out but then they'll leave me with nothing.

They also don't cover new glasses so I have to use mine from two years ago. The arms are super glued on both sides to keep them together.

#WeNeedOurTeeth
#NoMedicaidCutsPA
#Medicaid4All
#MedicaidMondays



Put People First - PA
Mar 24 ·

Glenn from the National Union Of The Homeless. in Southeast PA shares for #MedicaidMondays:

"If it weren't for Medicaid I'd have to pay out of pocket for my extractions and dentures."

#weneedourteeth
#Medicaid4All
#MedicaidForAll
#HealthcareIsAHumanRight

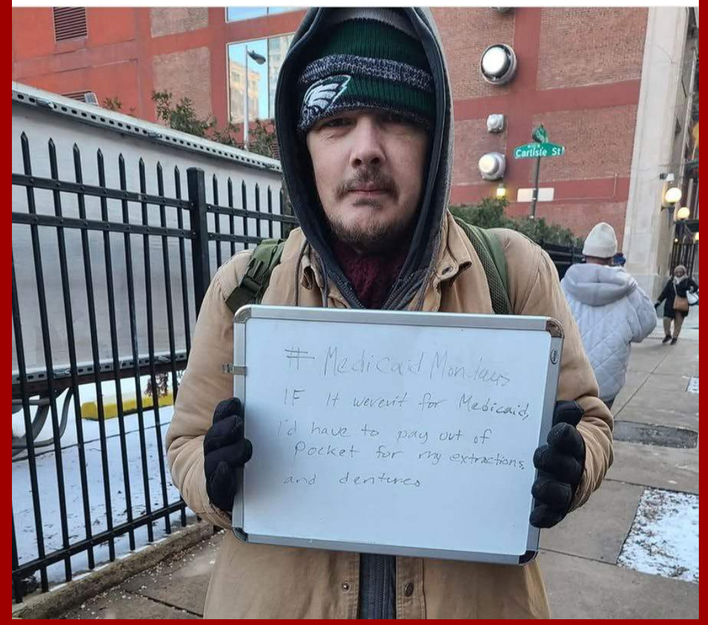


Photo credit: Put People First! PA

How we have been organizing to restore the benefit

Door Knocking

People's Clinics

Photo credit: Put People First! PA

How we have been organizing to restore the benefit

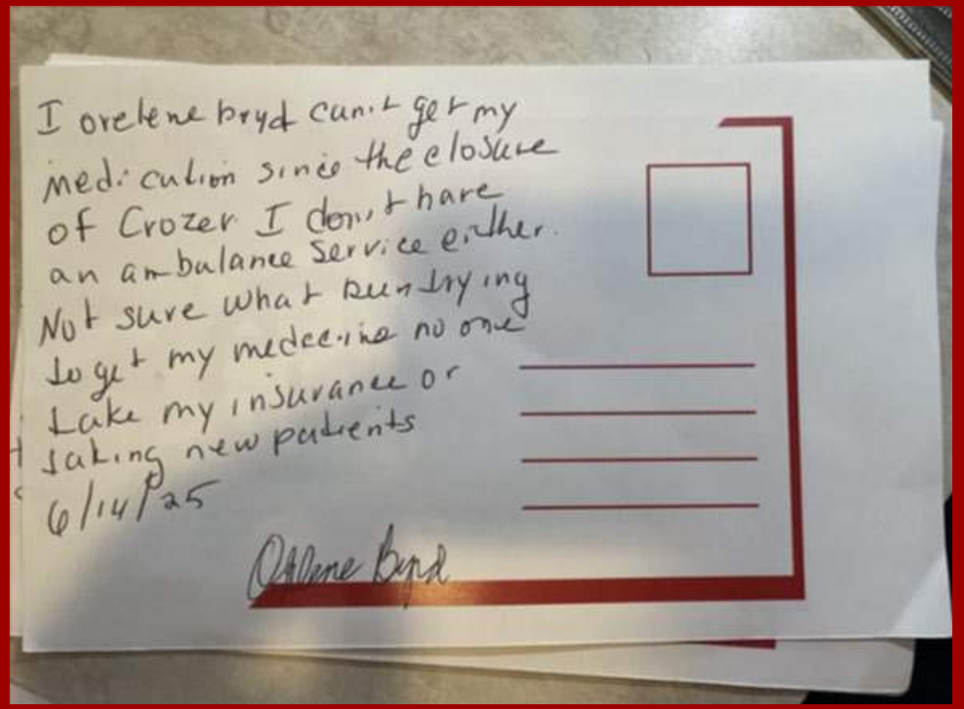
Giving rides to Mission of Mercy Dental Clinics

Participating in community events

Photo credit: Put People First! PA

How we have been organizing to restore the benefit

Legislative Story Cards



In early 2024, we delivered a petition with more than 1000 individual signatures to Governor Josh Shapiro and DHS Secretary Val Arkoosh demanding the restoration of the adult dental benefit to Medicaid.
We also included an organizational sign-on letter that was signed by 23 organizations.

Photo credit: Put People First! PA

Nonviolent Medicaid Army Week of Action 2024

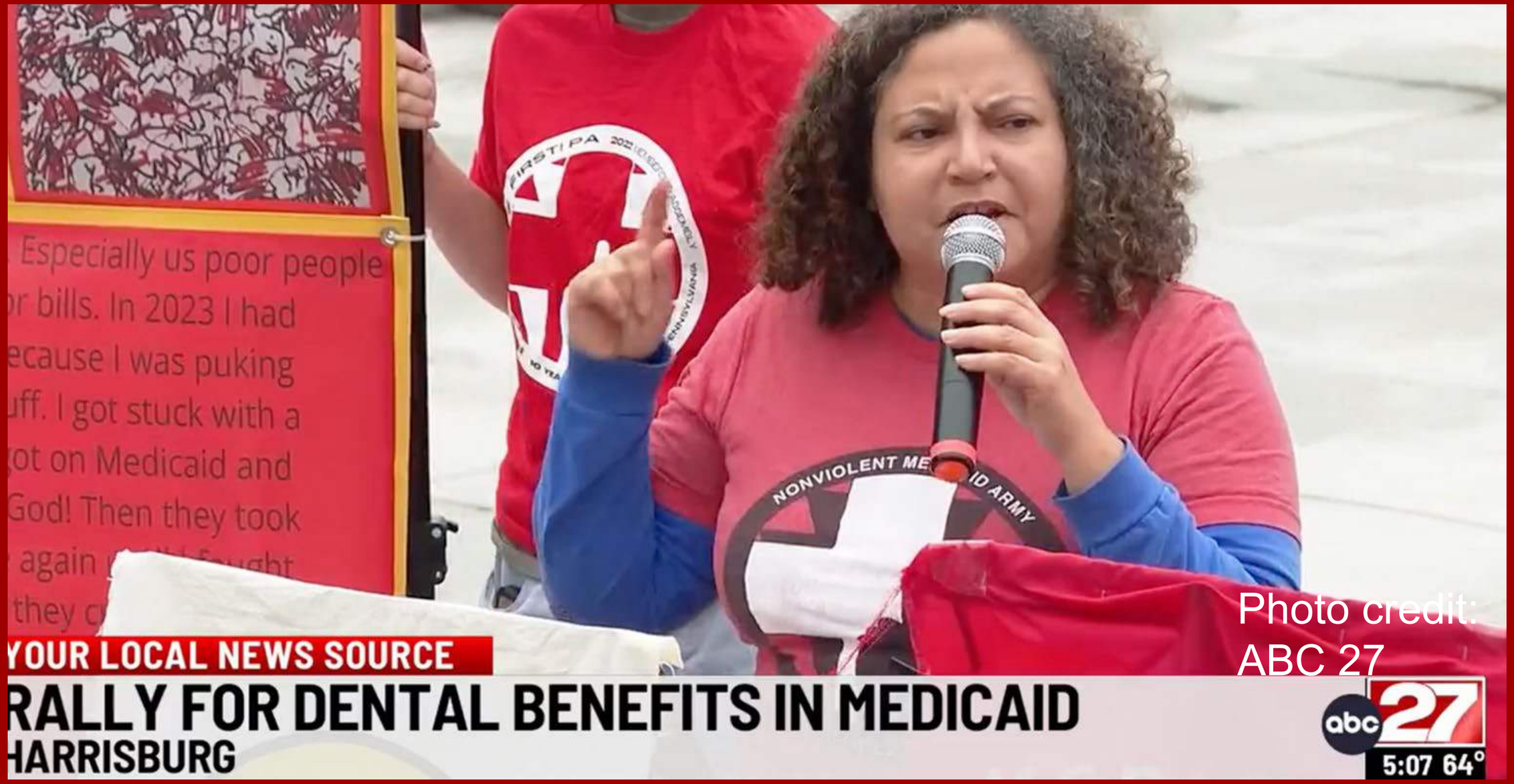


Photo credit: ABC 27

Call to Action

Follow us on social media (Facebook, IG)

Share our #MedicaidMondays form with your contacts: nonviolentmedicaidarmy.org/#medicaid-mondays

Sign up for our e-mail list: www.putpeoplefirstpa.org

Oral Health Advocacy in Pennsylvania

Oral Health Advocacy, A Health Center Approach

Eric Kiehl
Pennsylvania Association of Community Health Centers

PACHC

Oral Health Advocacy in PA

A Health Center Approach

November 12, 2025 | Presented by Eric Kiehl, APR

SERVING PA SINCE 1981

About PACHC

The Pennsylvania Association of Community Health Centers supports a comprehensive network of Community Health Centers, including Federally Qualified Health Centers, FQHC Look-Alikes, Rural Health Clinics, and other organizations with similar missions. Together, these organizations deliver vital healthcare services to more than one million patients each year while operating more than 450 locations in both rural and urban communities throughout Pennsylvania.

1M Patients Served Annually

55 Counties Served

450+ Health Centers in PA

1 in 12 PA residents are patients

PA FQHC Patient Stats

Our community health centers provide patients a multitude of services

895,676
Physical Health Care

244,061
Dental Services

95,478
Behavioral Health Care

78,010
Enabling Services

24,407
Vision Services

6,185
SUD Services

Pennsylvania Community Health Centers Solving Healthcare Access Challenges

- **Located in underserved communities** with health professional shortages, high levels of poverty, and poor health outcomes;
- **Deliver comprehensive, culturally competent,** high-quality primary and dental health care, as well as supportive services such as health education, translation, and transportation;
- **Provide services regardless of patients' ability to pay** and charge for services on a sliding fee scale; and
- **Develop systems of patient-centered** and integrated care that respond to the unique needs of diverse medically underserved areas and populations.

Advocacy

Why is it Important

PACHC

Why is advocacy important?

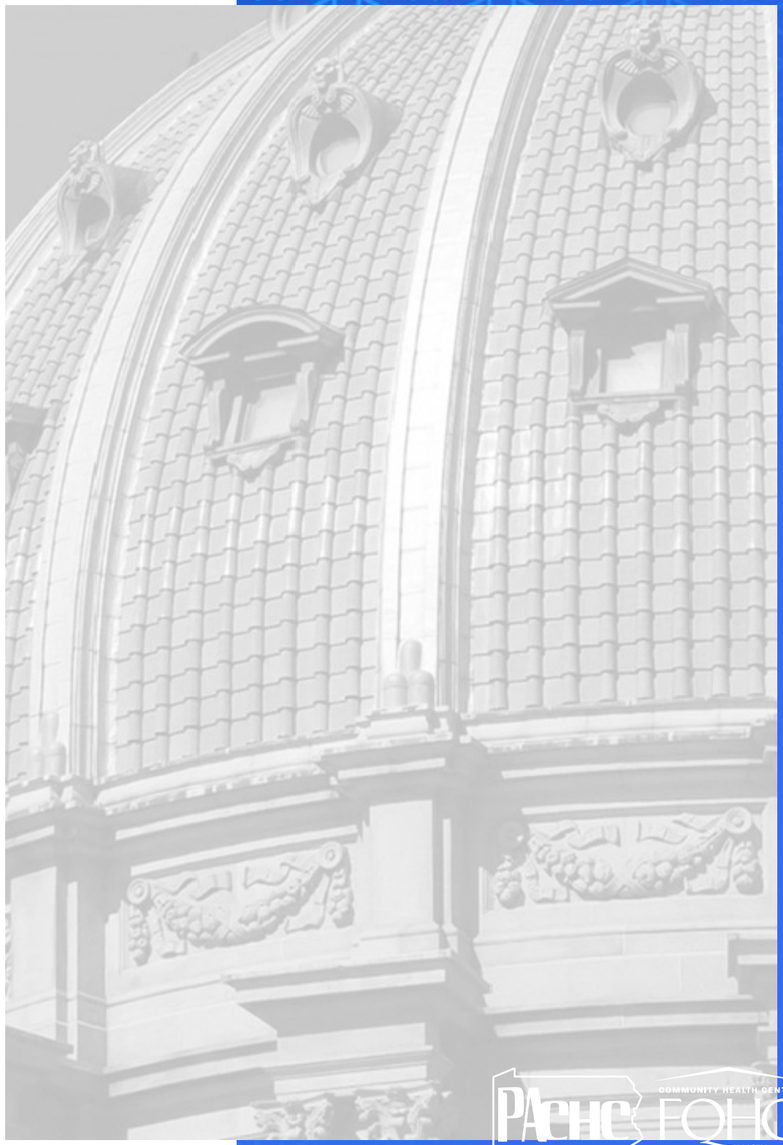
Community health centers and their patients rely on…

What Does Successful Advocacy Look Like?

Relationship Building

Successful advocacy is about building strong community and legislative relationships and partnerships

- Communicate the impact of potential decisions
- Talk about community benefit, not just reimbursement
- Look for opportunities to tell stories
- Partner with others that are like-minded: there is power in numbers.
- Be engaged



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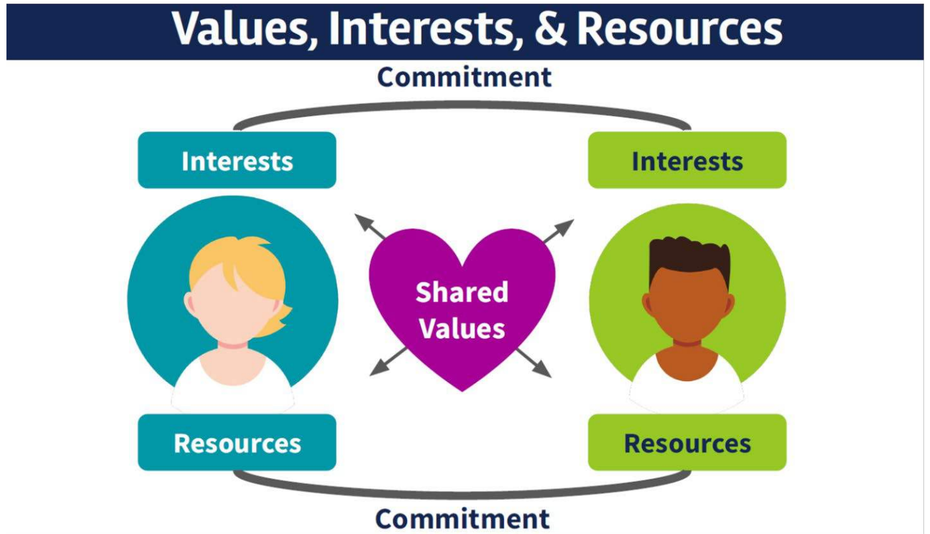
Telling the Oral Health Story

- **Oral Health is Overall Health:** Oral health is integral to systemic health, linking poor oral health to conditions like heart disease, diabetes, and certain cancers.
- **Health Disparities:** There are significant disparities in access to dental care based on factors like income, age, and race.
- **Importance of Prevention:** Preventive measures, such as education on hygiene, the use of fluoride, and the role of community-based prevention programs.
- **Policy and Systemic Change:** Advocacy efforts focus on policy solutions, such as expanding insurance coverage for dental services in government programs like Medicare and Medicaid.
- **Integrated Care:** Advocating for integrating oral health into primary medical care, with strategies like collaboration between medical and dental providers.

Storytelling is Key!

Why are YOU passionate about Oral Health?

- Paint a picture that decision-makers won't forget
- Be clear with elected and local officials about what you want them to do
- Make the story relatable
- Make things **relational vs. transactional**
- Be passionate



Find your WHY?

PACHC

Our health centers are changing the world every day, and it is our honor to serve and support them and tell their story.

THANK YOU

Eric Kiehl
Director of Policy and Partnership
Eric@pachc.org

PACHC

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Oral Health Advocacy in Pennsylvania

Disability Health Care Rights and Oral Health

Vanessa Rastović
Access Lab

Beyond Accommodation:

Why Dental Needs Certified EHRs for Disability-Informed Care

Vanessa Rastović, JD
AccessLab — Authentic Voices. Innovative Solutions
First Domino Alliance

AccessLab™

Context/Problem

Dental teams routinely provide care to people with disabilities.

However, the information needed to deliver that care predictably often:

- Doesn’t transfer from medical to dental
- Isn’t structured in dental records
- Arrives during the appointment instead of before

This results in avoidable stress, inconsistent experiences, and visit overruns — even in highly committed practices.

AccessLab™

Disability access improves the moment information can move.

When disability-related care needs are captured as structured data in a certified dental EHR, that information can be surfaced:

→ At scheduling
→ During operatory preparation
→ Across providers and visits

The outcome is predictable, stable, coordinated care.

The Current State Limits Predictability

- Functional needs and communication preferences are often stored in free text
- Staff rely on memory, caregiver explanation, or real-time improvisation
- Each appointment begins from a position of re-discovery

This makes care more stressful than it needs to be — for patients and providers.

