DAVE MURPHY

State Representative • 56th Assembly District

Senate Committee on Energy, Consumer Protection, and Government Affairs
Senate Bill 573
February 25, 2014

Chairman Cowles and members of the committee, thank you for hearing SB 573 on mobile dentistry. I am the Assembly author of this bill.

SB 573 is a simple bill. Wisconsin is 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 (DEB) 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 DEB would, of course, follow the usual approval process.

After the Assembly committee hearing, Senator Ellis and I drafted a substitute amendment to take care of a couple of issues that were raised. We require that mobile dentistry programs operating in Wisconsin be registered, and that the DEB make rules to that effect. We also provide for enforcement of the rules.

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

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TRI-COUNTY DENTAL

A community clinic of volunteers serving in an atmosphere of kindness, compassion & respect

In 2003 Tri-County Dental (TCD) opened its door as a nonprofit all-volunteer clinic with a mission to provide quality oral health care services in a caring and compassionate manner to those marginalized individuals in Calumet, Outagamie and Winnebago counties whose access to dental care is limited due to inadequate income or reduced access due to their enrollment on the state's poorly funded Medicaid program.

Today TCD is a leader in the country with its all-volunteer dentist and hygiene staff providing a service model, which treats nearly 12,000 patient visits per year and provides a mentoring program for Marquette Dental students and Fox Valley Technical College dental hygiene students.

A few facts about TCD over its first 10 yearsof operation:

- TCD averages 41 patient visits per day, with 10 to 15 being emergencies.
- TCD provided over $3,164,110 dollars in oral health services in 2013.
- In its first 10 years of operation TCD has treated over 77,000patient visits while providing more than $19,064,285 in patient services.

In 2012 TCD was able to purchase a mobile clinic with the generous support of the community. This mobile clinic allows TCD to provide oral health services at over 70% of the schoolsin TCD's service area for children who qualify for through MA, low-income or receive free/reduced costhot lunch programs.

A number of questions and concerns have presented themselves regarding dental organizations (both new and existing ones) offering oral health services to children in our Wisconsin schools. Many of these services entail the use of mobile dental units and/or portal dental equipment.

SB 573 allows the Wisconsin Dental Examining Board clear authority to make sure dental providers who deliver care in schools or other mobile settings are held to a similar standard of care as the rest of our dental community and to protect our children and citizens. This bill will allow the DEB the opportunity to work on details of the regulations while the legislature is adjourned.

Similar bills are already in existence in over eleven other states.

SB573 is strongly support by TCD and it's dental community.We would like to ask for your support in a timely fashion to ensure mobile dental care in Wisconsin is provided at the highest level of quality possible.

TCD would share a quote that we hope will be a driving force in your consideration of this bill:

"The true test of Morality of a society is what it does for its children"

We would like to thank you for your time and consideration of this bill,

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Testimony in Support of 2013 SB 573

Relating to the Regulation of Mobile Dentistry

Testimony Submitted by Wisconsin Dental Association

February 25, 2014 – 300 Southeast Hearing Room

Good morning Chairperson Cowles 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 Senate 573 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 Mara Brooks and I'm the Director of Government Services for the Wisconsin Dental Association which represents over 80% of the more than 3,000 licensed dentists in the state.

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 regulations to make sure that there is a standard of care that is being followed.

In response to the questions from legislators during last week's Assembly Committee hearing, Rep. Murphy and Sen. Ellis are offering a substitute amendment which will provide some clarity on the minimum requirements that the DEB must enact with regards to the practice of mobile dentistry in our state and which will also provide necessary clarification on the enforcement authority of the DEB over operators of mobile dental programs.

