

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

**Bill Number:** S.20

**Name of Bill:** An Act Relating to establishing and regulating dental therapists

**Agency/ Dept.:** VDH

**Author of Bill Review:** Dawn Philibert

**Date of Bill Review:** May 18, 2016

**Status of Bill: (check one):**

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

---

**Recommended Position:**

☒ Support      ☐ Oppose      ☐ Remain Neutral      ☐ Support with modifications

---

**Analysis of Bill**

---

**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 known as a dental therapist, as well as minimum education and experience requirements for licensing. The bill also sets a fee for licensure.

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

Yes. Access to dental care is an issue due to inadequate distribution of dentists and dentists who do not accept patients with Medicaid, 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. Good oral health is essential for healthy Vermonters of all ages.

Preliminary data from the 2013 Dentist Workforce Survey describes the following key findings:

- For pediatric dentists, the median wait time increased from 2 weeks to 4 weeks, based on preliminary 2013 data.
- There has been a decrease in the percentage of primary care Dentists accepting new Medicaid patients statewide (63% vs 69% in 2011), based on preliminary 2013 data.
- Only 33% of dentists' report accepting five or more patients insured by Medicaid each month

Vermont also has a looming dentist workforce issue as more dentists are older. Based on preliminary 2013 data:

- 21% of the dentists are over 65, up from 17% in 2011.
- 61% of the dentists are 50 or older, 48% are 55 or older, 34% are 60 or older, and 21% are 65 or older

- 7 of the 12 pediatric dentists are 55 or older
- 12 of the 24 orthodontists are 55 or older
- 5 of the 11 endodontists (root canal specialists) are 55 or older

This situation is complicated by Medicaid reimbursements rates that 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 the Oral Health Program that they cannot find dental providers accepting new patients with Medicaid.

This bill could increase the diversity of the dental workforce and increase dental access for people in underserved areas of the state and/or who are insured through Medicaid.

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

Although the availability of a wider range of dental providers is likely to result in more dental procedures being billed to patients and insurers, costly dental procedures and other health problems caused by a lack of dental health will be avoided. Adults with Medicaid will continue to have an annual limit on the cost of dental care available to them. In general, improved access to dental care will result and will lead to improved oral health among Vermont's population.

**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:** Part of DVHA's mission is to "assist Medicaid beneficiaries in accessing clinically appropriate health services. "It is expected that there would be an increase in dental utilization as more Medicaid beneficiaries would be able to access dental care than do at present. DVHA has written a bill review in support of this legislation.

**Office of Professional Regulation:** Dental therapists would require regulatory oversight and therefore have programmatic implications for OPR. Fees are associated with this license.

**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 choose to not take advantage of hiring a dental therapist for philosophical reasons whereas others may see an increase in revenue by adding dental therapists to their staff; adding this provider to their staff could free up the dentist to provide more complex care to patients. Licensed dental therapists offer potential for reducing unnecessary emergency department visits for non-injury dental conditions, and for reducing General Assistance voucher usage for emergency dental care.

**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 support this bill. Thirty-seven (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 proponent of the bill.

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 develop 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), and implementing care coordination through the use of Community Dental Health Coordinators. The dentists and VSDS generally believe most access problems would be 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:**

VDH supports this bill. Research from areas such as Alaska and MN which have used dental therapists has demonstrated that this category of dental health providers has a proven record of providing high-quality dental care. 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, this is a desirable policy initiative. From a public health perspective, it makes good sense.

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

None

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

**Date:** \_\_\_\_\_