AccessLab™

Certified Dental EHRs Enable Operational Stability

Workflow Stage	What Changes	Result
Scheduling	Flags extended or sensory-friendly slots	Day stays on pace
Operatory Setup	Lighting, tools, supports prepped	Patient arrives into a ready space
Chairside Care	Pacing expectations are known	Less escalation, more tolerance
Across Providers	Care plan follows the patient	Continuity is the norm

Universal Design Strengthens the System for Everyone

The same structured data supports:

- Older adults
- People with anxiety or trauma histories
- Children
- People with mobility adaptations
- Anyone who needs pacing, reassurance, or predictability

Designing for disability improves the whole system.

AccessLab™

What this looks like in real practice

AccessLab™

Example 1: Scheduling & Prepared Environment

Before: Needs discovered during the visit → visit runs long → day falls behind.

After: Scheduler sees structured fields:

“Dim lighting, headphones ready, caregiver present, short-interval pacing.”

- Appropriate time block selected
- Room prepared in advance
- Expectations aligned
- Everyone stays calm

Outcome: The visit runs on time.

Example 2: Continuity Across Providers

Before:

New provider = starting over.

After:

- Communication methods, sensory needs, and patient pacing preferences travel with the chart
- Care becomes teachable, repeatable, trainable

Outcome:

Predictable experience → patient trust increases → staff burnout decreases.

What To Do Next

Start small, but standardize.

For Clinics / FQHCs

- Add structured disability-related fields to charting
- Align scheduling blocks with those fields
- Train staff to “ask once, document once, use always”

For Policy & System Leaders

- Support certified dental EHR adoption
- Align with USCDI disability data standards
- Enable bi-directional medical–dental information exchange

Closing Statement

Care becomes predictable when information is shared.

Predictability supports:

- Patient confidence
- Provider stability
- Operational reliability

This is where the field is heading.

AccessLab™

Thank You!

Vanessa Rastović, JD

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Authentic Voices. Innovative Solutions.

info@accesslabstudio.org www.accesslabstudio.org

Thank You to Our Panelists:

Representative Jacklyn Rusnock
Donna Murray
Tammy Rosing
Eric Kiehl
Vanessa Rastović

Time for Q&A

2025 PA ORAL HEALTH SUMMIT:
TRANSFORMING SYSTEMS TO STRENGTHEN SMILES

THANK YOU TO OUR 2025 PRIME EVENT SPONSOR

HIGHMARK. FOUNDATION

United Concordia dental℠

PCOH
PA Coalition for Oral Health

End of Day Summary
&
Key Takeaways

Make sure to stick around for our Cocktail Hour starting at 5:30 pm in Central C/D/E!

2025 PA ORAL HEALTH SUMMIT:

Transforming Systems to Strengthen Smiles

November 12 - 13, 2025

Harrisburg, PA

Day 2

PCOH
PA Coalition for Oral Health

Welcome

Dr. Joan Gluch

2024-2025 Board Chair

PA Coalition for Oral Health

Welcome

Helen Hawkey

Executive Director

PA Coalition for Oral Health

Thank You to Our Breakfast Sponsor:

Jefferson Health Plans

PCOH
PA Coalition for Oral Health

2025 PA ORAL HEALTH SUMMIT:
TRANSFORMING SYSTEMS TO STRENGTHEN SMILES

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2025 PA ORAL HEALTH SUMMIT: TRANSFORMING SYSTEMS TO STRENGTHEN SMILES

GOLD EVENT SPONSOR

Special Smiles LTD.

Comprehensive dental care for persons with special needs

Special Outreach Services

30 seconds each:

- Name, Organization, Geographic Region
- If you celebrate Thanksgiving, what is your favorite side dish?

Let's kick things off with some trivia…

Grab your coffee, get comfortable, and test your knowledge!

Question 1

Name a legislator that

attended last night's reception

Question 2

What was the primary give away at the 2023 Summit?

Question 3

Which of the five summits had the highest attendance?

Question 4

What year was the first statewide PCOH Summit?

Question 5

Name two vendors/exhibitors from the room next door.

State of the State:

Greetings from the Pennsylvania Department of Health

Kelly Dupler
Pennsylvania Department of Health

Pennsylvania
Department of Health

11/13/2025

Oral Health in Pennsylvania

Oral Health Program, Bureau of Health Promotion and Risk Reduction

Agenda

- Welcome
- Overview of the State Oral Health Program
- Oral Health Landscape in Pennsylvania
- Oral Health Plan 2020-2030
- Funding and Ongoing Projects
- Closing Remarks

Oral Health Program Overview

Organizational Chart:

- Bureau of Health Promotion and Risk Reduction → 4 Divisions
- Oral Health Program in Division of Violence Prevention
- Team: Dr. Jonise McDaniel, Jan Miller, and Sarah Welch

Program Focus Areas:

- Promote oral health initiatives
- Increase access to care
- Support prevention
- Advance health education
- Strengthen workforce capacity
- Monitor and evaluate impact

Pennsylvania Oral Health Landscape

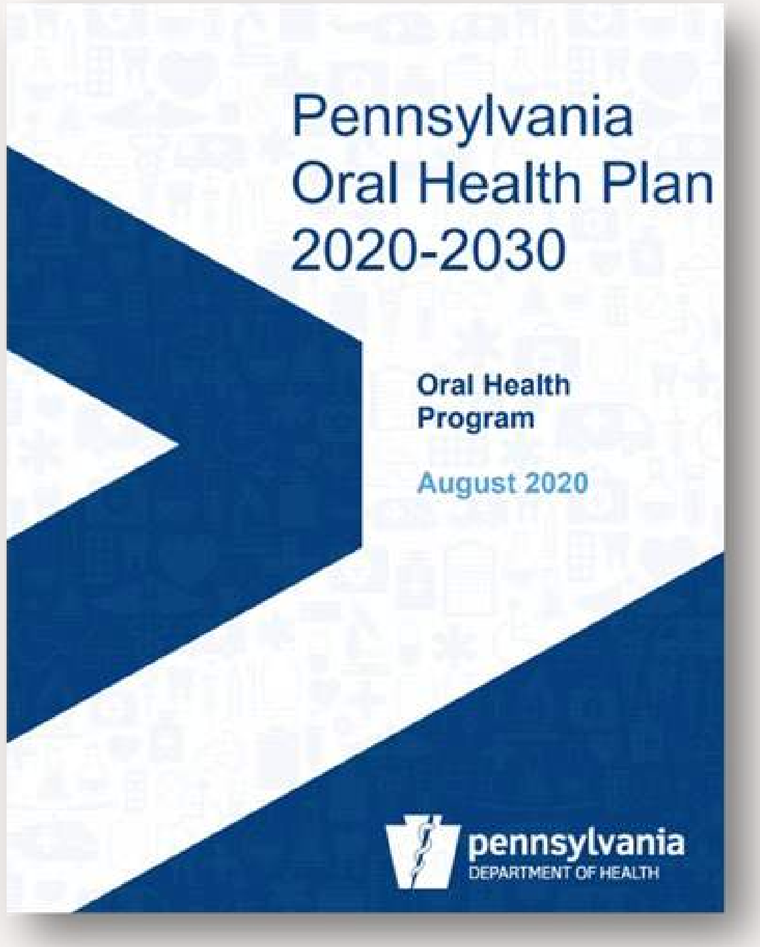
Current Conditions:

- Oral health outcomes improving but remain uneven statewide
- Access shaped by geography, income, and social factors
- Urban-Rural divide
- Disparities persist among low-income and vulnerable groups

Key Challenges:

- Workforce shortages
- Limited replacement pipeline
- Funding and infrastructure gaps for local prevention programs
- Need for sustainable, prevention-focused care models

The Pennsylvania Oral Health Plan 2020-2030



Purpose

Process

People

Plan Priorities and Outcomes

OVERARCHING GOAL: Enhance the overall health of all Pennsylvanians through improved oral health.

Access, Prevention and Education	Decrease barriers to accessing dental care Increase preventive services across populations Improve the oral health literacy of healthcare providers and the general public
Oral Health Workforce	Build a sufficient, diverse and competent oral health workforce
Infrastructure	Maintain a strong oral health program infrastructure to sustain proper state oral health surveillance

Funding and Ongoing Projects

- School Sealant Programs
- Community Water Fluoridation Promotion
- Workforce Expansion
- Maternal and Child Oral Health Integration
- Infection Prevention and Control Activities
- Type 2 Diabetes Oral Health Data Analysis

Closing Remarks

- Summary
- Send comments/inquiries to RA-DHOHP@pa.gov

PA DOH OHP site

Thank you for attending!

Pennsylvania
Department of Health

State of the State:

Greetings from the Pennsylvania Department of Human Services

Dr. Sean Shamloo
Pennsylvania Department of Human Services

Updates from the Pennsylvania Department of Human Services (DHS)

Sean Shamloo, D.M.D.

Chief Dental Officer

Pennsylvania
Department of Human Services

Objectives

- To provide a brief, high-level overview of Pennsylvania's Medicaid Program
- To provide a brief description of DHS involvement in various projects, initiatives, and collaborations aimed at improving access to dental services
- To provide recent updates from DHS related to dental benefits and policy of the Medical Assistance (MA) program

State Medicaid Program

- Medical Assistance (MA) Program
- **>3 Million Beneficiaries (~24% of state population)**
- **Fee-for-Service (FFS) Delivery System**
  - ~3% of beneficiaries
- **Managed Care Delivery System**
  - ~97% of beneficiaries
  - HealthChoices and Community HealthChoices
    - Physical health with dental benefits carved in
  - 8 Managed Care Organizations (MCOs)
    - 4 HealthChoices
    - 3 HealthChoices and Community HealthChoices
    - 1 Community HealthChoices
  - 6 Dental Benefit Managers (DBMs)

State Medicaid Program

- **Dentist Landscape**
  - 2024 – 9,728 Licensed Dentists
  - 2024 – 2,182 Enrolled Medicaid Dentists (24.43%)
  - 2024 – 1,372 Meaningful (treating 100+ beneficiaries) Enrolled Medicaid Dentists (14.1%)
- **Useful Resources**
  - PA Department of Human Services
  - Office of Medical Assistance Programs (OMAP)
  - Office of Long-Term Living (OLTL)
  - HealthChoices
  - Community HealthChoices (CHC)
  - What's New at OMAP
  - COMPASS
  - Provider Enrollment Information

DHS Oral Health Initiatives and Collaborations

- **American Dental Association (ADA) Medicaid Pilot Project**
  - Two-year collaborative project (ending December 2025) bringing together state entities to create a blueprint to improve provider participation in Medicaid in order to effectively increase utilization of dental services for children and adults through a 6-state pilot program.
- **Medicaid Oral Health Workforce Implementation Learning Series**
  - Pennsylvania is one of 11 states competitively selected for a national initiative led by the Center for Health Care Strategies (CHCS). This learning series will bring together Medicaid agencies and their partners to share practical, scalable oral health workforce solutions that can increase access and utilization of services to improve member health.

DHS Oral Health Initiatives and Collaborations

- **Building State Capacity for Integration (BSCI) Learning Collaborative**
  - The Consortium for Oral Health led by the National Maternal and Child Oral Health Resource Center (OHRC) at Georgetown University in partnership with the Association of State and Territorial Dental Directors (ASTDD) selected Pennsylvania to participate in a 16-month learning collaborative from January 2025 through April 2026.
  - To assess systems-level capacity factors, prioritize needs, and develop action plans to improve state capacity for integrating oral health care and prenatal care.
  - Project teams convene to exchange ideas and learn from each other to help design a practical action plan, monitor progress, address barriers, and report on accomplishments.

DHS Oral Health Initiatives and Collaborations

- **State Health Improvement Plan (SHIP) Goal 3.1 Workgroup**
  - The Department of Health in collaboration with Healthy Pennsylvania Partnership develops SHIP
  - Five-year strategic plan which identifies goals, objectives, and strategies to improve the health of all Pennsylvanians with a focus on health equity
  - Three Work Groups: Health Equity, Chronic Disease Prevention, and Whole Person Care
  - DHS Chief Dental Officer participates in Whole Person Care work group Goal Team 3.1
  - Increase access to medical and oral health care by reducing the number of people who do not have a personal health provider and increasing dentist visits

What's New and Updates

- Adoption of the American Academy of Pediatric Dentistry's Dental Periodicity Schedule – MA Bulletin October 7, 2025
- 2025 Medical Assistance Program Dental Fee Schedule Update – MA Bulletin September 11, 2025
- Implementation of ADA Claim Form Version 2024 – Remittance Advice Alert September 10, 2025
- Dental Benefit Limit Exception (BLE) Process Clarification – Ops Memo June 25, 2025
- Implementation of Update Dental Benefit Limit Exception Form – MA Bulletin June 25, 2025
- Pennsylvania's Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program Periodicity Schedule – MA Bulletin May 21, 2025
- Application of Topical Fluoride Varnish – Ops Memo April 8, 2025

What's New and Updates

- **Value Based Purchasing Dental School Pilot**
  - Introduced in the 2024 HealthChoices Agreement
  - 2025 HealthChoices Agreement language: "The PH-MCO will finalize development and begin implementation of a VBP model for any interested dental school that trains both doctoral dental students and postdoctoral advanced dental students in Pennsylvania."
  - Managed care organizations (MCOs) and the dental schools have asked DHS to provide more guidance and technical support for developing the pilot
  - DHS is in the process of reviewing feedback from the MCOs and the dental schools in order to identify next steps and develop requirements for 2026.

What's New and Updates

- **Rural Health Transformation (RHT) Program**
  - Authorized by the One Big Beautiful Bill Act
  - $50 Billion to be allocated to approved states over 5 fiscal years
  - $10 Billion each fiscal year beginning 2026 and ending 2030
  - 50% equally distribute amongst all approved states
  - 50% allocated by CMS based on a variety of factors
  - Specifics in the Notice of Funding Opportunity (NOFO)
  - 5 Strategic Goals: Make Rural America Healthy Again, Sustainable Access, Workforce Development, Innovative Care, Tech Innovation
  - Application deadline is November 5, 2025
  - Pennsylvania collected feedback from stakeholders
  - Pennsylvania will submit an application
  - Oral health will be addressed in the proposal

State of the State:

Policy in Focus:
2025 Legislative Update on Oral Health in Pennsylvania

Nicole Payonk
Pennsylvania Coalition for Oral Health

Policy in Focus:

2025 Legislative Update on Oral Health in Pennsylvania

Nicole Payonk
Policy and Advocacy Coordinator
PA Coalition for Oral Health

November 13, 2025

Disclosure Statement

Neither I, nor members of my immediate family, have any financial interests to disclose relating to the content of this presentation.

Objectives:

Summarize	Describe the current policy environment influencing oral health–related initiatives in 2025
Highlight	Analyze key opportunities and challenges affecting legislative and regulatory priorities
Equip	Apply strategies for effective engagement in policy and advocacy efforts

How Policy Shapes Access, Care Delivery, and Health Outcomes

1. Access

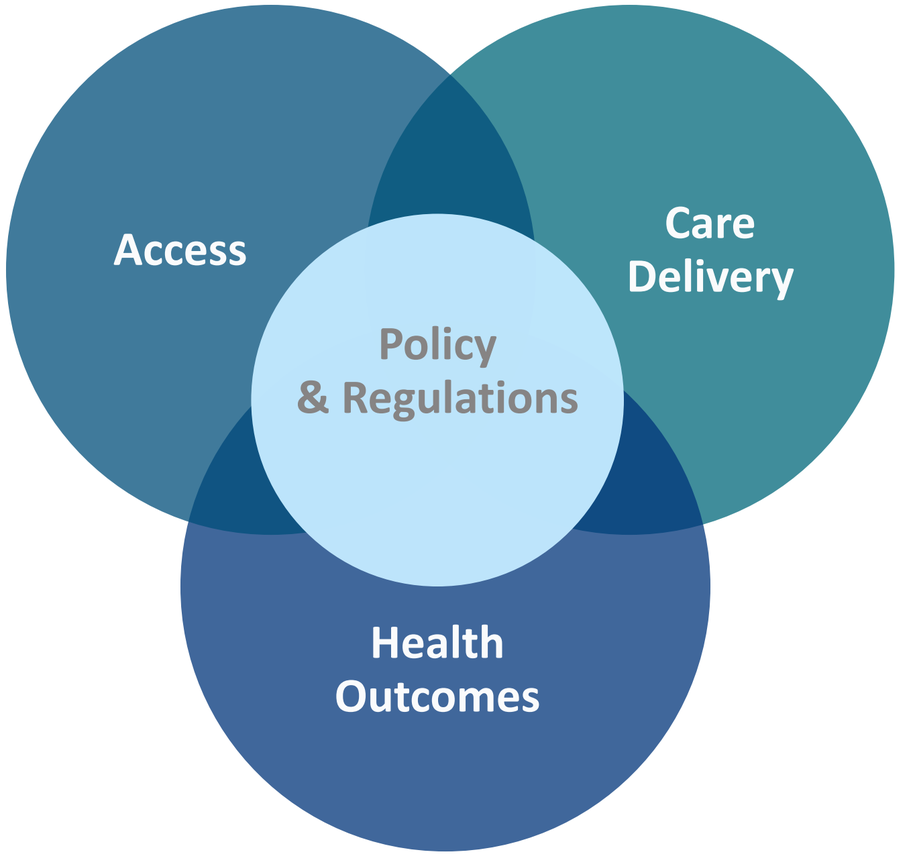
- Determines coverage and funding
- Affects provider supply and location
- Sets rules for eligibility and benefits

