

DENTAL THERAPISTS ARE NOT THE SOLUTION

VOTE NO ON SB541



MICHIGAN ALREADY HAS AN ADEQUATE AND QUALIFIED DENTAL WORKFORCE

- Studies show Michigan does not have a shortage of dentists.
- There are almost 8,000 dentists licensed in the State of Michigan, most of whom have capacity to absorb new patients in their practices. In addition, there are over 10,000 registered dental hygienists, many of whom are unemployed or underemployed, and there are approximately 1,800 registered dental assistants.
- Michigan is fortunate to have two dental schools that successfully ensure the state's supply of dentists.



DENTAL THERAPISTS ARE NOT HELPING WITH THE ACCESS TO CARE PROBLEM IN MINNESOTA

- Today only **9 out of the 86** licensed dental therapists in Minnesota are practicing in rural underserved areas.
- In May of 2017, the federal government issued a warning to Minnesota that **not enough children on Medicaid are receiving dental care.**



MICHIGAN DENTISTS ARE WILLING AND ABLE TO SEE MEDICAID PATIENTS

- The Healthy Kids Dental Program has proven that **Michigan dentists are willing and able to see Medicaid patients** if the program is adequately funded.
- Dentists only receive 20% of their fee when treating adult dental Medicaid patients because the program is severely underfunded.
- Most dentists who do not accept Medicaid end up providing free care instead of dealing with the Medicaid bureaucracy.
- In 2016, Michigan dentists donated over \$2.4 million worth of treatment through the MDA Donated Dental program and Mission of Mercy.



THE INABILITY TO MAKE A LIVING prevents medical and dental providers from locating in rural and underserved areas. **THIS WON'T CHANGE WITH A NEW PROVIDER.**

- Senate Bill 541 does nothing to address this problem.



ALL RESIDENTS DESERVE EQUAL ACCESS TO DENTAL CARE

- The underserved population has complex oral health needs and they deserve to be treated by dentists.
- Under the proposed legislation, a dental therapist may perform irreversible, surgical procedures **without a dentist being present.**



michigan dental
ASSOCIATION
YOUR CONNECTION TO ORAL HEALTH*

IMPROVING

ACCESS TO DENTAL CARE IN MICHIGAN



EXPANDING THE P.A. 161 PROGRAM

- The P.A. 161 Program allows dental hygienists to perform preventive oral health services on unassigned and underserved populations in the State of Michigan.
- The program is not being utilized to its full potential because it is limited to non-profit agencies and does not require referrals for follow-up care.
- Allowing private practice dentists to operate P.A. 161 Programs and requiring referrals for follow-up care will increase access to comprehensive dental care for underserved populations and create more job opportunities.
- This is a private sector solution and will provide economically sustainable care to the underserved population.



SCOPE OF PRACTICE OF REGISTERED DENTAL ASSISTANTS

- Registered Dental Assistants (RDA) are trained and qualified to perform many of the procedures that the proposed dental therapists would be performing, but their current scope of practice is outdated.
- Allowing RDAs to fully utilize their training will increase access to care by allowing dental offices and Federally Qualified Health Centers to save time, maximize resources, and minimize the amount of appointments per patient.
- Utilizing Michigan's existing workforce will maintain the quality of care patients deserve.



MEDICAID DENTAL PROGRAM FOR ADULTS

- Michigan's adult dental Medicaid reimbursement rate is among the lowest in the nation reimbursing around 20% of dentists usual and customary rate.
- The Healthy Kids Dental Program has proven that an adequate reimbursement rate increases dentist participation and patient utilization to levels near private insurance plans and increases access to care.



INVESTING IN OUR STUDENTS

- Many dental students are graduating with \$250,000 - \$400,000 in student loan debts and monthly payments on those debts of up to \$4,000.
- Investing in the Michigan State Loan Repayment Program will allow more dentists to practice in underserved areas while allowing them to fulfill their debt commitments.



michigan dental
ASSOCIATION
YOUR CONNECTION TO ORAL HEALTH™



MID-LEVEL PROVIDER INFORMATION

Background:

The Michigan Dental Association (MDA) has been working to help address the access to care issue for some time. In 2010, the MDA and a broad group of stakeholders released the United Voice Report which made recommendations specific to Michigan's needs and resources. Several of these recommendations have been acted on, including expansion of the Healthy Kids Dental program, the creation of the Healthy Michigan Plan, allowing dental assistants to assist dental hygienists in applying dental sealants, oral screening guidelines for physicians, the development of school-based oral health care guidelines, and increased public education for pregnant women and parents of young children.

