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FISCAL IMPACT REPORT

SPONSOR Shendo/ Clahchischilliage ORIGINAL DATE 1/28/16 LAST UPDATED 1/29/16 HB _____

SHORT TITLE Dental Health Act Changes and Therapists SB 217

ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY16	FY17	FY18	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		\$272.1	\$272.1	\$544.2	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Duplicates HB 191

SOURCES OF INFORMATION

LFC Files

Responses Received From

Regulation and Licensing Department (RLD)

Higher Education Department (HED) relative to duplicate bill, HB 191

SUMMARY

Synopsis of Bill

Senate Bill 217 makes a number of changes to the Dental Health Care Act (Section 61-5A-2 NMSA 1978 (being Laws 1994, Chapter 55, Section 2)). The majority of the changes relate to the following two items:

- 1) Creation of a new category of dental practitioner, called a dental therapist, and
- 2) Requiring that all students entering public school present evidence of having had a dental examination.

The bill is the result of the work of a task force established through 2015 Senate Memorial 136, consisting of members of the legislature, dentists, dental hygienists, and representatives of Health Action New Mexico.

Pursuant to the creation of the dental therapist position, the bill changes the Dental Health Care Act as identified in attachment.

The bill also requires that, beginning in 2021, all students enrolling in school must present evidence of having undergone a dental examination meeting criteria to be set by the Public Education Department.

In addition, the bill requires

- Creation of a dental health care subcommittee within the Legislative Finance Committee, specifying its composition, and
- Establishes an office of state dental director within DOH.

FISCAL IMPLICATIONS

RLD and HED note the absence of dental therapy training programs within New Mexico (there is also no School of Dentistry). The cost of establishing such a program is unknown. Setting up a state-funded program “could cost millions of dollars to implement and administer,” according to RLD. It is possible that proprietary colleges could establish dental therapist programs.

Adding additional members to the dental rules committee would impose additional costs, estimated at \$300 per member per meeting (three per year); additional court reporter time and the cost of advertising rules changes are the other components of the estimated \$26,800 annual fiscal impact of this bill, although no appropriation is made.

Dental therapy students might be made eligible to receive loans for service through HED’s Allied Health Loan-for-Service Program, which currently is appropriated \$104,800 per year and made nine loans in 2012.

LFC staff estimates costs for a new legislative subcommittee may be up to \$245.3 thousand and include 3 additional staff and per diem for legislative members.

SIGNIFICANT ISSUES

According to HED, the U.S. Department of Health and Human Services reports that there are 78 Dental Health Profession Shortage Areas in New Mexico. Other states are increasing employment and training opportunities for dental therapists in order to reduce the level of need and to increase access to care for Americans. The first two states to license dental therapists, Alaska and Minnesota, have had practitioners in the field since 2009, with the Alaskan experience based on an Indian Health Service program providing dental therapists to Alaska Natives in remote tribal communities. Dental therapists have been permitted to perform a number of basic clinical dental treatment and preventative services under the general and indirect supervision of dentists. Dental therapists can provide restorative dental treatment services, disease prevention and oral health promotion programs to maintain and improve oral health.

HB 191 proposes including dental therapists as dental health care providers to address the shortage of dental health professionals in New Mexico.

Senate Bill 217 creates an “access to dental care subcommittee in the legislative Finance Committee.” The mission of the LFC is to provide the Legislature with objective fiscal and policy analyses, recommendations, and oversight of state agencies to improve performance and to ensure accountability through the effective allocation of resources for the benefit of all New Mexicans. The LFC although faced with limited staff and budget, will strive to carry out the provisions of section 13.

ADMINISTRATIVE IMPLICATIONS

Regulation of the new profession would be needed through RLD. The implications of this requirement are difficult to predict, given that only one state, Minnesota, currently licenses dental therapists.

DUPLICATES HB 191

TECHNICAL ISSUES

On page 33, line 21, strike “5” and insert “13”. On page 33, line 25 strike “finance” and insert “health and human services”.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

The main method of combating the shortage of dental practitioners would remain recruiting dentists from outside New Mexico.

Attachment

SB 217 changes to the Dental Health Care Act

LAC/jo/al/jle

- add the definitions of collaborative dental therapy agreement, commercial dental service organization, a new profession of dental therapist, federally qualified health center, federally qualified health center look-alike facility, and long-term care facility;
- add an exemption to licensure requirements for dental therapy students enrolled in an accredited dental therapy educational program within the state of New Mexico;
- add an exemption to licensure requirements for dental therapists under the supervision of a dentist and performing the procedures set out in the Scope of Practice in Section 10 of the 2016 Act;
- add a requirement for the content of the dental therapist license issued by the board;
- add licensing fees for dental therapists to section 61-5A-20 NMSA 1978;
- add a section that describes the requirements for dental therapist licensure: (A) licensed as a dental hygienist; (B) evidence of having graduated from an accredited dental therapy school; (C) evidence of having passed a written examination; (D) evidence of having passed a practical or clinical examination; (E) having paid any requisite fees and complied with any other requirements established by rule;
- add a section that describes the scope of practice of dental therapists who are under the direct supervision of a dentist to include:
 - (a) oral evaluation and assessment of dental disease;
 - (b) formulation of an individualized treatment plan as authorized by a supervising dentist;
 - (c) place and shape direct restorations without mechanical preparation;
 - (d) impressions for single-tooth removable prosthesis;
 - (e) temporary cementation;
 - (f) atraumatic restorative therapy;
 - (g) temporary and sedative restorations;
 - (h) extraction of primary teeth without radiological evidence of roots;
 - (i) palliative treatments;
 - (j) fabrication and placement of temporary crowns;
 - (k) recementation of permanent crowns;
 - (l) removal and non-surgical placement of space maintainers
 - (m) repairs and adjustments to prostheses;
 - (n) tissue conditioning;
 - (o) dispensing and administration of analgesics, anti-inflammatory substances and antibiotics that a supervising dentist prescribes; and
 - (p) other closely related procedures that the board authorizes through rules it has adopted and promulgated;
- add a section that describes the scope of practice of dental therapists under the indirect supervision of a dentist:
 - (a) preparation and direct restoration or prepared cavities in primary and permanent teeth; and
 - (b) fitting, shaping and cementing of stainless steel crowns on teeth prepared by a dentist.
- add a section that describes where dental therapists may practice – at least one of the following must apply:
 - (a) a class B or class C county, excluding a group practice that is owned or operated by a commercial dental service organization;
 - (b) a federal Indian health service facility;
 - (c) a health facility operated by a tribe
 - (d) a federally qualified health center;
 - (e) a federally qualified health center look-alike facility;

- (f) a private residence or a facility where an individual receives long-term community-based services under the state's Medicaid program;
- (g) a long-term care facility;
- (h) a private residence, when an individual is unable to receive care in a dental facility;
- and
- (i) an accredited educational institution engaged in training dental therapists.