2. Delivery of Care

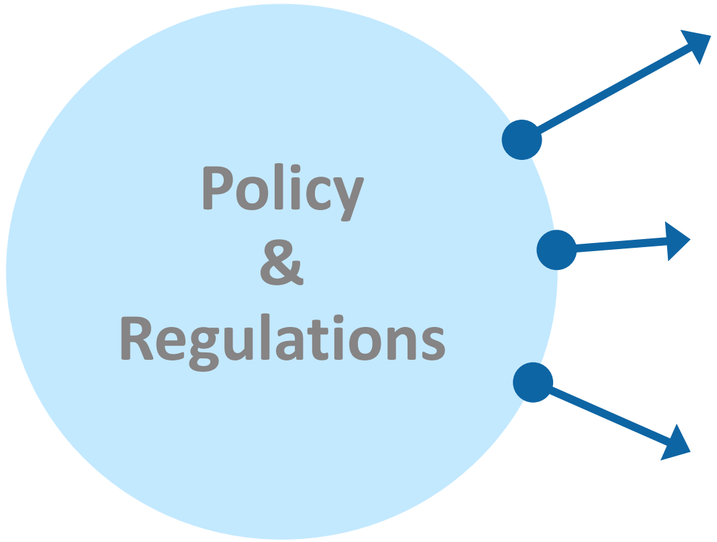
- Influences who can receive care
- Shapes where and how care is provided
- Impacts workforce flexibility and service models

3. Health Outcomes

- Drives quality and consistency of care
- Affects disparities and preventive service use
- Links back to policy through data and results



Policy & Regulatory Systems Across Government Levels



Federal/National

- Executive Branch
- U.S. Congress
- Federal agencies
- National professional groups

- Medicare, Medicaid, & CHIP funding/ regulations
- Health & safety standards
- Federal grants & initiatives
- Codes of conduct

State

- Governor
- PA General Assembly
- Administrative departments
- State Board of Dentistry

- Licensure & workforce scope
- Medicaid dental benefits
- State public health programs
- School health mandates

Local/Community

- City council & municipal authority
- Health care systems/clinics
- School board

- County or city public health ordinances
- Local clinic regulations
- Community-based prevention programs
- Partnerships with schools or nonprofits

PCOH Policy Priorities: Advancing Access and Equity Across Levels

Federal/National

- Advocate for dental coverage under Medicaid and Medicare
- Increase dental coverage for veterans
- Protect funding for state oral health initiatives

- Participate in Hill Days with national organizations like CareQuest and OPEN
- Submit formal comments on regulation changes
- Federal grants & initiatives

State

- Promote network adequacy & appointment standards
- Expand workforce & provider-to-population ratios
- Enhance oral health training programs & licensure flexibility
- Protect local choice for water fluoridation
- Update water fluoridation notification policies

- Sponsor legislation or provide support and/or feedback on legislation
- Host and join partners during state advocacy events in Harrisburg
- Collect and disseminate qualitative and quantitative data

Local / Community

- Expand school-based dental services
- Protect local access to fluoridation

- Partner with school districts and FQHCs
- Join and support local advocates to address fluoride rollback threats
- Develop resources for use on the grassroots level

View the 2025 Policy Agenda here.

Federal Context

119th Congress Composition:

- Republican majorities in both chambers
- Narrowly divided House

Key Committees:

- House Committee on Energy and Commerce
  - Oversight of HHS, CMS
- House Ways & Means
  - Medicaid financing
- Senate Finance Committee
  - Medicaid/Medicare, workforce)
- Senate HELP (Health, Education, Labor & Pensions)
  - Public health/workforce issues

Role of Departments/Agencies

- Responsible for the regulatory “rule-making” pathway

Implications

Party control and/or influence

- Single-party control can drive major health legislation.
- Broad policy changes may indirectly impact oral health funding and priorities.
- Party control and/or influence shapes how federal departments and agencies execute programs, either through legislative mandates or executive priorities.
- Advocates must monitor appropriations, rulemaking, and regulatory guidance, not just bills.

Impact on States

- Federal funding, policies, and laws directly shape state program design, resource allocation, and regulatory priorities, influencing how states implements oral health initiatives.

PCOH
PA Coalition for Oral Health

Federal Bills & Actions Impacting Oral Health

One Big Beautiful Act (H.R. 1)

- **Dental Workforce Implications:**
  - Makes major changes to student loan programs, including new repayment options, limits on aid, cuts to existing programs, accountability rules, and updated timelines
  - Rural Health Transformation Program
    - Authorized $50 billion to be allocated to approved States over five fiscal years, with $10 billion of funding available each fiscal year, beginning in fiscal year 2026 and ending in fiscal year 2030

- **Dental Access Implications:**
  - Check-ins every 6 months
    - Adults on Medicaid must have their eligibility reviewed twice a year (January 1, 2027)
  - Work or volunteer requirement
    - Most adults with kids 14+ need to show 80 hours per month of work, school, or volunteering to keep Medicaid (January 1, 2027)
  - Fees for dental visits
    - Some adults may pay up to $35 for each dental visit, including cleanings (October 1, 2028)

Federal Bills & Actions Impacting Oral Health

Make Our Children Healthy Again Strategy Report

- **Oral Health & Systemic Disease Connection**
  - NIH and CDC will research how children's oral health affects chronic diseases, nutrition, brain development, and the connection between the mouth, gut, and immune system.

- **Fluoride Under Review**
  - Reference to "studies on fluoride" that will be the basis for:
    - Updating recommendations for fluoride in water
    - Educating the public on appropriate levels of fluoride
    - Clarifying the role of the EPA in drinking water standards for fluoride
    - Increase awareness of topical fluoride availability, i.e., through toothpaste

- **Food and Drug Administration review of ingestible fluoride products**
  - In October, the FDA issued a warning against the use of orally ingestible fluoride for children under age 3.
  - Additionally, the FDA outlined the agency's intent to enforce action against companies "marketing unapproved fluoride-containing ingestible drugs labeled for use in children under age 3 or older children at low or moderate risk for tooth decay."

Federal Bills & Actions Impacting Oral Health

H.R. 4262
- Reauthorizes programs related to health professions education

H.R. 2001
- Amends Public Health Service Act to reauthorize a grant program for addressing dental workforce needs

Protect Our TEETH Act (H.R. 4556)
- Requires EPA to work with NASEM to quickly review scientific evidence on proposed fluoride regulations under the Safe Drinking Water Act

HEADs UP Act of 2025 (H.R. 3409)
- Amends Public Health Service Act to expand and improve health care services for individuals with a developmental disability

Medicare Dental, Hearing, and Vision Expansion Act of 2025 (S. 939)
- Amends Social Security Act for Medicare to cover dental, hearing, and vision care

Oral Health Products Inclusion Act (H.R. 1219)
- Expands the definition of qualified medical expenses for use of FSA, HRA, HSA, or Archer MSA funds to pay for oral health products

Medicare and Medicaid Dental, Vision, and Hearing Benefit Act of 2025 (S. 2084)
- Expands Medicare to include dental coverage and increases the FMAP

Health Care Workforce Expansion Act of 2025 (S. 2954)
- Establishes grant programs for health professional schools

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State Context

General Assembly

- Full-time legislature, two-year session
- Split legislature
  - Slim Democratic majority in the House
  - Republican majority in the Senate

Key Committees:

- Appropriations Committees
- Health & Human Services Committees
- Professional Licensure Committees
- Local Government Committee
- Environmental Resources & Energy

Key Departments/Agencies

- Department of Health
- Department of Human Services
- Department of Environmental Protection
- State Board of Dentistry

Implications

Determining Legislative Priorities

- State-level policy decisions set the framework for access, delivery, and preventive care.
- Committee leadership determines whether oral health–related bills advance or stall.

Program Funding

- Budget negotiations within the General Assembly determine funding levels for health programs and services.
- Appropriations outcomes directly affect Medicaid benefits, prevention programs, and workforce initiatives.
- Fiscal priorities can either expand or constrain statewide efforts to improve access and outcomes.

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State Bills & Actions Impacting Oral Health

Restoring Dental Coverage for Medical Assistance Recipients (HB 583 & SB 860)

- **This bill would:**
  - Restore the adult dental benefit to pre-2011 level
  - Eliminate the benefit limit exception process
  - Allow DHS to offer benefits beyond pre-2011 level
  - Be dependent on available funding
- **Updates:**
  - Amended to permit DHS flexibility to incrementally restore the benefit
  - Successfully passed the House with bipartisan support (154/49) in June 2025
- **Current status:**
  - Stuck in the Senate Health and Human Services Committee

State Bills & Actions Impacting Oral Health

Anti-Fluoridation Legislation

- **HB 1660 - Banning Added Fluoride in Public Water Systems**
  - Would ban the addition of fluoride into any public water system
  - Assigned to House Local Government Committee
- **SB 849 - Fluoride Choice Act**
  - Would prohibit the addition of fluoride to public water
  - Requires safe disposal of fluoride additive
  - Modeled after the legislation passed in Utah
  - Assigned to Senate Environment Resources & Energy Committee
- **Current status:**
  - Limited momentum from lawmakers since these bills conflict with the strong prioritization of communities retaining local choice

State Bills & Actions Impacting Oral Health

Dentist and Dental Hygienist Licensure Compact (HB 1127 & SB 81)

- **This legislation would:**
  - Authorize Pennsylvania to join the Council of State Governments Dentist and Dental Hygienist (DDH) Licensure Compact
- **Updates:**
  - DDH compact is the only active dental compact with 12 states already joined
- **Current status:**
  - PA is 1 of 5 states with pending legislation
  - Assigned to House Professional Licensure and Senate Consumer Protection & Professional Licensure Committees

Similar bill: American Association of Dental Boards' Interstate Dental & Dental Hygiene Licensure Compact (HB 787)

State Bills & Actions Impacting Oral Health

Rural Healthcare Grant Program (HB 157)

- **This legislation would:**
  - allow the Department of Health to give grants to hospitals and clinics in rural or underserved areas to help repay the student loans of the healthcare workers they employ.
- **Updates:**
  - Amended to include dentists and dental hygienists as eligible provider types
  - Passed the House with bipartisan support (194/8)
- **Current status:**
  - Voted favorably out of the Senate Institutional Sustainability & Innovation Committee
  - Re-referred to the Senate Appropriation Committee before second consideration

State Bills & Actions Impacting Oral Health

Adoption of the AAPD Dental Periodicity Schedule

- Impacts children on Medicaid under age 21
- Aligns Pennsylvania with 20 other states using AAPD standards for preventive dental care
- Recommends first dental visit by the first tooth or by 12 months

State Board of Dentistry Regulatory Update

- Licensure by Endorsement, effective as of July 26th
- Regulations awaiting release for public comment:
  - General revisions
  - Mobile vans
  - Anesthesia update

State Bills & Actions Impacting Oral Health

Health Care Practitioner Credentialing Act (HB 544 & SB 888)

- Requires all providers and insurers to use CAQH for credentialing, process applications within 45 days, and simplify it for multi-location practitioners

Assignment of Benefits (SB 959)

- Allows a patient to authorize payment of insurance benefits directly to the dental service provider in accordance with the provisions of their insurance policy

Primary Care Preceptorship for Community Health Centers (SB 614)

- Creates a pathway permitting FQHCs to offer preceptorships to students training in primary care, including dental

Expanding TRICARE & Establishing a TRICARE Reimbursement Grant Program (HB 2011)

- Provides eligible PA National Guard members and their families with reimbursement grants up to $60/month for premiums paid under the TRS Program

Dental School Faculty Recruitment (SB 842)

- Would allow internationally-trained dentists to work at the dental schools and their affiliated health care facilities under a restricted license

Dental Premium Transparency: Medical Loss Ratio Reporting (HB 1325)

- Requires dental insurers to report annually their percentage of premium revenue spent on patient care to the PA Department of Insurance

PCOH
PA Coalition for Oral Health

Local Context

- **67** counties
- **2,500+** municipalities
- **1,800+** public water systems
- **500** school districts
- **6** county health departments
- **4** municipal health departments
- **22** workforce development boards

Implications

- Each community's unique demographics, resources, and governance structures shape its health priorities and challenges.

Local Actions Impacting Oral Health

Sunshine Act

- Public agencies must deliberate and take official action in an open, public meeting.
- Official action includes decisions, votes, and policy-making on agency business.
- The public must have the opportunity to attend and comment before official action occurs.
- Meetings must have prior public notice.

Proposals to Add or Remove Fluoridation Treatment by a Community Water System

- DEP guidance to water systems on activities related to starting or stopping fluoridation
- No defined timeframe for public notification

Engagement Strategies for Advocates

Stay Informed

- Sign up for alerts and join public listservs
- Sign up for the PCOH Newsletter
- Follow the actions of your local water board/council

Be Mindful of Messaging

- Focus on commonalities
- Prepare an “elevator pitch” that is informative and engaging for your issue

Collaborate with Others

- Participate in advocacy opportunities with state and national organizations

Have Patience

- Small changes are still change
- The legislative and regulatory process is multistep and takes time

Let’s Stay in Touch

Nicole Payonk

PCOH Policy and Advocacy Coordinator

nicole@paoralhealth.org

www.paoralhealth.org

Thank You to Our Opening Speaker s:

Kelly Dupler
Dr. Sean Shamloo
Nicole Payonk

Time for Q&A

Time for a break!

Please return at
10:30 a m

Non-Traditional Avenues of Care Panel

Oral Health Matters:
Empowering Communities through CHWs

Elizabeth Schaffer
Eastcentral Pennsylvania Area Health Education Center

ORAL HEALTH MATTERS: EMPOWERING COMMUNITIES THROUGH CHWS

PRESENTED BY ELIZABETH SCHAFFER, MS, MPH, CHES

FINANCIAL DISCLOSURE

- This project was supported by a mini-grant from PA Coalition for Oral Health.
- The presenter will receive an honorarium for this presentation.

WHAT IS AN AHEC?

- The AHEC program was developed by Congress in 1971 to recruit, train, and retain a health professions workforce committed to underserved populations.

- Today, 56 AHEC Programs with more than 235 centers operate in almost every state and the District of Columbia.

CHW ROLES IN ORAL HEALTH PROMOTION

- Provide oral health education to families
- Promote daily hygiene habits (brushing, flossing)
- Support early detection and referrals
- Help families navigate dental care access
- Share culturally relevant resources and communication

BARRIERS TO ORAL HEALTH CARE

- Lack of dental insurance or ability to pay
- Language and cultural barriers
- Transportation or childcare challenges
- Low oral health literacy or fear of treatment
- Limited availability of dental providers

ACCREDITED COMMUNITY HEALTH WORKER TRAINING PROGRAM

SONRISAS SALUDABLES (HEALTHY SMILES)

- EC AHEC received a mini-grant opportunity for PCOH to provide oral health information/awareness to our CHWs and medical interpreters
  - 3 sessions completely in Spanish
    - Basic oral health
    - Importance of fluoride
    - Resources

SONRISAS SALUDABLES
Serie de Educación en Salud Dental
PARTE 1
Aprende los secretos para mantener una sonrisa brillante y una boca saludable. En esta presentación, exploraremos consejos prácticos sobre higiene dental, la importancia de las visitas regulares al dentista, y cómo prevenir enfermedades bucales comunes. ¡Descubre cómo tu sonrisa puede transformar tu bienestar general!
PARTE 2
Descubre cómo el flúor protege tus dientes y previene las caries. En esta presentación, aprenderás sobre sus beneficios, cómo usarlo de manera segura y efectiva, y su papel en la salud bucal de toda la familia. ¡Conoce el poder del flúor para mantener tu sonrisa fuerte y saludable!
PARTE 3
Aprende cómo acceder a los servicios dentales que tú y tu familia necesitan. En esta presentación, te guiaremos a través de programas, clínicas y opciones asequibles para cuidar tu salud bucal. ¡Descubre que una sonrisa saludable está al alcance de todos!
Gana hasta 3 créditos de Educación Continua para CHWs si completas las 3 sesiones! Inscríbete ahora en: https://education.paahec.org/product/sonrisas-saludables
SCAN ME!
¿Tienes preguntas? Envía un correo electrónico a Melissa, a msaunders@ecpennahec.org

POSTCARDS

¡TU SONRISA IMPORTA!
Consejos para una buena salud bucal:
Cepíllate los dientes dos veces al día con pasta dental con flúor.
Usa hilo dental todos los días.
Bebe agua, especialmente después de las comidas.
Evita productos de tabaco.
Come una dieta balanceada y limita el azúcar.
¿Cuándo Visitar al Dentista?:
Cada 6 meses para una limpieza y chequeo.
Si tienes dolor, encías sangrantes o hinchazón.
Si notas dientes flojos o llagas que no sanan.
Si tienes mal aliento persistente.
Para los niños: tan pronto como salga el primer diente o al cumplir 1 año.

CONTINUING EDUCATION

- Eastcentral/Northcentral PA AHEC host an annual CHW conference in State College for CHWs from around the state.
- This conference has participants from across the state and is a great opportunity to spread the message about the importance of oral health.
- Pennsylvania AHEC's Training Center for Health Equity: CHW ECHO Series

HOW CHWS CAN HELP IMPROVE ACCESS

- Connect families to free or low-cost dental resources
- Assist with scheduling and reminders for appointments
- Offer interpreter support and navigation
- Educate on prevention and home care practices
- Build trust and encourage early dental visits

CONTACT INFO

- Liz Schaffer, Eastcentral PA AHEC, Executive Director
  - eschaffer@ecpennahec.org

Non-Traditional Avenues of Care Panel

N.I.C.E Program
Non-Invasive Caries Elimination

Dr. Larry Paul
SKYGEN

PCOH
PA Coalition for Oral Health

SKYGEN®

THE TRUSTED SOLUTION FOR DENTAL & VISION

N.I.C.E. Program

Non-Invasive Caries Elimination

A Smarter, More Affordable Approach to Oral Health Care

DENTAL CARE FOR THE UNDERSERVED POPULATION

Today’s dental system leaves vulnerable patients—children, members, and those with special needs—facing unnecessary trauma, limited access, and rising costs.

