Access to Dental Healthcare Bill Summary

1. Summary

The goal of the Access to Dental Healthcare Bill is to improve access to dental care for rural, tribal and underserved urban New Mexicans.

The bill provides a number of options that do not require budget allocations, but will improve the dental health of underserved populations throughout New Mexico.

The elements in the proposed legislation include:

- Dental Therapist – utilize dental hygienists with additional training and education to provide some services with a lower level of supervision or that are currently only performed by dentists.
- Create an Access to Dental Care subcommittee under the LFC to make recommendations regarding:
    - Medicaid – simplify the Medicaid claims and administrative process and increase the reimbursement rates for dental treatments.
    - Loan Repayment/Forgiveness – enhance the availability and accessibility of student loan repayment and forgiveness programs for dentists, dental hygienists and dental therapists practicing in underserved areas or serving high needs populations
    - BA/DDS –facilitate the addition of a BA/DDS program to the existing BA/MD program at the University of New Mexico.
- School Entry Dental Exam – require a dental examination for entry to elementary school by 2020.
- State Dental Director – require the Director to be a licensed dental health professional.

2. Dental Therapist

Rationale: This would establish a mid-level dental provider who could perform more procedures than a dental hygienist, but less than a dentist. The provider could serve rural, tribal and underserved urban populations. This provider could help fill in the gaps in available treatment, with appropriate levels of education, clinical experience and supervision.

Specifics: The use of a mid-level provider would be limited to Class B & C counties~~, or Tribal areas,~~ Indian Health Services (IHS) facilities and 638 tribally operated facilities, Federally Qualified Healthcare Centers (FQHC), FQHC look-alikes, long-term care/homebound and qualified educational institutions.

NM licensed dental hygienists would be eligible to apply for an additional license to practice as a licensed Dental Therapist in New Mexico. Before applying they would be required to complete a CODA-accredited Dental Therapy program and that would include training required for the procedures specified below. CODA is the Commission on Dental Accreditation, the only national accrediting agency for all dental and allied dental programs.

Dental Therapists would work under the supervision of a dentist. Most procedures could be performed under general supervision which means the dentist is not physically present in the facility during treatment. Some procedures would require that a dentist is present in the facility to provide indirect supervision. Dentists and dental therapists would execute a collaborative

dental therapy agreement which outlines the requirements and limitations of the dental therapist's supervision for each procedure. Since dental therapists would be required to be licensed as dental hygienists, they would function under the supervision requirements of that license, and a collaborative practice agreement when appropriate, while performing dental hygiene procedures. These functions are specified in the current statute and would include:

- Education and counseling
- Scaling and prophylaxis (cleaning)
- Diagnostic procedures including radiographs (x-rays)
- Preventive procedures like fluoride application and sealants
- Periodontal therapy including root planing and laser therapy
- Administration of local anesthetics, if certified

When licensed to practice as a dental therapist, they would be allowed to perform the following under:

General Supervision

- An oral evaluation and assessment of dental disease and the formulation of an individualized treatment plan authorized by the supervising dentist.
- Place/shape restorations
- Impressions for single tooth prosthesis
- Temporary cementation
- ART (atraumatic restorative therapy)
- Temporary/sedative restorations
- Extraction of primary teeth without radiological evidence of roots
- Palliative treatments
- Fabrication/placement of temporary crowns
- Non-surgical placement or removal of space maintainers
- Re-cementation of permanent crowns
- Repairs/adjustments to removable part/dentures and Tissue conditioning.
- Dispensing/administration of analgesics, anti-inflammatories, and antibiotics prescribed by the supervising dentist.
- Other related procedures as designated by the Board of Dental Health Care

Indirect Supervision

- Cavity preparation/restoration of primary and permanent teeth
- Preliminary fitting/ shaping of SS crowns

An outcome report will be conducted by the Department of Health (DOH) and reported to the Legislative Health and Human Services (LHHS) Committee five years after licensure of the first group of dental therapists, to also include evaluation of services delivered under indirect supervision for recommendation to general supervision.

