



Dear Health Policy Committee Members,

Greetings! My name is Dr. Phillip Annis, I am a dentist and owning partner of Kent Family Dental, a dental practice in Grand Rapids. I would like to offer some thoughts on a bill that you may soon be voting on. Bill 1013 has been introduced in our state legislature, proposing the creation of a mid-level "dental therapist" in Michigan, to improve access to dental care for high-need populations. These individuals would be certified to do invasive dental procedures currently only performed by licensed dentists. While having good intentions for our state, this bill has been proposed on the assumption that there are not enough existing and potential future dentists in Michigan, which is not true. Addition of a mid-level dental therapist to patch the problem is unethical, and the certification will be abused at great costs, both financial and in the health of our Michigan residents.

Let me clearly state that I understand firsthand the challenges that patients and dentists face in underserved populations. Both my wife, Dr. Miranda Bickel, and myself, are dentists employed by a Federally Qualified Health Center (FQHC) in Newaygo County (Dr. Bickel is employed full time, and I work part time in addition to my practice in Grand Rapids). In Newaygo we are serving precisely the type of patient population that Bill 1013 aims to aid. It is certainly true that we are overloaded with high-need patients, and lack the necessary providers to care for them. However, the dental therapist is not a solution to this problem.

The most worrisome aspect of this proposal is the quality of care for the target population. Currently, only licensed dentists are allowed to perform invasive dental procedures; this is a long-standing law that protects individuals from substandard care and dangerous dental malpractice. Adequately treating the underserved population will be an impossible challenge for someone with discounted training. A vast majority of these patients have not received regular dental care for most of their lives. Accordingly, they suffer not from a few small, simple cavities (the type which the dental therapist is most suited to restore), but from mouths full of tooth decay, extensive periodontal disease, infections and abscesses, and several missing teeth. In addition, their overall health is often poor, they are commonly suffering from several medical problems and on several medications. This is no exaggeration; these patients are the standard in underserved populations. As a dentist who works both in an urban private practice and in a rural public health clinic, *I can tell you with absolute certainty that these patients are the most difficult to treat, by a large margin.* Allowing a dental therapist to attempt treatment on these patients would be highly unethical, substandard care. The dental therapist will not have the extent of dental or medical education to safely and adequately perform treatment on these patients! Each procedure must involve the dentist to ensure the basic safety of the patient, and so the dental treatment will help support successive treatments. For example, a dental therapist can undoubtedly place a "simple" filling, but they will lack the expertise to make sure that the restoration will support a partial denture in the future. This will result in countless dollars and hours wasted on futile dental procedures.

Another worrisome complication of legalizing the dental therapist is the risk of abuse by unethical dentists and, especially, for-profit dental corporations. In our state, there are large, profit driven franchise corporations that coerce their providers into promoting expensive and often unnecessary treatments on unsuspecting patients. Many of these offices are focused on achieving monetary goals regardless of patient needs. If dental therapists are allowed in Michigan, it will only be a matter of time until these corporations find loopholes to exploit them *in huge numbers* as a cheap labor source to provide ethically questionable treatments. As written today, the proposed bill would prohibit such employment, but these corporations have the finances and resources to lobby for changes that will allow them to employ mid-level therapists. They will be used to abuse state sponsored insurance plans such as Healthy Michigan, Healthy Kids, and Medicaid, and the patients themselves.

Another challenge to the implementation of the dental therapist will be encouraging them to practice *and continue to practice* in high need rural areas and low income populations. This is the same challenge faced when trying to attract dentists to public health clinics and areas away from the lure of bigger cities. Adding another type of provider will not solve the problem. Many individuals contemplating becoming a dental therapist will not want to go through several years of education only to be confined to rural areas and low





income populations for the rest of their career! Those who do complete the certification will push to move closer and closer to populated areas, and work at better paying offices with higher income patients. This is inevitable; it's basic human behavior and economics. We cannot trick ourselves into believing we can contain this position to a small niche, or we will soon be facing the same problems all over again.

What, then, are the possible solutions to our access to care crisis? There are several. First, enticing dentists to work with underserved populations is possible – the potential exists, but it has been poorly executed. The group hungriest for opportunity are recent dental school graduates, who are highly motivated by the prospect of reducing their student debt. Consider that the average new dentist owes over \$250,000 in student loans! One of the biggest concerns for new graduates is getting out from under that debt quickly, so that they can have more freedom later in their career. Many of these new doctors are poorly informed of opportunities like the National Health Service Corps Scholarship and Michigan State Loan Repayment Program, which provide loan assistance to those serving high need populations. Further, for those who apply, there is no guarantee that they will receive the funding, and it usually takes over a year of employment to receive funds if selected. Loan repayment through the NHSC and MSLRP needs to be *guaranteed* and available when employment commences, not a year later. The amount of loan reimbursement, as well as regular salary, needs to be enough to persuade dentists away from cities and private practices.

Another opportunity is to increase the productivity of existing dentists by increasing the abilities of Registered Dental Assistants (RDA's) to mirror the abilities the "Expanded Function Dental Assistants" (EFDAs) in other states. Currently, RDA's can legally perform tasks such as placing certain fillings after the dentist has removed decay and prepared the tooth, making and placing temporary crowns, and taking dental impressions. Allowing appropriate additional capabilities, with proper education, and enticing these RDAs to work in underserved populations would greatly increase the productivity of the dental team. The dentist would be able to have more team members to assign tasks to, while also keeping an intimate connection with the details of each patient's treatment during every appointment.

A third possibility would be the creation of more residency programs targeting underserved populations. Many new dentists feel the need for additional training, and this would be a perfect opportunity for them to do so while also improving access to care in Michigan. New facilities and programs that offer students a one or two year-long residency would take advantage of the skills of their resident doctors, while providing additional training in return.

Mid-level dental therapists are a controversial topic in dentistry nationwide. I urge you to speak with dentists in your district, and not to ignore the insight of those with years of experience in this profession. I hope that we are soon able to provide better access to dentistry in Michigan, but allowing dental therapists in our state will not achieve our long term goals. Please cast your vote keeping in mind that we will be leading by example for many other states. It's important that we become a model for progress, not ineffective measures.

Sincerely,

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