MASSACHUSETTS DENTAL SOCIETY

Two Willow Street
Southborough, MA 01745-1027
800.342.8747 • Fax: 508.480.0002
massdental.org

Reaction to the Governor's Medicaid Reform Package: Dental Therapy Professionals and 140,000 Patients Losing Access to Medicaid Adult Dental Benefits

The Massachusetts Dental Society (MDS) applauds the Governor for considering policy proposals aimed at stabilizing the Medicaid system in the Commonwealth. The MDS represents approximately 80 percent of dentists in Massachusetts. Additionally, the MDS and its member dentists are committed to supporting proven policies aimed at improving access to oral health care for all residents of the Commonwealth. Of particular interest to the MDS are the Governor's two major proposals impacting oral health care for patients:

1. Creation of a new dental professional (dental therapist)
2. Moving 140,000 MassHealth members into Connector Plans

Dental Therapists

It would be rash for this proposal to move forward outside of the common legislative process since the legislature is currently considering two different pieces of legislation that would create a new type of provider: a comprehensive bill—H.2820/S.142—supported by the MDS, and a bill—H.2474/S.1169—supported by Pew Charitable Trust. Various stakeholders involved in this issue have planned working sessions over the course of the next several weeks to discuss the differences in each proposal. Since there is still a lot of uncertainty as to details of this new dental professional among the key stakeholders, we urge lawmakers to allow the legislative process to continue through the Joint Committee on Public Health and the Joint Committee on Health Care Financing.

The Governor proposed a new dental provider, in part, to reduce Medicaid spending on preventable oral health issues in emergency departments. Unfortunately, there is no data to suggest that creating a dental therapist will have any substantial impact on Medicaid costs to the state or on decreasing oral health barriers for Medicaid members. In fact, research specifically tells us that dental care for low-income and elderly populations is disproportionately influenced by income, geography, lower levels of oral health education, language or cultural barriers, and even fear of dental care. There has not been one definitive study published in Massachusetts concluding that augmenting the dental workforce would have a greater impact on access than any other proposal suggested in recent years. This is why Massachusetts residents deserve a full legislative vetting of any new oral health proposal, and more importantly, why Massachusetts needs a comprehensive approach in order to successfully provide basic dental care to its neediest citizens.

Public Health Dental Hygienists

There is no single solution to removing barriers, including the creation of a new mid-level dental provider license. Proponents on both sides of the mid-level debate agree that a new provider will not, by itself, solve these problems. In fact, in 2009 the state tried to solve these problems by creating a dental provider licensed as a Public Health Dental Hygienist (PHDH).

The goal behind this 2009 initiative, similar to the goal behind the dental therapy proposal, was to increase access for routine preventive care for children in urban and less-populated areas of the Commonwealth. At the time, a survey touted by supporters of the new certification claimed 30% of licensed hygienists in the state—more than 2,000 providers—were likely to become PHDHs by 2016. As of 2014, just 33 PHDHs were licensed

to provide services in Massachusetts. Between 2012 and 2015, not one adult was treated by a PHDH west of Springfield.

The PHDH model has failed to live up to the expectations of supporters. This dental therapy proposal is based on the PHDH model, except it would allow a person with less than a bachelor's degree to perform irreversible surgical procedures in non-clinical settings without any supervision from a dentist. Under the Governor's proposal, a dental therapist would be allowed to see patients as far as 200 miles away from the collaborating dentist.

Nurse Practitioners and Physician Assistants

Often times, proponents of dental therapy suggest that the model is equivalent to that of a nurse practitioner (NP) or physician's assistant (PA); a key difference being that NPs and PAs are required to hold a bachelor's degree plus a two-year graduate-level degree. The proposed dental therapy model requires only three years of undergraduate education. Furthermore, NPs and PAs are not eligible to perform irreversible surgical procedures in non-clinical settings without direct supervision from a physician. The differences are drastic and significant.

On the whole, MassHealth/Medicaid has provided better dental coverage for children in Massachusetts during recent years. The recently released "CommonHealth for the Commonwealth" report shows more low-income children visit dentists, while fewer middle- and high-school-aged kids report cavities. By contrast, a flaw in the Medicaid program means that adults who receive benefits are not eligible for routine preventive dental appointments, but can access emergency care at a much higher cost.

