NEW MEXICO DENTISTRY

New Mexico
DENTAL ASSOCIATION

Legislative Health & Human Services Committee
September 11, 2025

POWER 2030

New Mexico
DENTAL ASSOCIATION

- *Much of what we talk about today is part of this strategic plan for oral health during this decade*
- *We are at the mid-point of the decade and have made some progress but there is still much to be accomplished*
- *The executive summary gives a good overview of these recommendations*

POWER 2030

New Mexico DENTAL ASSOCIATION

PREVENTION

Focuses on programs to reduce dental disease in children by establishing dental homes and good habits

OPPORTUNITY

Tapping innovation and technology to improve practice and reach rural areas

WORKFORCE

Creating a more skilled and adaptive dental team

EDUCATION

Developing pipelines for dental educators, improved diversity and skills-oriented training

RESOURCES

Reforming dental insurance practices, overhauling Medicaid and caring for seniors

Prevention

Objective 1: Development of programs to assist families to comply with school pre-entry requirements and improve dental practice pediatric and case management capacity.

Objective 2: Implementation of a statewide incentive program for optimal community water fluoridation.

Objective 3: Development and sanctioning for a collaboration of educators and health professionals to acquire, adapt or create an oral health curriculum for New Mexico students in grades K-5.

Opportunity

Objective 1: Expansion of teledentistry as a rural resource

Objective 2: Pioneer innovative practice models and oral health innovations to serve a more diverse population

Objective 3: Improve the business environment for dental practices in New Mexico to attract quality practitioners and improve distribution

Workforce

Objective 1: Focus on a skills-oriented rather than a certification-oriented career ladder for dental auxiliaries

Objective 2: Encourage creation of specialized staff for management of unique patient populations (pedo, geriatric, special needs) by general dentists

Objective 3: Recruit and develop a higher quality dental auxiliary workforce

Education

Objective 1: Recruit and nurture a more diverse group of pre-dental and dental students with an emphasis to serve underserved communities

Objective 2: Expand the UNM residency program with a new emphasis on dental research

Objective 3: Evolve the emphasis of current staff training programs toward skills rather than degrees

Resources

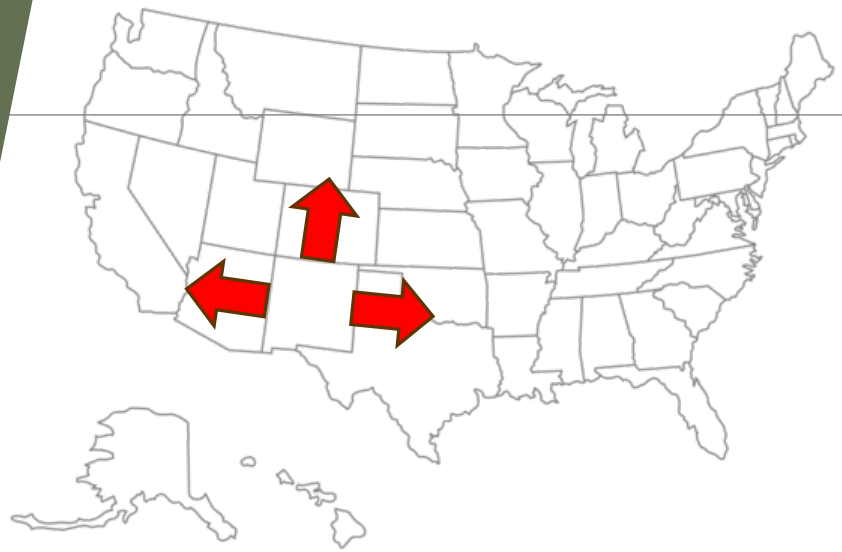
Objective 1: Reform dental benefits plans toward health maintenance rather than resource management

Objective 2: Develop a viable and appropriately funded senior care program

Objective 3: Overhaul dental Medicaid with a completely new model oriented to restoring and maintaining overall health