It’s time to transform dental care with non-invasive, cost-effective solutions that improve outcomes, reduce stress, and expand access for those who need it most.

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SKYGEN

SKYGEN N.I.C.E. PROGRAM

Gentle, proven solutions that expand access, lower costs, and transform the dental care experience.

Prevention First:
Shifts focus from costly surgical procedures to early intervention and minimally invasive treatments

Proven Toolkit:
Empowers providers with options like fluoride, sealants, silver diamine fluoride (SDF), hydroxyapatite, and protective restorations to stop decay early.

Better for Patients:
Reduces drilling, anesthesia, and fear—especially for young children and individuals with IDD—creating a more positive dental experience.

Value for Providers & Payers:
Increases provider confidence and efficiency while lowering payer costs by reducing hospital, surgery, and emergency claims.

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PROGRAM REACH & RESULTS

The SKYGEN NICE Program begins where the need is greatest:

Pediatric patients and individuals with special needs. These are the populations most affected by limited access and high costs, and the ones who benefit most from prevention-first care. From there, the program is designed to expand to elderly populations, pregnant individuals, and ultimately all dental patients.

The SKYGEN NICE Program is designed to deliver measurable improvements that matter to payers, providers, and patients alike:

Greater access to care for vulnerable populations

- More positive experiences for patients and caregivers, with less fear and discomfort.
- Lower costs, thanks to fewer hospital visits, ER trips, and surgical claims.
- Stronger efficiency for providers, with reduced chair time and faster delivery of care.
- Better outcomes, with more widespread use of non-invasive procedures that stop decay early.

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THE REWARD

Ultimately, success means healthier smiles, lower expenses, and a more sustainable care model for every population served.

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SKYGEN

WHY PARTNER WITH SKYGEN?

The SKYGEN NICE Program isn’t a theoretical solution. It’s a practical, ready-to-implement model that bridges the gap between prevention and value-based care. By partnering with SKYGEN, payers can lead the way in transforming oral health, creating a system where providers are empowered, patients are better cared for, and costs are under control.

If you’d like to learn more about this program, contact **Dr. Larry Paul** at **262.946.4411** or via email at **larry.paul@skygenusa.com**.

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Thank You

CONNECT WITH US

SKYGENUSA.com

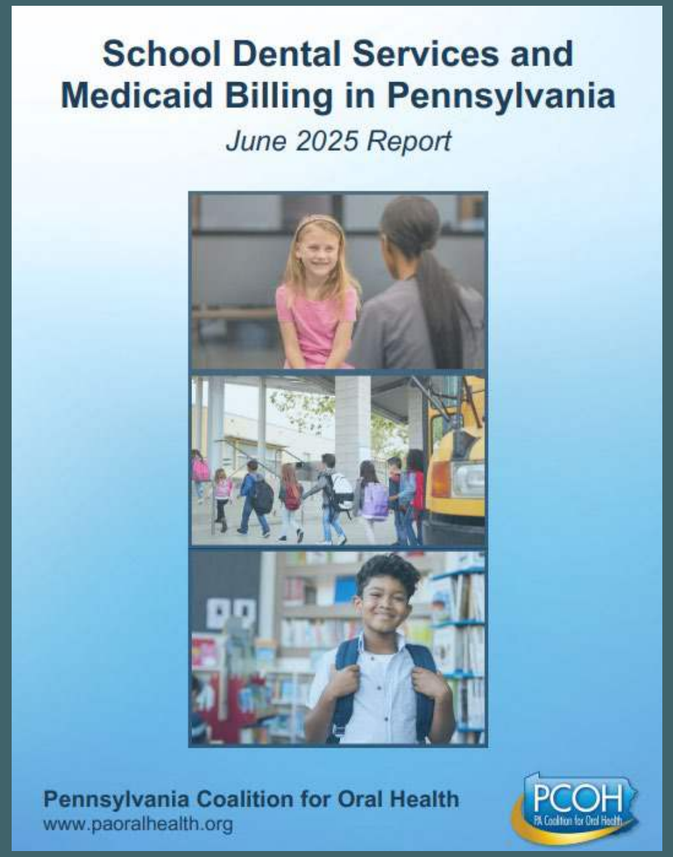
Visit our online **Knowledge Center** to access helpful tips and industry best practices to succeed in the future of benefit management.

Join the conversation

Non-Traditional Avenues of Care Panel

School-Based Dental Programs in Pennsylvania

Dr. Corinna Culler



School Dental Services & Medicaid Billing in PA

PA Oral Health Summit
November 13, 2025

Corinna Culler, RDH, DrPH
corinna.culler@gmail.com
I have no financial conflicts of interest

Methods

- **Key informant Interviews** – 32 stakeholders including health and dental care providers, public health professionals, educators, leaders of governmental agencies, and directors of professional and non-profit organizations.
- **Certified School Nurse (CSN) Survey**– included 20 questions about type and frequency of dental problems seen among school students, 140 CSNs responded.
- **CSN Focus Groups**– 10 CSNs participated in three focus groups. Discussion topics included workload, student needs, access to care, and follow-up, and resources related to oral health activities.
- **Oral Health Surveillance Pilot** – 4 districts submitted detailed reports on all student dental complaints for a 3-month period (Jan-March 2025)

PA Mandated Dental Screening Program

- Required at enrollment (usually K or 1st), Grade 3, & Grade 7
- School selects type of dental program (both require dentist of record)
  - DHSP - Dental Hygiene Services Program (28 schools)
  - MDP - Mandated Dental Program (471 school)
- Follow-up & referral required
- Goal – identify untreated decay, help children obtain treatment, and establish dental homes
- PA Department of Health reimburses schools via SHARRS (School Health Annual Request for Reimbursement System)
- 2022-2023 DPH paid schools nearly $1.4 million

Dental Screening Reported to SHARRS ‘2223

	DHSP	MDP
School Districts	29 (6%)	470 (94%)
Enrollment K,3,7	42,756 (13%)	300,068 (87%)
Screening at School (% of enrolled in K,3,7)	41,642 (97%)	57,076 (19%)
Referred for treatment (% of screened)	15,083 (34%)	15,990 (28%)
Referral returned (% of referred)	5,064 (35%)	2,034 (13%)

Dental Services Reported to SHARRS '22-23

	DHSP (% total enrollment of DHSP)	MDP	Portable & Mobile
Oral Health Education	167,102 (88%)	Not reported	unknown
Prophy/Cleaning	5,832 (3%)	Not reported	unknown
Any Fluoride (Rinse or Topical)	4,311 (2%)	3,606 (<1%)	unknown
Sealants by CSDH (# students)	302 (<1%)	Not reported	-
Sealant placed by other (# students)	4,275 (2%)	Not reported	unknown

Results: CSN Survey

- School nurses frequently encounter a variety of oral health issues.
- Oral health problems have a significant impact on nurses' workloads.
- Follow-up efforts vary based on time & resources.
- Finding dentists to treat students is very difficult.
- More than 25% of participating nurses report contacting CYS due to untreated dental problems.
- Nearly 75% reported desiring more oral health knowledge, tools, and resources to better help students.

Results: CSN Focus Groups

- CSNs value oral health, understand its importance, & are willing to address the oral health needs of their students.
- The dental screening mandate requires significant amounts of work *throughout* the school year.
- Nurses lack time and resources to provide classroom oral health education.
- Nurses would like more information on identifying and addressing oral health conditions.
- Students & parents need more information on how to maintain good oral health.
- Some nurses were not familiar with dental sealants and fluoride varnish as preventive services that can be offered in schools.

Results: Oral Health Surveillance Pilot

- 166 students went to school nurse for oral health issues during pilot.
  - 13% sought care more than once.
  - 16% had multiple dental problems.
- The most common problems were loose, lost, or erupting teeth, issues related to braces, and cavities (some of these accompanied by pain).
- 11% of reports listed oral pain alone.
- The average time spent per student was 5.8 minutes (range 1-3).
- 22% of problems were not resolved by the end of the data collection period.

“The study has definitely made us more aware of the number of students we see on a weekly basis that have dental complaints, the time it takes to address any needs and concerns, and the potential educational impact these needs and concerns may pose.”

Policy Recommendations

1. **Expand Delivery of Preventive Dental Services in Schools**
   - Eliminate mandatory screening, in favor of programs that offer sealants and fluoride varnish
   - Develop centralized infrastructure for school dental programs
   - Require registration & reporting by portable & mobile providers
   - Target low-income schools and those in dHPSA
2. **Strengthen School-based Oral Health Workforce**
   - Increase impact of CSDH by increasing preventive clinical services
   - Remove barriers to PHDHP working in schools

Policy Recommendations (cont.)

3. **Increase Access to Medicaid Reimbursement for School-based Services**
   - Enable direct Medicaid reimbursement to schools
   - Improve care coordination through Medicaid managed care organizations
   - Facilitate cross-MCO reimbursement for out-of-network care
4. **Expand Oral Health Education**
   - Partner with DH training programs to develop CSDH-eligible online curriculum
   - Remove restrictions on the delivery of oral health education in schools
   - Adopt and implement statewide K-12 oral health curriculum
   - Raise awareness/support among key stakeholders

Non-Traditional Avenues of Care Panel

Bridging Gaps in Care: HealthLink Dental Clinic's Model for Community Impact

Jennifer Salisbury
HealthLink Dental Clinic

Bridging Gaps in Care: HealthLink Dental Clinic's Model for Community Impact

Presented by Jenny Salisbury, CFRE - Executive Director

HealthLink Dental Clinic

Pennsylvania Coalition for Oral Health 2025 Summit

HealthLink's Model of Care

- **Comprehensive free care:** exams, cleanings, x-rays, fillings, extractions, root canals, crowns
- **Eligibility:**
  - Ages 18–64
  - Resident of Bucks or Montgomery County
  - ≤ 250% of Federal Poverty Level
  - No dental insurance
- Acts as a **dental home**, not just emergency care
- Over **40 active volunteers** (dentists, hygienists, assistants, front office)

Connecting Oral Health to Overall Health

- “Connecting Oral Health & Overall Health” initiative
- Screenings for **blood pressure, diabetes, tobacco use**
- **Education** for patients about the correlations between oral health & pregnancy
- **Referrals** to medical partners as needed
- Emphasizes total wellness, not isolated care

Innovative Approaches to Access

- **Academic Partnerships:**
  - Dental hygiene students from **Montgomery County CC** & **Manor College**
  - Supervised by **volunteer dentists or faculty advisors**
  - Expands clinic capacity & provides hands-on training
- **Trauma-Informed Scheduling:**
  - Flexible appointment lengths
  - Creates a safe, compassionate environment
  - Domestic Violence training for staff and volunteers
- **Digital Access:**
  - Online patient applications & volunteer sign-up streamline access
- **Pilot Denture Program:**
  - Upcoming initiative for **partials & full dentures**
  - Restores function, dignity, and confidence

Community Partnerships

- **Veteran organizations** connect former service members
- **Corporate & foundation support:**
- Wawa Foundation, Patriarch Foundation, United Concordia, IBX
- **Local & state leaders** advocate for sustainability
- **Coalitions like PCOH** strengthen statewide collaboration

Power of Collaboration

- **Referrals** from medical partners and other community benefit organizations close care gaps
- Volunteers & donors **amplify** community reach
- **United for ALICE** partnership: highlighting working adults in need
- **Partnerships** help improve visibility, funding & outcomes

Lessons Learned

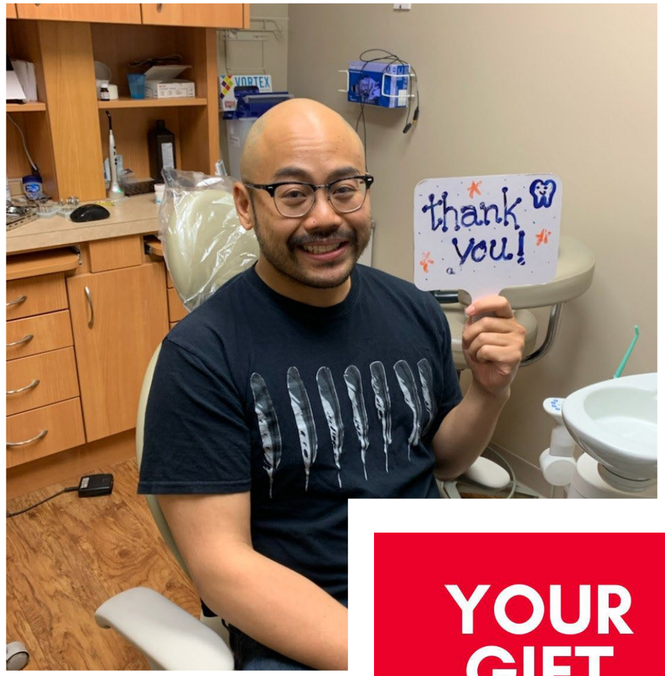
- **Relationships matter**—from volunteer dentists to local officials.
- **Flexibility is key**—community needs evolve, and we must evolve with them.
- **Data tells our story**—tracking outcomes allows us to demonstrate measurable impact to funders and policymakers.
- **Kindness heals**—many of our patients haven't seen a dentist in years out of fear or shame. Restoring their smile often restores their confidence in themselves.

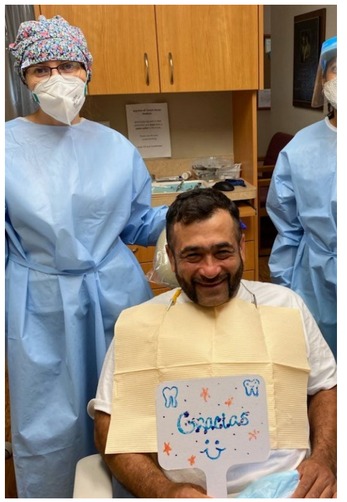
Looking Ahead

- Despite ongoing challenges—like Pennsylvania's state budget impasse and rising demand for free care—we're committed to staying innovative and compassionate.
- Our vision for the next year includes:
  - Launching our **partials and dentures pilot**
  - Expanding **volunteer recruitment**
  - Strengthening **collaborations with medical and behavioral health partners**
  - Exploring **alternate sources of revenue**
  - And continuing to advocate for oral health equity across Pennsylvania.

Final Thoughts

- **Small clinics can make a big impact**—when compassion meets creativity and community collaboration.
- **Access to dental care isn't just about teeth—it's about dignity, confidence, and opportunity.**





Contact Information

Jenny Salisbury, CFRE – Executive Director

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Disclosure:
Jenny Salisbury is an incoming PCOH board member, with her term beginning in January 2026.

Non-Traditional Avenues of Care Panel

Thinking Outside of the Clinical Box

Alice Valenta
Golden Onsite Dental

Thinking Outside of the Clinical Box

Golden Onsite Dental
Alice Valenta RDH BSDH PHDHP

GOLDEN
ONSITE DENTAL

Background

A graduate from the University of Pittsburgh Dental Hygiene Program in 2006

Received PHDHP in 2014

Started working in public health in nursing homes, then pediatrics

After COVID started Golden Onsite Dental

Identifying those with lack of access to care

***Children and Adults with disabilities**

***Seniors**

***Low income families**

***Families with no transportation**

Areas in the community that you can do dental outreach

*Schools

*Nursing Homes

*Community Centers

*WIC offices

Ways to bring the office to them

Portable equipment

- **Compressor, hand piece, radiology**

Van

- **Equipped with dental chair and equipment**

RAM
3500

GOLDEN
ONSITE DENTAL

Collaborations/Working together

ARC facility

WIC offices

Head Starts

MCOs

CLOSE THE GAP BY GETTING CREATIVE

Find ways to go to the patients and bring the office to them

Work together with providers to get the treatment needed

Contact Me

Alice Valenta RDH PHDHP

alicemvalenta@gmail.com

GOLDEN
ONSITE DENTAL

Thank You to Our Panelists:

Liz Schaffer
Dr. Larry Paul
Dr. Corinna Culler
Jennifer Salisbury
Alice Valenta

Time for Q&A

Thank You to Our Awards Sponsor:

UPMC HEALTH PLAN

PCOH
PA Coalition for Oral Health

Pennsylvania Oral Health Champion Individual Award

Congratulations to our 2025 nominees!

Alice Valenta
Golden Onsite Dental

Crystal Siebka
UPMC Health Plan

Ann Hoffman
Central Penn College

Pennsylvania Oral Health Champion Individual Award

Congratulations to our 2025 nominees!

AND THE WINNER IS…

Pennsylvania Oral Health Champion Organization Award

Congratulations to our 2025 nominees!

Kids Smiles

Volunteers in Medicine,
Wilkes Barre

PCOH
PA Coalition for Oral Health

Pennsylvania Oral Health Champion Organization Award

Congratulations to our 2025 nominees!

AND THE WINNER IS…

Pennsylvania Oral Health Changemaker Award

Congratulations to our 2025 nominees!

