

The Honorable, Jason Lewis, Senate Chair
The Honorable Kate Hogan, House Chair
Joint Committee on Public Health
State House, Room 130
Boston, MA 02133

Dear Chairman Lewis and Chairwoman Hogan

The Massachusetts Dental Society supports House Bill 2820 and Senate Bill 142, An Act Relative to Graduate Education for Certain Dental Professionals. The MDS represents 5,200 members through initiatives in education, advocacy, and promotion of the highest professional standards.

The society stands in full support of House Bill 2820, “An Act Relative to Graduate Education for Certain Professionals. As the leaders of the oral health care community in the Commonwealth, we take great pride in championing oral health and lending the voice for dentistry to worthy initiatives that can make a difference in the lives of residents across the Bay State.

That is why the Massachusetts Dental Society is pleased to propose legislation that can effectively address problems facing underserved populations, children in particular, who do not receive oral health care and preventive treatments.

Goal of legislation

When the proposed legislation was filed nine months ago, the society made clear that Massachusetts needs a broad approach to improved access and oral health care for underserved populations. We believe that a broad and fully integrated strategy is the only way to make a difference in terms of reducing the costs of oral health for the elderly and the thousands of families who face economic hardship.

That is why we believe this legislation is the right approach, the best approach for the Commonwealth.

If enacted, House Bill #2820 will:

- Improve integration of dental hygiene into the state’s Department of Public Health
- Call for more resources to coordinate oral health care of MassHealth members
- Mandate screenings of children prior to entering kindergarten
- Increase advocacy for and awareness of fluoridated water in Massachusetts’ communities that do not currently treat drinking water supplies

- Introduce a new class of paraprofessionals with a focus on appropriate safeguards to ensure appropriate supervision, education, and certification of mid-level practitioners who could support the practice of dentistry in the Commonwealth and provide resources in in areas of the state where there is an identified need

Mid-level license

The MDS is proud to be the first dental association to seek legislative approval of mid-level practitioner license. We believe that our proposal for new Public Health Dental Practitioners, or PHDPs, is one part of a broader solution. But we also believe that mid-level providers cannot and will not succeed unless Massachusetts residents are assured that appropriate standards and safeguards are applied to dental providers who treat underserved populations, children in particular.

The truth of the matter is that people will not feel comfortable seeing a mid-level practitioner unless that person is directly supervised by a licensed dentist. We know this because the public has told us how they feel.

In May, a survey of registered Massachusetts voters conducted by the MassInc Polling Group revealed that 73 percent of respondents would not feel comfortable if the Commonwealth allowed mid-level dental practitioners to perform irreversible procedures such as drilling and extraction of teeth without direct supervision from a dentist.

A nearly identical percentage of respondents support appropriate credentialing standards for mid-level dental professionals that mirror licensure requirements set forth for Physicians Assistants (PAs) and Nurse Practitioners (NPs) in the field of medicine. This reality explains why our proposed legislation calls for the same appropriate standard of education and accreditation as NPs and PAs.

Under our bill, newly licensed PHDP 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 a nationally accredited academic institution. Beyond patient acceptance, there is a practical reason why future mid-level dental professionals must have the highest possible level of education, training and supervision.

Within the underserved community, there is a substantial volume of residents with complex oral health care needs. A significant volume of research shows these populations are far more likely to have

advanced dental disease. Accordingly, we are obligated as a society to provide the highest possible level of protection against known complications associated with dental procedures.

Bear in mind that these new class of practitioners will be allowed to perform irreversible procedures such as drilling teeth. These are not and never will be “simple” procedures. Common risk of complications associated with these procedures include excessive bleeding, osteonecrosis (exposed jaw bone), and osteomyelitis (infection of the jawbone.) Mid-level practitioners can only succeed if the enabling legislation does not create unintended safety hazards for the public.

Increased Access

The proposed legislation before you is driven by recognition that despite having the most dentists per capita, roughly 17 percent of Massachusetts cities and towns lack adequate oral health care resources. According to the U.S. Department of Health and Human Services, these “dental practice shortage areas” (DPSAs) desperately need more providers. If we are to address this problem, we must require newly licensed professionals to provide care in areas of the state that have the greatest need for oral health services.

If Public Health Dental Practitioners are allowed to practice where they please rather than in DPSAs or federally-qualified health centers, recent experience in Massachusetts tells us what will happen. As you know, the legislature passed created the role of Public Health Dental Hygienist in 2009. The legislature took this step in the belief that it would increase access to preventive care.

Eight years later, data from the DPH shows that fewer than three dozen public health hygienists work in the Commonwealth. Between 2012 and 2015, none of these professionals serviced a single adult patient west of Springfield even though there are 28 communities in Berkshire County that lack access to oral health care.

Conclusion

Massachusetts would be best served by requiring mid-level 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.

A recent report released on May 31st 2017, by the Amherst Wilder Foundation in Minnesota showcased two case studies of private clinics in Greater Minnesota that recently hired mid-level dental

therapists. The studies, which were paid for by Delta Dental, noted that arrangements where mid-level providers worked under the direct supervision of licensed dentists “increased access to quality oral health care for low-income and underserved populations.

Both case studies indicated that mid-level therapists helped increase the volume of care given to Medicaid patients, while revealing clear limits on the capacity and skill sets of mid-level providers.

Accordingly, both studies stated the need for “on-site” supervision by a dentist, specifically referencing initial discomfort among patients that was alleviated by the in-practice presence of a dentist while the mid-level performed procedures. The studies also showed clear limits on the capacity and skill-sets of mid-level providers, with dentists seeing at least 5 times as many patients as mid-level providers.

These real world studies made clear that mid-level providers working under the direct supervision of licensed dentists who were ready and willing to provide clinical support.