



MARY FELZKOWSKI

STATE SENATOR • 12TH SENATE DISTRICT

Senate Committee on Insurance, Licensing, and Forestry

March 17, 2021

Senate Bill 181

Senator Mary Felzkowski, 12th Senate District

Committee Members:

Thank you for allowing me to speak today on Senate Bill 181 relating to the licensure of dental therapists.

Please imagine you are the parent of a child on Medicaid with several cavities in her mouth. Because she is one of more than 1 million people on medical assistance that live in one of Wisconsin's 64 of 72 counties with a dental professional shortage, she has very limited access to a dentist that can work with her on restorative and preventative oral health care. The wait for care your child needs can be months long. During that time, your child is in pain, in danger of infection, and she's not eating, learning, or growing like she should be. This is the reality for many families in rural Wisconsin and urban areas like Milwaukee who have untreated dental disease with limited access to current dental professionals.

With these struggles, it comes as no surprise that Wisconsin is one of the worst states on low-income pediatric dental care. The good news is that the state legislature can help change this story by pursuing tools to alleviate our statewide oral health crisis. Senate Bill 181 provides one of those tools in the Wisconsin licensure for dental therapists. Similar to physician assistants in medical field, dental therapists help dental practices reduce the access gap. The most common dental needs are oral exams and fillings. This is especially true for the Medicaid population who does not have the same access to crucial preventative care. While current law only allows dentists to perform these procedures, a dental therapist would be a new member of the dental team with extensive training to provide this type of dental care under the supervision of a dentist. You will hear from the Director of the Dental Therapy program at the University of Minnesota-Twin Cities on that training.

More providers in more places means the ability to see more patients and perform sorely needed dental care in shortage areas across the state.

Since 2011, dentists in Minnesota have been hiring dental therapists to expand routine care to more patients, offer evening and weekend hours, and extend their reach to rural satellite clinics, low-income schools, and nursing homes – often using mobile equipment to reach less mobile individuals. Dental therapists also make it more affordable for practices to deploy providers to locations that are more convenient to patients. It is now easier for Minnesota dental practices to see more Medicaid patients, and for nonprofit clinics to see more Medicaid and uninsured patients with their limited dollars. You will hear from Minnesota Dental Therapists today that can tell you more about their experience.

Research from more than 50 countries and the U.S. confirms that dental therapists provide safe, quality care. In Wisconsin, the programs that train them would have to meet standards approved by the Commission on Dental Accreditation (CODA), which is authorized by the U.S. Department of Education and housed within the

American Dental Association. It is the exact same body that sets the training standards for all dental schools across the United States.

Dental therapy is a common sense approach that is a cost-effective way to grow a more flexible oral health workforce and one that an increasing number of states – and now another neighbor, Michigan, have adopted. I have attached a map from Fall 2020 of Dental Therapy across the United States to illustrate the momentum and interest in this policy nationwide. Where they are on the ground in Minnesota and in Alaska, they have made a difference in the lives of thousands struggling to find accessible quality care. Over the years in Wisconsin, this legislation has been supported by over 60 groups across the spectrum. I have also attached letters of support from some of them.

After working with the Wisconsin Dental Association before introduction this session, we were able to work out a compromise that include the following changes to the bill from previous sessions:

1. Dental Therapists will be required to operate in a Dental Health Professional Shortage Area (DHPSA) – OR– see a patient base of which 50% are patients on medical assistance, uninsured, those living in long-term care facilities, people who have trouble accessing dental care because of a disability, or veterans.
2. Dental Therapists will be required to accomplish 2000 post-graduate clinical hours under direct or indirect supervision of a dentist before having the ability to operate under general supervision.
3. Dental Therapists graduating in Wisconsin will have to graduate from a CODA accredited program (this was the intent of AB 81, but we created language to clarify that intent).
4. One dentist can have a collaborative management agreement with a maximum of four dental therapists at one time.

Because of these changes, the Wisconsin Dental Association is neutral on the bill. Thank you to the Association for coming to the table and working with us.

The bottom line is that Wisconsin's dental delivery system should benefit from the same efficiencies that medicine has for decades. Our underserved should be able to access the quality dental care that they need. This is not a partisan issue, it is a human issue, and we need to work together to address it once and for all.

Members, thank you again for your time and consideration of this important legislation. I would be happy to answer any of your questions.

Differentiating Dental Professionals by Scope of Practice, Educational Credentials

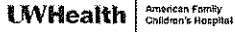
Provider	Education requirements for licensure	Estimated number of procedures*	Common procedures	Median FT Salary (WI)**
General Dentist	Bachelor's + 4 years Dental School	400	Comprehensive diagnosis/treatment planning, fillings, root canals, bridges, surgical extractions	\$193,668
Dental Therapist	At least 3 years post-secondary academic training*	95	Mouth charting, prevention (topical fluoride, sealants, etc.), oral health education, fillings, non-surgically extract baby teeth** (ADTs in MN and Alaskan DHATs evaluate, treatment plan, nonsurgically extract unsavable permanent teeth)	DT in MN: \$82,160** Advanced DT in MN: 88,400
Dental Hygienist	2 years at a minimum*	45	Oral health assessment, teeth cleaning/polishing, cleaning below the gums, oral health education, prevention (topical fluoride, sealants, etc.)	\$64,168*
Dental Assistant	Post-secondary training (typically 9-11 mos.) OR h.s. diploma + on the job training. Some states require either licensure or certification*	30	Take and develop x-rays, chairside assistance to dentist, impressions, patient aftercare instructions	\$37,232**

* Educational requirements are defined by the Commission on Dental Accreditation, acknowledged by the U.S. Dept. Education as the sole accrediting body for dental education programs in the U.S.

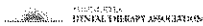
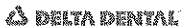
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- Determined on the basis of Pew Charitable Trusts analysis which used 2016 American Dental Association Codes on Dental Procedures and Nomenclature, American Dental Association Commission on Dental Accreditation 2015 Accreditation Standards for Dental Therapy Programs, and North Dakota administrative codes 20-01 through 20-05 (via the North Dakota Board of Dental Examiners), which are current as of April 1, 2015.
 - Full-time salary calculated by multiplying median hourly wage by 2,080 hours.
 - Bachelor's completion is not mentioned in CODA accreditation standards, although most dental schools require it for admission. Completion of pre-dental science requirements is necessary.
 - Bureau of Labor Statistics, U.S. Department of Labor, May 2016 State Occupational Employment and Wage Estimates, Wisconsin.
https://www.bls.gov/oes/current/oes_wi.htm#29-0000
 - Commission on Dental Accreditation, Accreditation *Standards for Dental Therapy Education Programs*, effective Feb 6, 2015. Educational programs can determine the type of degree awarded to program graduates. <http://www.ada.org/~media/CODA/Files/dt.pdf>
 - CODA dental therapy guidelines set a minimum range of allowable procedures and note that states are able to add to them.
 - Minnesota Department of Health, "DENTAL THERAPY TOOLKIT: A RESOURCE FOR POTENTIAL EMPLOYERS," February 2017.
<http://www.health.state.mn.us/divs/orhpc/workforce/emerging/dt/2017dttool.pdf>
 - Commission on Dental Accreditation, *Accreditation Standards for Dental Hygiene Education Programs*, effective January 1, 2013.
http://www.ada.org/~media/CODA/Files/dental_hygiene_standards.pdf?la=en
 - Bureau of Labor Statistics, U.S. Department of Labor, May 2016 State Occupational Employment and Wage Estimates, Wisconsin.
https://www.bls.gov/oes/current/oes_wi.htm#29-0000
 - American Dental Association, Dental Assistant Education and Training Programs, <http://www.ada.org/en/education-careers/careers-in-dentistry/dental-team-careers/dental-assistant/education-training-requirements-dental-assistant>
 - Bureau of Labor Statistics, U.S. Department of Labor, May 2016 State Occupational Employment and Wage Estimates, Wisconsin.
https://www.bls.gov/oes/current/oes_wi.htm#29-0000

Wisconsin Senate Committee on Insurance, Licensing and Forestry
Senator Mary Felzkowski, Chair

Support for SB 181 – Licensure of Dental Therapists



Ascension



Leading experts agree and data shows that nationally Wisconsin ranks 43rd in access to dental care for children. The connection between oral health and overall health is well documented and advocates agree SB 181 would directly improve access to care in our state. There are numerous documented cases across the country of patients dying, including 12-year-old Diamonte Driver in Maryland, because of preventable dental infections going untreated, and spreading to their brains or other organs. We do not want to see this in Wisconsin.

The authorization of dental therapists in Wisconsin is an important step to improve access to dental care. There is no one silver bullet that will fix this problem. However, our neighbors in Minnesota have allowed dental therapists to practice and have well documented the success this change has made. There are currently 12 states that have authorized the practice of dental therapy across the country and it's time Wisconsin is added to this list of innovators.

There are several important aspects of this legislation that should be understood.

1) Dental therapists are intended to be a member of the dental team and not work independent of a dentist. SB 181 requires a licensed dental therapist, after the completion of their education and receiving their license, to practice under direct or indirect supervision for 2,000 hours before they can practice under general supervision. Dental therapists are required to enter into a collaborative management agreement with a licensed dentist. This allows the therapist and dentist to collaborate on treatment planning and the provision of care. This model is working well in Minnesota with nearly 100 licensed dental therapists practicing across the state since the first dental therapist graduates in 2011 became licensed.

2) Dental therapists are well trained and educated. The Commission on Dental Accreditation (CODA) adopted standards for dental therapy education in 2016. CODA is the same body that accredits dental and dental hygiene schools across the country. CODA ensures dental therapy training programs educate their graduates to meet a level of competency in the services which they will be providing. Dental therapists in Wisconsin would be required to graduate from a CODA accredited training program, one approved by the Minnesota Board of Dentistry or one approved by the Wisconsin Dentistry Examining Board.

3) In efforts to increase access to dental care, dental therapists in Wisconsin are required to practice in a dental health professional shortage area or provide care to a population made up of at least 50% who are in any of the following groups: Medical assistance patients, uninsured patients, patients at free and charitable clinics, patients at federally qualified health centers, patients who reside in long term care facilities, patients who are members of federally recognized tribe or band or those residing on tribal lands, veterans, and patients that have a medical disability or chronic condition limiting their access to dental care.

4) Dental therapists, similar to a physician assistant on a medical team, provide cost-effective preventive and routine restorative care. Dentists in Minnesota who have hired dental therapists are seeing more patients and have increased revenue. A 2014 report released by the Minnesota Board of Dentistry and Department of Health shared in addition to more patients



being seen, more than 80 percent of new patients seen by dental therapists were publically insured. Patients experienced less travel time and decreased wait times. More recent estimates in Minnesota show dental therapists have provided more than 107,600 patient visits.

5) In August 2020, Ilisagvik College in Alaska became the first CODA Accredited Dental Therapy program in the nation. Dental therapists are currently being trained at two institutions in Minnesota including the University of Minnesota School of Dentistry and Metropolitan State University (in conjunction with Normandale Community College). In the fall of 2021, University of Minnesota Mankato will begin training its first class after receiving approval from the Minnesota Board of Dentistry. Vermont Technical College plans to submit for CODA accreditation in early 2021 and will admit its first class in fall of 2022. With a CODA accredited dental school and eight CODA accredited dental hygiene schools in Wisconsin, there is already an educational infrastructure to explore training programs in our state.

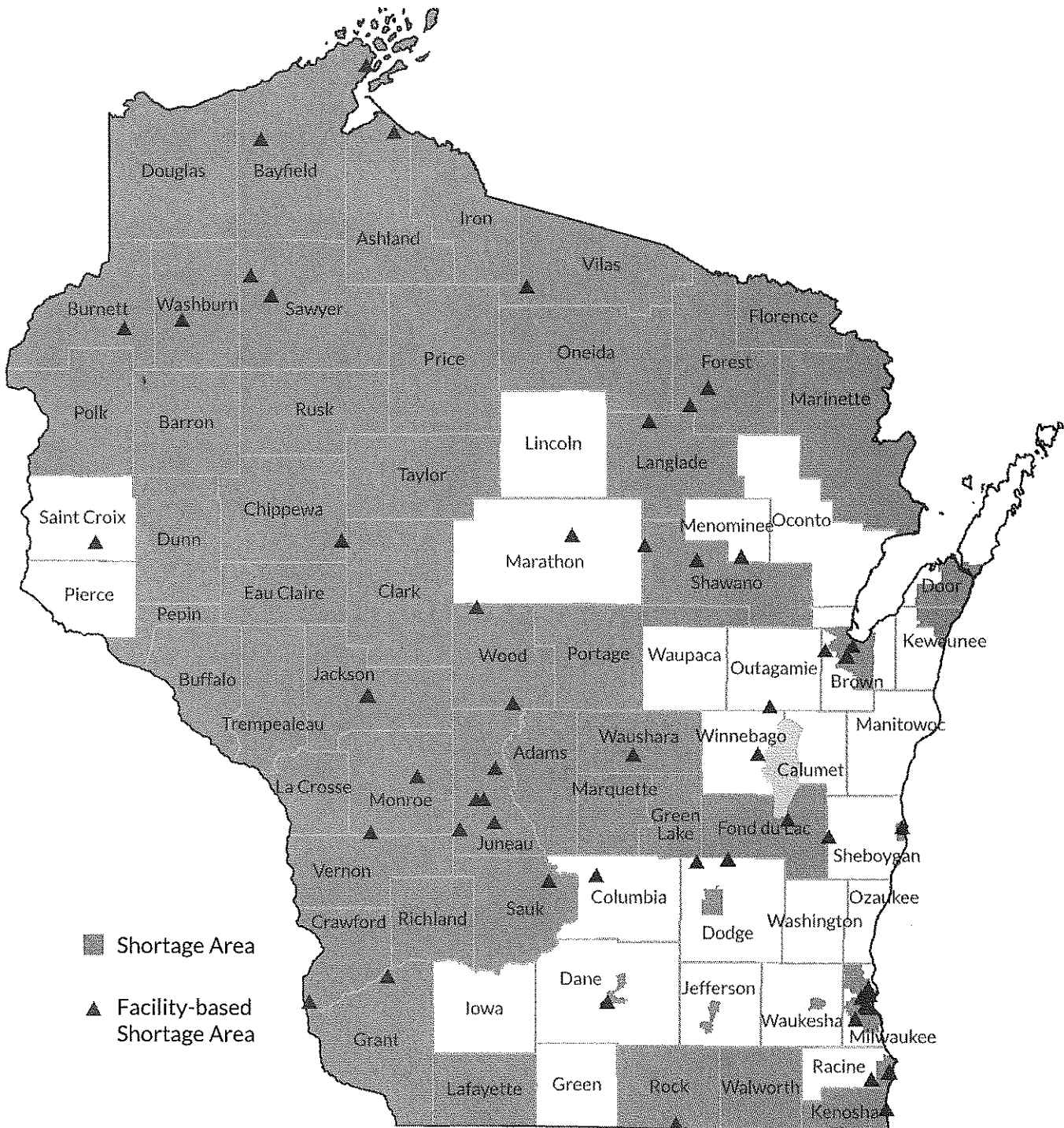
6) In Wisconsin nearly 23,000 emergency room visits for preventable dental conditions were reported in 2019. Typically emergency rooms stabilize patients with antibiotics and pain medication but ultimately patients need to find a dentist for treatment of the larger issue at hand. Emergency rooms across Wisconsin are working to coordinate follow up care for patients however finding dentists willing to accept patients on Medicaid can be challenging.

It is for these reasons our organizations have joined together to support dental therapy in Wisconsin. Dental therapists will be well educated, trained, licensed and provide high quality and most importantly much needed care to many in Wisconsin who currently lack access to dental care. We urge you to support SB 181 and authorize dental therapy in Wisconsin.

Sincerely,

- American Family Children's Hospital
- Alliance of Health Insurers
- Anthem, Inc.
- Ascension
- Badger Institute
- Disability Service Provider Network
- Children's Health Alliance of Wisconsin
- Children's Wisconsin
- Delta Dental of Wisconsin
- Kids Forward
- Minnesota Dental Therapy Association
- Oneida Nation
- Penfield Children's Center
- Rural Wisconsin Health Cooperative
- Sixteenth Street
- Southwestern Wisconsin Community Action Program, Inc.
- University of Wisconsin Health
- The Arc Wisconsin
- Wisconsin Oral Health Coalition
- Wisconsin Association of Free and Charitable Clinics
- Wisconsin Assisted Living Association
- Wisconsin Association of Local Health Departments and Boards
- Wisconsin Dental Hygienists' Association
- Wisconsin Primary Health Care Association
- Wisconsin Public Health Association

Health Professional Shortage Areas *Dental Health Care*



To determine if a specific location has a HPSA designation, visit [HPSA Find](#).



DENTAL THERAPY MOMENTUM

There is increasing momentum for dental therapists across the country with

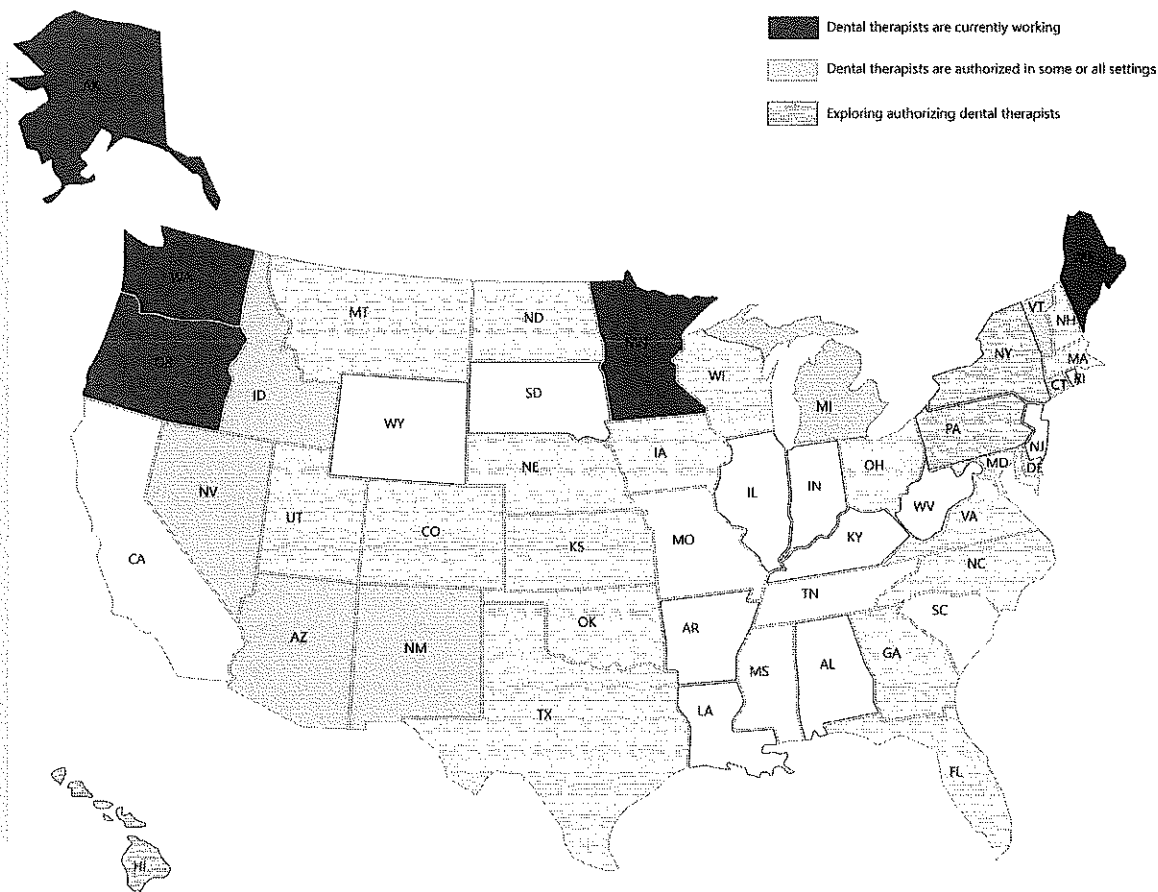
OVERWHELMING SUPPORT FROM ALL SECTORS

– dentists, service organizations, businesses, dental hygienists, nonprofits, labor unions, local governments, Tribal leaders and educational entities, among others.

Dental therapists are currently working or authorized in 12 states with statewide legislation being considered or actively explored in a growing number of states across the country.