Crystal Esmond

Ann Silverman Community Health Clinic

Michelle Jordan

The Arc of Indiana County

Alice Valenta

Golden Onsite Dental

CENTRAL PENN COLLEGE

Central Penn College Dental Programs

Pennsylvania Oral Health Changemaker Award

Congratulations to our 2025 nominees!

AND THE WINNER IS…

Crystal Esmond

Thank You to Our Lunch Sponsor:

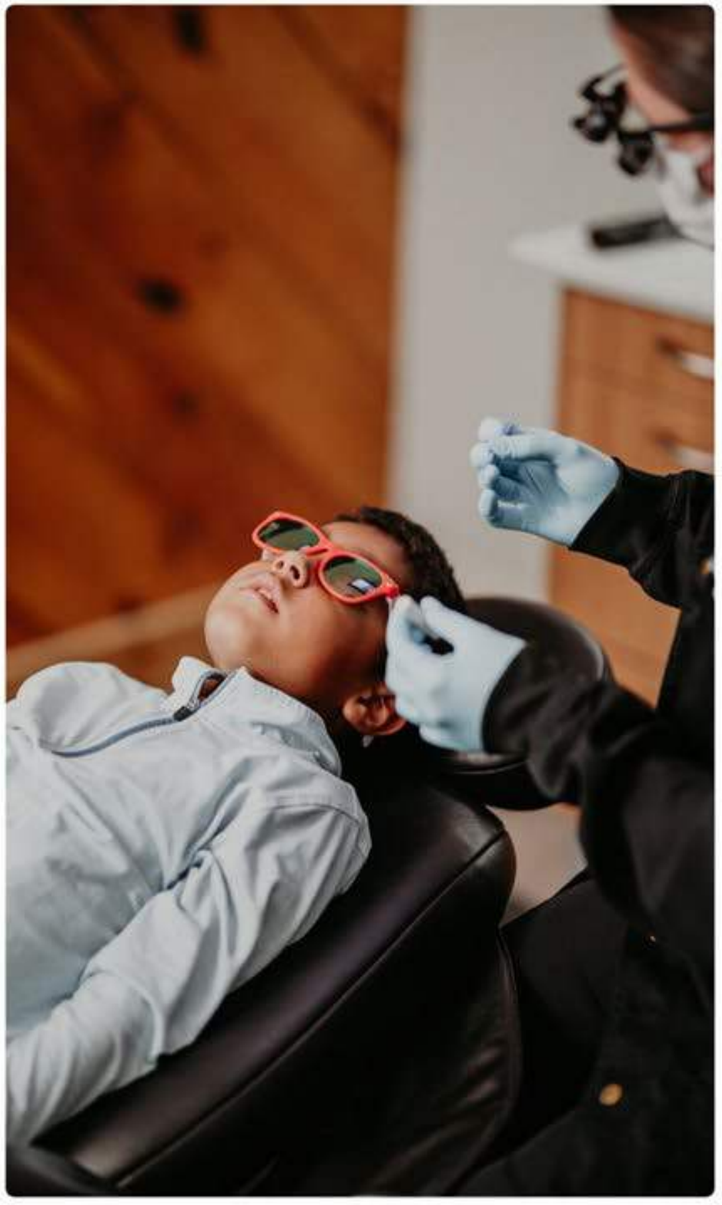
United Healthcare

PCOH
PA Coalition for Oral Health

Let’s hear from…

Dr. Jonathan Norris

The Future is Minimally Invasive:
Expanding Access, Preserving Teeth, and
Improving Practice Sustainability

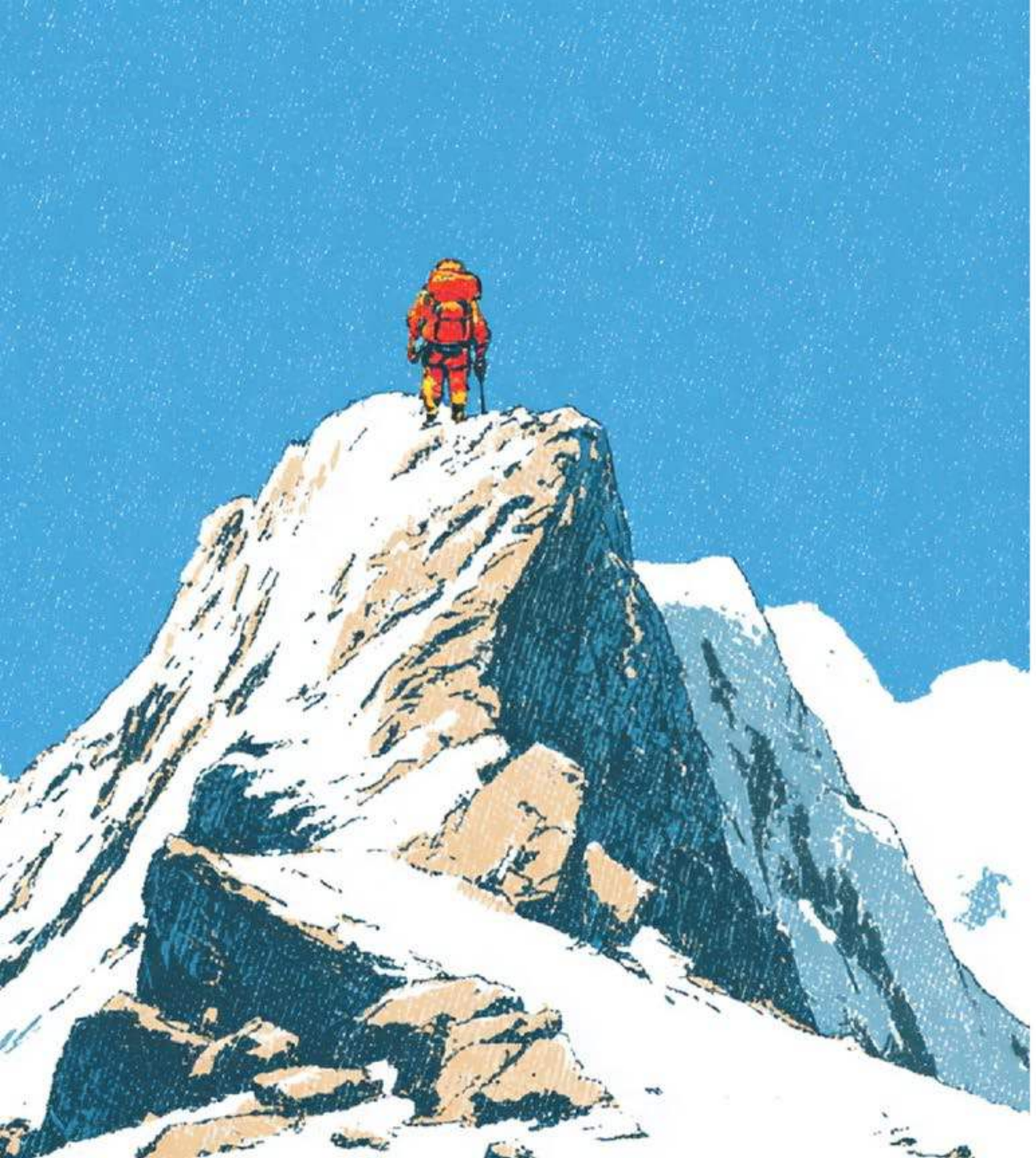


The Future is Minimally Invasive:

Expanding Access, Preserving Teeth, and Improving Practice Sustainability

Jonathan Norris, DDS • Diplomate ABPD

www.MontshirePD.com



Objectives

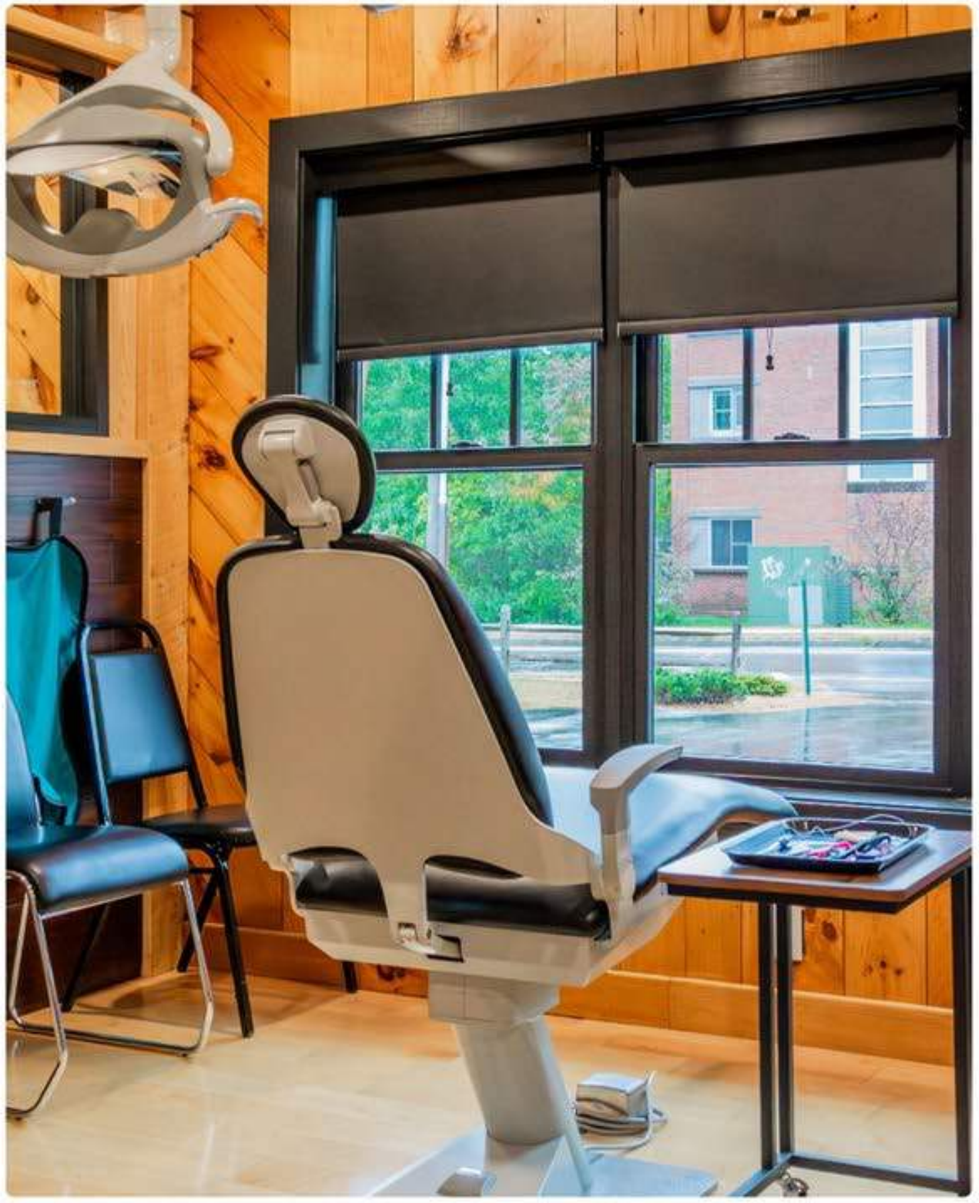
1. Educate on the benefits of minimally invasive practices in dentistry.
2. Discuss how MID fits into the future landscape of dentistry and healthcare transformation.
3. Describe the financial benefits and improved patient outcomes when prioritizing minimally invasive dentistry.

Disclosure Statement:

Research on these topics are on-going. We are constantly changing our practices given the presentation of new literature.

I have a financial interest: Montshire Dental, PC and Equity Dental, LLC.

I am not an expert – I am just a person trying to practice ethically.

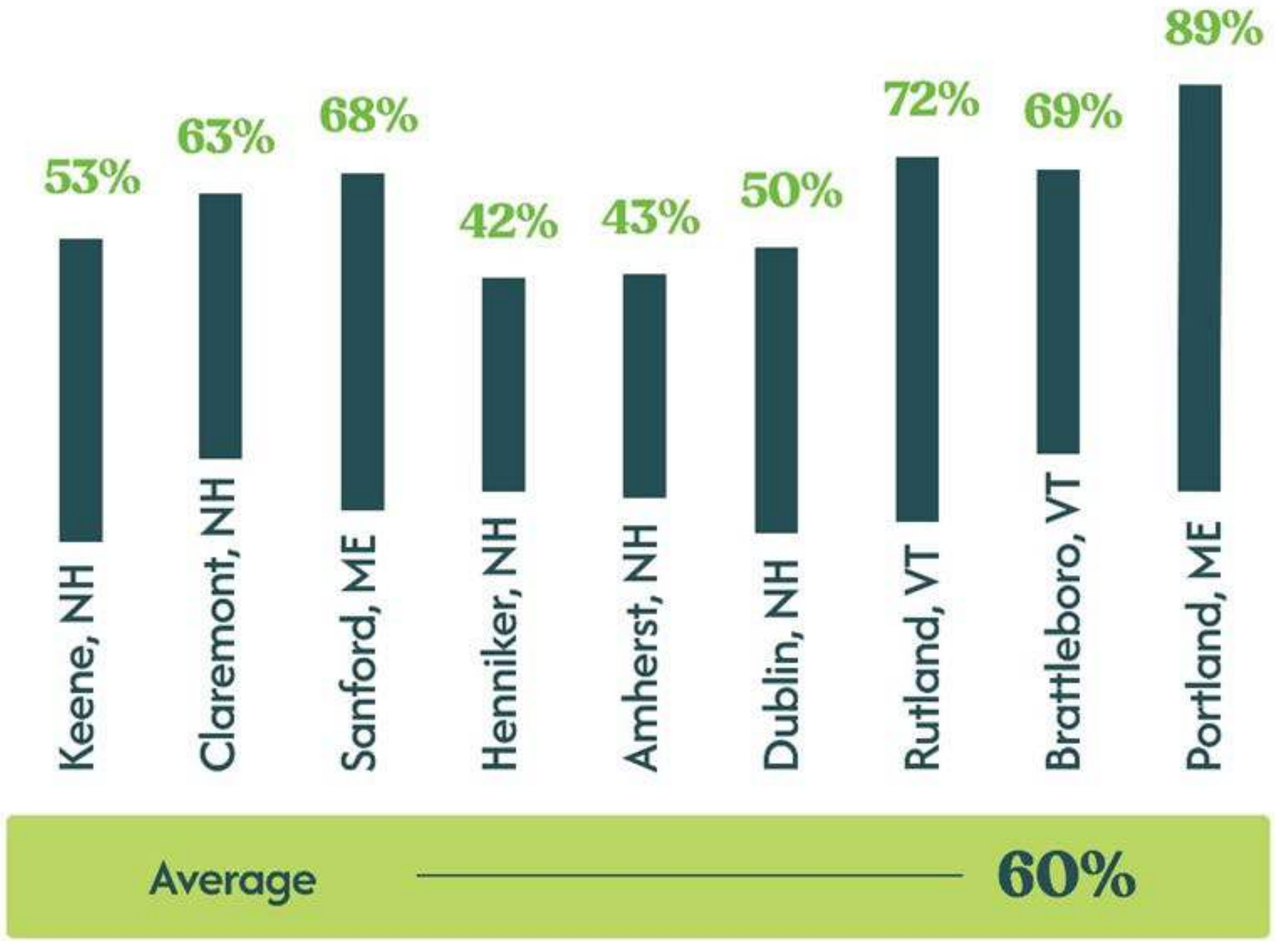


Overview

- Introduction
- Problem - Caries & Medicaid Cuts
- Solution = Dentistry's Penicillin Moment (MID)
  - Historical
  - "The New Dentistry"
- Medicine
- Model
- Benefits

Montshire
PEDIATRIC DENTISTRY
19
“Every Child is Welcome”

Montshire Medicaid Percentage



*As of 10/01/2025

The Problem

Congress targeting $600-880 billion in Medicaid cuts over the next decade

Medicaid dental covers 78 million Americans

47% of Medicaid children receive annual dental care

Only 1 in 3 dentists accept Medicaid

Medicaid reimburses at rates 34% below commercial insurance for children and 46% below for adults

Most practices view this as an unsolvable equation:

1. Accept Financial Losses
2. Limit or outright exclude these populations

What if the problem is NOT Medicaid but our approach to serving Medicaid Patients? What if we could design a practice model where public insurance becomes not just viable BUT profitable in an era of reduced federal funding???

Historical Response

Surgery-first approach

↓

Standard response for 100+ years

↓

Focuses on repair of damage

↓

Can be effective, but...

↓

Frequently requires sedation in certain communities (children, special needs, etc.)

