

**CONFIDENTIAL**  
**LEGISLATIVE BILL REVIEW FORM: 2016**

Bill Number: S.20      Name of Bill: An Act Relating to establishing and regulating licensed dental therapists

Agency/ Dept: DVHA      Author of Bill Review: Susan Coburn, Lindsay Parker

Date of Bill Review: 4/29/2016      Related Bills and Key Players: Vermont Department of Health

Status of Bill: (check one): ☐ Upon Introduction      ☒ As passed by 1<sup>st</sup> body (In Senate with House Proposal of Amendment as of 4/29/16)      ☐ As passed by both

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**Recommended Position:**

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

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**Analysis of Bill**

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

This bill proposes to establish and regulate licensed dental therapists. This bill would establish a new dental provider type in Vermont, mid-level dental providers, for the purpose of providing more access to dental care at a lower price.

The bill includes:

- Training and examination requirements for dental therapists' licensure.
- Requires a report on the geographic distribution of dental therapists by the Department of Health two years after the first class graduates.
- A requirement to work under a collaborative agreement with a licensed dentist. This agreement must include the practice settings and limitations on services that may be provided by the dental therapist. Dentists are not required to enter into an agreement.
- Dental therapists may supervise no more than a total of two assistants, hygienists or combination of as permitted by the collaborative agreement.
- Lists the scope of services a dental therapist may provide.
- Therapists are not required to maintain his or her license.
- A therapist licensed by endorsement is not required to obtain Vermont dental hygienist license, if the endorsement meets the hygienist requirements.
- Effective upon passage.

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

Yes, in the absence of OPR independently acting, bill language is needed in order to create licensure for dental practitioners.

Vermont's current dental system is not working for many low income Vermonters or for the dentists who care for them. 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. The introduction of a licensed dental practitioner has the potential to increase the diversity and flexibility of the dental workforce so that it meets the needs of all Vermonters.

Lack of access to dental care is due to the inadequate distribution of dentists in the state, compounded by dentists who will not accept Medicaid patients, only accept limited numbers of Medicaid patients, or only accept Medicaid patients in certain age ranges. While the State has successfully provided incentives for dentists to work and live in underserved areas through scholarships and loan repayment, there are still many geographically underserved populations around Vermont.

With the addition of close to 40,000 new Medicaid beneficiaries eligible for dental benefits under the Medicaid program, DVHA has heard from numerous members that they cannot find dental providers who are accepting new Medicaid patients. This creates a situation in which the people who experience most of the dental disease have the least access to dental care.

Vermont also has a looming dentist workforce issue, with over 60% percent of dentists above the age of 50 and over 34% of dentists over the age of 60. Without changes to the dental workforce in the next 10 years it is likely that Vermont will not be able to provide adequate dental care to its population.

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

#### **Programmatic Impacts to DVHA:**

Programmatic impacts are minimal, and include initial policymaking and changes to the Medicaid claims system, as follows:

- Would need to add provider type to Medicaid Management Information System (MMIS).
- State Plan Amendment would be required to add dental therapists as approved providers reimbursable under Vermont Medicaid, and to ensure FFP.
- Administrative rule would be required to add dental practitioners as approved Medicaid providers.

#### **Fiscal impact to DVHA:**

An increase in dental utilization is expected, as more Medicaid beneficiaries would have access to dental care.

Total gross annual fiscal impact: **\$119,00 to 173,000 (expected in SFY 2019 or 2020)**

- Increase in payments from previous 12 months with dentists only.

- Assumes 14 new providers (dental therapists), representing <2% increase in service utilization.

- Includes state and federal share.

-Based on SFY 2015 service utilization and scope of practice as outlined in S.20 as passed by Senate

**NOTE: As licensed dental therapists do not currently exist in Vermont, any fiscal impact would result only following the training and licensing of this provider type, a process that is expected to take a minimum of two years, no sooner than SFY 2019.**

It remains to be determined if early and ongoing access to preventative dental care has the potential to offset costs associated with dental treatment in the emergency room. DVHA is supportive of any programs or services that may offset ER costs. In SFY 2015, over \$243,000 in state funds was spent on dental treatments in emergency rooms.

### **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?**

The Office of Professional Regulation (OPR) will face programmatic implications through the need to regulate the profession of dental practitioners, which will require additional staff resources. Fiscal impact is unknown at this time, but would likely be offset through OPR's collection of licensure fees for new professionals and renewal fees from professionals who are in need of re-licensure.

There are unlikely to be any significant fiscal implications for VDH. Mid-level 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, VDH supports anything that enhances the opportunities and possibilities for increased access and better oral health care for Vermonters.

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

The Vermont State Dental Society feels the creation of a new dental practitioner position will not solve broader systemic problems that affect patient access. Dentists also question whether the proposed educational requirements for dental therapists are sufficient. Instead of licensing a new class of providers, the dental society wants to recruit more dentists and step up investment in existing programs, including school and nursing home-based oral care programs.

Some dental offices may suffer a loss of patients, while other offices may see an increase in revenue by adding dental therapists to their staff. Adding dental therapists to an existing dental practice could allow for the dentist to provide more complex care to patients.

**6. Other Stakeholders:**

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

The Oral Healthcare for All coalition is made up of representatives from 33 organizations and advocacy groups across Vermont. Most of these groups deal with financial issues for Vermonters or health and wellness, including dental access, and understand what a complex and difficult problem this has become. As one of the principal organizations for dental professionals in Vermont, the Vermont Dental Hygiene Association 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 administer the dental practitioner program; it also supports this bill.

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

The major opponent in Vermont, raising concerns about the dental practitioner approach to solving access to care and financial barriers to care, is the Vermont State Dental Society (VSDS). The dental society is concerned about broadening the dental health care delivery team. They believe the access and dentist workforce issues can be solved by other methods, such as enhancing the Tooth Tutor program and providing Medicaid reimbursement for pregnant women to receive dental care. They generally believe most access problems would be solved by 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:**

The addition of new dental providers would help to address the serious and persistent issues of access to dental care for Vermont Medicaid beneficiaries.

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

None.

*Please return this bill review as a Microsoft Word document to [Jahala.Dudley@vermont.gov](mailto:Jahala.Dudley@vermont.gov) & [Jessica.Mishaan@vermont.gov](mailto:Jessica.Mishaan@vermont.gov)*

9. Will this bill create a new board or commission AND/OR add or remove appointees to an existing one? If so, which one and how many?

No.

Secretary/Commissioner has reviewed this document:  \_ Date: 5/3/16 \_\_\_\_\_