In 2015, the Commission on Dental Accreditation (CODA) officially recognized dental therapy as a profession and adopted national education standards for dental therapists. During the public comment period, more than 200 partners (including many community organizations, Tribal organizations, dentists, community colleges, dental hygienists and former government leaders) signed on to or submitted comments to ensure the CODA standards reflected the evidence.

In 2020, Iñisaġvik College's Alaska Dental Therapy Educational Program (ADTEP) became the first dental therapy educational program to receive full accreditation from CODA.





Re: Letter to the Editor

Contact: Josh Rosenblum, jrosenblum@pewtrusts.org

August 20, 2019

**Too many Wisconsinites don't have dental care. We have a solution.
Bipartisan coalition calls for dental therapists to practice in Wisconsin**

If you've ever had a toothache, you know how debilitating it can be. Everyday activities like eating, working and sleeping become a challenge. Unfortunately, this is a painful reality for thousands of children in Wisconsin – one of the worst-performing states in the country at providing dental care for disadvantaged kids. Fortunately, other states have modeled a reasonable and effective solution: dental therapy.

We have a dental access problem in our state. In 2017, only 43% of children receiving dental benefits through Medicaid received care. That's among the lowest rates of dental treatment nationwide for children who receive care through public insurance. In 2018, over 1.2 million residents (more than 20 percent of the state's population) lived in communities designated by the federal government as dental care shortage areas. 64 of Wisconsin's 72 counties have at least one designated dental shortage area.

Lack of dental care often leads to excessive, ineffective and costly visits to the ER. Children who lack access to dental care especially suffer. Studies have found that a child's academic performance is negatively affected from dental problems.

There's a simple solution to this wide-reaching healthcare problem. Allowing dental therapists to practice would give more Wisconsinites – especially children of color and children furthest from opportunity, rural and low-income residents – access to care that was previously out of reach for them financially and/or geographically. Plus, it would allow experienced dentists more time to focus on complicated cases and procedures.

Similar to nurse practitioners and doctors, dental therapists are licensed mid-level professionals who work under dentists to provide basic oral treatment at a lower cost. If they were allowed to practice in Wisconsin as both Gov. Tony Evers and some Republican legislators have proposed, the benefits would be wide-reaching and monumental.

Dental therapists are already practicing with measurable success in Minnesota and other states. Since they began practicing there in 2011, patients are seeing reduced wait times, especially those in rural areas. They also saw nearly 90 percent of uninsured or publicly insured patients, and research has shown that the quality of care received from dental therapists is at least as high quality as that received from a dentist.

According to a Pew survey, 71 percent of Americans said they would be willing to receive dental care from dental therapists. In addition to both Wisconsin Democrats and Republicans, the policy has support from healthcare groups and insurers, hospitals, local governments, schools, businesses and think tanks.

These days, it seems like there are few problems faced by society that can bring together such bipartisan support, but this is one of them. When groups as diverse as ours can agree that we are facing a problem and how to solve it, what can possibly stand in the way? Now is the time to pass this common sense legislation and get people the dental care they deserve.

Our broad coalition of more than 50 Wisconsin-based organizations is ready to continue educating the public and policymakers on this issue. Our newly-launched website (<https://www.dentalaccesswi.org/>) has information about how increasing access to dental care would benefit our state.

Now that the budget process is complete, legislators should look for a bipartisan win. Fortunately for them, there's already one awaiting them.

Ken Taylor - Executive Director, Kids Forward
Julie Grace - Policy Analyst, The Badger Institute



JON PLUMER

STATE REPRESENTATIVE • 42nd ASSEMBLY DISTRICT

Testimony – **2021 Senate Bill 181** – Relating to licensure of dental therapists

Senate Committee on Insurance, Licensing and Forestry

March 17th, 2021

Thank you Senator Felzkowski and members of the committee for hearing my testimony today on Senate Bill 181.

This legislation would expand access to dental services for the millions of Wisconsinites who are currently living in areas without adequate access to dental treatment. Senate Bill 181 would allow for the licensure of dental therapist and allow them for them to provide limited services such as fillings, simple extractions, and the application of sealants. Additionally, dental therapists would be required to complete 2000 hours of practice under the direct supervision of a dentist before they are allowed to move to general supervision.

By creating this new tier of dental providers, we will greatly expand access to dental services across the state. Dental therapist would be limited to practicing in areas with a federally defined dental shortage or in areas where fifty percent of the patient base meets certain criteria such as being Medicaid patients, being uninsured, or being enrolled tribal members.

By increasing access to mid-level providers in these areas, we will not only increase patient access, but we will also allow dentists to focus on more complex procedures instead of routine care. This is a more cost efficient use of our Medicaid dollars and will allow for more patients to be seen.

Our neighbors in Minnesota have been pioneers in this field and have seen a great success with their program. Dentist in that state have seen increased productivity, higher profits, and improved patient outcomes. They have also been able to see more patients while at the same time also patient travel and wait times.

This should be a non-partisan issue and dental therapy has been embraced by folks from across the political spectrum. Lack of dental access is an issues that affects both urban and rural areas. This legislation is an important step in improving dental access for all Wisconsinites.

Thank you again for listening and I look forward to your support of this legislation.



To: Senate Committee on Insurance, Licensing and Forestry
From: Matt Crespin, MPH, RDH, Associate Director, Children's Health Alliance of Wisconsin
Date: March 17, 2020
Re: Support for SB 181 – licensure of dental therapists

Good morning Chairwoman Felzkowski and members of the committee. My name is Matt Crespin and I serve as the associate director at Children's Health Alliance of Wisconsin (Alliance). Thank you for the opportunity to share with you remarks in support of Senate Bill 181 (SB 181). We know that dental therapists are one of the many tools in a toolbox that can impact both access to care and oral health in our state. Dental therapy is of course not a silver bullet, and other policy changes and financial investments must be made to address access to care in Wisconsin. Our organization has long advocated for the creation of dental therapists in Wisconsin and has been at the forefront on this issue for many years.

The Alliance is a statewide organization, affiliated with Children's Wisconsin, focused on raising awareness, mobilizing leaders, impacting public health and implementing programs proven to work. The Alliance has six key initiatives including asthma, emergency care, medical home, injury prevention, grief and bereavement and oral health. For 25 years, our oral health program has focused on improving access to quality oral health services. In collaboration with the Wisconsin Department of Health Services and Delta Dental of Wisconsin, we administer the Wisconsin Seal-A-Smile (SAS) program. Wisconsin SAS provides school-based preventive oral health services to more than 75,000 children in approximately 1,100 schools across the state. We thank the legislature for their continued dedication to this program through general purpose revenue but we must do more.

Every year, 1 in 4 children we see have oral health disease beyond what our programs can provide. Imagine, if you would for a minute, how difficult it would be to sit here and concentrate if you had a toothache. Now imagine how difficult it is for a 6-year-old child to focus and learn if they are sitting in class with mouth pain. To help alleviate this, the creation of dental therapists would allow for necessary follow up care found by our school-based programs to be provided right in schools by this new provider in an extremely cost effective manner.

Dental therapists in Wisconsin would be required to graduate from a dental therapy program accredited by the American Dental Association's Commission on Dental Accreditation (CODA) or a dental therapy program approved by either the Minnesota Board of Dentistry or by the Wisconsin Dentistry Examining Board. These highly educated providers would then be able to provide care to patients in dental health professional shortage areas or to a patient base that is made up of more than 50 percent Medicaid enrollees, uninsured or underinsured patients, residents of long term care facilities, veterans or patients with disabilities that are challenged accessing care. Dental therapists are well equipped to see all residents of Wisconsin; however, like other programs we support and manage, focusing efforts on those with the greatest challenge to accessing care will be critical. Dental therapists will work under direct or indirect supervision of a dentist and under a collaborative management agreement for their first 2,000 hours and will then be able to work under general supervision while maintaining this collaborative agreement. This will allow dental therapists to work alongside our school-based prevention teams to treat the nearly 20,000 children we identify with additional needs annually.

Our SAS programs spend an immense amount of time working on case management and only a fraction of the 20,000 children needing restorative care actually obtain it. A variety of factors play into this; however, the addition of a dental therapist to these school-based teams would virtually eliminate most of these factors and ensure children get the appropriate follow up care needed. Right next door in Minnesota, programs like Children's Dental Services have realized this and integrated dental therapy into their school-based model. This makes it easier and more efficient for children to obtain necessary oral health restorative care. In a recent visit to Minnesota, one of the takeaways I had about dental therapy was how dental therapists work as part of the dental team. The therapists who I spoke with discussed working under general supervision through a collaborative management agreement and explained the amount of collaboration they did on a regular basis with the dentist they worked with. This is a commonly misunderstood aspect of dental therapy; many believe dental therapists are meant to work completely independent or even replace dentists. This could not be any further from reality. This collaborative model is critical and mirrors what is being proposed in Wisconsin.

The Commission on Dental Accreditation (CODA) adopted standards for dental therapy education in 2016. This was a critical and important step for the profession. This process included weighing testimony from the dental community at large and also included the Federal Trade Commission weighing in on the original proposed standards as they were overly restrictive. Ultimately CODA approved the standards which are now in place. CODA is also responsible for accrediting all dental and dental hygiene educational institutions across the country and is affiliated with the American Dental Association. CODA is the only authorized entity by the US Department of Education to accredit dental education institutions. The commission is made up of predominately dentists who create, update and monitor the standards. There are currently three Wisconsin dentists that sit as CODA Commissioners. CODA requires that graduates meet a level of competency in all areas outlined in the standards. This also gives the public assurances that graduates of CODA institutions are able to provide high-quality care. Additionally, dental therapists are required to complete clinical licensure exams. Currently in Minnesota, dental therapists are required to pass the same portions of the exam dental students pass for the procedures they are able to provide.

Dental therapists in Minnesota are without question making an impact. Since 2017, more than 175,000 patient visits have occurred and data shows 80 percent of patients being seen are publically insured. Dental offices in Minnesota that employ dental therapists are able to decrease wait times, see more patients and increase revenue. Dental therapy has been practiced across the globe for many years and in the past several years, multiple states have authorized the practice of dental therapy including Michigan, Nevada, Connecticut and Arizona. It is time for Wisconsin to continue to be an innovator in the dental delivery model in the U.S. and join this movement that other states have taken the lead on.

The data, high quality educational standards and ability to improve oral health in Wisconsin is why the Alliance supports SB 181. Our goal is to find a way to get the most efficient care to the thousands of children we identify with disease every year. There are no published studies or peer reviewed literature that show any negative effects you might hear about regarding dental therapy. We applaud the legislature and this committee for addressing this important issue. Finally, we give praise to Senator Felzkowski for her persistence and dedication to finding common ground on this issue to ensure Wisconsin becomes the 13th state to authorize dental therapy in the nation.

Respectfully submitted: Matt Crespin, MPH, RDH, Associate Director, Children's Health Alliance of Wisconsin, mcrespin@chw.org, (414) 337-4562.

Karl Self, DDS, MBA

Testimony for the Wisconsin Senate Committee

March 17, 2021

Greetings, Chair Felzkowski and members of the committee. My name is Dr. Karl Self. I have been a dentist for over 36 years. I have had the privilege of working in a variety of practice settings including 16 years in a community clinic as well as time in a private practice. I have been on faculty at the University of Minnesota School of Dentistry since 2006, and I was appointed the Director of the Division of Dental Therapy at the School in 2010.

I appreciate the opportunity to share with you the University of Minnesota's experience educating dental therapists as well as the State of Minnesota's experience utilizing dental therapists. I am speaking today because twelve years ago, Minnesota acknowledged the same basic challenge that you are dealing with today: that despite all of the exceptional dental providers and policies in place to increase access to dental care for underserved and rural communities, gaps in dental care remain.

The profession of dental therapy continues to thrive in Minnesota. This year, the University of Minnesota will graduate its 10th class of dental therapists since our state authorized these providers in 2009. Student demand for our program continues to be strong and the overall quality of the applicants has never been better. Additionally, dental therapists are now an accepted provider in our state. A 2019 Minnesota Department of Health survey found that over 95 percent of dental therapists were satisfied with their careers both overall and in the last 12 months.

As of March 1st, 2021, the state of Minnesota has 114 licensed dental therapists. While 114 licensed dental therapists in 11 years may sound like a small number of providers, historically our class sizes have been limited to balance the supply of dental therapists with the demand of the dental market. Today, there are over 135 practices that have incorporated dental therapists into their provider care teams with more dentists looking to employ dental therapists than we have licensed dental therapists. This has led the Minnesota Board of Dentistry to approve a third dental therapy educational program that anticipates accepting its first class this year.

Data from February of this year showed Minnesota dental therapists work in a variety of settings, including private practices, nonprofit clinics, FQHCs, and large group practices. About 60% work in underserved areas in and around the Twin Cities, and the other 40% work in rural and remote corners of our state. All dental therapists provide care in clinics that meet Minnesota's statutory requirement that dental therapists are "limited to primarily practicing in settings that serve low-income, uninsured, and underserved patients or in a dental health professional shortage area". Thus, all dental therapists are having an impact in improving access to care.

The conversations about dental therapy in Minnesota are no longer about the quality of care they provide. Since the Minnesota Board of Dentistry in consultation with the Minnesota Department of Health released their 2014 Early Impacts of Dental Therapists in Minnesota report, there have been at least eight case studies or reports documenting the positive impact of dental therapists in our state. It should also be noted that a 2018 Minnesota Department of Health, Rural Health Advisory Committee, included dental therapy in their recommendations to expand and maximize the oral health workforce.

Finally, dental therapy is not a miracle cure that will eliminate all of our barriers to care. But it is a tool, a tool that has been accepted in Minnesota and continues to show positive results with the practices that have chosen to adopt it. While no dentist in my state will ever be forced to hire a dental therapist, those who choose to will continue to see firsthand the therapists skills and abilities, their dedication to serving those individuals and communities who otherwise would not have access to dental care, and the value they bring to the dental team working under the supervision of a dentist. This is why the profession of dental therapy continues to grow and dental therapists continue to be well-accepted, valued members of the dental team both in Minnesota and around the country.

I support dental therapy as an effective tool for closing gaps in access to care and the University of Minnesota dental therapy program stands ready to work with Wisconsin stakeholders to educate dental therapists to help address Wisconsin's access to care concerns. Thank you for the opportunity to speak here today. I am happy to answer any questions you may have.

Testimony in favor of Dental Therapy

My name is Katy Leiviska, and “oh don’t ya know” I’m from St. Paul, Minnesota. For almost 8 years I worked as a DT/ADT for a large nonprofit in St. Paul, and I currently practice as an ADT at Southside Community Health, an FQHC in Southern Minneapolis. I have been a dental therapist since 2011, an Advanced Dental Therapist since 2015, and I am the current president of the Minnesota Dental Therapy Association.

I was part of the first class to graduate with a Masters Degree in Dental Therapy from the University of Minnesota after achieving an undergraduate degree in Biology for a total of 6.5 years of schooling. I took courses on oral and human anatomy, oral health education/prevention, and spent almost 2 years in a clinical setting before graduating.

Dental therapists are taught, to the exact same level as a dentist, how to prep and fill cavities, prep and place temporary crowns, treat children, and manage emergency situations. At the University of Minnesota we are graded to the same degree and take the exact same clinical patient boards as the dental students (with a blind tester). We had more clinical hours of training on restorative procedures than our fellow dental students did.

In a typical day I will see children, seniors, a large immigrant population, and people with disabilities all from an incredibly diverse population. Patients are often medically compromised, require interpreters, and need multiple appointments to stabilize their oral health. A large part of the day, which also happens to be my favorite part, focuses on preventive and education which helps to establish a quality dental home for patients and their families. ADTs can perform exams, restorative work including fillings, stainless steel crowns, baby teeth extractions, and emergency care under indirect and general supervision. Even under general supervision dental therapists remain in constant contact with their supervising dentists. The supervising dentist has the discretion to specify services, procedures and practice conditions for their dental therapists. Our smaller scope of practice enables the practicing dentist to complete more complex treatments and practice at a higher skill level enabling them to become more productive. Patients are able to receive a high level of care in a matter of days instead of weeks regardless of their insurance or lack thereof.

All the dental therapists in MN serve above the required 50% patient population restriction and/or worked in a designated health shortage area. As of January 2021 there are 114 licensed dental therapists in MN with 83 certified as advanced. We are practicing in over 70 different practice locations, and as of February 2020 54% are in a private setting, 18% in non-profit, 11% in FQHC, 9% in large group clinics, 6% in hospitals, and 2% in educational institutions. It is important to note 60% work in the metro area and 40% in greater MN which is representative of the disbursement of Minnesota's state based insurance patients. These statistics do not include the numerous mobile dental vans/units that DT/ADTs operate in increasing access to care in schools, head starts, community clinics, government centers and WIC offices often in counties with no or limited dental access. This has assured we are serving the population we were meant to without creating even more barriers to care.

Working under direct supervision for 2000 hrs and then obtaining an ADT certification enables ADTs to work under general supervision; the supervising dentists trust in our training and education. We work together as a team with the hygienists either in person (indirect supervision) or through tele-dentistry (general supervision) just like in any other field of medicine. It is a fluent form of checks and balances focused on people centered care.

No bill requires anyone to hire a dental therapist. Dental therapy will not solve every problem facing our dental care delivery system. But, please allow clinics that could benefit from a highly trained provider designed to increase access to high quality people centered care use this "tool in the tool box" to do just that.

Of course, ask questions, learn more, design a system that works for Wisconsin. There are currently more open positions in MN than dental therapists available, and we are looking forward to another dental therapy program starting Fall 2021. Do not let anyone tell you dental therapy isn't working in Minnesota because "Oh ya betcha!" there are over 100 of us now in MN that are living, breathing, and successful examples that dental therapy is working and thriving.

Thank you

Linda Bohacek, RDH, MA, CDHC, FAADH

2745 Sanderling CT

St. James City, FL 33956

I would like to register my support for Senate Bill 181 establishing licensure for Dental Therapists in the state of Wisconsin.

I have been retired for 5 years and still have an active license in WI. I now reside in Florida eight months and in New Auburn, WI. during the summer. Prior to my retirement, I practiced for 15 years in the school systems in Eau Claire County. We provided preventive services to Head Start, elementary, and middle school children.

The majority of my time outside of providing services was case managing those children with their families who needed dental treatment for dental decay. Most of these children received medical assistance, or had no dental insurance; therefore, I found it very challenging to find dental homes for them. We would recheck the children in 3 months and then again in the following school year to see if they received dental care. A year later, two thirds of children were still unable to find treatment completed. Baby teeth may still be present in 12-year-olds and it can take as little as six months for a baby tooth to go from a small cavity to a very large one. Many of the untreated cavities had worsened with many in pain and many having difficulties concentrating in school, according to their teachers. A very large percentage had early treatment needs that a Dental Therapist could provide at the site, thus eliminating the time in case managing and the frustration that I would hear in the parent's voices who could not find dental care in a timely manner before the small cavities turned into larger ones.

I see such tremendous value in having a dental therapist in the school systems providing the needed care, thus eliminating many barriers. I only wish I was younger so that I could take advantage of becoming a dental therapist myself!

Thank you for the opportunity to submit my testimony virtually.



To: Senate Committee on Insurance, Licensing and Forestry
From: Elizabeth Sheehan, Steering Committee Chair and Patricia Sigl, DDS, Steering Committee Vice-Chair of the Wisconsin Oral Health Coalition
Date: March 16, 2021
Re: Support for Senate Bill 181 – Licensure of dental therapists and granting rule-making authority

Good morning Senator Felzkowski and members of the Insurance, Licensing and Forestry Committee. Thank you for the opportunity to share written testimony in support of Senate Bill 181 (SB 181). My name is Elizabeth Sheehan and I am the chair of the Wisconsin Oral Health Coalition (Coalition). Dr. Patricia Sigl and I are submitting this written testimony on behalf of the Coalition. The Coalition is a statewide membership organization that mobilizes policies and initiatives proven to improve oral health for all Wisconsin residents. With more than 200 members, the Wisconsin Oral Health Coalition is comprised of health care providers, dentists, dental hygienists, educators, advocacy and provider organizations, state and local entities, and community members.

First and foremost, the Coalition's broad-based membership supports SB 181. One of the unique features of working within a coalition is that members come from diverse backgrounds and maintain different viewpoints. However, they must respect each other's differences and come together for the good of the whole.