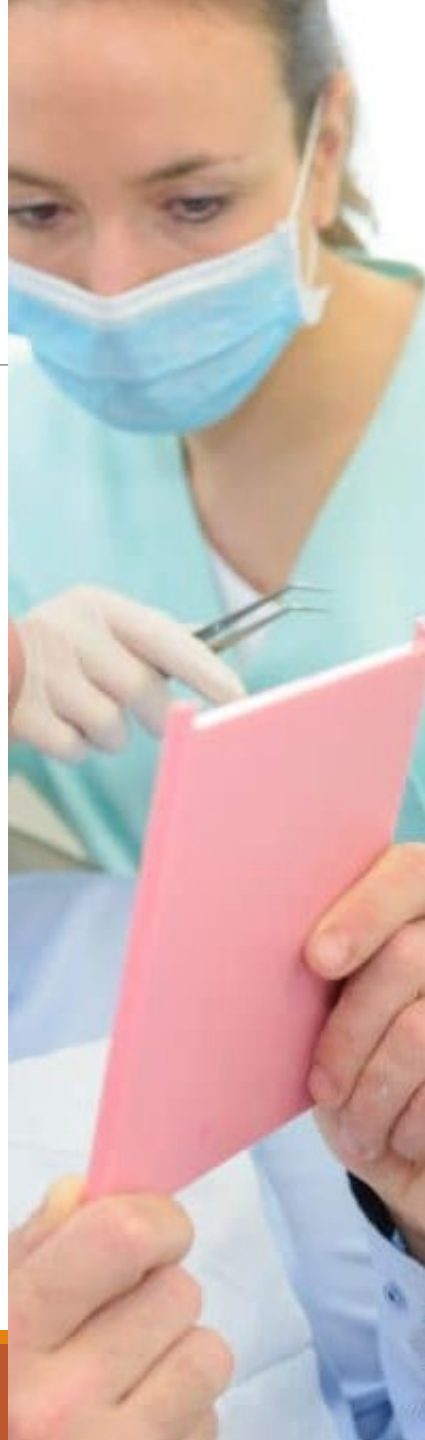
DENTAL WORKFORCE TRENDS

NEW MEXICO IS LOSING DENTISTS

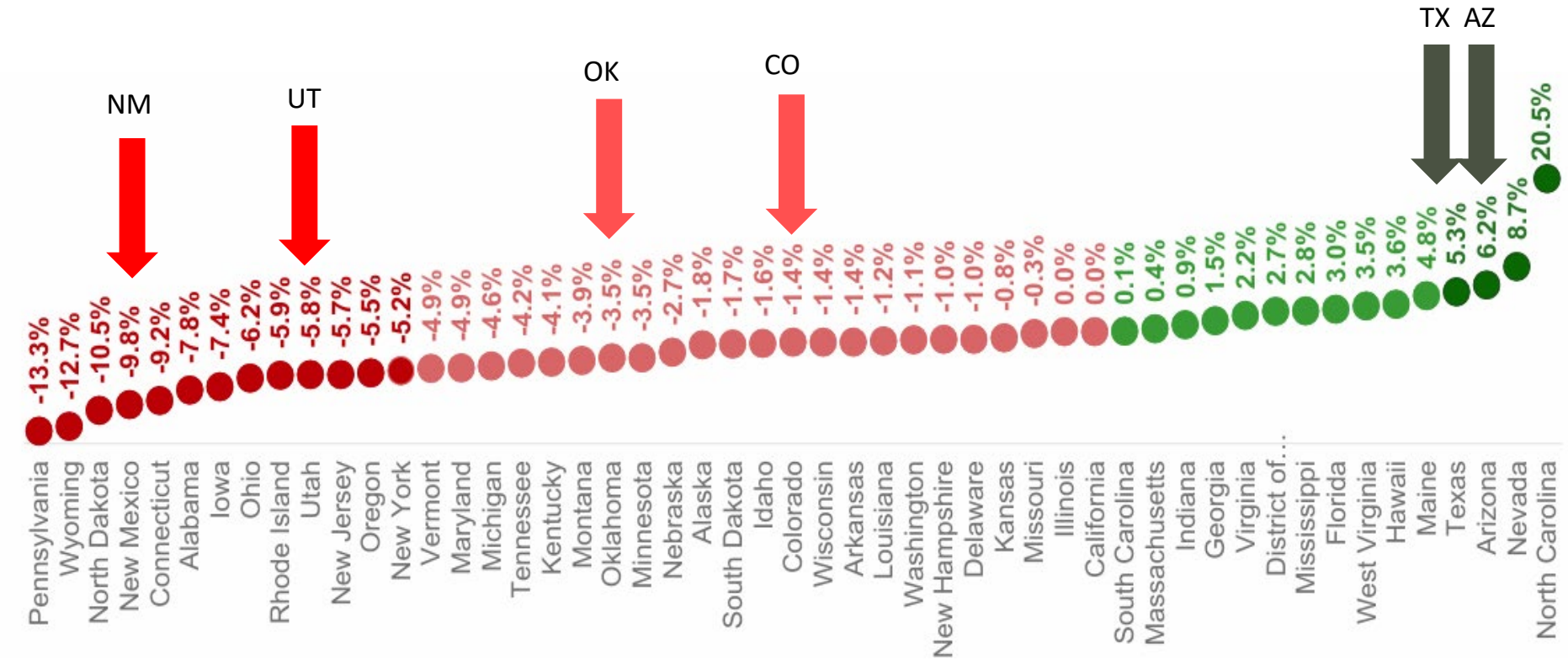


	2017	2018	2019	2020	2021	2022	2023	2024
PER 100K	53.9	52.3	51.4	50.9	48.4	48.1	47.7	46.8
TOTAL	1130	1097	1080	1079	1025	1017	1008	997

*FROM 2014-17 NEW MEXICO GAINED 134 DENTISTS, OVER THE NEXT 6 YEARS WE LOST 133



CHANGE IN DENTISTS PER POPULATION 2014-2024



- One of the highest migration rates in the country
- Young dentists are leaving because they don't have an investment in the state and don't find it an easy place to practice

