



DAVE MURPHY

State Representative • 56th Assembly District

Assembly Committee on Public Safety and Homeland Security
Assembly Bill 763
February 19, 2014

Chairman Jacque and members of the committee, thank you for hearing AB 763 on mobile dentistry.

This is a simple bill. Wisconsin is very unregulated when it comes to mobile dentistry, which is dentistry that is done outside a clinic or office building.

My bill gives the Wisconsin Dentistry Examining Board the authority to regulate the practice of mobile dentistry in Wisconsin, as neighboring states have done. It will allow the Board to make sure that providers who deliver care in schools and other mobile settings are held to similar standard of care as permanent dental clinics. Any rules and regulations promulgated by the Dentistry Examining Board would, of course, follow the usual approval process.

I hope you'll consider supporting this legislation. I am happy to answer any questions.

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Testimony in Support of 2013 AB 673

Relating to the Regulation of Mobile Dentistry

Testimony by Dr. Julio Rodriguez, WDA President

February 19, 2014 – 300 Northeast Hearing Room

Good morning Chairperson Jacque and members of the Committee. Thank you for the opportunity to testify before you today and to share our reasons for supporting the passage of Assembly Bill 673 which, if passed, will simply provide legislative authority to the Dentistry Examining Board to create administrative rules governing the provision of dental services provided by mobile units or by entities using portable equipment.

My name is Dr. Julio Rodriguez and I'm the current president of the Wisconsin Dental Association which represents over 80% of the more than 3,000 licensed dentists in the state. I'm a general dentist who currently owns and practices in Brodhead, Wisconsin. I'm original from Peru and my journey to Wisconsin to fulfill my dream of being a dentist is a very long one but I can tell you that my wife Marissa and I couldn't think of a better and more fulfilling place to live and raise our three children than right here in southwestern Wisconsin.

This issue of mobile dentistry first came to our attention a couple of years ago when the WDA started receiving calls from various school nurses in different parts of the state who were seeking input on whether a mobile dental entity that wanted to come into their schools to provide services to their kids was a reputable entity or not. The WDA could not answer this question but we did bring this issue up during our regular bi-monthly meetings with the public oral health team at the Wisconsin Department of Health Services. When we discussed this, we discovered that they had also received similar calls.

After some discussion and research on what was going on in other states, a coalition of entities who had received similar inquiries agreed to review what had been used in other states and as a result of those reviews, in December of 2012, the Wisconsin Department of Health Services and the Wisconsin Oral Health Coalition compiled and distributed an electronic six-page informational brochure providing an overview of the

issue and some very important sample questions that any school should ask of any dental clinic or other entity that is offering to come in and provide dental care to the school's students.

During our review of what has occurred in other states, we also agreed as a coalition that it may be wise for the state of Wisconsin to enact some type of regulations to make sure that there is a standard of care that is being followed. Based on the level of detail that is contained within the regulations that have passed other states, the coalition of entities that have worked on this effort all agree that it would probably be best to have the details handled by the DEB rather than the legislature. While we cannot be certain of what the final regulations will look like, we can share with you what has been the focus of regulations in other states.

These regulations usually require some type of registration with the state along with a state-based phone number and mailing address. Furthermore, there is usually some requirement that the patients and/or guardians of the patients have access to patient records at all times and that there be some type of coordination or relationship with local dentists for continuity of dental care if the mobile entity is not providing the full scope of dental services.

The dentists of the WDA believe it is in the best interest of both the public and of those of us in the dental profession to first make sure that all dentists are following a similar standard of care. We are hopeful that any rule-making that will follow will only help to clarify the practice of dentistry and enhance the communications and relations between all dental providers and their patients.

Thank you for your time and attention to this issue, we hope you support the passage of AB 673 out of this committee and that you will support its continued movement through the legislature in the remaining days of this legislative session. We appreciate, Chairman Jacque, your willingness to hold a prompt hearing on this bill. Finally, I welcome the opportunity to do my best to answer any questions you may have.

Selecting a School-Based Oral Health Care Program

Questions and Answers for School Staff



Purpose

Oral health care delivery within a school setting is a rapidly growing avenue for ensuring that all students have access to care. As oral health awareness grows, school administrators and school nurses are finding multiple options when seeking an oral health program to provide services to their student body. Programs may differ in the types of oral health providers that provide care, the specific services being delivered and even the space requirements needed. This document was designed to help guide schools in choosing the type of oral health program that will best meet the needs of their students.



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This list of questions will provide guidance for school administrators who are considering oral health services or who are approached by a company marketing such services. Programs can vary widely and specifics often can only be gained through direct contact with the program. The Wisconsin Oral Health Program in the Division of Public Health can help school personnel review responses.

Why should your school allow a community-based dental program to service your students?

