

## **MDS Comprehensive Oral Health Legislation**

As you may remember, in the spring of 2016, the MDS Board of Trustees approved a comprehensive oral health bill as an alternative to the midlevel provider legislation sponsored by Senator Harriette Chandler (D-Worcester) and Representative Pignatelli (D-Lenox), as well as the national organization, Pew Charitable Trusts. After carefully reviewing the existing oral health problems in Massachusetts, the Board concluded that a comprehensive bill was the best course moving forward at the time. Offering a sustainable commonsense alternative, which included the creation of a properly educated and supervised new provider, successfully highlighted to legislators the importance of a comprehensive solution in order to provide access to care for populations in need.

The MDS, unfortunately, was not successful in replacing the Pew bill with our own legislation but did successfully prevent the passage of Pew's legislation. However, the legislative session last year brought to light several oral health issues that we, as dental leaders, should focus on improving.

For that reason, I created a taskforce, based on last year's experience, to formulate a comprehensive oral health bill for the 2017-2018 legislative session. This taskforce, chaired by MDS president-elect Dr. David Lustbader, reviewed relevant data and information from sources such as the Department of Public Health, Health Policy Commission, ADA Health Policy Institute, Pew Charitable Trusts, and Commission on Dental Accreditation.

As the taskforce progressed, Dr. Lustbader presented an update to the MDS Board in September 2016. At that time, the Board had opportunities to discuss and present feedback on various aspects of our potential bill. Subsequently, the taskforce presented a final comprehensive bill to the Board in November. At that meeting, the Board approved the legislation to be filed with the support of the MDS. In order to prevent Pew and others to see the details of the MDS legislation prior to it becoming filed with the General Court, we could not publicize details of the bill. Once filed, January 20, the MDS sent an email to all members explaining the new legislation and a news release to media outlets all across the State.

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Although the MDS proposal creates a new type of practitioner, the model would be different from other states in that this provider would be allowed to only perform CODA approved procedures, except extractions, above the registered dental hygienist level under direct supervision. Furthermore, this provider will specifically target the areas of most need in the Commonwealth. In addition to creating a new provider, the MDS included language relating to community water fluoridation, methods to improve the public health dental hygiene program, dental screenings prior to kindergarten, and oral health training for community health workers. It's also important to point out that participation by dentists in hiring them would be voluntary.

We believe that this comprehensive solution can go a long way in improving access to providers and substantially improve utilization of dental services.

Sincerely,

A handwritten signature in black ink, appearing to read "Raymond Martin". The signature is fluid and cursive, with a long horizontal flourish at the beginning and a stylized, looped end.

Dr. Raymond Martin

Massachusetts Dental Society