The Coalition has identified the issue of dental workforce as a priority in the previous and current state oral health plan. Additionally, the adopted policy supports workforce initiatives that meet three criteria. The model must 1) culminate in graduation from an accredited institution, 2) result in professional licensure and 3) improve access to patient care. SB 181 meets all three of these criteria and thus the Wisconsin Oral Health Coalition supports dental therapy in Wisconsin.

For many years, we have heard from Coalition members regarding the challenges faced by their patients and community members in accessing even the most basic of dental services. Nationally, Wisconsin ranks last in access to dental care for Medicaid children. Currently, 1.5 million Wisconsin residents live in dental shortage areas. Dental therapists will be part of the dental team and be able to enter into collaborative management agreements with dentists. This allows dental therapists and dentists to work side-by-side to more efficiently and effectively treat patients. The authorization of dental therapists in Wisconsin is an important step to improve access to dental care. While there is no silver bullet to fix this problem, our neighbors in Minnesota have allowed dental therapists to practice and they have well documented the success this change has made. The coalition recognizes that dental disease and the oral health access crisis we find ourselves in is multifaceted and thus will require multiple tactics, like dental therapy and increase Medicaid rates, to fully address. This shouldn't be an either or discussion. Each component to improve access plays a specific role in improving access, and dental therapy is one of those tools in our tool belts that should be given high consideration.



We all acknowledge that lack of access to oral health care remains a public health challenge for Wisconsin residents of all ages. With such agreement, let us institute a strategy to help tackle this challenge. Therefore, the Wisconsin Oral Health Coalition strongly encourages you to consider passing SB 181. Thank you for your consideration.

Please find a list of Coalition member agencies and organizations attached.

Respectfully submitted:

Elizabeth Sheehan, Steering Committee Chair, esheehan@communitysmiles.org 262-953-4693

Patricia Sigl, DDS, Steering Committee Vice-Chair, pattisigldds@gmail.com

Wisconsin Oral Health Coalition



Member Agencies and Organizations

Sixteenth Street Community Health Center
 Access Community Health Centers
 Adams County Public Health
 American Academy of Pediatrics, Wisconsin Chapter
 American Family Children's Hospital
 Automated Health Systems, Inc.
 Bad River Health and Wellness Center – Dental Clinic
 Bright Smiles
 Boys and Girls Clubs of Greater Milwaukee
 Brown County Health Department
 Brown County Oral Health Partnership
 Burnett County Department of Health & Human Services
 Catholic Charities-Archdiocese of Milwaukee
 Children's Health Alliance of Wisconsin
 Children's Hospital of Wisconsin
 Chippewa County Dental Foundation, Inc.
 Chippewa Falls 2010
 City of Milwaukee Health Department
 Clark County Seal-A-Smile
 Columbia County Seal-A-Smile
 Compassionate Mothers
 Community Action Program, Stevens Point
 Community Advocates Public Policy Institute
 Community Dental Clinic – Jefferson County
 Community Health Systems
 Community Integration Initiative, SE Region
 Delta Dental of Wisconsin
 Dental Associates, Ltd.
 DentaQuest
 Dunn County Health and Human Services
 Eau Claire City-County Health Department
 Fond du Lac County Health Department
 Forest County Health Department
 Florence County Health Department
 Gundersen-Lutheran Clinic
 Health Care Network, inc.
 Healthiest Manitowoc County
 Healthy People Wood County
 Healthy Smiles for Portage County
 Ho-Chunk Health Care Center
 Hughes Dental Clinic
 Interfaith Conference of Greater Milwaukee
 Jackson County Health Department
 Juneau County Health Department
 La Casa de Esperanza
 La Crosse County Health Department

Langlade Memorial Hospital
 Latino Health Organization
 Lincoln County Oral Health Coalition
 Madison Metropolitan School District
 Manitowoc County Health Department
 Marathon County Health Department
 Marquette University School of Dentistry
 Marshfield Clinic-Family Health Center
 Marshfield Clinic-Institute for Oral and Systemic Health
 Mental Health Center of Dane County
 Meriter Hospital - Max Pohle Dental Clinic
 Milwaukee Area Health Education Center
 Milwaukee Public Schools
 Milwaukee Public Schools Head Start Program
 Ministry Door County Medical Center Dental Clinic
 Molina Healthcare of Wisconsin, Inc.
 N.E.W. Paradigm LLC, Green Bay
 North Lakes Community Dental
 Northland Pines School District
 Northwoods Dental Project
 Oneida Community Health Center
 Oneida County Health Department
 Padre Pio Clinic at St. Anthony School
 Parents Plus of Wisconsin
 Partners of WHA, Community Health Education
 Pierce County Department of Human Services
 Prairies States Enterprises
 Price County Public Health
 Portage County Division of Public Health
 Public Health, Madison & Dane County
 Reedsburg Area Medical Center
 Rehabilitation for Wisconsin in Action
 Residential Services Association of Wisconsin
 Rock County Public Health
 Rural Health Dental Clinic, CESA #11
 Rural Wisconsin Health Cooperative
 Sauk County Health Department
 Scenic Bluffs Community Health Centers
 Sheboygan County Health and Human Services
 Social Development Commission, Milwaukee
 Southwest Wisconsin Community Action Program
 Special Olympics Wisconsin
 Springer Memorial Free Clinic
 St. Croix County Public Health Department
 St. Croix Tribal Health
 St. Elizabeth Ann Seton Dental Clinic

St. Joseph Hospital, Chippewa Falls
St. Michael's Hospital, Stevens Point
St. Nicholas Hospital-Friends Outreach, Sheboygan
Theda Care Physicians
Tri-County Community Dental Clinic
United Way of Brown County
University of Wisconsin Hospital and Clinics
University of Wisconsin Medical School
Valley View Manor Nursing Home
Vilas County Health Department
Volunteers of America of Wisconsin
Walker's Point Clinic
Walworth County Public Health Department
Waukesha County Community Dental Clinic
Waupaca County Department of Health and Human Services
Wausara County Health Department

West Allis Health Department
Wisconsin Alliance for Women's Health
Wisconsin Council on Developmental Disabilities
Wisconsin Association of Pediatric Nurse Practitioners
Wisconsin Dental Association
Wisconsin Dental Hygienists' Association
Wisconsin Department of Public Instruction
Wisconsin Department of Health Services
Wisconsin Division of Health Care Financing
Wisconsin Hospital Association
Wisconsin Office of Rural Health
Wisconsin Primary Health Care Association
Wisconsin Public Health Association
Wisconsin Society of Pediatric Dentists
Wood County Public Health Department

Updated: 2018

To: Senator Felzkowski, Chair, and members of the Senate Committee on Insurance, Licensing and Forestry
From: Disability Rights Wisconsin, Barbara Beckert – Director Milwaukee Office
Date: March 16, 2021
Re: Testimony in support of SB181 Licensure of Dental Therapists

Disability Rights Wisconsin (DRW) is the designated Protection and Advocacy system for Wisconsinites with disabilities. DRW is charged with protecting and enforcing the legal rights of individuals with disabilities, investigating systemic abuse and neglect, and ensuring access to supports and services.

Chair Felzkowski and members of the Committee, thank you for the opportunity to share this testimony in support of SB 181, and the potential for dental therapists to improve access to dental care for Wisconsinites with disabilities.

DRW appreciates the Legislature's efforts to address oral health care disparities in Wisconsin, and we are pleased to support SB 181 as a component of policy changes to increase access to dental care. Authorizing the licensure of dental therapists in Wisconsin will increase access to dental care for underserved populations, and will help to address the severe dental care access issues faced by many people with disabilities.

Many Wisconsinites with disabilities face challenges in obtaining regular dental care, resulting in many preventable extractions, a high incidence of periodontal disease, and other reduced health outcomes. DRW frequently receives calls from people with disabilities and their families who are unable to access dental care and are seeking assistance in finding a provider. It is very encouraging to see that SB 181 proposes that Dental Therapist would prioritize serving patients on medical assistance, uninsured, those living in long-term care facilities, people who have trouble accessing dental care because of a disability, or veterans.

Reimbursement rates for dental procedures in Medicaid are low, and as a result, a small number of dentists willing to accept these rates. The Department of Health Services issued a Medicaid Plan for Monitoring Access to Fee-for-Service Health Care in 2016. DHS found that only 37% of licensed dentists in Wisconsin were enrolled in the Medicaid program. Of those dentists that were enrolled as Medicaid providers, the majority (53%) were either inactive or had only limited participation. Limited access has led to real oral health issues for people with disabilities.

MADISON	MILWAUKEE	RICE LAKE	
131 W. Wilson St. Suite 700 Madison, WI 53703	6737 West Washington St. Suite 3230 Milwaukee, WI 53214	217 West Knapp St. Rice Lake, WI 54868	disabilityrightswi.org
608 267-0214 608 267-0368 FAX	414 773-4646 414 773-4647 FAX	715 736-1232 715 736-1252 FAX	800 928-8778 consumers & family

Based on data in the Wisconsin State Health Plan, *Healthiest Wisconsin 2020*, 29% of adults with disabilities reported having at least one permanent tooth removed over the past year. Twenty-six percent said they had not visited a dentist within the past year. Adults with a disability are also less likely to visit the dentist for a cleaning, check-up, or exam than people without disabilities.

Minnesota has utilized dental therapists and found that 80% of new patients seen were on Medicaid and that dental therapists were more likely to work in settings such as non-profit or community-based practices that served underserved populations. The experience in Minnesota further supports the potential for dental therapists in Wisconsin to be utilized in community based settings that can provide greater access to dental services for children and adults with disabilities.

We commend the Legislature for your work to advance a planful approach for building provider capacity and improving access to oral health care. In addition to the important proposal to authorize licensure of dental therapists, DRW has worked with the Survival Coalition of Disability Organizations to identify additional strategies for improving access to oral health care for people with disabilities.

We ask for your consideration of the following:

- Increasing the number of dentists and facilitates that accommodate sedation dentistry.
- Improving the Medicaid reimbursement rates for dental care.
- Correcting the current inequity in the SSI Managed Care Program (dental care is included in SSIMC in some southeast Wisconsin counties but not in the other SSI MC counties).
- Expanding the availability of dental care at community health clinics.

Thank you considering our comments in support of SB 181. We look forward to working with you to advance policies to improve access to quality dental care for people with disabilities. Please feel free to contact me with any questions or suggestions.

MADISON

131 W. Wilson St.
Suite 700
Madison, WI 53703
608 267-0214
608 267-0368 FAX

MILWAUKEE

6737 West Washington St.
Suite 3230
Milwaukee, WI 53214
414 773-4646
414 773-4647 FAX

RICE LAKE

217 West Knapp St.
Rice Lake, WI 54868
715 736-1232
715 736-1252 FAX

disabilityrightswi.org

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on more complex care and treatment. Improving oral health care access requires a multi-faceted approach and several solutions. However, by working collaboratively with dentists, dental therapists could help provide much needed oral health care to some of our most vulnerable community members. One example would be members who receive care as part of a school-based program. Currently when dental hygienists deployed in a school setting identify the need for follow up care, most often restorations, we sometimes struggle to get these patients treated by a dentist in a timely manner. If dental therapists were allowed to practice in Wisconsin, patients would be able to obtain care from a dental therapist in a school setting, saving parents time from having to leave work and allowing the member to receive care sooner than they likely would otherwise. This lessens the likelihood that the child will develop more complex dental issues costing the Medicaid program more for something that could have been addressed by a more efficient and safe model.

Furthermore, allowing members to access appropriately trained providers like dental therapists will lead to a reduction of visits to the emergency department for dental pain which can't appropriately be treated in that setting anyhow and is a wasteful use of resources. Surveys in Minnesota of clinic administrators employing dental therapists report that local emergency room visits have gone down as a result of a greater capacity to see more patients at the clinic because of dental therapists.¹ This is another example of how dental therapy can save the Medicaid program in the long run.

Making more providers available in more locations to meet basic restorative needs means that we save on the more costly procedures needed when care is delayed too long. We also know that dental health affects overall physical health, so we know by utilizing dental therapists, we'd be keeping our patient population healthier overall and keeping our overall health care expenditures down which is a proven way to bend the health care cost curve and improve access especially for those who need it the most. Dental therapy will not alone completely solve Wisconsin's dental access issue, but we believe it will improve it. Other efforts, such as targeted rate increases for those providers who treat a certain threshold of Medicaid patients, might also help improve access to dental services for Wisconsin's most vulnerable patients.

Children's Community Health Plan & Children's Wisconsin encourage your support of this legislation and are glad to serve as a resource on this important to topic to help improve care and services for some of our most vulnerable kids and families. Thank you again to the bill authors and to this Committee for holding a hearing on this proposal. If you have any questions, comments or concerns after the hearing, please contact me mrakowski@chw.org, 414-266-6328.

CCHP provides access to high quality health care & services to individuals and families across the eastern half of Wisconsin. CCHP was started by Children's in 2006 to provide improved access to health care services, particularly for kids and families with lower incomes. Our BadgerCare Plus plan covers more than 145,000 adults and children in 28 counties in eastern Wisconsin and is the second largest BadgerCare health plan in the state. In 2017, we began offering Together for CCHP, a marketplace plan that provides coverage for more than 16,000 individuals and families in 14 eastern Wisconsin counties. We are proud to offer comprehensive health benefits and innovative programs and services for our members, including case and disease management programs, a free 24/7 nurseline with physician consultations and a variety of wellness programs. In addition, CCHP, in partnership with the Department of Children & Families, administers Care4Kids, a Medicaid program in southeastern Wisconsin providing more than 3,000 kids in out-of-home care with comprehensive, coordinated care that reflects trauma-informed principles and recognizes the unique needs of these children. Learn more about CCHP at www.childrencommunityhealthplan.org.

¹ The Minnesota Department of Health and the Minnesota Board of Dentistry, "Early Impacts of Dental Therapists in Minnesota," (2014), <http://www.health.state.mn.us/divs/orhpc/workforce/dt/dtlegisrpt.pdf>



March 16, 2021

Testimony for the SB 181

My name is Colleen M. Brickle, Dean of Health Sciences at Normandale Community College in Bloomington, MN. Thank you for allowing me this opportunity to provide written testimony as you consider dental therapy. My testimony will highlight the education of similar practitioners in Minnesota as well as their impact so far. As an aside, I was born and raised in Fond du Lac, Wisconsin, and feel this legislation is needed by many Wisconsinites unable to access dental care.

Based on my reading of the legislation before this committee, Wisconsin is currently considering something similar to Minnesota's Advanced Dental Therapist. Minnesota has two levels of dental therapy: basic dental therapist and advanced dental therapy (ADT). During the 2008 and 2009 legislative sessions, I actively advocated for an ADT while simultaneously leading the curriculum development with five dentists for the Minnesota State System, (formerly Minnesota State Colleges and Universities System or MnSCU) program. Recently, I lead efforts in the development of a second Minnesota State System program at Minnesota State University, Mankato. Minnesota now has three dental therapy programs.

Both Minnesota State System programs educate and train licensed dental hygienists with a baccalaureate degree to practice with the expanded scope and ADT. Students are taught specific routine restorative and surgical procedures within a defined scope of practice to the same competencies as a dental student. In other words, the education and training to remove decay and prepare teeth for restorations are taught to the same standards and competencies as dental students learn across the country.

Graduates are required to pass a clinical examination that is based on the examination dental students must also take for licensure, though focused on the more limited set of procedures they can provide compared to a dentist. The first examination was conducted by the Central Regional Dental Testing Service and recently students have the option to take the Commission on Dental Competency (CDCA) examination. For both testing services, exam evaluators are unaware as to which patients are treated by a dental student or a DT student. This exam validates that *in their defined scope of practice*, ADTs are educated to the same level of a dentist.

It is not until after practice under indirect supervision of a dentist and passing a certification examination issued by the Minnesota Board of Dentistry that someone can be credentialed as

an ADT. This allows ADTs to perform services under general supervision (dentist working at a different site) within the protocols established in a collaborative management agreement between a dentist and ADT.

ADTs improve access to quality care for rural and underserved populations and increase entry points for patients into the oral health care delivery system. The DT or ADT is not a replacement for a dentist but is intended to extend the reach of dentists. Although dental disease is preventable, there are populations with rampant untreated decay and periodontal (gum) diseases. The ADT's ability to provide preventive care and disease treatment can be extended to outreach locations by collaborating with a dentist when providing care. If working offsite and within the protocols outlined in a collaborative management agreement with a dentist, patients are referred to a dentist when they need the services beyond the ADT's scope of practice. This allows ADTs the ability to work in schools, community centers, nursing homes, virtually any place where there are unmet. In opening access to dental care and delivering care directly to a patient who has challenges making it to a private office will result in a cost-saving expense on the public healthcare system. However, it also gives private dental offices, especially in rural areas, a way to serve more patients in their communities.

While Minnesota is the first to license this new intraprofessional dental team member in the United States (2009), Alaska and more than 50 other countries have educated and utilized these dental providers safely and effectively for decades. Many states have passed legislation and working on program development.

Here is some recent data from the Minnesota Department of Health and Board of Dentistry to highlight DT and ADTs:

1. Clinics employing this new intraprofessional dental team member see more patients and most are on public programs and underserved.
2. They improve efficiency of clinics, allow dentists to handle more complex procedures.
3. They have reduced wait times and travel distances for patients.
4. They produce direct cost savings to dental clinics.
5. Dental clinics use most savings from this type of provider to see more underserved patients and hire another DT or ADT.
6. DT and ADT practice in urban and rural settings throughout Minnesota.
7. Practice settings include: Clinic Type: private practices, community clinics, FQHCs, large group clinics, hospitals, primary care settings and educational institutions.
8. No quality or safety concerns.

The acceptance level of ADTs is growing, even among the original, stronger opponents of this legislation, and the DT and ADT are being integrating as a key new intraprofessional dental members. As of December 2021, there were 113 Actively licensed Dental Therapists; 83 of those licensees hold an Advanced Dental Therapy Certification.

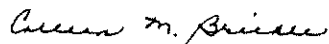
What can be learned from our experience? First, these new dental team members can offer quality, safe, and cost-effective care to Minnesotans who struggle to find care. Second, in

addition to a dentist and dental hygienist, they provide another entry point for a patient to access the dental system. This type of provider can assess and treat dental pain without the patient first having to see a dentist by working under the collaborative management agreement. This enables a patient to get needed treatment quicker and more efficiently. Third, utilizing an already well-educated workforce of dental hygienists results in a practitioner with an expanded scope of care in a relatively short time. ADT students incur less educational expense for the scope of practice they are authorized to perform than that of dental students. Dental hygienists have proven to be a ready and willing untapped resource that can assist to open access to dental care not only in Minnesota but across the country.

Too many people struggle to enter the oral healthcare system and this type of provider can be that additional entry point, extending the arm of dentists and dentistry to assist those who desperately need care. In addition to opening access, ADTs provide safe, quality, effective dental care for those most in need. For years we have searched unsuccessfully for ways to improve access to dental care for the underserved. As with dental hygienists who are dentistry's valued and trusted "preventive specialists", health promotion and disease prevention remain the primary focus of ADTs. Yet, until we care for patients who are far beyond preventive services, we are losing ground each passing day. It's my hope that Wisconsin passes this common-sense legislation, SB 181

Thank you for your time and consideration. Please contact me if you have any further questions.

Sincerely,



Colleen M. Brickle EdD, RDH, RF
Dean of Health Sciences
Normandale Community College
9700 France Ave S
Bloomington, MN 55431
952-358-8158 (Direct)
colleen.brickle@normandale.edu

Senate Committee on Insurance, Licensing and Forestry
SB 181 Dental Therapy

My name is Jennifer Lehto. I am a Barron County resident living in rural Chetek. I am a clinical dental hygienist, however, my journey in dentistry began 19 years ago as a dental assistant.

I'm testifying in support of this bill. Although at this time I am not interested in becoming a dental therapist I want to advocate for it to better serve our communities in Wisconsin. I have witnessed an incredible deficit for available dental care providers in underserved populations. Especially with rural residents, children, the elderly, veterans, and those with special needs. I have worked or volunteered in Barron, Washburn, Sawyer, Eau Claire, and Dunn Counties. When volunteering at events like Give Kid's a Smile and Give Vet's a Smile, one-time yearly events; this would often be the only time these individuals and families would see a dental provider. They would drive hours, wait hours, and in the minimal time available we would do our best to provide whatever we could.

I have worked in clinics that served patients with Medicaid insurance. I listened to stories about how many hours they drove to find a clinic that would provide care and accept their insurance. They were grateful to be able to find someone after exhaustive searches for providers and the endless waitlists. Many would try to seek relief using ill-equipped Emergency Rooms as their only option. Still, I wonder how many more were not able to find any care at all.