“Make Your Smile Count,” the statewide survey of Wisconsin’s third grade children, was conducted during the 2007-08 school year and found that 20 percent of third grade students have untreated tooth decay. When left untreated, tooth decay can lead to needless pain and suffering; difficulty in speaking, chewing, and swallowing; lost school days; the risk of other systemic health problems; and loss of self-esteem. When services are provided directly at school, the students spend less time out of the classroom. In addition, many children do not seek or have access to regular dental care. School is the ideal place to reach these children.

What is a community-based dental program?

A community-based program is one that concentrates on bringing prevention and dental care to a local community. With a community-based approach, students have a better chance of finding a dental home to receive ongoing comprehensive dental care. Community-based programs establish working relationships with local dental clinics and use a team approach when caring for children within that community. This community approach is important for families who are uninsured or underinsured. Ideally, all children should establish a dental home to receive comprehensive dental care. The dental home should be established within the community and available to care for children year-round for dental visits, comprehensive care, and in the case of emergencies. Children in your school who already have an established dental home should be encouraged to continue that relationship.

What are the different types of school-based programs and what treatments do they offer?

School-based dental programs offer services at the school. Programs may provide services in school clinics with stationary equipment, in a room in the school building using portable equipment, or in mobile vans parked at the school. Four common school-based dental service models include:

1. Dental screening programs: Students in any grade level may be seen. No treatment is provided at the school; thus, students with dental needs will be referred to a local dental clinic.
2. Dental sealant programs: Dental screenings are done and sealants are placed on students in selected grades (typically 2nd and 6th grade) to reach children at a time when the first or second molars typically erupt.
3. Dental preventive services program: The provided services include screening, prophylaxis (cleaning), fluoride treatment, and sealants. This type of program will generally serve students in all grades.
4. Basic preventive and restorative dental services program: This type of program would include the full range of preventive services along with restorative services, such as basic fillings and simple extractions. Students in all grades are offered services.

Why do some programs only serve specific grades and not all grades?

Specific grades will be targeted in programs that are school-based dental sealant programs. The teeth that are sealed typically have erupted into the mouth when students are in second and sixth grade. The program should tell you in advance what grades they plan to serve. Serving all grades is not necessarily the best option for your school.

Is a program that serves all grades better?

Many school administrators are often excited about the opportunity to bring dental services to all students in the school; however, treatment options should be based on the latest research. Serving all grades may not be necessary. The application of dental sealants is an evidence-based approach to preventing dental decay. A 60 percent decrease in tooth decay has been shown when sealants are provided through a school-based program. Research suggests that routine dental cleanings do not reduce dental disease rates in children. Providing a routine dental cleaning to every student may not be necessary. A dental cleaning is not necessary prior to the placement of dental sealants.

How and where are services to be provided at your school? Will services be provided in a van in the parking lot? Inside the building with portable equipment? Or will students be transported off-site? What are the space, water, and electrical needs?

Some programs will set up inside your building and need a private location, such as an empty classroom, stage, lunchroom, or other available area. They may need access to electrical outlets. Others provide services in a bus and keep all equipment within the mobile unit. The bus may need to connect to the school's electrical outlets. You may want to ask how long the students will be out of the classroom. Lastly, some will require transportation for students to an offsite location. Discuss who will be responsible for the transportation costs and the liability associated with this transportation.

Can the program asking to treat your children provide local letters of reference?

Some of the programs approaching your school can be located outside of your community, operated by large organizations, or even be based out of the state. Programs may also be based locally within your county. Regardless, a letter of reference from a local health department, dental office, or community clinic will show that the program has established a good working relationship with the local dental community.

How is eligibility for the program's services determined? Will the program provide their full scope of treatment to all children who return a consent form?

The majority of dental disease will be found within the lowest socioeconomic group. Thus, unless all students are provided the exact same options regardless of insurance status, the students most in need of the services may not be able to access them. Furthermore, providing sealants only to children on the free and reduced meal program or to those on Medicaid can be viewed as stigmatizing and therefore unacceptable in many schools. Be sure to ask whether the dental program is willing to see every child regardless of insurance status or ability to pay. You may inquire if the program offers parents and caregivers assistance in enrolling for dental coverage through a state-funded program, such as Medicaid or BadgerCare Plus. You might want a written contract, such as a memorandum of understanding (MOU), that expresses this commitment.



Will there be a charge to any of the students? Are uninsured students offered the same services as the insured students?

Some programs only offer limited services to the uninsured students while other programs charge a fee for uninsured students. Ask what that fee is. Charging a fee can be a way of discouraging uninsured families from participating, and leave these high risk children without access. Many programs will provide services to uninsured children at no charge.



What type of informed consent does the program use?

The program should develop a protocol that clearly establishes how and when parental permission will be obtained. It is determined by each school whether active or passive consent will be used.

What are your school's responsibilities, and how much time is involved?

