

Does More Entail Better? An Analysis of Virginia's Push for More Dentists

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Introduction

When you were a child, did you ever squeeze all of your toothpaste out into the bathroom sink, just to see the blue-and-white mush swirl up into a sort of sundae, only to have your parents wander in and yell at you for making such an unholy mess? While it may be an uncharitable comparison, this situation seems to resemble the actions of the Virginia General Assembly in regards to dentistry in fairly recent years. Seeing a shortage of dentists in the greater Virginia area, the General Assembly decided to pass a series of laws with the intent of attracting more dentists and making care more accessible for their constituents. What followed was a veritable avalanche of new, out-of-state dentists and dental corporations into Virginia, tumbling and clambering and racing each other to access the newly-opened market.

Furthermore, it would seem that such a phenomenon is happening all over America. As Drs. Gordon and Rella Christensen write, "Almost all dentists were in individual private practice [in 1962]... Although individual private practitioners are still the majority of practitioners by a small margin, corporate and group practitioners are nearing 50% of all practitioners [as of 2022]" (Christensen). Such an influx of dentists and the rise of corporate dentistry understandably has garnered the concern of the status quo. "We know that dental service organizations and corporate or chain dentistry are in a growth phase," Greg A. Winteregg, DDS, writes, "Many private dentists worry, or at least wonder, about how this will affect their practices in the future" (Winteregg). The Drs. Christensen elaborate on the possible effects of the influx of dentists, commenting that "the dentists of 2022 have been forced by competition to become business-oriented and still maintain a professional orientation" (Christensen). If dentists have truly had to shift their focus from professionalism to money-making, the question of whether the quantity or quality care has actually suffered from an increase of dentists naturally arises.

Methodology and Goals

I hope to investigate whether or not rising numbers of dentists in Virginia have affected the quantity or quality of care in the state, with the dependent variable in this little experiment being the dentistry laws enacted by the Virginia General Assembly. Should the quantity or quality of care decrease after the enactment of these laws, then the laws would have conversely affected care in Virginia, and vice versa. However, I want to make clear that this investigation is not intended to absolutely affirm, but only suggest, an answer to the question. Realistically

speaking, there are simply too many variables at play in this scenario to narrowly determine the answer to the question. That being said, I hope to use official government statistics regarding access to care and evidence of poor care, as well as a good dose of common sense, to come to a closer understanding of the question and to provide a suggestion for how the question might be answered.

