F I S C A L I M P A C T R E P O R T

SPONSOR Ortiz y Pino **ORIGINAL DATE** 2/6/19 **LAST UPDATED** **HB**

SHORT TITLE Establish Site of Teledentistry **SB** 241

ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY18	FY19	FY20	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	NFI	Uncertain	Uncertain	Uncertain	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates 2018 Committee Substitute Senate Bill 131.
Related to 2018 House Bill 162, 2019 House Bill 308

SOURCES OF INFORMATION
LFC Files

Responses Received From
University of New Mexico Health Sciences Center (UNM HSC; to similar 2018 HB 162)
Regulation and Licensing Department (RLD)
Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 241 alters the Dental Health Care Act (Section 61-5A NMSA 1978) in its definition of "teledentistry," part of Section 61-5A-3, subsection T, adding an alternative definition to that in the existing statute. The original definition would stand – that teledentistry means "a dentist's use of health information technology in real time to provide limited diagnostic and treatment planning services in cooperation with another dentist, a dental hygienist, a community dental health coordinator, or a student enrolled in a program of study to become a dental assistant, dental hygienist, or dentist."

In the added alternative definition, it is specified that the patient and the dentist are not in the same location, and that the dentist uses technology to assess the patient, including the store-and-forward technology discussed below in analysis contributed by HSD. This second definition establishes the site of the dental procedure as being the location of the dentist supervising the dental procedure using teledentistry.

The definition of teledentistry is used just once subsequently in the Dental Health Care Act, establishing teledentistry as part of the scope of practice of dentists (Section 61-5A-4 NMSA 1978).

FISCAL IMPLICATIONS

There should be no fiscal impact of this change in definition unless teledentistry provided greater access to dental care in areas without good access to in-person dental care. In that case, short-term costs might be higher as more services would be provided, but if more serious and expensive dental conditions were avoided, long-term costs might be lower.

SIGNIFICANT ISSUES

The wider use of teledentistry would be similar to the use of telemedicine, currently more widely used than teledentistry in New Mexico. With respect to availability of dental care, the American Dental Association estimates on the basis of survey data and geomapping that 17 percent of New Mexicans insured by Medicaid live more than 15 minutes from a Medicaid dentist, and that just fewer than 50 percent of New Mexico dentists accept Medicaid payment. However, for those 17 percent, and for other New Mexicans living in rural and frontier parts of New Mexico, teledentistry might offer a viable option.

To this point, DOH notes the following:

> The original definition remains that teledentistry means "a dentist's use of health information technology in real time to provide limited diagnostic and treatment planning services in cooperation with another dentist, a dental hygienist, a community dental health coordinator or a student enrolled in a program or study to become a dental assistant, dental hygienist, or dentist". SB241 adds to the definition of teledentistry to cover the practice of dentistry where the patient and dentist are not in the same location, and electronic information, imaging, and communication technologies are used to facilitate the visit.
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> Telehealth provides a unique way to overcome the barriers of geography to deliver long-distance treatment, clinical training and continuing education for dentists, dental hygienists, midlevel providers and advanced dental therapists at remote clinics. Its application is of great value in rural and urban underserved areas. The use of telehealth technology increases interprofessional communication, which may improve dentistry's integration into the larger health care delivery system. (http://decisionsindentistry.com/article/advantages-teledentistry-technologies/).
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> In addition, teledentistry is expected to facilitate greater use of dentists and non-dentist providers (such as dental hygienists or midlevel practitioners) in nontraditional settings, and is thereby likely to improve early diagnosis, triage, treatment and referral of patients. For dental and dental hygiene schools, teledentistry allows for the evaluation of patient information (with or without the patient present), permitting interaction and feedback between educators and students, thus improving students' interprofessional and critical thinking skills (http://decisionsindentistry.com/article/advantages-teledentistry-technologies/).

UNM HSC commented with regard to the 2018 version of this bill that "Providing health care does require developing a relationship with patients. These services would not be a duplication of services but would provide substantial access to anywhere where people are already gathered such as schools and nursing homes. While there are some areas with access to professional oral exams, there continue to be many areas where a telehealth visit could either be a first encounter or a continued follow-up for patients of record for a dental provider. Dentists and Dental Hygienists professionals can work together to provide this service."

Further, UNM HSC stated that "it would be important for patients and their general dentists to have access to the specialty advice in the rural areas of New Mexico. Telehealth in dentistry, if funded by insurance companies with reasonable reimbursement to providers, would be a [benefit of] significance provided by telehealth.

In its agency analysis of almost identical 2018 HB 162, the Human Services Department shed light on the underlying reasons for this legislation's being introduced:

> One purpose of the bill is to require the Medical Assistance Programs to make payment for teledentistry to what is typically called the "distant site" – that is, where the specialist consultant receives information and provides diagnosis and treatment information. Currently, for teledentistry, as well as all other providers, the telemedicine transmission fee is paid to the originating site, which is where the recipient is, typically with a dentist or dental extender.
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> The Medicaid program does pay for "store and forward" technology under some circumstances. Those circumstances would be when information from the distant site consultant includes images such that a diagnosis can be rendered by the distant consultant. Phone calls, images transmitted by fax machines, text messages, and chart notes do not qualify as "store and forward" technology without visual information such as a photo or image specific to the recipient's condition.
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> For "store and forward" technology to be reimbursed at the same rate as telehealth, the distant site provider must essentially be a "co-treating" provider. For example, if a general practice dentist took a radiological image (x-ray) of a tooth, and sent that image to a specialist such as an endodontist to diagnosis the condition and describe the treatment that needs to be done, the conditions for payable "store and forward" would have been met. An example of non-payable "store and forward" would be when a physician sends a radiology image to a radiologist to read. The radiologist interprets the radiology image, but does not have a shared responsibility for treating the patient.
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> Even under the provisions of this bill, it would still be possible to pay for either telemedicine for dentistry or for "store and forward" technology for dentistry, but the payment would be made to the "distant" or consultant site.

ADMINISTRATIVE IMPLICATIONS

UNM HSC commented with respect to the 2018 bills that "Dentistry has seen in the past abuse of providers charging out oral exams, taking x-rays, and then essentially disappearing from that patient's line of care, which is typical cherry picking. The concern then arises that the next provider will not be able to provide comprehensive care without the patient paying for a repeat oral exam and x-rays. Safeguards need to be in place for protecting patients from this practice model.

"Another administrative implication would be for out-of-state operations to offer the services without having some direct and reasonable connection with a brick-and-mortar dental office for routine dental care. There should also be some offer of attestation that once providing telemedicine dental services, a [patient would have a] reasonable expectation [that he/she would know] prior to the telehealth appointment where that follow up service could be obtained in a seamless fashion."

DUPLICATION of the 2018 Committee Substitute for SB 131, which prior to committee substitution was identical to 2018 HB 162.

RELATED to House Bill 308, which would establish the mid-level "dental therapy" profession and makes mention of teledentistry as a method by which a dentist could work with a dental therapist.

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