

**CONFIDENTIAL**  
**LEGISLATIVE BILL REVIEW FORM: 2015**

Bill Number: S.20      Name of Bill: An Act Relating to establishing and regulating dental practitioners  
Agency/ Dept.      Author of Bill Review:  
Date of Bill Review: January 16, 2015      Status of Bill: (check one):

☒ Upon Introduction      ☐ as passed by 1<sup>st</sup> body      ☐ As passed by both bodies

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**Recommended Position:**

☒ Support      ☐ Oppose      ☐ Remain Neutral      ☐ Support with modifications identified in #8 below

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**Analysis of Bill**

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**1. Summary of bill and issue it addresses.**

This bill proposes to authorize and regulate the practice of dental therapy. It establishes a new type of dental provider for Vermont, a mid-level dental provider (analogous to a nurse practitioner or a physician's assistant) to increase diversity, flexibility, and affordability in the dental care delivery system.

**2. Is there a need for this bill?**

Yes, our current system of dental care is not working for many Vermonters. Most of the dental care in Vermont is delivered by private practicing dentists in small offices across the state. Medicaid reimbursements rates are not in alignment with the high overhead of running a traditional private dental practice, and dentists cite fee loss from frequent no-shows as a significant additional barrier to accepting Medicaid beneficiaries. With the addition of close to 40,000 new Medicaid beneficiaries eligible for dental benefits under the ACA health reform and dentists unwilling to accept them for care due to high overhead and low reimbursement, many Medicaid beneficiaries tell us they cannot find any dental providers accepting new patients with Medicaid. This creates a situation in which the people who experience the most dental disease and dental decay have the least access to dental care. A midlevel provider, could generate basic dental procedures at a lower cost, leading to lower overhead and increased profit for dental practices.

The cost of dental care in Vermont is prohibitively high for many people. Through Medicaid, Vermont provides funding for approximately 50% Vermont's children and limited funding for adults (\$510/year). For many others, dental care is completely unattainable including the elderly on fixed incomes (with no Medicare coverage and no insurance), most adults who are low income (including pregnant women who do not fall within the income guidelines for Medicaid) and families just above Vermont's Medicaid eligibility. For those

families just above Medicaid financial guidelines, dental care is often financially out of reach for both children and adults.

Additionally, access to dental care is an issue due to inadequate distribution of dentists and dentists who do not treat patients with Medicaid or who accept limited numbers or limited ages of patients. While the State has successfully provided incentives for dentists to work and live in underserved areas through scholarships and loan repayment, there still remain many geographically underserved populations around Vermont.

Vermont also has a looming dentist workforce issue. The 2011 Dentist Workforce Survey describes the following key findings:

- 63% of the dentists are 50 or older, 49% are 55 or older, and 34% are 60 or older
- 5 of the 9 pediatric dentists are 55 or older
- 5 of the 10 endodontists (root canal specialists) are 55 or older

The implications of these findings are clear. Without significant changes in the next ten years, including, but not limited to, recruitment and retention of new dentists, it is unlikely that the current dental system in Vermont will be able to provide adequate dental care for its population. There are simply not enough new dentists coming to Vermont in sufficient numbers to replace the large number retiring in the next ten years.

By increasing the diversity of the dental workforce, proactively addressing the importance of preventive dental health care with people living in generational poverty, and providing oral health care in non-traditional settings, dental practitioners may have the potential to increase the number of Vermonters who access the oral health care system. This could increase dental access for people who are often unaccustomed to using the dental system for preventive care and decrease the likelihood of their waiting to access care until they are in pain and the treatment is very high.

### **3. What are likely to be the fiscal and programmatic implications of this bill for this Department?**

It is improbable that this bill would have any significant fiscal implications for VDH. Midlevel providers would increase access to care and it is possible that this would decrease the number of calls received for assistance in locating dental care.

Programmatically, anything that enhances the opportunities and possibilities for increased access and better oral health care for Vermonters fits firmly within our current Vermont Oral Health Plan.

### **4. What might be the fiscal and programmatic implications of this bill for other departments in state government, and what is likely to be their perspective on it?**

**DVHA:** It is expected that there would be an increase in dental utilization as more Medicaid beneficiaries would be able to access dental care than currently due to a lack of dental providers accepting new Medicaid patients. This could reduce the over \$2.5 million spent annually on

dental treatments for young children in hospitals by increasing access to early preventive care. DVHA has written a bill review in support of this legislation.

**DCF:** A midlevel provider would increase access to care and be able to see patients at lower cost than a dentist; this could increase the use of preventive dental care and decrease the use of emergency dental care and General Assistance vouchers. DCF would likely support this legislation.

**DAIL:** a midlevel provider has the potential of increasing access to oral health care for less mobile older adults and adults with disabilities by offering site-based and community-based care. DAIL would likely support this legislation.

**Office of Professional Regulation:** midlevel providers would require regulatory oversight and therefore have programmatic implications for OPR. It is possible that OPR could profit from the fees associated with licenses.

**5. What might be the fiscal and programmatic implications of this bill for others, and what is likely to be their perspective on it?**

Some dental offices may suffer a loss of patients as patients transition to less expensive care from a midlevel provider, while other offices may see an increase in revenue by adding additional dental practitioners to their staff; adding this provider to their staff could free up the dentist to provide more complex care to patients. Licensed dental practitioners offer potential for reducing unnecessary emergency department visits for non-injury dental conditions; approximately \$2,500,000 is spent addressing dental issues for Vermonters in the ED.

**6. Other Stakeholders:**

**6.1 Who else is likely to support the proposal and why?**

Numerous organizations whose work relates to health, wellness, healthcare care access and financial issues for Vermonters and who understand the complexity and difficulty of accessing dental care support this bill. 37 organizations are part of the Vermont Oral Health Care for All Coalition, whose goal is to increase access to affordable dental care; this coalition is a primary backer of the bill. A listing of member organizations is attached.

The Vermont Dental Hygiene Association, one of the primary organizations for dental professionals in the state, strongly supports the intent of this bill, i.e., increasing dental access and reducing dental costs. Vermont Technical College currently houses Vermont's dental hygiene program and would run the licensed dental practitioner program; it also supports this bill.

**6.2 Who else is likely to oppose the proposal and why?**

The major opponent of this bill is organized dentistry, led by the Vermont State Dental Society (VSDS). VSDS is concerned about *broadening the dental health care delivery*

| *team*. It believes the access and dentist workforce issues can be solved by other methods, such as enhancing the Tooth Tutor program, expanding the public health dental hygienist program, developing a grant matching program with the State to help dentists purchase mobile equipment to provide care in long-term care facilities (i.e. nursing homes), implementing care coordination through the use of Community Dental Health Coordinator, and providing Medicaid reimbursement for pregnant women to receive dental care. The dentists and VSDS generally believe most access problems would be ~~solved~~ solved with a more adequate Medicaid fee schedule, which would encourage dentists to participate more fully around the state. The VSDS also cites safety concerns as an issue, although numerous studies have indicated that the care provided by mid-level dental providers, such as the licensed dental practitioner, is as safe as care provided by dentists.

**7. Rationale for recommendation:**

We recommend supporting this bill because the addition of these new dental providers would help address the serious and persistent issues of access to dental care for low-income Vermonters, older Vermonters and others who face disparities in oral health status and access to oral health care.

**8. Specific modifications that would be needed to recommend support of this bill:**

None

**Secretary/Commissioner has reviewed this document:** \_\_\_\_\_ **Date:**

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