Even with these successes, the access to care issue persists for a variety of reasons. These reasons include: a lack of understanding of the need for good oral health, a mal-distribution of dental providers, cultural and language barriers, poorly funded public health programs (particularly for adults), and transportation problems.

The Pew Charitable Trust has targeted Michigan for what it considers to be a solution to the access to care problem: a mid-level dental provider. A mid-level dental provider is a person with less training than a dentist who could perform irreversible procedures such as drilling teeth and extractions. Pew has been spending millions of dollars across the country to create mid-level dental providers in various states. In Michigan, Pew has partnered with the Michigan Council for Maternal and Child Health to lead the effort.

Informational Points:

Unproven in Minnesota

- Minnesota passed dental therapist legislation in 2009, but it has been unproven in increasing access to care.
- The proponents of the mid-level provider in Minnesota claimed that it would address the shortage of dentists in rural areas of the state, but only 9 of the 86 total licensed dental therapists are practicing in rural areas.
- The economics of the dental therapist model is also in question. The State of Minnesota reimburses all Medicaid providers at the same rate for covered procedures. So, having a mid-level does not save the state any money.
- No detailed study of the effectiveness of the Minnesota program has been done, but the results to date do not show a significant impact on Minnesota's access to care problem.

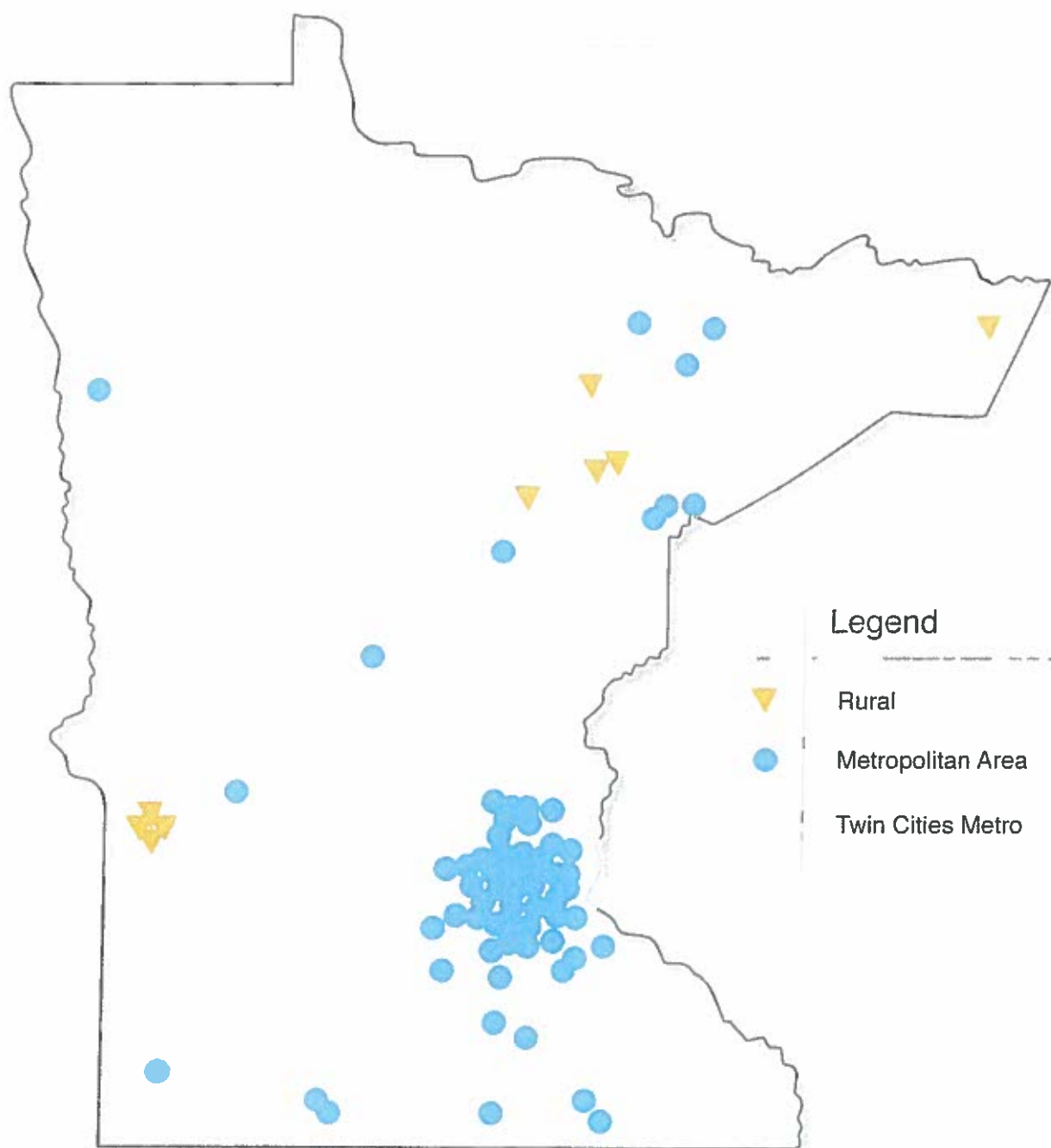
Training

- Dental therapists are performing irreversible procedures with less training than a dentist. However, the population they serve tends to have the most complex problems.
- The underserved should have access to the same quality care as people with insurance or who pay out of pocket.

Utilizing Existing Workforce

- A better way to address the access to care problem is to utilize existing workforce.
- Better utilizing Michigan's existing workforce is a private sector and sustainable solution to increasing access to quality care.
 - Michigan has the dental workforce to address the access to care problem. There are currently almost 8000 licensed dentists in the State of Michigan, most of who have capacity to absorb new patients in their practices. In addition, there are over 10,000 registered dental hygienists, many of whom are unemployed or underemployed, and there are approximately 1800 registered dental assistants.
- The MDA believes that a program that is already authorized under Michigan law can be modified to use existing dental workforce and address the access to care problem.