Emergency Department Usage

According to the Health Policy Commission (HPC), 36,000 individuals sought care in emergency departments (EDs) in 2014 for preventable oral health conditions. Although significant, this number is only 2% of the entire MassHealth population and 0.5% of the entire Massachusetts population. Furthermore, the HPC points out that "adults under the age of 65 accounted for 90% of ED visits for preventable dental conditions." Unfortunately, the HPC fails to connect the dots on its list of preventable conditions and what MassHealth covers. This is important because the majority of the common preventable conditions are NOT covered under the MassHealth adult dental benefits. On the other hand, these same preventable conditions are covered under MassHealth pediatric dental benefits. With that, children visit EDs far less often for preventable oral health conditions than adults. Unfortunately, we're not off the hook. Due to the lack of MassHealth benefits, these patients have very limited options for free treatment and one of those options is the ED. Additionally, the creation of a new provider will not solve this problem. Dental therapists will be more expensive than free care in EDs.

The MDS continues to be a primary advocate urging the legislature to reinstate full MassHealth adult dental coverage. Until full adult dental MassHealth coverage is reinstated, MassHealth patients will continue seeking treatment for preventable oral health conditions in EDs. It is unreasonable to conclude from the HPC study that a new provider is necessary to decrease the number of patients seeking oral health care in EDs.

Minnesota Dental Therapy

On the national front, advocates continue to claim that mid-level dental providers significantly reduce the "access gap" for underserved populations. Yet there is no peer-reviewed evidence that mid-level providers will make a difference in the United States. And the one operational mid-level program in Minnesota raises serious questions about its effectiveness.

The situation in Minnesota, which introduced mid-level dental therapists in 2009, is instructive. Today, approximately 60 people are licensed to practice as mid-level providers. Rural areas of that state have been identified as having a shortage of practitioners, yet according to a 2014 report, the vast majority of Minnesota's mid-level providers work in metropolitan areas. Officials expected to produce savings as a result of the mid-level program, but Minnesota's program has yet to deliver; the state continues to report a high rate of Medicaid patients who seek dental care in the emergency room.

More recently, researchers at the Mayo Clinic in Rochester, MN, and St. Louis University independently reviewed a recent Minnesota study that claimed significant benefits associated with mid-level dental providers. Both analyses, which were conducted in 2016, found fundamental flaws in the state report, including overestimated employment rates for mid-level providers due to double- or triple-counting of therapists who worked in several locations.

Unfortunately, the introduction of mid-level dental providers cannot reduce the cost of dental care for underserved populations. That's because Medicaid reimbursement rates for treatments are exactly the same whether they're provided by dentists or dental therapists. The need for dental services is greatest in areas with low population density, like Western Massachusetts, yet there is nothing in the Governor's proposal to either encourage dental therapists to see MassHealth patients or practice in shortage areas. The Minnesota program requires that dental therapists see a percentage of Medicaid patients and/or practice in shortage areas. It's disappointing that the Governor would ignore this key element in the Minnesota law aimed at increasing access for Medicaid members.

One-Hundred-and-Forty-Thousand MassHealth Members Moved to Connector Plans

The MDS recognizes that changes must be made in order to ensure that the Medicaid system in our state remains fiscally solvent. As proposed by the Governor, 140,000 current MassHealth, non-disabled adults who earn 100% of the federal poverty level would be moved to the Connector Plans. Overall health coverage for these individuals would only change in one significant way: they would lose access to MassHealth adult dental benefits. Further, these residents would now be required to opt-in for dental benefits through the Connector at a cost of approximately $29 per month or $348 per year. For individuals earning $12,060 annually, $348 may be difficult to afford. Due to the oral health cost associated with this change, the MDS is concerned that individuals will be forced to entirely bypass oral health care, which may lead to future costlier health complications down the line.

As mentioned previously, research shows, time and time again, that dental care for low-income and elderly populations is disproportionately influenced by geography, income, language or cultural barriers, lower levels of oral health education, and even fear of dental care. These 140,000 individuals may already face many of the listed barriers to oral health care. We should not aim to increase the barriers they face in accessing health care, but work to eliminate these obstacles. The MDS opposes any initiatives that will likely lead to low-income residents losing access to affordable dental care.

In addition to losing access to affordable dental care, the transition process has not been defined. If this proposal succeeds, it is unclear what would happen to patients currently undergoing treatment under the existing MassHealth program. Without clear processes to handle very real situations for these residents, it is not prudent for the state to move forward with this proposal.

The MDS respectfully urges lawmakers to reject any proposal that will cause residents to lose affordable dental care. We ask the legislature to only evaluate proposals that would allow these residents to maintain their current coverage.

Sincerely,

David P. Lustbader, DMD
President
Massachusetts Dental Society