

## **Fact Sheet**

# **An Act Relative to Graduate Education for Certain Professionals (2017)**

### **Overview**

In 2017, the Massachusetts Dental Society will propose legislation to introduce mid-level, appropriately trained professionals into the practice of dentistry in the Commonwealth. Advancing prior related legislation that has not been enacted, the MDS is prepared to introduce a new class of paraprofessionals that ensures a comprehensive approach to the education, certification and supervision of mid-level dental professionals.

Concurrently, the proposed legislation will allow for consideration of broader dental issues, including increased advocacy for and awareness of fluoridated water in Massachusetts' communities that do not currently treat drinking water supplies, improved integration of dental hygiene into the state's Department of Public Health and mandatory screenings of children prior to entering kindergarten.

### **Massachusetts should insist on appropriate standards and safeguards when providing dental treatment access to underserved populations, children in particular**

Across the United States, the acceptance of mid-level professionals in healthcare has advanced in large part due to the appropriate levels of education and accreditation for paraprofessionals such as Physicians Assistants and Nurse Practitioners. The requirements set forth for aspiring paraprofessionals are widely considered appropriate, including a bachelor degree, completion of relevant post-graduate education program offered by nationally accredited academic institution, completion of continuing education and passage of certification examination. These standards have ensured that licensed Physicians Assistants, Nurse Practitioners and similarly situated professionals are eminently qualified to practice within their authorized clinical categories and possess the necessary scope of practice competencies.

With "An Act Relative to Graduate Education for Certain Professionals," the Massachusetts Dental Society is promoting the same appropriate standard of education and accreditation for a new mid-level dental professional designation to be known as "Public Health Dental Practitioner." This class of licensed dental professionals would be required to obtain a graduate-level degree of not less than two academic years of relevant post-graduate education program offered by nationally accredited academic institution. Public Health Dental Practitioners subsequently would be overseen by a Supervising Dentist who practices full-time and accepts MassHealth patients.

### **Underserved populations deserve access to appropriately trained professionals for dental care**

Adoption of the proposed credentialing standard will ensure that underserved populations of adults and children, regardless of their socioeconomic status, will receive care from an adequately trained and supervised dental provider rather than relegating disadvantaged children and adults to a lower standard of care. The standards and safeguards proposed by the Massachusetts Dental Society also will allow underserved residents to access the comprehensive care they deserve, including oral health education, disease prevention and follow-up care coordination.

**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**

Research shows that underserved populations are far more likely to have complex oral health care issues and advanced dental disease. The ability to improve oral care for underserved populations rests, in part, on establishment of safeguards that provide the highest possible level of protection against known complications associated with dental procedures, in particular irreversible procedures such as tooth extraction and invasive procedures such as drilling of teeth to treat caries (cavities.) Common risk of complications associated with these procedures include swelling, excessive bleeding, osteonecrosis (exposed jaw bone), and osteomyelitis (infection of the jawbone.) Further, the provision of irreversible and invasive dental procedures to underserved populations raises issues associated with proper and adequate informed consent of patients prior to treatment. For Public Health Dental Practitioners to succeed, it is incumbent upon Massachusetts to enact legislation that does not create unintended safety risks associated with mid-level professionals within the practice of dentistry in Massachusetts.

Appropriate safeguards should begin with prohibitions on tooth extractions by Public Health Dental Practitioners. Mid-level professionals also must be directly supervised by a licensed dentist when performing procedures that extend beyond those permitted under Board of Registration in Dentistry standards for licensed dental hygienists.

**Massachusetts has an oral care utilization problem, not an access problem**

Unlike many other states with lower-density population, Massachusetts has been found by the U.S. Department of Health and Human Services to have a limited scope of “dental practice shortage areas,” or portions of the state that are underserved by the practice of dentistry. These DPSAs are primarily found in two counties (Barnstable and Berkshire), with a total of 45 communities identified as lacking in sufficient access to dental care (approximately 13 percent of all cities and towns in the Commonwealth.)

There is ample evidence that underserved populations do not seek dental care until an urgent issue arises. Longstanding efforts undertaken to provide free care to underserved populations have failed to increase utilization of existing services. Prominent examples include the ForsythKids program, the discontinued Massachusetts Dental Society’s mobile dental van program, the Give Kids a Smile program, and most recently, a joint TeamSmile/MDS Foundation program in Boston. All failed to increase access in Massachusetts due to a number of issues such as parental inaction, limited marketing and lack of follow up for ongoing, comprehensive care.

Massachusetts would be far better served by allowing dentists and dental practitioners to work in partnership with licensed dentists as part of a comprehensive approach to care that includes oral health education, disease prevention, coordinated appointments and readily available access to fully-trained and accredited dentists.

**Massachusetts should not miss out on an excellent opportunity to advance oral healthcare for all residents**

The focus on creation of a new class of mid-level dental professionals to work with underserved populations must be leveraged to improve oral health for everyone in Massachusetts. This should include:

- A mandate that all community health workers receive oral health training as part of their educational requirements
- Mandatory annual community water fluoridation education seminars for local and regional health boards provided by Department of Public; creation and funding of a new Public Health Dental Hygienist Coordinator position that will be responsible for recruiting, training, monitoring, and supporting public health dental hygienists

- Mandatory dental screening for all children in public schools to receive a dental screening prior to entering kindergarten (this would be subject to waivers for parents on the basis of financial burdens and religious or personal reasons.)

#### **Relevant Dental Profession Facts in Massachusetts**

- More than 6,000 dentists are licensed to practice in Massachusetts, with approximately 70% focused on the practice of general dentistry. Roughly 6,800 hygienists are licensed in the Commonwealth.
- According to *The Massachusetts Health Professions Data Series: Dentists 2010* report, 93% of dentists responding to a statewide survey were accepting new patients at their primary practice site (approximately 2,400 dentists responded.)
- The report stated that while 64% of responding dentists provide patient care in one practice setting, just 3% provided services at community health centers.
- The report further stated that 45% of responding dentists were MassHealth providers and 39% would consider entering into a collaborative agreement with a public health dental hygienist.
- According to *The Massachusetts Health Professions Data Series: Dental Hygienists 2011* report, approximately 49% of dental hygienists were employed full-time and 44% were employed part-time (2,400 dentists responded.)
- The report stated that 35% of respondents felt there were too many dental hygienists employed in their community. Only 5% of respondents felt there were not enough dental hygienists employed in their community.
- The report also stated that 34% of respondents were likely to pursue training as a public health dental hygienist and only 30% were likely to practice as a public health dental hygienist.