It is important to recognize the incredible need in Wisconsin. A solution to this could be dental therapists. These providers allow the underserved quicker access and more availability to necessary care. Dentists would also benefit from dental therapists by helping to keep their overhead costs lower and increasing access to care. This will help serve their communities without worrying about the burden of Medicaid reimbursement rates, thus better serving patients

that are viewed as not as profitable. Dental therapists also are a more cost-effective option for simple procedures allowing dentists more flexibility to perform more complex ones. Dental therapy is a solution to help provide access to care to all members of our community, regardless of socioeconomic barriers and location, and that is why I am speaking in support of this bill.

I would like to end by thanking the members of the Committee for holding a public hearing and allowing me to provide testimony.

Jennifer Lehto, RDH, BSDH
Wisconsin Dental Hygienists' Association – President Elect
380 25 ½ Street
Chetek, WI 54728
(715) 642-3086
jennifer.l.mikkelson@gmail.com

WISCONSIN DENTAL HYGIENISTS' ASSOCIATION

To: Senate Committee on Insurance Licensing and Forestry

Date: March 17, 2021

RE: Support for SB-181 – Dental Therapy



Thank you for this opportunity to testify in support of the dental therapy bill on behalf of the Wisconsin Dental Hygienists' Association. WDHA is the organization representing the professional interests of just over 5000 licensed dental hygienists in the state and advocates for them as well as the patients who seek out and benefit from their services.

My name is Linda Jorgenson, I am a dental hygienist and I serve as the Director of Governmental Affairs and Advocacy for WDHA. Today, I want to share with you the answer to the question of "Why would dental hygienists support this proposal?"

In the year 2000, U.S. Surgeon General David Satcher published the first ever report on Oral Health in America. In it, he identified a list of disparities in the provision of oral health care. Despite being widely viewed as having the most modern dental care system on earth, Satcher also claimed that the United States has large segments of the population for whom dental care is seen as a luxury they can't afford, and not accessible to them. Too many people who are enrolled in Medicaid are unable to find a dentist who will take care of them because too many dentists avoid enrolling as Medicaid providers – citing reimbursement rates that are too low.

This situation leaves many patients out of the oral health care system altogether and means that if they do have a painful dental problem, they have no other option but to go to a hospital emergency room to seek care. It is estimated that Wisconsin spends millions of dollars every year putting the dental version of a bandaid on problems that need more than the E.R. can give them. The E.R. doctor tells the patient to make an appointment with their dentist and sends them home with a prescription for antibiotics or pain medications. This may help in the short term, but the actual problem will go un-diagnosed and untreated until they can find a dentist to treat them.

In 2003, the next U.S. Surgeon General, Richard Carmonas issued a Call to Action as a follow up to the 2000 report. In the Call to Action, he recommended that the current dental workforce undergo an evaluation and modernization so that it could devise way of reducing barriers to oral health services and improving health outcomes. As a result of this, state legislatures, leaders in public health, dental, dental hygiene and dental assisting organizations began to strategize to solve problems of access and affordability.

The concept of a dental mid-level provider was born. It underwent several name changes along the way, and now the term *dental therapist* is the one we settled on. Even though the name has changed, the recommended scope of practice has always included the most common, basic dental services such as examinations, dental fillings, and removal of infected, loose teeth. These are the services that if they are provided at the right time – will keep people from resorting to hospital emergency rooms.

WISCONSIN DENTAL HYGIENISTS' ASSOCIATION

In 2015 the American Dental Association Commission on Dental Accreditation (CODA) wrote the standard for dental therapy education which follows the same principles as those for dental, dental hygiene and dental assisting education programs. This is important because until the standard was established, each state had to try to hammer out those details on their own if they wanted to change their dental workforce by adding dental therapists.

As of 2020, eleven (11) states have passed legislation to license dental therapists and another eight (8) states have introduced bills to consider it.

Passed legislation

Minnesota (2009)
Maine (2014)
Vermont (2016)
Washington (2017) (tribal lands)
Arizona (2018)

Michigan (2018)
New Mexico (2019)
Idaho (2019)
Montana (2019)
Nevada (2019)
Connecticut (2019)

Legislation recently introduced

Florida
Kansas
Massachusetts
New York
North Dakota
Oregon
Washington (expansion proposal)
Wisconsin

Dental hygienists support these proposals for a variety of reasons, not the least of which is that they recognize adding another provider to the dental workforce who can provide restorative services will be a huge benefit for the public. Particularly if dental therapists will be deployed to parts of the state where few, if any, dentists are available to take care of patients.

Dental hygienists also support the concept of dental therapists as mid-level providers because many hygienists want to expand their own opportunities for education and practice. With dual licensure in dental hygiene and dental therapy, they will be able to increase the types of care they can provide for their patients.

We recognize the dentist as the head of the dental team, and also acknowledge the importance of collaborative practice management agreements between dentists and dental therapists. We agree that the addition of properly trained dental therapists to the dental workforce in Wisconsin is a common-sense solution to a growing problem. Armed with their training, their scope of practice, a license to practice, and collaborative practice management agreements, dental therapists stand a chance of improving access to dental care in our state and helping our citizens toward over-all health and improved quality of life.

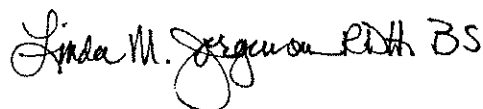
With our sincere thanks for your consideration, I'm happy to answer any questions you may have.

Linda Jorgenson, RDH, BS, RF

WI-DHA Director of Governmental Affairs and Advocacy

lmjorgensonrdh@yahoo.com

(612) 599-9076





March 17, 2021

Wisconsin State Senate
Committee on Insurance, Licensing and Forestry

Testimony in favor of SB 181: Licensure of Dental Therapists

Dear Chairwoman Felzkowski, Vice-Chair Stafsholt and Members of the Committee:

Ascension Wisconsin includes 24 hospital campuses and more than 100 clinics serving Wisconsin from Racine to Eagle River. We are committed to providing healthcare that works, is safe and leaves no one behind. In Milwaukee, we also provide dental care through the Ascension Wisconsin Smart Smiles program and Ascension Seton Dental Clinic.

We are providing this testimony in favor of SB 181 and urge you to support this proposal. We sincerely appreciate Senator Felzkowski's leadership on this issue. Thank you Senator for introducing this proposal. We believe licensed dental therapists will:

- provide an opportunity to expand our dental care teams to more closely mirror medical care teams;
- allow each member of the care team to practice at the top of his/her license while expanding access to preventive and restorative dental care to vulnerable populations.

Caregivers see first hand in our medical clinics, Smart Smiles program and at Seton Dental, how limited access to dental care negatively impacts the health of children, families and our communities. The impact is especially acute for people who are most vulnerable in our communities, including those living in poverty. According to Federal data, 64 of 72 counties in Wisconsin face dental shortages, impacting 1.2 million residents. Additionally, tooth or mouth pain is one of the leading causes of school absenteeism; despite the fact that it is 100% preventable.

Our dental care team for Smart Smiles and Seton Dental Clinic currently includes nine dental assistants, seven full-time dental hygienists and two full time dentists. Prior to the COVID-19 pandemic, the Smart Smiles team provided care to approximately 12,000 students in 83 Milwaukee schools each year; making Ascension Smart Smiles Wisconsin's largest provider of school-based oral health care. With many schools in Milwaukee moving to a virtual platform during the pandemic, the Smart Smiles team was still able to reach schools that were offering in-person classes as well as treating several schools' virtual students. Even with the challenges of the COVID-19 pandemic, the Smart Smiles team provided services to eight schools during the year. In the school year for 2020-2021 which was also impacted to COVID-19, we were able to provide urgent care services to 350 children and 1,800 received preventative services. Knowing that many students have missed their only access to dental care this year, the team is eager to resume services next school year.

Smart Smiles provides students preventive care including screening, cleanings, and fluoride application. Nearly 40% (5,000) students who receive these preventive services have untreated



cavities and could be categorized as having “early” restorative needs. Another 1,000 students have dental needs (ie: decay and infection) that have progressed to the point where they need urgent treatment. “Urgent” needs are generally classified as care to treat an abscess, infection and tooth extractions. “Early” needs include cavities that need filling.

For the nearly 6,000 students who have early or urgent dental needs to treat cavities or extract teeth, the Ascension Seton Mobile Dental Clinic provides follow-up care at the schools for students without a dental home. The majority of students treated by Smart Smiles do not have a dental home and we see them year after year with recurrent dental issues. Any child with some sort of tooth decay is seen. Since opening in 2017, our mobile dental clinic has treated more than 2,500 students.

Dental therapy licensure would allow Ascension Wisconsin to increase the size of our dental care teams in much the same way that our medical care teams include multiple providers. At any given medical clinic, you may see a medical assistant, physician assistant, nurse practitioner and physician working side by side to treat patients. Each team member works within their licensure and scope - supporting and allowing each to work to the “top of their license.” Adding a dental therapist to our teams in the mobile dental clinic and brick-and-mortar clinic, would allow our Smart Smiles teams to apply the same “top of licensure” practice as we do in our medical clinics.

Working under a dentist’s supervision, dental therapists are trained to provide about one-quarter of the procedures a dentist can perform, including preparing and filling cavities and doing nonsurgical extractions. An expanded dental care team would allow each professional practice at the top of his/her license, increasing the number of patients who could receive services. It would also be beneficial to have a therapist integrated into our urgent care dental model at our brick & mortar clinic. The therapist could provide restorative care while the dentist could focus on additional urgent care needs. There would also be an opportunity to include a therapist in school based oral health care. As an example, a therapist could be working alongside our dentist in our mobile dental clinic providing an early filling (not exceeding two surfaces of the tooth), allowing the dentist to treat a child with urgent needs - like extracting a tooth.

We urge you to support AB 181 and create the licensure for dental therapists in Wisconsin. The experience of our dental caregivers underscores what the data that tells us: we need to take action to increase access to dental care in Wisconsin. Creating a licensure for dental therapists, who could work under the supervision of and in collaboration with a dentist is one way to increase access to care.

Thank you for the opportunity to provide this testimony. If you have any questions or if we can provide additional information, please contact Elizabeth Cliffe, Director, Government Relations & Advocacy at elizabeth.cliffe@ascension.org.

Good Afternoon committee members. Thank you for allowing me to speak in favor of Senate Bill 181.

My name is Christy Jo Fogarty and I am the first certified Advanced Dental Therapist in the county. I have been licensed for almost 10 years in the state of Minnesota. I'm also the past president of the Minnesota Board of Dentistry.

I have been in dentistry for 25 years. I started as a dental assistant, moved on to become a dental hygienist and entered the first class of dental therapists 3 weeks before our legislation passed 12 years ago. I certainly took a leap of faith.

The program I trained in required coursework in pharmacology, pediatrics, medically compromised patients, dental and medical emergencies, in addition to over 700 practicum hours. In our scope of practice we are trained to the level of a dentist. I will repeat that... in our scope of practice we are trained to the level of a dentist. In fact, the University of Minnesota trains dentists and dental therapists side by side.

Dental Therapy has been so successful in Minnesota there are far more open positions than therapists available. As a result a 3rd program is set to start in September of this year. The current two schools educating Minnesotans are Metropolitan State University, which requires applicants to be experienced dental hygienists (as does the new program at Minnesota State University) and is a Master's Program that takes 16 months to complete. The University of Minnesota has a dual track program that requires 10 pre-requisite classes and is dual track allowing students to gain a Bachelors in dental hygiene, and a master in dental therapy and takes 32 months to complete. All three programs are **currently accredited** by the Minnesota Board of Dentistry and both Metropolitan and The university of Minnesota programs have applied for CODA approval. The program in Alaska has already received accreditation.

Much like the proposed legislation here in our sister state of Wisconsin dental therapists can perform many of the same procedures under general supervision with a Collaborative Management Agreement or CMA. I can do assessments and individualized treatment plans, do any type of fillings and stainless steel crowns on both permanent and baby teeth, I can also extract baby teeth and adult teeth that are very diseased and mobile.

While this scope of practice is very limited, only about 10% of what a dentist is allowed to do, they are the most common, therefore the most critical procedures for this population. I should know because....

I work for a private non-profit called Children's Dental Services where we see children 26 years of age and under and pregnant women. We work like a hub and spoke. Headquartered in NE Minneapolis but with mobile equipment we are able to offer services throughout the state. By working with hundreds of partners such as head starts, public schools, community centers and county buildings, ect... we are able to reach across the state. Annually our organization serves more than 37,000 children in over 47 counties throughout the state of Minnesota. 66% of those counties we serve are designated dental shortage areas. I personally see around 3200 children a year and spend more than a week a month working in the rural SW area of our state.

Minnesota has had tremendous success with dental therapy, even though we are still relatively small in numbers. We have seen reductions in emergency room visits, decreased in both

distance traveled to see a provider and reduced wait times to access dental care. Currently there are 109 licensed dental therapists, of those 73 are certified as advanced. The majority (59) work in private practice where they are required to see at 50% underserved populations. 22 are in community clinics, 13 FQHCs and others work in hospitals or educational institutions. Patient satisfaction has been very high and non-profit clinics have been able to expand their ability to see more patients while reducing costs.

Dental therapists are also helping provide care in our most rural areas in the state. We are geographically distributed in proportion to the state's population: 55% of the state's population lives in the 7-county Greater Twin Cities metro area, where 59% of working dental therapists are employed. 45% of Minnesotans live outside the Metro area, where 41% of working dental therapists are employed. This doesn't even factor in the many practices like mine where we send therapists in to greater Minnesota to work weekly. We are all counted as "metro" therapists, although I've spent more time in greater Minnesota over the last 2 weeks than I have in our metro area.

While dental therapy has been successful in Minnesota I don't want to ever be accused of saying it's a silver bullet that will solve all your access to care issues, it isn't. It's a tool in a big tool box, I like to think of dental therapy as that favorite wrench that always sits on the top shelf that you repeatedly reach for. I would like to ask you to consider one of the best things about this legislation, is that it's **voluntary**. You will hear from some people that it won't work in private practice (it does), it won't save money (it does, we've shown it), or it won't help those in rural areas (it already helps them in Minnesota). But even of those who tell you that, just remind them they don't have to hire a dental therapist. But please allow those who do see the benefits to expand access to care to those most in need

Thank you for allowing me to submit this testimony, I'd be happy to answer any questions you may have.

My contact information is:

cfogarty@childrensdentalservices.org cell:(612)0867-8875

Executive Office
6737 W. Washington Street
Suite 2360
West Allis, Wisconsin 53214
414.276.4520
414.276.4521 FAX



Legislative Office
122 W. Washington Avenue
Suite 600
Madison, Wisconsin 53703
608.250.3442
608.282.7716

**Wisconsin Dental Association
Testimony on Senate Bill 181
March 17, 2021**

Chairwoman Felzkowski, Vice-Chairman Stafsholt, ranking member Taylor and members of the Senate Committee on Insurance, Licensing, and Forestry. My name is Chris Borgerding and I am the Director of Government Services for the Wisconsin Dental Association.

The Wisconsin Dental Association wants to extend its appreciation to Senator Mary Felzkowski and Representative Jon Plumer for working with the WDA over the course of several months to reach a consensus on this bill. In its current form, this legislation is more acceptable to our 3,100 members across Wisconsin and includes important training and education provisions to ensure patient safety. For those reasons we are comfortable registering neutral on the legislation. As a former staffer myself, I also want to extend a thank you to the staff who worked on this bill.

Our communication with the authors over the last few months exemplifies lawmaking in Wisconsin. Bringing all stakeholders to the table to craft a bill that fits Wisconsin, our communities, our needs, and our patients.

We are very glad to see supervision requirements included in the bill. With any health care provider, the Wisconsin Dental Association feels it's important for a period of clinical supervision to ensure proper training and readiness before heading out into the field under general supervision. This offers students opportunities to develop and refine their clinical skills under expert supervision, as well as developing teamwork skills in an authentic, and often interprofessional, setting.

We are very happy to see an increased focus placed on oral health in Wisconsin. There is no silver bullet that will solve our access issues. Nearly every oral health advocate in this room will attest to that. It will take continued attention and a multi-pronged solution to begin to fill the needs of our state.

Early last month, Twin Cities PBS aired a story called "Uncovered: Minnesota's Dental Crisis". Minnesota, much like Wisconsin ranks near last for Medicaid reimbursement rates. However, Minnesota, unlike Wisconsin, has had dental therapists for about a decade. This tells us that we need a well-rounded approach. We should learn from Minnesota and couple our dental therapy efforts with increased investments in oral health. We know that Medicaid reimbursement will increase access.

One of the providers showing us this is Brown County Oral Health Partnership. They benefit from the Medicaid reimbursement pilot. Michael Schwartz, the Executive

Director, says “enhanced reimbursements is the largest factor in us being able to see as many kids as we do. Hopefully, the state can one day expand access.”

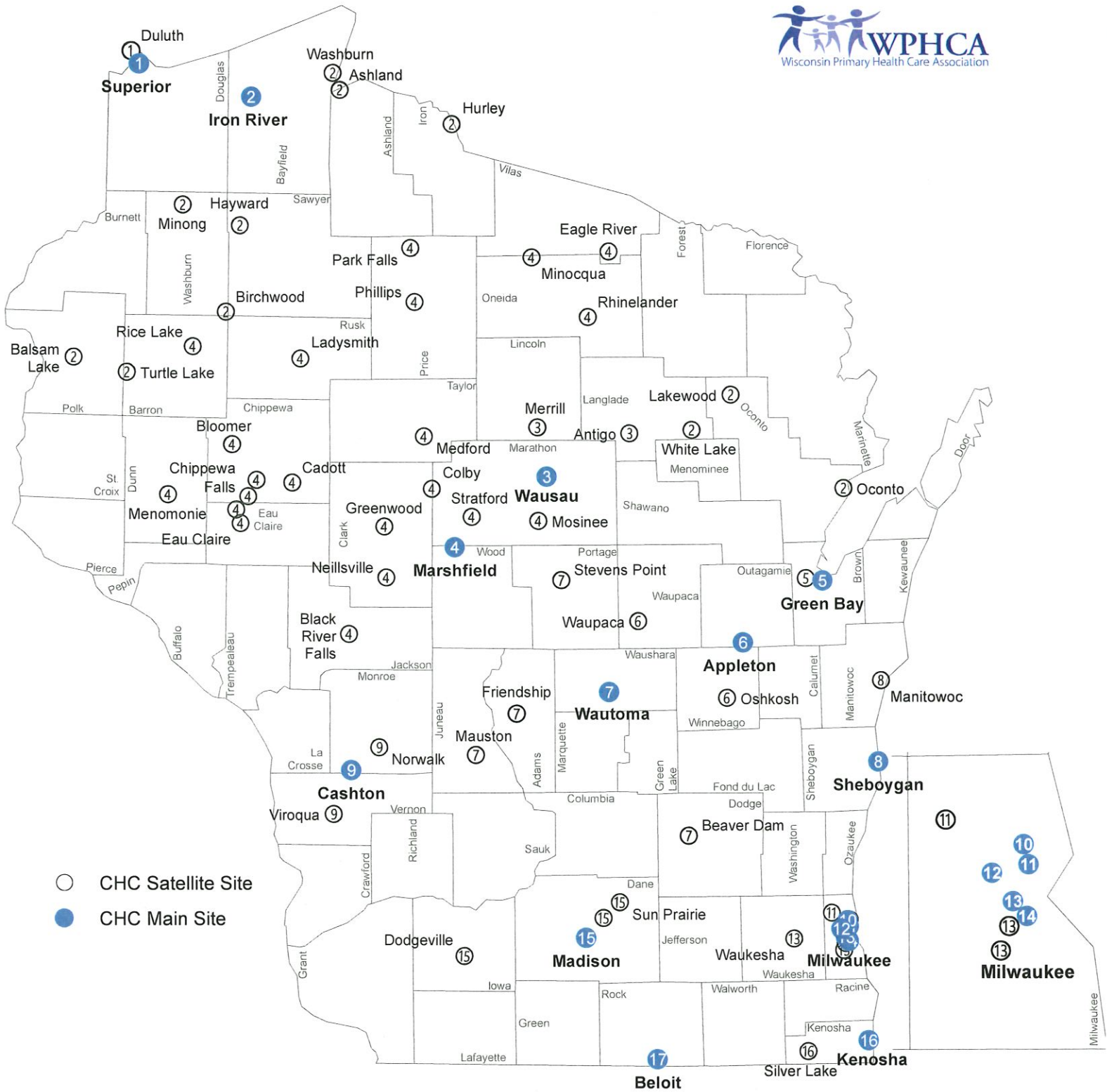
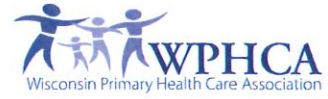
According to most recent numbers from the Legislative Fiscal Bureau, dental benefits accounted for approximately only 1.4% of all Medicaid benefit expenditures. Another thing we learned from the Legislative Fiscal Bureau is that private practice dental offices accounted for 54% of claims. This means that private practice dentists provide the majority of care for MA patients as shown by expenditures and claims. This is astounding even with record low rates. Over the last twenty years, across-the-board reimbursement for dental benefits within Medicaid has only increased 2%... Let me say that again, Wisconsin has only increased dental benefits within the Medicaid program 2% in the last two decades.

