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## FISCAL IMPACT REPORT

ORIGINAL DATE 3/19/15  
 LAST UPDATED 3/20/15

SPONSOR Sanchez, M HB \_\_\_\_\_

SHORT TITLE Prepare Dental Therapy Legislation SM 136/aSRC

ANALYST Elkins

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

	FY15	FY16	FY17	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
<b>Total</b>	Indeterminate	Indeterminate				

(Parenthesis ( ) Indicate Expenditure Decreases)

Relates to HB 349 and SB 6

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Regulation and Licensing Department (RLD)

Department of Health (DOH)

### SUMMARY

#### Synopsis of Senate Rules Committee Amendment

Senate Rules Committee Amendment to Senate Memorial 136 changes the membership of the dental therapy task force to include six members appointed by the Legislative Council from names provided by the New Mexico Dental Hygienist' Association. The amendment removes three members appointed by the Legislative Council from the names provided by Health Action New Mexico. The amendment charges the Legislative Council Service with hiring an impartial facilitator that is chosen from a list of candidates provided by the New Mexico Dental Association and the New Mexico Dental Hygienists' Association.

#### Synopsis of Memorial

Senate Memorial 136 requests the Legislative Council to establish a dental therapy task force to prepare legislation establishing the licensure and practice of dental therapists for introduction in the 2016 Legislative Session. The dental therapy task force will present proposed legislation to the Legislative Health and Human Services Committee by October 1, 2015.

The dental therapy task force will be made up of:

- Two members from the House of Representatives; one appointed by the Speaker of the

House and one appointed by the House Minority Floor Leader.

- Two members of the Senate; one appointed by the President Pro Tempore and one appointed by the Minority Floor Leader.
- Six members appointed by the Legislative Council from a list of names provided by the New Mexico Dental Association.
- Three members appointed by the Legislative Council from a list of names provided by the New Mexico Dental Hygienists' Association.
- Three members appointed by the Legislative Council from among the names provided by Health Action New Mexico.

The memorial charges the Legislative Council Service (LCS) with hiring an impartial facilitator that is chosen from a list of candidates provided by the New Mexico Dental Association, New Mexico Dental Hygienists' Association, and Health Action New Mexico.

## **FISCAL IMPLICATIONS**

SM 136 requests the Legislative Council to convene a 16 member task force during the 2015 interim to prepare legislation establishing the licensure and practice of dental therapists. The cost of the task force would include per diem and mileage for members. Also, the memorial requires LCS to hire an impartial facilitator to provide administrative support for monthly meetings of the task force. It is unknown how many hours each monthly meeting of the task force will be or if the monthly meetings will take multiple days, therefore the estimated operating budget impact is indeterminate.

## **SIGNIFICANT ISSUES**

According to SM 136:

The federal health resources and services administration's February 2015 report stated that New Mexico will have a dentist shortage of one hundred ninety-five dentists and a surplus of two hundred ninety-one dental hygienists in 2025. Also, people living in poverty and in rural communities are much less likely to receive good oral health care; and poor oral health is linked with multiple health problems, including adverse pregnancy outcomes, respiratory disease, cardiovascular disease and diabetes. The 2013 New Mexico Health Care Workforce Committee, made up of experts in health care, health care work force and state health policy, issued a report that concluded that New Mexico does not have enough dental providers to meet current or future demand.

The states of Alaska, Maine and Minnesota, as well as the United Kingdom and New Zealand, have established the practice of dental therapy to address the need for skilled dental health care in urban, rural, frontier and tribal areas. The eight northern Indian pueblos council, inc., and the ten southern pueblo governor's council have both passed resolutions in support of legislation establishing the licensure and practice of dental therapists in the state. Since 2013, the Navajo Nation has endorsed legislation establishing the licensure and practice of dental therapists in the state.

The Department of Health offers the following commentary:

SM136 brings together a number of New Mexico oral health advocates to create

legislation for a new dental provider type entitled dental therapist. Dental therapist advocates have proposed dental therapist legislation for the past four legislative sessions and each time it has failed to become law due to the opposition from the New Mexico Dental Association. Each year legislators have asked for all parties to meet and confer with a satisfactory legislative package, but this has not yet occurred. The memorial requires these parties to come together and propose a unified package for next year's legislative session.

The purpose of the new dental therapist provider is to increase access to dental care, especially for residents in rural and frontier communities, as well as for Medicaid recipients. A particular emphasis is placed on children, the elderly, minorities, and disadvantaged adults. Dental therapists would practice in public and/or private settings.

The dental therapist model of care was established in rural Alaska where the dental therapists provide dental care to rural Alaska Natives. The states of Minnesota and Maine have implemented a dental therapist provider model and other states are studying various mid-level dental provider models. The American Dental Hygienist Association supports the mid-level provider concept and has established its own model entitled the "Advanced Hygiene Practitioner." State initiatives for low-income children enrolled in public programs have shown that inroads can be made in improving access to and utilization of oral health services.

([http://www.nhpf.org/library/issue-briefs/IB836\\_OralHealthCheckup\\_03-29-2010.pdf](http://www.nhpf.org/library/issue-briefs/IB836_OralHealthCheckup_03-29-2010.pdf))

The 2012 New Mexico Behavioral Risk Factor Surveillance Survey found that 39% of adults had not seen a dentist within the past year ([https://ibis.health.state.nm.us/indicator/view/OralHlthDentVisit.Year.NM\\_US.html](https://ibis.health.state.nm.us/indicator/view/OralHlthDentVisit.Year.NM_US.html)).

The federal government has designated all or part of 32 counties of New Mexico as Dental Health Professional Shortage Areas (<http://hpsafind.hrsa.gov/HPSASearch.aspx>). More than 40% of the population of New Mexico lives in federally designated Dental Health Professional Shortage Areas (<http://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2011/05/11/childrens-dental-health-new-mexico>).

SM136 does not specifically include non-dental trade providers such as Federally Qualified Health Centers, who also employ dentists or DOH as members of the task force to develop dental therapist legislation.