 - The PA 161 program (in its current form) was created in 2005. This program allows a dental hygienist, under the supervision of a dentist, to see patients (who are not patients of record) in underserved areas. This program has not been utilized to its potential. With certain modifications, PA 161 of 2005 could be a better way to provide care to the underserved.
 - The modifications would include allowing a dentist to become a PA 161 program and better defining the relationship between the supervising dentist and the hygienist.
- The MDA is also engaging in major education efforts for its members. CE courses have been developed that teach dentists how they can incorporate Medicaid patients and other underserved populations into their practices and still run a successful business. In addition, CE courses are being offered to help dentists and their staffs to better understand how oral health literacy and socio-economic disparities challenge low income patients.

2018 Practice Locations of Licensed Dental Therapists in Minnesota



LOCAL

Feds warn Minnesota: Improve kids' dental care in Medicaid

Feds say only 37 percent of kids on Medical Assistance got preventive care in '15.

By Glenn Howatt (<http://www.startribune.com/glenn-howatt/10645091/>) Star Tribune

MAY 1, 2017 — 10:33PM

Minnesota has been warned that its main government health insurance program risks losing federal funding if it doesn't provide more preventive dental care to children.

The problem is familiar to many families on Medical Assistance: Many dentists don't accept new patients covered by the program because Minnesota pays some of the lowest dental reimbursement rates in the country.

Just 37 percent of children on Medical Assistance in Minnesota got preventive dental care in 2015, and 62 percent of the participants reported having been told that a dentist was not taking new patients covered by the program. Nationally, 46 percent of children on Medicaid got preventative dental care, according to the Centers for Medicare and Medicaid (CMS).

Noting that such figures could place Minnesota out of compliance with federal rules, CMS regulators informed Minnesota officials that they must devise an improvement plan within 90 days.

"CMS has us on notice saying we have to take some kind of action," said Nathan Moracco, assistant commissioner for health at the Minnesota Department of Human Services, which runs Medical Assistance, Minnesota's version of Medicaid.

Gov. Mark Dayton's budget submission for the coming biennium proposed a 54 percent increase in dental reimbursement rates, but the nature of any solution hinges on what happens at the Legislature, where a conference committee is working on a compromise between health and human services funding bills from both chambers.

The Senate bill contains a 25 percent rate increase, while the House has no new money for dental reimbursement.