MIGRATION LOSS OF ALL DENTISTS WITHIN THE U.S. FROM 2019-2022

49. Louisiana	-3.1%
50. New Mexico	-3.5%
51. Massachusetts	-3.8%

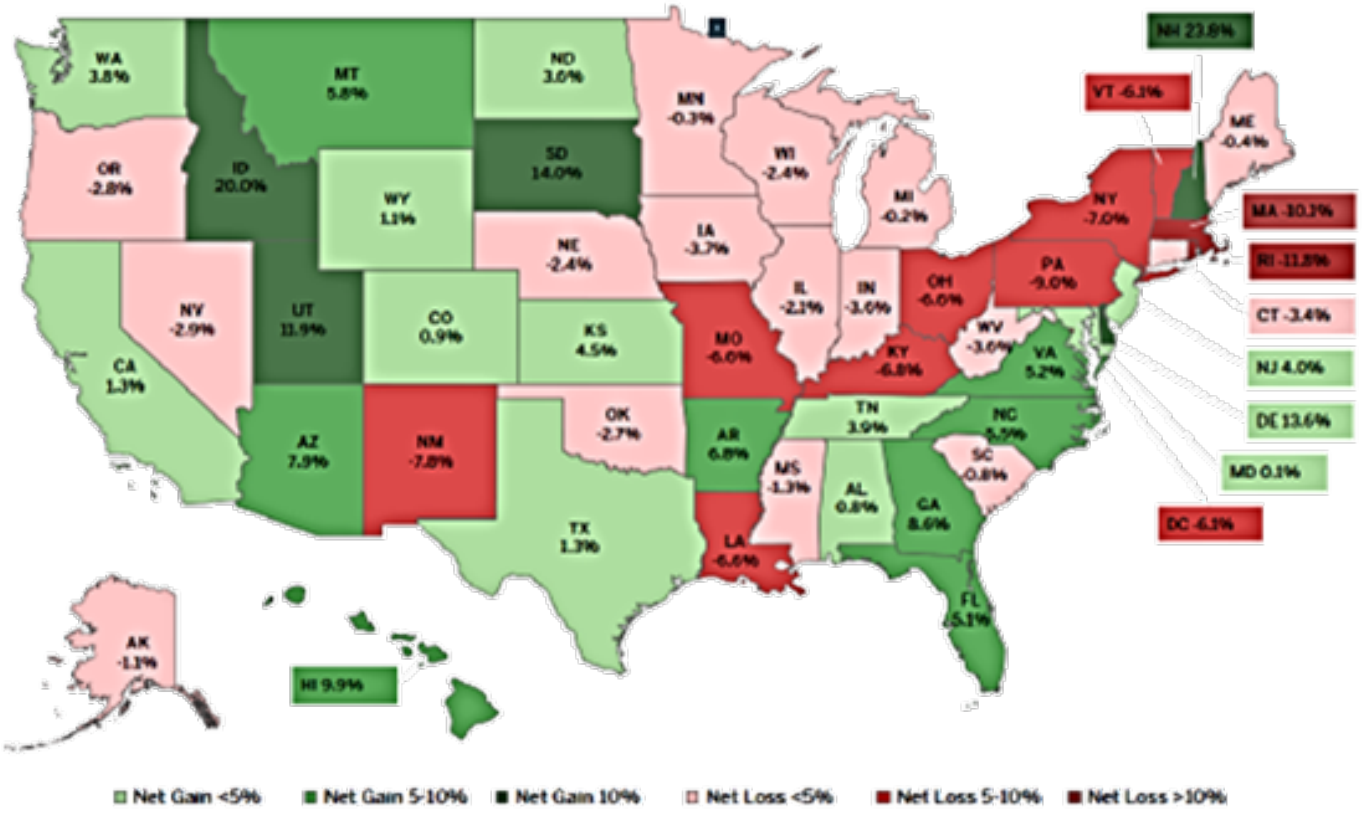
SECOND TO LAST IN THE NATION

MIGRATION LOSS OF *NEW DENTISTS WITHIN THE U.S. FROM 2019-2022

*10 YEARS OF PRACTICE OR LESS

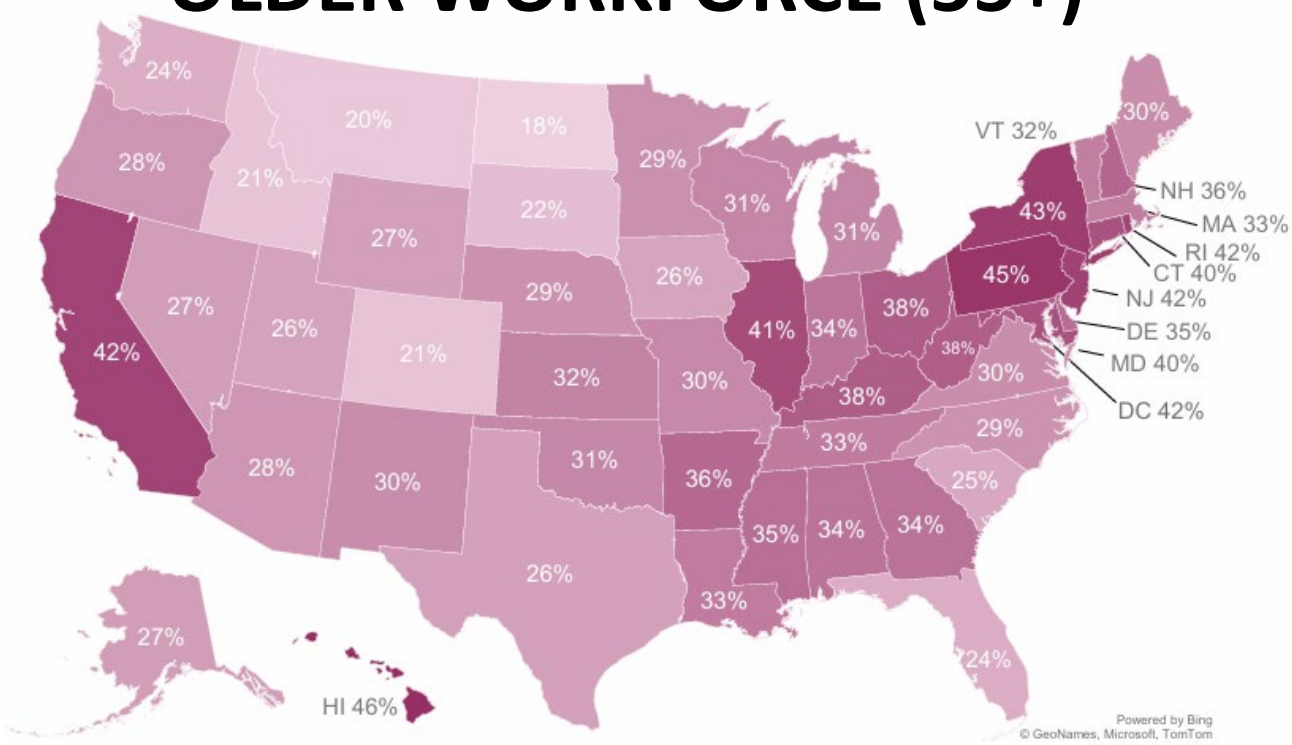
5. Utah	+11.9%
8. Arizona	+7.9%
19. Texas	+1.3%
22. Colorado	+0.9%
48. New Mexico	-7.8%

FOURTH LAST IN THE NATION



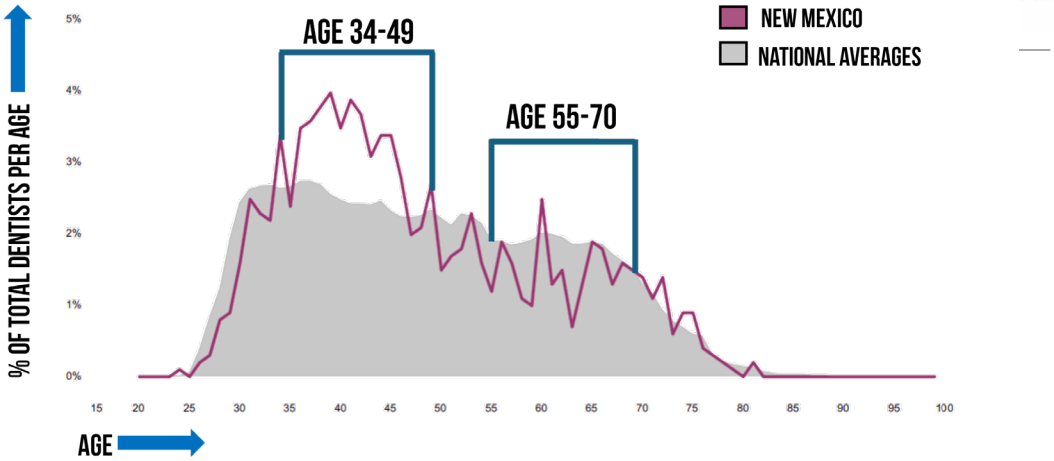
OLDER WORKFORCE (55+)

- That leaves us with a greater than average 55+ age group
- Unless something is done to attract and keep younger dentists we will see continuing drop off

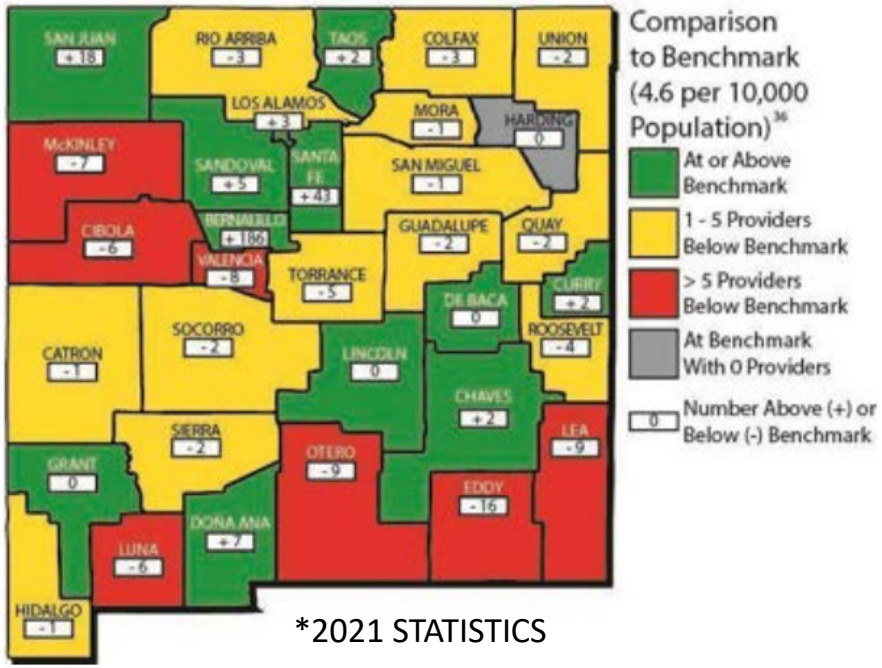


REGIONAL % 55+

OKLAHOMA	31%
NEW MEXICO	30%
ARIZONA	28%
UTAH	26%
TEXAS	26%
COLORADO	21%

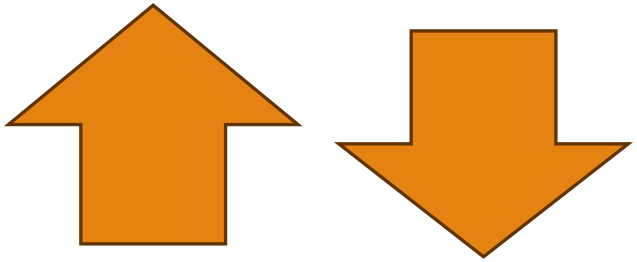


RURAL PRACTICE



*2021 STATISTICS

EXPENSES VS. INCOME FOR RUAL DENTISTS (2015-2024 NATIONALLY)



16.4%
EXPENSES

-16.5%
INCOME

COMMUNITY IMPACT

$2.6 billion
ANNUAL ECONOMIC IMPACT GENERATED BY DENTAL OFFICES

$2.6 million
AVERAGE ANNUAL ECONOMIC IMPACT PER DENTIST PER YEAR

DENTAL OFFICES SUPPORT

13.9 thousand jobs IN NEW MEXICO EACH YEAR

EVERY JOB IN A DENTAL OFFICE GENERATES 1.4 ADDITIONAL JOBS IN OTHER SECTORS OF THE ECONOMY

Workforce trends

Dental Education

The best way to attract dentists to underserved areas is to grow them ourselves

Currently all dentists in NM are trained elsewhere

This limits our pool of potential students/

Touro is limited by the same factors as most of our contract schools, Texas Tech/El Paso has a limit on number of students

