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## FISCAL IMPACT REPORT

**SPONSOR** Roch/Ivey-Soto      **ORIGINAL DATE** 2/10/2017      264/aHHHS/aHSIVC/  
**LAST UPDATED** 3/13/2017      **HB** aSPAC

**SHORT TITLE** Access to Dental Care Act      **SB** \_\_\_\_\_

**ANALYST** Chenier

### REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY17	FY18	FY19		
		\$9.0	Recurring	Dental Board

(Parenthesis ( ) Indicate Revenue Decreases)

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY17	FY18	FY19	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>		\$13.7	\$6.1	\$25.9	Recurring	Other state funds/Dental Board
<b>Total</b>		Minimal to \$58.6	Minimal to \$58.6	Minimal to \$117.2	Recurring	DOH/General Fund
<b>Total</b>		Significant	Significant	Significant	Recurring	PED/General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Department of Health (DOH)  
 Regulation and Licensing Department (RLD)  
 Human Services Department (HSD)

### SUMMARY

#### Synopsis of SPAC Amendment

The Senate Public Affairs Committee amendment to House Bill 264, previously twice amended, would eliminate all House State Government, Indian, and Veterans' Affairs Committee amendments. The section requiring DOH to report on the dental health care profession is replaced with a new section requiring DOH and the Dental Board to provide an annual report on

the status of the dental health care loan-for-service program; feasibility of allowing a bachelor of arts recipient to matriculate directly to dental school; the status of the state’s Medicaid program; the number of dental professionals taking advantage of the health care practitioner tax credit; and other timely issues. Additionally, the section on dental examination education would be replaced with a new section requiring students before they are permitted to enroll to provide evidence of having had a dental examination or a form signed by the student’s parent allowing the parent to acknowledge the risks involved with not undergoing a dental exam. The amendment would also require the Public Education Department to promulgate rules, report on compliance with the law, and provide extensive education to parents and guardians explaining the requirements for dental examination and information regarding where they may receive referrals to dental healthcare professionals.

Synopsis of HSIVC Amendment

The House State Government, Indian, and Veterans’ Affairs Committee amendment to House Bill 264 removes the requirement that students receive dental examinations and replaces it with a requirement that schools advise students and parents on the importance of obtaining dental examinations.

Synopsis of HHHS Amendment

The House Health and Human Services Committee Amendment to House Bill 264 removes language creating the Office of the State Dental Director and inserts new language requiring the director of the Department of Health’s (DOH) Office of Oral Health be a dental health care professional licensed pursuant to the Dental Health Care Act.

Synopsis of Bill

House Bill 264 creates new sections of law to license and establish dental therapists as a new type of dental practitioner. The bill also sets the scope of practice for dental therapists, places limits on where dental therapists can practice, and sets dental therapist licensure fees. In multiple sections of law, the bill would add the profession of dental therapist and make a technical change striking “dentist or dental hygienist” and uses the term “licensee” as a catchall for dentist, dental hygienist, and dental therapist. The bill also requires DOH to submit an annual report on dental professions and education.

Additionally, the bill would require students, by July 1, 2020, to obtain a dental examination and requires schools to provide extensive education to parents and guardians explaining the requirements for dental examination.

**FISCAL IMPLICATIONS**

PED stated that the bill requires the PED to oversee schools’ assurance of compliance to the new dental examination requirements. No funds are provided to support additional PED staff or resources needed for such oversight.

RLD estimated \$9 thousand in revenue in FY19. Dental Therapist programs are usually two-year programs. There is currently one program in the process of obtaining accreditation, in Minnesota. It will take at least two years before any revenue is generated by this licensure class. Revenue

was not included in this analysis for FY 17 and FY18. We estimate nine licenses, based on 30 percent of class B and class C counties in New Mexico.

RLD also stated that Rules committee meetings will be required and additional funds will be needed for court reporting and advertising. Every part of the rule will need to be opened to include dental therapists. For FY17 it will cost \$6.1 thousand to conduct rule committee meetings. In FY18 it will cost \$13.7 thousand to publish and advertise rule hearings, and every year after the board would need \$6.1 to advertise and conduct further rule hearings.

Section 20 of the bill ensures that the provision to establish a state dental director within DOH would not take effect until the end of FY19 and the majority of fiscal impact would not be experienced until FY20. DOH stated that there are no funds appropriated for DOH to conduct a dental therapist study, to conduct a statewide assessment of oral health care (FY18), or to employ a dental provider.

### **SIGNIFICANT ISSUES**

RLD stated that the bill requires dental therapists to have received degrees from a Commission on Dental Accreditation (CODA) institution. There are currently no dental therapy education programs in the United States. Minnesota is the only state that currently licenses dental therapists, but is not CODA accredited. In practical terms, this means dental students in New Mexico applying for dental therapist licensure would still not comply with the bill after attending the two-year program in Minnesota.

There are competency exams that are required for this licensure type. There is only one testing agency that offers the exams. Other regional examinations are in the development stages.

DOH provided the following:

The bill was introduced in response to Senate Memorial 136 (2015). The Memorial established a Dental Therapy Task Force to establish dental therapy legislation for the 2016 New Mexico Legislative Session. The task force was not able to submit legislation in 2016 but has prepared a bill for the 2017 Legislative Session.

The bill requires DOH to conduct an analysis of the oral health status of New Mexicans. The report would require a number of stakeholders to participate and examine the needs of NM residents.

DOH operates a dental public health program, which has been in existence since 1955. The Office of Oral Health conducts a school based prevention program targeting pre-school and elementary school aged children by providing free dental sealants and fluoride varnish (preventive agents). In FY16, the program provided services to over 15,000 low income or uninsured individuals; 6,370 elementary school aged children received dental sealants; 2,709 pre-school children participated in the fluoride varnish program; and 6,153 received preventive or treatment services by contractors.

### **DISPARITIES ISSUES**

DOH provided the following:

Tooth decay (cavities) is one of the most common chronic conditions in the United

States. Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking playing and learning. 1 in 5 children aged 5 to 11 years have at least one untreated decayed tooth. 1 in 17 adolescents aged 12 to 19 years have at least one untreated decayed tooth. The percentage of children and adolescents aged 5 to 19 years with untreated tooth decay is twice as high for those from low-income families compared with children from higher income households.

<https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>

Oral health disparities exist for many racial and ethnic groups, by socioeconomic status, gender, age, and geographic location. Some social factors that can contribute to these differences are lifestyle behaviors such as tobacco use, alcohol frequency use, and poor dietary choices. The economic factors that often relate to poor oral health include access to health services and an individual's ability to get and keep dental insurance.

[https://www.cdc.gov/oralhealth/oral\\_health\\_disparities/index.htm](https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm)

## **TECHNICAL ISSUES**

This bill may conflict with Article IV, Section 16 of the New Mexico Constitution which states in part, "... bill embracing more than one subject shall be passed..." This bill establishes dental therapists as a new type of provider and also changes the public school code to require schools to emphasize the importance of dental examinations.

The definition of practitioner for Dental Therapist is not added to the NM Controlled Substances Act. Controlled Substances will not be administered, dispensed, or prescribed.

EC/jle/al/jle