

To: All Legislators

From: Senator Mary Felzkowski

Representative Jon Plumer

Re: Co-Sponsorship of LRB-4950/1 & LRB 5024/1: **Licensure of Dental Therapists**

Deadline: 12:00pm on Friday, November 10th, 2023

WHAT DOES THIS BILL DO?

This bill seeks to increase access to dental care, especially for the 1.2 million Wisconsin residents currently living in areas with dental access shortages. The bill provides for the licensure of dental therapists- who are members of the dental care team serving under the supervision of a dentist that would be able to engage in limited practices of dentistry, such as fillings and sealants.

As in other health care fields, dental therapists serve as a mid-level provider, much like nurse practitioners and physician assistants. Providing dental practices the option to include these well-trained dental professionals in their dental teams will allow for increased access, lower practice costs, and savings for the state, all without compromising quality of care.

Dental therapists receive the same training as dentists for the procedures they are allowed to perform within their scope and must meet rigorous standards approved by the Commission on Dental Accreditation (CODA) - the same entity overseeing standards for the training of dentists nationwide.

WHAT PROBLEM DOES THIS BILL SOLVE?

Access to Care

According to federal statistics, a staggering **64 of the 72 counties in Wisconsin face dental access shortages**. Even more concerning, there are currently over 1 million Wisconsinites who depend on Medicaid for dental benefits that face additional barriers, especially access to Medicaid providers. Adding a dental therapist to the dental team can help dental practices see more Medicaid patients, and more patients overall.

Emergency Room Over-utilization

Research also shows dental therapists are needed to reduce the number of costly trips to emergency rooms for preventable dental conditions. In 2015, Wisconsin hospitals clocked more than 41,000 emergency room visits for which a preventable dental condition was the primary or secondary diagnosis (of these visits, 56% were paid for by Medicaid). If accounting for only primary diagnosis visits (33,113) at an average cost of \$749 per visit (in 2012), this represents nearly \$25 million in potentially avoidable hospital charges.

HOW CAN DENTAL THERAPISTS SOLVE THIS PROBLEM?

Mid-level providers in other fields of medicine were once a new concept and are now a mainstay in today's health care system. In addition to over 50 countries, dental therapists are currently authorized in 13 other states including Arizona, Maine, Michigan, Minnesota, and Vermont with tribal authorization in Alaska, Washington and Oregon. Several other states are currently considering legislation as well.

Dentists in other states who have embraced the concept and employed dental therapists report increased dental team productivity, increased profits, personnel cost savings, and improved patient satisfaction. A 2014 report released by Minnesota Board of Dentistry and Department of Health found clinics employing dental therapists could see more patients, over 80% on Medicaid. These patients experienced decreased travel time and nearly one-third saw decreased wait times. Increasing access and savings from the lower costs of employing dental therapists made it possible for clinics to expand capacity to see more Medicaid and underserved patients.

Dental therapists are also cost effective. Under the current system, dentists are often providing routine care rather than providing procedures at the top of their scope. This is a highly inefficient use of Medicaid dollars. With dental therapists as part of the team, dentists can delegate more routine procedures to their dental hygienists and dental therapists, freeing their time to do more complex and costly procedures.

SUPPORT FOR DENTAL THERAPY

This concept is bipartisan and has been embraced by conservatives and liberals alike, a fact that was highlighted in an op-ed by Grover Norquist and Donald Berwick, CMS Administrator under President Obama, who wrote “allowing dental therapists to practice is a bipartisan solution that state legislators can adopt right now that benefits small businesses, helps patients, and eases the burden of rising health care costs, including Medicaid.” In a national poll conducted in 2016 by Americans for Tax Reform, 79% of all voters were in favor the idea. That included support from 77% of Republicans, 79% of independents, and 80% of Democrats.

The dental access crisis in Wisconsin directly affects the health of children, those living in rural areas, the disabled, low-income residents, the elderly, and veterans. The indirect effects are felt by employers, school districts, taxpayers, and the health care system.

Attached to this co-sponsorship memo, please find a letter of support from these organizations.

This is the fourth introduction of this bill, and good faith negotiation efforts over the last seven years and substantial changes made in last session’s bill have led the Wisconsin Dental Association to be neutral on this bill.

If you would like to co-sponsor this legislation, please reply to this email or call Senator Felzkowski’s office at 6-2509 or Representative Plumer’s office at 9142 **by 12:00pm on Friday, November 10th, 2023.**

Analysis by the Legislative Reference Bureau

This bill provides for the licensure of dental therapists, who are health care practitioners who may engage in the limited practice of dentistry.

Under current law, dentists and dental hygienists are licensed by the Dentistry Examining Board to practice dentistry and dental hygiene, respectively. This bill provides for the licensure of a third type of dental practitioner, dental therapists. Under the bill, the board must grant a dental therapist license to an individual who satisfies certain criteria, including completion of a qualifying dental therapy education program and passage of required examinations.

Under the bill, a dental therapy education program qualifies if the program 1) is accredited by the American Dental Association's Commission on Dental Accreditation (CODA); 2) is a program approved by the Minnesota Board of Dentistry on or before the bill's effective date that has, as of the time of application, become CODA-accredited; or 3) is a program offered in Wisconsin that has received initial CODA accreditation but is not yet fully CODA-accredited. With respect to the third category of dental therapy education programs (programs offered in Wisconsin), the bill allows applicants to obtain a license on the basis of graduation from such a program only for four years after the program's inception, and if the program is not fully CODA-accredited by the time that four-year period has elapsed, the bill requires the licenses of dental therapists who graduated from the program to be revoked.

Under the bill, dental therapists may provide dental therapy services only as an employee of specified employers and only under the supervision of a dentist who is either similarly employed or who directly employs the dental therapist. The dental therapist must also have a collaborative management agreement with a dentist that addresses various aspects of the dental therapist's practice and supervision. Dental therapists are, subject to the terms of a collaborative management agreement and what was covered in their dental therapy education program, limited to providing services, treatments, and procedures that are specified in the bill, as well as additional services, treatments, or procedures specified by the board by rule. Dental therapists may initially provide dental therapy services only under the direct or indirect supervision of a qualifying dentist. Once a dental therapist licensed has provided dental therapy services for at least 2,000 hours, the dental therapist may provide services under the general supervision of a qualifying dentist. However, the level of supervision for a dental therapist may be further limited under the terms of a collaborative management agreement. Dental therapists must also, under the bill, either 1) limit their practice to federally defined dental shortage areas or 2) practice in settings where at least 50 percent of their patient base consists of certain specified populations. Dental therapists must complete 12 hours of continuing education each biennium.

The bill subjects dental therapists to, or covers dental therapists under, various other laws, including the health care records law, the volunteer health care provider program, the health care worker protection law, and the emergency volunteer health care practitioner law. The bill also provides for loan forgiveness for dental therapists under the health care provider loan assistance program.

Finally, the bill requires, effective when 50 individuals become licensed as a dental therapist in this state or five years after the bill is enacted, that, to the extent possible, one of the dental hygienist members on the board also be licensed as a dental therapist.

For further information see the state fiscal estimate, which will be printed as an appendix to this bill.