

CONFIDENTIAL
LEGISLATIVE BILL REVIEW FORM: 2014

Bill Number: **S.0035** Name of Bill: **An act relating to establishing and regulating licensed dental practitioners**

Agency/ Dept: **Department of Health** Author of Bill Review: **Harry Chen, Commissioner**

Date of Bill Review: **January 14, 2014** Status of Bill: (check one):

☒ Upon Introduction ☐ As passed by 1st body ☐ As passed by both bodies ☐ Fiscal

Recommended Position:

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

Analysis of Bill

1. Summary of bill and issue it addresses.

This bill proposes to authorize and regulate the practice of a new type of dental provider for Vermont, a mid-level dental provider, for the purpose of providing more access to dental care.

This individual would be called a “Licensed Dental Practitioner” and would occupy a “mid-level” position between the hygienist and the dentist. The Licensed Dental Practitioner (also known as “dental therapist” in other states):

- would be required to have a minimum of 4 years training
- would be required to pass a clinical licensing examination
- must have a “supervising dentist” and a “collaborative agreement” specifying scope of practice
- would be capable of a limited scope of dental procedures, including: fillings, simple extractions, cleanings, and preventive procedures such as topical fluorides and sealants.

2. Is there a need for this bill?

The cost of dental care in Vermont, as in all states, is prohibitively high for many people. Through Medicaid, Vermont provides funding for approximately 50% Vermont’s children and very limited funding for adults. However, for many others, dental care is unattainable; 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, there is an access issue due to inadequate distribution of dentists and dentists who do not accept families on Medicaid or accept limited numbers within their practices and limited ages. While the State has successfully provided incentives for dentists to work and live in many underserved areas (through scholarships and loan repayment), there still remain many geographically underserved populations around Vermont. Finally, an additional 30,000 Vermonters will have Medicaid coverage under provisions of the ACA

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

- There are 15 fewer dentists age 35-59; and 16 more dentists age 60 or older

The implications of these findings are clear. Without significant changes in the next ten years (recruitment, retention of new dentists), it is unlikely that Vermont will be able to provide adequate dental care for its growing population. There are simply not enough new young dentists coming to Vermont in sufficient numbers to replace the large number of “baby boomer” dentists who will be retiring in the next ten years.

Lastly, there is a culture of poverty issue that exists when it comes to oral health care. The upper and middle class norms and values in which many dental offices operate make accessing oral health care in this traditional setting an uncomfortable experience for some low income Vermonters. In addition to this there is a cultural barrier surrounding seeking preventive oral health care for people living in generational poverty; approximately 50% of children, and only 25% of adults who have Medicaid insurance use any dental benefits. Dental care often becomes a low priority until people are in pain and the cost of treatment is very high. By increasing the diversity of the dental workforce, proactively addressing the importance of preventive health care with people living in generational poverty, and being able to provide oral health care in non-traditional settings, Licensed Dental Practitioners may have the potential to increase the number of Vermonters who access the oral health care system.

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

None

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 only other departments in state government that would be directly affected by this bill would be the Secretary of State’s office, the Office of Professional Regulation (OPR) and the Department of Vermont Health Access (DVHA). For OPR, this bill proposes adding a new dental provider to the dental team, thus the requirements for professional regulation and oversight.

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

There will definitely be fiscal and programmatic implications for dentists - positive implications for some and negative for others. A few dentists will see potential efficiencies with this new mid-level provider, which may enable them to be more productive in their respective offices. These dentists will see the “Licensed Dental Practitioner” as a dentist “extender,” enabling the dentist to do the more complex procedures, appropriate to his or her respective skill level and relegating the less complex procedures to the Licensed Dental Practitioner. The Federally Qualified Health Centers (FQHCs) would likely be some of the first organizations to adopt this new provider.

On the other hand, there will be dentists who will not be early adopters and who will look on this new provider as a threat to their practice, particularly with respect to potential loss of income and potential loss of patients.

There would be definite fiscal and programmatic implications for the Vermont Technical College, as that entity is being discussed as the training site for this new dental provider. The School of Dental Hygiene would add a fourth year of training to the hygienist program to matriculate the “Licensed Dental Practitioner.”

6. Other Stakeholders:

6.1 Who else is likely to support the proposal and why? Numerous advocacy groups around Vermont, most of whom deal with dental access and financial issues for Vermonters, and understand at the grassroots level what a complex and difficult problem this has become. This current effort has its genesis from an Institute of Medicine (IOM) report, efforts of the Pew Charitable Trust and, specifically here in Vermont (along with 4 other states) the Kellogg Foundation. As one of the principle dental

organizations in Vermont, the Vermont Dental Hygiene Association strongly supports the intent of this bill, i.e., increasing access and potentially reducing dental costs.

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

The major opponent in Vermont, raising concerns about the mid-level approach to solving access to care and financial barriers to care, is the Vermont State Dental Society. The dental society is concerned about broadening the dental health care delivery team and especially concerned that no one other than a dentist be licensed to do “irreversible” dental procedures (such as fillings). They believe the access and dentist workforce issues can be solved by other methods, such as enhancing care coordination (Tooth Tutors and Community Dental Health Coordinators) and increasing the loan repayment and scholarship programs. 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.

7. Rationale for recommendation:

The primary goal of instituting Licensed Dental Practitioners in Vermont is to expand the availability of basic dental services to socially disadvantaged subpopulations that are now inadequately served. A second goal is to establish a diverse cadre of caregivers who’s social, experiential, and language attributes are a better match for targeted underserved populations than those of current dentists. Entry level education as Licensed Dental Practitioners (or dental therapists) may also promote a career ladder for underrepresented minorities in dentistry. Further, assuming that care provided by these mid-levels is less costly than care provided by more extensively trained dentists, their implementation may reduce cost barriers, increase the cost-efficiency of dental care systems (including private dental offices), and reduce costs of those public programs that pay at market rates. Widespread availability of Licensed Dental Practitioners in Vermont also holds promise to expand workforce in the dental safety-net of community health centers, school-based programs, and special population programs. Potentially most valuable to dentistry as an advanced healthcare profession is the opportunity to maximize the dentists’ expertise in managing the most complex patients and most complex treatments while delegating some routine and basic care to new providers.

8. Specific modifications that would be needed to recommend support of this bill: *Not applicable*

Secretary/Commissioner has reviewed this document: _____ **Date:** _____