So, what does this tell us? It tells us that private practice dentists in your communities need to be part of the solution. It also puts forward the question: is the oral health of your most vulnerable constituents worth more than 1.4% of our Medicaid resources? We, and hopefully the many other stakeholders in this room, strongly argue that it is.

As you begin the budget process, we ask that oral health remain at the forefront of your health policy discussions. Let 2021 be the year that oral health access issues are addressed using a multi-pronged approach. All Wisconsinites deserve access to quality healthcare and that includes oral health care.

Once again, thank you for your time and consideration of all oral health policy. The state is served well by continuing to engage in these conversations. At this time, I can answer any questions you may have.

Wisconsin Community Health Centers 2020



○ CHC Satellite Site
● CHC Main Site

- 1 Lake Superior Community Health Center
- 2 NorthLakes Community Clinic
- 3 Bridge Community Health Clinic
- 4 Family Health Center of Marshfield
- 5 N.E.W. Community Clinic
- 6 Partnership Community Health Center
- 7 Family Health La Clinica
- 8 Lakeshore Community Health Care
- 9 Scenic Bluffs Community Health Centers

- 10 Outreach Community Health Centers
- 11 Milwaukee Health Services, Inc.
- 12 Progressive Community Health Centers
- 13 Sixteenth Street Community Health Centers
- 14 Gerald L. Ignace Indian Community Health Center
- 15 Access Community Health Centers
- 16 Kenosha Community Health Center
- 17 Community Health Systems



March 17, 2021

TO: Chair Felzkowski
Members of the Senate Committee on Insurance, Licensing, and Forestry

RE: 2021 Senate Bill 181: Licensure of Dental Therapists

Thank you for the opportunity to testify today on behalf of the Wisconsin Primary Health Care Association (WPHCA) in support of Senate Bill 181 (SB 181) which would authorize licensure of dental therapy in our state. We are in support of the bill, and appreciate this opportunity to join you virtually today.

WPHCA is the membership organization for the 17 Federally Qualified Health Centers (FQHCs or Health Centers) in Wisconsin. Health Centers are non-profit, community-directed medical, dental, and behavioral health providers. In Wisconsin, Health Centers annually serve over 300,000 patients in communities throughout the state, including patients from every county, with 1 in 5 patients lacking insurance. Today I am joined by Health Center colleagues who will provide testimony shortly.

We support licensure of dental therapy as one tool to improve access to oral health and improve oral health outcomes for patients. We appreciate the Wisconsin legislature's attention to addressing oral health access issues. Since 2008, Health Centers have tripled their dental capacity to answer the call of Wisconsinites who are living without oral health care. Over 172,000 people received dental services at Health Centers in 2019.

WPHCA has engaged with Health Center dental directors across the state on the topic of dental therapy over the last several years and appreciate Senator Felzkowski's ongoing attention to addressing oral health care gaps through this bill. We have carefully studied dental therapy models, including visiting Minnesota where we learned about the training and education requirements for dental therapists and the rigorous quality standards to which they are held.

We believe adding dental therapists to the Health Center team would allow Health Center dentists to focus on the most complex procedures, while dental therapists would assist in routine treatment, check-ups, and other services within their scope, *without sacrificing quality of care*. Adding dental therapists could shorten wait time for patients, provide cost-effective preventive and routine restorative care, and improve community health in multiple settings, such as through school-based services. We appreciate the updates to the bill this session that focus on high-need populations, and the attention to high-quality training for dental therapists, including building confidence in their skills through 2,000 hours of supervision.

WPHCA greatly appreciates the bipartisan support for licensure of dental therapy, continued coalition support, and thanks the Wisconsin Dental Association for their engagement on this topic

in this new session. Thank you for the opportunity to share information regarding the potential benefits for Community Health Centers and our patients, and for your consideration of SB 181.

Richelle Andrae

Richelle Andrae
Government Relations Specialist
Wisconsin Primary Health Care Association

ABOUT WPHCA:

WPHCA is the membership association for Wisconsin's 17 Federally Qualified Health Centers (FQHCs) also known as Community Health Centers (CHCs). Community Health Centers work to create healthier communities by improving access, providing quality health care and reducing health disparities for Wisconsin's underserved and low-income populations. Our aim is to ensure that all Wisconsinites achieve their highest health potential. We execute our mission and focus our aim through providing training and technical assistance to Wisconsin's Community Health Centers and advocating on their behalf.



Wisconsin Health Centers

Breaking Down Barriers to Oral Health Care

ISSUE BRIEF

Health Centers know that oral health is whole-body health. Throughout U.S. history, oral health has been separated clinically, administratively, and ideologically from the broader primary health care delivery system.¹ However, the health of our mouths is vital to our ability to consume food, drink water, and communicate. Beyond healthy teeth, oral health includes being free of chronic oral and facial pain, treatment of certain oral cancers, as well as other disorders and diseases.²

If left untreated, oral health conditions can cause serious health risks. For example, periodontal disease is a risk factor for stroke and is adversely associated with glycemic control and diabetes related complications.^{3,4} Bacteria from preventable oral infections can spread to other parts of the body and become life threatening. Oral pain can also affect what people can comfortably chew, leading to unhealthy changes in diet and dramatic weight changes. Further, untreated oral health issues can have a significant effect on personal confidence and employability. The American Dental Association found about one third of low-income adults said the condition of their mouth and teeth affects their ability to interview for a job.⁵

It is clear that oral health services are essential to overall well-being. Health Centers in Wisconsin value oral health, and as leaders in the oral health care safety net, they continue to expand services, increase access to care, and find innovative ways to meet the oral health care needs of their communities.

DEMAND FOR ORAL HEALTH CARE IN WISCONSIN

Oral health services are in high demand by Wisconsin residents. A 2015 Wisconsin Department of Health Services (DHS) survey found 15% of Wisconsin adults had untreated tooth decay, 17% had gum disease, and 16% needed treatment for oral decay, abscesses, or lesions.⁶

Additionally, the same study found one in five Wisconsin adults also reported having a need for dental care and not getting it in 2015. Oral health needs are not limited to adults. In Wisconsin, one in three children are living with untreated dental decay and one in five third graders has untreated dental disease.⁷

INTRODUCTION	1
DEMAND FOR ORAL HEALTH CARE IN WI	1
ORAL HEALTH CARE EXPANSIONS	2
FUNDING ORAL HEALTH SERVICES	3
CARE & SERVICES	4
INTEGRATION OF ORAL HEALTH CARE	6
DISPARITIES IN ORAL HEALTH	6
BARRIERS TO ACCESS	7
LOOKING FORWARD	9

Language Disclaimer: In this document Health Center Program Grantees, organizations that receive federal grants under section 330 of the Public Health Services Act and that are Federally Qualified Health Centers, will be referred to as "Health Centers" unless otherwise noted.

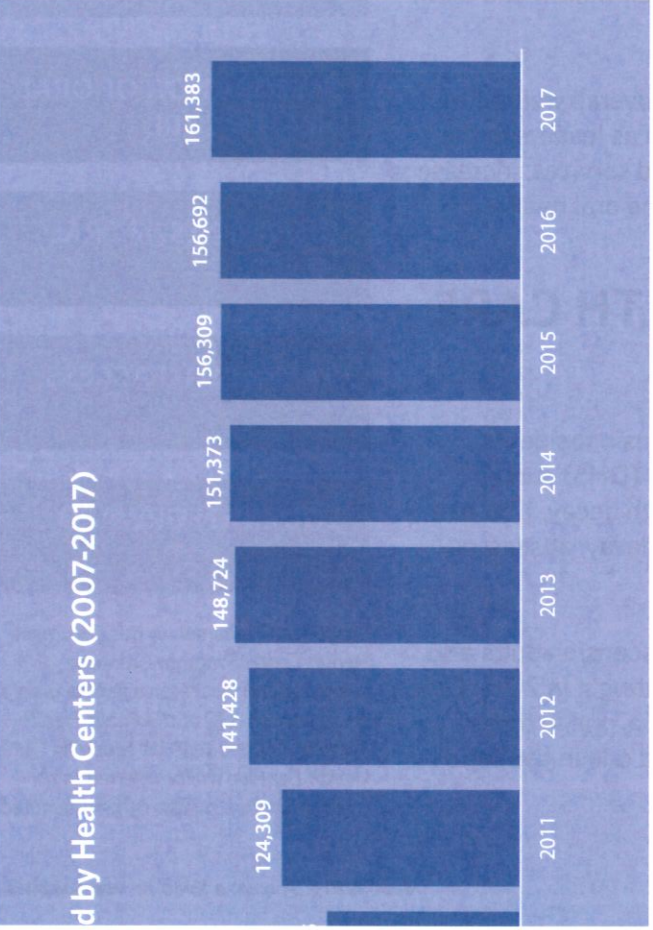
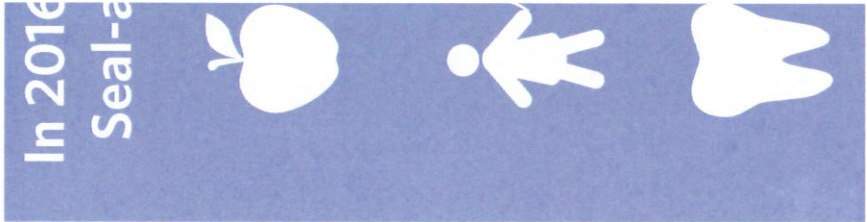
Beyond patient revenue, Health Centers apply for private and public grants to HRSA Oral Health Service Expansion (OHSE) grant in 2016 enabled Community existing service area to add four dental operatories, provide a greater amount and hire additional staff for the expanded areas.

Access Community Health Centers in Dane County provides a great example funding streams. Access receives funding from the United Way of Dane County, they have received private funding from the Steve Stricker American Foundation, Walmart Foundation, Magic Pebble Foundation, Oscar Rennebohm Meriter, and Madison South Rotary Foundation. With this funding, Access expanded 41 elementary schools, including every elementary school in the Madison Metropolitan Sun Prairie School District. In addition to grants, Health Centers like North their funding through fundraising and donations from local groups such as the

Seal-a-Smile grants provided by the Children's Health Alliance of Wisconsin have helped Access Community Health Centers, Kenosha Community Health Center, Inc., Northlakes Community Clinic, Northern Health Centers, and Progressive Community Health Centers provide basic cleanings and application of preventative sealants for elementary school children with unmet dental needs throughout Wisconsin.

The Seal-a-Smile program at Progressive is staffed by a hygienist and dental assistant working full-time in area schools during the school year to provide screenings, oral hygiene instruction, fluorides, and sealants. They also provide education days in the schools, and inform parents and guardians about the benefits of having a dental home at Progressive.

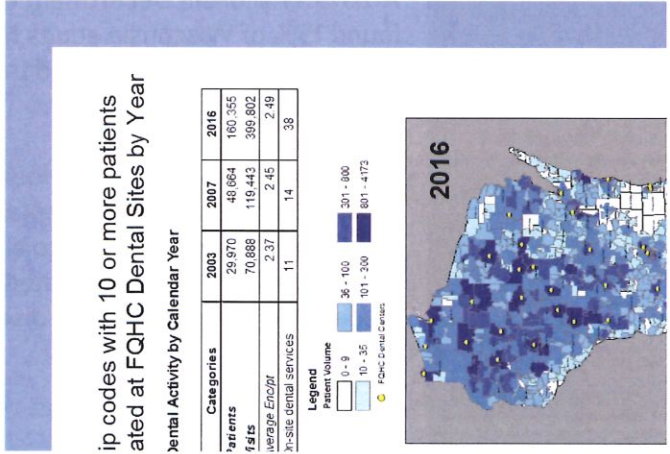
"Community Health Centers in Wisconsin are playing a vital role in school-based oral health services and are ideal partners. They have the ability to provide high quality preventive care in schools and then are able to refer patients directly to their clinics for restorative care while allowing all providers to work at their sustainable way."



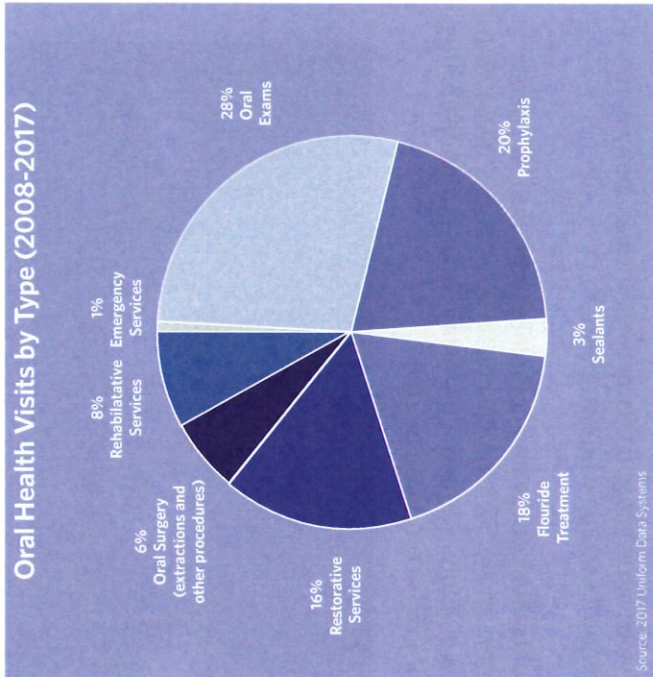
Health Centers to triple the number of dental patients served from 2007 to 2017. Wisconsin, 88% of Health Centers services, compared to 75% of Health Centers nationally.^{8,9}

"Increasing access to dental care has long been an issue in the state of Wisconsin. Community Health Centers have a proven track record of providing medical services in our communities which allows them to integrate oral health care into their patients' care."

- Senator Luther Olsen,



zip codes with 10 or more patients treated at FQHC Dental Sites by Year



COLLABORATION

To fill gaps in services, Health Centers collaborate with community partners and health care providers to meet the dental needs of the community. Scenic Bluffs Community Health Centers works with two area hospitals to provide dental services for transitional care patients who no longer need inpatient care, but aren't yet ready to move back home. They also provide services on site for patients at Vernon Memorial Hospital. Scenic Bluffs collaborates with Gundersen Healthcare to deliver dental services for high-risk pregnancies, giving priority oral health care for women with active substance use addictions.

"Scenic Bluffs has a strong reach into Monroe County providing dental services for thousands of county residents. Their team addresses dental pain in the short-term. Long-term, they are a dental home for many residents who might otherwise have trouble finding dental services due to cost, their insurance coverage, or other issues like..."

Emergency Se	Oral Exams	Prophylaxis	Sealants	Fluoride Treati	Oral Surgery	Rehabilitative Care
Access Community Health Centers	✓	✓	✓	✓	✓	✓
Bridge Community Health Clinic	✓	✓	✓	✓	✓	✓
Community Health Systems, Inc	✓	✓	✓	✓	✓	✓
Family Health Center of Marshfield, Inc	✓	✓	✓	✓	✓	✓
Family Health/La Clinica*	✓	✓	✓	✓	✓	✓
Gerald L. Ignace Indian Health Center, Inc*	✓	✓	✓	✓	✓	*
Kenosha Community Health Center, Inc	✓	✓	✓	✓	✓	✓
Lake Superior Community Health Center	✓	✓	✓	✓	✓	✓
Lakeshore Community Health Care	✓	✓	✓	✓	✓	✓
Milwaukee Health Services, Inc	✓	✓	✓	✓	✓	✓
N.E.W. Community Clinic	✓	✓	✓	✓	✓	✓
NorthLakes Community Clinic	✓	✓	✓	✓	✓	✓
Northern Health Centers*	✓	✓	✓	✓	✓	✓
Outreach Community Health Centers**	✓	✓	✓	✓	✓	✓
Partnership Community Health Center	✓	✓	✓	✓	✓	✓
Progressive Community Health Centers	✓	✓	✓	✓	✓	✓
Scenic Bluffs Community Health Centers*	✓	✓	✓	✓	✓	✓
Sixteenth Street Community Health Centers*	✓	✓	✓	✓	✓	✓

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by co-locating medical and dental services, or being able to do warm-up procedures during a medical visit. At Lakeshore Community Health Center, oral assessments and fluoride varnish are provided at medical visits. Similarly, at the Sixteenth Street Community Health Center in Milwaukee, a recently opened dental clinic provides dental screenings and fluoride treatments at well-child

visits. Behavioral, medical and oral health services within the same facility. This is the case at Scenic Bluffs Community Health Centers, all staff are trained in both dental and medical care. Another member who provides dental health education is the Health Center as a total healthcare home.

Health screenings at dental visits. Depending on the Health Center, health assessments include blood pressure, BMI, family history, depression, anxiety, medication use, and oral health. For example, patient blood pressure is checked during dental visits. If a patient is referred internally to their primary care provider and can usually be

HEALTH

referred to a primary care provider. In Wisconsin Health Centers, disparities in oral health access and need are significant. In fact, 60% of low-income adults had permanent teeth, compared to 39% for middle (39%) or high-income adults (26%).¹¹

Disparities by race and ethnicity. As compared to white adults, black adults have a higher rate of untreated decay, and need for dental care.⁶ These racial and ethnic disparities can be seen in a survey of Health Services survey found nearly two times as many non-Hispanic black adults had untreated decay compared to non-Hispanic white students.¹²

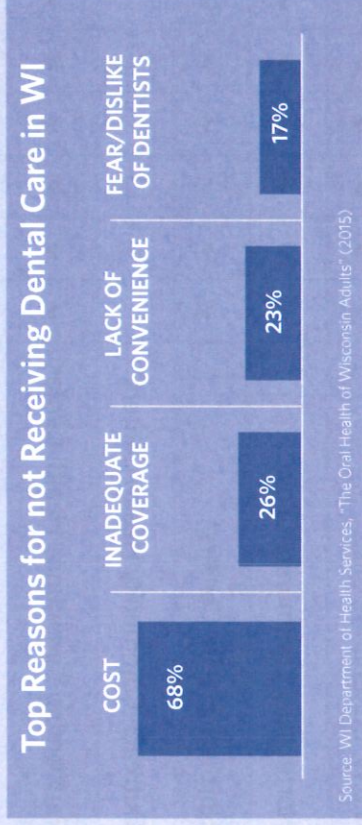
Higher prevalence of untreated decay and complete tooth loss and need for dental care. The 2020 report shows 52% of Wisconsin adults ages 18-64 with untreated decay, compared to 29% of adults without a disability. Adults with disabilities had a higher prevalence of untreated decay (35% compared to 26%).¹³

Health Centers serve a diverse population of more than 3,000 people, including school-based patients, veterans, agricultural workers, and homeless individuals.



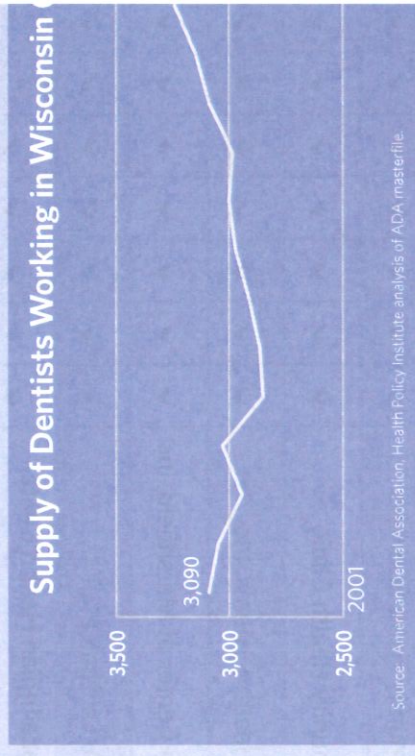
factors, including lack of insurance, insurance with limited or no dental coverage, and importantly, cost. A survey of those with unmet dental needs found that the most common reasons for not receiving care were costs (68%), inadequate coverage (26%), and fear/dislike of dentists (17%).⁶

The out of pocket costs for two routine cleanings, dental exams, and a set of dentures are significantly higher than for two routine cleanings, dental exams, and a set of dentures.



