DAVID CRAIG

STATE SENATOR

Senate Committee on Health and Human Services
August 21, 2019
Senate Bill 89
Senator David Craig, 28th Senate District

Chairman Testin and Committee Members:

Thank you for considering my testimony on behalf of my constituents in the 28th Senate District regarding Senate Bill 89 relating to the licensure of dental therapists.

This legislation seeks to increase Wisconsinites access to dental care, especially for the 1.5 million Wisconsin residents currently living in areas with dental access shortages. Simply stated, this bill would allow for the licensure of dental therapists who are members of the dental care team that would be able to engage in limited practices of dentistry, such as fillings and sealants. The bill requires that these health care practitioners always work under a dentist's general supervision.

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

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

It is important to emphasize that dental therapists receive the same training as dentists for the procedures they are allowed to perform within their scope and must meet rigorous standards approved by the Commission on Dental Accreditation - the same entity overseeing the training of dentists. A systematic research review by the American Dental Association Council on Scientific Affairs found that dental care teams that employ mid-level providers such as dental therapists can reduce the rate of untreated tooth decay more than teams that employ only dentists.

Passage of this legislation will help address several on-going problems including: (1) access to dental care; (2) over-utilization of emergency rooms for dental problems; and (3) overall burden on our health care system as untreated dental issues become serious health problems.

Dentists in other states who have embraced the concept and employed dental therapists report increased dental team productivity, increased profits, personnel cost savings, and improved patient satisfaction. A 2014 report released by Minnesota Board of Dentistry and Department of Health found clinics employing dental therapists

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could see more patients, over 80% which were on Medicaid. These patients experienced decreased travel time and nearly one-third saw decreased wait times. Increasing access and savings from the lower costs of employing dental therapists made it possible for clinics to expand capacity to see more Medicaid and underserved patients.

Dental therapists are also cost effective. Under the current system, dentists are often providing routine care rather than providing procedures at the top of their scope. This is a highly inefficient use of Medicaid dollars. With dental therapists as part of the team, dentists are able to delegate more routine procedures to their dental hygienists and dental therapists, freeing their time to do more complex and costly procedures. This would lower a practice's labor costs, allowing them to serve Medicaid patients more cost effectively, even with the low reimbursement rate dentists currently receive.

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

The dental access problem in Wisconsin directly affects the health of children, those living in rural areas, the disabled, and the elderly. The indirect effects are felt by employers, school districts, taxpayers, and the health care system. With this legislation, we can battle this crisis by improving the access to and quality of dental care across Wisconsin.

Thank you for your attention and consideration of my testimony.

MARY FELZKOWSKI

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Senate Committee on Health and Human Services
August 21, 2019
Senate Bill 89
Representative Mary Felzkowski, 35th Assembly District

Chairman Testin and Committee Members:
Thank you for allowing me to speak today on Senate Bill 89 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 the 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 89 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.

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.

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. 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. Currently, in Wisconsin, the legislation is supported by over 60 groups across the spectrum.

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

[i] 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.

[i] 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.

[ii] Full-time salary calculated by multiplying median hourly wage by 2,080 hours.

[iii] 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.

[iv] 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

[v] 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

[vi] CODA dental therapy guidelines set a minimum range of allowable procedures and note that states are able to add to them.

[vii] Minnesota Department of Health, "D E NT A L T H E R A P Y TO OL K I T : A R E S O UR C E FOR P OT E N T I A L EMP LOY E R S," February 2017. http://www.health.state.mn.us/divs/orhpc/workforce/emerging/dt/2017dttool.pdf

[viii] 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

[ix] 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

[x] 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

[xi] 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

Dental Therapy: Opponents' arguments don't hold up

Opponents SAY: Dental therapists have not increased access to care where they are working

Facts:

- A 2014 report released by Minnesota dental board and health department reported the following about clinics that were employing dental therapists:[i]
    - Over 1.5 years, dental therapists working in 14 clinics saw more than 6,300 new patients; more than 80% of these new patients were publicly insured;
    - Some patients had shorter travel times and nearly 1/3 saw decreased wait times;
- Minnesota dental therapists provided ***more than 175,000 patient visits*** since 2017.[ii]
- Dental Health Aide Therapists (DHATs) were launched in Alaska to provide regular care to Alaska Natives living in remote villages that dentists were visiting only sporadically. DHATs have provided regular access to dental care to more than 45,000 Alaska Natives in 80 communities.[iii]

Opponents SAY: DTs in Minnesota are not improving children's access to care, as evidenced by the declining percent of Medicaid children receiving dental care in Minnesota

Facts:

- Between 2011 and 2016, the actual number of Medicaid children in Minnesota receiving dental care increased by more than 40,000, even though the percentage receiving care did not increase. This is because the state's overall child enrollment in Medicaid spiked.[iv]
- Still, the number of DTs in Minnesota is tiny compared to the dentist population – about 90 versus over 4,000.[v] Such a small cohort "cannot yet produce statistically valid changes in statewide or regional access," to quote a letter from Minnesota Health Department officials to Wisconsin legislators.[vi] But the evidence is clear that DTs are making a difference in the Minnesota communities where they work.

Opponents SAY: In Minnesota dental therapists have been concentrated in the Twin Cities instead of the rural areas they are intended to serve.

Facts:

- In Minnesota, just under 30% of the state's dental shortage areas– home to more than 260,000 Minnesotans -- are in the Twin Cities area.[vii] Dental therapists in these urban areas are fulfilling their mission of treating low-income and underserved populations.
- [redacted]
    - [redacted]
    - [redacted]

Opponents SAY: Wisconsin doesn't need dental therapists. Dentists can solve the access problem if the state only increased Medicaid reimbursement rates

Facts:

- Increasing Medicaid payment rates does nothing for the 1.2 million Wisconsin residents who live in dentist shortage areas, where they already have trouble finding a dentist.

- Raising Medicaid reimbursement rates is ***an important but insufficient strategy*** to solve the access problem. A National Bureau of Economic Research study found that raising Medicaid child dental payments from 52% to 85% of average dentists' fees would only yield a 9% increase in utilization, or an average of .12 extra visits per child per year.[ix]

- Raising Medicaid payment rates to perpetuate a system where only dentists – the highest paid member of the dental team -- provide routine care is a highly inefficient use of Medicaid dollars. With labor costs one-third to one-half of starting dentists[x], DTs can help practices serve more Medicaid patients with government dollars. Practices will also find it more affordable to defray the transportation and equipment costs of sending providers to locations such as schools and nursing homes to provide care.

Opponents SAY: Training dental therapists will be a drain on the state budget

Facts:

- Neither of the Minnesota dental therapy education programs received any additional state support. Both run their training programs with existing general funding and contributions from nongovernment sources and from student tuition.[xi]

- Wisconsin has given Marquette University about $25 million for capital projects for the dental school[xii]; apart from the millions it appropriates to subsidize dental school tuition.[xiii] In 2016, state and local government funding to dental schools across the US totaled more than $445 million.[xiv] States do this because they want to ensure an adequate supply of dentists for their residents. For this same reason, Wisconsin may choose to support the operating costs of DT training programs.

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[i] Minnesota Department of Health, Minnesota Board of Dentistry, "Early Impacts of Dental Therapists in Minnesota: Report to the Legislature, 2014" (February 2014) http://www.health.state.mn.us/divs/orhpc/workforce/oral/dtlegisrpt.pdf

[ii] Data provided by Michael Scandrett, MS Strategies research group to Jane Koppelman, Pew Dental Campaign on January 29, 2019.

[iii] "DHAT: Alaska and Beyond!" Presentation to the National Indian Health Board, June 8, 2017, https://www.nihb.org/docs/07182017_tphs/thursday/DHAT%27s%20Improving%20Both%20Oral%20Health%20Outcomes%20&%20Access-%20New%20Research%20from%20Alaska%20&%20New%20Policies.pdf

[iv] Pew analysis based on EDSDT utilization, MN Children (1-20 eligible for 90 days) who received dental care went from 183,773 in 2011 to 228,148 in 2016.

[v] Minnesota Department of Health, *Minnesota's Dentists Workforce, 2014-2015,* at http://www.health.state.mn.us/divs/orhpc/workforce/oral/2016dentists.pdf

[vi] Letter from Diane Rydrych, and Prasida Khana, Minnesota Dept. of Health, to Wisconsin legislators, January 31, 2018.

vii Pew Charitable Trusts analysis using DHPSA data by county, accessed January 24, 2019, https://data.hrsa.gov/hdw/tools/DataByGeography.aspx . Using Minnesota counties in the 33460 Minneapolis-St. Paul-Bloomington, MN-WI Metropolitan Statistical Area. Population in Twin-City area DHPSAs using federal HRSA data of DHPSAs by county, based on same Minnesota counties in the 33460 Minneapolis-St. Paul-Bloomington, MN-WI Metro Area. Population count based on population-group designated HPSAs only. Population designations in Mille Lacs County excluded due to their rural and partial-rural designations.

[viii] Minnesota Department of Health and the Minnesota Board of Dentistry, "Dental Therapy in Minnesota, Issue Brief, 2018, http://www.health.state.mn.us/divs/orhpc/workforce/oral/2018dtbrief.pdf

[ix] Buchmueller, T. et. Al., "THE EFFECT OF MEDICAID PAYMENT RATES ON ACCESS TO DENTAL CARE AMONG CHILDREN," NBER Working Paper 19218 (July, 2013). Available at https://www.nber.org/papers/w19218.pdf

[x] Minnesota Department of Health, Minnesota Department of Human Services, and Health Reform Minnesota, "Dental Therapy Toolkit: A Resource for Potential Employers," February 2017, http://www.health.state.mn.us/divs/orhpc/workforce/emerging/dt/2017dttool.pdf

xi Email correspondence from Michael Scandrett, J.D., MS Strategies to Jane Koppelman, Pew Dental Campaign on January 3, 2018.

[xii] Wisconsin Capital Budget Funding for Marquette School of Dentistry Expansion https://legis.wisconsin.gov/lab/media/1162/13-13full.pdf https://www.bizjournals.com/milwaukee/news/2015/04/14/gov-walker-provides-2m-for-marquette-dental-school.html

[xiii] See https://legis.wisconsin.gov/lab/reports/11-dentaleducationcontract_ltr.pdf

xiv American Dental Association, "Dental Education, Report 3: Finances, Table 1 a. Fiscal Statistics for All Dental Schools, FYE 2006 to 2016," accessed January 24, 2019, https://www.ada.org/en/science-research/health-policy-institute/data-center/dental-education .

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

January 31, 2018

TO:
Senator David Craig
Senator Chris Kapenga
Representative Paul Tittl
Representative Nancy VanderMeer
Representative Mary Felzkowski
Representative Romaine Quinn
Representative Rob Swearingen

CC:
Senator Leah Vukmir
Secretary Linda Seemeyer
Representative Joe Sanfelippo
Liz Portz

The Minnesota Department of Health (MDH) recently had the opportunity to review the Wisconsin Dental Association's (WDA) materials on dental therapy (DT) in Minnesota and beyond. This letter is to clarify the claims noted with respect to the dental therapy profession in Minnesota, based on our experience providing information and technical assistance to community stakeholders and legislators on this topic, working with providers who have employed or are seeking to employ DTs, and evaluating the impact of DTs in Minnesota.

As background, MDH has had oral public health responsibilities since 1872. Our oral health staff includes dental health professionals, epidemiologists and health workforce researchers, and the department is accredited by the Public Health Accreditation Board.

The WDA material is imprecise on the start of dental therapy in Minnesota. The first Minnesota legislation on DT passed in 2009; the first DT in MN was licensed and employed in 2011; and in Sept 2011, the state's Medicaid agency enrolled the first DT as a billable provider. By 2014, when MDH published the first evaluation of the access impacts of DTs, there were 32 licensed DTs practicing in 15 dental clinics in MN as compared to 4,027 licensed dentists and 5,542 licensed dental hygienists statewide.[i] Currently, there are 79 DTs practicing in Minnesota, roughly one DT for every 70,000 Minnesotans. To get to this level of adoption of a new profession in such a short time, Minnesota's oral health community came together to assemble the basic foundation needed to support these workers and the clinics in which they practice, including developing educational programs, licensing and certification procedures, reimbursement policies, and helping interested dental practices to understand the new role and integrate it into their operations.

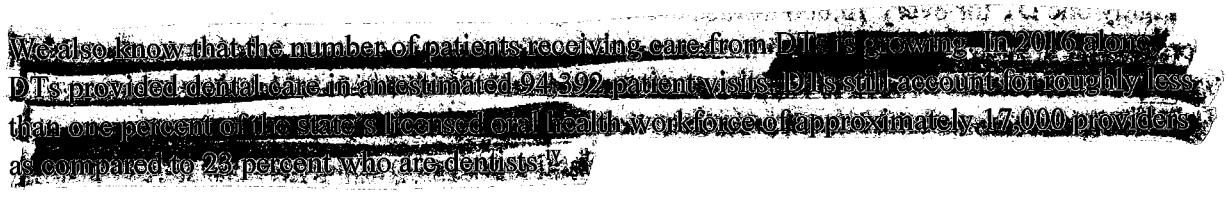
The 2014 evaluation offered our first look at the impact of these newly licensed professionals on access to and quality of oral health. The evaluation, which was based on patient data and interviews with oral health providers and clinic administrators, found that DT patients reported decreased travel and appointment wait times, and employers reported an increase in the number

of new Medicaid patients to the clinic in addition to increased productivity among the dental team providers, increased efficiency and flexibility with scheduling, and reduced clinic operating costs. Between 2011-2013, in their first few years of existence, DTs saw 6,338 new patients. [ii]

It is important to put the contributions of DTs into the broader context of long-standing oral health access challenges in Minnesota. Like many states, Minnesota struggles with providing consistent access to oral health care across the state, especially for Medicaid patients despite a dental Medicaid benefit. An aging dental workforce, historically low reimbursement rates for oral health services by public programs, and complex administrative and payment structures have resulted in low participation of dentists in Medicaid, thereby decreasing access and increasing oral health disparities for Medicaid populations. It was because of these long-standing access challenges that Minnesota's oral health community came together to explore, research and ultimately advocate for DT legislation. This was only one of a number of strategies for improving access that were advocated for and ultimately enacted by the Minnesota Legislature.

But because these access problems are caused by multiple complex factors, the responsibility for solving them cannot lie solely with DTs. While we know that DTs are opening up additional access points and expanding access, in particular for underserved populations, a cohort of less than 80 practitioners which is growing but still less than one percent of Minnesota's workforce cannot yet produce statistically valid changes in statewide or regional access and utilization data and even in the future will not be the entire solution to the longstanding, multi-faceted access problem. DTs must be part of a comprehensive package of strategies to support access to high-quality oral health services, including sufficient reimbursement across payers; administrative streamlining; and incentives to attract, recruit and retain all dental provider types to serve in urban and rural underserved areas.

As part of our oral health program's overall mission to promote, protect, and improve oral health, because it is critical to the health of all Minnesotans, MDH monitors the oral health workforce in Minnesota, including DTs. As part of this tracking, we know that DTs are now distributed throughout Minnesota's rural and urban areas in proportion to the distribution of the population at large. DTs are also one of the more diverse licensed health care providers in the state—a third of the providers are people of color, and they are serving an equally diverse patient base. DTs are also more likely to work in community based or non-profit settings or clinics as compared to any other dental profession (24 percent). About 35 percent of DTs work in community-based, nonprofit, faith-based clinics or community health centers/federally qualified health centers.[iii]



The WDA handout mentioned the lack of CODA-accredited dental therapy education programs in the U.S. The handout failed to point out that CODA only recently adopted accreditation standards and has not yet commenced accreditation activities. Existing training programs in

Alaska and Minnesota were established prior to CODA's accreditation program and have the authority to continue to operate without CODA accreditation. However, CODA's development of an accreditation program was initiated at the request of the University of Minnesota Dental School's education program and all three of the existing education institutions contributed significantly to the development of CODA's standards and would meet be able to meet CODA's standards if they pursued accreditation.

