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FISCAL IMPACT REPORT

ORIGINAL DATE 02/22/13

SPONSOR Sandoval LAST UPDATED _____ HB 367

SHORT TITLE Dental Therapists Act SB _____

ANALYST Trowbridge

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY13	FY14	FY15	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	\$0.0	\$15.1	\$0.0	\$15.1	Nonrecurring	Dental Fund (Other State Funds)

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB 17 and SB 567

SOURCES OF INFORMATION

LFC Files

Responses Received From

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

SUMMARY

Synopsis of Bill

House Bill 367 (HB 367) creates a Dental Therapist Demonstration Project Committee through the Department of Health (DOH) to establish provisions of services by Dental Therapists working under the provision of Dental Therapy Act, to serve in five rural communities that are able to identify:

- Dental area workforce shortage
- A service population of no less than 1,500 individuals within a 15 mile radius
- Operational plan that includes the community to recruit a supervising dentist and resident to undergo training as a dental therapist to include:
 - Adequate assistance with educational and living expense
 - Compensation commensurate with the dental therapist's education level
 - A fully equipped dental facility
 - Staff support

The Secretary of Health is to appoint a “Project Oversight Committee” to include

- Five Dentists, two who are members of the Board of Dental Health Care
- Two Dental Hygienists, one who is a member of the Dental Hygienists Committee
- Two Public Members, one who is a member of the Board of Dental Health Care

The project committee shall establish criteria for regular review in the various phases to determine levels of consent for participating patients.

The Regulation and Licensing Department’s New Mexico Board of Dental Health Care shall amend statutes to designate and education program for Dental Therapists that is accredited with the school of dentistry in the United States, which is accredited by the commission on dental accreditation that includes a minimum of 3,000 hours of dental therapy curriculum.

The Board shall certify dental therapists for participation in the demonstration project pursuant to the Dental Therapists Act who have:

- Successfully completed the education program accredited by the by the commission on dental accreditation that includes a minimum of 3,000 hours of dental therapy curriculum.
- Practice under the indirect supervision of a dentist for a minimum of 400 hours
- Demonstrate competency by completing an examination by a national recognized regional testing agency or examination approved by the Board.
- Board my certify supervising dentists based on application that shall include:
 - Dentists has complete advanced education in teledentistry
 - Dentists has appropriate liability insurance for participation in the project
 - Protocol for indirect and general supervision of a Dental Therapist based on criteria determined by the Project Oversight Committee
- Board shall determine the scope of services allowed to be performed by a Dental Therapist under the supervision of a dentist to include:
 - acquisition of diagnostic data for teledentistry;
 - preventive and educational services;
 - limited direct restorative services;
 - limited palliative endodontic services;
 - limited periodontal services;
 - uncomplicated extractions and post-care;
 - administration of local anesthetics and
 - inhalation anxiolysis;
 - provisional cementation of indirect restoratives
 - impressing for or delivery of provisional removable prosthetics that replace four or fewer teeth

Any participating dentist or dental therapist shall be subject to all provisions of Section 61-5A-21 NMSA 1978 and rules established by the Board.

FISCAL IMPLICATIONS

The Board of Dental Health Care indicates that if HB 367 is enacted, it would need an appropriation of \$15,100.00 to establish rules and for the project itself. The DOH notes that HB

367 does not contain an appropriation, which will increase its workload. The Human Services Department (HSD) states HB 367 has no fiscal impact. The HSD notes, however, that dental therapists could provide better access to dental services within communities where the individual may now have to travel out of the community for dental care. The increased Medicaid cost for the increased number of services performed because of this improved access would be offset by the cost-effectiveness of early, preventative dental care and reduced transportation costs to the Medicaid program. The Higher Education Department (HED) reports that HB 367 may present future implications with the increase of private and proprietary schools offering the Board of Dental Health Care approval and the Commission on Dental Accreditation (CODA) accreditation of dental therapist programs.

SIGNIFICANT ISSUES

The DOH reports that one of the major themes in the Surgeon General's report, "Oral Health in America," is that oral health is "essential to the general health and well-being of Americans...however not all Americans are achieving the same degree of oral health." The report found a significant disparity between racial and socioeconomic groups in regard to oral health and ensuing overall health issues. Based upon its findings the Surgeon General called for action to promote access for oral health care for all Americans, especially the disadvantaged and minority children found to be at risk for medical complications resulting from minimal oral health care and treatment (<http://silk.nih.gov/public/hck1ocv.@www.surgeon.fullrpt.pdf>).

The DOH also indicates that adult oral health care is critical in New Mexico and throughout the country. 67 percent of adults reported seeing a dental provider or clinic and 18.5 percent of those individuals aged 65+ report having their teeth extracted (<http://www.statehealthfacts.org/profileind.jsp?cat+2&sub+30rgn=33>).