Your school may want to consider a written MOU that states the individual responsibilities of the school, program coordinator, and provider. The MOU also should address the cost and time commitment for all to operate a successful school-based oral health program. Ask if the program has identified a coordinator or liaison to work with the school and those items for which they will specifically be responsible.

How is follow-up and case management handled? Will this be provided by the program or will the school be responsible for this? Who will address parent questions or concerns after treatment has been provided?

All programs will encounter children who need restorative care. Case managers help children and families find a dental home, locate local dental clinics that will provide services to students on BadgerCare Plus or uninsured students, ensure that appointments are made and kept, and will make sure treatment plans are completed. All programs need to reach out to local partners and have working relationships with local dental offices so students can quickly receive needed care. Case management is important to ensure the child receives necessary restorative care. The program should have a plan for following up on students with dental decay. Ask what the plan is. Does the program follow up or is the school expected to follow up? It is important to have a clear understanding regarding who ultimately has the responsibility of following up with students and/or parents on needed dental care. In addition, once the program has finished providing services at your school, make sure there is an established protocol for how parents' questions or concerns will be addressed.

What referral mechanisms have been established with local dental care providers or clinics?

The incoming dental program should be able to provide information on its referral mechanisms with local dental providers. This might include a memorandum of understanding with a local dental provider or clinic. You may wish to contact the providers on the program's referral list to see if those clinics listed are in fact a willing referral partner. Know how far families will be expected to travel to get any necessary follow-up care.

How often and for how long will the program be at your site— for instance, once a year, once a week, or some other arrangement?

The program should come to your school at least once every year. The program's length at your school can vary based upon the number of students needing to be seen. To ensure that all children who sign up for the program receive treatment, you may want to review the provided paperwork looking for words such as "if time allows" or "as time permits." These words often indicate that the program is scheduled to be at your school for a set number of days even if not all the children who are signed up for care can be seen.

References

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2. ASTDD. Mobile and Portable Dental Services in Preschool and School Settings: Complex Issues. http://www.astdd.org/www/docs/Mobile-Portable_ASTDD_Issue_Brief_final_2.29.2011.pdf
3. Michigan Department of Community Health. Selecting a School-Based Oral Health Care Program. http://www.mipha.org/pdf/oral_health/Q%20and%20A%20brochure%20for%20School20Staff%20for%20email.pdf



Lisa Davidson, Director of Government Relations and Advocacy
Testimony in favor of AB 763 – Regulation of Mobile Dentistry

February 19, 2014

Dear Chairman Jacque and Committee Members,

Thank you for the opportunity to speak with you today in favor of AB 763. WPHCA is the member association for the Community Health Centers serving Wisconsin. In 2012 we provided comprehensive medical, dental and behavioral health services to over 300,000 patients in our state.

Let me first share with you some positive aspects of mobile dentistry and how it can reach communities in need, especially children. One example is Access Community Health Centers in Madison and their work with the Celebrate Smiles program. Celebrate Smiles is a school-based dental program in Dane and Iowa County that screens children to see if they have cavities and to find out if they would benefit from dental sealants and fluoride varnish. Licensed dental staff from Access provide dental sealants and fluoride varnish and treat children who have cavities. Treatment is aimed at children without dental insurance, or those covered by Medicaid/BadgerCare.

Mobile dentistry is also being explored to expand access to oral health care to the elderly living in nursing homes, children participating in Head Start, those living in remote rural areas, and individuals with developmental disabilities at their places of employment.

However, not all mobile dental clinics operate in this fashion. We have been having conversations with our members for over a year now regarding concerns about mobile dental providers approaching school districts in the counties we serve, targeting BadgerCare eligible children and providing inadequate care.

To cite some specific examples, we have learned of mobile units which focus on providing sealants and fluoride varnishes. In several circumstances, the mobile unit was also taking x-rays for children who were covered by Medicaid/BadgerCare. X-rays are unneeded for those types of services, but are a billable service. If these children are identified in need of further dental care (they have cavities for example), the mobile unit does not provide that care.

Of greatest concern, the mobile unit does not offer formal referrals (sending dental records and making appointments with another dentist) for treatment as a standard practice – instead giving the caregiver a note that says make an appointment with your local dentist. There are times when these children do not have a local dentist and they are left to try and identify a dental provider who is willing to take their insurance. When the child arrives at a dental office that can offer treatment for more significant issues, without x-rays, a set needs to be taken and the dental office. This means the child needs to undergo an additional set of x-rays and the treating dentist unable to bill for that service.



WPHCA – Page Two
AB 763

We feel allowing the Dental Examining Board (DEB) regulatory authority over mobile dental operations will protect our most vulnerable. DEB oversight can ensure that credible, established mobile dental clinics will operate within our state's borders.

We intend to work with our partners on this issue and the DEB in crafting regulations that will promote access to dental services to those most in need, with providers who will ensure information is shared with families so they receive comprehensive dental services.

Thank you for your consideration. We ask for your support of Assembly Bill 763.