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FISCAL IMPACT REPORT

SPONSOR Roch **ORIGINAL DATE** 02/23/11
LAST UPDATED 03/02/11 **HB** 495
SHORT TITLE Dental Therapists & Hygienist Licensure **SB** _____
ANALYST Esquibel

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY11	FY12		
	None		

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Non-Rec	Fund Affected
FY11	FY12	FY13		
	Unknown	Unknown	Recurring	Other State Funds/Board of Dental Health Care application & renewal fees

(Parenthesis () Indicate Revenue Decreases)

HB495 relates to HB187, Expanded Function Dental Auxiliaries (Sandoval); and SB133, Study UNM Students Directly to Dental School (Campos).

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY11	FY12	FY13	3 Year Total Cost	Recurring or Non-Rec	Fund Affected
Total		\$118.0	\$118.0	\$354.0	Recurring	Other State Funds/Board of Dental Health Care

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Higher Education Department (HED)

Department of Health (DOH)

Health Policy Commission (HPC)

Regulation and Licensing Department (RLD)

University of New Mexico (UNM)

SUMMARY

Synopsis of Bill

House Bill 495 would amend the New Mexico (NM) Drug, Device and Cosmetic Act and the Dental Health Care Act to:

- Allow for the use of expanded-function dental auxiliaries, community dental health coordinators, and dental therapists;
- Expand the scope of practice for dental hygienists;
- Expand the list of acceptable clinical examinations for licensure to practice dentistry;
- Allow applicants who are licensed to practice dentistry or dental hygiene in another state or territory of the United States (U.S.), or students who are enrolled as dental residents at the University of New Mexico (UNM) and are otherwise qualified to practice dentistry in this state, to obtain a temporary public-service license;
- Add a new dental provider type – dental therapist for licensure;
- Add a dental therapist committee to the Board of Dental Health Care, similar to the Dental Hygiene committee.

FISCAL IMPLICATIONS

HB495 would expand the dental licensure base to include applicants who have taken the required examinations in other locations, applicants who will become expanded-function auxiliaries, dental therapists, or community dental health coordinators, and applicants for temporary licensure. This expansion could generate additional revenue for the NM Board of Dental Health Care because of application and renewal fees.

The Regulation and Licensing Department indicates HB495 would require an increase in FTEs, resulting in an increase in fees to compensate for the additional services being conducted. Specifically, the New Mexico Board of Dental Health Care would need an additional 2 FTE's for the supplementary services being conducted at an estimated cost of \$106 thousand for personal services and benefits. Because the Board's operation is sustained through licensing fees an increase would be necessary to cover the cost of the added personnel. The Board would also incur additional costs related to board member travel and per diem. To reimburse the nine members of the dental therapy committee would cost approximately \$3 thousand per meeting. The statute would require a minimum of four meetings per year with a total minimum cost of \$12 thousand .

The University of New Mexico indicates HB495 provides for a new workforce model that would require significant clinical education. Many of the skills taught to general dentists are included in the scope of practice, so the fiscal impact, would be closely aligned to a dental school education, without the basic science didactic curriculum. It is possible to apply for funding through appropriations from the federal Patient Protection and Affordable Care Act (PPACA, Public Law 111-148). However, PPACA funding would only fund a small, nonrecurring portion of the entire educational costs.

SIGNIFICANT ISSUES

The University of New Mexico indicates that HB495 includes a two-year curriculum that would graduate providers delivering dental care under general supervision (meaning outside the presence of a dentist). As dental and dental hygiene providers and educators, there are concerns about training providers to such a wide scope of services within the limits of a two-year curriculum. The scope of services listed in HB495 includes much of what is taught in a four-year dental school curriculum.

Health Action New Mexico indicates HB 495 requires a minimum of two academic years of dental therapy curriculum at an institution of higher learning, plus 500 additional clinical hours which equates to approximately three years or 3200 hours of competency-based training and education with emphasis on clinical experience.

PERFORMANCE IMPLICATIONS

The Department of Health indicates HB495 significantly expands the scope of practice for a dental hygienist and specifically authorizes prescriptive authority to administer local anesthesia under indirect supervision, and provides prescriptive authority for fluoride. The bill includes an expanded scope of practice for dental auxiliaries and community dental health coordinators and public service licensure for dentists and dental hygienists.

HB495 also establishes a new dental provider type – dental therapists - and creates a dental therapy education program. The dental therapist’s model of care was established in rural Alaska, in which the dental therapists are providing dental care to Alaska natives. The Minnesota State House and Senate passed similar legalization in May 2009, establishing the Dental Therapist and Advanced Dental Therapist providers in the state.

Access to care is largely affected by an overall shortage of dental providers in NM as well as a shortage of dental providers practicing in rural/frontier and underserved areas. The federal government has designated all or part of 30 counties as Dental Health Professional Shortage Areas. (<http://hpsafind.hrsa.gov/HPSASearch.aspx>)

One of the major themes in the Surgeon General’s report, “Oral Health in America,” is that “oral health is integral to general health” and that a person is not truly healthy without having good oral health, which also affects productivity and quality of life.” The report found a significant disparity between racial and socioeconomic groups about oral health and ensuing overall health issues. Based upon its findings, the Surgeon General called for action to promote access to oral health care for all Americans, especially the disadvantaged and minority children found to be at risk for medical complications resulting from minimal oral health care and treatment (www.surgeongeneral.gov/library/oralhealth/).