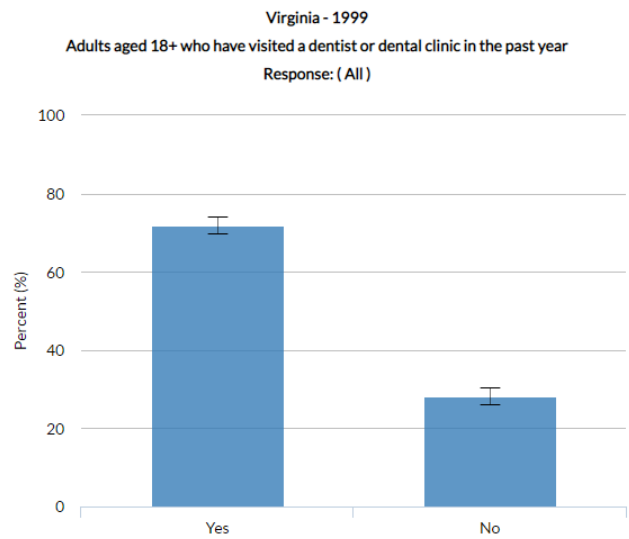
Legal Speak

It is necessary, before one examines the effects of the laws in question, that one examines the contents of the laws themselves and how those contents might incentivize dentists and dental corporations to relocate to Virginia, expanding the availability of care. The first major law, enacted in 2000, that seems to be geared toward increasing the number of dentists in Virginia is titled the Dentist Loan Repayment Program and "establishes a loan repayment program for dental school graduates identical to the existing program for physicians" (Commonwealth of Virginia, Division of Legislative Services 2000 Digest of the Acts of the General Assembly of Virginia 53). Without a doubt, financial help with the immense costs of graduate school would encourage more people to attend, thereby increasing the number of dentists in Virginia. However, the Virginia Assembly did not stop there. The second major law, enacted in 2002, is titled Temporary Permits for Dentists and "expands the authority of the Board of Dentistry to issue a temporary license to dentists providing services in free clinics and community health centers" (Commonwealth of Virginia, Division of Legislative Services 2002 Digest of the Acts of the General Assembly of Virginia 62). This was perhaps one of the more groundbreaking steps taken in dentistry licensing reform in Virginia, overturning the 1998 legislation titled Volunteer Dentists and Dental Hygienists, which "requires the sponsorship of a licensed dentist for a volunteer dentist to be able to qualify to receive a restricted license to practice in free clinics in the state" (Commonwealth of Virginia, Division of Legislative Services 1998 Digest of the Acts of the General Assembly of Virginia 64). However, the most earth shaking legislation, the final nail in the coffin for many Virginian practitioners, came only three years later. In 2005, the General Assembly passed an act entitled Licensure of Dentists by Credentials and Volunteer Licenses for Retired Dentists and Dental Hygienists, which "authorizes the Board of Dentistry to grant, without an additional examination, a license to practice dentistry or dental hygiene in Virginia to persons holding current, unrestricted licenses to practice in another state who satisfy certain

credentialing requirements” (Commonwealth of Virginia, Division of Legislative Services 2005 Digest of the Acts of the General Assembly of Virginia 66). Put another way, this act overturned a longstanding precedent in Virginia. Virginia dentists were guaranteed a place in Virginia, protected from competition by “foreign” dentists and dental corporations. In order to increase the number of dentists in Virginia, the General Assembly saw fit to end this protection. Given that this law by far constituted the most radical change in Virginia dental licensing policy, the year when it was enacted, 2005, will be referred to as the point of differentiation between pre-changes Virginia and post-changes Virginia for the rest of the article.

Effects of Legislation on Number of Patients Seen

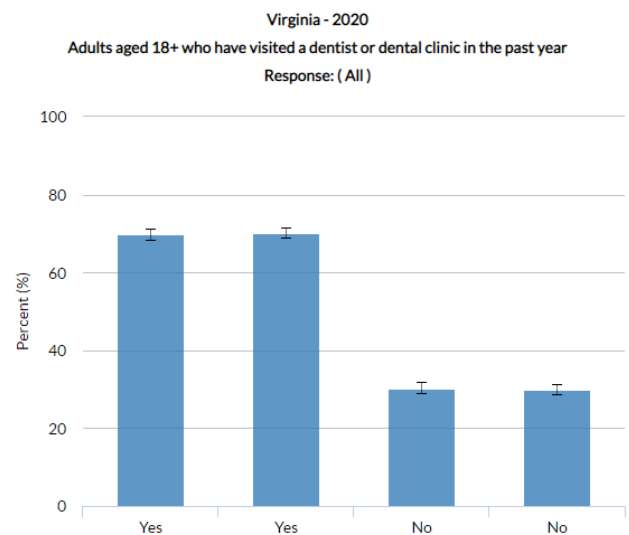
One can plainly see the effects of these bills on the number of patients seen in Virginia. While long-lasting effects appear to be lacking, there is no argument against the claim that the number of patients seen in Virginia initially increased dramatically as a result of the increased number of dentists. According to the CDC’s Division of Oral Health, the number of patients of at least eighteen years of age who visited the dentist rose from 71.9% to 77.1% from 1999 to 2010, an increase of more than 5% (CDC, Division of Oral Health “Virginia Oral Health Data from 1999-2010”). However, this figure later dropped to below 1999 levels, going as low as 70% in 2020 (CDC, Division of Oral Health “Virginia Oral Health Data from 2012-2020”). While this drop in recent years is concerning and could warrant more investigation into the long-term efficacy of increasing the number of dentists, it is true that the years immediately following the implementation of these laws saw a dramatic increase in the number of patients seen. Furthermore, the Division of Oral Health notes that the number of elderly patients “who have [not] lost all of their natural teeth due to tooth decay or gum disease” rose by a grand total of almost 15% from 1999 to 2010, showing a great increase in the availability of general care for these individuals (CDC, Division of Oral Health “Virginia Oral Health Data from 1999-2010”). Unlike the former trend, this upward trend has continued to today, with over 89% of elderly folk retaining at least some of their natural teeth (CDC, Division of Oral Health “Virginia Oral Health Data from 2012-2020”). Thus, it would appear that, for the short term, the laws were effective in increasing the availability of care to the general populace of Virginia.



