



## Dental Check Up:

*Seven Years After Dental Therapists Authorized (and \$2 million spent), State University Program Remains Years From Enrolling Students*

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Investigative Report 23-07

**Mission Statement:** The mission of the Auditor’s Office is to hold State government accountable by evaluating whether taxpayer funds are being used effectively and identifying strategies to eliminate waste, fraud, and abuse.

**Investigative Report:** An investigative report is a tool used to inform citizens, policymakers, and State agencies about issues that merit attention. It is not an audit and is not conducted under generally accepted government auditing standards. Unlike an audit, which contains formal recommendations, investigative reports include information and possible risk-mitigation strategies relevant to the topic that is the object of the inquiry.

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## Executive Summary

In 2016, recognizing that many low-income and rural Vermonters lack access to basic dental care, the Legislature approved a law authorizing a new type of dental provider – dental therapists. Positioned between dental hygienists and dentists, dental therapists would be able to perform preventive and routine services under the supervision of a dentist. In light of the dearth of dentists in rural areas, these new practitioners held the promise of expanding access to dental care for many Vermonters. The Vermont Technical College (VTC) was charged with developing an accredited program to provide the required education and training for aspiring dental therapists.

**Seven years and more than \$2.6 million later, Vermont does not have a dental therapy program, and thus has not enrolled a single student. The years-long delay in establishing VTC’s Dental Therapy Program has several contributing factors, including: a lack of consistent administrative support, competing interests within the institution itself, the ongoing reorganization of the Vermont State College System, key staff turnover, and the COVID-19 pandemic. According to an updated timeline provided by VTC, the best-case scenario is that the first class of dental therapy students will not enroll until 2027, more than a decade after the law passed.**

If policymakers still desire a successful dental therapy program, then they will need to engage with Vermont State College System (VSCS) and Vermont State University (VSU)<sup>1</sup> leadership and establish accountable performance expectations and monitor that performance.

## Background

In 2016 the Legislature approved and the Governor signed [Act 161](#). The law’s preamble stated that:

*This bill establishes and regulates a new category of oral health practitioners: dental therapists. It is the intent of the General Assembly to do so in order to increase access for Vermonters to oral health care, especially in areas with a significant volume of patients who are low income, or who are uninsured or underserved.*

Many low-income and rural Vermonters lack access to basic oral healthcare, leading to preventable tooth decay, gum disease, and other serious dental problems. This has implications for Vermont’s overall health outcomes as poor oral health increases the risk of heart attack, diabetes, respiratory infections, and other debilitating medical conditions.

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<sup>1</sup> Vermont State University (VSU) is now inclusive of Vermont Technical College. This memo generally uses VTC since it was the legal entity for most of the time period evaluated.

Twelve of Vermont’s fourteen counties include areas designated as Dental Health Professional Shortage Areas.<sup>2</sup> This means that there are not enough dentists or dental hygienists to meet the needs of these communities. According to the Vermont Dept. of Health, 37% of young children have dental decay and more than 30% of adults do not visit a dentist annually to seek preventative care. This lack of access to dental care is particularly widespread in rural areas that lack dental care providers.

Dental Therapists are authorized to provide preventative and routine restorative care under the supervision of a licensed dentist. In the states dental therapists are active, they typically work in areas with a shortage of dental professionals, and in settings where there may not be a dentist available, such as schools, nursing homes, and community health centers.

Dental therapists are licensed mid-level dental providers situated between hygienists and dentists and take on a similar role to nurse practitioners. They are trained to perform many of the same procedures as a dentist, including fillings and extractions. They also provide oral health and hygiene education and counseling to patients. Dental therapists can also help alleviate the burden on overworked dentists by performing routine procedures and freeing up dentists' time to handle more complex cases.

### Dental Therapy as a Profession

Thirteen states and tribal nations have approved the practice of dental therapy, and five programs are currently operational: one in Alaska, one in Washington State, and three in Minnesota. There are a variety of career paths available to dental therapists, including:

- Working in private dental practices as part of a team with dentists and hygienists
- Providing care in community health centers, schools, and other public health settings
- Working in nursing homes and long-term care facilities

Dental therapists seeking licensure in Vermont will be required to be licensed dental hygienists and to complete a training program that meets the standards set by the national Commission on Dental Accreditation (CODA). These include both classroom and clinical components, with a focus on preventative care and basic restorative services. Dental therapists will initially need to pass a board exam and then meet regular license renewal requirements. Vermont’s law also requires dental therapists to work under the supervision of dentists.