The body of evidence supporting dental therapy shows that dental therapists are a lower-cost provider that can improve access while providing safe, high-quality care. The evidence continues to grow as this workforce expands. In Minnesota like in other states, a multi-pronged approach is needed to solve the oral health crises but from our experience, dental therapists are opening access, welcoming new patients and addressing the needs of the underserved.

Thanks for the opportunity to review this material. If you have any questions, please do not hesitate to contact us for more information.

Sincerely,

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Enclosures:
Dental Therapy in Minnesota – Fact Sheet
Minnesota's Dental Therapist Workforce - 2016

[i] See http://www.health.state.mn.us/divs/orhpc/workforce/oral/dtlegisrpt.pdf

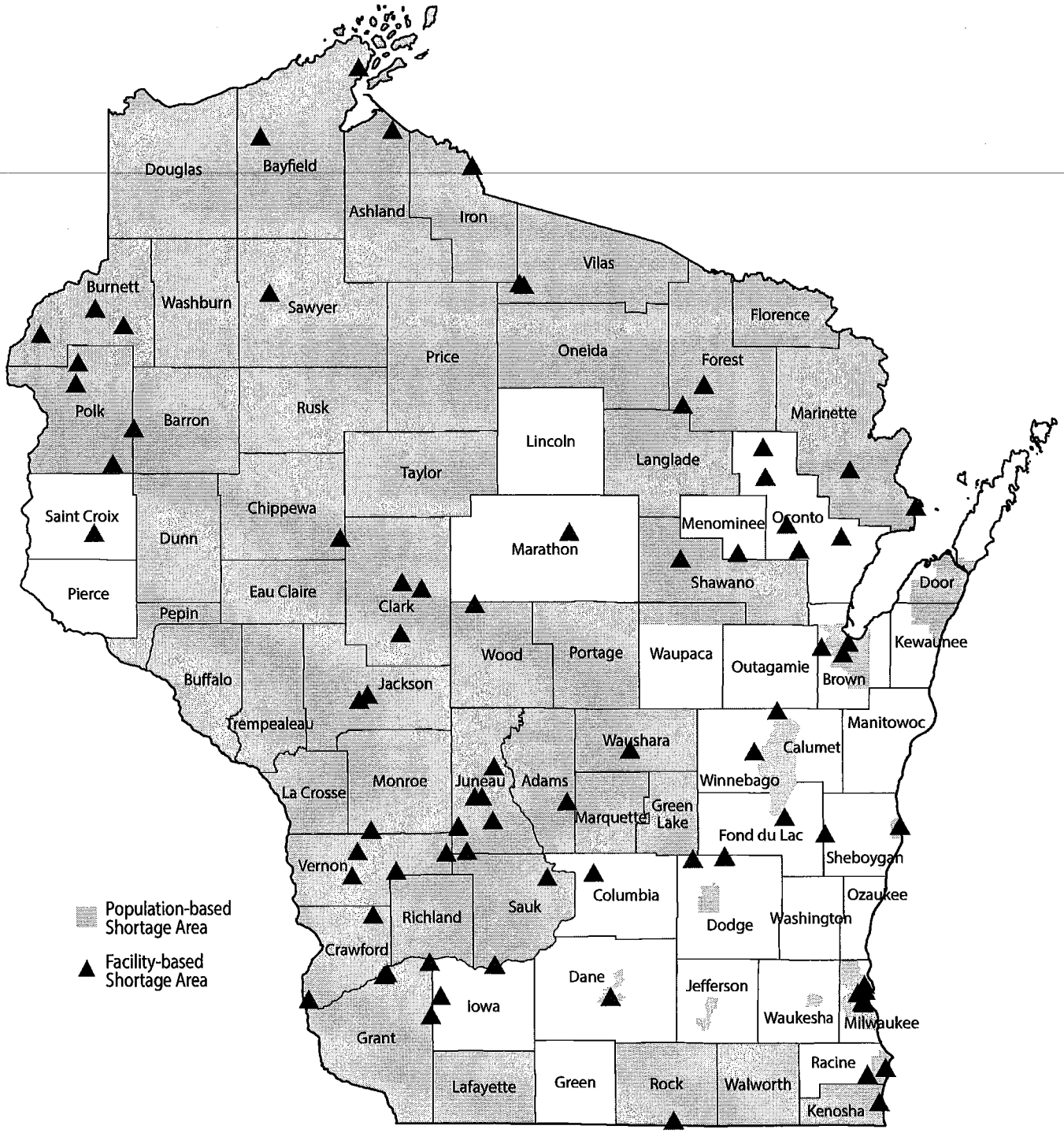
[ii] See http://www.health.state.mn.us/divs/orhpc/workforce/oral/dtlegisrpt.pdf

[iii] Figures as of December 2016. See http://www.health.state.mn.us/divs/orhpc/workforce/oral/2016dtb.pdf

[iv] See http://www.health.state.mn.us/divs/orhpc/workforce/oral/ohchartbook052016.pdf for Minnesota's oral health workforce composition

Health Professional Shortage Areas

Dental Health Care



To determine if a specific location has a HPSA designation, visit HPSA Find.

Source: Health Resources and Services Administration, Geospatial Data Warehouse, Oct 2018.

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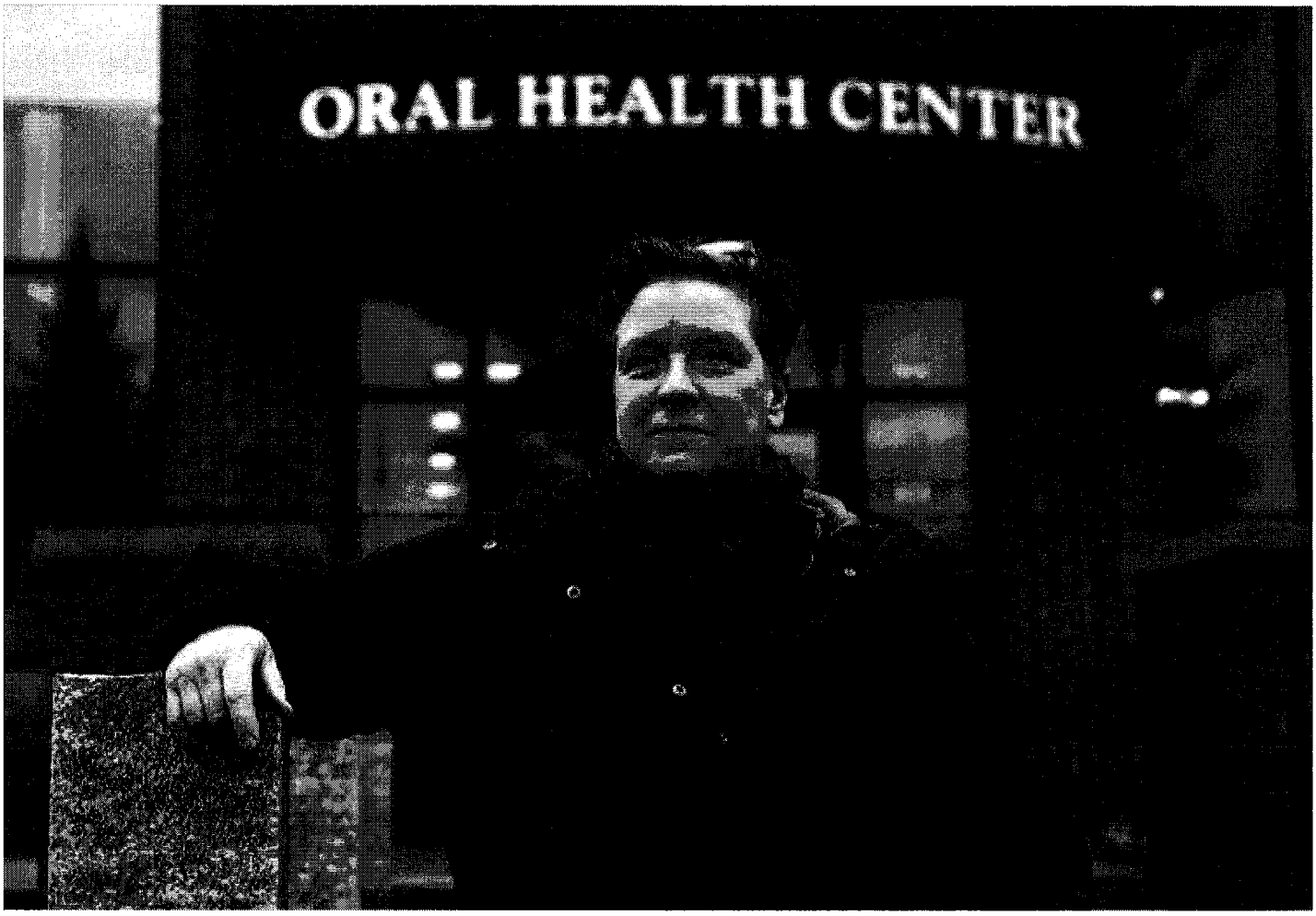
https://apnews.com/51acb86f22c644d2b1ca76219066a385

AP

Backers of rural dental care find something to smile about

By MARINA VILLENEUVE Associated Press Aug 18, 2019 Updated Aug 18, 2019



In this Wednesday, April 24, 2019 photo, Ebyn Moss poses for a photo outside the University of New England's dental school in Portland, Maine. Moss has made the two-hour drive several times from her home in Troy, Maine, for extensive treatment at the dental school after breaking a tooth below the gum line in 2017. She said a dental therapist nearby her home would have made preventive care easier in the first place. Several states have recently pass laws authorizing dental therapists, which perform basic procedures and leave the more complex work to dentists.

Robert F. Bukaty

AUGUSTA, Maine (AP) — It can be hard to keep smiles healthy in rural areas, where dentists are few and far between and residents often are poor and lack dental coverage. Efforts to remedy the problem have produced varying degrees of success.

The biggest obstacle? Dentists.

Dozens of countries, such as New Zealand, use "dental therapists" — a step below a dentist, similar to a physician's assistant or a nurse practitioner — to bring basic dental care to remote areas, often tribal reservations. But in the U.S., dentists and their powerful lobby have battled legislatures for years on the drive to allow therapists to practice.

Therapists can fill teeth, attach temporary crowns, and extract loose or diseased teeth, leaving more complicated procedures like root canals and reconstruction to dentists. But many dentists argue therapists lack the education and experience needed even to pull teeth.

"It can kill you if you're not in the right hands," said Peter Larrabee, a retired dentist who teaches at the University of New England. "It doesn't happen very often, but it happens enough."

Dental therapists currently practice in only four states: on certain reservations and schools in Oregon through a pilot program; on reservations in Washington and Alaska; and for over 10 years in Minnesota, where they must work under the supervision of a dentist.

The tide is starting to turn, though.

Since December, Nevada, Connecticut, Michigan and New Mexico have passed laws authorizing dental therapists. Arizona passed a similar law last year, and governors in Idaho and Montana this spring signed laws allowing dental therapists on reservations.

Maine and Vermont have also passed such laws. And the Connecticut and Massachusetts chapters of the American Dental Association, the nation's largest dental lobby, supported legislation in those states once it satisfied their concerns about safety. The Massachusetts proposal, not yet law, would require therapists to attain a master's degree and temporarily work under a dentist's supervision.

But the states looking to allow therapists must also train them. Only two states, Alaska and Minnesota, have educational programs. Minnesota's program is the only one offering master's degrees, a level of education that satisfies many opponents but is also expensive.

Some dental therapists start out as hygienists, who generally hold a two-year degree. Some advocates of dental therapists argue they should need only the same level of education as a hygienist — a notion that horrifies many opponents.

Some lawmakers in Maine, which will require therapists to get a master's from an accredited program, are optimistic about Vermont's efforts to set up a dental therapy program with distance-learning options. It's proposed for launch in fall 2021 at Vermont Technical College with the help of a $400,000 federal grant.

Christy Jo Fogarty, a Minnesota dental therapist, said the organization she works for saves $40,000 to $50,000 a year by having her on staff instead of an additional dentist — and that's not including the five other therapists.

According to state law, at least half of Fogarty's patients must be on governmental assistance or otherwise qualify as "underserved."

"Why would you ever want to withhold these services from someone who was in need of it?" she said.

Ebyn Moss, 49, of Troy, Maine, has had four teeth pulled, a bridge installed, a root canal, two dental implants and seven cavities filled at a cost of $6,300 since 2017, and expects to shell out another $5,000 in the next year — a bill Moss is paying off with a 19% interest credit card and $16,000 in annual income.

"That's the cost of choosing to have teeth," Moss said.

Now, Moss gets treated at a dental school in Portland — a two-hour drive for appointments that can last 3 1/2 hours. A dental therapist nearby would have made preventive care easier in the first place, Moss said.

The ADA and its state chapters report spending over $3 million a year on lobbying overall, according to data from the National Institute on Money in Politics. The Maine chapter paid nearly $12,000 — a relatively hefty sum in a small state — to fight the 2014 law that spring.

Legislation failed in North Dakota and Florida this spring. Bills are pending in Kansas, Massachusetts and Wisconsin, as well as Washington, where therapists could be authorized to practice outside reservations.

"Available data have yet to demonstrate that creating new midlevel workforce models significantly reduce rates of tooth decay or lower patient costs," ADA President Jeffrey Cole said in an email.

John Nygren

WISCONSIN STATE REPRESENTATIVE ★ 89TH ASSEMBLY DISTRICT

Co-Chair, Joint Committee on Finance

Chairman Testin and members of the Senate Committee on Health and Human Services:

Thank you for allowing me the opportunity to submit written testimony on Senate Bill 89. As a large number of stakeholders can and will attest, this important bill has the opportunity to revolutionize the way dental care is delivered in our state.

While Wisconsin is consistently ranked as one of the best states to receive healthcare, we are one of the worst states for dental care. There is no way around it, we need to expand access to dental care, especially in rural and underserved areas. Senate Bill 89 will play a significant role in doing just that. Nearly 1.2 million Wisconsin residents are impacted by dental care shortages. A staggering 64 of 72 counties face dental shortages. This is unacceptable.

There are 1 million Wisconsin residents who qualify for Medicaid for dental, however, only 37% of dentists in Wisconsin accept Medicaid. For a number of reasons, dentists are not seeing a significant amount of low-income patients. The current capacity to serve low-income individuals is not sufficient and needs to be changed.

