



**Report from the New Mexico Dental Association  
Concerning the Senate Memorial 136 Taskforce**

Under the direction of the Legislative Council Service, a taskforce was formed consisting of six members of the New Mexico Dental Association (NMDA) which were drawn from throughout the state and included private practice, community clinic practice and educators, six representatives selected by the New Mexico Dental Hygienists Association, and three representatives and three senators selected by legislative leadership. Four all-day meetings were convened by facilitators approved by all parties, resulting in 24 hours of face-to-face discussion. The discussions began with a focus on legislation to allow practice by dental therapists in New Mexico, but rapidly expanded to discussion of broader issues relating to access to dental care and disease prevention and management.

After the fourth meeting, a compromise was reached on the content of legislation that would include not only the dental therapist issue, but also non-workforce issues to begin to address the dental care problems of some New Mexicans. It was recognized that barriers include a largely dysfunctional dental Medicaid program, poor distribution of dental providers in rural areas, lack of leadership in dental public health, and a "wait until it hurts" culture that focuses on treatment and retreatment rather than prevention.

**Medicaid**

Dental care under Medicaid is challenging and inconsistent. Poor reimbursement means that many dental care resources are not available to the nearly one-third of our population that are covered by Medicaid and SCHIP. These challenges result in people not receiving the care they need or travelling a distance to access a Medicaid contracted provider.

While the poor (and getting poorer) reimbursement levels are a problem, there are administrative issues that complicate and discourage dental offices from participating. Commercial insurance reimbursement is also being squeezed by managed care contracts that prevent the kind of wholesale cost-shifting required by Medicaid practice. The multitude of plans and administrators under Centennial Care complicates and confuses claim submission. Medicaid rules and coverage limitations discourage utilization rather than encourage dentists to provide care.

**Distribution**

The New Mexico Health Care Workforce Taskforce gathers data each year on the number of dentists and the locations they practice and reports this information to the legislature. Their numbers definitively show there is NOT a shortage of dentists in the state. In fact, the ratio of dentists to the state's population (1 for every 2500 residents) indicates that we are 247 dentists above the number needed to serve the population. Additionally, the growth of dentists is outpacing the population growth by a wide

margin- Since 2010, New Mexico has seen the numbers of dental providers increase 12.2% while the state population grew only 1.3%. It does indicate that some areas of the state may be experiencing a shortage because there is a natural concentration of dentists in the most populous areas.

Excessive student debt means that practice in less lucrative rural or high Medicaid areas is impractical for new graduates. The lack of a dental school in the state means students from rural areas will spend significant time in an urban setting away from home, resulting in a loss of roots. Dentists in rural areas find it difficult to bring in associates or sell their practices.

Loan-for-service opportunities like WICHE (Western Interstate Commission on Higher Education) and the New Mexico Health Service Corp do assist graduates and encourage them to locate in high needs areas, but they are often difficult to access and limited in scope. New graduates saddled with huge debt service have little choice but to pursue more lucrative high volume practices in the cities.

All health professions have experienced difficulty reflecting the diversity of the populations they serve. Proactive programs like UNM's BA/MD program seek to recruit promising high school students from underserved communities and nurture them through both the undergraduate and medical school experience. While New Mexico does not have a dental school, a cooperative program with one of the several contract schools that take New Mexico students, would take advantage of the program's existing resources and result in a more diverse and hopefully better distributed dental workforce.

## **Leadership**

The Department of Health is charged with improving and monitoring the well-being of New Mexicans utilizing a variety of public health measures. Unlike individual medical treatment, public health "treats" populations with preventive practices like promoting vaccines and encouraging healthy lifestyles. Dental public health programs promote education, encourage community water fluoridation, apply dental sealants in school settings, and other community preventive programs.

Currently there is not a trained dental professional directing the dental programs in the New Mexico Department of Health. While they may be doing their best, the lack of professional training and experience providing care limits the creativity and innovation that the state really needs. States with dental directors that have been trained as dentists specializing in public health often develop more effective programs and access new and greater resources to promote dental health in their states.

## **Culture**

Despite advances in preventive dentistry and the economic advantages it affords, many people do not pursue dental care for themselves or their children until after they have a symptomatic problem. Not only does this result in physical misery, but it can result in missed school or work and more complicated and expensive treatment. Many end up seeking relief in hospital emergency rooms that are not equipped to provide treatment for dental problems and typically only supply temporary relief by prescribing antibiotics and pain medication. It is only a period of time before symptoms return and the

cycle is repeated. The vast majority of restorative dental treatment involves teeth that have previously been treated restoratively.

The requirement to have children vaccinated before beginning school has vastly diminished the prevalence of many childhood diseases that would otherwise reduce attendance and spread rampantly. The most prevalent infectious disease, dental caries (cavities), does not have a vaccine yet, but is still easily prevented through a combination of fluoride, sealants and routine home hygiene. Many children, particularly those from certain ethnic and socio-economic groups, don't visit the dentist or receive these preventive measures until after dental disease has become established. Asking parents to have their children examined prior to beginning school will allow them to receive the instruction and preventive treatment that will prevent much dental disease throughout their lives. The long term savings to both individuals and the state, by preventing rather than treating dental disease, would be both astronomical and continuing.

### **The Bill**

The main points of the taskforce's bill are as follows:

- Establishes licensing for dental therapists by amending the Dental Health Care Act
  - Limits scope of practice and establishes level of supervision
  - Utilizes educational standards established by the Commission on Dental Accreditation
  - Allows the Board of Dental Health Care to establish rules and disciplinary procedures
  - Limits practice to rural and underserved populations
  - Creates a method of evaluating the effectiveness of the dental therapists five years after the first license is granted
- Establishes a dental subcommittee under the Legislative Finance Committee to consider:
  - Dental Medicaid administration and reimbursement
  - Practice incentives to encourage practice in rural and underserved areas
  - Establishment of a BA/DDS program
- Mandates that the State Dental Director be a licensed dental professional
- Instructs the Department of Education to establish protocols to require that students have a dental examination prior to starting school beginning in 2020

### **NMDA Position on the Taskforce's Bill**

The compromise adopted by the taskforce addresses all the issues we have discussed. We are satisfied that concerns about health and safety relating to dental therapists are adequately mitigated by provisions that require closer supervision when they are performing irreversible procedures, education standards established by the Commission on Dental Accreditation, and substantial oversight by the Board of Dental Health Care. We recognize that more research is needed on both the viability and applicability of dental therapists and that a monitored implementation will contribute to the overall body of knowledge and promote the public's safety.

We are encouraged that the state will focus more immediate attention on addressing significant barriers to care like the dysfunctional Medicaid program, workforce distribution and diversity, and student debt. We believe these barriers are the true reason some New Mexicans have difficulty accessing care and they can be addressed effectively and more immediately than increasing workforce numbers by better taking advantage of current existing resources.

We believe that a greater focus on prevention, both by having a dental public health professional in the Department of Health and making sure children have a dental examination early, will improve school attendance and performance and generally improve the well-being of our citizens. This will be reflected in significant savings in dental and general health expenditures both by individuals and the state in both the immediate future and for decades to come