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
Woody L. Hunt School *of* Dental Medicine

Class size of 60 with up to 6 NM students

Early clinical experience with innovative curriculum

Spanish language requirement

Border counties get in-state tuition

Contract students from other counties also receive in-state tuition

Emphasis on NM recruitment

Some NM faculty

Texas public university

TOURO COLLEGE OF DENTAL MEDICINE

Located in suburban New York city

Opening ABQ clinic May 2025

Class size of 200 students,

First 2 years in new York

Half of each class completes 3rd and 4th year in ABQ

International dentist program

Currently recruiting NM faculty

Private school

What we need to do to attract more dentists to rural areas

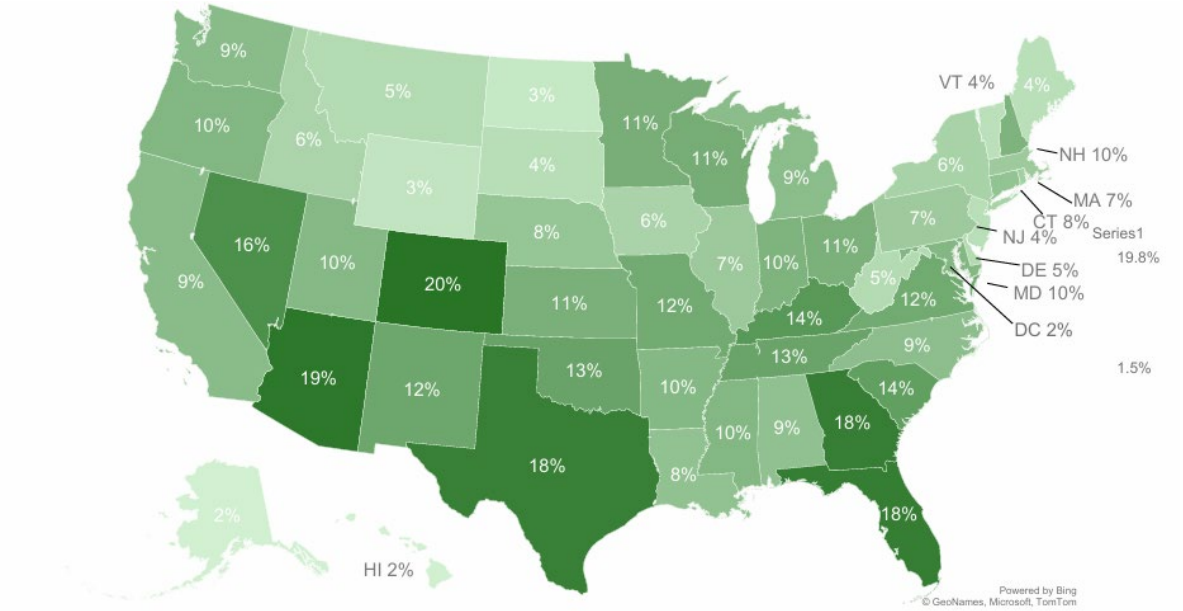
- **BA/DDS**
- **Pre-clinical education in state**
- **Seek increased cooperation with regional schools**
- **Tuition subsidy**

Changing Practices

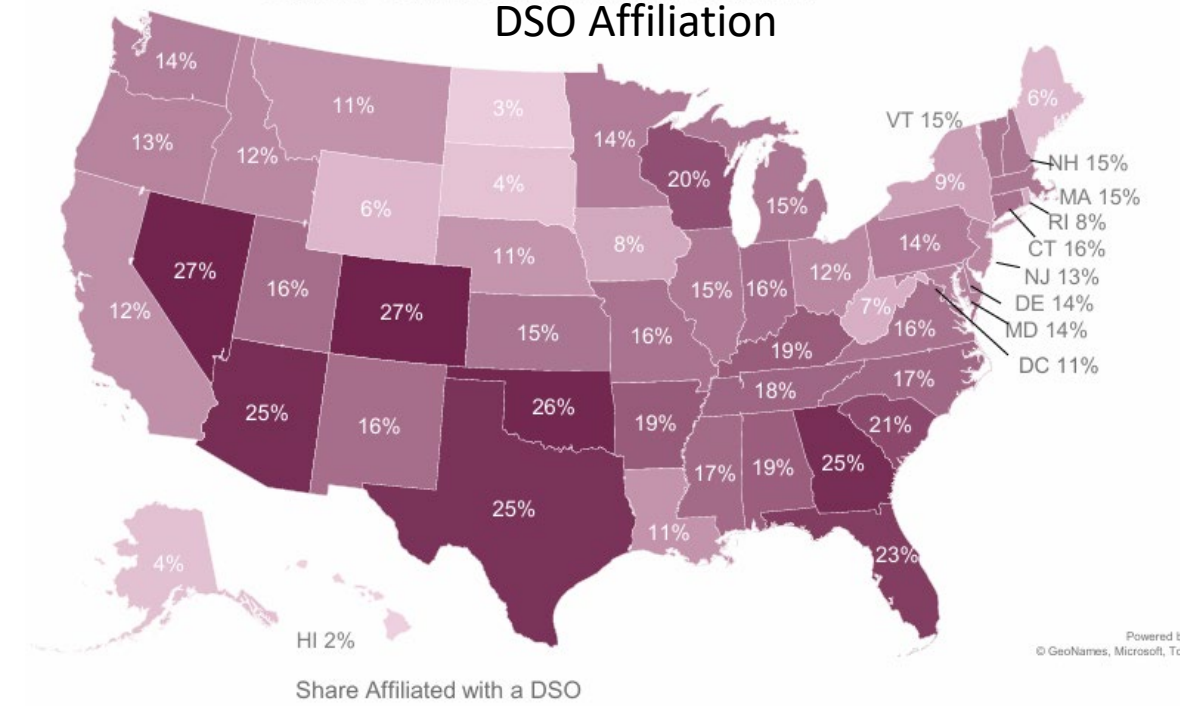
Managed care is driving practices to find efficiencies through consolidation