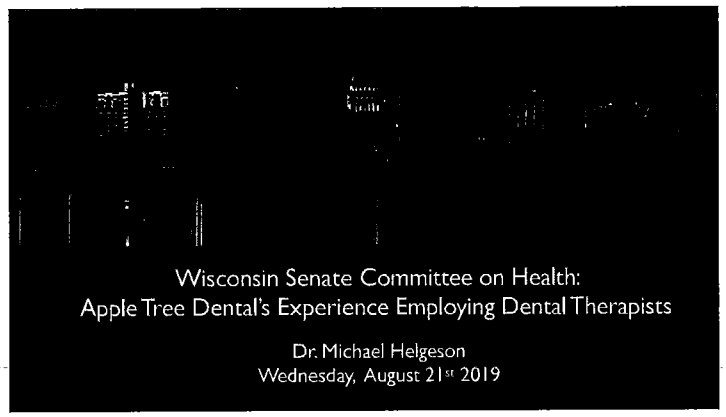
In states where dental therapy is allowed, there has been an increase in both revenues for clinics and the number of patients seen. While dental therapy is not the only solution to our dental access issues, nor is anyone claiming it to be, it is a great first step.

I ask for your supporto of this bipartisan bill so that we can begin to address the dental care shortages Wisconsin faces. Please contact me with any questions.

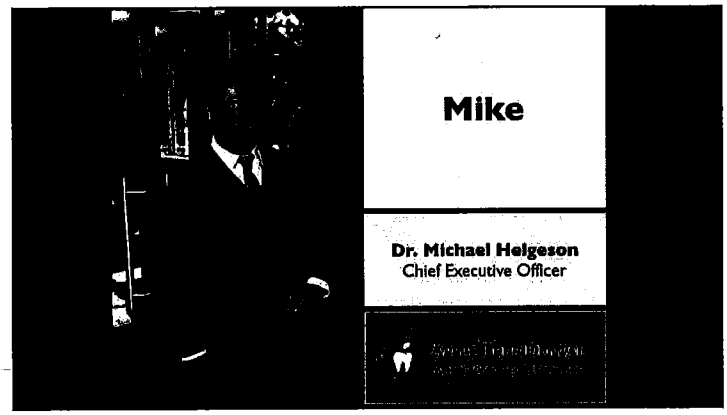
Respectfully,

State Representative John Nygren
89th Assembly District

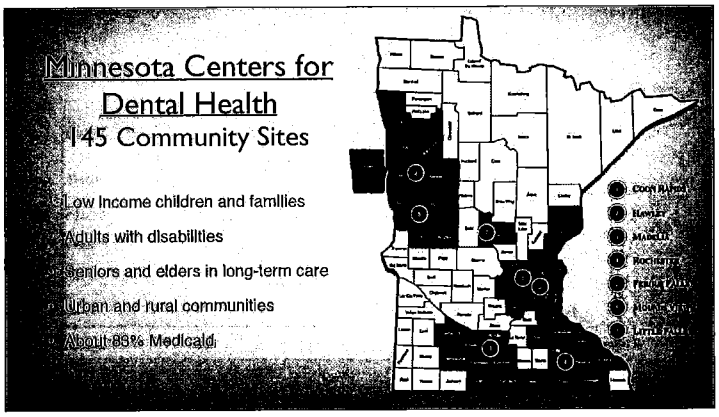
Capitol: P.O. Box 8953 ★ Madison, Wisconsin 53708-8953 ★ (608) 266-2343 ★ Toll-Free: (888) 534-0089 ★ Fax: (608) 282-3689
Rep.Nygren@legis.wi.gov


Wisconsin Senate Committee on Health:
Apple Tree Dental's Experience Employing Dental Therapists
Dr. Michael Helgeson
Wednesday, August 21st 2019

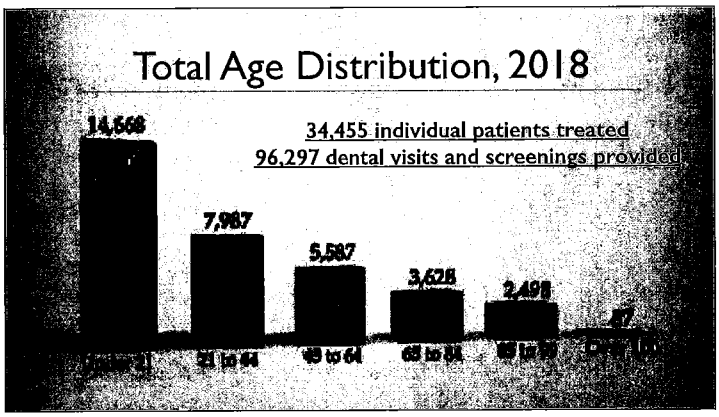
1


Mike
Dr. Michael Helgeson
Chief Executive Officer

2


Minnesota Centers for Dental Health
145 Community Sites
Low income children and families
Adults with disabilities
Seniors and elders in long-term care
Urban and rural communities
About 88% Medicaid

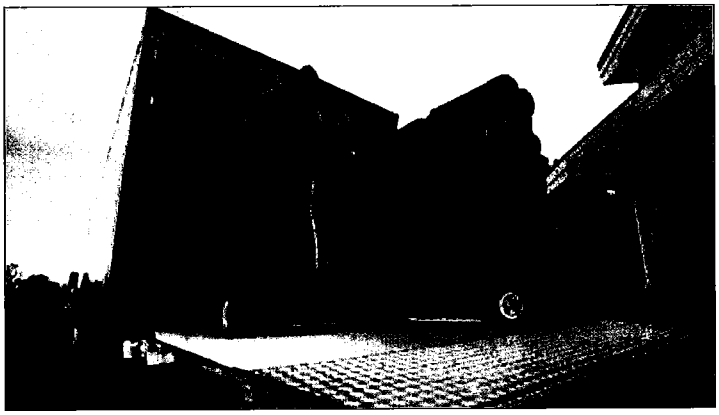
3


Total Age Distribution, 2018
34,455 individual patients treated
96,297 dental visits and screenings provided
14,568
7,987
5,587
3,628
2,498
21 to 44
45 to 64
65 to 84

4


Apple Tree's "Multi-Site Delivery Vehicle"

5



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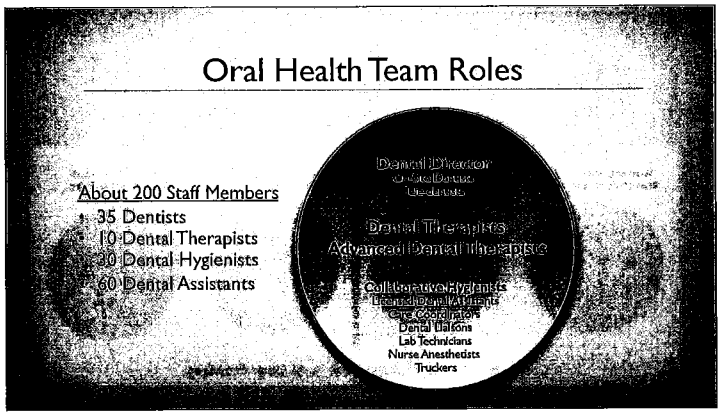
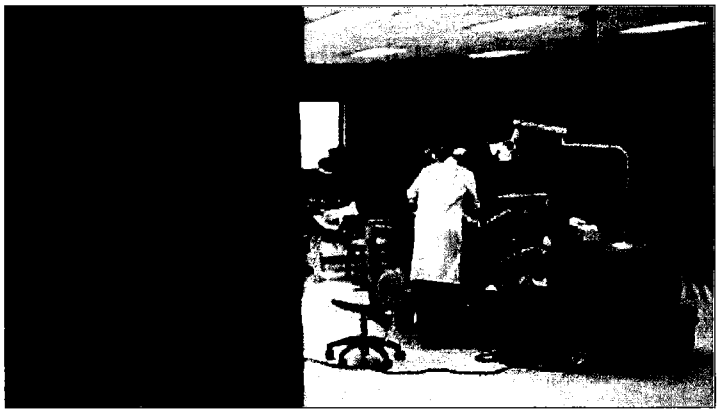

Oral Health Team Roles
About 200 Staff Members
35 Dentists
10 Dental Therapists
30 Dental Hygienists
60 Dental Assistants
Dental Director
Dentists
Dental Therapists
Advanced Dental Therapists
Collaborative Hygienists
Dental Assistants
Care Coordinators
Dental Liaisons
Lab Technicians
Nurse Anesthetists
Truckers

8

A Dental Therapist in Long-Term Care:
Heather Luebben's Case Study

9

10



11

Diagnostic Services

Code	Description	Count	Gross Revenue
DIAGNOSTIC			
D0120	Periodic oral evaluation-established patient	112	$6,048
D0274a	Bitewing X-rays (four films)	23	$1,426
D0220a	Periapical (first film)	12	$348
D0230a	Periapical (each additional)	8	$216
D0210a	Intraoral x-rays complete series	3	$420
Diagnostic Totals		158	$8,458

12

Preventive and Periodontal Services

Code	Description	Count	Gross Revenue
PREVENTIVE			
D1110	Prophylaxis-adult	74	$7,030
D1110b	Prophylaxis-adult lower	11	$583
D1110c	Prophylaxis-adult, 3 month	6	$570
D1206	Fluoride varnish	39	$1,755
D1354	Silver Diamine Fluoride	5	$275
Preventive Totals		135	$10,213
PERIODONTICS			
D4341 + D4342	Periodontal scaling/root planing	5	$1,178
D4355	Full mouth debridement	2	$438
Periodontal Totals		7	$1,616

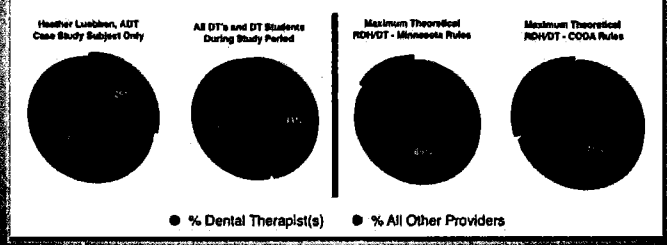
13

Restorative Services

RESTORATIVE	Description	Count	Gross Revenue
D2330-2332a	Glass ionomer - anterior	62	$13,268
D2391-2392a	Glass ionomer - posterior	41	$9,001
D2150	Amalgam – two surface	8	$1,352
D2160	Amalgam – three surface	6	$1,218
D2393, D2394	Resin-based composite – posterior	5	$1,610
D2920	Re-cement or re-bond crown	3	$273
Restorative Totals		125	$26,722

14

How much of the needed care did Heather and the DT's provide?



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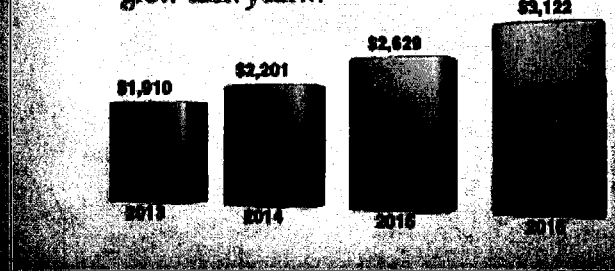
Heather's daily production grew each year…



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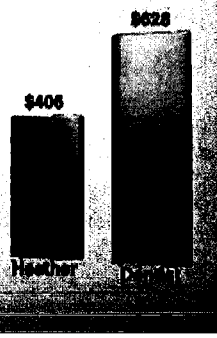
Heather's cost/day compared to a dentist



$222 less per day or about $52,000 less per FTE year

17

"The dental therapists increase the number of patients that we can serve. They provide excellent care."

Dr. Jayne Cernohous
Supervising Dentist

18

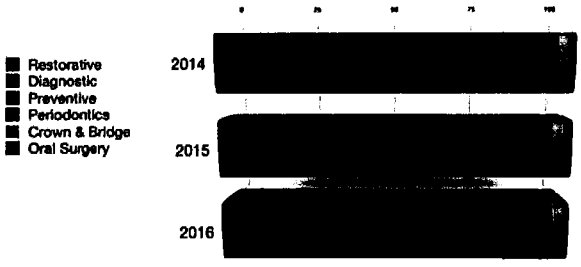
A Dental Therapist in Rural Minnesota:
Jodi Hager's Case Study

19

Madelia Community Hospital and Clinics

20

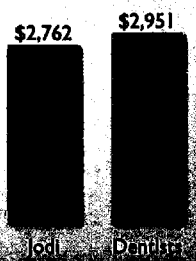
ADT Percentage Service Mix by Year 2014-2016



21

Productivity

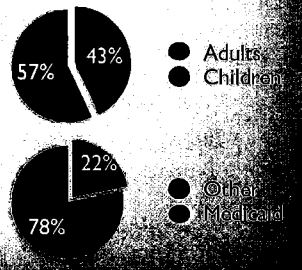
- Jodi's average gross production per day was 94% of the average of dentists at the Madelia Center
- With lower employment costs than a dentist, Jodi was a cost-effective team member



22

Increased Access:

- 57% of Jodi's patients were children and 43% were adults
- 64% of Jodi's gross production was for restorative care
- 78% of Jodi's patients were publicly insured through Medical Assistance (Medicaid) or MinnesotaCare



23

Workflow and scheduling

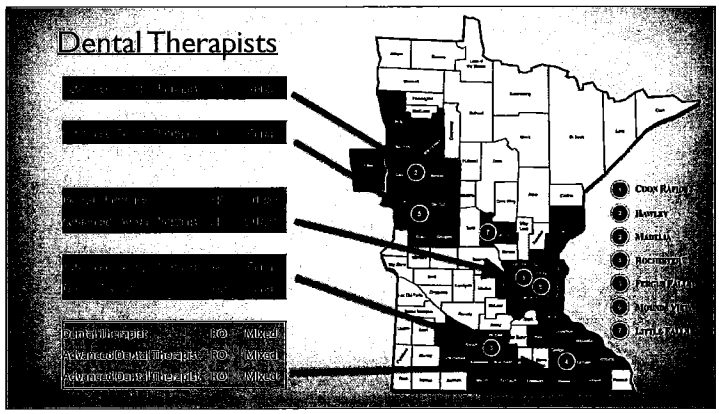
- Jodi's dual licensure as a hygienist and dental therapist allowed her to dynamically adjust her mix of hygiene and restorative services to meet the changing patient and practice needs.
- In her new role, Jodi was accepted by dentists and other dental team members and by patients. Staff and patients consistently reported that Jodi helped the Center serve more patients and serve them in a more timely manner.

24

"It is awesome having a dental therapist as part of the team. I believe this will be a groundbreaking part of dentistry in the future."