DEMAND FOR PROVIDERS

In 2016, an American Dental Association report found that Wisconsin has a shortage of dentists, below the national average of 60.79.¹⁶ Dentists, dental hygienists, and dental assistants are in high demand in Wisconsin and these vacancies can be difficult to fill; 86.6% of dental offices in Wisconsin report they are currently hiring for at least one of these positions. Compared to other states, the National Association of Community Health Centers (NACHC), WPHCA and



Health Centers have a higher demand for providers.¹⁷ For example, nationally, 37% of dental offices are currently hiring for at least one of these positions, compared to 66% in Wisconsin with positions vacant anywhere from 2 to 24 months. Nationally, 16% of Health Centers are actively hiring a dental hygienist or dental assistant with the vacancies lasting from 2 months to 2 years. Some Health Centers have created positions in response to recent expansions, while some expressed difficulty in hiring.

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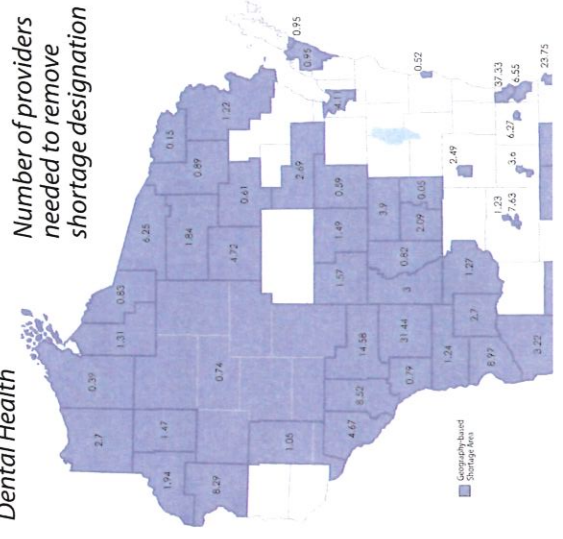
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ldren's Health

Medicaid patients can lead to long waiting periods as well.
Health Centers are a unique type of Medicaid provider. Per federal law, Health Centers receive a bundled payment from Medicaid derived from the historical costs of providing comprehensive care. Thanks to the mission of providing comprehensive care to everybody, Health Centers are situated as an ideal space for patients who seek integrated primary and oral health care.

GEOGRAPHY

For those who have dental coverage but do not receive care, geography and Dental Health Professional Shortage Areas may be barriers to care. According to the U.S. Department of Health and Human Services, there are 138 dental health professional shortage areas in the state of Wisconsin.²⁴
The urban/rural dental provider divide is illustrated in the Office of Rural Health map of the number of providers needed to remove the dental shortage designation.²⁵

Health Professional Shortage Areas
Dental Health



Health Centers have increased dental access and services supported by both part to a 2008 increased state budget investment in Community Health Cent the number of patients they serve. Continued funding from state, federal, and Centers continue to expand access to dental care.
However, there is more to be done. Health Centers and other providers must preventative dental care to reduce the occurrence of emergency department Hospital Association reported 41,387 emergency department visits for which the primary or secondary diagnosis.²⁶ These non-traumatic dental pain visits but can be reduced with preventative measures like sealants and consistent c
Health Centers and other providers must also work to build a strong and sust strategies include:

- Supporting and expanding programs like the State Loan Repaymer Service Corps which are essential pipelines for staffing areas experi
- Utilizing more mid-level or auxiliary providers as a way to eliminat barriers to accessing care.
- Investing in pilot programs that examine a variety of promising pra and following through with policy changes if the pilot evaluation st
- Addressing administrative barriers to licensing to increase availabl

Finally, Health Centers must stay committed to identifying and eliminating ba and oral health services in a variety of settings, developing and supporting a r in their role and within their community, and integrating oral health with beha

Prepared by the Wisconsin Primary Health Care Association

*Special recognition and thank you to Lauren Hoffarth, 2018 External
Relations intern, for researching and drafting this issue brief*



www.wphca.org

5202 Eastpark Blvd, Suite 109
Madison, WI 53718
608.277.7477

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WISCONSIN'S COMMUNITY HEALTH CENTERS 2019



*Gerald L. Ignace Indian Health Center
Milwaukee, WI*





*Gerald L. Ignace Indian Health Center
Milwaukee, WI*

COMMUNITY HEALTH CENTER PROGRAM BACKGROUND

For over 50 years, the Health Resources and Services Administration (HRSA)-supported Community Health Centers have provided comprehensive primary and preventive health care services, including medical, dental, behavioral health, and substance use care, plus connections to social services. Community Health Centers are:

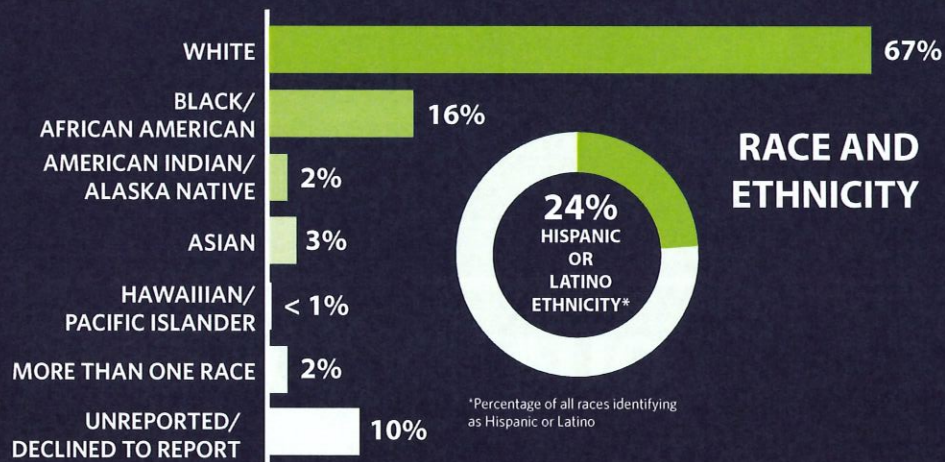
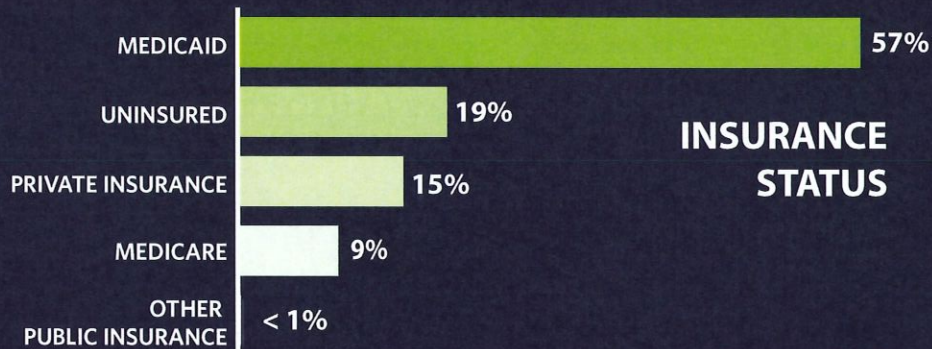
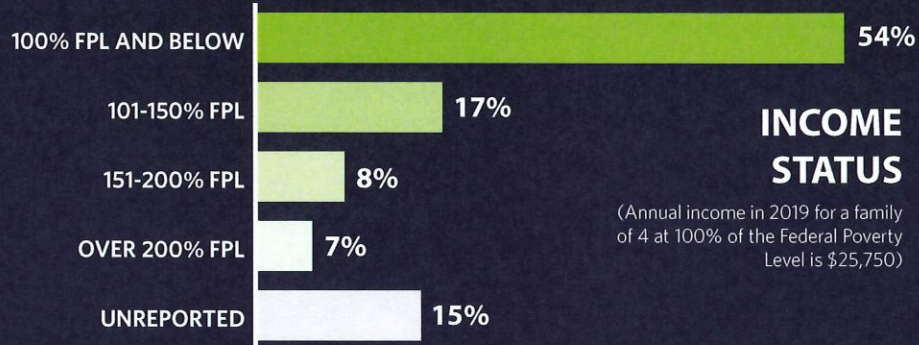
- Private or public not-for-profit organizations
- Located in or serving high need communities
- Governed by a patient-majority Board of Directors
- Providers of supportive services that promote access to health care
- Providers of services to everyone regardless of insurance status, with fees adjusted based on a patient's ability to pay
- Responsible for meeting performance and accountability requirements and publicly reporting clinical and financial data

WISCONSIN'S COMMUNITY HEALTH CENTERS



- 1 ACCESS COMMUNITY HEALTH CENTERS**
Madison | Sun Prairie | Dodgeville
www.accesscommunityhealthcenters.org
- 2 BRIDGE COMMUNITY HEALTH CLINIC**
Wausau | Antigo | Merrill
www.bridgeclinic.org
- 3 COMMUNITY HEALTH SYSTEMS, INC**
Beloit
www.chsofwi.org
- 4 FAMILY HEALTH CENTER OF MARSHFIELD, INC**
Black River Falls | Chippewa Falls | Ladysmith |
Marshfield | Medford | Menomonie | Neilsville |
Park Falls | Rhinelander | Rice Lake | Minocqua
www.familyhealthcenter.org
- 5 FAMILY HEALTH/LA CLINICA**
Wautoma | Mauston | Beaver Dam | Friendship |
Stevens Point
www.famhealth.com
- 6 GERALD L. IGNACE INDIAN HEALTH CENTER, INC**
Milwaukee
www.gliihc.net
- 7 KENOSHA COMMUNITY HEALTH CENTER, INC**
Kenosha | Silver Lake
www.kenoshachc.org
- 8 LAKE SUPERIOR COMMUNITY HEALTH CENTER**
Superior | Duluth, MN
www.lschc.org
- 9 LAKESHORE COMMUNITY HEALTH CARE**
Sheboygan | Manitowoc
www.lakeshorecommunityhc.org
- 10 MILWAUKEE HEALTH SERVICES, INC**
Milwaukee
www.mhsi.org
- 11 N.E.W. COMMUNITY CLINIC**
Green Bay
www.newcommunityclinic.org
- 12 NORTHLAKES COMMUNITY CLINIC**
Ashland | Hayward | Iron River | Minong
Turtle Lake | Balsam Lake | Washburn |
Birchwood | Park Falls | Lakewood |
Oconto | White Lake | Hurley
www.northlakesclinic.org
- 13 OUTREACH COMMUNITY HEALTH CENTERS**
Milwaukee
www.orchc-milw.org
- 14 PARTNERSHIP COMMUNITY HEALTH CENTER**
Appleton | Oshkosh | Waupaca
www.partnershippchc.org
- 15 PROGRESSIVE COMMUNITY HEALTH CENTERS**
Milwaukee
www.progressivechc.org
- 16 SCENIC BLUFFS COMMUNITY HEALTH CENTERS**
Cashton | Norwalk | Viroqua | Sparta |
La Crosse
www.scenicbluffs.org
- 17 SIXTEENTH STREET COMMUNITY HEALTH CENTER**
Milwaukee | Waukesha
www.ssche.org

PATIENT DEMOGRAPHICS



SPECIAL POPULATIONS



6,929
INDIVIDUALS
EXPERIENCING
HOMELESSNESS



4,325
SCHOOL-BASED
PATIENTS



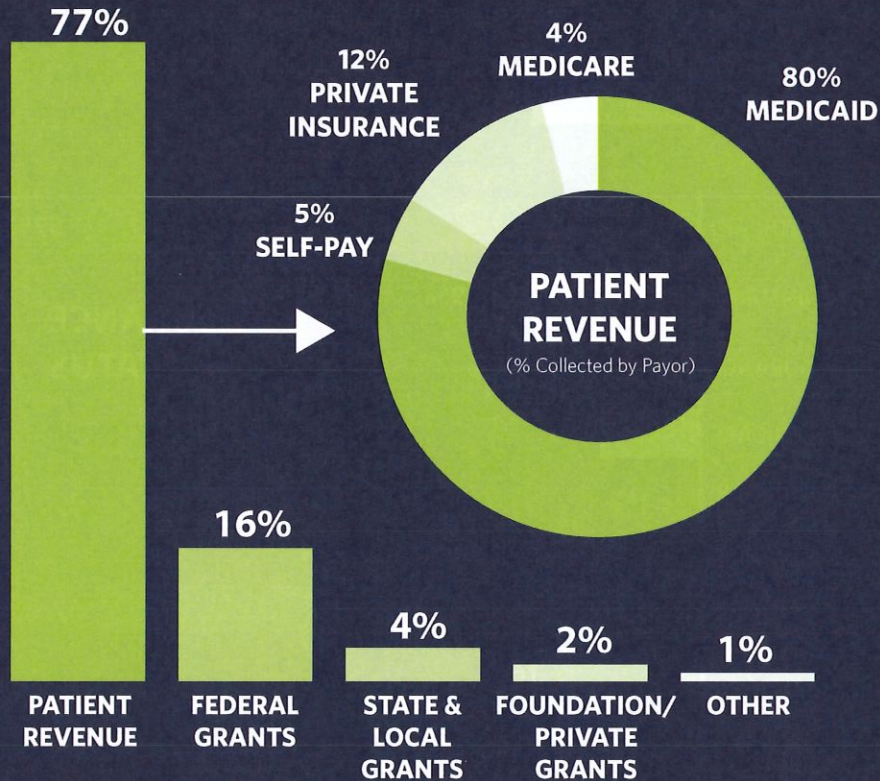
3,656
VETERANS



1,282
SEASONAL
AGRICULTURAL
WORKERS

REVENUE

Community Health Centers receive grant funding from HRSA, a division of the US Department of Health and Human Services, to support operations and provide sliding fee discounts to low-income, uninsured, and under-insured patients. In addition to grant revenue, Community Health Centers receive revenue from patients including self-pay, Medicaid, Medicare, and private insurance.



QUALITY OF CARE

13

Wisconsin Health Centers, in 2020, were recognized as Patient-Centered Medical Homes (9 through NCQA, 2 through the Joint Commission, 2 through AAAHC, and 1 through the state of Minnesota)

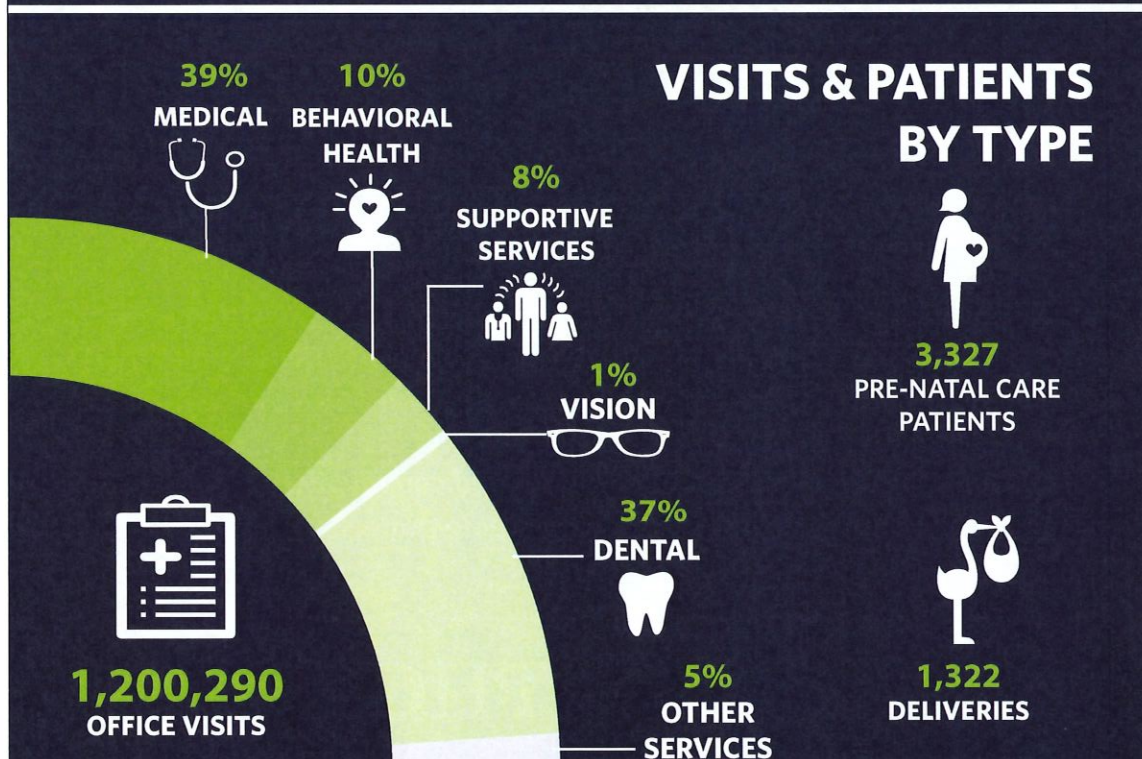
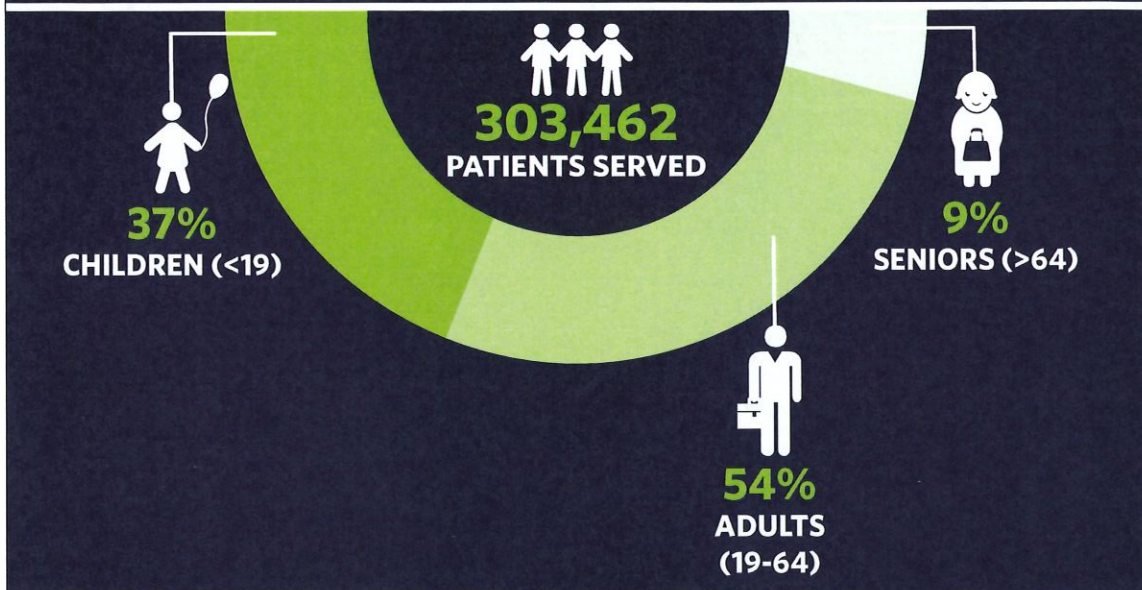
100%

of Wisconsin Community Health Centers use an Office of the National Coordinator for Health Information Technology-Certified Electronic Health Record (EHR)