↓

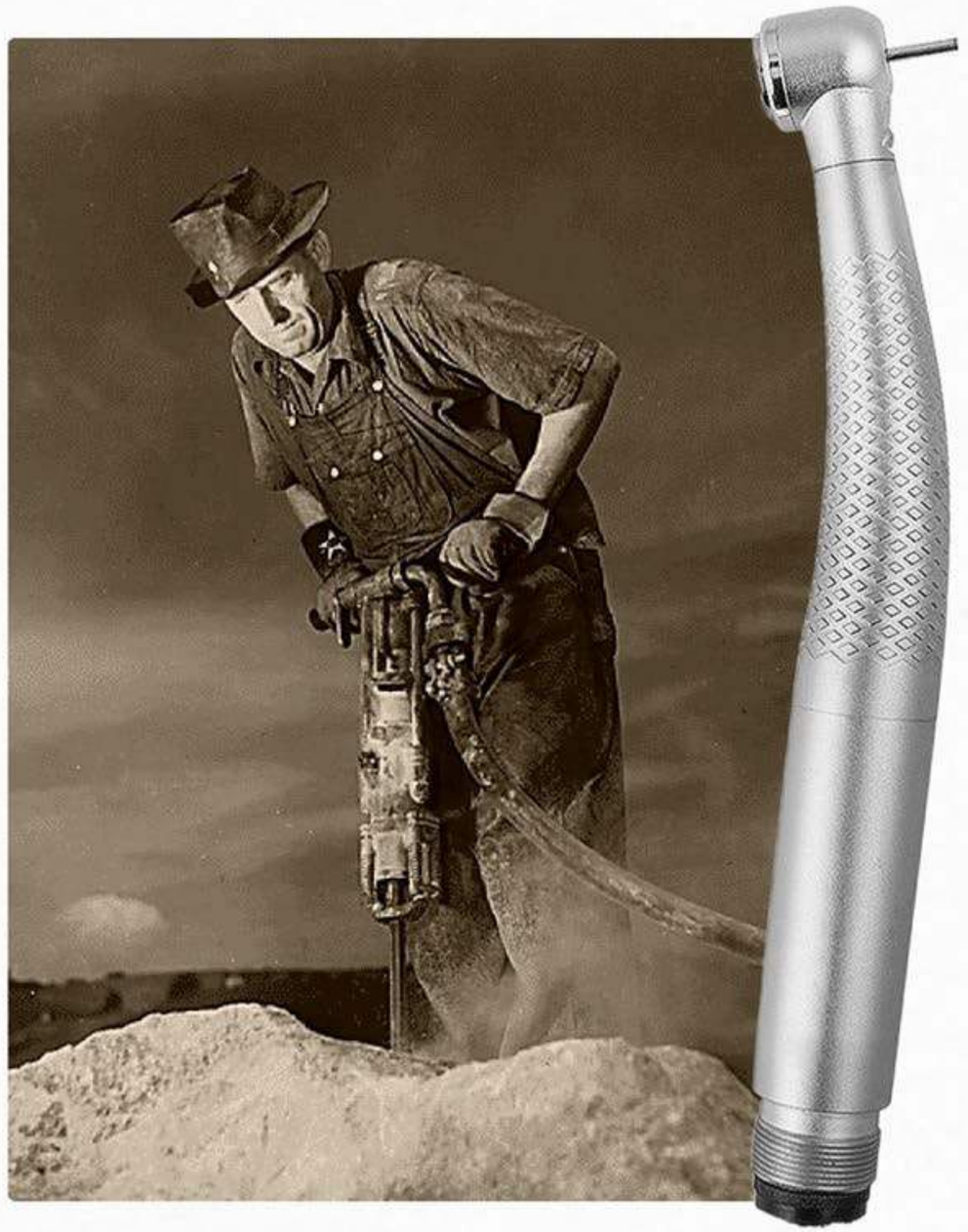
Often traumatic, leading to dental hesitancy

↓

Are there more opportunities for prevention?

↓

Can we treat tooth decay as the infection it is?



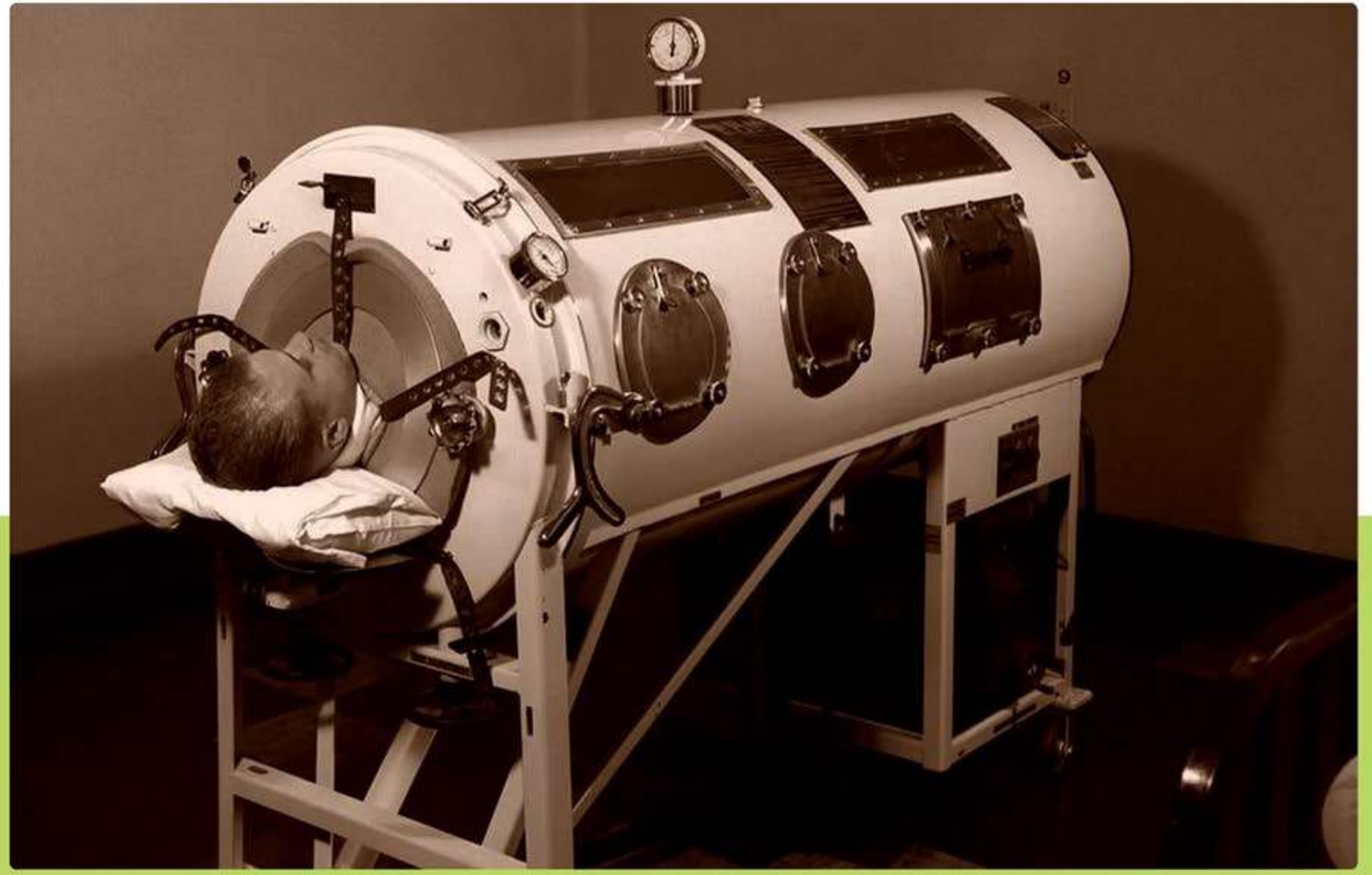
The Dentist's Dilemma: How Individual Incentives Conflict with Optimal Care

The dental industry suffers from a fundamental misalignment: dentists are trained as medical specialists but must operate as small business owners, typically without business education and carrying massive debt loads. State laws requiring dental practice ownership by licensed dentists, combined with dental boards composed of practicing dentists, create a unique industry structure where clinical and business decisions remain concentrated within the profession. This creates a self-governing system where treatment decisions naturally reflect the financial and operational realities of individual practices, rather than broader healthcare efficiency or population health objectives.

Traditional practices are perfectly optimized for their current model. Small teams (6 employees on average), manageable patient loads (average of 1500 patients - 250 patients/teammate), high-margin procedures that justify extensive surgical investments. **While minimally invasive dentistry benefits patients and payers, it requires dentists to transform from skilled technicians into high-volume business operators, serving more patients for potentially similar income.** Since dentists ultimately control treatment protocols, external stakeholders cannot force this transition. This structural resistance creates significant first-mover advantages for practices willing to make the transition.

Montshire averages 370 patients/employee with a target of 500+ patients/employee and Montshire dentists traditionally manage the care of 7000 patients each.

The End Stage of Infection



A mechanical respirator (aka - iron lung) used to treat patients with respiratory paralysis, during the polio era.

Understanding Minimally Invasive Dentistry: Dentistry's Penicillin Moment, from Surgical to Medical Treatment

100 years ago, simple bacterial infections routinely led to amputations and death. A small cut could become infected, spread throughout the body, and require limb amputation or prove fatal. The medical approach was purely surgical - cut out the infected tissue.

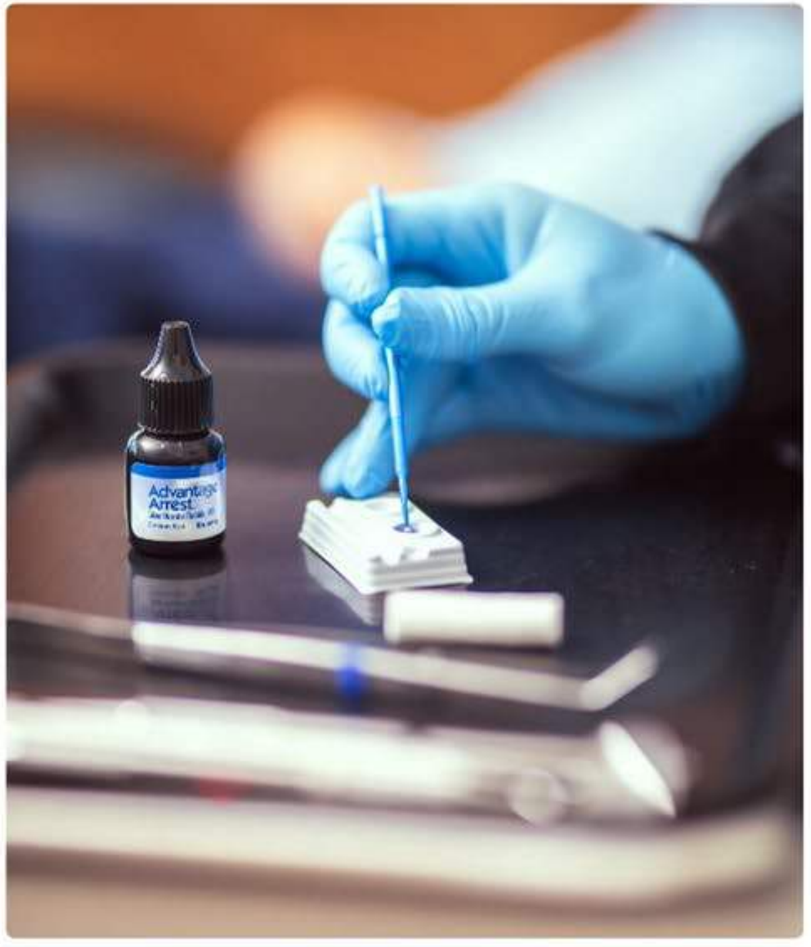
Then penicillin was discovered in 1928 and widely adopted by the 1940s. Suddenly, doctors could treat the underlying bacterial infection with medicine rather than surgery. What once required amputations could now be cured with a simple antibiotic.

Today in dentistry, we're at the same inflection point. For over 100 years, dental caries/cavities (caused by the most common infection in the world) has been treated surgically - "drill and fill" - just like infections were once treated with amputation.

Minimally Invasive Dentistry represents dentistry's "penicillin moment" - using medicine to treat the bacterial infection that causes tooth decay.

Just as we now consider it barbaric to amputate a limb for a simple infection that could be cured with antibiotics, future generations will wonder why we ever drilled healthy tooth structure when we could simply treat the underlying disease with medicine.

Surgical Management



Medical Management

Two Tools, One Goal

Do we need to choose between surgical and medical management, or can we use both tools wisely?

Let's expand our options.

Research-Science-Based Action

Silver Diamine Fluoride (SDF)

Fluoride Varnish

Glass Ionomer Cement (CIG)

Nano Hydroxyapatite

Arginine

PapaCarie Duo

Curodont

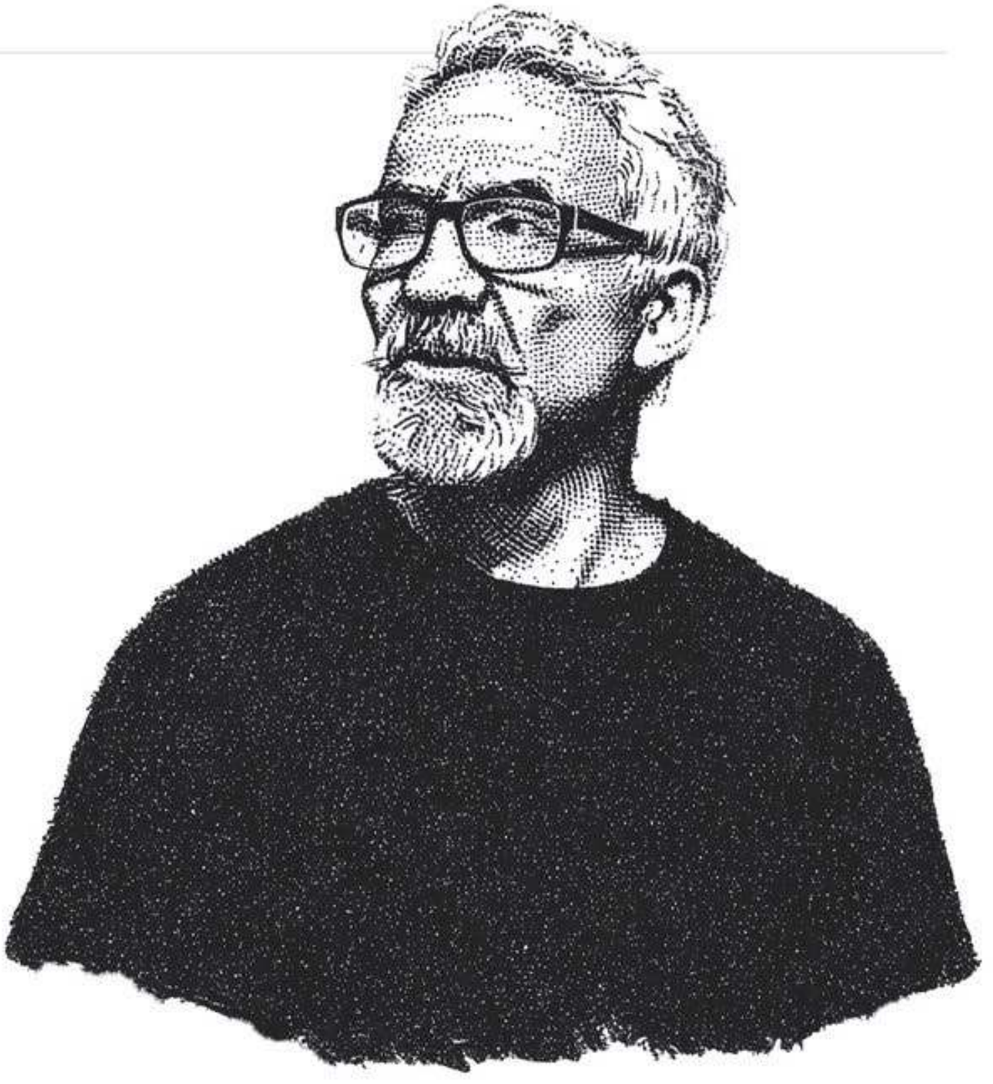
Povidone Iodine (PVP-I)

Medical Management of Caries (MMC) Evidence

"System level interventions to reduce utilization of general anesthesia to treat dental caries: a practice brief", Ludwig, et al, Journal of Public Health Dentistry, 2020. **Conclusion: 70% less general anesthesia necessary with MMC vs. with conventional care across many 0-5 year olds while also treating 6-18 year olds non-invasively.**

"Effectiveness of SDF in arresting caries- oral health related quality of life", Sirha, et al, Journal Canadian Dent Assoc, 2020. **Conclusion: SDF +FV arrests tooth decay by 96%. (Nothing in dentistry has ever been 96% effective against caries before!)**

"SDF Helps Prevent Emergency Visits in Children with Early Childhood Caries", Thomas, et al, Pediatric Dentistry, May 2020. **Conclusion: SDF helps reduce ER visits for children with EEC and dental emergencies were approximately 80% lower in the SDF group.**



Courtesy of Dr. John Frachella 👆

The Model

High-volume, Minimally Invasive

Clinical Efficiency

Redefined Team Roles and Capacity

Operational Efficiency Through Technology

Focus on Patient Experience

The Future of Dental Practice

High-Volume, Minimally Invasive Care

Established in 2018 - MPD provides a dental home for over 30,000 children throughout Maine, New Hampshire, Vermont, and Massachusetts.

