

Testimony by
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Senate Majority Policy Committee
Senator David G. Argall, Chairman

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Rural Dental Care

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Senator Argall, I am extremely grateful for the opportunity to speak to you and your esteemed colleagues at today's hearing. The folks testifying before you are an extraordinary group of leaders in dentistry, and I am honored to be included.

I serve on the boards and committees of a number of organizations that endeavor to improve access to dental care in Pennsylvania. These include the Verber Dental Group, the Pennsylvania Dental Society, the PA Coalition for Oral Health, the PA Department of Health, and Central Penn College. However, I sit before you today choosing not to speak for any of those organizations. I would like to instead speak for the more than 2 million Pennsylvanians that have no access to dental care according to a U.S. Department of Health and Human Services report.

This report identified 163 Dental Health Professional Shortage Areas in PA, many of which are rural communities. The situation has gone beyond crisis and become a catastrophe. Emergency rooms are inundated with toothaches and dental abscesses. Our underserved populations are victims of an epidemic of oral disease that could be entirely preventable.

The access to care issue has now extended beyond patients who are economically disadvantaged. A recent news segment was headlined, “Think Taylor Swift tickets are tough? Just try booking a dental hygiene appointment.” Not only is care harder to come by, but patient costs are also increasing as providers are raising fees and dropping participation with dental insurance plans.

The PA Coalition for Oral Health titled their 2022 Policy Paper *“The Dental Health Care System in Pennsylvania is Collapsing”*. According to their Access to Oral Health Workforce Report (Part II), “Pennsylvania has lost a significant portion of its dental care workforce since 2015.” The study also demonstrated an average wait to treat a cavity was 99 days. Wait times at Federally Qualified Health Centers were nearly twice as long.

This crisis can be attributed primarily to a shortage of dental hygienists and expanded function dental assistants (EFDAs). I would like to emphasize that we will *not* have a shortage of *dentists*. In June of 2025, the American Dental Association reported 18 new dental schools have opened since 2000, with plans for 5 more on the way. There were more than 7,000 graduating dentists in 2024, a 38% increase from 2000.

When we are looking to hire a dentist at Verber Dental, we are presented with numerous quality applicants. Many of these individuals are graduating dental school with more than \$500,000 in student debt. The problem we have is that we don’t have the dental hygienists or EFDAs to support them, which limits their ability to provide comprehensive care.

The PA Coalition for Oral Health suggests that there should be 2 hygienists for every dentist PA. That ratio is currently 1 to 1, and moving it’s towards being further underwater. A 2024 survey reported that 34% of hygienists are planning to retire in the next 6 years.

The shortage of dental auxiliaries and the massive student debt carried by young dentists has led to a shift in the focus from preventive care to remediation, restoration, reconstruction, aesthetics, and elective services. This shift is concerning as oral health is directly linked to systemic health.

Research has established connections between poor oral health and conditions such as cardiovascular disease, diabetes, and adverse pregnancy outcomes. The dental crisis has broad implications for the overall health of our population. Without a change in course, we are barreling down a road leading to an increase in systemic health issues, higher medical costs, and a population that is more vulnerable to disease and infection.

The public health implications are frightening. Looking at the numbers from a demographic perspective, we would need to increase the number of hygienists in Pennsylvania fourfold to serve our population.

There is demand for these careers. Some hygiene programs are getting so many applicants for a limited number of spots that their acceptance rate will be less than 10%. Administrators and faculty at high school vocational programs schools across the state are telling me that their graduates are not getting into these highly competitive hygiene programs. The bottleneck in higher education is resulting in attrition of potential dental providers before they even enter the workforce.

However, the silver lining is that the solution can present tremendous new opportunities in the dental field for students who are looking for alternatives to four-year college degrees and burdensome student debt loads. Full-time hygienists can start at salaries close to \$90,000 per year.

Dental disease is largely preventable. I recommend today we take action in four areas that will improve oral health across the Commonwealth.

First, we need to empower our current hygienists. The competitive nature of hygiene program admissions has given us a group of highly intelligent, ambitious individuals. We should start to think of these folks as “primary care dental providers” and increase their scope of practice. Hygienists get bored and burn out when we ask them to just clean teeth. A recent article in RDH magazine entitled “Is Dental Hygiene a 10-year Career?” addresses this dynamic.

Second, we need to create a new type of dental provider that is specifically trained to support our dental hygienists. Hygienists want to do more than just clean teeth, but we need to recognize that our population is in desperate need of millions of additional hours of teeth cleaning. An expanded function dental hygiene assistant type provider could help scale and polish teeth just like EFDAs currently help dentists restore teeth. There has been resistance to this concept in the dental hygiene community, probably because it has often been presented as an alternative to dental hygienists. The solution is to present this as an enhancement to their practice.

This new class of provider should have to work under the supervision of a dentist *and* a hygienist. The collaborative team approach will not only increase job satisfaction it would improve patient care with the hygienist able to focus holistically on patients. Additionally, it creates career ladder opportunities for those that want to become hygienists as well as hygienists that want more responsibility.

Third, we need to encourage and support the expansion of existing dental hygiene programs.

Fourth, and perhaps most critically, we need to establish new hygiene programs that can fill in the gaps in our workforce. Central Penn College is an example of one such potential program. Central Penn, unlike a lot of the community colleges that offer dental hygiene, has on campus housing and offers housing scholarships to many of their students. This will put the College in the unique position to train students from rural areas across the state and return them to their underserved communities.

Central Penn recently had their pending hygiene program accredited by the Pennsylvania Department of Education and is currently applying for final approval from the Commission on Dental Accreditation. The program now needs financial support from the state. The cost of building and equipping their clinic will be \$2 million dollars. However, once established the clinic can be self-sustaining.

I would like to share with you the ROI that a \$2 million dollar investment into a clinic will have over the next 30 years:

- Over thirty years, the program will produce 6,000 family sustaining careers and nearly \$3.5 billion in wages in today's dollars.
- Upon graduation, these providers could offer preventive dental care to nearly 1.2 million Pennsylvanians, including those in rural communities.
- The addition of providers to the workforce can provide economic support to nearly 1,500 small businesses.
- The student clinic at Central Penn College could itself provide up to 25,000 annual preventive visits for economically disadvantaged patients.

I am optimistic about our ability to address our access to dental care crisis. I believe the solutions present win-win-win opportunities for patients, students, and small businesses. Hearings like this indicate that the dental industry and policymakers are willing to make patients a priority.

Let me know how I can help.

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