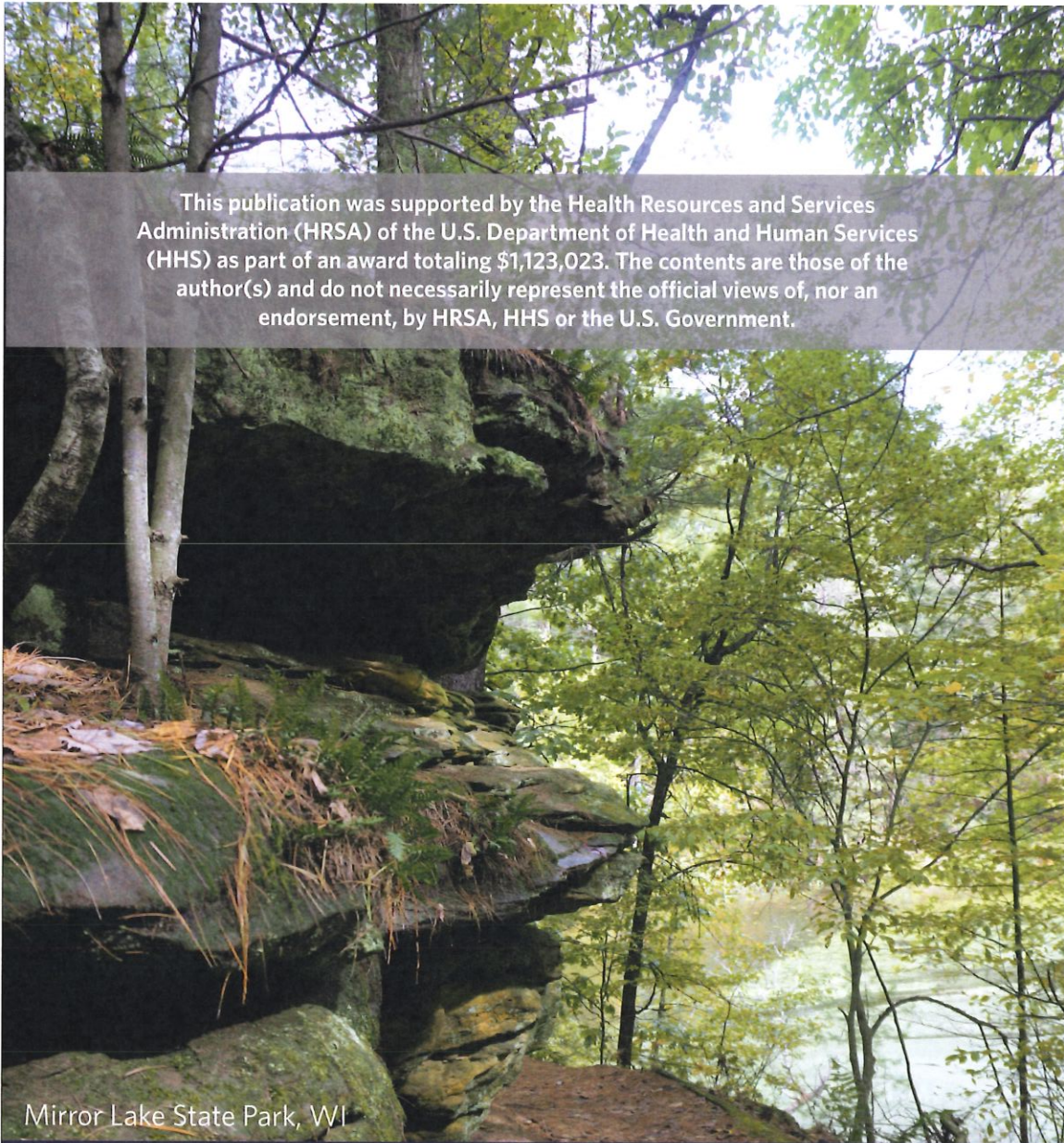
100%

of Wisconsin Community Health Centers met or exceeded at least 2 established quality improvement goals

COMMUNITY HEALTH CENTERS BY THE NUMBERS



Data Source: 2019 Health Center Program Uniform Data System (UDS). Includes 1/2 of LSCHC reported data.



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Mirror Lake State Park, WI

The Wisconsin Primary Health Care Association

The mission of the Wisconsin Primary Health Care Association is to improve health through the work of Community Health Centers and their partners.

We envision a future where all individuals and communities in Wisconsin achieve their highest potential.



5202 Eastpark Blvd, Suite 109, Madison, WI 53718

www.wphca.org | 608.277.7477



March 16, 2021

TO: Chair Felzkowski

Members of the Senate Committee on Insurance, Licensing, and Forestry

RE: 2021 Senate Bill 181: Licensure of Dental Therapists

On behalf of Community Health Systems, I am writing to provide additional information for the consideration of this Committee regarding Senate Bill 181. We support licensure of dental therapy as one tool to improve access to oral health and improve oral health outcomes for patients.

I practice at the CHS clinic, Beloit Area Community Health Center, located in Beloit. We serve the city of Beloit and surrounding communities, with many of our patients travelling from more than an hour away from rural areas. We provide services to patients from age one to the elderly and treat many special needs patients. We have a very successful Seal A Smile program where our team goes into area schools providing preventive services to children. Our team travels outside of the Beloit area as well, serving schools in Darlington, Pecatonica, Shullsburg and Benton.

Community Health Systems appreciates the Wisconsin legislature's attention to addressing oral health access issues. As leaders in the oral health care safety net, Community Health Centers know that oral health is whole-body health. The health of our mouths is vital to our ability to consume food, drink water and communicate. Beyond healthy teeth, oral health includes being free of chronic oral and facial pain, treatment of certain oral cancers, as well as other disorders and diseases.

A 2015 Wisconsin Department of Health Services (DHS) survey found 15% of Wisconsin adults had untreated tooth decay, 17% had gum disease, and 16% needed treatment for oral decay, abscesses, or lesions.¹ The same study found one in five Wisconsin adults also reported having an unaddressed need for dental care. Community Health Systems sees an urgent need to address barriers to oral health care and improve outcomes. For example:

- Patients needing to wait up to 10 weeks to start treatment after having an exam.
- Difficulty recruiting dental health care providers to a small city.
- Limited available appointments for adult new patients.

¹ Yang, A. and Olsen, M. (2015) The Oral Health of Wisconsin Adults. Wisconsin Department of Health Services. Retrieved from <https://www.dhs.wisconsin.gov/publications/p01074.pdf>

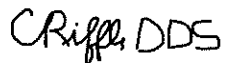
- SB 181 would allow Community Health Centers to continue advancing access to oral health by incorporating dental therapists into the dental team model. We believe that licensure of dental therapists in Wisconsin would allow Community Health Center dentists to focus on the most complex procedures, while dental therapists would assist in routine treatment, check-ups, and other services within their scope, *without sacrificing quality of care*. Adding dental therapists could shorten wait time for patients, provide cost-effective preventive and routine restorative care, and improve community health.

If SB 181 becomes law, we would consider adding at least one dental therapist to our team to work with our dentists providing treatment. With your support of SB 181, we anticipate that these changes could lead to the following outcomes:

- Increase access to treatment of dental disease for children and adults.
- Decrease amount of time it takes to complete a patient's treatment.

Community Health Systems greatly appreciates the bipartisan support for licensure of dental therapy. Thank you for the opportunity to share information regarding the potential benefits for Community Health Centers and our patients.

Sincerely,



Cynthia M. Riffle DDS
Quality Assurance Dentist
Community Health Systems

Partnership Community Health Center

March 17, 2021

TO: Chair Felzkowski

Members of the Senate Committee on Insurance, Licensing, and Forestry

RE: 2021 Senate Bill 181: Licensure of Dental Therapists

On behalf of Partnership Community Health Center I am writing to provide additional information for the consideration of this Committee regarding Senate Bill 181. We support licensure of dental therapy as one tool to improve access to oral health and improve oral health outcomes for patients.

Partnership Community Health Center provides dental services in 3 locations, Appleton, Oshkosh and Waupaca. In 2020 Partnership Community Health Center served 9,531 patients with 28,150 clinic visits. We participate in several Head Start programs providing dental screenings to children. Additionally our Appleton Clinic provides dental care to through a program with the Appleton Area School District.

Partnership Community Health Center appreciates the Wisconsin legislature's attention to addressing oral health access issues. As leaders in the oral health care safety net, Community Health Centers know that oral health is whole-body health. The health of our mouths is vital to our ability to consume food, drink water and communicate. Beyond healthy teeth, oral health includes being free of chronic oral and facial pain, treatment of certain oral cancers, as well as other disorders and diseases.

A 2015 Wisconsin Department of Health Services (DHS) survey found 15% of Wisconsin adults had untreated tooth decay, 17% had gum disease, and 16% needed treatment for oral decay, abscesses, or lesions.¹ The same study found one in five Wisconsin adults also reported having an unaddressed need for dental care. Partnership Community Health Center sees an urgent need to address barriers to oral health care and improve outcomes. For example:

- A current wait list of New Patients seeking care that far exceeds our capability to schedule due to treatment plans of current patients not completed. If the Dental Therapist bill were to pass, the Dental Therapist could treat many of the cases of the open treatment plans and permit the Dentist to focus on the complex cases, therefore completing treatment plans and ultimately leading the capability of seeing new patients.

SB 181 would allow Community Health Centers to continue advancing access to oral health by incorporating dental therapists into the dental team model. We believe that licensure of dental therapists in Wisconsin would allow Community Health Center dentists to focus on the most

¹ Yang, A. and Olsen, M. (2015) The Oral Health of Wisconsin Adults. Wisconsin Department of Health Services. Retrieved from <https://www.dhs.wisconsin.gov/publications/p01074.pdf>

complex procedures, while dental therapists would assist in routine treatment, check-ups, and other services within their scope, *without sacrificing quality of care*. Adding dental therapists could shorten wait time for patients, provide cost-effective preventive and routine restorative care, and improve community health.

If SB 181 becomes law, Partnership Community Health Center has Dental Hygienists in each of our 3 locations that are interested in becoming Dental Therapists. With your support of SB 181, we anticipate that these changes could lead to the following outcomes:

- Reduction of New Patient wait lists therefore serving more people
- Completion of Treatment Plans in a reduced time resulting in a healthy mouth.
- Increased integration of our medical patients to dental services
- Reduction of wait times for a restorative procedure

Partnership Community Health Center greatly appreciates the bipartisan support for licensure of dental therapy. Thank you for the opportunity to share information regarding the potential benefits for Community Health Centers and our patients.

Sincerely,

Tracey M Losse

Tracey M. Losse RDH, BS

Oral Health Director

Partnership Community Health Center

NorthLakes COMMUNITY CLINIC

March 17, 2021

TO: Chair Felzkowski

Members of the Senate Committee on Insurance, Licensing, and Forestry

RE: 2021 Senate Bill 181: Licensure of Dental Therapists

On behalf of NorthLakes Community Clinic, I am writing to provide additional information for the consideration of this Committee regarding Senate Bill 181. We support licensure of dental therapy as one tool to improve access to oral health and improve oral health outcomes for patients.

NorthLakes Community Clinic has dental sites across northern Wisconsin. In 2020 we served 10,852 patients in our dental clinics. In the 2019-20 school year we had 15,444 students enrolled from 57 school districts in northern Wisconsin. We serve 13 county WIC departments, 28 daycare centers, and 5 skilled nursing facilities.

NorthLakes appreciates the Wisconsin legislature's attention to addressing oral health access issues. As leaders in the oral health care safety net, Community Health Centers know that oral health is whole-body health. The health of our mouths is vital to our ability to consume food, drink water and communicate. Beyond healthy teeth, oral health includes being free of chronic oral and facial pain, treatment of certain oral cancers, as well as other disorders and diseases.

A 2015 Wisconsin Department of Health Services (DHS) survey found 15% of Wisconsin adults had untreated tooth decay, 17% had gum disease, and 16% needed treatment for oral decay, abscesses, or lesions.¹ The same study found one in five Wisconsin adults also reported having an unaddressed need for dental care. NorthLakes sees an urgent need to address barriers to oral health care and improve outcomes. For example:

- A huge barrier our patients struggle with is location, we have many patients that drive 1.5 hours to be seen by a dentist. A dentist may see a cavity on the x ray and ask the patient to schedule to take care of that, but if it doesn't bother them at the time they will ignore it for years, and now it's too late to fix it. All because they don't want to take the drive for something that is not bothering them
- At present we are receiving 10-15 emergency calls each day, we try to work them into the schedule but with dentist schedules booking 6 months out this makes it very difficult to add any new patients into our schedules

¹ Yang, A. and Olsen, M. (2015) The Oral Health of Wisconsin Adults. Wisconsin Department of Health Services. Retrieved from <https://www.dhs.wisconsin.gov/publications/p01074.pdf>

SB 181 would allow Community Health Centers to continue advancing access to oral health by incorporating dental therapists into the dental team model. We believe that licensure of dental therapists in Wisconsin would allow Community Health Center dentists to focus on the most complex procedures, while dental therapists would assist in routine treatment, check-ups, and other services within their scope, *without sacrificing quality of care*. Adding dental therapists could shorten wait time for patients, provide cost-effective preventive and routine restorative care, and improve community health.

If SB 181 becomes law, we would consider adding dental therapists to our clinics we would also be able to expand school outreach, which could also benefit the parents by not having to take off of work for dental appointments. With your support of SB 181, we anticipate that these changes could lead to the following outcomes:

- Expand our dental outreach programs in schools
- Reduce our already busy schedules for the dentists

NorthLakes Community Clinic greatly appreciates the bipartisan support for licensure of dental therapy. Thank you for the opportunity to share information regarding the potential benefits for Community Health Centers and our patients.

Sincerely,

Steffanie Bishop, NorthLakes Community Clinic



March 17, 2021

TO: Chair Felzkowski

Members of the Senate Committee on Insurance, Licensing, and Forestry

RE: 2021 Senate Bill 181: Licensure of Dental Therapists

On behalf of Access Community Health Centers, I am writing to provide additional information for the consideration of this Committee regarding Senate Bill 181. We support licensure of dental therapy as one tool to improve access to oral health and improve oral health outcomes for patients.

During 2020, Access provided dental services to over 14,000 patients from our four dental clinics. We offer a school-based dental program called Celebrate Smiles and have participated in Seal-a-Smile for several years. During the next year, as school operations resume in the Madison area, we anticipate serving over 3,000 additional children than those in the 2020 figures noted above.

Access appreciates the Wisconsin legislature's attention to addressing oral health access issues. As leaders in the oral health care safety net, Community Health Centers know that oral health is whole-body health. The health of our mouths is vital to our ability to consume food, drink water and communicate. Beyond healthy teeth, oral health includes being free of chronic oral and facial pain, treatment of certain oral cancers, as well as other disorders and diseases.

A 2015 Wisconsin Department of Health Services (DHS) survey found 15% of Wisconsin adults had untreated tooth decay, 17% had gum disease, and 16% needed treatment for oral decay, abscesses, or lesions.¹ The same study found one in five Wisconsin adults also reported having an unaddressed need for dental care. Access sees an urgent need to address barriers to oral health care and improve outcomes. For example:

- Some patients travel more than one hour to our dental clinics, especially those who live in rural areas. This can be an incredibly challenging hardship for families when one considers needs for transportation, childcare and time off from work.
- People may be waiting several weeks or even months before being able to establish care with Access. Our dentist panels are full with established patients.

¹ Yang, A. and Olsen, M. (2015) The Oral Health of Wisconsin Adults. Wisconsin Department of Health Services. Retrieved from <https://www.dhs.wisconsin.gov/publications/p01074.pdf>

SB 181 would allow Community Health Centers to continue advancing access to oral health by incorporating dental therapists into the dental team model. We believe that licensure of dental therapists in Wisconsin would allow Community Health Center dentists to focus on the most complex procedures, while dental therapists would assist in routine treatment, check-ups, and other services within their scope, *without sacrificing quality of care*. Adding dental therapists could shorten wait time for patients, provide cost-effective preventive and routine restorative care, and improve community health.

If SB 181 becomes law, we would consider hiring at least 2 dental therapists. There is potential for this position in the clinic as well as the school setting. With your support of SB 181, we anticipate that these changes could lead to the following outcomes:

- By adding the additional capacity we estimate that Access would be able to care for at least 2,000 additional patients each year, an increase of over 10% above current capacity.

Access greatly appreciates the bipartisan support for licensure of dental therapy. Thank you for the opportunity to share information regarding the potential benefits for Community Health Centers and our patients.

Sincerely,

A handwritten signature in black ink, appearing to read 'E. Pfeifer', with a stylized flourish at the end.

Errin J. Pfeifer, DMD
Chief Dental Officer



March 17, 2021

TO: Chair Felzkowski

Members of the Senate Committee on Insurance, Licensing, and Forestry

RE: 2021 Senate Bill 181: Licensure of Dental Therapists

On behalf of Family Health Center of Marshfield, I am writing to provide additional information for the consideration of this Committee regarding Senate Bill 181. We support licensure of dental therapy as one tool to improve access to oral health and improve oral health outcomes for patients.

Family Health Center is a Federally Qualified Health Center working in close partnership with the Marshfield Clinic Health System. There are 10 dental centers located throughout northwest and central Wisconsin. In 2019, 56,538 individuals received care in our dental clinics. In 2020, with the impact of COVID-19, 39,741 individuals were served. Currently, 73% of the patients served are Medicaid recipients. We currently also provide Oral Surgery, Specialty care and Pediatric dental care. Our core values are Trust, Teamwork, Patient Centered, Excellence and Affordability and we apply those values to addressing the needs of the populations in our service area.

Family Health Center appreciates the Wisconsin legislature's attention to addressing oral health access issues. As leaders in the oral health care safety net, Community Health Centers know that oral health is whole-body health. The health of our mouths is vital to our ability to consume food, drink water and communicate. Beyond healthy teeth, oral health includes being free of chronic oral and facial pain, treatment of certain oral cancers, as well as other disorders and diseases.

A 2015 Wisconsin Department of Health Services (DHS) survey found 15% of Wisconsin adults had untreated tooth decay, 17% had gum disease, and 16% needed treatment for oral decay, abscesses, or lesions.¹ The same study found one in five Wisconsin adults also reported having an unaddressed need for dental care. *Family Health Center sees an urgent need to address barriers to oral health care and improve outcomes.* For example:

¹ Yang, A. and Olsen, M. (2015) The Oral Health of Wisconsin Adults. Wisconsin Department of Health Services. Retrieved from <https://www.dhs.wisconsin.gov/publications/p01074.pdf>

During Covid-19, we initially shut down for routine care and were able to continue with Emergency care. This resulted in cancelling over 35,000 appointments and implementing phone triage and follow-up for our patients in need.

- Continued, daily demand for emergency care
- Large need for special care dentistry
- High backlog of preventive and periodontal care to sustain oral and overall health, but limited hygiene workforce in select areas.

SB 181 would allow Community Health Centers to continue advancing access to oral health by incorporating dental therapists into the dental team model. We believe that licensure of dental therapists in Wisconsin would allow Community Health Center dentists to focus on the most complex procedures, while dental therapists would assist in routine treatment, check-ups, and other services within their scope, *without sacrificing quality of care*. Adding dental therapists could shorten wait time for patients, provide cost-effective preventive and routine restorative care, and improve community health.

If SB 181 becomes law, we would consider expanding our dental teams in our clinics that have demand for services but have limited number of providers. We also see the value of adding a provider that would support the pediatric oral health needs in those areas. With your support of SB 181, we anticipate that these changes could lead to the following outcomes:

- Improved access for all ages of our underserved population, and improved health outcomes, while providing comprehensive, quality care.
- Advanced outreach possibilities to alternative settings, i.e. Care centers, and Head Start Programs.
- Increased access for new, comprehensive care patients and successful treatment plan completions.
- Enhanced collaboration in oral health education and medical/dental integration in our health system.
- Sustained clinic operations with a midlevel provider, while supporting the commitment of hospital specialty care by our dentists with advanced training.

Family Health Center greatly appreciates the bipartisan support for licensure of dental therapy. Thank you for the opportunity to share information regarding the potential benefits for Community Health Centers and our patients.