- Patient Makeup
  - 60% Medicaid
  - 30% Private Insurance
  - 10% pay out-of-pocket for care

- Emphasize Minimally Invasive Care as initial treatment approach
- Incorporate traditional surgical techniques when clinically

Allows us to provide more care to more patients in less time with equal or better clinical outcomes

Montshire Pediatric Dentistry Outcomes: 2025 (January - Mid August)

Number of MID Treatments Performed

	D1354 (SDF/PVP-I)	D1351 (Sealants)	D2940 (Protective Restoration)	D2930 (Stainless Steel Crown / Hall Technique
Keene, NH	16,972	6487	2360	1403
Claremont, NH	12,109	3417	2055	679
Sanford, ME	13,244	5955	2231	679
Henniker, NH	4319	2082	585	369
Amherst, NH	3234	1563	433	267
Dublin, NH	3129	1575	470	201
Rutland, VT	6678	2277	1133	439
Brattleboro, VT	9500	3127	1420	499
Portland, ME	2182	2460	717	180
Total	**71,367**	**28,943**	**11,404**	**4716**

Clinical Efficiency

Quadrant Dentistry vs “The Bundle”

Provide Comprehensive Care

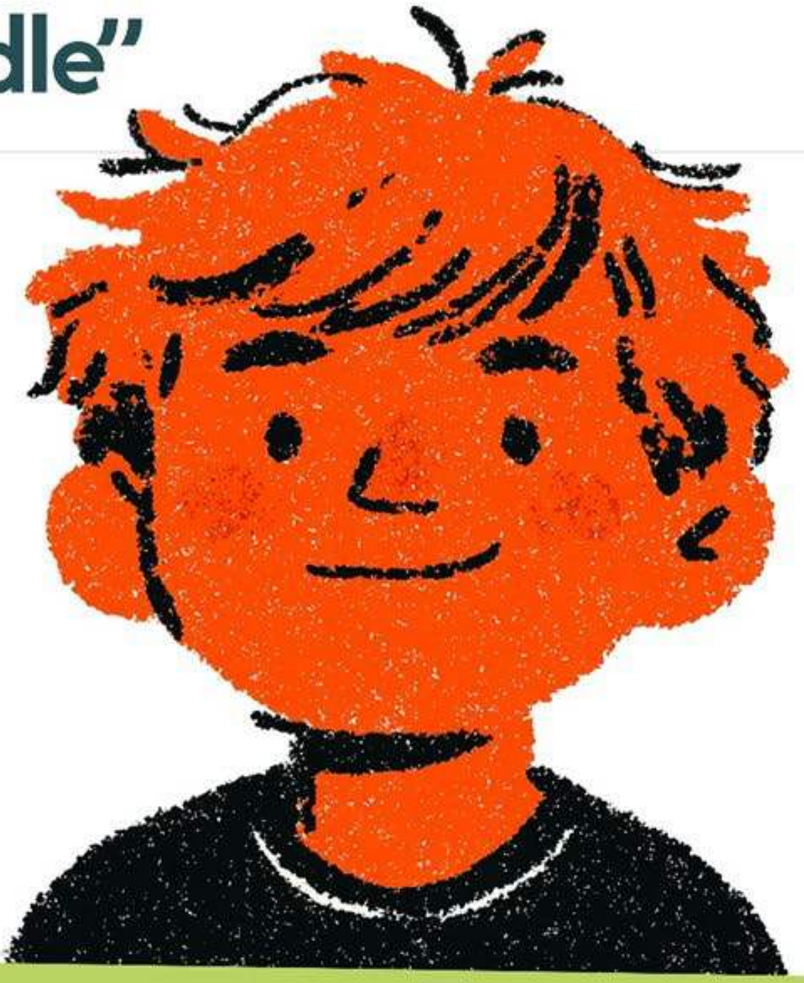
- Trauma care
- Ortho Evaluation
- Extractions
- Space Maintenance
- Caries Management

Clinical Efficiency Evident Chairside

- SDF → 1-2 minutes
- PVP-I → 20-30 seconds
- GIC → 2-3 minutes

Same Day Treatment During Routine Hygiene Visits

- Gentle nature and speed of these treatments allows multiple quadrants to be treated in one visit



Dental Caries affects 46% of children ages 2- 19

Medical Management creates an outsized impact on our overall efficiency

The Key Players

Dental Hygienists, Assistants, RNs, NPs, Dental Therapists, and Doctors

"The heroes"= The team

MMC is within their scope (varying degrees)

Huge impact

49 Pa. Code § 33.205 - Practice as a dental hygienist

(a) Scope of professional practice. A dental hygienist may offer to perform or perform services that involve:

1. Placement of subgingival agents.
2. Periodontal probing, scaling, root planing, polishing or another procedure required to remove calculus deposits, accretions, excess or flash restorative materials and stains from the exposed surfaces of the teeth and beneath the gingiva.
3. Evaluation of the patient to collect data to identify dental hygiene care needs.
4. The application of fluorides and other recognized topical agents for the prevention of oral diseases.
5. Conditioning of teeth for and application of sealants.
6. Taking of impressions of the teeth for athletic appliances.
7. Administration of local anesthesia by regional injection in accordance with § 33.115 (relating to local anesthesia permit).

(b) Prohibition against independent practice. A dental hygienist is prohibited from establishing or maintaining an office or other workplace for the provision of dental hygiene services separate or independent from the office or other workplace in which the supervision of a dentist is provided.

(c) Practice sites. A dental hygienist may engage in professional practice at the following sites under the supervision of a dentist as required in subsection (d):

1. In dental facilities.
2. In public or private institutions such as schools, hospitals, public health care agencies, nursing homes, mobile health units and homes for juveniles, the elderly and the handicapped.
3. In institutions under the jurisdiction of Federal, State or local health agencies.

§ 33.205a. - Practice as an expanded function dental assistant.

(a) Scope of professional practice.

1. An expanded function dental assistant may offer to perform or perform the following services:
    a. Placing and removing rubber dams.
    b. Placing and removing matrices.
    c. Placing and removing wedges.
    d. Applying cavity liners and bases.
    e. Placing and condensing amalgam restorations.
    f. Carving and contouring amalgam restorations.
    g. Placing and finishing composite resin restorations or sealant material, or both.
    h. Performing coronal polishing as defined in § 33.1 (relating to definitions).
    i. Performing fluoride treatments, including fluoride varnish.
    j. (x) Taking impressions of teeth for study models, diagnostic casts or athletic appliances.
2. Each of the professional services identified in paragraph (1) shall be performed under the direct supervision of a dentist.

(b) Prohibitions. An expanded function dental assistant may not perform the following procedures:

1. Complete or limited examination, diagnosis and treatment planning.
2. Surgical or cutting procedures of hard or soft tissue.
3. Prescribing drugs, medicaments or work authorizations.
4. Final inspection and approval of restorative and other treatment which affects occlusion and necessary occlusal adjustments.
5. Pulp capping, pulpotomy and other endodontic procedures.
6. Placement and intraoral adjustments of fixed and removable prosthetic appliances.
7. Administration of local anesthesia, parenteral or inhalational sedation, nitrous oxide analgesia or general anesthesia.
8. 8) Take impressions other than for study models, diagnostic casts or athletic appliances.

Operational Efficiency Through Scale and Technology

- AI Tools (i.e. OverJet)
- Automated Scheduling and Billing Systems (i.e. NexHealth)
- Teledentistry Tools and Platforms (i.e. MouthWatch)

The Results:

Improved Patient Experience

Montshire - Keene, NH
4.9 ★★★★★ 247 Google Reviews

Montshire - Dublin, NH
4.9 ★★★★★ 73 Google Reviews

Montshire - Rutland, VT
5 ★★★★★ 80 Google Reviews

Montshire - Henniker, NH
5 ★★★★★ 109 Google Reviews

Montshire - Amherst, NH
5 ★★★★★ 61 Google Reviews

Montshire - Portland, ME
5 ★★★★★ 58 Google Reviews

Montshire - Claremont, NH
4.9 ★★★★★ 230 Google Reviews

Montshire - Brattleboro, VT
5 ★★★★★ 65 Google Reviews

Montshire - Sanford, ME
4.9 ★★★★★ 99 Google Reviews

Montshire Pediatric Dentistry Outcomes: 2018 - 2024

Building Patient Trust Through Better Care

Keene, NH Location

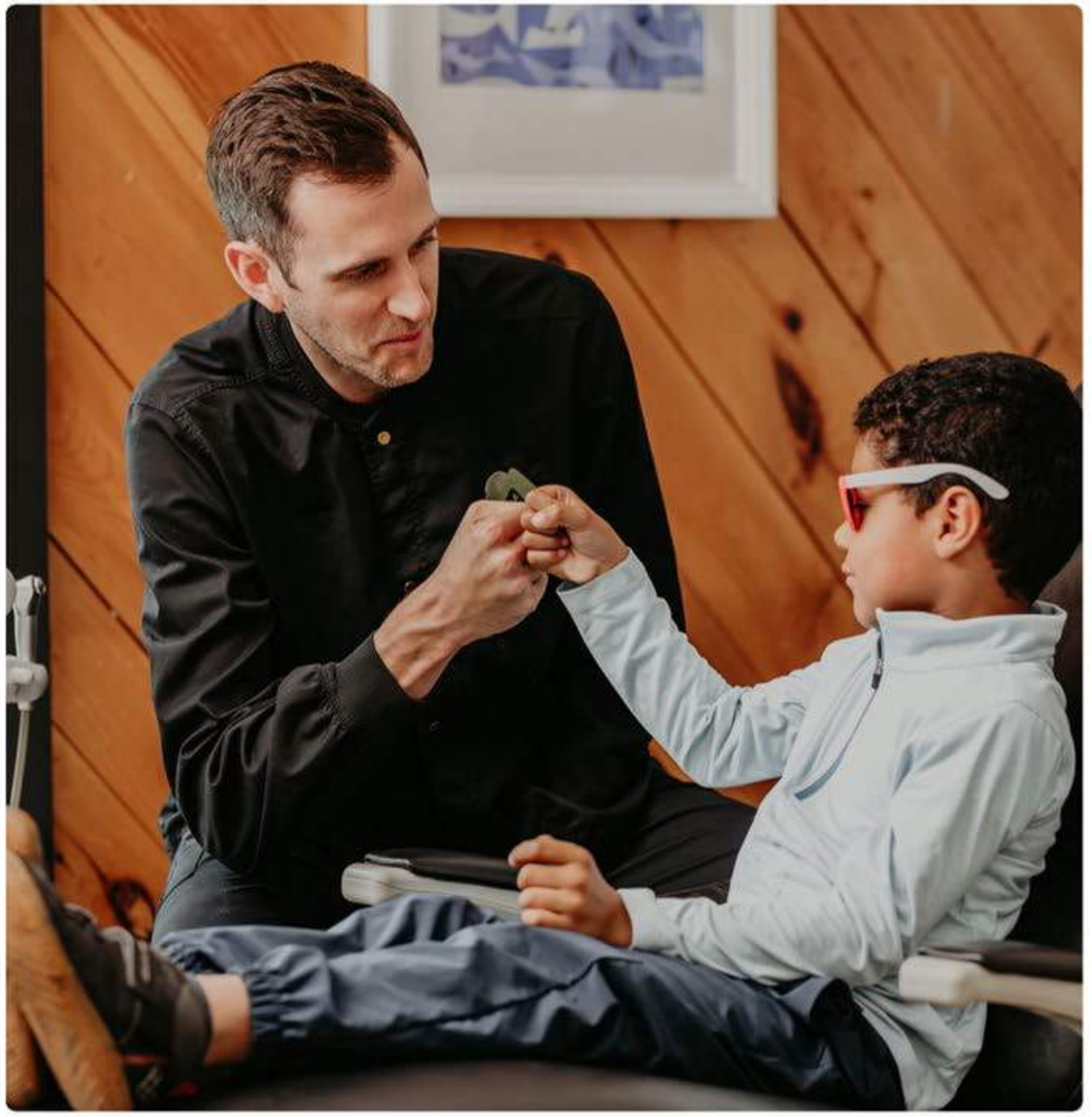
50,695 Scheduled Appointments

49,834 Completed Appointments

861 Broken Appointments

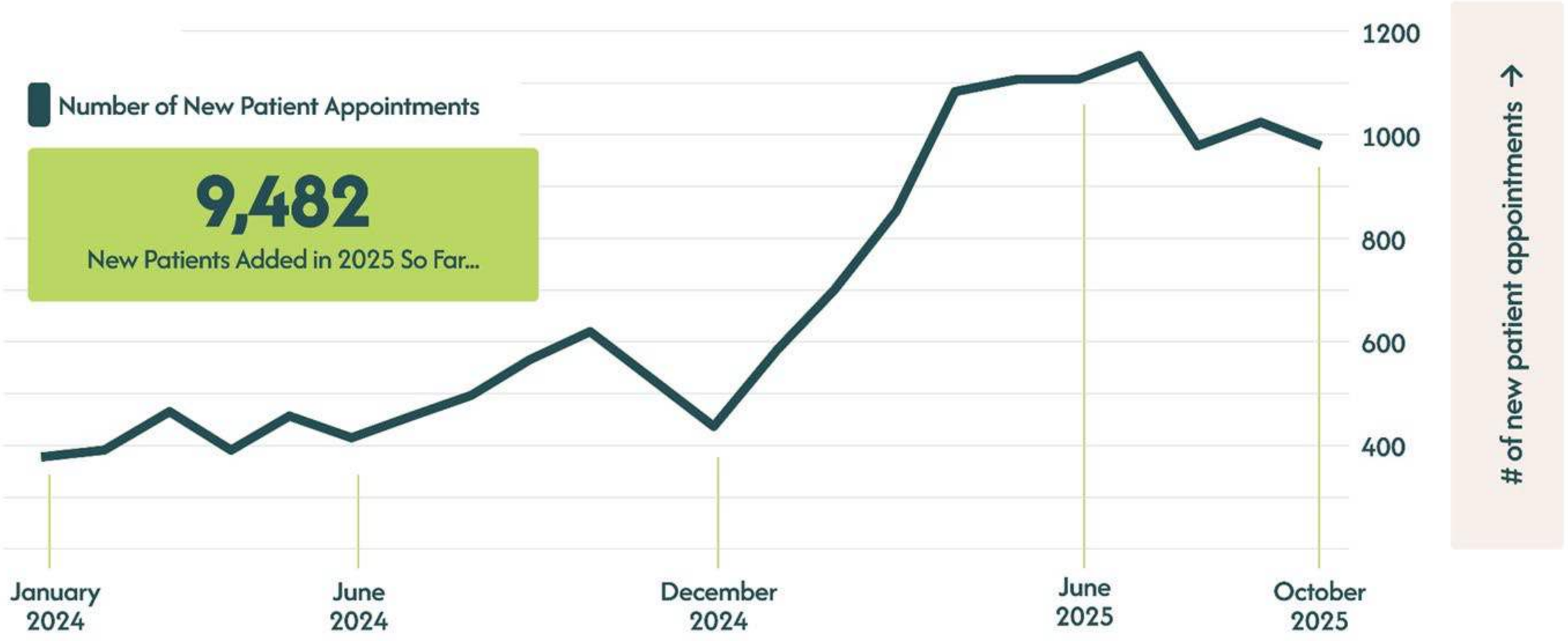
1.7% Broken Appointments / No-Show Rate

When patients feel valued and respected, they commit to their care.



Montshire Pediatric Dentistry Growth: 2024-2025

Number of New Patient Appointments Per Month



Benefits of Minimally Invasive Dentistry

Pain-free treatment, reduced anxiety and trauma: Eliminates need for injections and drilling in 90% of cases that require them in a traditional model

Faster appointments: From hour-long procedures to treatments completed in minutes.

Fewer appointments: Can treat multiple areas in single appointment, many issues can be addressed during routine hygiene visits

Better outcomes: Addresses root cause of disease rather than just symptoms, prevents recurrent decay, and repairs that last longer and assist in natural healing

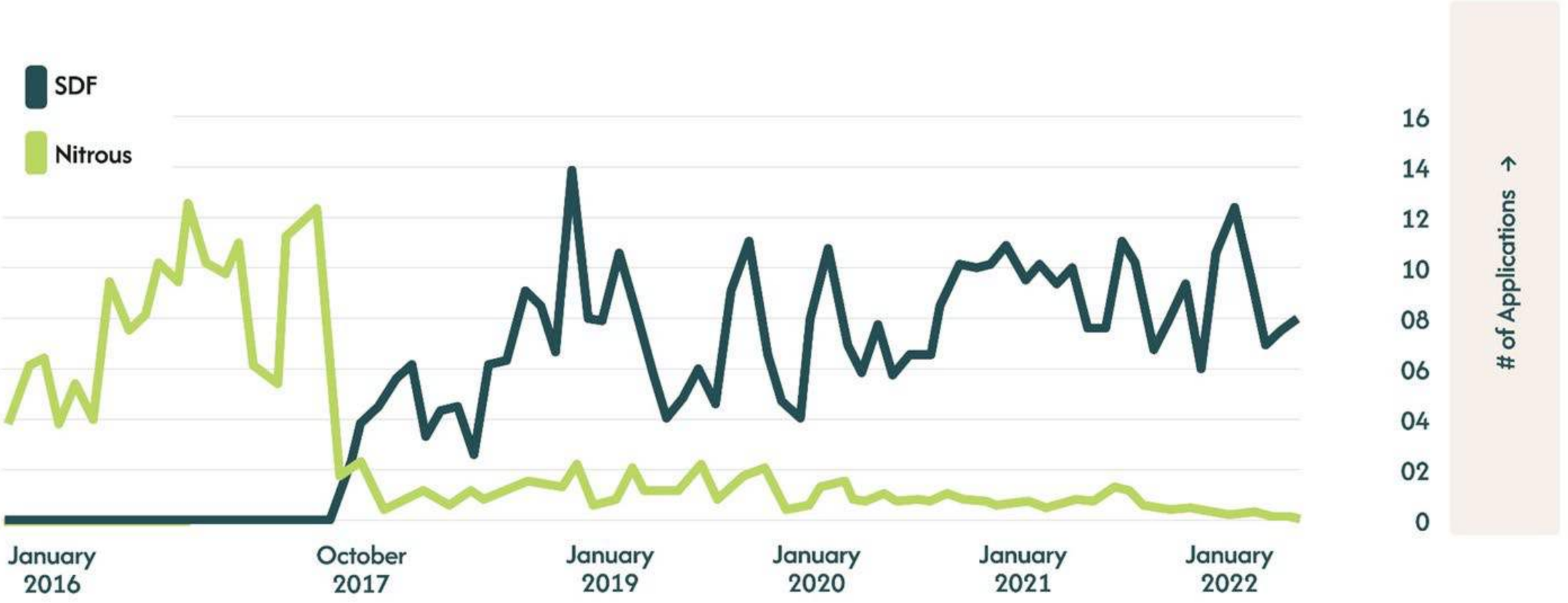
Cost-effective: Treatments cost a fraction of traditional alternatives

Better utilization of dental team: Allows for Dental Hygienists and Dental Assistants to treat many issues that previously required a dentist (and in a fraction of the time)

Minimally invasive dentistry represents a rare healthcare innovation that benefits everyone: superior patient outcomes independent of insurance status, enhanced efficiency that insurers value, and clinical excellence that has earned endorsement from premier dental institutions and researchers as the new standard of care.

