DENTAL ACCESS BILL SUMMARY

PURPOSE: to improve access to dental care services for rural, tribal and underserved urban New Mexicans.

1. Creates an **ACCESS TO DENTAL CARE** subcommittee under the LFC to make recommendations regarding

- Medicaid reimbursement and administrative process;
- availability of loan repayment/forgiveness for students serving in rural and underserved areas;
- facilitating a BA/DDS program at UNM.

2. Requires a **SCHOOL ENTRY DENTAL EXAM** prior to first time entry into school

3.. Requires the **STATE DENTAL DIRECTOR** to be a DENTAL PROFESSIONAL

4. Creates a **DENTAL THERAPIST (midlevel provider):**

Education

Graduation from a dental therapy program accredited by the Commission on Dental Accreditation

Licensure Requirements

RDH license, jurisprudence exam, graduation from accredited program, clinical board exam

Supervision and Scope of Practice

A *Collaborative Dental Therapist Agreement* with a dentist is required to establish parameters and protocols. A supervising dentist is limited to supervising up to 3 DT's (1:3 ratio)

General supervision (off -site supervision by a dentist) fabrication/placement of temporary crowns, re-cementation of permanent crowns, adjustments/repairs to partials/dentures, dispensing/administration of analgesics and antibiotics, placement of temporary restorations, and palliative treatment.

Indirect Supervision (dentist is in facility) : Cavity preparation/restoration of primary and permanent teeth; preliminary fitting/ shaping of stainless steel crowns.

Limited Practice Settings

- Federally Qualified Health Center (FQHC) and FQHC "look-alike" facilities,
- Indian Health Service (IHS) facility,
- 638 tribally operated facility,
- educational institutions
- long term care/homebound
- Class B and C counties (less than 100,000 population) Excludes commercial dental service organizations

Outcome Report: Required after five years after licensure of first DT class, by the Dept. of Health.

COMMISSION ON DENTAL ACCREDITATION

(CODA)

The Commission on Dental Accreditation (CODA) serves the public through the **development and administration of standards** that foster continuous quality improvement of dental and dental related programs. http://www.ada.org/en/coda

- Currently accredits 1,452 dental education program
- Accredits educational programs, not institutions or individuals.
- Recognized by the United States Department of Education as the national accrediting agency for all dental related educational programs.

Dental Therapy and CODA

The Commission on Dental Accreditation finalized implementation of its standards for Dental Therapy Programs on **August 7, 2015**. The standards are educational requirements that provide guidelines for dental therapy programs to **ensure quality, consistency and safety** in the delivery of services.

Supervision and Scope of Practice is to be determined by state statute and regulations. The standards outline a minimal scope of practice based on required competencies within the dental therapy program.

The minimum standard established by CODA is three academic years or the equivalent. A program may grant credit for prior course work to allied dental professionals, such as dental hygienists. A specific degree requirement is not specified.

Main Street Dental Care

August 31, 2016

Representative Rick Little, Chair
Senator Benny Shendo, Jr., Vice Chair
Economic and Rural Development Committee
State of New Mexico
490 Old Santa Fe Trail
Santa Fe, NM 87501

Dear Chair Little, Vice Chair Shendo, and Members of the Committee:

I write to offer testimony on the impact of allowing dentists like myself to hire dental therapists.

My private dental practice was the first in the nation to hire a dental therapist and is located in Montevideo, Minnesota, a town of roughly 5,000 people in the rural western part of the state. Montevideo is about two and a half hours away from Minneapolis and fairly similar distances to Fargo, North Dakota and Sioux Falls, South Dakota. The first dental therapist started in my office in early 2012; she was previously a dental assistant in my practice and went through one of the two dental therapy training programs in Minnesota. In preparation for bringing her back into my practice as a dental therapist, I sent out information to citizens in our community about what she could do and how she'd be integrated into the dental team in my practice. We also began to increase the number of patients with Medicaid as their insurance.