Sincerely,

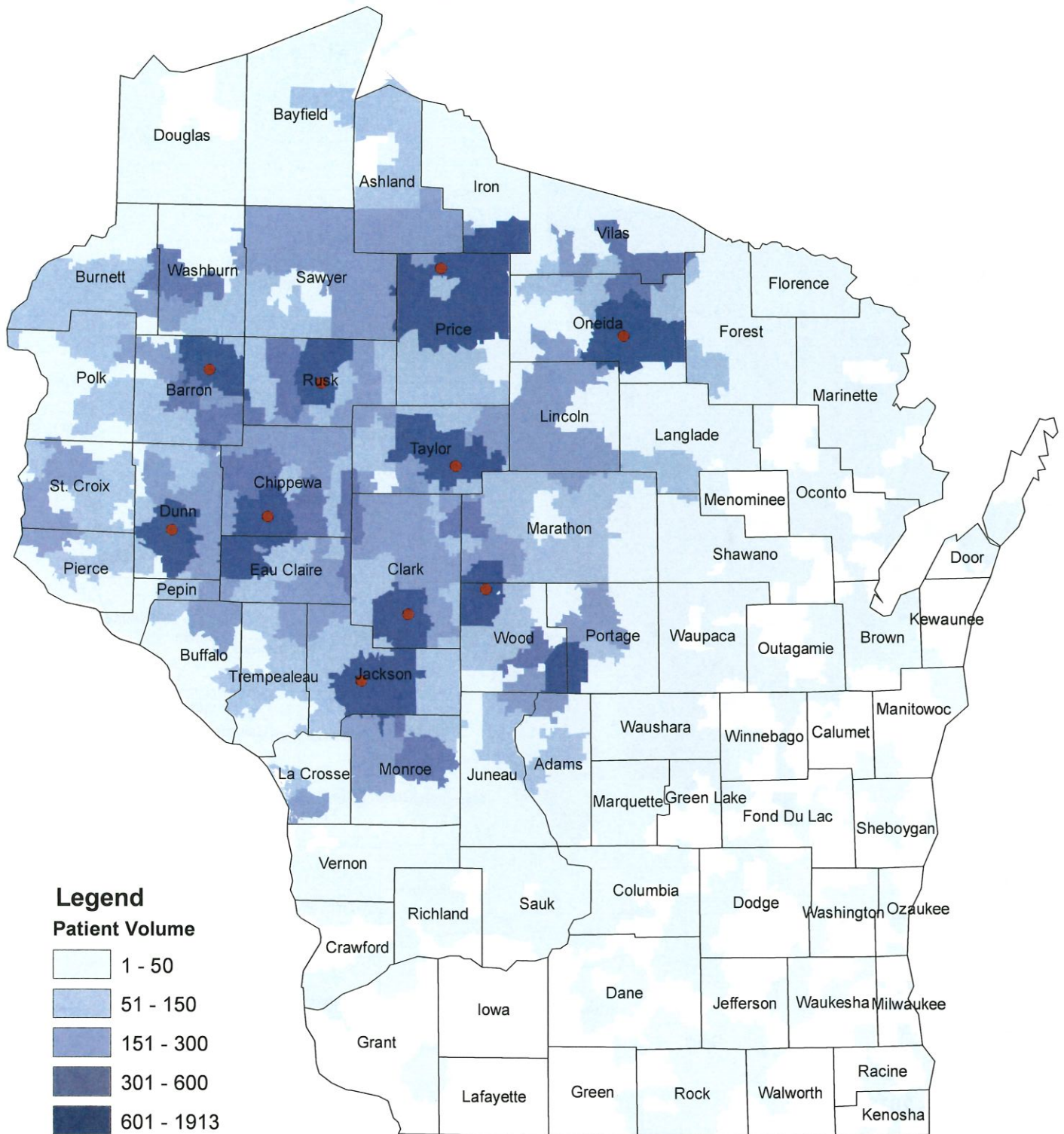
Tena Springer, RDH, MA

Dental Division Administrator

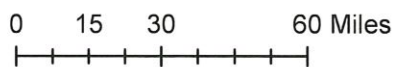
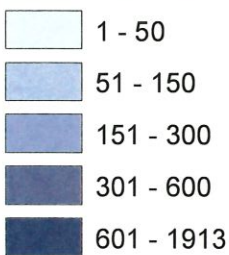
Family Health Center of Marshfield, Inc.

39,741 Dental Patients treated in 2020

Family Health Center Dental Operations

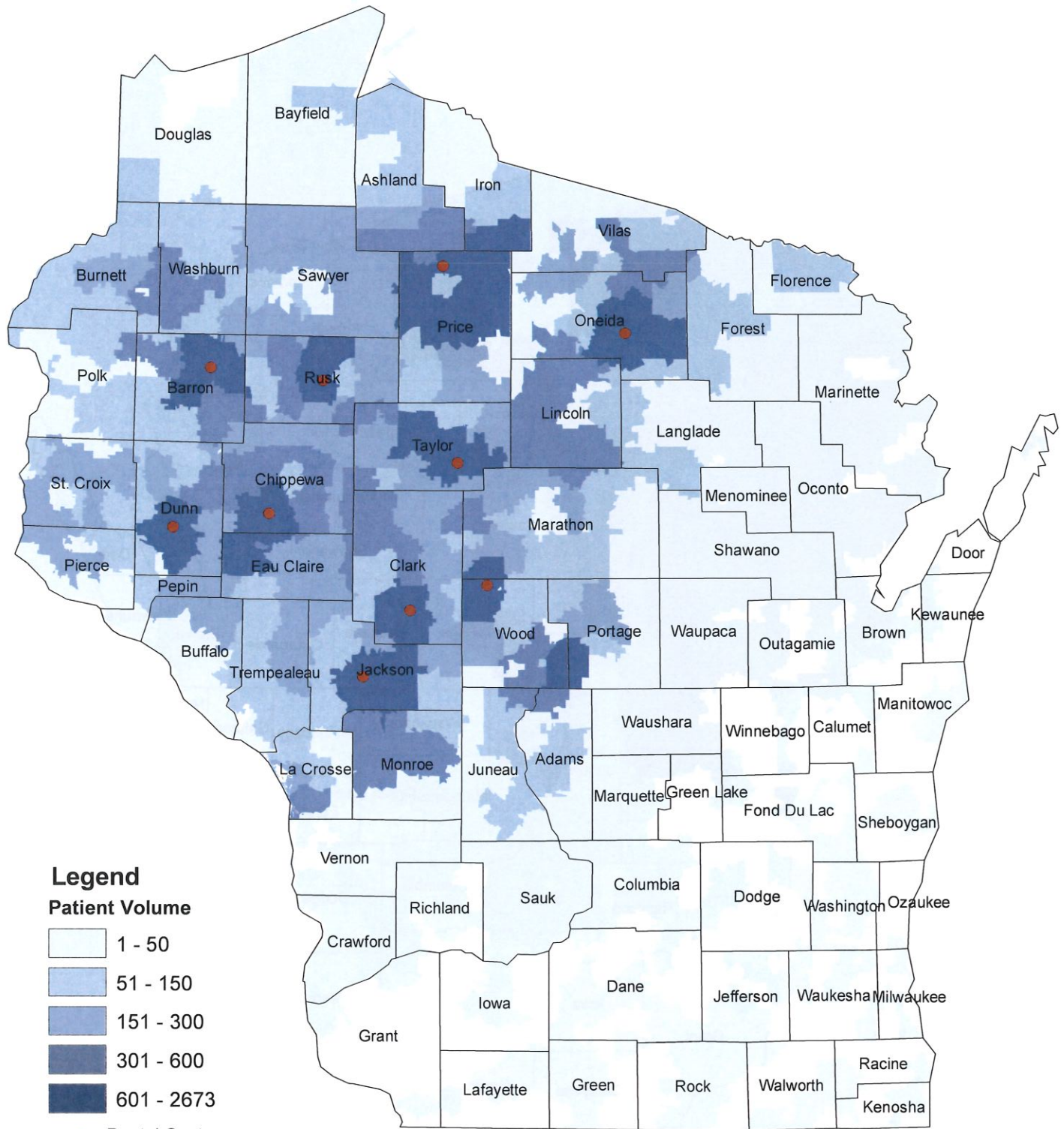


Legend
Patient Volume



56,538 Dental Patients treated in 2019

Family Health Center Dental Operations





Date: March 17, 2021

To: Chair, Senator Felzkowski
Members of the Senate Committee on Insurance, Licensing, and Forestry

Re: 2021 Senate Bill 181: Licensure of Dental Therapists

Sixteenth Street appreciates the opportunity to share with you our enthusiastic support for Senate Bill 181: Licensure of dental therapists. We support licensure of dental therapy as an important public health intervention to improve access to dental care and improve oral health outcomes for our patients.

Sixteenth Street is a Community Health Center serving over 43,000 patients with clinics in Milwaukee and Waukesha. In addition to our Medical and Behavioral Health Services, Sixteenth Street has implemented the Medical Dental Integration concept. After Act20 was signed in 2017, we were one of the first organizations to take advantage of the state law allowing dental hygienists to practice independently, under their full scope of practice. The dental hygiene work integrated in medical teams has improved access to preventive oral health services, but it does not increase access to restorative dental care.

Sixteenth Street appreciates the Legislature's continued attention to addressing current dental care access issues. Currently, Wisconsin has 1.2 million residents who live in dental shortage areas and over 1 million Wisconsinites who depend on Medicaid for dental benefits.

Nearly 23,000 emergency room visits for preventable nontraumatic dental conditions (NTDC) were reported by Wisconsin hospitals in 2019. Social determinants of health are associated with a high risk of using emergency rooms for NTDCs. Medicaid, uninsured patients, low-income individuals, and those living in dental shortage areas at greatest risk of more frequent NTDC-related emergency room visits. Authorizing dental therapists to join a dentist-led team would increase access to dental care, especially underserved populations.

SB 181 would allow Community Health Centers to continue advancing access to oral health care by incorporating dental therapists into the team-based care model. We believe that licensure of dental therapists in Wisconsin would allow Community Health Center dentists to practice at the top of their license, while dental therapists would assist in routine treatment, check-ups, and other services within their scope, without sacrificing quality of care. Adding dental therapists could shorten wait time for patients, provide cost-effective preventive and routine restorative care, and improve oral health in underserved communities.

There are several important aspects of this bill:

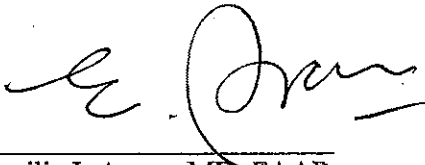
- 1) Dental therapists are intended to be a member of the dental team and not work independent of a dentist. Dental therapy is a new field of employment—in addition to, not as a replacement for, dentistry.
- 2) Dental therapists are well trained and educated. The Commission on Dental Accreditation (CODA) adopted standards for dental therapy education in 2016. CODA ensures dental therapy training programs educate their graduates to meet a level of competency in the services which they will be providing.
- 3) The U.S. dental system is failing to reach many who most need dental care. As such, the underserved turns to emergency rooms to address their urgent oral health needs. These

emergency room visits add to the financial burdens confronting states. Especially large bills result when severe decay-related problems require hospitals to use general anesthesia and OR time. Dental therapists, like physician assistants on a medical team, provide cost-effective preventive and routine restorative care to a mostly publicly insured population

- 4) Dental therapists in Wisconsin will be required to practice in a health professional shortage area or provide care to a population made up of at least 50% of defined vulnerable.

Sixteenth Street greatly appreciates the bipartisan support for licensure of dental therapy. Thank you for the opportunity to share information on the importance of dental therapy as a public health intervention and how it can benefit Community Health Centers and the communities we serve.

Sincerely,



Emilia I. Arana, MD, FAAP

Director of Pediatrics. Sixteenth Street Community Health Centers
WI Chapter Oral Health Advocate. American Academy of Pediatrics



March 17, 2021

Senate Committee on Insurance, Licensing and Forestry
Public Hearing, Senate Bill 181

Senator Felskowski and Members of the Committee:

Thank you for the opportunity to testify before you today in support of Senate Bill 181, which would provide for the licensure of dental therapists in Wisconsin. The Badger Institute has researched and written on this issue extensively over the last few years. I'd like to share a few highlights that illustrate why we support this policy.

Wisconsin has a dental access problem, particularly for vulnerable populations like those with low-income, the disabled, rural populations and children on Medicaid. Twenty percent of the state's residents – more than 1.2 million people – live in a dental health professional shortage area. Only 40% of children on Medicaid received preventative dental services in 2019, and only one-third of Wisconsin dentists accept Medicaid patients at all. Fifty-seven percent of kids on Medicaid in Wisconsin – more than 300,000 children and adolescents – did not receive any dental care in 2019.

Dental therapists, now authorized to practice in 12 states, are a free-market solution that would help solve this problem and increase access to dental care for Wisconsinites in need. We've seen their success in other states, including neighboring Minnesota, and we believe they'd succeed here, too.

Minnesota, which in 2009 became the first state to authorize dental therapy statewide, now has 10 years of data analyzing how dental therapists have been able to provide care for underserved communities. A recent study analyzing data from 250,000 patient visits to Minnesota dental clinics that utilize dental therapists concluded that those practices increased both patient caseloads and gross revenues. There are now 113 dental therapists practicing in the state.

Minnesota dentists now favor dental therapy, but that wasn't always the case. The director of the dental therapy program at the University of Minnesota, told us that when the legislation first passed, eighty percent of Minnesota dentists *opposed* the change. Today, 60 to 70 percent of dentists in Minnesota *support* dental therapy. Dentists, including the executive director of the Minnesota Board of Dentistry, say that the only complaint they hear about dental therapists in Minnesota is that "there are not enough of them."

This bill represents a common-sense, free-market and bipartisan solution to a serious and persistent problem in our state. It would increase access to and use of dental services, improve oral health outcomes for disadvantaged populations and create jobs without imposing the burden on taxpayers.

In fact, according to research conducted for us by Dr. Morris Kleiner, AFL-CIO Chair in Labor Policy at the Humphrey School of Public Affairs at the University of Minnesota and Ph.D. student Jason Hicks, creating the dental therapy profession in Wisconsin could reduce the shortage of dental care providers and the size of the underserved population in the state by up to 42 percent.

The Badger Institute supports the changes to this bill from last session and urges passage of SB 181.

March 17, 2021

Senator Felzkowski
Senate Committee on Insurance, Licensing & Forestry
State Capitol
Madison WI 53707

Re: Support of Senate Bill 181; Licensure of dental therapists

Dear Committee Members,

There is no single or short-term solution to Wisconsin's dental access problem. Addressing dental access requires a comprehensive mix of higher Medicaid reimbursement, increased participation by providers, a better distribution of providers to rural and underserved areas, a more robust and viable safety net delivery system, delivery of care in non-traditional settings, and effective patient education and case management. All of these require long-term planning, innovative approaches, and persistence to see them through.

A significant portion of Wisconsin's existing access for the underserved is through community safety net dental clinics. Over the past three years, Delta Dental of Wisconsin has provided more than \$5 million in grants to safety net dental clinics to improve access for low-income individuals and families. Despite this support, we are witnessing many of these community assets failing due to low reimbursement and the inability to recruit and adequately pay providers. Community clinics and Federally Qualified Health Centers are too valuable an asset to the citizens of Wisconsin to continue to put them at risk. Solutions are needed to address the workforce and reimbursement issues they face.

Dental therapy is an important piece of a broader set of reforms; it needs to start now in order to begin building a comprehensive, long-term approach. It will help address both provider staffing and costs by reducing operational overhead for many services these clinics provide. It could also facilitate the expansion of dentist-supervised services into additional settings, such as nursing homes, veteran facilities, schools, hospitals, mobile clinics, and satellite dental clinics.

Access to dental care is a serious issue for the state's underinsured or uninsured, but it is also becoming an issue for those with insurance. Delta Dental of Wisconsin recently provided a grant to the Wisconsin Department of Health Services to complete a survey of all dentists in Wisconsin. This survey collected data on practice locations, practice and provider demographics, and years until anticipated provider retirement. These results were combined with our commercial dentist network data to provide a complete picture of where dental shortages exist today, and where we may be looking at more

critical shortages in the future. Twelve counties were identified as having dental provider to population shortages, and of those, at least four will have substantial retirements occurring in the next five years. The results clearly illustrate that we currently have regions of critical gaps in access, or “dental deserts,” and that the number and size of these deserts will only grow going forward.

The Delta Dental of Wisconsin Foundation is currently offering student loan repayment assistance in these dental deserts as part of that solution. The Foundation also offers scholarships to dental students and dental hygiene students. We remain committed to working with education institutions to build and retain accredited programs to meet the dental workforce demand.

Dental workforce issues impact access for both the underserved and our insured members, and requires a comprehensive long-term solution, which includes dental therapy. The addition of therapists could leverage new and existing providers by reducing overhead and expanding the footprint of those practices.

It is the opinion of Delta Dental of Wisconsin that dental therapists can practice safely and effectively within the guidelines of a Collaborative Management Agreement and the scope of services and supervision outlined in Senate Bill 181. We have reviewed the data from practice models in other states and abroad, where therapists have operated safely and effectively without negatively affecting quality of care or the viability of existing practices. Dental therapy is a valuable component of a more comprehensive set of reforms needed to address Wisconsin’s dental access issues.

Delta Dental of Wisconsin strongly supports the proposed legislation to allow dental therapy and start the process of expanding access to oral health care for Wisconsin residents.

Sincerely,



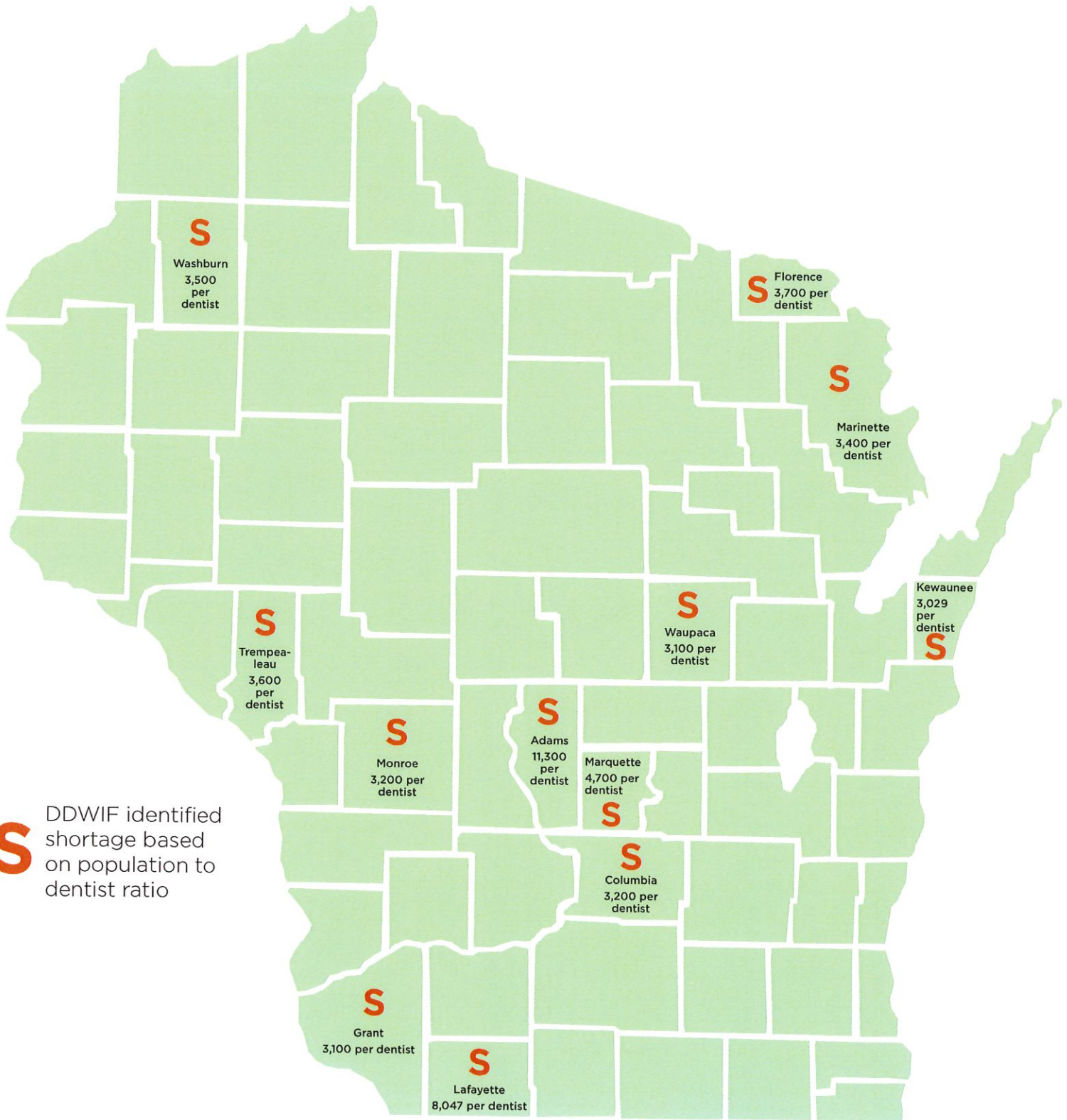
Douglas Ballweg
President & CEO



Gregory Theis, DDS, MBA
Director, Dental Services

Dental Professional Shortage Areas

As identified by the Delta Dental of Wisconsin Foundation



S DDWIF identified shortage based on population to dentist ratio