Footnotes

N/A Not available if the unweighted sample size for the denominator was 10 for any cell, or if the state did not collect data for that calendar year.

Data Source: Behavioral Risk Factor Surveillance System(BRFSS)



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Effects of Legislation on Quality of Care

But what about the quality of care? After all, it seems intuitive that a small-town practitioner who directly depends on his patients for financial support would have greater incentive to provide the highest quality care to them, whereas an out-of-state dentist on a corporate salary may not place the same import on his customers. However, intuition is not to be trusted blindly. As the US Department of Health and Human Services (HHS) shows, the number of malpractice payment reports in Virginia rose sharply in the years before the laws were enacted, rising from

thirty-six malpractice payment reports in 1997 to eighty-two payment reports in 1999 (HHS). This sharp uptick not only occurred during the heyday of private practitioners but also returned to normal levels during that period as well (HHS). Furthermore, it would appear that the range of malpractice payment reports seems to grow slightly after the enactment of the 2005 law, with numbers of payment reports varying between eleven and twenty-eight payment reports compared to between seventeen and thirty-eight payment reports before the laws' enactment, excluding outliers (HHS). That being said, the average number of malpractice payment reports since the laws passed is around twenty payment reports, while the average number of malpractice payment reports filed before the laws passed is around thirty payment reports, excluding grandiose outliers. Given the previously-mentioned data, it would appear that the laws passed by the Virginia General Assembly did indeed result in better quality of care for the residents of Virginia, as evidenced by the decrease in average malpractice reports.

Opinion and Acknowledgement of Limitations

To summarize, the periods after the enactment of the General Assembly's laws have generally seen improved access to care and quality of care compared to the periods before. It would seem, then, that the increase in the number of dentists in Virginia not only improved access to care but also the quality of care given. However, there are several limitations in my analysis of the situation which I have not (and in some cases cannot) account for. First, there are certainly many other variables at play in the real world that might contribute to a greater access to care, making it unclear whether the laws themselves actually result in greater access to care. Second, using malpractice payment reports as a measure of quality has many downsides. These downsides include the fact that they are normally only paid out for high-cost cases (\$50,000 and greater), which likely make up only a small portion of the dental work going on in Virginia (HHS). However, it is the only measure of quality for dental work that I am currently aware of. Third, many of the changes seen in the number of malpractice payment reports take place after the point of differentiation (2005); and, although these may be explained by the time necessary to bring in and establish new dentists in the area, they still cast shade on the idea that the laws are the deciding variable in the changing number of malpractice payment reports in Virginia (HHS). As a result of these limitations, I can only hint that Virginia's laws regarding dentistry may have had a small positive effect on the quality of the care within the state. Regardless, investigating the effects that Virginia's laws may have on the quality of dentistry in the state is incredibly important, and it is

my hope that this article will spur others on to add to the conversation and determine whether Virginia's laws have a determinable effect on the quality of dentistry within the state.

Declaration of Bias

My father is a private practitioner of dentistry in Virginia. While I have attempted to limit this bias in myself, I think that it should nonetheless be taken into consideration by the reader.

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