Supervising Dentist

25



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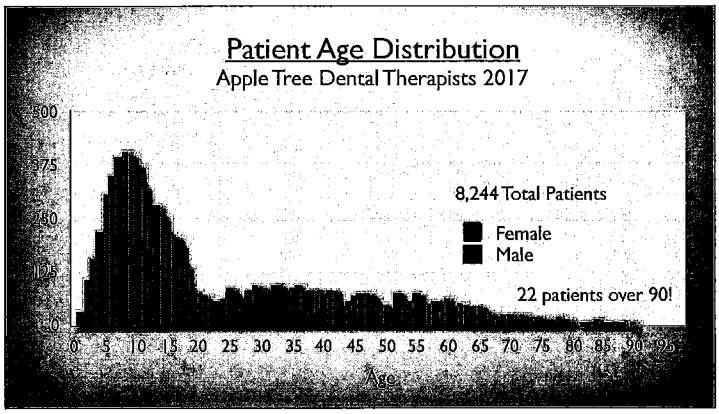

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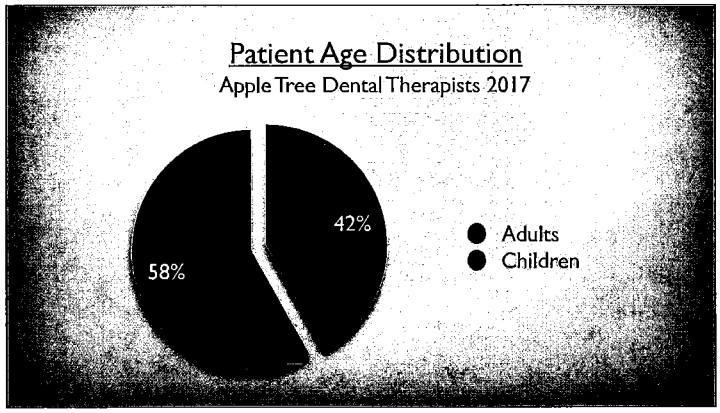


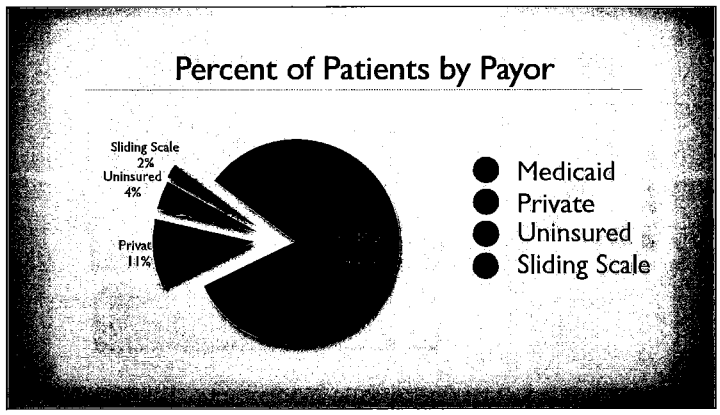
28

In 2017 alone,
Apple Tree's eight dental therapists...

Provided 12,391 encounters

Delivered $3.2 million in care

29



30

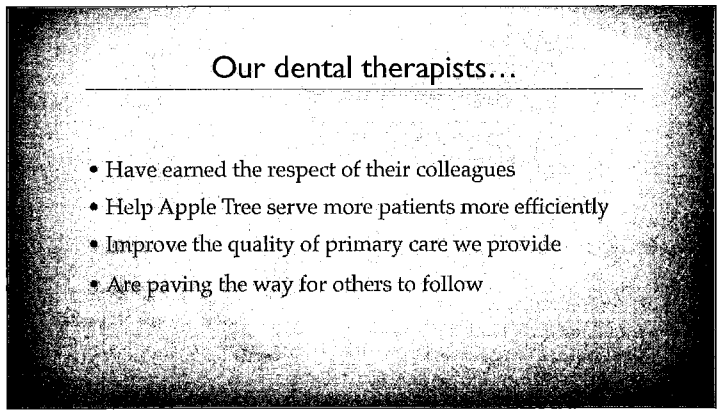
Between 2012 and 2017,
Apple Tree's nine dental therapists...

Safely treated 22,999 patients

Provided 42,683 encounters

Delivered $10.9 million in care

31



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August 21st, 2019
Senate Committee on Health and Human Services
Testimony on Senate Bill 89

Good morning, Mr. Chairman and members,

Thank you for the opportunity to testify on Senate Bill 89 this morning.
We have a few critical questions to answer this morning, starting with the first: "Why are we here?" Both in terms of talking about this bill, but more broadly, why are we having this discussion about too many people in rural and underserved communities not receiving dental care? I want to make it as clear as I can that we do not view this as a scope of practice issue. We view this as a broader discussion about the most effective way to get more people regular care and keep them healthy.

The short version is that, over the last two decades, the State of Wisconsin has made a series of policy decisions to systematically devalue oral health as a priority. We are grateful for the increased attention to oral health over the past several years, but the state must take significant action to fix a series of problems that are now coming to a head.

Let's start with support for Wisconsin's oral health program. The Department of Health Services has several staff dedicated to, among other things, water fluoridation, the Seal-A-Smile program, managing grants for low-income clinics, and other purposes. Up until this year, these positions were funded entirely by grants from CDC and HRSA. No state money was tied to their positions. Unfortunately, in 2019 for the first time in many years, Wisconsin did not receive those grants, meaning that with the exception of the state dental director, whose position is funded elsewhere, Wisconsin stood to lose its entire oral health program staff. The final 2019-2021 budget did not include any GPR funding to restore the several positions, despite asks from WDA as well as our partners at Delta Dental, Children's Hospital of Wisconsin, and others. One of Governor Evers' partial vetoes was helpful in this regard; he was able to largely restore those positions, although the department will have to fund them within existing resources. This very year, Wisconsin came incredibly close to having only one state employee dedicated exclusively to oral health. That, in and of itself, is a massive problem.

Now, we should turn to everyone's favorite subject, Medicaid rates. Yes, you've all heard it, but it bears repeating. The state cannot expect good results on oral health when 48 other states are willing to pay better rates to their providers for seeing dental Medicaid patients. It is not reasonable to ask educated professionals with doctorates, many of whom also happen to be employers and small business owners, to take on more difficult, more complex cases and take a 70% pay cut for doing so. Unfortunately, we are experiencing an environment where some have given up entirely on the idea of reimbursement rate increases making a difference, despite multiple state studies over 20 years telling us that rates are the primary barrier to increasing provider participation.

I want to highlight the differences in how the state, and others, view the benefits of increased reimbursement rates among providers. In 2017, Governor Walker announced a $17 million investment

in rate increases for mental health professionals and substance abuse counselors. The first line of the press release reads: "Governor Scott Walker has directed the Department of Health Services to improve access to treatment for those battling mental health and substance abuse disorders by increasing the investment in behavioral health services." Proponents of dental therapy have continually run down the idea of increases for dentists making any difference, yet a number of their supporters go along with the suggestion that MA rate increases directly correlate with increased access in terms of more appointment times and treatment in another field, and we see this time and time again across the Medicaid spectrum. The state of Wisconsin invests less than 1% of its health services budget in dental care, and it shows. When our association advocates for increased reimbursement rates, we are often cast as greedy. Yet, when other associations write letters to the Joint Finance Committee talking about their reimbursement rate being only 65% of cost, their concerns are taken seriously and addressed. However, the concern with funding dentistry as a priority begins long before a dentist starts practicing.

The state of Wisconsin has one dental school. Since 1894, the Marquette University School of Dentistry has graduated world-class dentists who come from all over the country and the globe to be educated in Milwaukee, and it is popular. For their 100 annual spots, Marquette sees an average of over 2300 applicants. I've been with WDA for three years now, and I will tell anyone who will listen that my favorite part of the job is interacting with the dental students. They are bright, curious, service-oriented people, and Wisconsin should be proud that their school turns out dentists with a conscience. The school is home to the country's largest Special Care Dentistry chapter, made up of dental students who identify as being interested in treating special needs patients. MUSOD is also one of the state's largest providers of Medicaid services, providing care to patients from 60 of Wisconsin's 72 counties, while giving the state a six-fold return on its investment just for services provided in Milwaukee alone. It is an absolute model of good stewardship of taxpayer dollars. For its partnership, MUSOD has been rewarded with cut after cut in its Medicaid contract with the state, and in fact has not had an increase since 1997.

During this time, the state, with its partners, has supported the expansion of two new Medical College of Wisconsin campuses, created a residency program for rural physicians, created a separate program for OB-GYN's in rural areas, has taken multiple actions to address a shortage of nurses in rural Wisconsin, and working to address shortages of psychiatrists. The most that the state has been willing to invest in improving access to dental care is a limited, $16 million four county pilot with strict reporting requirements, a program which found itself on the chopping block only a few months ago. So when we talk about a disparity in how certain professions (and the people they serve) are treated, this is what we mean.

There has, rightly, also been increased attention on how to serve those with special health care needs, and this matters particularly today, as there are a number of disability rights groups in this discussion. In 2014, Unity Point Meriter announced the closure of the Max Pohle Clinic, previously housed at Meriter Hospital in Madison. That clinic saw approximately 1800 patients annually, including a significant number of special needs patients requiring sedation. It also housed the state's only hospital-based general practice residency program. Unity Point cited the clinic's $600,000 annual loss due to low Medicaid and Medicare reimbursement rates as the primary reason. The state had an opportunity, with Marquette and a hospital partner, to transfer the certification of that program to another facility and preserve crucial access for special needs patients, as well as keep a hospital-based residency program running. It declined to do so, meaning that hundreds of special needs patients around Wisconsin now go without care.

So, what can we do? As it turns out, there are plenty of things the state can do, now, with the existing workforce, to help ensure that more people in Wisconsin can see a dentist. The issue of people not receiving oral healthcare is slightly different from the physician and nursing shortage, where there is an honest-to-goodness shortage of bodies in the profession. In Wisconsin, we exceed the number of practicing dentists projected to be necessary to serve the population. Over the last 20 years, the low point of the number of dentists actively practicing in Wisconsin was in 2005, at 2,850. The July count from DSPS shows that there are 3,713 dentists actively licensed and practicing in the state. We do not have a supply problem; we have a distribution problem.

Using national standards, DHS is able to designate certain portions of the state as Heath Provider Shortage Areas, or HPSAs. Similar standards exist for dental and, as we have heard, there are a significant number of DHPSA's in Wisconsin. However, it is important that we look beyond the designation itself—what would it take to have the designation removed? Here, there is more good news. Fourteen HPSA's would be eliminated simply by the addition of one or fewer full time dentists (read names). Another seven could be removed by adding two or fewer full time dentists (read names). Twenty-one designations can be gotten rid of with two or fewer dentists. We do not have a workforce shortage. We have a distribution problem.

We should next address cost, because one of the central arguments in favor of dental therapy is that it reduces cost for the practice and the patient. As you will be aware, medicine has shifted a significant number of patient visits to physicians assistants and nurse practitioners. An October 2018 study by the Health Care Cost Institute, a non-profit data collaborative whose partners include Pew Charitable Trusts, came up with a few different fascinating finds, including that the majority of office visits for those with health insurance now take place with an NP or a PA. The cost to patients, however, is essentially identical. From the study itself: "The average cost of an office visit to a PCP ($106 in 2016) was about the same as an office visit to NPs and PAs ($103 in 2016). **Any substitution of providers did not result in cost savings."** In fact, the cost of an office visit increased every year from 2012 to 2016, regardless of provider.

Speaking of midlevel providers, I would like to address the consistent comparison made between a dental therapist and a physician assistant or an Advanced Practice Registered Nurse (APRN). While this is a convenient comparison, it is not an accurate one. Both PA's and APRN's are required to receive a four year undergraduate degree with specific prerequisites. After that, between one and three years of hands on patient care is required, before entering a three year masters program, or in the case of APRN's, a doctorate program.

The dental therapy proposal in front of you today—not the one in Minnesota, not what has been passed in other states, but the bill in front of you today---contains a dental therapy program that does not resemble anything that has been passed elsewhere In the proposal before you, a dental therapist would be required to spend three years at a tech college, with no requirement for any prior background in dental hygiene, and would then be allowed to perform irreversible surgical procedures like extracting teeth with limited to no supervision. Serious discussions about the education and training of therapists need to happen, not because this is a turf war, but because we are talking about how to deliver quality, uniform patient care while maintaining patient protections. There is no requirement that the therapist graduate from a CODA-accredited program. The Commission on Dental Accreditation is the only body in

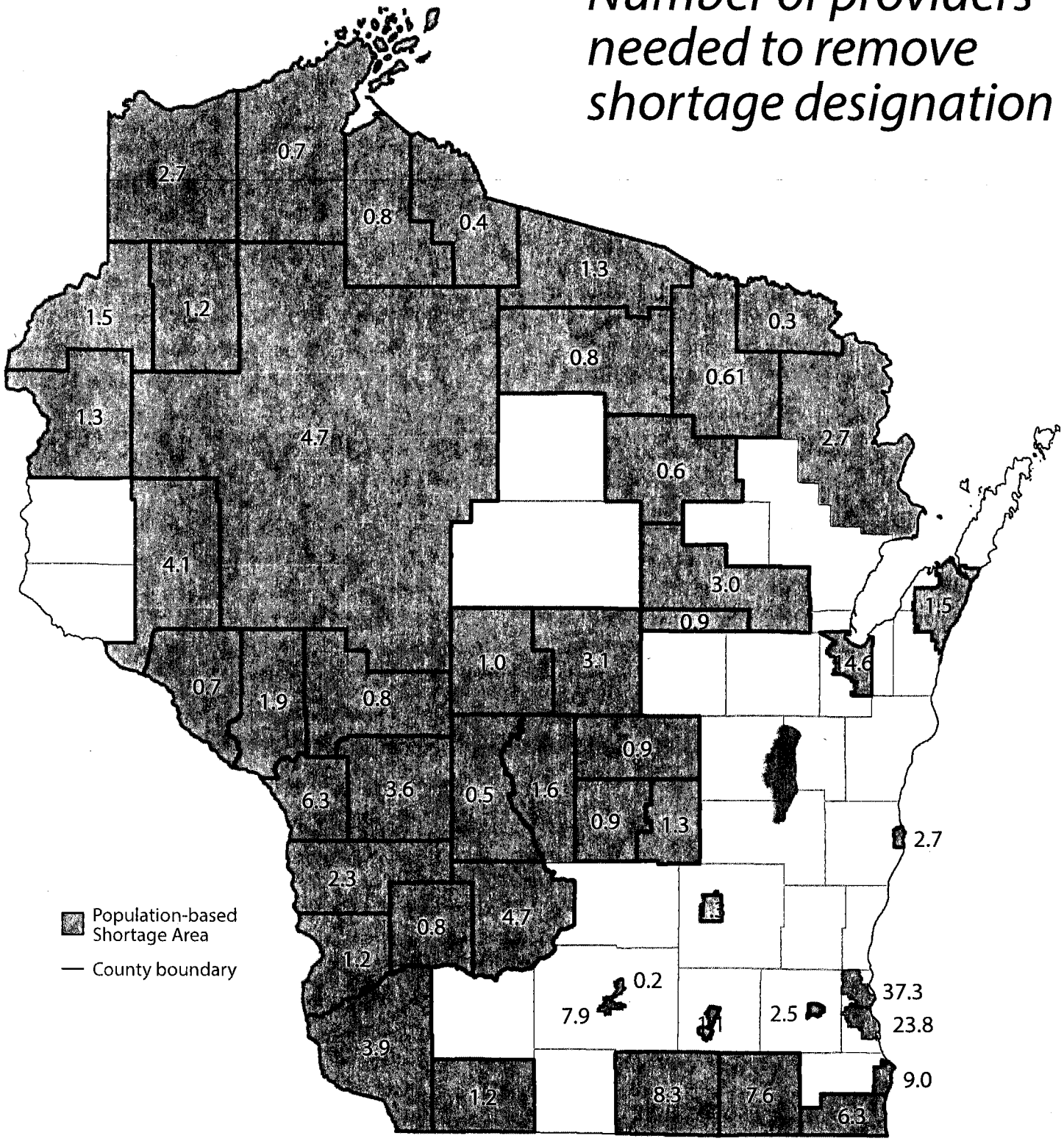
the US that recognizes dental and dental hygiene programs. While CODA standards for dental therapy do exist, not one program in the United States is CODA-accredited, not even Minnesota.
This bill lacks basic patient protections that have nothing to do with this being a "turf war". The bill creates a fragmented system of care for patients and shows disregard to the importance of establishing a dental home for a patient. The bill does not require that a dentist have even examined a patient before a therapist performs work. It contains no protections for what happens when something goes wrong during an extraction, or if the therapist gets in over their head. Under this bill, a dental therapist could conduct an extraction while 100 miles or more away from their supervising dentist. By contrast, the physician assistant administrative rules require that a supervising physician be available at all times, in person or on the phone, within 15 minutes of contact.

