



Good afternoon, Chairman Argall and members of the Senate Policy Committee. My name is Dr. Maria Tacelosky. I was born and raised in Mahanoy City, and I am now a general dentist practicing at Bright Smiles Dental Art in downtown Tamaqua.

Access to dental care in the Commonwealth is at a crossroads. A crisis is looming, and patients everywhere will feel the pinch of too few dentists, but the impact will be particularly acute in rural areas of the state. The average age of dentists in Pennsylvania is close to 60 and it is becoming increasingly difficult for practicing dentists to find their replacements, especially in rural areas.

A study from the American Dental Association's Health Policy Institute found that Pennsylvania ranks 48th nationwide with a -9% net migration of dentists from 2019-2022, and this trend is continuing. We also have too few dental hygienists and assistants. Our members consistently report the difficulty they have recruiting and retaining dental hygienists, in particular, some of whom retired early during the pandemic and others who opt to practice in other states with more dental practice locations in which to choose.

Why are dentists choosing to practice in other states and what can policymakers do to help?

Abysmal reimbursement/low salaries: PA ranks 47th in the nation for lowest reimbursement rates from dental insurers and in the bottom 10 of 50 states for salaries. On average, dental students graduate with more than \$300,000 of debt. Those who further their education with dental specialty training accumulate even more debt. They choose to

practice in other states that offer higher insurance reimbursement or salaries because they simply can't afford to practice here. All of our neighboring states, except for West Virginia, offer higher annual salaries. The business climate in other states gives dentists more flexibility in terms of their career path, and factors into whether they can afford to become participating providers with patients' insurance plans and accept insurance rates that are far below the true cost of providing care, and whether they can at least break even when treating Medicaid patients. These factors all play a part in patients' ability to access care.

Policymakers could help by communicating with dental insurers about the need to raise reimbursement rates to make the Commonwealth more competitive with other states. The Commonwealth must also adequately fund the dental Medicaid program to increase rates, which are about 56 percent of the already reduced fees offered by commercial insurers.

Enact common sense dental insurance reforms: PDA advocates for legislation to streamline the credentialing process, notification before provider networks are leased to other parties, and for dental insurers to report their dental loss ratios so that the Commonwealth can see the percentage of premiums that are used for dental treatment verses administrative costs. Other states have passed laws that deal with the issue of dental insurers authorizing services in advance only to deny payment when claims are submitted. These are common sense measures that will ease administrative hassles for dentists so that they are able to provide more care and improve access for more patients. Attempts to delay or kill the enactment of reforms ultimately hurts the Commonwealth's practice environment for dentists.

In recent years, the development of a dental licensing exam that is accepted in 48 states and the growing number of large group practices have made it increasingly easier for dentists to locate wherever they want to practice. So, as long as Pennsylvania continues to rank near the bottom in adopting insurance reforms and improving its inadequate

insurance reimbursement rates, the result will be inevitable: a continuing decline in the number of dentists practicing in the Commonwealth.

What can policymakers do to attract more dentists, and dental team members, to rural areas?

Offer incentives: We need to offer tax breaks, tuition assistance and scholarships, and student loan forgiveness to dentists and dental team members. The Commonwealth does offer some loan forgiveness in exchange for a dentist or hygienist practicing in a designated shortage area for a specific length of time, but available slots are few and the amount of forgiveness has not kept pace with the current debt burdens. We need to invest in opening more dental assistant and hygiene programs at community colleges and explore opportunities to open another dental school that exposes dental students to practicing in rural areas. We should also invest in health career and technical education in high schools, particularly high schools in rural areas, to improve access to the dental workforce pipeline.

PDA is happy to work with all of you and the stakeholder community on policies to grow the dental workforce and incentivize them to practice in rural areas of the state. We believe that improving the business practice environment for dentists will have a profound effect that increases the number of dental practices and expand access to care. We must start by attracting dentists and dental team members enough to consider a career in Pennsylvania, and then we need to offer incentives for them to practice in rural areas.

Lastly, community water fluoridation has garnered much attention this year at the national and state levels. PDA respectfully requests that you oppose any effort to ban public water suppliers from adding an optimal level of fluoride to their systems. Ending community water fluoridation--which raises or decreases the amount of fluoride in water to an optimal level to prevent cavities--will increase dental disease at a time when it is becoming more

difficult to access dental care. This is indisputable fact, based on more than 80 years of scientific evidence. More patients will seek dental treatment in emergency rooms, a trend that is already costing Pennsylvania taxpayers \$35M annually. A study published in the May 2025 issue of the Journal of the American Medical Association (JAMA) Health Forum projects the impact that ending community water fluoridation will have: an additional 25 million decayed teeth in children in the next five years, with the greatest impact on low-income and uninsured families, and an estimated \$9.8 billion in additional health care costs. Given our concerns about dental workforce adequacy, attempts to limit access to preventive oral health care would be detrimental to our most vulnerable patients. The continuation of community water fluoridation is vital for those residing in rural areas who already have limited access to dental providers.

Thank you for your time and attention to this very important issue of improving access to dental services in rural Pennsylvania. I'm happy to answer any questions you may have.