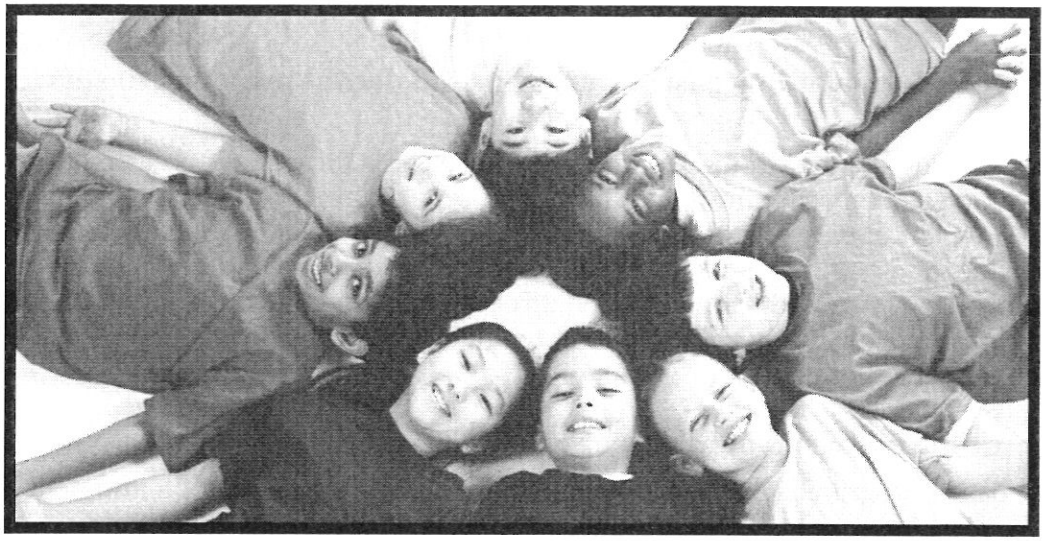
The substitute amendment specifies that the regulations must require mobile dental programs to register with the DEB and provide a business address. Furthermore, the amendment also clarifies that the mobile dental programs which are registered provide a protocol for the patients and/or guardians of the patients have access to patient records. The bill also provides the DEB the leeway to enact other regulations as they deem necessary.

The dentists of the WDA believe the substitute amendment it is in the best interest of both the public and of those of us in the dental profession because it will help ensure that all mobile programs 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 mobile dental programs and their patients.

Thank you for your time and attention to this issue, we hope you support the passage of SB 573 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 Cowles, 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.

Department of Health Services
State of Wisconsin

WISCONSIN
ORAL HEALTH
COALITION
Children's Health
Alliance of Wisconsin

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, prophy (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.

If the program offers restorative services, such as fillings and extractions, are treatment plans established? Will all of the necessary treatment be completed and in what timeframe?

Programs offering restorative care often take radiographs (x-rays) to assist in the diagnosis of dental disease. Once the disease is diagnosed, a treatment plan is made. In many cases, the treatment will require multiple visits. Consider asking if the program will return until all work is complete and if so, ask when they will return. Treatment needs should be completed in a timely manner. It's important to know if the program takes care of the most urgent needs and then requires the student to finish treatment with a different provider. If so, you will want to know what the policy is for sharing the radiographs and treatment plan with the local dental clinic. This communication with local dental clinics is critical to ensure children are not exposed to unnecessary radiation, receive all needed dental treatment, and their families are helped to find a permanent dental home.

How can individual child records be obtained by parents and dental office once the program has completed their services at your school?

All oral health information should be kept private and always be maintained in a HIPAA-compliant manner. Each child should be given a follow-up letter at the conclusion of his/her appointment, notifying parents of the outcome of the school-based appointment and any necessary steps parents should take to follow up. This letter should contain information on how families can obtain individual student records directly from the program.

What oral health data will be collected? How will information be shared with the school, parents, local health department, and the state Oral Health Program?

Data should be collected on the oral health status of the students and the services provided. Ideally, at the conclusion of the dental program's visit, each school should receive a quantitative list of services that were delivered to the student body (for example, 100 children received 300 dental sealants). This data also is valuable to local health departments and the state Oral Health Program.

What infection control policies and procedures are in place?