Efficiency is good but discourages diversity and personalized care

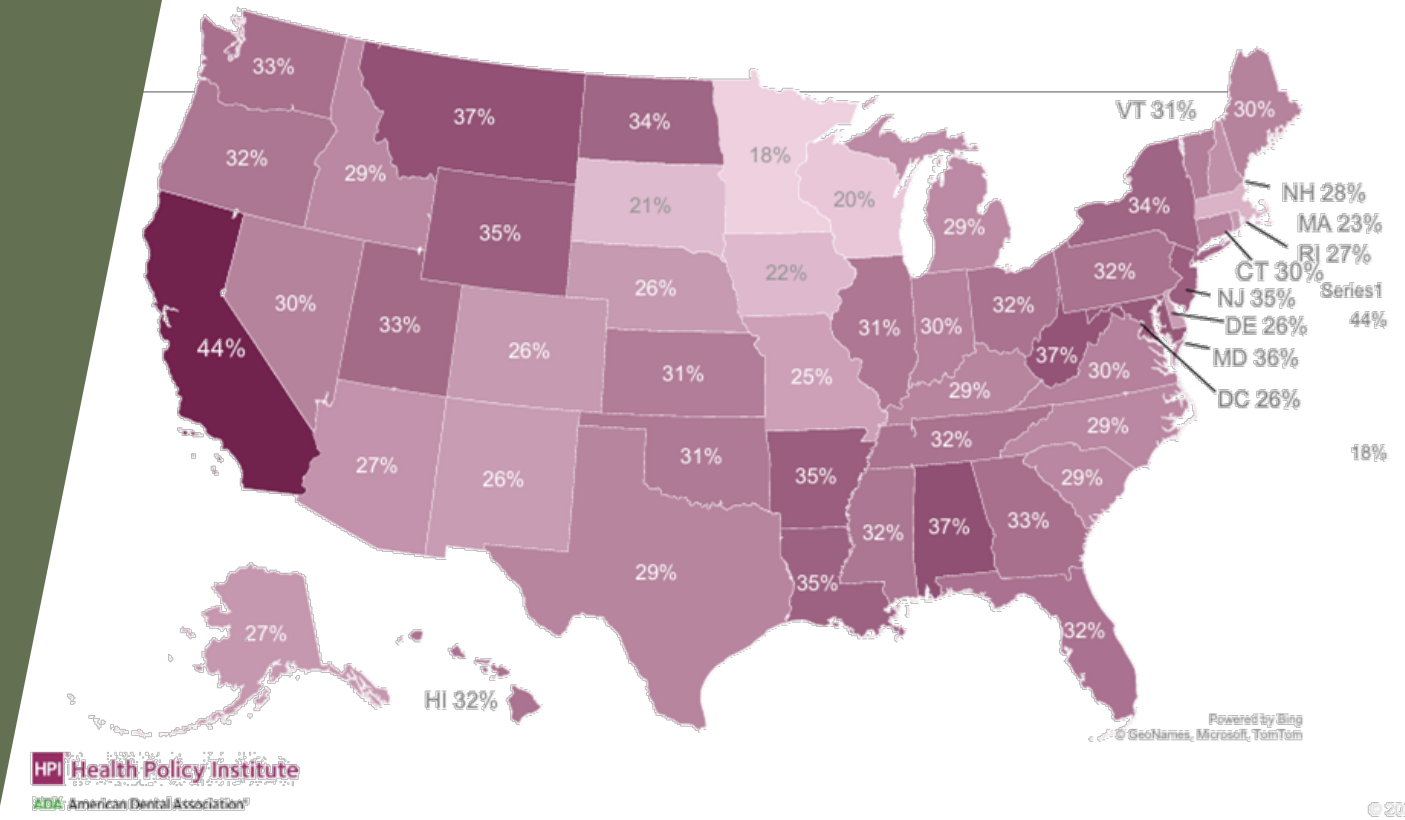
100+ Practice Locations



DSO Affiliation



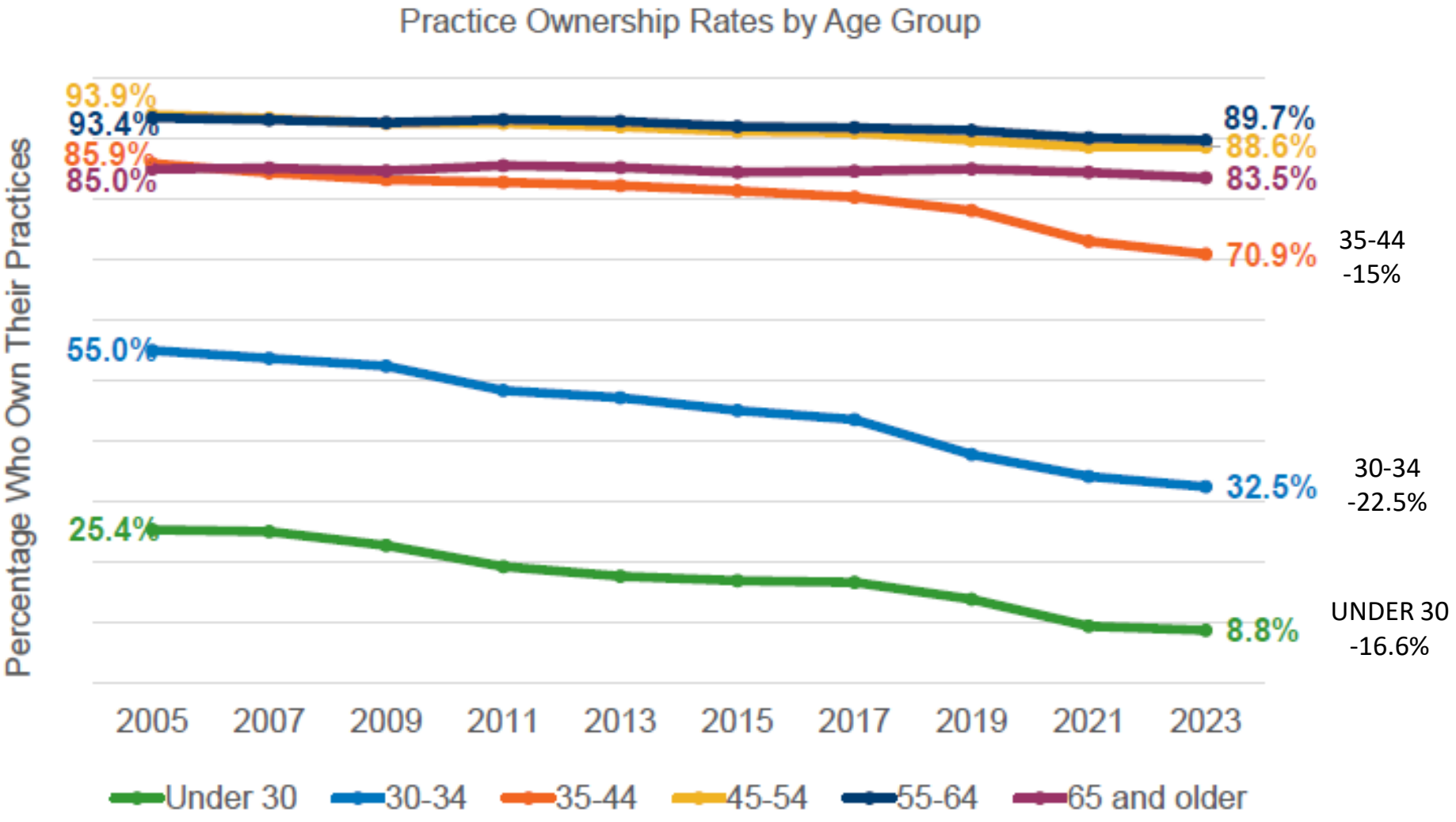
Solo practice is becoming increasingly rare



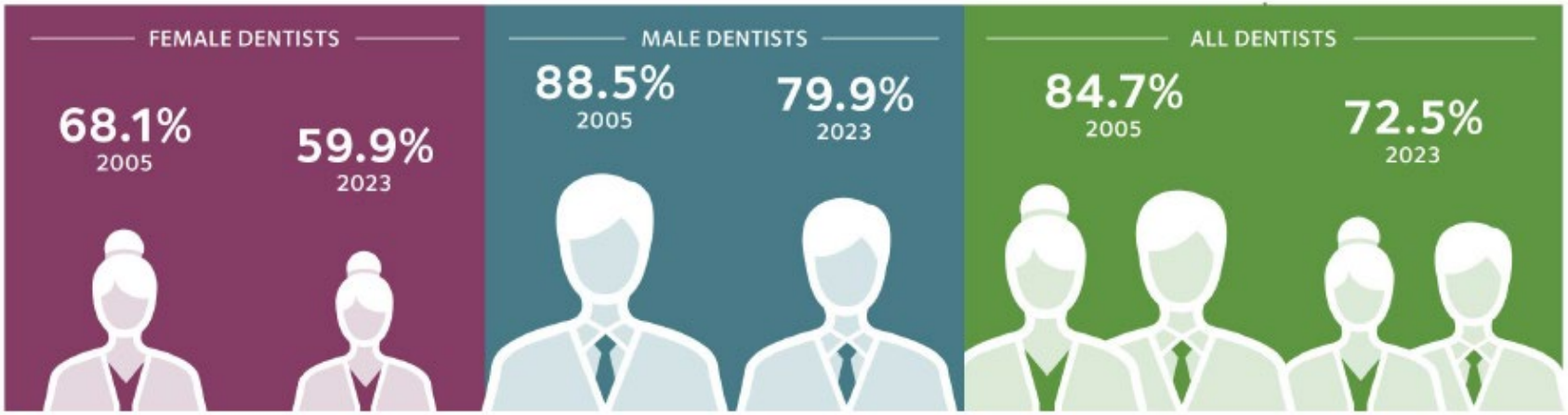
Prominence of Solo Practice Varies Across States

