MASSACHUSETTS DENTAL SOCIETY

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Frequently Asked Questions

Comprehensive Oral Health Legislation in Massachusetts

Why does Massachusetts need comprehensive oral health legislation?

The Massachusetts Dental Society (MDS) believes that a comprehensive approach is needed to address oral health care issues facing the Commonwealth. Our bill—An Act Relative to Graduate Education for Certain Professionals—is focused on care for underserved populations, appropriate training and supervision of a new class of mid-level dental professionals, and reduction of socio-economic barriers to seeking dental care. It is designed specifically to bring care to where it is most needed, to connect MassHealth members and other underserved populations with a new class of mid-level professionals called Public Health Dental Practitioners (PHDP) who will be directly supervised by licensed dentists. It also will address several oral health care programs endorsed by the state Department of Public Health.

Why does Massachusetts need mid-level dental practitioners?

Every health care professional understands that preventive and early dental care is essential to overall health. Members of the MDS see the affects, and expense, of dental issues that arise when individuals do not receive appropriate preventive care. More than 80 percent of communities in the Commonwealth have adequate access to dental health care services, yet significant portions of Barnstable and Berkshire counties have underserved populations that receive little to no dental care. A proposed new class of providers focused on underserved populations can provide additional resources to address unmet oral health needs. These new PHDPs will be required to meet credentialing standards similar to those mandated for medical caregivers such as physician assistants and nurse practitioners. They will also be appropriately supervised by licensed dentists.

What is different about the proposed MDS legislation than similar bills?

The MDS believes the issue of mid-level professionals is one aspect of a much broader public health question surrounding oral health care. In addition to proposing reasonable and appropriate credentialing standards for mid-level oral health care professionals, the MDS legislation addresses broader oral health care issues that affect nearly every resident in Massachusetts. These include the need for increased awareness about the health benefits of fluoridated water in public drinking supplies, formal integration of dental hygiene into the state's Department of Public Health, and mandatory oral health screenings of every child prior to entering kindergarten. All of these steps are critical in terms of improving oral health care for the underserved.

The MDS bill would require that newly licensed mid-level providers serve in needy communities or at federally funded community health centers. The MDS understands that simply creating a new provider

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license cannot and will not solve the problems associated with low-income and elderly populations getting the dental care they need and deserve.

In many respects, this situation reflects similar legislation passed in Massachusetts during 2009. That law created a new license class of dental hygienists to care for underserved populations. Despite assurances that hundreds of hygienists would attain the new license and provide preventive care to low-income residents, just 36 attained licensure. Today, none serve adults west of Springfield, where the need is the greatest.

Dentists always seek to protect patients and this is especially true for underserved populations, who are more likely to have complex oral health care issues. Patient safety must always come first. Without a requirement for direct supervision by dentists, there's a good chance that patients would avoid mid-level practitioners. Additionally, a survey of 754 registered Massachusetts voters conducted by the MassInc Polling Group this spring revealed that 73 percent of respondents would be uncomfortable if mid-level dental practitioners were allowed to perform irreversible procedures such as drilling and extraction of teeth without direct supervision from a dentist.

Given the substantial volume of Massachusetts residents with complex oral health care needs, it would be imprudent to expect that underserved populations would seek treatment from mid-level providers unless they had the highest possible level of education, training and supervision.

Will these restrictions prevent low-income patients from accessing lower-cost dental services?

No. Anybody who provides oral health care examinations and treatment is reimbursed under uniform Medicaid rates that are established for specific services. Our bill is focused on making sure mid-level professionals go where they are needed.

Will barring mid-level providers from working in high population urban areas with substantial volumes of low-income residents who aren't covered by MassHealth prevent those people from getting the care they need?

No. Even in high-population areas where there is no shortage of dental providers, people still aren't getting care they need. The real question we need to ask is, 'why are people forgoing dental care'? Barriers to care exist for a host of reasons. Despite available dentists and dental clinics, research shows that cultural and language issues, lack of adequate transportation, and limited awareness about the importance of preventive dental care are common barriers. That's why MDS calls for providers to work where they are needed while focusing more broadly on prevention, resources for the state Department of Public Health and other areas of need. Rather than create even more providers in places they aren't needed, the MDS also believes that insurers and MassHealth should appropriately reimburse dental providers for oral health care. Most importantly, the experience here in Massachusetts with public health hygienists as well as the more recent experience in Minnesota with mid-level providers shows that newly licensed practitioners overwhelmingly tend to work in major population centers that already offer adequate levels of dental services.

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What about nursing homes and elder care facilities?