You're going to hear a lot today, from a number of different people, for a lot of different reasons. Our reasons for opposing this bill are simple: It doesn't reduce costs, it doesn't get more people care, and it is simply unnecessary to create an entirely new workforce from the ground up when we know that investing in the current one would more readily and efficiently solve the problem.

Health Professional Shortage Areas

Dental Health

Number of providers needed to remove shortage designation



Source: Health Resources and Services Administration, Geospatial Data Warehouse, October 2018.

WORH
Office of Rural Health
www.worh.org

Increases in visits to NPs and PAs accounted for only 42% of the decline in PCP visits

From 2012 to 2016, office visits to NPs and PAs increased each year. These visits to NPs and PAs may have substituted for some of the visits to primary care physicians, partially offsetting the overall decline in visits to primary care physicians.

However, the total increase in NP and PA visits accounts for just 42% of the total decline in PCP visits between 2012 and 2016.

- From 2012 to 2016, the rate of decline in PCP visits slowed, while the rate of increase in NP and PA office visits stayed relatively constant.
- Some visits to NPs and PAs may not have been for primary care, so the 42% offset may be an upper bound.

The average cost of an office visit to a PCP ($106 in 2016) was about the same as an office visit to NPs and PAs ($103 in 2016) (Figure 5). Any substitution of providers did not result in cost savings.

Figure 4: Annual Change in Office Visit Utilization to PCPs and NPs and PAs

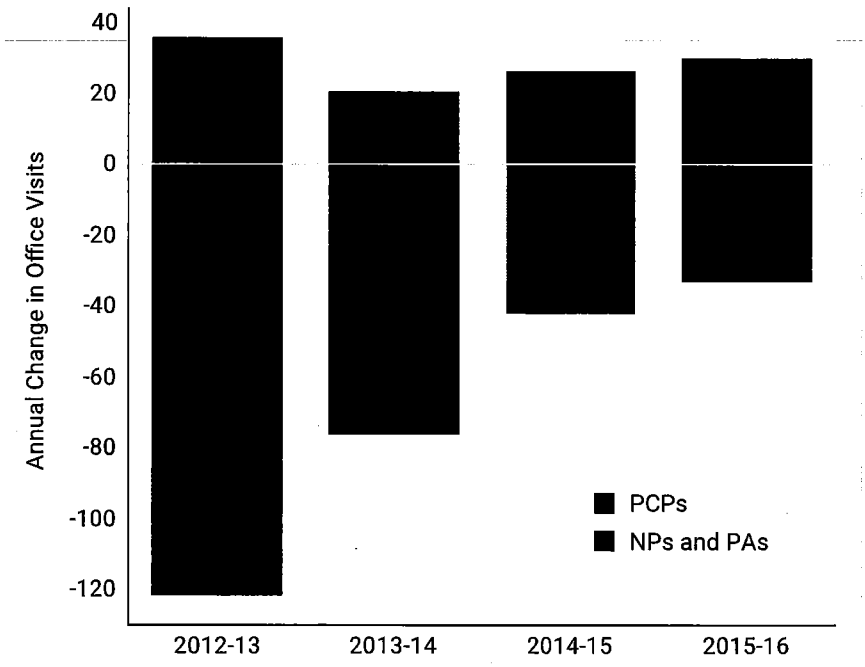
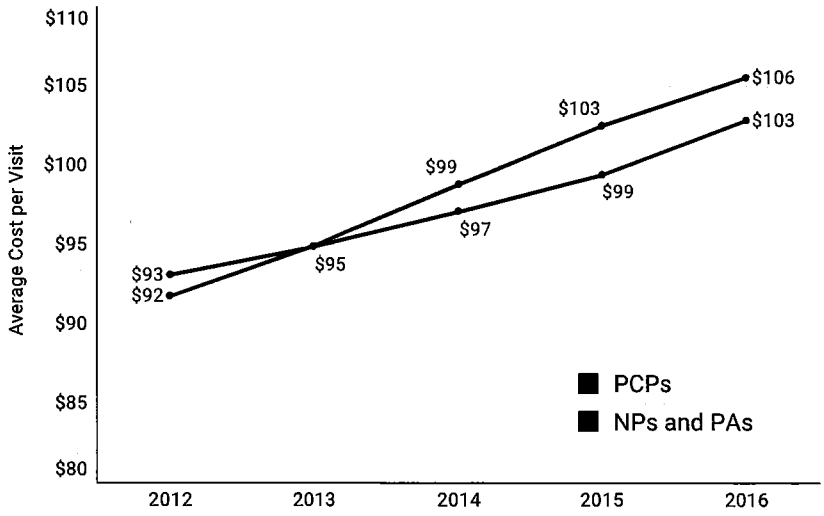


Figure 5: Average Cost per Office Visit



HEALTH CARE COST INSTITUTE

WDA
WISCONSIN DENTAL ASSOCIATION

DENTAL THERAPISTS:
A FALSE COMPARISON TO OTHER HEALTH PRACTICE MODELS

WHILE SUPPORTERS OF DENTAL THERAPIST PROPOSALS MAY COMPARE THIS PROPOSED PROVIDER MODEL TO NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS, *THAT IS A FALSE COMPARISON.*

Nurse practitioners and physician assistants have higher requirements for education, training and licensure – but dental therapists have a larger scope of responsibilities and services, ***including performing irreversible surgical procedures with limited to no supervision.***

ADVANCED PRACTICE REGISTERED NURSE (APRN)

- Bachelor of Science in Nursing (BSN) and successful completion of registered nurse licensing exam
- One to two years or more of registered nursing practice
- Three-year master's degree (MSN) or Doctor of Nursing Practice (DNP) degree from accredited program
- Successful completion of nursing practitioner licensing requirements

SERVICES INCLUDE: Physical assessments, diagnosing illnesses, ordering and analyzing diagnostic tests and procedures, prescribing medications, managing patient treatment and providing education and counseling.

PHYSICIAN ASSISTANT (PA)

- Four-year undergraduate degree, with science prerequisites
- Many PA programs require up to three years or 2,000 hours of prior, hands-on patient care
- Three-year master's degree from accredited PA program
- Successful completion of the Physician Assistant National Certifying Exam

SERVICES INCLUDE: Diagnostic tests and physical exams, treatment plans, preventive care counsel, assisting in surgery and prescribing medications.

DENTAL THERAPIST

- Three-year tech college degree

SERVICES INCLUDE: Filling cavities, placing temporary crowns, and performing irreversible surgical procedures, including drilling and extracting teeth, with limited to no supervision.

The WDA believes every Wisconsin resident deserves the highest level of care to ensure the integrity of their oral health and overall health. We urge opposition to any proposal for a new licensed dental provider that would lower the standard of dental care for Wisconsinites by allowing irreversible surgical procedures to be performed by anyone who is not a dentist.

THE ROOT OF QUALITY DENTAL CARE IS EDUCATION AND TRAINING

For additional information, please contact Matt Rossetto at mrossetto@wda.org or (608) 250-3442.

TESTIMONY OF DR. LORI A. WEYERS

PRESIDENT OF NORTHCENTRAL TECHNICAL COLLEGE

AUGUST 21, 2019

Good morning, Chairman Testin and members of the Committee.

I'm Dr. Lori Weyers. I have been a part of the Wisconsin Technical College System (WTCS) since 1977, working at Fox Valley Technical College and Northeast Wisconsin Technical College before beginning my presidency at Northcentral Technical College (NTC) in 2006. Established in 1912, NTC serves all or part of 10 counties in central Wisconsin covering 5,900 square miles with its main campus in Wausau and 5 regional campuses. Last year, NTC served nearly 32,000 students through its 190 programs plus continuing education opportunities. 85 of NTC's programs are offered fully online through our Virtual College to provide options to students, especially those who are working or living in rural areas. NTC has been recognized as #2 in the US as best online community college.

To support low income individuals throughout NTC's district and to provide our dental hygienist and dental assistant students with hands-on, real-life experiences, NTC owns and operates an on-site dental clinic and provides low cost dental care services for underserved and lower socioeconomic populations. The clinic has 40 dental chairs, a Dental Program Director who holds a Ph.D., a full-time administrative professional, four full-time dental faculty, two dentists overseeing all clinic work, and 52 dental assistant and dental hygienist students supporting care. The clinic had 814 patient encounters last year, servicing patients between the ages of 2 and 90.

NTC's service area is rural and lacks adequate oral healthcare. The Wisconsin Office of Rural Health has designated 7 of NTC's 10 counties as Health Professional Shortage Areas for dental health care.[1] This means dentists in NTC's area are currently sharing a caseload of over 28,000 additional patients than the average Wisconsin dentist. Studies have shown that rural communities lack access to oral health providers due to geographic isolation and workforce shortages, poor health literacy, and difficulty navigating the oral health system—all of which impact oral and general health.[2]

[1] Wisconsin Office of Rural Health. (2019). Health professional shortage areas: Dental health care. Retrieved from http://worh.org/sites/default/files/HPSA_Dental_Oct%202018_single%20color_0.pdf

[2] Rural Health Information Hub. (2019). Oral health in rural communities. Retrieved from https://www.ruralhealthinfo.org/topics/oral-health

Wisconsin technical colleges are positioned to provide training for the dental therapy career field. Wisconsin technical colleges are the only higher education institutions within the State that offer dental hygienist and dental assistant programs. Currently, CODA (Commission on Dental Accreditation) accredits 8 dental hygienist programs and 6 dental assisting programs within the 16 Wisconsin technical colleges.[3] All 16 Wisconsin technical colleges are accredited by the Higher Learning Commission, the same organization that accredits University of Wisconsin and other accredited four-year colleges in the State and Midwest.

- All Wisconsin Technical College System dental programs are led by faculty who meet high credentialing requirements and hold current licensures as outlined by the Higher Learning Commission and CODA;
- All have established active program advisory committees led by and made up of leaders in the dental industry;
- All utilize common curriculum to ensure a shared scope of practice consistency across the State;
- All attend regular WTCS meetings to allow dental faculty and staff to calibrate shared promising practices and student success strategies;
- All prepare graduates for the comprehensive written and clinical examinations given under the direction of the State Dentistry Examining Board, the American Dental Associations Joint Commission;
- All have established partnerships with dentists and clinics for on-site student practice; and
- All offer excellent education at a cost-effective tuition that is set by the WTCS Board.

As you can see, the Wisconsin Technical College System has a strong proactive infrastructure in place, and it is poised to support dental therapy training for a modest investment by the State.

[3] CODA. (2018). Search for dental programs. Retrieved from https://www.ada.org/en/coda/find-a-program/search-dental-programs#t=us&sort=%40codastatecitysort%20ascending&f:state=[Wisconsin]

According to CODA[4], dental therapy education programs **must** have a stated commitment to a humanistic culture and learning environment that is regularly evaluated. The standards state that dental therapy programs prepare graduates to join a learned and scholarly society of oral health professionals.

CODA requires that the Dental Therapy program

- **must** have a program director who is a licensed dentist or a licensed dental therapist possessing a master's or higher degree AND be a graduate of a program accredited by CODA AND have professional experience in general dentistry;
- **must** have faculty with current background specifically outlined;
- **must** integrate defined competencies in general education, biomedical sciences, and dental sciences (both didactic and clinical), as well as ethical decision making and diversity; and
- **must** conduct a formal system of continuous quality improvement for patient care through specific evidence-based demonstrations.

Wisconsin technical colleges can meet these standards. In addition, CODA states the graduates

- **must** be competent in the use of critical thinking and problem-solving, as well as have knowledge of when to bring a dentist in for consultation;
- **must** demonstrate understanding of basic dental principles consisting of a core of information within the scope of dental therapy;
- **must** be competent in providing oral health care within the scope of dental therapy practice with supervision as defined by the State practice acts; and
- **must** engage in service learning experiences and/or community-based learning experiences;

Wisconsin technical colleges can meet these standards as well.

[4] Commission on Dental Accreditation. (2015). Accreditation standards for dental therapy education programs. Retrieved from http://www.ada.org/~/media/CODA/Files/dt.pdf

As President of NTC, it is my responsibility to ensure there is a trained workforce within the College's district to meet high demand needs. The need for dental therapists to support dentists in their overwhelming responsibility to care for every person residing within Wisconsin's borders is one of the areas that NTC is prepared to support.

If the Senate endorses the need for increased access to oral health care in Wisconsin, especially within rural areas, I can confidently state that NTC is positioned to add dental therapy to its programming and once operational, NTC commits to ongoing costs associated with facilities, equipment, instruction, accreditation, and professional development. We actually formed an ad hoc committee when the topic was first raised in order to explore the opportunities and challenges associated with this potential new program. The ad hoc committee included dentists from within the NTC district as well as a director of dental services at a dental community clinic. We already have an established Dental Hygienist and Dental Assistant advisory committee with strong partnerships in the community to support clinical opportunities. Our marketing outreach efforts are comprehensive to attract qualified faculty and zealous students. We have an on-site dental clinic and have identified how to expand its footprint to add dental therapy programming with an anticipated 20 students in the pipeline annually. NTC's clinic will allow dental therapy students to collaborate daily with dental assistant and dentist hygienist students as well as receive oversight by the dentists who work within the program.

NTC graduates, just like all dental school graduates across the nation, are required to successfully complete comprehensive written and clinical examinations given under the direction of the State Dentistry Examining Board, the American Dental Associations Joint Commission, before practicing in the field. Our spring 2019 NTC dental hygienist graduates performed exceptionally on their National Board Dental Hygiene (NBDH) exam with an overall 96% pass rate and a 100% pass rate on their Central Regional Dental Testing Service (CRDTS) exam. Again, the same exams all dental hygienist graduates from any institution across the nation must pass.

NTC has an established continuing education department that supports incumbent worker training. Last year NTC hosted 70 major conferences and events, ranked #1 in the WTCS in professional development credits, and was recognized as a top training college in North America by the Learning Resources Network, the world's largest association in continuing education. NTC commits to identifying the continuing education required by dental therapists and offering programming as appropriate.

NTC's fully accredited dental therapy program would require a current dental hygienist license as a prerequisite. With four years of higher education training at graduation and successful certification, the dental therapists will be ready to practice in the field. If they wish to continue their education, NTC currently holds articulation agreements with four-year higher ed partners for advanced degree opportunities. NTC has already opened conversations with Purdue University Global in aligning curriculum for NTC dental therapy graduates and intends to reach out to other dental schools to discuss collaboration.

Dentists from rural areas are more likely to practice in rural communities than dental students from urban areas.[5] To ensure future access to oral health care, especially in rural areas like NTC's district and many others across the State, we need to actively recruit and work with students in rural areas. NTC's district is the most northern of the Wisconsin technical colleges with existing dental hygienist and dental assistant programs.

I share all this with you because I want you to know that Wisconsin technical colleges are agile, high-quality, proactive, strongly connected to community economic development, and prepared to train a skilled dental therapy workforce. The Wisconsin Technical College System and Northcentral Technical College are poised to provide dental therapy education for a modest investment. I am here so you know Northcentral Technical College is ready to support your vision. Thank you for considering the positive impact dental therapists can have on the State of Wisconsin and its populations, especially those living in rural areas.

