

Written Testimony

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Senate Majority Policy Committee Hearing
Dental Workforce Shortages and Solutions
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Chairman Argall and members of the Committee,

Thank you for the opportunity to provide testimony on the critical issue of dental workforce shortages in Pennsylvania.

My name is Dr. Linda Straub-Bruce. I have 37 years of experience in dentistry as a clinical registered dental hygienist, dental practice operations and finance leader, educator working with fourth-year dental students at the LECOM Dental Outreach Clinic in Erie, continuing education provider, and researcher. My doctoral research, "[The Lived Experiences of Factors Contributing to the Intent to Leave the Clinical Dental Hygiene Profession in Pennsylvania](#)", examined dental hygiene workforce challenges within the Commonwealth and was published in 2025. I have also served as President of the Pennsylvania Dental Hygienists' Association and on advisory boards for many organizations including the University of Pittsburgh School of Dental Medicine and the Dental Lifeline Network.

My perspective reflects a system-level understanding of dentistry. The challenges we face are not isolated to a single role or setting—they are interconnected across the entire oral healthcare delivery system. Pennsylvania is facing both an immediate workforce crisis and a long-term pipeline challenge.

Dental practices across the Commonwealth are experiencing sustained workforce shortages, particularly among dental hygienists and dental assistants (Pennsylvania Department of Health, 2023). These shortages are not episodic; they are persistent and directly limiting access to care.

Dental hygienists are specially trained, essential providers of preventive services, early disease detection, and patient education. When even one full-time hygienist position remains vacant for a year, it can result in the loss of thousands of preventive care visits, contributing to delayed diagnosis, increased disease burden, and reduced practice capacity (American Dental Association Health Policy Institute, 2023).

These workforce shortages exist within a broader access crisis. Nearly 2 million Pennsylvanians lack adequate access to dental care, and many communities—particularly rural regions—are designated as Dental Health Professional Shortage Areas (Health Resources and Services Administration, 2025).

My research on Pennsylvania’s dental hygiene workforce identified several key drivers of workforce attrition (Straub-Bruce, 2025):

- Burnout and workplace strain
- Limited career mobility and advancement opportunities
- Compensation and benefits challenges
- Regulatory constraints limiting full utilization of scope of practice and license portability

Importantly, dental hygienists consistently report strong professional pride and commitment to patient care. However, these structural barriers are contributing to workforce attrition and reduced workforce participation. This is not a profession lacking passion—it is a system that requires support (Straub-Bruce, 2025).

Pennsylvania currently has 13 dental hygiene programs, with a concentration in the southeastern region of the state (Pennsylvania Coalition for Oral Health, 2022). Since 2019, there have been no programs in the northwestern 16-county quadrant, creating both a workforce shortage and a geographic maldistribution issue. Evidence suggests that healthcare professionals are more likely to practice near where they are trained. The absence of educational infrastructure in certain regions directly contributes to ongoing workforce shortages in those areas.

Addressing Pennsylvania’s dental workforce challenges will require both short-term interventions and long-term investment.

1. Interstate Licensure Compact

Participation in an interstate licensure compact would allow Pennsylvania to attract qualified dental professionals more efficiently from neighboring states, helping to alleviate immediate workforce shortages. The [Dentist and Dental Hygienist Compact](#) has had legislation enacted in Ohio and legislation is currently pending in New Jersey and Delaware

(Dental and Dental Hygienist Compact Commission, n.d.). Being part of a compact could attract hygienists from non-neighboring states for those that are relocating.

2. Workforce Pipeline Development

Investment in regional and distributed education models is critical to ensure equitable access to training programs across the Commonwealth, particularly in underserved regions.

3. High School Technical Training Programs

Reestablishing dental assistant training programs within high school career and technical education systems would create early entry points into the workforce and strengthen the pipeline.

4. Expanded Utilization of PHDHPs

Public Health Dental Hygiene Practitioners (PHDHPs) are licensed dental hygienists who provide preventive services in community-based settings without dentist supervision. Pennsylvania currently has nearly 1,000 licensed PHDHPs, representing an existing workforce that can be further leveraged to expand access to care.

These direct-access providers can deliver care in:

- Head Start programs and childcare settings
- WIC clinics
- Hospitals and medical offices
- Specialty practices in dental shortage areas such as OB/GYN and oncology
- Community-based organizations

Expanding the utilization of PHDHPs offers a scalable, cost-effective strategy to increase access to preventive care—particularly in underserved populations—without requiring the development of entirely new provider types.

Pennsylvania does not have a shortage of patients seeking care—it has a shortage of the workforce needed to provide it. Without intervention, workforce shortages and access disparities will continue to grow, particularly in rural and underserved communities.

However, with strategic, coordinated policy action focused on workforce development, education, and innovative care delivery models, Pennsylvania has a significant opportunity to strengthen its oral healthcare system and improve access to care for all residents.

Thank you for your time and consideration. I welcome the opportunity to answer any questions.

References

Dental and Dental Hygienist Compact Commission. (n.d.). *Dental and Dental Hygienist Compact Commission*. Retrieved March 21, 2026, from Dental and Dental Hygienist Compact Commission: <https://ddhcompact.org/>

Health Resources and Services Administration. (2025). *Health professional shortage areas (HPSA): Dental health*. Retrieved from <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

Pennsylvania Coalition for Oral Health. (2022). *Dental and dental hygiene schools in Pennsylvania*. Retrieved from <https://paoralhealth.org/wp-content/uploads/2022/08/Dental-and-Dental-Hygiene-Schools-Updated-March-2022.pdf>

Pennsylvania Department of Health. (2023). *Pennsylvania dentist and dental hygienist workforce survey report*. Retrieved from <https://www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/documents/programs/2023%20Pennsylvania%27s%20Dentist%20and%20Dental%20Hygienist%20Workforce%20Survey%20Report.pdf>

Straub-Bruce, L. (2025). *The Lived Experiences of Factors Contributing to the Intent to Leave the Clinical Dental Hygiene Profession in Pennsylvania. Doctoral Dissertation, Lake Erie College of Osteopathic Medicine School of Health Services Administration.*