

Fact Sheet

An Act Relative to Graduate Education for Certain Professionals (2017)

Overview

In January 2017, the Massachusetts Dental Society (MDS) proposed legislation to address problems facing underserved populations, particularly children who do not receive oral health care including preventive treatments.

The proposed legislation —An Act Relative to Graduate Education for Certain Professionals—sponsored by State Senator Michael O. Moore (D-Millbury) and State Representative Peter V. Kocot (D-Northampton), will allow for a comprehensive approach to improved access and oral health care for underserved populations. This approach includes increased advocacy for and awareness of fluoridated water in Massachusetts' communities that do not currently treat drinking water supplies, improved integration of dental hygiene into the state's Department of Public Health, and mandatory screenings of children prior to entering kindergarten.

The bill also introduces a new mid-level dental professional, called a Public Health Dental Practitioner (PHDP), who is appropriately educated, certified, and supervised to ensure the safest possible care for every patient and support the practice of dentistry in the Commonwealth. Under the bill, PHDPs would be required to practice in areas of the state officially designated by the U.S. Department of Health and Human Services as dental practice shortage areas or in federally qualified health centers. The MDS is the first professional organization of licensed dentists in the United States to propose a new class of mid-level dental practitioners.

The MDS bill reflects the traditional public health model built on the cornerstones of education, prevention, and treatment. These pillars of public health management provide the best opportunity for any community to effectively address a public health challenge.

Massachusetts residents want appropriate standards and safeguards applied to dental providers who treat underserved populations

In May 2017, a survey of 754 registered Massachusetts voters conducted by the MassINC Polling Group revealed that 73 percent of respondents did not feel comfortable if the Commonwealth were to allow mid-level dental practitioners to perform irreversible procedures such as drilling and extraction of teeth without direct supervision from a dentist. The poll also found that 72 percent of respondents support credentialing standards for mid-level dental professionals that mirror licensure requirements for physician assistants (PAs) and nurse practitioners (NPs).

These results confirm what dentists in Massachusetts have heard directly from patients: future mid-level dental professionals must be directly supervised when performing irreversible procedures. Because there is a substantial volume of Massachusetts residents with complex oral health care needs, it is essential that mid-level dental practitioners have the highest possible level of education, training, and supervision to effectively treat these patients.

Appropriate standards and safeguards for mid-level dental providers must mirror those in the medical field

Across the United States, the acceptance of mid-level professionals in health care, such as PAs and NPs, has advanced in large part due to the appropriate levels of education and accreditation that ensure they are

eminently qualified to practice within their clinical categories and possess the necessary scope of practice competencies.

With An Act Relative to Graduate Education for Certain Professionals, the MDS calls for the same appropriate standards of education and accreditation for PHDPs. This class of licensed dental professionals would be required to obtain a graduate-level degree of not less than two academic years of relevant post-graduate education offered by a nationally accredited academic institution. PHDPs would be overseen by a supervising dentist who practices full-time and accepts MassHealth patients.

Underserved populations deserve access to appropriately trained professionals for dental care – and that means requiring mid-level practitioners to work where they are needed

A new class of practitioners could prove beneficial to residents of the Commonwealth if those professionals are required to work in areas of the state that have the greatest need for oral health services. The MDS bill would require mid-level practitioners to work only in areas of the state that are designated as dental practice shortage areas, which represents approximately one-tenth of the Commonwealth's population, or in federally qualified health centers. Absent that requirement, experience in other states has shown that it is highly likely that newly licensed mid-level practitioners would seek to work in major population centers that already offer adequate levels of dental services.

Recent experience in Massachusetts shows that licenses alone will not increase care for the underserved

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. However, according to 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 treated a single adult patient west of Springfield, even though federal data shows there are 28 communities in Berkshire County that lack access to oral health care.

Integrating mid-level professionals into dental practices is beneficial

Massachusetts would be far better served by requiring mid-level dental practitioners to work in partnership with licensed dentists as part of a comprehensive approach to care that includes oral health education, disease prevention, coordinated appointments, and readily available access to fully-trained and accredited dentists. A [report](#) released in May 2017 by the Amherst Wilder Foundation in Minnesota, paid for by Delta Dental, cited two case studies of private clinics in Greater Minnesota that recently hired mid-level dental therapists. The studies noted that the arrangements where mid-level providers worked under the direct supervision of licensed dentists “increased access to quality oral health care for low-income and underserved populations.”

Both case studies indicated that mid-level therapists helped increase the volume of care given to Medicaid patients, yet revealed clear limits on the capacity and skill sets of mid-level providers. Both stated the need for on-site supervision by a dentist, specifically referencing initial uneasiness among patients that was alleviated by the in-practice presence of a dentist while the mid-level performed procedures. As a result of hiring mid-level providers, both dental practices reduced wait times for patients and created flexibility for dentists to increase the volume of orthodontic and periodontal services offered to patients. The dentists saw at least five times as many patients as the

mid-level providers. The studies noted that mid-level providers benefitted both practices because they had ample space to accommodate additional patients from underserved populations and because licensed dentists were willing to provide clinical support.

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

A significant volume of research shows that underserved populations are far more likely to have complex oral health care issues and advanced dental disease. The ability to improve the oral health of underserved populations and reduce related visits to emergency departments rests, in part, on establishing safeguards that provide the highest level of protection against complications associated with irreversible dental procedures such as tooth extraction and drilling of teeth to treat tooth decay.

Complications associated with these procedures include swelling, excessive bleeding, osteonecrosis (exposed jaw bone), and osteomyelitis (infection of the jawbone). Further, the provision of irreversible and invasive dental procedures to underserved populations raises issues associated with proper and adequate informed consent of patients prior to treatment. For PHDPs to succeed, it is incumbent upon Massachusetts to enact legislation that does not create unintended safety risks associated with mid-level professionals within the practice of dentistry.

Appropriate safeguards should begin with prohibitions on tooth extractions by PHDPs. Mid-level professionals also must be directly supervised by a licensed dentist when performing procedures that extend beyond those permitted under Board of Registration in Dentistry standards for licensed dental hygienists.