The potential benefits of dental therapy programs are twofold. First, they could mitigate regional dentist shortages by creating a new classification of skilled providers authorized to perform many of the same services. Second, they also expand access to care for underserved populations, a benefit underscored by a recent [study](#) of Minnesota adults that found that authorizing the practice of dental therapy was associated with increased access and usage of dental health services.

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<sup>2</sup> [Rural Health Information Hub](#), Health Resources and Services Administration, U.S. Department of HHS.

Dental therapy (DT) was championed in the Legislature by the Vermont Oral Health Care for All Coalition, along with the Vermont Technical College (VTC). VTC began to lay the groundwork for the State’s first DT training program after Act 161 was passed. VTC is the only institution in the state offering degrees in the oral health sciences.<sup>3</sup> Officials from VTC’s Dental Hygiene program were early proponents of Act 161<sup>4</sup> and presented a draft curriculum based on a national model and national education standards. The head of VTC’s Dental Hygiene program secured funding from the W.K. Kellogg Foundation to pay a DT program director’s salary for one-year to get the initiative underway.

A DT Program Director was hired in May 2017, and in 2018 she obtained a four-year, \$1.6 million federal Health Resources and Services Administration (HRSA) grant to support the development of the program.<sup>5</sup> The grant included a 40% match requirement, with additional funds coming from the State and various foundations. **Total investment in the program to date has surpassed \$2.67 million.**

**Despite this considerable investment of public and private funds, VTC has yet to establish a Dental Therapy Program. Nor is one on the near horizon. According to an updated timeline provided by VTC, the best-case scenario is that the first class of dental therapy students will not enroll until 2027, more than a decade after Act 161 was passed.**

## Key Takeaways

Below are a series of key takeaways for policymakers to consider as they contemplate the future of dental therapy in Vermont. Each takeaway includes a risk or risks that will need to be addressed if the intent of Act 161 is to be fulfilled.

### No. 1: Program revenues

VTC Dental Therapy Program Funding Sources	
Health Resources and Services Administration (HRSA)	\$1,600,000
State of Vermont	\$601,750
W.K. Kellogg Foundation	\$162,650
Community Catalyst	\$160,000
The Pew Family Foundation	\$75,000
The J. Warren and Lois McClure Foundation	\$50,000
The Dental Trade Alliance	\$25,000
<b>Total</b>	<b>\$2,674,400</b>

<sup>3</sup> The UVM Larner College of Medicine and the UVM Medical Center run a non-degree one-year dental residency program that serves four dental residents.

<sup>4</sup> Dr. Ellen Grimes, former Director of the VTC Dental Hygiene Program (retired), and Sheila Bannister, Associate Professor at VTC’s School of Dental Hygiene, both testified before the [Senate Health and Welfare Committee](#) in early 2016.

<sup>5</sup> HRSA is a federal agency that provides funding and support to healthcare providers. The agency offers grants to improve access to quality healthcare for underserved populations, including dental care.

Despite this considerable investment of public and private funds, VTC has yet to establish a Dental Therapy Program.

Risk: Each of these federal, state, or private funding sources was associated with expectations that the funds would be expended on dental therapy activities. While some of the funds covered personnel expenses related to program development, it is possible that some funds were used for activities not directly related to dental therapy. The VSCS should assess whether all funds were used for eligible expenses. Otherwise, funders may seek to recapture some awarded dollars.

Risk: Despite the substantial spending to date, the lack of any academic program deliverables suggests that even more funding will be needed in order to advance dental therapy. Accountability will have to be built into any future funding to avoid repeating the failures of the last seven years.

## **No. 2: Subaward to Bi-State Primary Care**

The Bi-State Primary Care Association serves New Hampshire and Vermont and offers training and support for community health centers to improve their programmatic and operational performance. VTC's grant agreement with HRSA included a subaward to Bi-State in the amount of \$198,629 to help offset costs associated with dental clinic expansion and to procure supplies needed to train dental therapists and/or integrate them into the practices.<sup>6 7</sup> Bi-State has received additional funding, but we don't know the details of subsequent awards.