Studies indicate that, in 2002, NM residents were 10% below the Healthy Border 2010 goal of 75% of the population visiting a dentist each year. Sixty-five percent of adults in NM had *visited a dentist or dental clinic within a past year*. This was consistent with other Border States (66%) and the U.S. (70%). (HRSA, Border County Health Workforce Profiles: New Mexico: <http://bhpr.hrsa.gov/healthworkforce/border/newmexico/highlights.htm>).

ADMINISTRATIVE IMPLICATIONS

The Board of Dental Health Care indicates two dedicated staff would be necessary to implement the administrative, license and compliance requirements of HB 495.

RLD—Boards and Commissions Division will need to complete the rule-making process to implement this legislation. The new sections of the Act will need to be integrated into these rules, specifically: creating a new nine member committee, expanding the practice of a dental hygienist; authorizing prescriptive authority for the administration of anesthesia; licensing of dental therapists, dental health coordinators; and licensing of the expanded function dental auxiliary and public-service licensure for dentists and dental hygienists.

The Dental Board's staff will also need to spend additional time reviewing applications for licensure in these areas.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

HB495 relates to the following bills:

- HB187 (Expanded-Function Dental Auxiliaries), which would amend the New Mexico Drug, Device and Cosmetic Act and the Dental Health Care Act to:
 - Allow for the use of expanded-function dental auxiliaries and community dental health coordinators;
 - Expand the scope of practice for dental hygienists;
 - Expand the list of acceptable clinical examinations for licensure to practice dentistry; and
 - Allow applicants who are licensed to practice dentistry or dental hygiene in another state or territory of the U.S. or students who are enrolled as dental residents at the University of New Mexico, and who are otherwise qualified to practice dentistry in this state, to obtain a temporary public-service license.
- SB133 (Study UNM Students Directly to Dental School), which would appropriate \$5,000 to the University of New Mexico Board of Regents to conduct a feasibility study for a program allowing Bachelor of Arts degree recipients to matriculate directly to the dental school for a doctor of dental science or doctor of dental surgery degree.

OTHER SUBSTANTIVE ISSUES

The Health Policy Commission indicates the shortage of dental providers, including the shortage of dental providers practicing in rural and underserved areas, has a significant impact on access to oral health care in New Mexico. All or part of 29 New Mexico counties have been designated as Dental Health Professional Shortage Areas by the federal government. New Mexico has the second lowest number of dentist per population in the nation. HB495 would address issues related to access to oral health care in New Mexico.

According to the Health Policy Commission's *2009 Geographic Access Data System: Selected Healthcare Professionals in New Mexico* report, there were a total of 961 New Mexico licensed dentists in 2009. This was an 8.5% increase from the 886 licensed dentists in 2007. Employment was distributed as follows:

- General Dentistry 908 (94.5%)

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- Orthodontics 22 (2.3%)
- Oral and Maxillofacial Surgery 11 (1.1%)
- Prosthodontics 1 (0.1%)
- All Other Specialties 19 (2.0%)

In 2009, 403 (41.9%) New Mexico licensed dentists were licensed with a Bernalillo County address followed by 126 (13.1%) with a Santa Fe County address and 80 (8.3%) with a Dona Ana County address. Los Alamos County had the highest rate of licensed dentists per 1,000 population at 0.90 followed by Santa Fe County at 0.85 and Bernalillo County at 0.62. There were no licensed dentists with a Guadalupe, Harding, Hidalgo, Mora, or Union County address.

There were 937 dental hygienists licensed in New Mexico in 2009. This was a 12.6% increase from the 832 New Mexico licensed dental hygienists in 2007. In 2009, 421 (44.9%) New Mexico licensed dental hygienists were licensed with a Bernalillo County address followed by 74 (7.9%) with a Dona Ana County address and 66 (7.0%) with a Santa Fe County address. De Baca County had the highest rate of licensed dental hygienists per 1,000 population at 0.88 followed by Los Alamos County at 0.75 and Valencia County at 0.67. There were no licensed dental hygienists with a Catron, Harding, Hidalgo, Mora, or Union County address.

There were 1,878 dental assistants licensed in New Mexico in 2009. This was an 18.5% increase from the 1,585 New Mexico licensed dental assistants in 2007. In 2009, 797 (42.4%) New Mexico licensed dental assistants were licensed with a Bernalillo County address followed by 188 (10.0%) with a Sandoval County address and 172 (9.2%) with a Dona Ana County address. San Miguel County had the highest rate of licensed dental assistants per 1,000 population at 1.60 followed by Sandoval County at 1.47 and Guadalupe County at 1.24. There were no licensed dental assistants with a Harding or Union County address.

(Source: New Mexico Health Policy Commission. 2009 Geographic Access Data System: Selected Healthcare Professionals in New Mexico Mexico http://www.nmhpc.org/pages/currentreports/documents/GADS_2009_Revised.pdf.)

It is important to note that while licensure data may be the only source of health care workforce supply data available, caution should be used when using this data to inform policy interventions. The number of health providers involved in direct patient care is significantly less than the number with active licenses.

RAE/bym:mew