[5] McFarland, Reinhardt, Yaseen. (2012). Rural dentists: Does growing up in a small community matter? *Journal of American Dental Association,* 143(9), 1013-9. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/22942149

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Senate Committee on Health and Human Services
Wisconsin State Capitol
2 East Main Street
Madison, WI 53702

August 21, 2019

Members of the Committee,

Good morning and thank you for the opportunity to testify today alongside WI AGD President, Dr. Lou Boryc. My name is Ninia Linero and I am State Government Relations Coordinator for the Academy of General Dentistry (AGD). On behalf of our organization, I am here to testify in opposition of SB 89, relating to the licensure and practice of dental therapists.

The AGD is the country's second largest dental association, representing nearly 40,000 general dentists and dental students. We work diligently to promote the oral health of the public and to foster general dentists' continued proficiency though quality continuing education.

As noted by Dr. Boryc, the AGD is appreciative of the intention by Wisconsin legislators to expand access to oral health care. Oral health is not secondary to general health, with lack of care increasing chances of severe gum and periodontal disease, tooth decay, and more chronic issues such as cancer and diabetes. Unfortunately, these issues are seen more across low-income adults, underserved areas and communities of color.

With a history of dental therapy dating back to 1921 in New Zealand, studies continue to suggest alternative solutions to increasing access to oral health care. In 2012, a study funded by the W.K. Kellogg Foundation entitled, "A Review of the Global Literature on Dental Therapists," analyzed clinical outcomes worldwide and indicated the dental therapist model as effective for children.

In 2017, the same authors published a paper in the Journal of Public Health Dentistry, "The dental therapist movement in the United States: A critique of current trends." In this, the authors criticize the dental therapist model as it has been proposed and implemented in the U.S. and concede that allowing dental therapists to work in private practice and on adults exhibiting complex oral conditions is not consistent with the effectiveness they observed in international dental therapist programs.

When referring to U.S. models of dental therapy, many exemplify Minnesota, as the first state to allow the practice and licensure of dental therapists in 2009, and emerging its first program graduates in 2011. The legislation intended to increase access to oral health care across Health Professional Shortage Areas (HPSA) and to publically insured individuals.

As of September 2018, approximately 87 dental therapists were licensed in Minnesota, of which only 33 were practicing in a HPSAs. The majority practice in the Minneapolis-Saint Paul metropolitan areas where there is no shortage of providers. This trend continues nearly a decade later.

Several states have been successful by incentivizing dentists to practice in rural or otherwise underserved areas with loan forgiveness programs. The average dental student graduates with nearly

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$290,000 in student loan debt, putting pressure on new dentists to pursue opportunities in areas that will provide the most immediate income, most commonly in urban and suburban areas where there are no dental shortages.

The Regional Initiatives in Dental Education (RIDE) program was funded by the Washington State Legislature in 2007, and is a specific educational track of the University Of Washington School Of Dentistry that trains dentists to meet the needs of rural and underserved populations. To this day, over seventy percent of RIDE graduates are practicing in rural or underserved areas.

SB 89 does not in any way enforce or incentivize practice in rural areas, which, like in most states, will result in DTs to choose areas that make their practices more economically viable and that have no need for additional oral health services.

It is crucial to note that challenges to oral health care access are not simply due to insufficient provider availability. Studies and Medicaid-contracted providers often highlight burdensome administrative requirements and low reimbursement rates as top reasons for the inability to accept Medicaid patients. Many dentists who provide these services actually lose money due to the overhead costs being greater than that of reimbursement rates. Additionally, most states reimburse dental therapists at the same rate as dentists, so the state would realize no savings in that regard.

We have found more significant reasoning across states, such as inadequate dental coverage and lack of oral health literacy, as being underlying issues to lack of access to oral health care. Other individual barriers in dental access and utilization (specifically in low-income populations) include challenges in making work or childcare arrangements and the perception that oral health is secondary to general health.

When working with states in the nation who want to learn about increasing access to care, we have often used Wisconsin's Dental Pilot Program as an example. Prior to its expansion (I don't have the updated numbers, but I'm sure WDA does) at least 70 dentists within the four counties of the original program signed up to see Medicaid patients.

In 2007, Texas increased their dental reimbursement rates by more than 50 percent and implemented student loan forgiveness to incentivize new dentists to practice in underserves areas. Within three years, utilization among Medicaid-enrolled children had exceeded rates among children with commercial dental insurance.

Lastly, you have heard Dr. Boryc discuss his extensive training, practice, research and continued education. As other health care fields have "mid-level providers" such as nurse practitioners and physician assistants, there is no midlevel for dentistry. There is no midlevel between cleaning teeth and ripping one out, similarly to how you would not ask a nurse practitioner to perform surgery on your head. Surgical, irreversible procedures are left to be done for those with surgical and/or medical degrees.

So when considering SB 89, please consider the many points I have presented today. Please consider if you would seek a "mid-level provider" in dentistry to carry out a surgical procedure on you or your child, and if not, consider why it is fair for it to be the only means for accessible oral healthcare to underserved

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communities. Please consider that oral health literacy will not change with the sudden addition of dental therapists, but that improved health literacy leads to patients being better stewards of their own health.

The AGD and its members recognize that access to oral health care is a prominent issue which is why we work alongside state legislatures to find solutions and policies that safely and effectively serve all patients in need. Thank you for your time, and I would be happy to answer any questions you have or send your office any pertinent information.

Regards,

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Senate Committee on Health and Human Services
Wisconsin State Capitol
2 East Main Street
Madison, WI 53702

August 21, 2019

Members of the Committee,

Thank you for the opportunity to testify on Senate Bill 89 relating to the licensure and practice of dental therapists in Wisconsin. I am Dr. Louis Boryc, President of the Wisconsin Academy of General Dentistry (WI AGD). On behalf of our organization and more than 500 Wisconsin members, I am here to express my concerns of this legislation and testify not in favor of SB 89.

I earned my DDS (Doctor of Dental Surgery) from Marquette University, after completing years of education and extensive training to carry out surgical and irreversible oral health procedures. The typical route to earn this degree or an equivalent such as a DMD (Doctor of Medicine in Dentistry) is a 4-year bachelor's degree, 4 years of dental school and the written and clinical passage of the National Board Dental Examinations. Those who choose to specialize must endure additional training. Even the majority of dentists like myself, general dentists, pursue additional education through organizations such as the Academy of General Dentistry. For example, I earned my FAGD (Fellow of the Academy of General Dentistry) meaning I completed at least 500 hours of approved, continuing education prior to passing a rigorous written exam. Academy dentists must also complete a minimum of 75 hours of continuing education every three years just to maintain membership.

I served as a dentist in the Navy and treated both Navy and Marine personnel on their bases. While in the service I received additional training in restorative dentistry as well as surgery and endodontics (the specialty of root canals). I have taught multiple aspects of dentistry for 40 years at Marquette University School of Dentistry as well as maintaining a private practice.

Under this legislation, dental therapists are able to perform surgical and irreversible procedures that are well above their educational scope. Some examples of these under Minnesota's scope of practice laws include:

1. Tooth reimplementation, or the placement of a natural tooth into the socket of the jaw: This is a precise surgical procedure which most often requires a concurrent or subsequent advanced types of root canals.
2. Cavity preparation: The non-reversible surgical removal of tooth structure. By definition, a precise procedure in a confined space near many other structures susceptible to irreversible and reversible damage.
3. Pulpotomies on primary teeth: Require the doctor to drill through the enamel, dentine (underlying layer of the tooth) and decay, and remove nerve and vascular tissues. If done properly under profound anesthesia the child's pain is resolved and the adult teeth are guided

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into proper alinement. Poorly done can damage the permanent underlying or adjacent teeth and cause pain.

4. Extractions of primary teeth: An irreversible procedure often done without immediate observable problems. There are of course issues of extended bleeding, damage to permanent and adjacent teeth as well as subsequent malalignment of permanent teeth.

This legislation also allows for procedures to be done under "general supervision," which is defined by Minnesota as:

"the supervision of tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time the tasks or procedures are being performed but require the tasks be performed with the prior knowledge and consent of the dentist." – *Minnesota Rules, part 3100.0100, subpart 21 (D)*

Some programs provide dental therapist certification with training in as little as three years total. As someone who has completed over a decade of education and properly and confidently performs these procedures, that is a concerning and inadequate amount of time to allow for this practice.

Most importantly, patients who have a lack of access to oral health care professionals or those who do not seek regular, preventative care many times are in need of procedures that are too comprehensive for dental therapists to provide. These patients are often those from low-income or underserved areas. We believe this legislation creates a second, inferior tier standard of care for patients and does not provide a solution of access to equitable, oral health care.

As in many other states, access to oral health care is a serious issue and the WI AGD appreciates the intention of trying to address that with this legislation. However, based on our knowledge and research of mid-level providers in dentistry, we believe there are far more effective ways to come towards a solution without sacrificing our patients' safety and the equity of oral health care for Wisconsin residents.

We are ready to work alongside Wisconsin legislators and state officials to develop sustainable policy solutions that address these challenges. Thank you again for your time, and please do not hesitate to reach out with questions or for more information.

Regards,

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THE HEARTLAND INSTITUTE
FREEDOM RISING

Testimony before the Wisconsin Senate Committee on Health and Human Services
Matthew Glans, Senior Policy Analyst, The Heartland Institute
Wednesday, August 21, 2019

Chairman Testin and members of the Committee, thank you for giving me the opportunity to submit testimony on this important issue.

My name is Matthew Glans; I am a senior policy analyst at The Heartland Institute, a 35-year-old national nonprofit research and education organization. Heartland's mission is to discover, develop, and promote free-market solutions to social and economic problems. The Heartland Institute is headquartered in Illinois and focuses on providing national, state, and local elected officials with reliable and timely research and analyses on important policy issues.

According to Kaiser Family Foundation data, nearly 58 million Americans live in areas with dental shortages, and this is likely to worsen in the coming years.[1] The Health Resources and Services Administration project that by 2025 the number of dental shortage regions will more than double from, 7,000 to 15,600.[2]

Like many states, Wisconsin faces a growing dentist shortage. According to the Health Resources and Services Administration, more than 1.2 million Wisconsinites, or nearly 20 percent of the state's population, reside in counties with a severe dental shortage. Rural counties in Wisconsin are particularly impacted by the dental health shortage. In fact, many counties would need several new providers to even make a dent in the problem.[3]

Fortunately for states with a dearth of dental services, there is a simple solution that would expand dental care access and lower costs: dental therapists (DT).

Across the country, states are increasing the number of licensed dental therapists as a significant step to resolve their dental care shortages. In Wisconsin, two companion bills, Senate Bill 89 and Assembly Bill 81, have been introduced which would provide for the licensure of dental therapists. They require the Dentistry Examining Board to grant a dental therapist license to an individual satisfying certain criteria, which include completion of a dental therapy program and the completion of required examinations.

As is the case with all bills, scope and details matter. In general, DT laws should require general supervision only, which means DTs would not need direct supervision from a dentist when providing dental services. This is important because limiting DTs to direct supervision would not substantially increase dental access. The Wisconsin bills call for general supervision, which "does not require the presence of the dentist at the time a task or procedure is being performed or prior examination or diagnosis of a patient by a dentist prior to the provision of dental therapy services by a dental therapist."

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[1] Kaiser Family Foundation. "Dental Care Health Professional Shortage Areas (HPSAs)". December 31, 2018. https://www.kff.org/other/state-indicator/dental-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.
[2] U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, National Center for Health Workforce Analysis. "National and State-Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2025." February 2015. https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/nationalstatelevelprojectionsdentists.pdf.
[3] Wisconsin Office of Rural Health. "Health Professional Shortage Areas, Dental Health." October 2018. http://worh.org/sites/default/files/HPSA_Dental_Oct%202018_FTEsShort.pdf.

Dental therapists in Wisconsin would face all the same laws and restrictions as dentists and dental hygienists. DTs would also be required to complete 12 hours of continuing education each biennium. It is important to note these arrangements are not mandatory; a dentist must choose to work with a dental therapist and would frame a collaborative management agreement to determine which services DTs could provide. The bill also gives DTs a voice on the examining board, requiring that two DTs be added once the first individual becomes licensed as a dental therapist in the state.

In 2009, Minnesota became the first state to authorize increased licenses for dental therapists. Based on the available evidence, Minnesota's reforms have been positive. In one case study, Main Street Dental Care, which is located in Montevideo, Minnesota found that after just one year of expanding licenses for dental therapists, patient visits increased by 27 percent. For many patients, dental therapists provide a cost-effective alternative to dentists.[4]

Moreover, children and adults served by DTs receive more frequent preventive care, which leads to a reduced need for invasive procedures over the long term, according to a report in the *Journal of Public Health Dentistry*.[5] As the Pew Charitable Trusts notes, mid-level providers such as dental therapists are already authorized to provide routine preventive and restorative care in more than 50 nations.[6]

In short, states ought to reform licensing standards for dental therapists. DTs should be allowed to practice without a dentist physically present. Over the past two years, seven states have passed laws authorizing dental therapists in some manner: Arizona, Connecticut, Michigan, Nevada, and New Mexico have passed laws authorizing dental therapists across the state; Idaho and Montana have passed laws allowing dental therapists on reservations. Wisconsin should join this growing trend. S.B. 89 and A.B. 81 would provide needed reforms that would help patients receive preventive and restorative treatment in a timely and affordable manner.

Thank you once again for allowing me the opportunity to testify today.

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[4] The Pew Charitable Trusts. Expanding the Dental Team: Increasing Access to Care in Public Settings. June 30, 2014. https://www.pewtrusts.org/-/media/assets/2014/06/27/expanding_dental_case_studies_report.pdf.
[5] Chi, Donald. Dental Utilization for Communities Served by Dental Therapists in Alaska's Yukon Kuskokwim Delta: Findings from an Observational Quantitative Study. August 2017. University of Washington. http://faculty.washington.edu/dchi/files/DHATFinalReport.pdf.
[6] The Pew Charitable Trusts. Expanding the Dental Team: Increasing Access to Care in Public Settings. June 30, 2014. https://www.pewtrusts.org/-/media/assets/2014/06/27/expanding_dental_case_studies_report.pdf.

WPHCA
Wisconsin Primary Health Care Association

August 21, 2019

TO: Chairman Patrick Testin
Members of the Senate Health Committee

RE: 2019 Senate Bill 89; relating to the licensure of dental therapist

On behalf of the Wisconsin Primary Health Care Association (WPHCA), I am writing to express support for 2019 Senate Bill 89 (2019 AB 81).

The Wisconsin Primary Health Care Association believes the licensure of dental therapists in Wisconsin is an important tool to improve access to oral health care in the State.

Specifically, we believe that inclusion of dental therapists within the Community Health Center model could have the following effects:

- Shorten wait time for patients
- Allow dentists more time to do complex procedures
- Provide cost effective preventive and routine restorative care
- Help to improve overall access to oral health care, therefore improving community health

Shorten wait time for patients:

Lake Superior Community Health Center has dental practices in both Duluth, MN and Superior, WI. **The addition of dental therapists (in 2014) in their Duluth clinic team decreased wait times for restorative care from 36 weeks down to 6 weeks**:

> "We saw improved access across the bridge in Duluth when we added dental therapists to our practice. For example, our wait times for restorative care went down from 36 weeks on average to 6 weeks," said Cheryl Larsen, Operations Director at Lake Superior Community Health Center. "We also complete treatment plans faster, which allows us to see new patients, when dental therapists are involved."