Bi-State is in the process of fulfilling their responsibilities, working at three sites: the Northern Tier Center For Health in Richford, Community Health Centers of Burlington, and NorthStar Health in Springfield. Bi-State's scope of work includes:

- Completing a plan for student onboarding and orientation.
- Facilitating monthly management calls to review each clinic's progress.
- Assisting with the purchase of up to \$131,000 of equipment and supplies as described in the subaward agreement.
- Developing a plan to educate stakeholders about the unique role of dental therapists within dental teams, and highlighting the dental therapy training program being developed at VTC, as well as other careers in the dental field.
- Providing technical assistance and support to each of the training sites.

Although Bi-State has met its obligations according to the subaward, including timely reporting to VTC on their progress, VTC has not informed them of the extent of the delay in starting the program.

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<sup>6</sup> Bi-State contract available upon request to the SAO.

<sup>7</sup> Overall, Bi-State has been contracted to provide services and goods worth almost \$350,000, a large portion of which is from a direct grant from the Pew Charitable Trust. It is possible that VTC intends to continue relying on Bi-State to provide these outsourced services, which would require additional resources.

According to Bi-State staff, Bi-State expects the clinics to receive dental therapy students in just 12-18 months,<sup>8</sup> which contradicts information provided to our office by VTC (see No. 5 below).

Risk: It is possible that some of Bi-State's work to date may be too dated by the time the first students arrive for the hands-on portion of their education, which is not likely to occur for at least four years. Staff at the three clinics may turn over, requiring a new process of readying the sites for dental therapy students.

Risk: VTC's funding sources may have expected expenditures for dental equipment to be used exclusively for dental therapy purposes. This needs to be clarified to prevent Bi-State's three member sites from being adversely impacted.

### **No. 3: Repeated Failures to Submit Program Design for Accreditation**

The Dental Therapy Program at VTC cannot proceed without receiving accreditation from CODA. We did not find any contemporaneous documentation explaining why VTC did not submit an application between 2016 and 2020.

We did find that when momentum was building to proceed with a submission, VTC leadership opted against it. The Dental Therapy Program Director scheduled two meetings with superiors in the latter part of 2021 to discuss the program and the required CODA application. Both meetings were cancelled.<sup>9</sup>

Several months later, in June 2022, the former Program Director and the consultants who developed the curriculum and accreditation plan informed VTC administrators and VSC's Board that they had completed almost all of their part of the CODA application package.<sup>10</sup> Formal submission of the application would have required two additional courses<sup>11</sup> and some administrative steps by the College.<sup>12</sup> This timing was important because VTC officials were aware that CODA was expected to change its curriculum requirements in August of that year. The application package assembled by the Program Director complied with the *existing* rules but would not meet the new requirements. This gave VTC a window, but college leadership chose not to submit the CODA application at that time.

Shortly after VTC leadership declined to authorize the CODA application submission, the Program Director submitted her resignation in June of 2022, although she worked into August. VTC did not begin a search for a new director for more than eight months. **The position remains unfilled.**

Risk: Continued delays raise the possibility that CODA will again modify their accreditation requirements. As happened in 2022, this could result in months of work being rendered obsolete.

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<sup>8</sup> SAO staff Teams meeting with Bi-State Staff.

<sup>9</sup> Source: E-mails to and from the former Dental Therapy Program Director.

<sup>10</sup> SAO staff phone conversations with the two consultants: June 29, 2023, with MaryBeth Kinney and July 3, 2023, with Mindy Flores.

<sup>11</sup> Sept. 20, 2023 e-mail to the SAO from Sarah Truckle, VSU Vice President of Business Operations.

<sup>12</sup> CODA: [Accreditation Standards for Dental Therapy Education Programs](#), pp. 17 - 20.

Risk: VTC was poised to be the only dental therapy program in the northeast. Additional delays could enable another state or higher education institution to stand up a program first, giving them a leg up on student recruitment.

## **No. 4: Use of Funds**

Although no CODA application has been submitted, VTC continues to spend funds intended for the Dental Therapy Program. Of the \$2.6 million raised, VTC has spent more than \$2.1 million to date.