"It doesn't look too good," said Carmelo Cinqueonce, executive director of the Minnesota Dental Association, which supports Dayton's plan.

"At the bottom of this issue is ultimately appropriate funding for a program that has been woefully underfunded for far too long." Under current state payment rates, dentists get about 25 percent of their typical fees.

At Northern Dental Access Center in Bemidji, a nonprofit provider that serves 20 counties in northwestern Minnesota, about 62 percent of the 5,000 children they see annually have tooth decay.

"Access is a big problem in Minnesota and especially up here," said Executive Director Jeanne Edevold Larson. With 200 new patients each month, the clinic has to triage appointments to take care of those with the greatest need.

Access is not the only problem, Larson said. Many of the center's patients have complex needs, such as transportation problems and chronic medical conditions.

Federal officials have raised concerns about the issue before, but this is the first time they have warned that Minnesota could be out of compliance with federal regulations.

"The federal government is sending a clear message that they want to see dollars directed to providers," said Moracco.

It's not clear what CMS will do if Minnesota does not deliver on a plan, but the federal government has leverage because it provides a large share of funding for Medical Assistance.

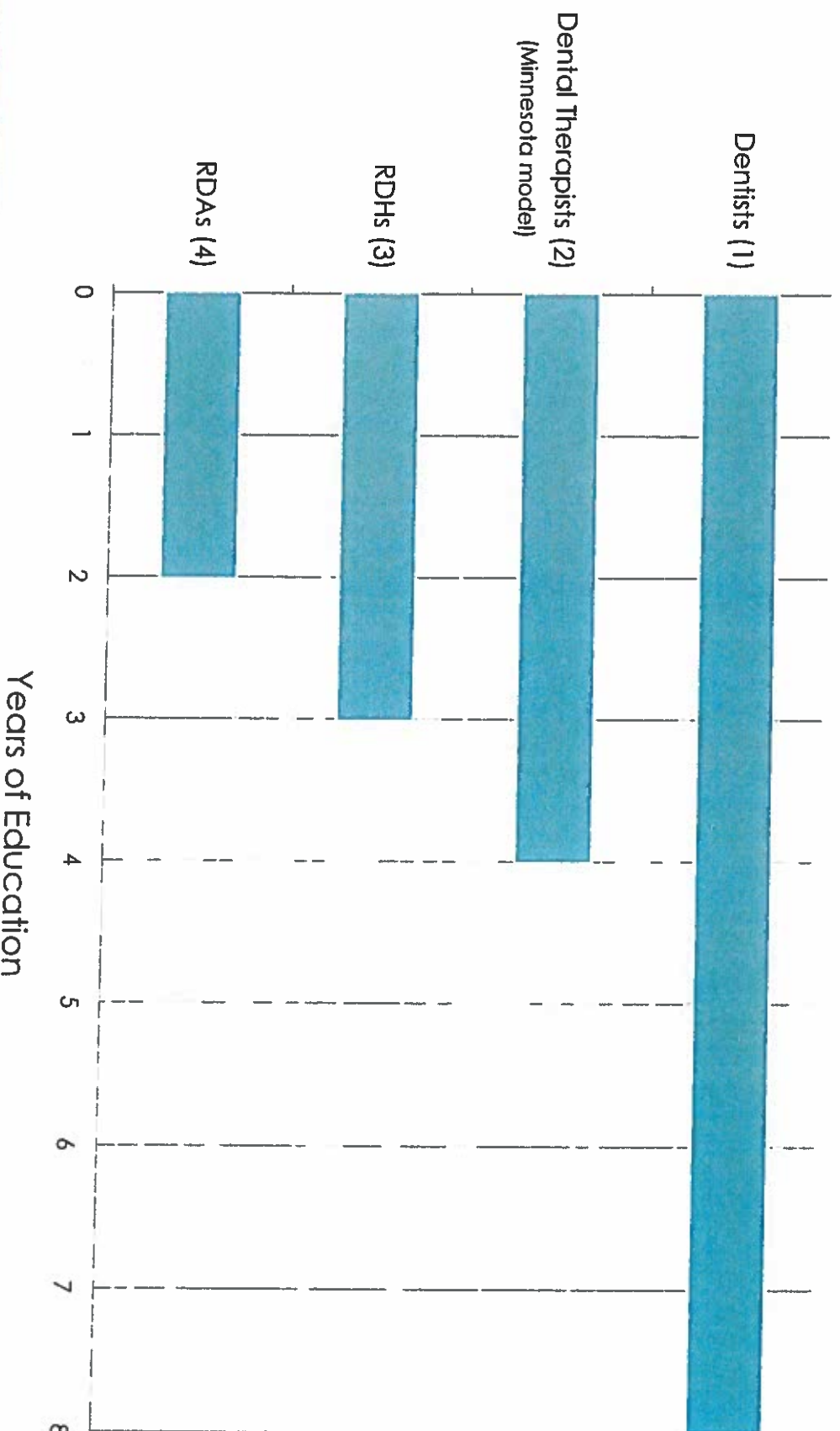
"Certainly it can be up to and including the withdrawal of federal funds," Moracco said.