Share of Dentists in Solo Practice, 2024

DECLINING OWNERSHIP AMONG YOUNGER DENTISTS



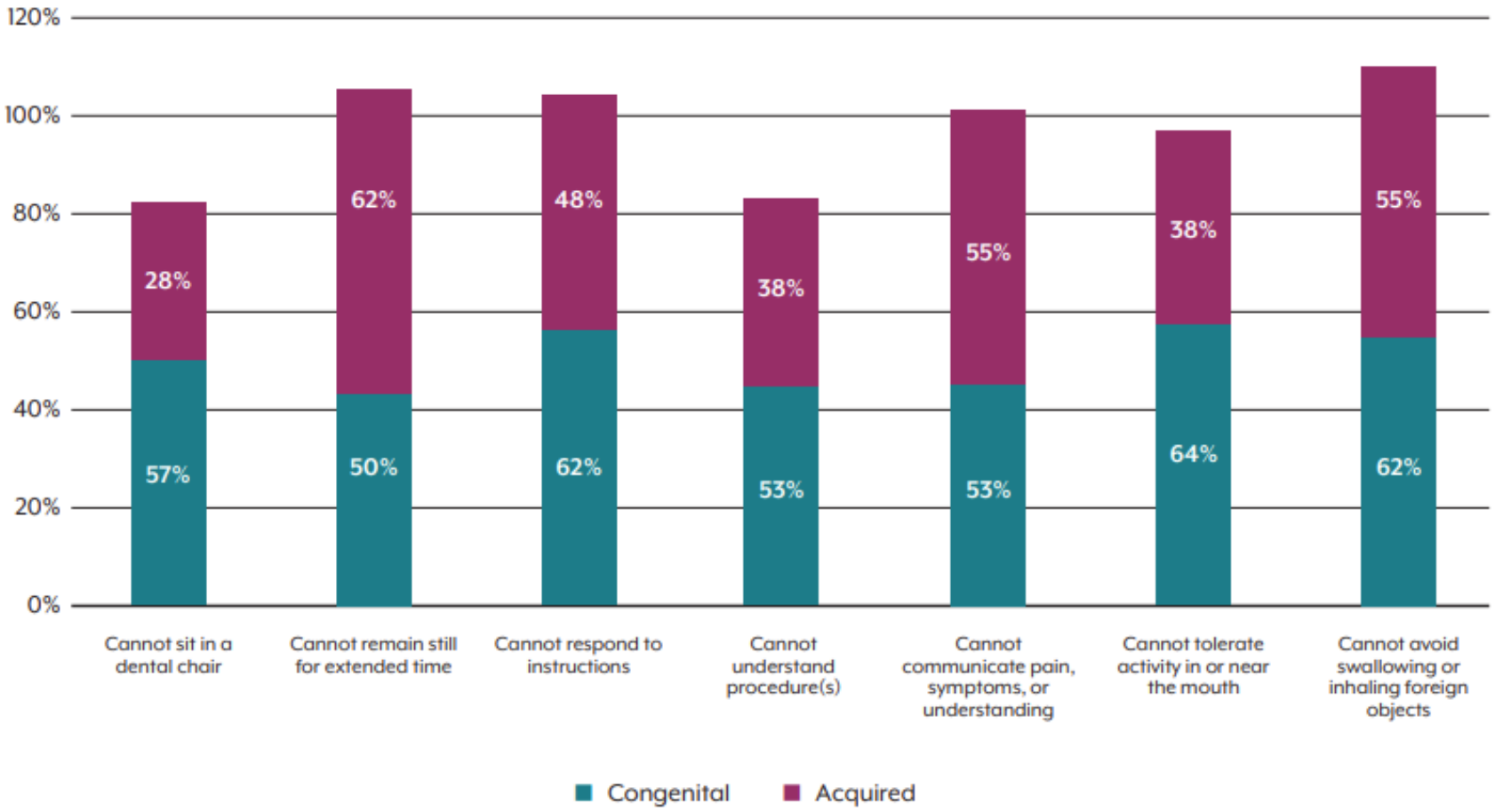
DECLINING PRACTICE OWNERSHIP RATES



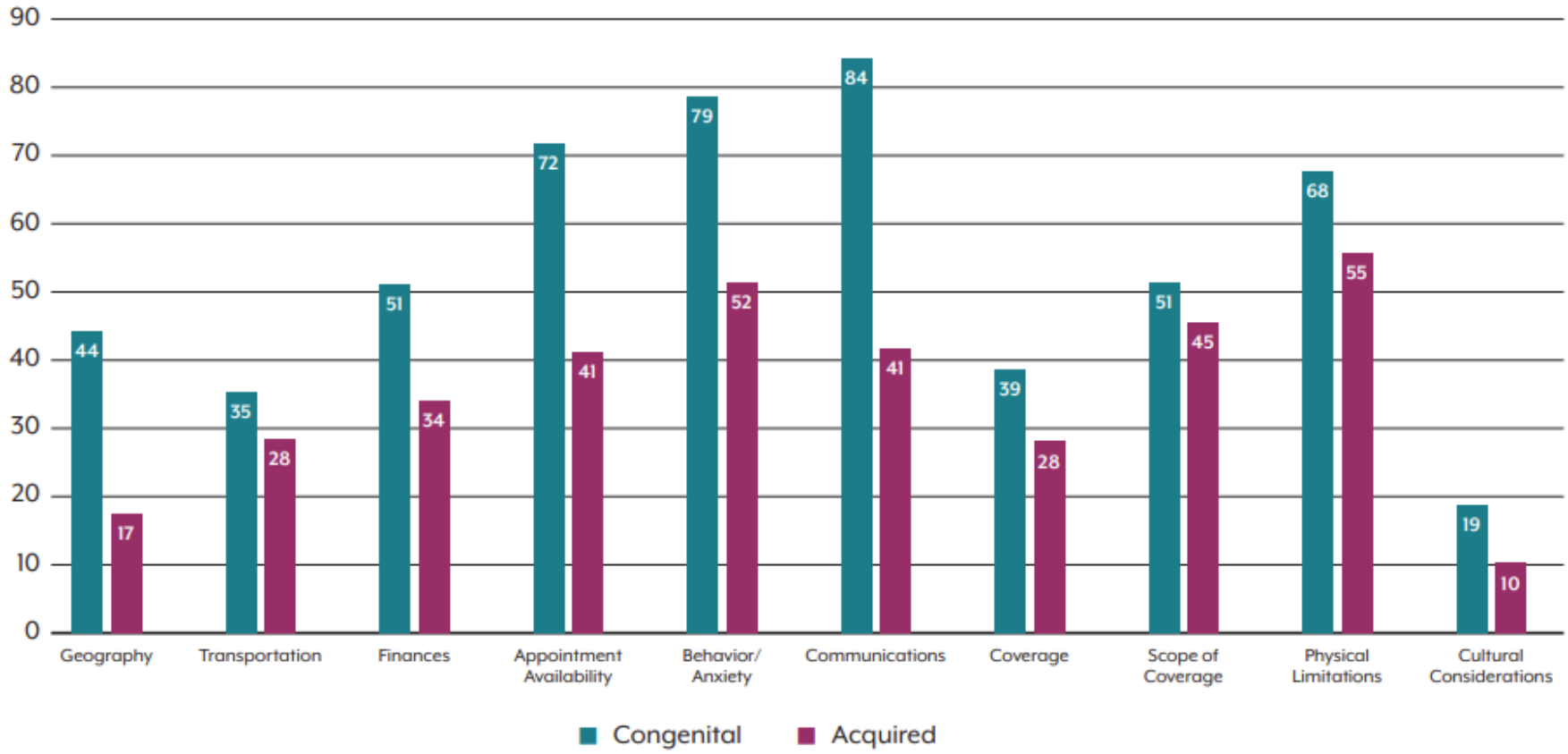
FINDINGS

- Need exceeds current resources
- Resources for adults are more limited than for children
- Lack of data limits good policy
- Providers are willing but poorly supported
- Most coverage comes from Medicaid but it is dysfunctional
- Both patients and providers suffer from lack of information
- There is an acute lack of some specialty care
- Institutional barriers to OR usage
- Lack of standardized records is a barrier to utilization

BARRIERS TO DENTAL TREATMENT



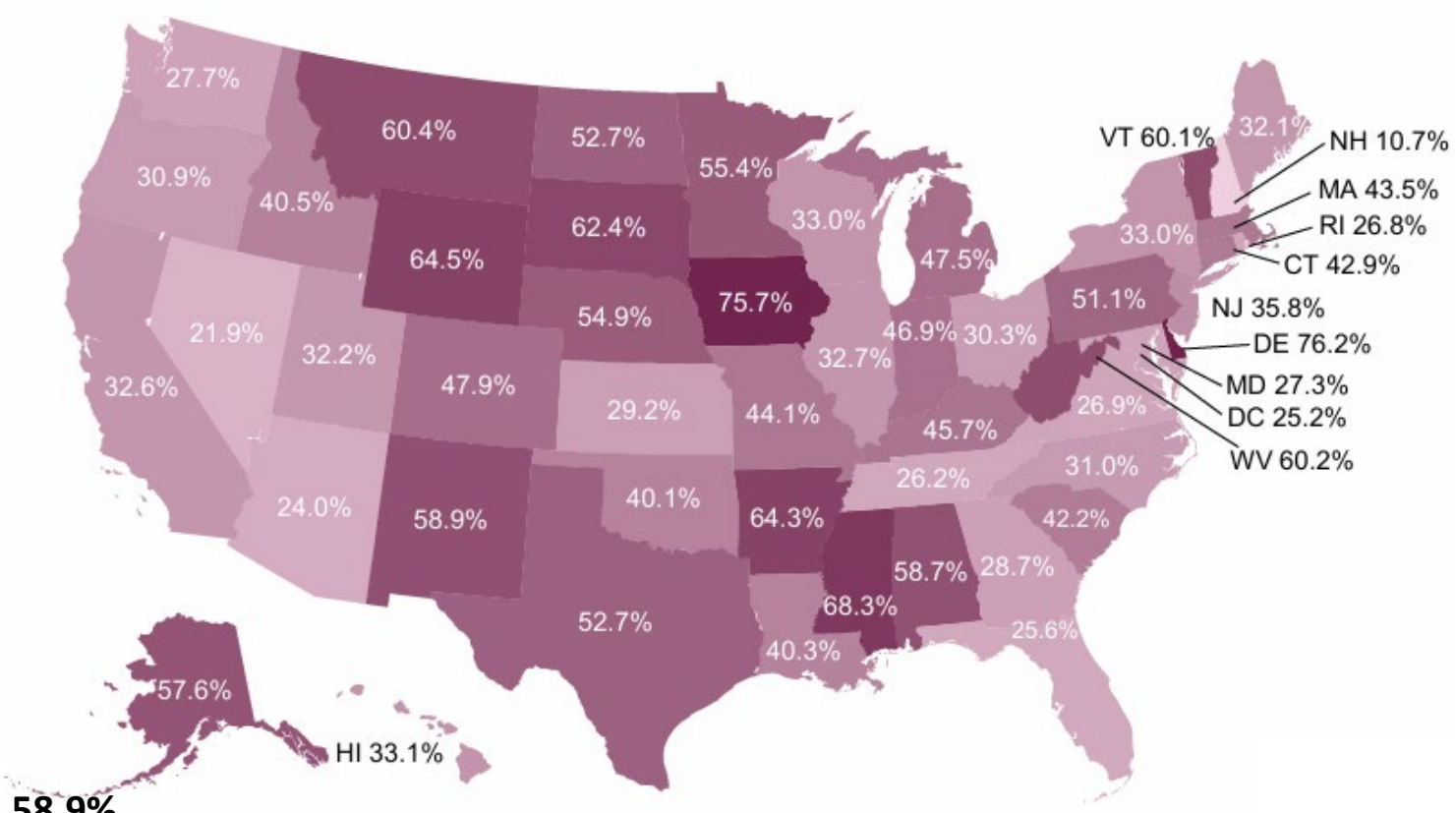
BARRIERS TO CARE AS A PERCENTAGE



RECOMMENDATIONS

- Fix Medicaid
- Improve provider education both pre- and post-doctoral
- Create new information resources
- Standardize records
- Improve surveillance of both needs and resources
- Expand existing subsidized resources
- Improve provider networking
- Improve case management resources

SHARE OF DENTISTS ENROLLED AS MEDICAID PROVIDERS 2024



REGIONALLY

NEW MEXICO	**58.9%**
TEXAS	**52.7%**
COLORADO	**47.9%**
OKLAHOMA	**40.1%**
UTAH	**32.2%**
ARIZONA	**24.0%**

MEDICAID: COVERAGE

- Pediatric coverage is mostly comprehensive with limits
- Adult coverage while better than some states is still very limited
- Limits on coverage make dental care less effective and more expensive
- Poor dental care impacts many chronic diseases leading to more expensive care and poorer quality of life

MEDICAID: STRUCTURE

- Patterned after commercial dental plans that discourage utilization
- Provisions “punish” providers for providing essential care
- Limitations discourage specialist care and referrals
- Encourages “cherry-picking” by providers
- Managed care companies often rely on secondary dental administrators