Just over \$436,000 has been spent on construction at the Williston campus, along with \$600,000 for equipment and supplies. Another \$225,000 was devoted to non-capital expenses such as instructional materials and supplies. About \$604,000 covered five ½ years of personnel expense for the former Program Director. In addition, VTC has retained more than \$242,000 in “indirect costs” from two grants (mostly HRSA). Almost \$220,000 was spent on professional services, including Bi-State and the consultants who helped develop the curriculum and the CODA application. As of June 2023, VTC has about \$453,000 in unspent funds.<sup>13</sup>

Risk: Each of these federal, state, or private funding sources was associated with expectations that the funds would be expended on dental therapy activities. While some of the funds covered personnel expenses related to program development, it is possible that some funds were used for activities not directly related to dental therapy. The VSCS should assess whether all funds were used for eligible expenses. Otherwise, funders may seek to recapture some awarded dollars.

## **No. 5: Current Status of the Dental Therapy Program**

Although the former Program Director left the role in August 2022, VTC did not post the job until November 2022, which was five months after the Director submitted her resignation.<sup>14</sup> The position was re-posted in April 2023 and was unsuccessful. It was posted a third time in July of this year.<sup>15</sup>

CODA requires that the Program Director be a licensed dentist or a graduate from a CODA-accredited program. In addition, VTC’s list of required qualifications for the position includes experience in academia and curriculum development. This may result in a very small pool of potential candidates. In addition, given the extensive list of characteristic duties and responsibilities, it is noteworthy that the position is listed as part-time, especially since CODA guidelines require the program director to have a full-time administrative appointment.<sup>16</sup> VTC said the College “shifted the posting...to a part-time position after feedback that we would be most successful in hiring if we could achieve flexibility in the position allowing someone to serve as the Director while also maintaining active practice a dentist. This would

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<sup>13</sup> \$237,828 from the HRSA grant and \$215,669 from the 2021 Legislative Appropriation.

<sup>14</sup> Sept. 20, 2023 e-mail to the SAO from Sarah Truckle, VSU Vice President of Business Operations.

<sup>15</sup> June 6, 2023, e-mail from VTC in response to SAO questions.

<sup>16</sup> CODA: [Accreditation Standards for Dental Therapy Education Programs](#), p.32.



provide a way to move the program forward during the final planning period until a full-time program director becomes necessary.”<sup>17</sup>

Another potential problem is the development of the updated curriculum. The consultant contracted for this work has no prior experience with curriculum development or the CODA accreditation process. VSCS’s purchasing rules ([Policy 429](#)) **require** contracts in this range (\$25k - \$100k) to follow “solicitations of at least three quotations from responsible suppliers.” We were informed that the decision to disregard the VSCS procurement policy was made directly by former VSU President Grewal and that no search was performed.<sup>18</sup>

**A timeline provided by VTC shows final CODA approval by the end of calendar year 2026. However, this assumed that a new Program Director would have been hired by now. The delay could push the start date well into 2027, which would be 11 years after the passage of Act 161. If so, that means the first class of dental therapists might not be working in the field for five to seven years.**<sup>19</sup>

Risk: The current Program Director position requirements, pay level, and part-time nature may result in few or no qualified applicants for the position, imperiling the current timeline to establish a program.

## **No. 6: Estimated Program Cost for Students**

The Commission on Dental Accreditation recognizes two pathways to becoming a dental therapist. The first is to complete a degree in dental hygiene and then apply to a dental therapy program after spending six months practicing as a licensed dental hygienist. This is known as “advanced standing”. The second is to attend a dental therapy master’s program with a track in dental hygiene. Discussions at VTC about projected budgets and tuition have reflected uncertainty about the structure of the program, which could involve, as little as one year of instruction (following graduation from the hygiene program) or three years of instruction following a different BA or BS.<sup>20</sup> At present, VTC is considering only the advanced standing pathway. Dental therapy would become an extension of their dental hygiene program, and students would need to pay tuition and fees for both programs separately. At the current anticipated rates, this could total as much as \$150,000 depending on residency (instate vs. out of state), pre-dental therapy program choice (Dental Hygiene Associates degree vs. BS), and financial aid, if any.<sup>21</sup>

Risk: The total expected cost to achieve a dental therapy degree may be too high to attract dental hygienists to the dental therapy program.

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<sup>17</sup> Sept. 20, 2023 e-mail to the SAO from Sarah Truckle, Vice President of Business Operations.

<sup>18</sup> June 6, 2023, e-mail from VTC in response to SAO questions.

<sup>19</sup> Depends on whether VTC adopts a one-year or three-year program.

<sup>20</sup> June 6, 2023, e-mail from VTC in response to SAO questions.

<sup>21</sup> Source: This total does not include room and board, nor does it account for any financial aid that may reduce the cost to students.