Pioneer Supports Expanded Access to Oral Health

Dear Senator Lewis, Representative Hogan and the Joint Committee on Public Health,

Lack of access to affordable, quality dental care is an issue that prevents many low and moderate income families and individuals from maintaining proper oral health. It is well established that poor dental care can create serious health problems and diseases throughout the body. Our healthcare system, unfortunately, continues to treat oral healthcare issues as if they were separate from the rest of the human body. There are, however, some solid and prudent steps that law makers can take to help make our system of oral health more accessible and affordable.

There is a bill before the Massachusetts Legislature seeking to expand access to dental care through the creation of a mid-level provider position, commonly known as a dental therapist (DT). Like a physician’s assistant or nurse practitioner, a DT would be required to pursue additional education in order to perform many basic procedures that are not performed by dental hygienists, freeing up time for dentists to focus on complicated cases. A DT would be able to perform procedures including basic tooth extractions, fillings, and taking x-rays.

Currently, in Massachusetts over a half-million residents live in dentist shortage areas as defined by the US Department of Health and Human Services, and in 2014 only 35 percent of dentists treated MassHealth patients. As a result, 44 percent of children on MassHealth (over 284,000) did not see a dentist in 2015.

Senate Bill 1169 / House Bill 2474 creates this mid-level position largely in accordance with guidelines from the Commission on Dental Accreditation, a subdivision of the American Dental Association. All DTs must receive three years of additional schooling, are subjected to rigorous testing, and must complete a year-long residency before operating outside of the direct supervision of a dentist.

This bill is uniquely designed to target those living in dentist shortage areas by allowing DTs additional freedoms to operate under non-profits and in a licensed mobile dentistry program. By reaching out to underserved populations, the culture around oral healthcare can begin to change. At least six states have authorized dental therapists to practice in some form, with more than a dozen others currently considering this issue.

While this bill is a great start toward expanding access to quality dental services, it is not the perfect solution. For example, this bill requires insurance reimbursement for services provided by a DT at the
same rate as a dentist. The additional training and expertise of a dentist should be reflected in negotiated reimbursement rates, and this particular provision does not help make dental care more affordable.

On balance, however, Pioneer finds that dental access is a compelling issue that deserves action and this is a good place to begin. S.1169/H.2474 will be successful in expanding access to dental care to more residents of the Commonwealth by allowing for more procedures and putting fewer restrictions on the locations that services can be provided to these patients who are in need. That means that more children who are on MassHealth will likely receive basic dental care.

Thank you for the opportunity to present this testimony.

Sincerely,

James Stergios
Executive Director, Pioneer Institute