3. Access to Dental Health Care Committee

The goal is to create a committee under the LFC to investigate and recommend legislative actions related to dental access to health care. The focus will include, but not be limited to:

- **Medicaid Changes:** Dental professionals feel that simplified administrative ~~billing~~ procedures and appropriate reimbursement levels would encourage dental ~~medical~~ professionals to accept more Medicaid patients. Other Medicaid related ideas are shown in Appendix A.
- **Dental Loan Forgiveness:** Student debt for current new dental graduates averages $250,000. The need to service their oppressive student debt pressures students to choose more lucrative urban settings, rather than underserved settings and populations. Loan repayment/forgiveness programs give incentives that allow students to choose to practice in these settings. There are currently not enough opportunities available and some dentists have located in underserved areas, but are denied loan repayment incentives because of technical barriers.
- **BA/DDS Program:** The BA/MD program at UNM recruits primarily ethnic and underrepresented minority students out of high school, nurtures them through undergrad and guarantees a place in UNM medical school if the student remains eligible. Although NM does not have a dental school, pre-dental students could be recruited into the same program and given admission into contracted dental schools that accept NM students. The goal of the program is to increase the diversity of the dental workforce and return more students to rural areas.

4. School Examination Requirement

Rationale: There are many problems in underserved communities related to lack of understanding of the importance of dental health. Many children never see a dentist. For example, tooth decay is a communicable disease, so lack of dental care impacts not only the individual child, but also endangers other children. Also, children with untreated dental disease are more likely to miss school and not do as well academically.

Children who are seen and treated at an early age may not require expensive treatments later. They—and their families—can benefit from treatment as well as early education. This proposal is an attempt to deal with this problem.

Dental care for children up to age 21 is required to be covered under ACA (Obamacare), SCHIP. It is part of many (but not all) group policies.

Specifics: Children would be required to have a dental examination prior to entering public school systems. School districts would be given until 2020 to develop an appropriate protocol and educate families about the requirement.

5. State Dental Director

Rationale: A State Dental Director heads public health efforts related to oral disease. Often this entails operating preventive programs, encouraging community based dental efforts, and advising state officials on oral health policies. This individual must be skilled in both dental care and public health to be able to grasp the oral health challenges and offer creative solutions. There are benefits to the state if the State Dental Director is a licensed dental health professional.

Specifics: Reinstate the State Dental Director (or equivalent function) position and require that person be a licensed dental health professional. The current Director of the Office of Oral Health in the Department of Health is not a dentist or dental hygienist.

Appendix A

Medicaid Reform Ideas

1) **Restructure the "allowable services" to include more cross-coded procedures.** *Dentists are currently denied payment for procedures that are closely-related alternatives to covered procedures.*
2) **Set up a separate children's program that utilizes an existing commercial network and reimbursement schedule.** *This is done in several states, most notably Michigan, which uses Delta Dental Insurance carrier.*
3) **Set up a state administered adult program that includes co-pays, penalties for missed appointments and incentives for early and preventive care.** *The goal should be affordability, not free care. Encouraging people to take responsibility for their own health has the long-term results. Most managed care health plans are now offering incentives for preventive activities*
4) **Set up a separate senior care program that provides services based on maintaining overall health. Create sliding scale/financing program for eligible seniors.** *The goal of senior care is different from the rest of Medicaid. It needs to be based on quality of life and impact on overall health. Seniors are often very responsible about regular affordable payments, but cannot get financing because they don't have regular jobs.*
5) **Create a minimum encounter rate for each visit.** *Every encounter has a minimum cost, but there is no reliable way to predict whether practices will receive any remuneration.*
6) **Create a real-time eligibility web portal.** *At present you can find out whether someone is eligible to receive Medicaid benefits, but not whether they are eligible for any particular service. Since paying claims is almost entirely automated, it should be possible to determine a patient's eligibility in real time.*
7) **Utilize peer-review panels to approve comprehensive care treatment plans.** *For adults, Medicaid covers "cheap" procedures that provide only temporary fixes and therefore get repeated numerous times, rather than encouraging a long-term solution, which is actually more cost-effective. Performing definitive care would save money in the long-term.*
8) **Have one central point of interface with consistent rules and information.** *The Medical Assistance Division (MAD) is institutionally ignorant of dental issues and practice. Finding someone that can provide accurate information is formidable and unreliable.*
9) **Establish a unified credentialing system.** *Credentialing is complicated and time-consuming. Completing multiple applications with virtually identical information is wasteful and an unnecessary duplication of effort.*