

**Senate Majority Policy Committee Testimony**  
**Dental Workforce Shortages and their Impact on Health**  
**April 13, 2026**

**Michael Verber, DMD**

CEO & Chairman, Verber Dental Group

Chair, PA Oral Health Alliance

President Elect, Harrisburg Area Dental Society

Member, PA Dept of Health, Oral Health Plan Advisory Group

Today, more than two million Pennsylvanians live in areas with little to no access to dental care. There are over 200 federally designated Dental Health Professional Shortage Areas across our state. And even those fortunate enough to have proximity and resources are increasingly unable to schedule timely appointments.

**This is not simply an access issue—it is a structural workforce imbalance.**

At the center of this crisis is a severe and worsening shortage of dental hygienists. Pennsylvania currently operates at roughly a 1:1 ratio of hygienists to dentists. The Pennsylvania Coalition for Oral Health has suggested a 2:1 ratio, and broader workforce trends suggest we may ultimately need closer to 3.5 hygienists per dentist to sustain a prevention-based system.

At the same time, demographic pressures are accelerating the problem. Nearly one-third of hygienists plan to retire within the next six years, and another third plan to shift to part-time work.

Quite simply—the bucket is leaking faster than we can fill it.

The supply pipeline is not responding to the demand.

Dental hygiene programs are not expanding fast enough—and new ones are not being built.

This is not due to lack of student interest. In fact, many programs accept fewer than 10% of qualified applicants.

The barrier is cost.

Unlike most academic programs, dental hygiene education requires:

- Fully equipped clinical operatories
- Expensive dental equipment and ongoing maintenance
- Strict faculty-to-student ratios
- Significant regulatory and accreditation requirements

- Multi-year ramp-up periods before financial stability

Institutions must invest millions of dollars upfront, while operating at a loss during the early years.

They must recruit faculty in an already constrained labor market. They must run clinical programs that are not yet fully utilized. And they must sustain operations through a lengthy accreditation process before reaching full enrollment capacity.

Without public funding, this is simply not a viable investment for most institutions.

So institutions make rational decisions: They prioritize programs that are faster to launch, less expensive to operate, and more financially predictable.

This is why:

- We are not seeing meaningful growth in dental hygiene programs
- We are not seeing new programs come online
- And we are seeing dental schools fill seats not with hygienists but with higher-paying dental students—including international students often paying close to \$100,000 per year in tuition

### **Dental hygiene education requires investment from you.**

If we want to fix the workforce pipeline, we must address this market failure directly.

A relatively modest investment—just a few million dollars in targeted public funding—can:

- Offset start-up costs for new hygiene programs
- Support institutions through the accreditation and ramp-up phase
- Enable faculty recruitment and retention
- Build clinical infrastructure that will serve communities for decades

And the return on that investment is extraordinary.

These programs will:

- Graduate thousands of licensed professionals over time
- Provide family-sustaining careers across urban, suburban, and rural Pennsylvania
- Serve as economic engines for local communities
- Expand access to preventive care, particularly in underserved areas

And most importantly, they will dramatically reduce long-term healthcare costs.

We are currently spending billions of dollars treating preventable dental disease—often in emergency rooms, where care is episodic, expensive, and inefficient.

Preventive care is the most cost-effective form of healthcare delivery. Dental hygienists are the foundation of prevention. With initial public support, these programs can become self-sustaining while continuing to provide access to care for vulnerable populations.

**But funding alone will not solve this crisis. We must also modernize how care is delivered.**

Today's hygienists are highly trained, highly capable professionals—but they are often confined to a narrow set of repetitive clinical tasks. This contributes to burnout, dissatisfaction, and attrition.

Many hygienists want to:

- Practice at a higher clinical level
- Play a greater role in patient care coordination
- Engage in leadership and decision-making

At the same time, dental practices are struggling to operate efficiently.

Without sufficient hygiene staffing:

- Dentists cannot maintain productive schedules
- Preventive visits decline
- Restorative care is delayed
- And in some cases, dentists are forced to perform hygiene services themselves

Young dentists, burdened with student debt exceeding \$300,000, are entering a system where they cannot fully utilize their training.

Practice owners face rising wage pressures—some markets have seen hygiene wages increase by as much as 50% in five years—while reimbursement rates remain largely stagnant.

This is not sustainable.

**We need a modern, team-based workforce model that allows every provider to work at the top of their training.**

A tiered structure could include:

- **Licensed Hygiene Assistants (LHAs)**
- **Registered Dental Hygienists (RDHs)**
- **Advanced Practice Dental Hygienists (APDHs)**

This model builds on systems that already work in dentistry, such as Expanded Function Dental Assistants.

In this structure:

- LHAs can perform routine, labor-intensive preventive tasks
- RDHs can focus on higher-level clinical care and patient management
- APDHs can take on leadership roles, including treatment planning and supervision

This creates:

- Greater efficiency
- Expanded access to care
- Career ladders for workforce development
- And improved job satisfaction across all levels

It is a collaborative model—not a competitive one.

It represents what I would call a “grand bargain”:

- Dentists gain efficiency and sustainability
- Hygienists gain expanded scope, autonomy, and career growth
- Patients gain access to care

If we fail to act:

- Preventive care delivery will continue to erode
- Dental practices will become less viable
- Workforce shortages will deepen
- And patients will increasingly rely on costly, emergency-based care

We are not approaching a cliff—we are already standing at its edge.

But this crisis also presents an extraordinary opportunity.

With strategic, targeted public investment and thoughtful workforce reform, Pennsylvania can:

- Build a modern, prevention-focused oral health system
- Create thousands of high-quality jobs
- Strengthen communities across the Commonwealth
- And save billions in long-term healthcare costs

This is not just a dental issue. It is a workforce issue. It is an economic development issue. It is a public health issue.

And it is solvable. The people you have assembled in this very room, today, now.... Can turn the dental crisis around. Thank you for your efforts.