My practice's schedule and patient base grew so much over the first three years of having a dental therapist that patients had to be scheduled out six months for restorative appointments. That is why in in the fall of 2014, I made the decision to expand. By April 2015, we moved from a five operatory practice to a nine operatory practice and hired a second dental therapist. However, our schedule again began to be overbooked and patients were scheduling three to four months out. This led me to hire a third dental therapist on a part-time basis in August 2015 (he works the rest of the week at a private practice in rural Benson, MN, a town of roughly 3,000 people not far away). Finally, just two months ago I hired a fourth dental therapist. In total, my practice now has three full-time therapists and one part-time. We are now able to see many more patients, with some traveling as far as three hours away.

In terms of the mission of your committee, rural and economic development, it may be most interesting to know that just a few years ago, in 2012, my practice had eight employees. Now it has 20. This has happened because with more dental therapists on staff and more patients to treat, we have also needed to expand the number of support staff. That's an additional 12 jobs created in my community. Comparing the first year with a dental therapist (2012) to this year (2016) we have already increased production by $776,572 and collections by $488,778. The difference

John T. Powers D.D.S.

209 South 1st Street, Montevideo, MN 56265
Phone 320-269-6406 · Website www.mymainstreetdental.com · Email drpowers@mainstreetdental.org

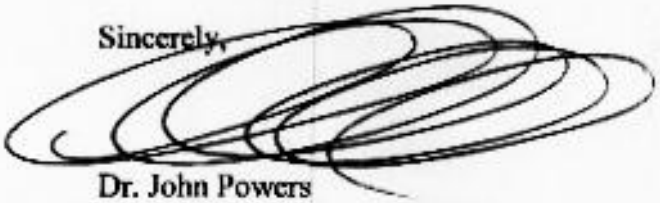
Main Street Dental Care

between production and collections is due to the fact that we are treating more patients on Medicaid, which reimburses at a lower amount.

Dental therapy is a great option for dentists who are trying to meet the oral health challenges in their communities, especially for the underserved, and helping to keep people out of expensive emergency rooms for preventable dental problems. However, it also helps create jobs in rural areas like mine that are often in need of economic development. I strongly recommend allowing dentists in New Mexico to have this same great option.

Thank you for your attention to this issue and please feel free to let me know if you have questions. You may contact my Melissa Jerve in my office at melissa@mainstreetdental.org or 320-269-6406.

Sincerely,



Dr. John Powers
Owner, Main Street Dental Care

John T. Powers D.D.S.

209 South 1st Street, Montevideo, MN 56265
Phone 320-269-6406 • Website www.mymainstreetdental.com • Email drpowers@mainstreetdental.org

DO THE MATH

DENTAL THERAPISTS: GOOD FOR NEW MEXICO'S HEALTH. GOOD FOR OUR ECONOMY.

Dental therapists benefit the local economy.

In 2011, 19 dental therapists in Alaska created 76 full time jobs.[i]

+

Those same therapists generated $9 million worth of economic activity. Most of this money was spent in rural communities.

+

Dental therapists earn good, livable-wage salaries in their communities, starting at $60,000 a year.

=

Creating jobs & positive economic impact in our local communities.

Dental therapists benefit their employers.

Dental therapists are cost effective - for every dollar they generate in revenue it costs less than 30 cents to employ them.[ii]

+

In Minnesota, employing dental therapists for $45 an hour compared to dentists at $75 an hour lets practices expand services despite low Medicaid reimbursement rates.[iii]

+

Dental therapists enable their employers to serve more Medicaid & uninsured patients: the cost savings from employing a dental therapist can offset low reimbursement rates and sliding scale fee models.

=

Helping dental practices grow by helping them serve more underserved patients and generate more revenue.

i. Scott, Mary Kate. "Strategic Assessment and 5 year Business Plan for The DHAT Educational Program." Scott & Company, Inc. February 15, 2012.
ii. Kim, Frances M. "Economic Viability of Dental Therapists." Community Catalyst. May 2013.
iii. Wovcha, Sarah. Presentation: "Dental Therapy in Minnesota: A Study of Quality and Efficiency Outcomes." Dental Access Project Convening: Albuquerque, NM. November 2014.

Questions? Contact **Health Action New Mexico**: www.HealthActionNM.org/learn/Dental | info@healthactionnm.org | (505) 322-2152