Wisconsin's oral health needs are not limited to adults. In our State, one in three children are living with untreated dental decay and one in five 3rd graders have untreated dental disease.[1] Despite the efforts being made statewide by dentists in private practice and at Community Health

[1] National Survey of Children's Health. NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 7/30/2018 from http://www.childhealthdata.org/browse/survey/results?q=2575&r=1&r2=51

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Centers, Wisconsin has consistently ranked in the bottom decile in terms of the rate of Medicaid-enrolled children who see a dentist each year.[2]

Allow dentists more time to do complex procedures

According to Competitive Wisconsin's Be Bold Initiative, and the Wisconsin Talent Development 2014-2018 Strategic Plan, Wisconsin's labor demand will exceed the labor supply by 46,000 workers by 2022, which is only 3 years away. As our population demographics shift towards an aging population, particularly in our rural areas, we will see growing challenges in ensuring that we have caregivers of all kinds close to where people live. We need to be thinking creatively about addressing health needs in a much more urgent way. Creating a dental mid-level provider is one way to ensure that oral health needs can be met amid these rapidly changing demographics.

Dental therapists are highly educated, licensed oral health professionals who work with a dental care team under the general supervision of a dentist. The Council of Dental Accreditation (CODA) is the sole agency which accredits dental and dental hygiene schools. CODA is responsible for accrediting dental therapy education. 2019 SB 89 ensures that Wisconsin's dental therapists are also educated under these rigorous standards.

Provide cost effective preventive and routine restorative care

When people prolong seeking care or can't access it, problems worsen. Between January 2017 and June 2018, the Wisconsin Hospital Association Information Center found that there were 2,063 visits to emergency departments for oral health related issues for children 18 and younger in Wisconsin.[3] Emergency departments are not equipped to deal with the root cause of most oral health pain, and can generally prescribe antibiotics and pain killers, which contributes to our current substance abuse crisis in the state. Providing additional and affordable access for people by expanding the dental team could help to ensure that people can get the right care, at the right place, at the right time which is better for health and overall cost of care.

Improve overall access to oral health care, therefore improving community health

Community Health Centers provide primary care, behavioral health and oral health services to over 300,000 Wisconsinites each year. Since 2008, Community Health Centers have tripled their dental capacity to answer the call of Wisconsinites who are living without oral health care. Over 161,000 people received dental services at Community Health Centers in 2017. 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.[4] The same study found one in five Wisconsin adults also reported having a need for dental care and not getting it in 2015.

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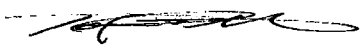
[2] https://www.medicaid.gov/medicaid/benefits/epsdt/index.html
[3] https://www.whainfocenter.com/analytics/?ID=57
[4] Yang, A. and Olsen, M. (2015) The Oral Health of Wisconsin Adults. Wisconsin Department of Health Services. Retrieved from https://www.dhs.wisconsin.gov/publications/p01074.pdf

As leaders in the oral health care safety net, Community Health Centers know that oral health is whole-body health. The health of our mouth 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. [5]

Community Health Centers in Wisconsin value the importance of oral health and have been recognized for their continued efforts to expand access, integrate services, and find innovative ways to meet the needs of their communities. The licensure of dental therapists in Wisconsin is a tool in this effort to support the oral health of Wisconsinites.

Sincerely,



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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.

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[5] Oral Health Program (May 2018). Wisconsin Department of Health Services. Received from https://www.dhs.wisconsin.gov/oral-health/index.htm

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KIDS FORWARD
Every Kid. Every Family. Every Community.

Re: Letter to the Editor

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

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Free Markets ▪ Opportunity ▪ Prosperity

August 21, 2019
Testimony in Support of Senate Bill 89
Julie Grace, Policy Analyst
Badger Institute

Chairman Testin and members of the committee, I'm Julie Grace, a policy analyst at the Badger Institute. Thank you for allowing me to testify before you today in support of Senate Bill 89. Dental therapy is an issue that we have researched and written on extensively — and one that we believe would address a pressing problem here in Wisconsin.

No one in this room is proud of the fact that Wisconsin has among the worst access and use rates of dental care for disadvantaged and underserved populations in the U.S., plus disproportionately poor outcomes for disadvantaged populations in our state.

Wisconsin children — more than half a million of them — are negatively impacted by a significant lack of dental access. Untreated decay, cavities and other oral health problems affect the physical and mental health of children, raise economic costs for future treatments and can contribute to lower academic performance — all of which likely affect later economic and societal outcomes.

The elderly, disabled and minorities are also disproportionately impacted by this lack of access to quality dental care.

When we learned of these trends and related statistics, we sought a solution and looked to other states for ideas.

Thankfully, we didn't have to look far. Minnesota implemented this practice in 2009. They now have about 90 dental therapists practicing in the state. The director for Minnesota's Board of Dentistry has told us that dental therapists have not taken business from dentists in the state and that the board had not received any complaints of substandard care since dental therapists started practicing there.

Of course, it's difficult to measure the full impact on quality, cost and access of care in Minnesota just a few years after policy-makers approved this practice, but we've already seen the positive impacts. It's also worth noting that since Minnesota began this practice, other states have followed suit. Dental therapists are allowed to practice in Arizona, Connecticut, Maine, Michigan, Nevada, New Mexico, Vermont, in tribal communities in Alaska, Idaho and Washington and under a pilot program in Oregon. Many other states are actively considering proposals like we are here today.

We see this bill as a deregulation of occupational licensing requirements for the dental industry. Not only would dental therapists provide Wisconsinites with greater access and choice for care, but it would lower the cost of dental services and reduce the burden placed on taxpayers when people go to hospitals for dental issues.

To us at the Badger Institute, this bill represents a common-sense, free-market and bipartisan solution to a serious and persistent problem. As part of our work on this issue, we've sought out national experts, including Dr. Morris Kleiner, AFL-CIO Chair in Labor Policy at the Humphrey School of Public Affairs at the University of Minnesota, and Jason Hicks, a University of Minnesota Ph.D. candidate whose research focus is on this topic. Kleiner and Hicks co-authored our policy brief on dental therapy and have provided valuable insight to us on this issue, as I'm sure Jason will do here today.

BADGER INSTITUTE

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August 21, 2019
Testimony in Support of Senate Bill 89
Jason Hicks, Ph.D. candidate
Humphrey School of Public Affairs
University of Minnesota

Chairman Testin and members of the committee, my name is Jason Hicks, and I am a Ph.D. candidate at the Humphrey School of Public Affairs at the University of Minnesota. My research interests are the linkage between economics and public policy with a specialization in occupational licensing. More specifically, I look at the effects of occupational licensing on earnings and employment of workers and the effects of licensing on consumer outcomes.

Earlier this year, I co-authored a policy brief for the Badger Institute on the role of dental therapists as a potential solution to increasing access to dental care for disadvantaged and underserved populations in Wisconsin. I am here testifying in support of Senate Bill 89.

As Julie mentioned, Wisconsin has among the lowest rates of dental care use in the country for children who receive dental benefits through Medicaid and a usage rate of dental services that is lower than that of all states bordering Wisconsin. In 2015, only 25% of children from low-income families who were eligible for preventative dental care through Medicaid or the Children's Health Insurance Program received care and only 11% of children from low-income families who were eligible for treatment of dental problems received care.

With regard to oral health, students of color who participated in Head Start in Wisconsin had higher rates of untreated tooth decay and cavities than white children in 2014. Further, African American and Hispanic adults were over twice as likely as white adults in Wisconsin to report needing, but not receiving, dental care in 2015. Low income adults, adults with disabilities and seniors in Wisconsin nursing homes also had disproportionately high levels of unserved dental needs. Wisconsinites who have untreated dental problems cite unaffordable cost of care, inadequate insurance coverage and lack of access to care as the biggest barriers to getting dental treatment. Wisconsin is one of only 13 states to experience a decrease in the dentist-to-population ratio from 2001 to 2016. Additionally, over 90% of Wisconsin's 72 counties have too few dental care providers, with over 1.2 million Wisconsinites living in designated shortage areas.

There are significant economic and social costs associated with poor oral health. Emergency room visits for preventable oral health conditions result in significant increases in health care costs and, in some rare cases, mortalities. In Wisconsin alone, there were over 41,000 emergency department visits for preventable dental conditions in 2015, costing nearly $25 million. Medicaid recipients are overrepresented among patients who visit the ER for dental problems. In 2013, researchers found that over an eight-year period there were 66 deaths following hospitalization for tooth infections.

Poor dental care in children affects physical health, raises economic costs for future dental treatment and lowers academic performance, which potentially influences economic and societal outcomes later in life. Students who need dental care, but for whom care is inaccessible, and have poor dental health are disproportionately likely to miss school and have a low grade-point average. Early childhood kindergarten programs, such as Head Start, have been shown to have substantial long-run economic returns for disadvantaged children; however, reduced attendance and lower academic performance due to dental problems may diminish the long-run positive benefits from participating in pre-kindergarten programs.

To understand how dental therapists could help increase access to and usage of dental services for disadvantaged and underserved populations in Wisconsin and potentially reduce the economic and societal costs associated with these problems, it's important to examine the effectiveness of the dental therapists in Minnesota, which was the first state to authorize the creation of dental therapists in 2009. The dental therapy model in Minnesota is very similar to that in Senate Bill 89, including the training requirements and scope of practice of dental therapists. As of 2018, there were 86 licensed dental therapists in Minnesota. Given the current shortage of 240 dentists identified by the Department of Health and Human Services, training an equivalent number of dental therapists in Wisconsin could reduce the shortage of dentists by up to 42%.

Numerous studies have found that the vast majority of patients seen by dental therapists are enrolled in public insurance programs, such as Medicaid, which suggests that dental therapists are expanding access to care for disadvantaged and underserved populations in Minnesota. Clinics have also experienced an overall growth in the number of new patients with public insurance after hiring dental therapists and seem to be serving a relatively high proportion of children, particularly in rural areas.

Importantly, dental therapists may be reducing the number of emergency room visits for dental treatment in Minnesota. Patients visiting clinics that hired dental therapists frequently experienced reductions in wait times for scheduled appointments and reduced travel times to appointments, which likely decreases emergency room visits. Additionally, patients who previously visited an emergency room for dental treatment were twice as likely to experience a reduction in travel times to their appointment with a dental therapist relative to a previous appointment with a dentist.

From an economic perspective, the addition of dental therapists to the dental workforce in Minnesota has resulted in cost savings for dental clinics. Dental practices that serve a large percentage of patients who are covered by public insurance, which pay lower reimbursement rates for dental services, experience positive financial returns from hiring dental therapists. A survey of dental clinics in Minnesota found that clinics frequently reported significant personnel cost savings by hiring a dental therapist instead of a dentist with the average cost of a dental therapist being roughly half that of a dentist. However, dental therapists also can serve as complements to dentists, not competitors. After dental therapists join a practice, dentists take on more complex and higher-fee dental procedures, such as oral surgeries, which can increase efficiency and overall revenues for a dental practice.

With respect to quality of care, extensive research, both internationally and within the U.S., clearly shows that dental therapists provide patients with high-quality dental care. Studies directly comparing care provided by dentists and dental therapists found that therapists performed at least as well as dentists. For example, in Alaska, the presence of dental therapists in rural, Native American communities was associated with fewer tooth extractions and more preventative care treatment for

both children and adults. In Minnesota, nearly all clinics that participated in an evaluation of dental therapists reported lower malpractice premiums for dental therapists than for dentists, which indicates that allowing dental therapists to provide dental care does not reduce patient safety.

When considering the appropriate scope of practice and supervisory levels for dental therapists, it's helpful to consider other mid-level practitioners in the health care industry. Nurse practitioners and physician assistants are mid-level health care providers who play a very similar role in the provision of medical care as that of dental therapists in the provision of dental care. The proposed professional and practice relationship between dental therapists and dentists under Senate Bill 89 is like that between nurse practitioners or physician assistants and physicians in Wisconsin. Both mid-level practitioners work under the general supervision of physicians, which means that they operate under the overall direction and control of physicians, but physicians do not have to be physically present when physician assistants or nurse practitioners perform a task or procedure.

Nurse practitioners in Wisconsin also must operate in a documented collaborative relationship with physicians that defines the joint practice and working relationship of a nurse practitioner and the physician. Similarly, Senate Bill 89 requires dental therapists, also a mid-level practitioner, to work in a collaborative management agreement with and under the general supervision of dentists. Importantly, there is no evidence that collaborative agreements or general supervision requirements in Wisconsin result in a lower quality of care for patients, which indicates that these requirements are appropriate for dental therapists in Wisconsin.

Collaborative agreements give dentists the choice as to which tasks and duties dental therapists can perform within the limits designated by law, so if some dentists don't feel comfortable allowing dental therapists to perform certain tasks or duties, then they will not be included in the collaborative agreement. This allows individual dentists to have significant input into the scope of practice of dental therapists.

With regard to the impacts of nurse practitioners and physician assistants in health care, the academic research clearly shows that outcomes of patients treated by nurse practitioners and physician assistants are at least as good or better than those of patients treated by physicians. Further, research indicates that utilizing mid-level health care providers can lower the cost of care, decrease the number of ER visits and increase the frequency of routine checkups by reducing costs for patients.

It's important to note that the medical lobby in the 1970s strongly opposed the creation of nurse practitioners; however, physicians today clearly recognize mid-level providers as an integral component of the health care workforce.

The creation of the dental therapy profession in Wisconsin through Senate Bill 89 would be an important step in improving access to and usage of dental care for disadvantaged and underserved populations in Wisconsin and potentially reducing negative economic and societal costs associated with poor oral health. These improvements in Wisconsin's oral health care system would occur without reductions in the quality of care provided to patients and could increase financial returns to dental practices.

Thank you.

WISCONSIN
Oral Health
COALITION
Children's Health
Alliance of Wisconsin

To: **Senate Health Committee**
From: **Tina Sopiwnik, DDS, Steering Committee Chair, Wisconsin Oral Health Coalition**
Date: **August 21, 2019**
Re: **Support for SB 89 – Licensure of dental therapists and granting rule-making authority**

Good morning Chairman Testin and members of the Senate Health Committee. Thank you for the opportunity to share remarks in support of Senate Bill 89 (SB 89). My name is Tina Sopiwnik and I am the chair of the Wisconsin Oral Health Coalition (Coalition). I am here today speaking 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 89. One of the unique features of working within a coalition is that members come from diverse backgrounds and different viewpoints. However, they must respect each other's differences and come together for the good of the whole.

In August 2013, the Coalition and its partners released the state oral health plan, referred to as *Wisconsin's Roadmap to Improving Oral Health*. Within the plan, there are four high-level strategic areas and goals the Coalition identified as a starting point to improve the oral health of Wisconsin residents. Within the plan, oral health workforce was identified as one of the four strategic areas needing to be addressed. In 2016, the Coalition unanimously adopted policy priority statements to help determine support and guide policy development. The priority statements include a policy specific to the development of new oral health workforce models.

The Coalition supports SB 89 because it meets all three criteria required for Coalition support in the adopted policy statement. The Coalition supports oral health workforce models which culminate in: graduation from an accredited institution, professional licensure, and improved access to patient care. SB 89 satisfies all of these three requirements.

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.

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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 89. Thank you for your consideration.

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

Respectfully submitted: Tina Sopiwnik, DDS, Steering Committee Chair, Wisconsin Oral Health Coalition, tsopiwnik@nlccwi.org or (715) 685-2200.

