

Frequently Asked Questions

Comprehensive Oral Health Legislation in Massachusetts

Why does Massachusetts need comprehensive oral health legislation?

The Massachusetts Dental Society believes that a comprehensive approach is needed to address oral healthcare issues facing the Commonwealth. Our bill is focused on care for underserved populations, appropriate training and supervision of a new class of mid-level dental professionals, and reduction of socio-economic barriers to seeking dental care. It is designed specifically to bring care to where it is most needed, to connect MassHealth members and other underserved populations with a new class of mid-level professionals called Public Health Dental Practitioners (PHDP) who will be directly supervised by licensed dentists. It also will address several oral health care programs endorsed by the state Department of Public Health.

Why does Massachusetts need mid-level dental practitioners?

Every dental professional understands that preventive and early dental care is essential to overall health. Members of the Massachusetts Dental Society (MDS) see the affects, and expense, of dental issues that arise when individuals do not receive appropriate preventive care. While nearly 90 percent of communities in the Commonwealth have adequate access to dental health care services, there are areas of Barnstable and Berkshire counties where underserved populations, for example, low-income children with Medicaid coverage, receive little to no dental care. A proposed new class of providers focused on underserved populations can provide additional resources to address unmet oral health needs. These new PHDPs will be required to meet credentialing standards similar to those mandated for medical caregivers such as Physicians Assistants and Nurse Practitioners. They will also be appropriately supervised by licensed dentists.

What is different about the proposed MDS legislation?

The MDS believes the issue of mid-level professionals is just one aspect of a broader public health question surrounding oral health care. In addition to proposing reasonable and appropriate credentialing standards for mid-level oral healthcare professionals, the MDS legislation addresses broader oral healthcare issues that affect nearly every resident in Massachusetts. These include the need for increased awareness about the health benefits of fluoridated water in public drinking supplies, formal integration of dental hygiene into the state's Department of Public Health, and mandatory oral health screenings of every child prior to entering kindergarten.

Can Massachusetts provide safe, reliable mid-level professional dental care?

With the right training and supervision, absolutely yes. By requiring that mid-level dental professionals be held to the same level of educational and licensure standards as Physician Assistants and Nurse

Practitioners, “An Act Relative to Graduate Education for Certain Professionals” will allow appropriately trained mid-level professionals to enter the practice of dentistry in the Commonwealth. This comprehensive approach to the education, certification and supervision of mid-level Public Health Dental Practitioners is similar to standards enacted Minnesota. In that state, mid-level professionals are subject to direct supervision by a licensed dentist and required to meet certain education requirements, including a bachelor’s degree from an accredited college or university and two-years of post-graduate training.

What are the benefits associated with creating a new class of mid-level dental practitioners?

It’s a sound way to connect underserved populations with reliable, preventive care. The consequences of gaps in care, which exist primarily in rural areas, are significant, including unnecessary pain, loss of work or school time, and direct impacts on overall health. Massachusetts is very fortunate that nearly 90 percent of communities in the Commonwealth have adequate access to dental health care services. A new class of practitioners, dedicated to providing care in communities that lack access and serve MassHealth patients, could prove beneficial.

Does Massachusetts need to require a substantial baseline of education and accreditation for Public Health Dental Practitioners?

Unequivocally, yes. Leading advocates have repeatedly stated that new classes of dental practitioners are akin to Physician Assistants in medicine. Accordingly, it is sensible and prudent to require the same baseline level of education and accreditation for mid-level dental professionals that is required to become a Physicians Assistant and Nurse Practitioner. These widely accepted requirements include a bachelor degree, completion of relevant post-graduate education program offered by a nationally accredited academic institution, completion of continuing education, and passage of a certification examination. Of course, these are the same standards in place for Minnesota’s dental therapists. The benefit of these professional standards is clear: licensed Physicians Assistants, Nurse Practitioners and similarly situated mid-level professionals are broadly accepted as eminently qualified to practice within their authorized clinical categories because they possess the necessary scope of practice competencies. The same should hold true for Public Health Dental Practitioners in Massachusetts.

What is the downside in allowing dental hygienists to become Public Health Dental Practitioners with fewer educational and licensure standards?