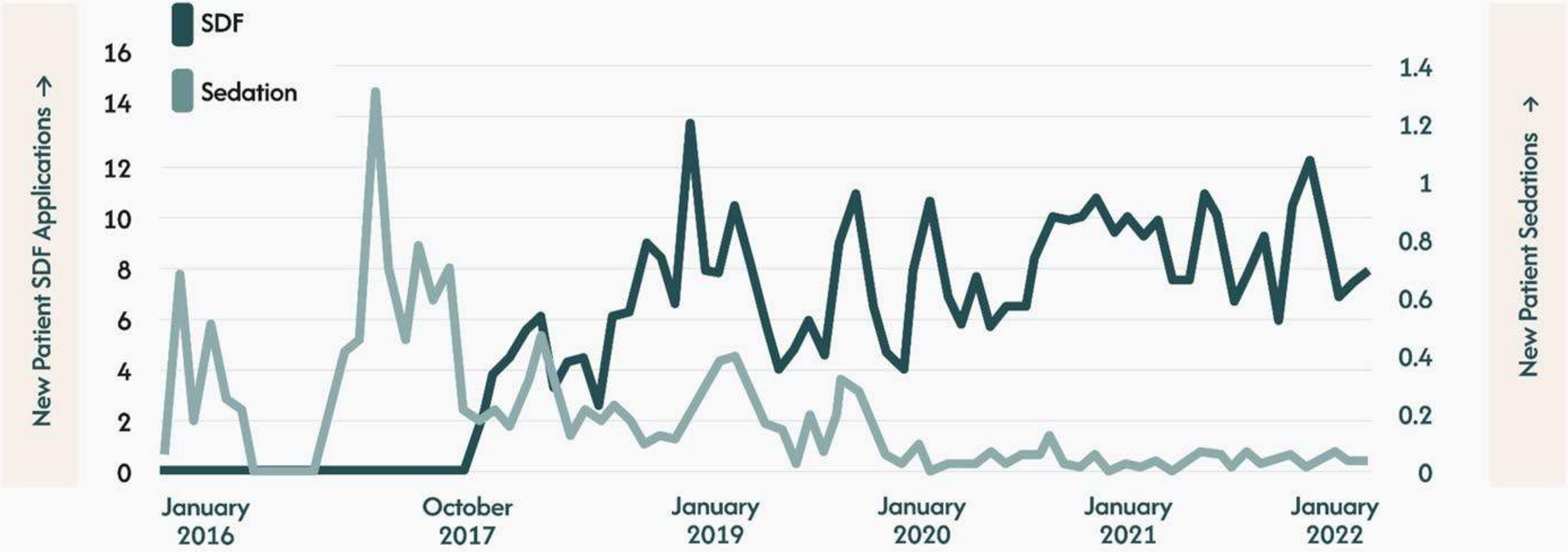
Montshire Pediatric Dentistry Outcomes: 2016-2022

SDF & Decreased Use of N2O



Montshire Pediatric Dentistry Outcomes: 2016-2022

New Patients: SDF & Decreased Sedation



The Investment

How to Transition

Education - Evidence Based

Unwavering Conviction = Trust the Science

Calibration - SOPs

Materials

Equipment

Teledentistry

DeNovo

Acquisition / Conversion

Financial Considerations

You May Lose Money Transitioning Initially

Form **8879-S**

Department of the Treasury
Internal Revenue Service

IRS e-*file* Signature Authorization for Form 1120S

► Return completed Form 8879-S to ERO. (Don't send to IRS.)
► Go to *www.irs.gov/Form8879S* for the latest information.

For calendar year 2018, or tax year beginning _____, 2018, and ending _____, _____.

OMB No. 1545-0123

2018

Name of corporation

Montshire Pediatric Dentistry, PC

Employer identification number

[redacted]

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	58,284.
2	Gross profit (Form 1120S, line 3)	2	2,149.
3	Ordinary business income (loss) (Form 1120S, line 21)	3	-145,288.
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	-145,538.

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2018 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for

Financial Considerations

But if you do the right thing for the right reason, the money will follow...

MONTSHIRE PEDIATRIC DENTISTRY PC
Statement of Income and Expenses - Modified Cash Basis
Dec 1-31, 2024

	Dec 1-31, 2024	% of Income	Jan 1-Dec 31, 2024 (YTD)	% of Income
Ordinary Income/Expense				
Income				
Fee for Service	324,658.72	100.08%	4,167,976.17	100.49%
Refunds	-286.38	-.08%	-20,394.86	-.49%
Total Income	**324,372.34**	**100.00%**	**4,147,581.31**	**100.00%**
Cost of Goods Sold				

Montshire Pediatric Dentistry Outcomes: 2015 - 2024

Better Care Reaches More People

Claremont, NH Location

2015 – 2017	2022 – 2024
• 1741 Active Patients	• 5599 Active Patients
• 4.5 Doctor Days	• 1 Doctor Day

Grew 321% while reducing Doctor time by 78%

Unpublished Paper - 2025

Does it work?

IMPLEMENTING MINIMALLY INVASIVE DENTISTRY IN A CONTEMPORARY PRIVATE PEDIATRIC PRACTICE

Objective: Minimally invasive dentistry has increased across the world. A primary goal is to preserve tooth structure and arrest caries progression. Current evidence suggests that this approach can delay or even avoid the need for advanced dental procedures. For children, these trends are highly relevant. While most work in implementation science examines public health clinics, the objective of this descriptive study was to evaluate a minimally invasive program in a private pediatric practice in the northeastern United States.

Methods: Child-level demographic and visit-level procedure data were collected from Montshire Pediatric Dentistry's electronic health record from August 16, 2018, through June 30, 2025. For each child with one or more clinic visits, every treatment visit was categorized into one of three categories: disease management, restoration, or significant treatment. Children were stratified by their caries subtype classification described by Gormley et al. (2022), ranging from Class 1 (pit and fissure disease on second primary molars) to Class 5 (lesions on nearly every primary tooth). Summary statistics for continuous variables were described as means and standard deviations (SD) and categorical variables as frequencies and percentages.

Results: A total of 8857 children were included. The mean number of disease management procedures ranged from 6 (SD=5) for Class 1 children to 15 (SD=13) for class 5 children, and the mean number of restorations ranged from 0.26 (SD=0.68) for class 1 patients to 1.91 (SD=2.21) for class 5 patients. Only 4.6% of class 1 children required treatment escalation (mean=661 days after initial treatment) whereas 27% of class 5 children required treatment escalation (mean=652 days after initial treatment).

Conclusions: **This minimally invasive treatment program provided children with a successful alternative to treating their dental caries. Fewer than one-quarter of all children required subsequent treatment following disease management. Additional research using implementation science frameworks could scale this model of care delivery.**

Unpublished Paper - 2025

Does it work?

SERVING RURAL COMMUNITIES, COPING WITH MEDICAID CUTS, AND HAVING A SUCCESSFUL PRACTICE: CASE STUDIES FROM THE NORTHERN NEW ENGLAND AND OREGON

Background: Medicaid dental programs face potential challenges with anticipated federal funding cuts. Traditional fee-for-service models have struggled to serve all Medicaid populations effectively.

Methods: This case study examines two successful dental practice models serving Medicaid populations: Equity Dental in Oregon operating under capitation-based care for 65,000 enrollees across 15 counties, and Montshire Pediatric Dentistry serving 28,000 children across Northern New England with 59% Medicaid utilization. Both practices implement minimally invasive dentistry and medical management of caries as core strategies.

Results: The Oregon model demonstrates sustainability despite capitation rate decreases since 2021, maintaining 40-60% patient utilization. The Northern New England model achieves operational efficiency through high-volume care.

Conclusions: **Practices utilizing minimally invasive techniques, medical management of caries, and population health approaches demonstrate resilience against policy changes and funding cuts. High-volume Medicaid participation enables economies of scale."**

Case Study

SDF Cost vs Revenue Generated

Pennsylvania reimbursement for one application of SDF (D1354) = $25

Advantage Arrest = $0.92 per drop • $230 per bottle

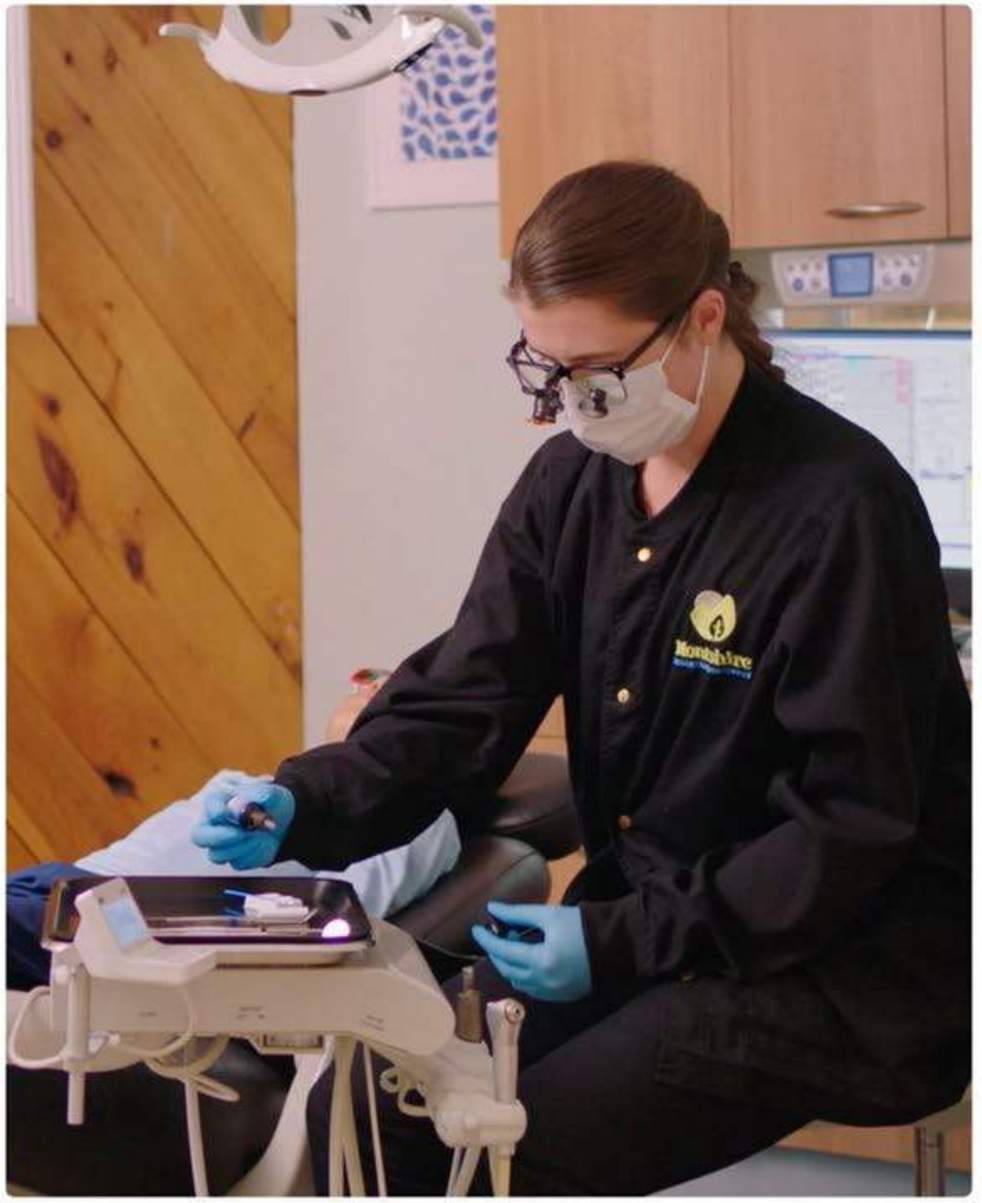
250 drops in one bottle

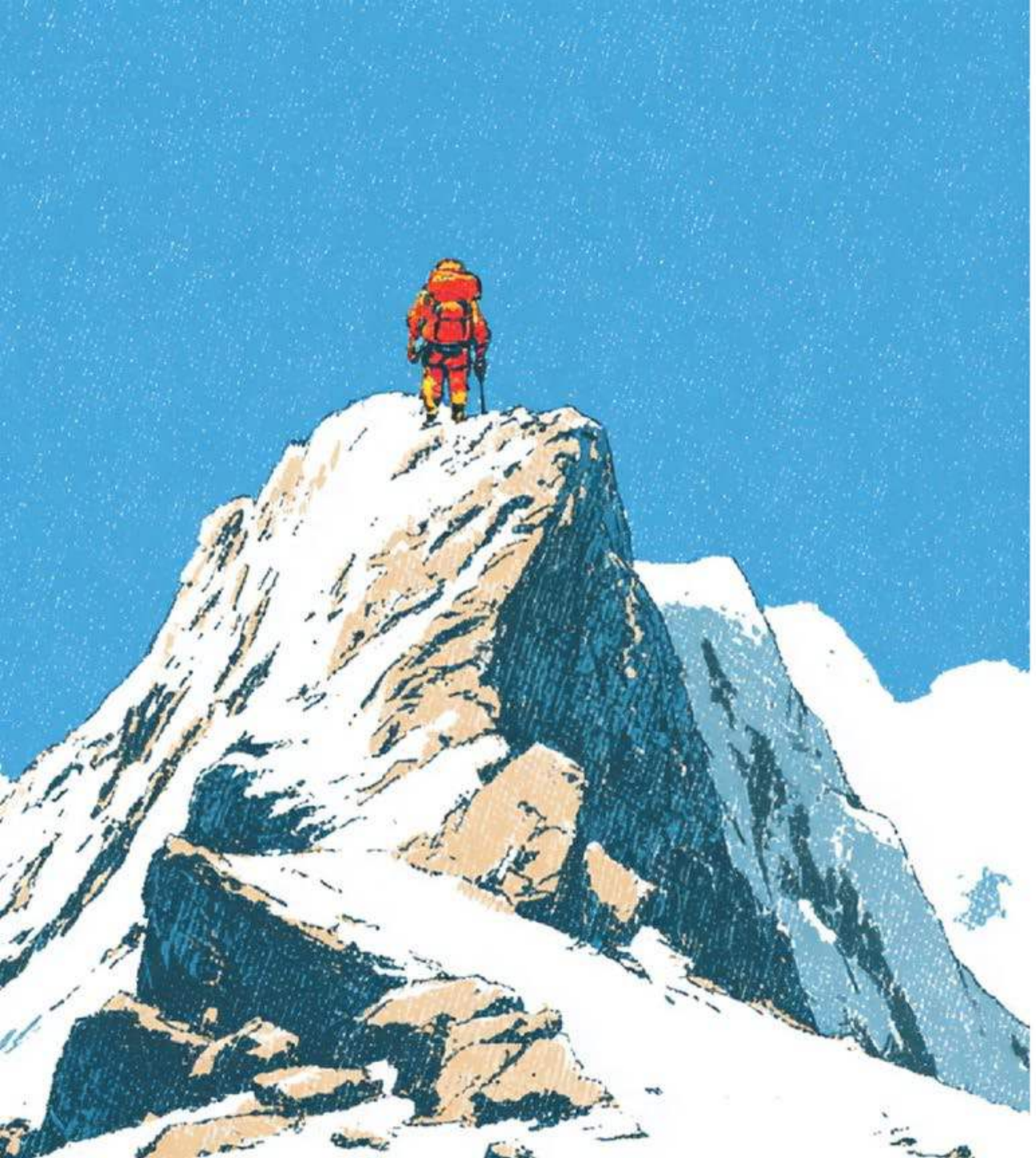
One drop can treat 5 teeth

Best case scenario = 250 drops x 5 teeth x $25 = $31,250

Worst case scenario = 250 drops x 1 tooth x $25 = $6250

In 2024 Montshire spent $21,340 on SDF and we generated $926,212.53 in revenue





Objectives

1. Educate on the benefits of minimally invasive practices in dentistry.
2. Discuss how MID fits into the future landscape of dentistry and healthcare transformation.
3. Describe the financial benefits and improved patient outcomes when prioritizing minimally invasive dentistry.

Questions?

feedback@montshirepd.com

Jonny Norris

165 Winchester St, Keene NH 03431

603-354-3895

Schedule a Free CE Lunch and Learn

- Patient-centered communication skills
- Silver diamine fluoride updates
- Caries risk assessment made easy and convenient
- Teledentistry tools and strategies
- At-home therapies for moderate to high-risk patients
- Novel antimicrobrial coatings

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Impressions and Reflections

- Bright Spots
- Areas to Develop and Strengthen
- What Was Missed?

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TRANSFORMING SYSTEMS TO STRENGTHEN SMILES

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PCOH
PA Coalition for Oral Health

See you next time!

- November 3 -4, 2027
- November 7 -8, 2029