There is no evidence that mid-level providers would make a significant impact on oral health care for the elderly. Senior citizens are much more likely to have complex medical issues and oral health needs that require greater training, experience and education than a mid-level professional would possess. It would be unfair to expose mid-level professionals and potential patients to conditions that create any safety risks, especially with a fragile population like seniors. Supervision by an experienced dentist would be especially critical in for this population.

Why does the MDS bill require a high degree of education?

The MDS bill aligns mid-level dental professionals with the same level of educational and licensure standards as paraprofessionals in the field of medicine, physician assistants and nurse practitioners. This comprehensive approach to education, certification and supervision also is similar to standards enacted by Minnesota, the only state that offers mid-level professionals to every community. Minnesota appropriately set the bar for mid-level professionals by requiring direct supervision from a licensed dentist, certain education requirements, including a bachelor's degree from an accredited college or university, and two years of post-graduate training.

Does Massachusetts need to require a substantial baseline of education and accreditation for Public Health Dental Practitioners?

Unequivocally, yes. For years, leading advocates such as the Pew Charitable Trust have repeatedly stated the need for a new class of dental practitioners that are akin to Physician Assistants and Nurse Practitioners in medicine. Accordingly, it is sensible and prudent to require the same baseline level of education and accreditation for mid-level dental professionals that is required to become a physician assistant and nurse practitioner. These widely accepted requirements include a bachelor degree, completion of relevant post-graduate education program offered by a nationally accredited academic institution, completion of continuing education, and passage of a certification examination. The benefit of these professional standards is clear: licensed physician assistants, Nurse Practitioners and similarly situated mid-level professionals are broadly accepted as eminently qualified to practice within their authorized clinical categories because they possess the necessary scope of practice competencies.

What is the downside in allowing dental hygienists to become Public Health Dental Practitioners with fewer educational and licensure standards?

Comprehensive oral care delivered with the highest possible level of safety is critical for underserved populations who are far more likely to have complex dental health issues. Appropriately educated and trained PHDPs, with direct supervision by a licensed dentist, must be prepared to address risk factors associated with more complex procedures than are provided by hygienists.

The most obvious potential risk for harm to the public is that the practice of dentistry involves a number of irreversible procedures, including extraction of and drilling of primary teeth. Legislators and

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advocates who support creation of mid-level dental professional licensure want to permit extractions and drilling by those professionals. Tooth extraction is somewhat complex, can involve injection of a local anesthetic and many patients have medical or behavioral conditions that require additional care. Possible complications associated with extractions include accidental damage to adjacent teeth, excessive bleeding, jawbone damage, and infection after the procedure.

Is "An Act Relative to Graduate Education for Certain Professionals" motivated by financial considerations?

No. In fact, two recent case studies of rural dental clinics in Minnesota conducted by the Amherst H. Wilder Foundation concluded that net positive economic benefits can be accrued by dentists who integrate mid-level practitioners into their practices. The MDS legislation is focused on the one thing that matters: delivery of high-quality dental care to children and other populations in need. Anything less would be an endorsement of a second-class standard of care for underserved populations.

Isn't that self-serving?

Not at all. As leading advocates for prevention of tooth decay and promotion of good oral health care, the American Dental Association and the MDS continually support measures that reduce complex dental disease and dental visits. That is to say, efforts such as fluoridation of drinking water supplies and sealant applications for all children when their primary teeth emerge are steps that diminish income for dentists. If the ADA or MDS were motivated by finances, they would never support progressive measures such as these.

Where does MassHealth fit into this issue?

MassHealth covers medical costs for the majority of underserved patients so it plays an important role in this discussion. A report prepared by MassHealth in December 2015 showcased the opportunity for providers to treat underserved patients. That study showed there are nearly 1.8 million MassHealth members who are eligible for care. According to MassHealth, 95 percent of these people live within five miles of at least two general or pediatric dentists who accept MassHealth. The key is to how best to remove barriers to care so those patients will connect with providers.

Are there any unintended consequences associated with MDS' plan to professionalize mid-level professionals?

No. MDS is confident that the proposed legislation will provide a practical solution by allowing licensed dentists and Public Health Dental Practitioners to work in partnership as part of a comprehensive approach to provide high-quality care to underserved populations.

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What is the most important takeaway from the MDS plan to professionalize mid-level dental practitioners?

Everybody in Massachusetts deserves high quality, safe dental care through access to appropriately trained and supervised oral health professionals. Of course, good preventive oral care can keep underserved populations from developing complex problems. The MDS bill calls for more awareness about the benefits of preventive measures such as fluoridated water as well as mandatory oral health screenings of every child prior to kindergarten. These simple steps are essential to improving outcomes and reducing public spending. The state would also benefit by improving integration of dental hygiene within the state's Medicaid program and providing more dental benefits coverage for the underserved.