Comprehensive oral care delivered with the highest possible level of safety is critical for underserved populations who are far more likely to have complex dental health issues. Appropriately educated and trained Dental Practitioners, with direct supervision by a licensed dentist, must be prepared to address risk factors associated with more complex procedures than are provided by hygienists. The most obvious potential risk for harm to the public is that the practice of dentistry involves a number of irreversible procedures, including extraction of and drilling of primary teeth. Legislators and advocates who support creation of mid-level dental professional licensure want to permit extractions and drilling by Dental Practitioners. Tooth extraction is somewhat complex, can involve injection of a local anesthetic, and many patients have medical or behavioral conditions that require additional care. Possible complications

associated with extractions include accidental damage to adjacent teeth, excessive bleeding, jawbone damage and after the procedure, infection.

Has Massachusetts ever tried to address these issues by licensing a new category of oral health professionals?

In 2009, the legislature passed legislation that created the role of Public Health Dental Hygienist (PHDH.) This step was taken in hopes of increasing access to preventive care. According to data from the Massachusetts Department of Public Health, there are fewer than three dozen PHDHs working in the Commonwealth. Between 2012 and 2015, none of these professionals serviced a single adult patient west of Springfield. There are 28 communities in Berkshire County that lack access to oral health care, according to federal data. Massachusetts has an oral care utilization problem, not an access problem.

Is “An Act Relative to Graduate Education for Certain Professionals” motivated by financial considerations?

No. As the leading advocates for prevention of tooth decay, the American Dental Association and the MDS continually support measures that reduce complex dental disease and dental visits, and thereby diminish income for dentists. These efforts include fluoridation of drinking water supplies and sealant applications for all children when their primary teeth emerge. The legislation proposed by the MDS is focused on delivery of high-quality dental care to children and other populations in need. Anything less would be an endorsement of a second-class standard of care for underserved populations.

If other states are making it easier for hygienists to see patients, why should Massachusetts be different?

Properly trained and educated Public Health Dental Practitioners can play an important role in providing care to underserved populations in rural states. Massachusetts is unlike many larger states because it has a limited scope of “dental practice shortage areas” (DPSAs), or portions of the state that are underserved by the practice of dentistry. The U.S. Department of Health and Human Services reports that DPSAs are primarily found in two Massachusetts’ counties (Barnstable and Berkshire.) All told, there are 45 communities out of 351 in Massachusetts identified as lacking in sufficient access to dental care, which represents 13 percent of all cities and towns in the Commonwealth.

Where does MassHealth fit into this issue?

MassHealth covers the majority of underserved patients so they play an important role. A report prepared by MassHealth in December 2015 showcases the opportunity for providers to treat underserved patients. That study showed there are nearly 1.8 million MassHealth members who are eligible for care. According to MassHealth, 95 percent of these people live within five miles of at least two general or pediatric dentists. The key is to connect those patients with providers by removing barriers to care.

If access is not the issue, why do many people lack dental care?

Despite available dentists and dental clinics, research shows that cultural and language issues, lack of adequate transportation, and limited awareness about the importance of preventive dental care are common barriers.

Are there any unintended consequences associated with MDS' plan to professionalize mid-level professionals?

No. MDS is confident that the proposed legislation will provide a practical solution by allowing licensed dentists and Public Health Dental Practitioners to work in partnership as part of a comprehensive approach to provide high-quality care to underserved populations.

This includes making sure that MassHealth members are able to connect with dentists and Public Health Dental Practitioners who accept this coverage. It also will ensure that Public Health Dental Practitioners treat underserved populations in DPSAs rather than patients who live in more affluent communities. Further, it will mandate that Public Health Dental Practitioners work in the same practice group as the supervising dentist while ensuring comprehensive care that includes oral health education, disease prevention and coordinated follow-up appointments as needed.

Is there really a big difference between Massachusetts and other locations when it comes to dental care?

Consider the city of Bethel, Alaska, a small community of 6,000 people on the west coast of Alaska which has been promoted as a success story by advocates for mid-level dental professionals with minimal training and supervision. Bethel is inaccessible by highway or other forms of land-based transportation. Travel to Bethel requires access to a plane or boat. In Bethel, as in other tribal areas of Alaska, anybody with a high school diploma and a nomination from a tribe is eligible to be trained as a 'dental therapist.' After performing a limited scope of work (encompassing 46 basic dental hygienist procedures), 'therapists' are licensed to handle procedures such as tooth extractions. In Alaska, these practitioners work under "general supervision," which means a dentist does not have to be on-site and can be hundreds of miles away from Bethel.

What is the most important takeaway from MS' plan to professionalize mid-level dental practitioners?

Everybody in Massachusetts deserves high quality, safe dental care through access to appropriately trained and supervised oral health professionals.