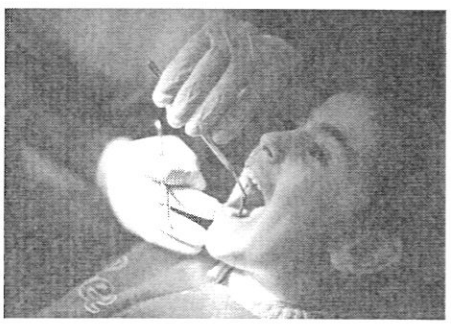
Programs need to have procedures and policies in place to comply with federal and state infection control guidelines. These policies assist programs in developing acceptable practices that will ensure a safe environment for program staff as well as your students. More information can be found at http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm.

Are all treatment providers licensed in Wisconsin?

Programs should have established policies and procedures to perform basic background checks on volunteers and licensure status to ensure protection of the students at your school.

Does the program establish any type of contract or memorandum of understanding (MOU) with the school?

A MOU can help reduce misunderstandings between the program and the school. The contract can address which students are eligible for services, what the school's specific responsibilities are, what the program's responsibilities are, what costs are involved, what liability coverage the program has, and what liability the school would have.



How is the quality of care determined?

The program should return to the school to check on sealant retention. Retention checks are a way to evaluate staff technique and materials used. This will allow the program to identify changes in policies and procedures to ensure the highest quality of care is offered to students.

References

1. ASTDD. Mobile-Portable Dental Manual. http://www.mobile-portabledentalmanual.com
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

P-00437
November/2012

Children's Health Alliance of Wisconsin

20 years

Celebrating 20 years as Wisconsin's voice for children's health

Testimony presented to the Wisconsin Senate Committee on Energy, Consumer Protection and Government Reform on February 25, 2014

Good morning Chairman Cowles and members of the Committee on Energy, Consumer Protection and Government Reform. I am here today speaking on behalf of Children's Health Alliance of Wisconsin in favor of Senate Bill 573 as ammended. My name is Alyssa Ricketts and I am the Wisconsin Oral Health Coalition coordinator at Children's Health Alliance of Wisconsin. The Alliance has been a leader in the oral health access movement in Wisconsin since 1997 and continues to facilitate the ongoing efforts of needs assessment, coalition building, program development and policy development to increase access to oral health care and improve the oral health of Wisconsin residents. Since 2000, the Alliance has managed the Wisconsin Seal-A-Smile (SAS) program in collaboration with the Wisconsin Department of Health Services. The SAS program is funded through state general purpose revenue and matching funds from Delta Dental of Wisconsin. We thank you very much for your support of this program. The SAS program delivers school-based preventive dental care to more than 30,000 children statewide in more than 600 schools in 60 of Wisconsin's 72 counties. Our programs follow strict guidelines designed around evidenced-based practices and keeps children's health and safety at the forefront. All of the SAS programs are accountable for reporting data to the department through a reporting system called SEALS which allows us to monitor program efficiency and effectiveness. The data we collect is vital in informing you, the state, as our funder and Delta Dental of Wisconsin, our private funder, of the return on investment and success of the program. Wisconsin's school-based program is looked upon nationally as the gold standard for school-based programs and others have replicated processes we have put in place.

Recently, Wisconsin like other states have seen an increase in mobile providers based both in and out of state providing oral health services in our schools. We want to ensure these programs like ours are following evidence-based procedures, using proper safety measures and performing procedures in the best interest of kid's oral health and not to benefit their bottom lines. This bill will allow the Dental Examining Board (DEB) to create rules governing the practice of mobile dentistry. We hope if passed the DEB will seek input from the Alliance and other partners involved in this type of care when they begin the rule making process. Thank you very much for your time and please strongly consider passing this bill to ensure mobile dental care in Wisconsin is provided at the highest level of quality possible.

Respectfully submitted: Alyssa Ricketts, JD, Wisconsin Oral Health Coalition Coordinator, Children's Health Alliance of Wisconsin, aricketts@chw.org or 414-292-4003.

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