According to the DOH, the New Mexico Oral Health Surveillance System Special Report on Children 2006 reports that of 2,136 3rd graders, 37 percent of these children had untreated tooth decay and that 64.6 percent of them had caries experience. The report also states that 43.2 percent of these students had dental sealants on their molars to protect them from further tooth decay (<http://nmhealth.org/PHD/OOH/data.shtml>).

Access to care is largely affected by an overall shortage of dental providers in New Mexico, as well as a shortage of dental providers practicing in rural/frontier and underserved areas. The federal government has designated all or part of 32 counties as Dental Health Professional Shortage Areas (<http://hpsafind.hrsa.gov/HPSASearch.aspx>).

Additionally, the DOH states that HB 367 proposes to establish a new dental provider type, dental therapist, and would create a dental therapy demonstration project within the state. The purpose of the new dental therapist provider is to increase access to dental care for New Mexicans. The scope of practice will allow the dental therapist to perform some functions normally conducted by a dentist. The dental therapist model will continue to refer to the dentist to provide services of complicated care. The dental therapist model of care was established in rural Alaska in which the dental therapists are providing dental care to Alaskan natives. The State of Minnesota has implemented a dental therapist provider model and other states are studying various models. The American Dental Hygienist Association supports the midlevel provider concept and has established its own model entitled the advanced hygiene practitioner.

The HSD reports that many of the services that a dental therapist would be able to perform under this pilot are services for which the Medicaid program would pay a dentist. Therefore, if the Medicaid program went through the process to include coverage of services performed by a dental therapist, Medicaid program costs would not be impacted significantly. Rather, a dental therapist within the dental provider's office would perform the service rather than the dentist or the hygienist.

Presumably, payment would be made to dentist, clinic, or dental group under which the dental therapist was providing the service because the dental therapist would not really be licensed to practice independently. The Medicaid program would have the option, through regulation, to add services provided by a dental therapist to the list of covered services for Medicaid recipients, as long as the services were treatment-oriented and fall within the scope of services of the Medicaid dental program.

The HSD adds that this level of dental health provider could improve Medicaid recipients' access to services.

According to the Board of Dental Health Care, HB 367 would create a new level of professional licensure in the dental health care field. It would require a minimum of 3,000 hours in a dental therapist educational program completed in a United States school of dentistry approved by the CODA. The CODA is developing accreditation standards for dental therapy educational programs and curriculum for this new profession.

The Regulation and Licensing Department (RLD) indicates that the project oversight committee is going to require the communities to submit regular reports regarding the progress, implementation, demographics, costs, revenues, services and surveys which may be inconsistent if there not a systematic process in place to report the data

PERFORMANCE IMPLICATIONS

HB 367 relates to the DOH FY14 Strategic Plan Goal 1: Improve Health Outcomes for the People of New Mexico and Goal 2: Improve Health Care Quality.

The HED states that under the RLD and with the Board of Dental Health Care oversight, this new professional licensure would increase the number of licenses currently issued and would increase staff responsibilities with the initial demonstration project. The RLD and Board of Dental Health Care would need to develop performance measures to ensure success of the project.

ADMINISTRATIVE IMPLICATIONS

The DOH reports that if HB 367 is enacted the work load of departmental staff will increase. The DOH staff will be required to provide administrative support to the dental therapist committee. The Board of Dental Health Care will administer the Dental Therapist Certification Act, its proposed regulations, and the dental therapy licensees.

RELATIONSHIP

HB 367 relates to SB 567, Dental Therapist-Hygienist Licensure and HB 17, which would amend the New Mexico Drug, Device and Cosmetic Act, Dental Health Care Act, Income Tax Act, Allied Student Loan for Service Act, and the Health Care Service Corps Act to:

- allow for the use of dental therapists;
- add a new dental provider type –dental therapist for licensure;
- add language defining the practice of dental therapy, and identifying the scope of practice for a dental therapist;
- amend the membership of the Board of Dental Health Care to include Dental Therapists;
- amend the Rural Health Care Practitioner Tax Credit program (of the Income Tax Act) allowing the dental therapist to be eligible to participate in the tax credit program; and
- amend sections of the Allied Health Student Loan for Service Act and the Health Services Corps Act allowing the dental therapist to be eligible to participate in these loan and placement programs within New Mexico.

OTHER SUBSTANTIVE ISSUES

The HED reports that until the CODA completes the development of the accreditation standards for dental therapy educational programs and curriculum for this new profession, there may no board approved programs to offer this education. Currently there are no educational institutions offering this program in New Mexico.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

If HB 367 is not enacted, the Board of Dental Health Care would not create the dental therapist certification or the demonstration project and dental healthcare will not determine a need for additional dental professionals in rural communities.

TT/svb