

Monday, March 30, 2026

Pennsylvania Senate Majority Policy Committee

RE: Dental Workforce Challenges

Chairman Argall and members of the committee,

Thank you for the opportunity to again provide written testimony following your June 2025 hearing in Tamaqua on the growing dental workforce crisis in Pennsylvania.

At that hearing, you heard clearly what we see every day: oral health is not separate from overall health—it is essential to it. Untreated dental disease contributes to heart disease, diabetes complications, adverse pregnancy outcomes, and avoidable emergency room visits.

And yet, across Pennsylvania, too many residents, especially in rural communities, cannot access basic dental care. In Tamaqua, we discussed the scope of the crisis. Today, I want to focus on the solutions.

Because no matter what policies we pursue, whether it's Medicaid improvements, school-based care, or rural clinics, **none of it works without a workforce.**

Pennsylvania is facing a severe shortage of dental professionals:

- 34 counties are designated dental shortage areas,
- Pennsylvania is losing dentists (outmigration) at a higher rate than any other state, and
- A large portion of our current workforce is nearing retirement.

This is not a short-term gap. It is a pipeline problem. If we want sustainable solutions, we must build that pipeline earlier—and more intentionally.

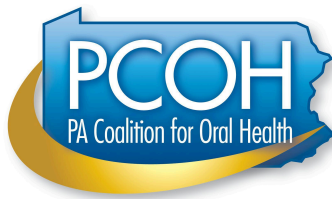
### Building the Workforce Pipeline

First, we must start in high school and career and technical education programs. Pennsylvania already has a strong vo-tech infrastructure, but only 22 of approximately 80 programs currently offer dental assisting pathways. A recent Legislative Budget and Finance Committee [report](#) shows that health sciences programs (which includes dental assisting) are one of the three educational clusters with the highest student waitlist.

That is a missed opportunity. Dental assisting is one of the fastest, most cost-effective ways to enter the health care workforce. These programs:

- Provide local, job-ready graduates,
- Support dental practices so they can expand capacity, and
- Create a stepping stone to careers as hygienists and dentists.

Expanding dental assisting programs in vo-tech schools—especially in underserved counties—is one of the most immediate actions this body can support.



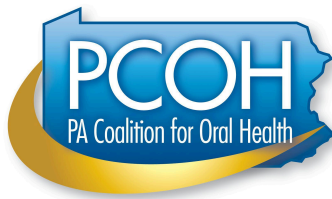
Second, we must strengthen pathways from undergraduate education into dental and dental hygiene programs. Students are far more likely to practice where they train.

Recent American Dental Education Association (ADEA) [data](#) show:

- Extremely low share of in-state applicants to PA dental schools
  - Total applicants (PA schools): 8,362
  - In-state applicants: 675
  - Only 8.1% of applicants are from Pennsylvania.
- Schools increase in-state representation at enrollment—but limits remain
  - Total enrollees: 394
  - In-state enrollees: 93
  - 23.6% of enrollees are from Pennsylvania.
- Schools are actively prioritizing PA students—but constrained by supply
  - Applicants: 8.1% in-state
  - Enrollees: 23.6% in-state
  - Schools are nearly tripling the share of PA students from application to enrollment.
- Absolute number of PA-trained dentists remains low
  - Only 93 in-state students enrolled across all PA dental schools.
  - This is the total annual pipeline of PA-connected future dentists entering training.
- School-level variation shows structural limitations
  - Temple University: 280 in-state applicants → 53 enrollees
  - University of Pittsburgh: 233 in-state applicants → 27 enrollees
  - University of Pennsylvania: 162 in-state applicants → 13 enrollees
  - Even the strongest in-state producer (Temple) is working with a small applicant base.

### Implications for the Workforce

- Pennsylvania is not producing enough “homegrown” dentists.
- Fewer than 1 in 4 students trained in PA are from the state.
- Key bottleneck:
  - Only 675 PA applicants statewide
  - This is the core constraint limiting workforce growth
- Current efforts:
  - Schools preferentially admit PA students
  - They expand in-state share at enrollment
  - Increasing seats alone will not solve the problem—you cannot admit students who are not applying.
- Workforce retention risk:
  - About 76% of enrollees are from out of state.
  - Out-of-state students are less likely to stay and practice in Pennsylvania.



The solution:

- Creating clearer pipelines from Pennsylvania colleges into dental and hygiene schools
- Supporting rural training sites and community-based clinical rotations
- And aligning education with the communities that need providers most

The proposed rural dental school model discussed in Tamaqua is one example of how we can do this—and we strongly support continued investment in those approaches.

Third, we must think of the workforce as a team-based model. Dentists cannot meet demand alone.

We need:

- Dental hygienists practicing at the top of their license,
- Expanded function dental assistants (more programs in the northern and central areas of PA), and
- Community-based providers reaching schools and priority populations where they are.

Each role expands access. Each role matters. The takeaway from Tamaqua was clear: Pennsylvania's oral health crisis is real and growing. But the path forward is also clear. We need to invest in:

- Career pathways starting in high school,
- Stronger bridges from college to clinical practice, and
- A full, team-based dental workforce.

We can build a system that not only addresses today's shortages—but prevents them in the future. On behalf of the Pennsylvania Coalition for Oral Health, we look forward to working with you to turn these solutions into action.

Thank you,

A handwritten signature in blue ink that reads 'Helen Hawkey'.

Helen Hawkey  
Executive Director, PA Coalition for Oral Health