 glenn.howatt@startribune.com  612-673-7192

The majority of procedures a dental therapist would be able to perform as proposed in SB 541 are already being performed by Registered Dental Assistants or Registered Dental Hygienists.

Procedures Proposed Under SB 541 for Dental Therapists	Currently Allowed Procedures Under the General Rules on Dentistry	
	Registered Dental Hygienists	Registered Dental Assistants
Comprehensive charting of the oral cavity.	338.11408(e)	338.11404a(h)
Providing oral health instruction and disease prevention education, including nutritional counseling and dietary analysis.	338.11408(k)	338.11404a(m)
Administering and exposing radiographic images.	338.11408(p)	338.11404a(a)
Dental prophylaxis including subgingival scaling or polishing procedures.	338.11408(a) & (b)	
Applying topical preventative or prophylactic agents, including fluoride varnish, antimicrobial agents, and pit and fissure sealants.	338.11408(h)	338.11404a(f)
Pulp vitality testing.	338.11408(f)(ii)	338.11405(b)(2)(a)
Applying desensitizing medication or resin.	338.11408(d)	338.11405(b)(2)(e)
Changing periodontal dressings.	338.11408(i)	338.11405a(a)
Administering local anesthetic and nitrous oxide analgesia.	338.11410	Apply topical anesthetic: 338.11403d
Fabrication and placement of single-tooth temporary crowns.		338.11404a(i)
Removal of space maintainers.	338.11408(r)	338.11405a(b)
Indirect pulp capping on primary teeth.		338.11405b(2)(c)
Indirect and direct pulp capping on permanent teeth.		338.11405b(2)(c)
Fabricating athletic mouth guards.	Impressions: 338.11408(o)	Impressions: 338.11405b(2)(f)
Suturing and suture removal.	Only removal: 338.11408(m)	Only removal: 338.11405a(c)
Preparation and placement of direct restoration in primary and permanent teeth.		Placement Only: 338.11405c(2)(a)
Dispensing and administering via the oral or topical route nonnarcotic analgesics and anti-inflammatory and antibiotic medications as prescribed by a health care professional.	Only administering antibiotic: 338.11408(a)	
Minor adjustments and repairs on removable prosthesis.		(MDA proposing to allow)
Preparation and placement of performed crowns on primary teeth.		
Identifying oral and systematic conditions that require evaluation or treatment by dentists, physicians, or other health care professionals and managing referrals.		
Emergency palliative treatment of dental pain related to care or service described in Sec. 16657(1).		
Simple extraction of erupted primary teeth.		
Nonsurgical extractions of periodontal diseased permanent teeth.		

Oral Health Education



1. Includes a bachelor degree and a doctoral of dental surgery (specially license requires additional education and is optional).
2. Includes one year of prerequisite courses (biology, composition, etc.) and three years of a combination of hygiene and dental therapy courses. Includes a bachelor of dental hygiene and master of dental therapy.
3. Includes one year of prerequisite courses and an associate degree. A four-year bachelor degree is optional.
4. Includes one year of prerequisite courses. Associate degree is optional.



michigan dental
ASSOCIATION
YOUR CONNECTION TO ORAL HEALTH



ORGANIZATIONS OPPOSED TO SENATE BILL 541 (CREATING DENTAL THERAPISTS)

Michigan Dental Association

American Dental Association

Michigan State Medical Society

Michigan Osteopathic Association

Michigan Dental Assistants Association

Michigan Orthodontists Association

Michigan Council of Dental Specialties

Michigan Academy of Pediatric Dentistry

Michigan Academy of General Dentistry