Written Testimony for the Senate Majority Policy Committee Hearing

Rural Dental Care

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Chairman Argall, Members of the Committee,

Thank you for the opportunity to testify today on the state of rural dental care in Pennsylvania. My name is Jessica Brennan, and I serve as a Public Health Dental Hygiene Practitioner (PHDHP) at a one-chair dental clinic embedded within St. Luke's Rural Health Center in Tamaqua, Schuylkill County.

Our clinic was recognized in 2023 with an Oral Health Champion Award by the Pennsylvania Coalition for Oral Health for our work addressing rural dental needs, a reflection of the commitment and collaboration it takes to meet these challenges head-on.

Each day, I provide preventive care to patients who face barriers that have little to do with personal choice, and everything to do with geography, economics, and systemic gaps in access. From children in local Head Start classrooms to seniors in long-term care, I see firsthand how rural communities struggle to obtain even the most basic dental services.

What Rural Dental Care Looks Like

In Tamaqua, many patients wait months to years for an appointment. For urgent needs like extractions or pediatric sedation, we often have nowhere to send them locally. Patients are forced to travel 45 minutes to over an hour, often with no transportation, only to face long waitlists or providers who don't accept Medicaid.

We've had children with abscesses miss school because no one could see them. We've had elderly patients with broken teeth or dentures forced to give up meals they love or go on soft diets. These are not rare cases; they're weekly occurrences. This is the reality of rural dentistry in Pennsylvania.

But it goes deeper than access alone. We are also battling a lack of value and education around oral health. The lack of dental care in the community has made dental care feel like a luxury, not a basic right. Many patients have never been taught the importance of preventive care, or have had traumatic dental experiences that make them fearful to return. I feel grateful every day that I can help shape a different relationship for the children I serve, helping them view dental care as something positive, not scary. I hope that translates into a lifelong value for their oral health.

It is heartbreaking to see the sad norm that walks through our doors. Rampant decay is common among so many patients, both children and adults. We are trying to put out a fire with a garden hose, and some days, it feels like the fire is spreading faster than we can contain it. Yet, this situation is 100 percent preventable with proper education and preventive care. We frequently see adults with dental infections so severe that they are at risk of becoming septic or requiring urgent surgical intervention. These are true medical emergencies caused by an access-

to-care crisis that leaves patients with nowhere to turn until their condition reaches a dangerous point.

One of the biggest challenges we face is that oral health is often forgotten, simply because the mouth is hidden. But we would never walk around with another visibly rotting body part, allowing a contagious disease to spread unchecked. Yet every day, I see patients with advanced dental infections, a preventable, infectious disease left untreated because the mouth is not prioritized in our healthcare system. The mouth is the gateway to the body, and oral disease impacts systemic health in ways we can no longer afford to ignore.

The Role of a PHDHP and Our Rural Clinic Model

I began working at the St. Luke's Rural Health Center in Tamaqua in September of 2019. Our center is designed to provide care to the community regardless of ability to pay, and dental care was a critical gap St. Luke's identified.

In 2019, we received an HRSA grant to begin building dental services from scratch, and in doing so, uncovered a problem that much larger than we ever knew. Word spread quickly through the community that dental care was finally available, and almost overnight, we were flooded with calls from patients in pain and families desperate for care. The overwhelming demand and unmet need became clear the moment we offered even the most basic services.

We started with a portable dental chair, working out of a basic room with very limited equipment. Over time, we've grown to having a permanent one-chair dental clinic embedded within our primary care office, a model that fosters excellent collaboration with our medical staff and with the family medicine residents who rotate through our rural training program. This medical-dental integration allows us to address patients comprehensively and leverage the trust that already exists between patients and their primary care teams.

We now have a part-time dentist working in our clinic, but demand has vastly outstripped our capacity. Currently, she is booked out two years for basic restorative care, and the clinic is so overwhelmed that we can no longer accept new patients. We receive, on average, over 100 calls a month from individuals in the community many in dental pain asking if we are accepting new patients or if they can be seen.

Emergency Department Collaboration

One of the strengths of working within the local electronic medical record (EMR) system is that we have developed a pipeline with the Emergency Department (ED). We routinely receive referrals from the ED for patients who have sought care there for dental pain or infection.

Our clinic works to follow up with these patients after their ED visit, to manage the next steps of their care and to help them navigate a complex and often fragmented dental system. Whenever we have last-minute cancellations or openings, we prioritize these ED follow-up patients and others in acute pain in an effort to reduce community burden and prevent future ED visits.

Teledentistry Innovation

In my role, I have also had to think creatively about how to expand access with limited resources. One of the ways I do this is by using teledentistry to help extend the reach of our

dentist and improve care coordination. I screen patients, take diagnostic x-rays and intraoral photos, and then work with the dentist to review these cases asynchronously. This allows us to essentially have the dentist in multiple places at once, and ensures that patients can be connected to the care they need. In a rural setting where transportation, staffing, and availability are constant challenges, teledentistry has become a vital tool for bridging the gap.

Personal Stories from the Field

The very first child I saw when we began providing cleanings and screenings at Head Start had an abscess. Fortunately, she was not yet in pain, and I was able to quickly connect her to care—potentially preventing an Emergency Department visit and the trauma that can come with it.