MEDICAID: REIMBURSEMENT

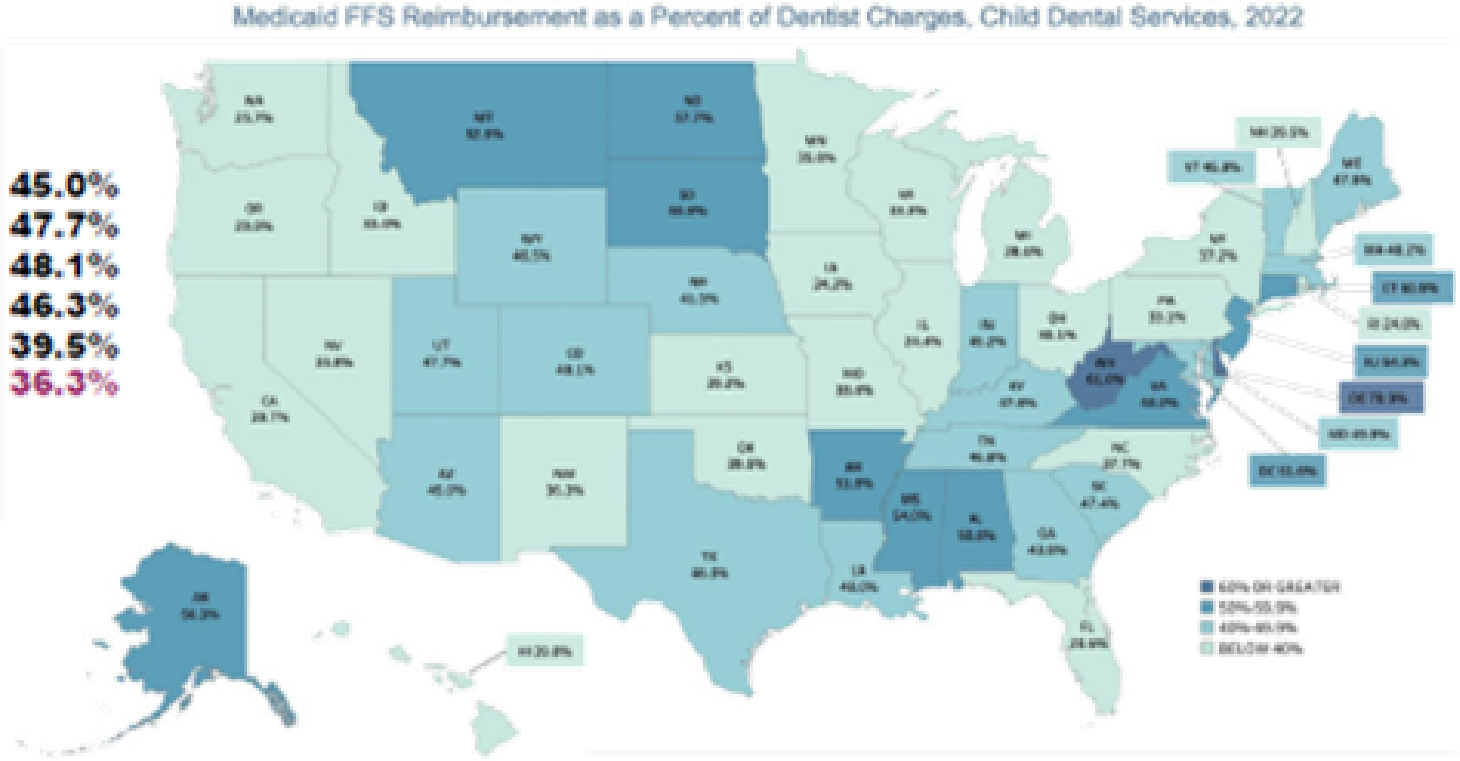
- Is often less than the cost of providing the care
- Is not indexed to any comparable fee schedules
- Has not been meaningfully increased in almost 30 years
- Relying on neighboring state analysis is inadequate because they are usually as dysfunctional as we are
- We are on the verge of losing many long-time providers
- Even a relatively large increase will not improve the current problems

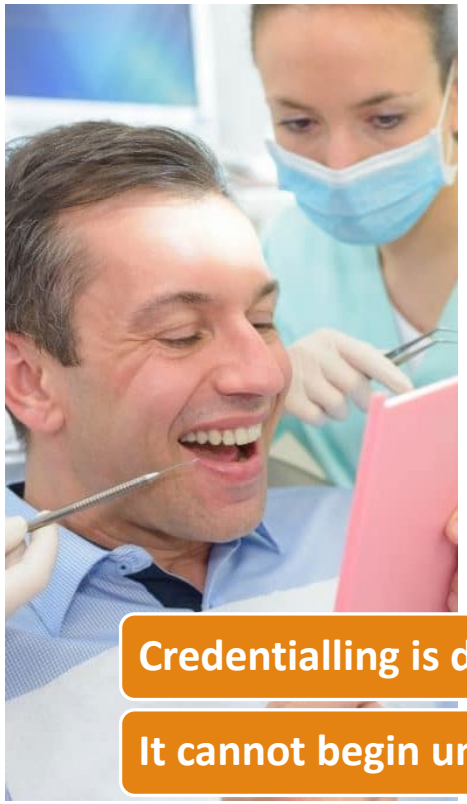
MEDICAID

MEDICAID FFS REIMBURSEMENT AS PERCENTAGE OF DENTIST CHARGES

- 50% OF OUR HEALTHCARE MARKETPLACE IS MEDICAID
- 38TH AMONG STATES IN MEDICAID REIMBURSEMENT
- LOWEST IN THE REGION

Arizona	45.0%
Utah	47.7%
Colorado	48.1%
Texas	46.3%
Oklahoma	39.5%
New Mexico	36.3%





MEDICAID: CREDENTIALING

- Credentialling is done by both the state and each managed care company
- It cannot begin until licensing is completed and both are so slow that it takes many months
- Delays impact the ability to provide care and provider's livelihood
- Delays lead to people regularly abandoning the process

LICENSING

Delays are impacting new licenses and renewals

People are having to retake tests because credentials expire due to delays in processing

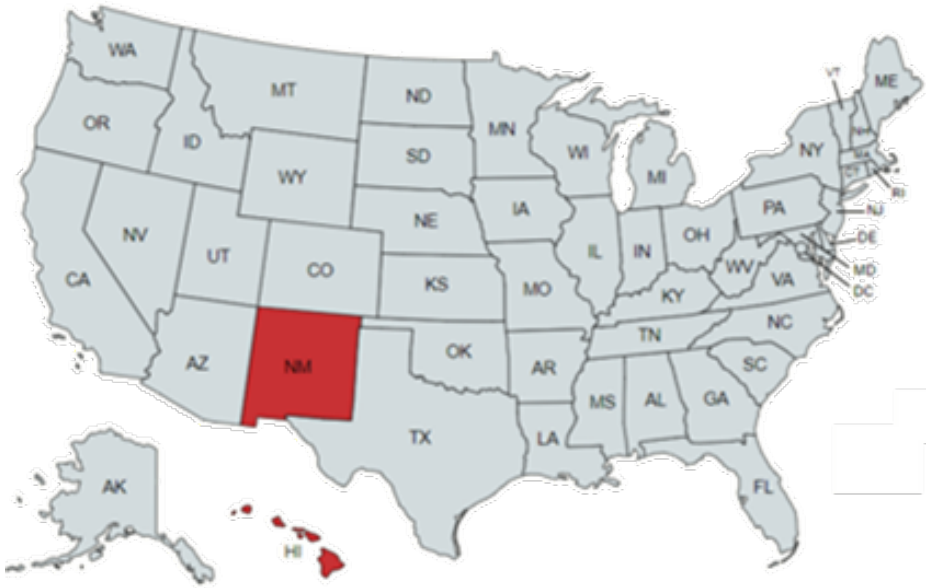
People do not receive feedback on failed applications

Joining the licensing compact would make NM a more attractive place to have a license

GROSS RECEIPTS TAX

NEW MEXICO IS ONE OF ONLY 2 STATES CHARGING GROSS RECEIPTS TAX ON DENTAL SERVICES…

- A dollar in NM buys less healthcare than in any other state
- This impacts dentistry more because there is less managed care and more patient out-of-pocket payments



LIABILITY REFORM

- **Dentists are not included under the Medical Malpractice Act**
- **This is making it hard for dentists to get insurance under some circumstances**
- **Dentists become the “deep pockets” in cases involving multiple practitioners and are sometimes included for that reason**

QUESTIONS?

New Mexico
DENTAL ASSOCIATION

New Mexico
DENTAL ASSOCIATION

ADA®

CONTACT: DR. TOM Schripsema
Executive director, NMDA
tschrip@nmdental.org
505-294-1368