In local nursing homes, we see another deeply underserved population. Many assume these patients no longer have natural teeth. Yet many do, and without proper preventive care, their oral health deteriorates rapidly. This directly impacts their medical health, nutrition, and quality of life. And again, there are very few options for getting these residents timely, appropriate dental care. The Medicare population slips through the cracks as well, with inadequate dental coverage and few providers who will accept their insurance.

I was also honored to serve as a hands-on screener for Pennsylvania's first-ever Basic Screening Survey, an initiative to gather data on the prevalence of decay among third-grade students across the Commonwealth. It was eye-opening to see how many children in our region are still suffering from untreated decay; this is a crisis we cannot ignore in our own backyard.

The findings showed that six in ten Pennsylvania children have had a cavity by the time they reach third grade, a staggering statistic that reflects both the need for early intervention and the gaps in preventive care. We now have clearer data, but we must act on it.

Barriers in Rural Dental Care

While Pennsylvania Medicaid covers preventive dental care, coverage for necessary restorative services is limited. Medicaid will cover an extraction but often not a root canal or crown, leaving patients to choose between losing a tooth or paying out-of-pocket for care they cannot afford.

This disproportionately impacts rural residents, where provider options are already scarce. If a Medicaid-accepting dentist is 60 miles away, and your only option is to pull the tooth, the system has failed both the patient and the provider.

For patients in rural areas, particularly those on Medicaid or Medicare, the barriers to dental care extend far beyond transportation. Even if they can find a way to travel, the network of available providers is extremely limited. General dentists who accept Medicaid are few and far between in Schuylkill County and neighboring rural areas. Oral surgeons are located approximately an hour away from Tamaqua. There are no local endodontists (root canal specialists) available to this population. The closest pediatric dental providers are about 30 minutes away, a significant barrier for working parents and families with transportation challenges. Orthodontic care is also limited.

Access to specialized dental care for patients with special needs is also extremely limited. Many families are forced to travel great distances to find a provider equipped and willing to care for patients with developmental disabilities, complex medical conditions, or behavioral challenges. For example, I recently had a patient with severe autism whose family had to travel all the way to Philadelphia, two hours from here, to receive the necessary dental care under general anesthesia. For rural families, this often means significant delays, financial strain, or entirely unmet dental needs.

To make matters worse, patients face unnecessary barriers just to access the care they need. I regularly see situations where a patient in severe dental pain goes to the Emergency Department and receives a referral to an oral surgeon. But the oral surgeon won't see them unless they've first been evaluated by a general dentist who can provide an exact referral specifying which teeth need to be extracted, sending the patient through yet another delay. And because medical providers are not always trained in dental care, I often see antibiotics misprescribed in cases, which can lead to patients making repeat trips to the ED without ever addressing the true source of their pain and infection. The system, as it stands, is not serving these patients effectively.

It's important to note that these access issues are no longer limited to Medicaid and Medicare patients alone. Increasingly, even patients with commercial insurance are struggling to access timely dental care. Many dental practices that once readily accepted commercial insurance are now either closing their panels to new patients or shifting toward fee-for-service models. A major factor is that many younger dentists are graduating with significant educational debt, making it financially unsustainable for them to accept low insurance reimbursement rates. As a result, more and more families, regardless of coverage, are facing long wait times and fewer options for routine and urgent dental care. The system is stretched at every level.

A Workforce Stretched Thin and a Path Forward

Schuylkill County is a designated Dental Health Professional Shortage Area (HPSA). Recruiting and retaining providers in rural areas is a well-documented challenge. As a PHDHP, I've been able to expand preventive care access through outreach in schools, nursing homes, and community-based sites, but I can only do so much without a broader team.

We need to structure our dental workforce more like the medical model. Just as family medicine residents are embedded in the community and trained to serve rural populations, we should explore models that embed dental students, residents, or midlevel dental practitioners into rural communities. Expanded provider roles could provide restorative and preventive care where dentists are scarce, helping to close critical gaps without replacing dentists. Enhanced loan forgiveness and incentive programs should target providers who commit to rural service. Support for medical-dental integration as our experience shows the power of embedding dental care within trusted community medical settings.

Opportunities for Change

- Support workforce development and education pipelines rooted in rural regions.
- Fund school-based programs to meet patients where they are.
- Invest in infrastructure, including teledentistry and transportation support.

- Promote and protect community water fluoridation as a safe, proven strategy to reduce tooth decay at the population level, especially critical in rural areas where access to regular dental care is limited.
- Expand Medicaid coverage to include full restorative options, not just extractions.

Closing

Oral health is health. It affects everything from nutrition, confidence, job readiness, academic performance, and overall quality of life. And yet, for too many Pennsylvanians living in rural communities, it remains out of reach.

I'm grateful for the opportunity to share what we see every day on the front lines of care in Tamaqua. We cannot keep fighting this fire with a garden hose. We must invest in prevention, workforce, and systems that truly meet patients where they are and build a future where oral health is valued, accessible, and prioritized.

Thank you for your time, and for your commitment to building a dental care system that serves all Pennsylvanians, no matter where they live.

Sincerely,

Jessica Brennan, BSDH, RDH, PHDHP, CDA