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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
Waushara 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

DISABILITY
SERVICE PROVIDER
NETWORK

To: Senator Patrick Testin, Chair
Members, Senate Committee on Health & Human Services

From: Lincoln Burr, CEO

Date: Wednesday, August 21, 2019

Re: **Support Senate Bill 89: Dental Therapist Legislation**
Allow Dental Therapists to Function without Direct Supervision or Prior Examination by Dentist

On behalf of the Disability Service Provider Network (DSPN) we are asking for your support of Senate Bill 89, relating to licensure of Dental Therapists. Further, it is important for committee members to understand the importance of maintaining the provision that will allow dental therapists to function through collaborative agreement without direct on-site supervision by a dentist or prior examination or diagnosis of a patient by a dentist.

As our name suggests, the focus of the Disability Service Provider Network (DSPN) and our membership are organizations who care for and serve persons with cognitive and behavioral disabilities. Our members operate, provide care and supervision services in residential settings, day care settings and employment programs for individuals with cognitive and behavioral disabilities.

The philosophy we live by is that every person deserves a place in their community and the opportunity to live a full, meaningful life. It's difficult to live a full and meaningful life if you're experiencing constant pain in your mouth or have to have all your teeth removed.

Approximately 99 percent of the individuals our members serve rely on Family Care and Medicaid programs to meet their health care and long-term care needs. And, to put it bluntly – one of the worst problems facing this population is the severe lack of access to dental care that has left far too many having to live day-to-day in pain and has led to many having full teeth extractions.

We are extremely grateful for those dentists and dental hygienists that do serve persons with cognitive and behavioral disabilities – they should be regarded as heroes.

But in our experience the number of dentists who will serve this population is extremely limited. Providers, parents and guardians are often told by a dentist that either they don't serve Medicaid because of low reimbursement and\or they will not serve persons with cognitive \ behavioral disabilities as they consider this population to be a specialty or require a specialist level of training within dentistry.

This is a population that is not only underserved, it is a population where many cannot access dental care. Unfortunately, all too often the more severe an individual's cognitive\behavioral disability the more likely they will have all their teeth removed.

We wish to recognize the Marquette School of Dentistry and express our appreciation. In recognition of the problems faced by this population the school began having dental students gain experience serving persons with disabilities. As these students graduate and enter the practice of dentistry that experience will help increase access and breakdown the belief that all in the cognitive\behavioral disability population require a specialist.

However, while we are appreciative of these efforts toward training future dentists – it represents only a small part of a much needed larger solution.

The larger solution requires the licensure of dental therapists and ensuring that supervision does not require the presence of the dentist at the time a task or procedure is being performed or prior examination or diagnosis of a patient by a dentist prior to the provision of dental therapy services by a dental therapist.

It is extremely important to maintain the provision in the bill that supervision does not require the presence of the dentist at the time a task or procedure or prior examination by a dentist. Remember, one of our greatest challenges is gaining access to a dentist. How difficult will that challenge be if we would then have to obtain access to both a dentist and dental therapist at the same time? It would likely only further exacerbate the barrier to dental access.

Delegation and collaborative management agreements are not a new concept in healthcare. They exist to ensure quality by attaching a level of confidence by the responsible dentist through the risk of their license that the dental therapist has the qualifications and training necessary to serve the dental patients.

Please pass Senate Bill 89 Dental Therapist legislation. This proposal is an important part of a larger solution to gain much needed dental care access for persons with cognitive and behavioral disabilities.

If you have any questions, please feel free to contact me - or better yet go into your district and speak with any provider, parent or guardian that cares for a person or family member affected with this disability.

Children's Health Alliance of Wisconsin

To: **Senate Committee on Health**
From: **Matt Crespin, MPH, RDH, Associate Director, Children's Health Alliance of Wisconsin**
Date: **August 21, 2019**
Re: **Support for SB 89 – licensure of dental therapists and granting rule-making authority**

Good morning Chairman Testin 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 89 (SB 89). The Alliance is a statewide organization, affiliated with Children's Hospital of Wisconsin, focused on raising awareness, mobilizing leaders, impacting public health and implementing programs proven to work. The Alliance has seven key initiatives including asthma, emergency care, early literacy, medical home, injury prevention, grief and bereavement and oral health. For 25 years our oral health programming 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 70,000 children in approximately 850 schools across the state. This year in fact, the state budget increased funding for SAS and we anticipate additional schools and children to participate in this valuable prevention program. We thank you for your dedication to this program but we must do more. Annually about 45 percent of the children we see have oral health needs 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 learn if they are sitting in class with mouth pain.

Our SAS programs spend an immense amount of time working on case management and yet only about 18 percent of the children referred, receive follow up care. 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 has realized this and has 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. CODA also is responsible for accrediting all dental and dental hygiene educational institutions across the country. 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 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 therapy students in Minnesota are being trained at two different educational institutions including the University of Minnesota - School of Dentistry. When visiting there last July another take away I found was their integrated educational model. Seeing dental, dental hygiene and dental therapy students who were all being trained together side-by-side, as a team, was amazing. The integrated training model helps all members of the dental team understand the importance of practicing at the top of their license in order to improve efficiency and effectiveness. 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 6 months multiple states have authorized the practice of dental Therapy. 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 Alliance knows it will take a multi-pronged approach to address the oral health access problem in our state. We have supported other dental related policy initiatives including those on reforming dental Medicaid payments and those pertaining to workforce. We see merit in any and all of these and know not one single approach will solve this problem. The data, high quality educational standards and ability to improve oral health in Wisconsin is why the Alliance supports SB 89. 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 that show any of the negative effects you might hear about dental therapy and we applaud the legislature for addressing this important issue.

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

Wisconsin BPDD

WISCONSIN BOARD FOR PEOPLE
WITH DEVELOPMENTAL DISABILITIES

August 21, 2019

Senator Testin
Chair, Senate Committee on Health and Human Services
Wisconsin State Capitol, Rm 131S
Madison, WI 53707

Dear Senator Testin and Committee members:

The Wisconsin Board for People with Developmental Disabilities (BPDD) thanks the committee for the opportunity to provide testimony in support of Senate Bill 89.

Access to dental care is a huge issue for people with disabilities in Wisconsin. In Wisconsin more than 50% of adults with disabilities have had at least one permanent tooth removed due to tooth decay or gum disease in the past year; 35% have not been to a dentist in the past year[1].

Many can only visit a dentist when something is wrong or causing pain/other health impacts, and often they may have to wait weeks or months for an appointment even in these situations. For people with I/DD, especially those who have difficulty communicating or explaining/identifying their pain, chronic tooth pain is often correlated with challenging behaviors. Frequently, by the time a person with I/DD finally is seen, tooth extraction is the only option.

SB 89 expands the pool of professionals that can provide basic dental care. Dental therapists can improve oral health access to low-income, rural, and underserved populations. People with I/DD are an underserved population, and many (44%) are also low-income and live in rural areas with limited service capacity.

Dental therapists can make it easier for people to get preventative care, especially when many dentist appointment slots are needed for more complex procedures. Oral health is directly related to general health throughout a person's life. Many systemic diseases may initially start with or be identified through oral symptoms. Lack of preventative dental care is a contributing factor to other chronic conditions that impact people with I/DD.

The lack of dental care for people with I/DD is almost universal and of crisis proportions; SB 89 will improve access for some people with I/DD, and every step taken is significant.

This bill does not address the lack of accessibility in dental offices that can accommodate people with mobility equipment, the extremely limited specialized facilities available for sedation dentistry, or low Medicaid reimbursement rates, all of which contribute to a lack of dental care and long (6 months or more) wait times for appointments for people with I/DD. Additional public policy changes are needed to address these issues.

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[1] Healthiest Wisconsin 2020 Baseline and Health Disparities Report, Wisconsin Department of Health Services, January 2014. https://www.dhs.wisconsin.gov/hw2020/baseline.htm

Wisconsin Board for People with Developmental Disabilities
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Email: bpddhelp@wi-bpdd.org • Website: www.wi-bpdd.org

BPDD is charged under the federal Developmental Disabilities Assistance and Bill of Rights Act with advocacy, capacity building, and systems change to improve self-determination, independence, productivity, and integration and inclusion in all facets of community life for people with developmental disabilities (more about BPDD https://wi-bpdd.org/wp-content/uploads/2018/08/Legislative_Overview_BPDD.pdf) .

Our role is to seek continuous improvement across all systems—education, transportation, health care, employment, etc.—that touch the lives of people with disabilities. Our work requires us to have a long-term vision of public policy that not only sees current systems as they are, but how these systems could be made better for current and future generations of people with disabilities.

Thank you for your consideration,

Beth Swedeen

Beth Swedeen, Executive Director
Wisconsin Board for People with Developmental Disabilities

Oneida Nation
Oneida Business Committee
PO Box 365 • Oneida, WI 54155-0365
oneida-nsn.gov

Oneida Nation Testimony for Senate Bill 89 relating to licensure of dental therapists; extending the time limit for emergency rule procedures; providing an exemption from emergency rule procedures; providing an exemption from rule-making procedures; and granting rule-making authority.

August 21, 2019

On behalf of the Oneida Nation, my name is Brandon Stevens and I am the Vice Chairman for the Nation. I am here today to express the Oneida Nation's supports Senate Bill 89 which allows for the licensure of dental therapists, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, providing an exemption from rule-making procedures and granting rule-making authority.

The Oneida Nation supplies comprehensive services for dental and oral hygiene care to our community; including preventative care; restorative care fillings; oral surgery extractions; orthodontics, prosthetics; endodontics; emergency dental treatment; fluoride therapy and more. The Oneida Nation provides over 28,148 dental patient visits equating to over 6,077 patient visits per dentist. The average wait times for dentists are approximately 4-5 months at the Oneida Dental Clinic.

According to the Indian Health Service Oral Survey[1],

- 71.3% of American Indian/Alaskan Native children aged 3-5 have tooth decay.
- 86% of American Indian/Alaskan Native children between 6-9 year of age had a history of decay in their primary permanent teeth, compared to 56% of children in the general US population.
- 47% of 6-9-year-old American Indian/Alaskan Native children had untreated decay compared to 17% of 6-9-year-old children in the general US population.
- American Indian/Alaskan Native adult dental patients suffer disproportionately higher rates of untreated tooth decay, with twice the prevalence as the general US population and more than any other racial/ethic group.
- About 83% of American Indian/Alaskan Native adult patients aged 40-64 years have lost at least one permanent tooth compared to 66% of the general US population of the same age.

[1] *https://www.ihs.gov/doh/*

Oneida Nation
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The Oneida Nation surveyed all 11 federally recognized tribes within the State of Wisconsin to gain a better understanding of the oral health challenges they face. The results showed that the biggest challenges Wisconsin tribes face when it comes to oral health is long wait times and staff shortages. Other challenges include access to care, finding qualified dental providers, early childhood tooth decay, and broken appointments.

The Oneida Nation believes that tribal members will pursue dental therapist careers and will want to serve in their communities, much like what happened in other states. According to Mary Williard of the Alaska Native Tribal Health Consortium, in Alaska, 3 of every 4 dental therapists come from the village or region they work in. This will help alleviate staff shortages, especially in those rural and poverty-stricken areas where it is hard to find dental providers. We feel dental therapists will reduce the wait times for patients to receive the oral care they deserve because dental therapists can supply the basic clinical dental treatment which focuses on routine and preventative services which will free up the dentists' time to focus on more complex cases. Our research shows that in Washington, Swinomish Indian Tribal Community reduced their average wait time from six months to under two months with just one dental therapist and Port Gamble S'Klallam Tribe completely eliminated its wait time after they hired a dental therapist.[2]

Tribal communities tend to be located in more rural areas and experience higher rates of poverty. To ensure that dental therapists are efficient and effective in tribal communities, the Oneida Nation strongly encourages that Senate Bill 89 allow dental therapists to supply those routine and preventative services under general supervision of a dentist, as they do in Alaska, Washington, Oregon, and Minnesota. We can learn from the State of Maine where they passed a law that requires a dentist to be physically in the room with a dental therapist while they are working. In part because of this arbitrary burden, no dentist has hired a dental therapist in the State of Maine. No dental therapists are practicing in the State of Maine since the law passed five years ago.

It is for these reasons that the Oneida Nation supports Senate Bill 89. The Oneida Nation sincerely requests to work together with the Wisconsin legislature to improve dental health for our members. I thank you for this opportunity to speak today and look forward to collaborating with a good mind, a good heart, and a strong fire.

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[2] *According to Dr. Rachael Hogan, Head Dentist at Swinomish Indian Tribal Community and Karol Dixon, Health Director at Port Gamble S'Klallam Tribe*

Senator Patrick Testin and the Committee on Health and Human Services 10
AB81 and SB89, the Dental Therapy bill

My name is Jennifer Lehto. I am a Barron County resident living in rural Chetek. I am a recent dental hygiene school graduate, but I began my dental career 17 years ago as an assistant.

I am 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.

As a dental assistant working 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 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. Dental therapists will work under the supervision of a dentist. These providers allow the underserved quicker access to 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 socio-economic 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 give testimony.

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August 21.2019

Chair Senator Pat Testin
Senator Tim Carpenter
Senator Jon Erpenbach
Senator Dale Kooyenga
Senator Andre Jaque
Senator Dale Kooyenga

Dear Chairman Testin and the rest of the Senate Health Committee Members,

My name is Monica Hebl. I am an active member of the Wisconsin Dental Association and the American Dental Association. I also serve on the Commission on Dental Accreditation (CODA) which is the agency responsible for accrediting all programs related to dentistry. Today I am speaking on behalf of myself as a private practicing dentist Medicaid provider and partner to you as the entity responsible for the oversight of the Medicaid program.

I have been a Medicaid provider in Milwaukee for my entire career; over 34 years, first in the central city and currently on 76th and Burleigh since 2000. We chose to remain in the city on three bus lines when we moved our practice so that we could remain accessible to our Medicaid patients.

I have been actively involved on multiple levels to improve access to care for the underserved for all of that time. It has become increasingly evident that legislators from both sides of the aisle have no appetite for appropriately funding dental Medicaid. A move to license or certify a limited scope treatment provider such as therapists is a clear signal to your partners in private practice that you no longer value or appreciate the fact that we have been working in the trenches at reimbursement that hovers around 30 cents on the dollar. It doesn't matter who is providing the care at those rates. Despite reimbursements that are next to last of all 50 state in America, I have made it my mission to provide treatment in a manner that makes the patients feel respected and cared for. I thoroughly enjoy helping entire families attain oral health and understand its importance. I also provide care for the disabled and mentally ill. It will break my heart to be forced to abandon those that need the care the most. The number of people enrolled in Medicaid is increasing and reimbursement has been stagnant for years. Costs keep increasing and insurance reimbursements are shrinking, making it a much more challenging environment to be a Medicaid provider than ever before. In fact, non-profit free clinics and subsidized Federally Qualified Health Centers (FQHC'S) have a difficult time making ends meet. The solution needed is economic, not workforce.

What I find so disturbing is that there is so much energy around a limited scope treatment provider when in Milwaukee County there are only **two** oral surgeons in all of Milwaukee County that accept Medicaid and both are reaching retirement age. In addition, I have extremely limited options to refer the child and disabled population that can't be treated in my office and yet here we are today talking

about the passage of a bill that would allow for a limited scope provider that will do nothing to alleviate these very serious issues.

Solutions like dental therapy just nip at the edges of the problem. Just look to our neighbors in Minnesota. It has taken ten years to educate just over 100 therapists. This bill is being proposed as a solution to access to care and yet MN is still grappling with low utilization and the need to increase reimbursement to provide adequate access. Future Wisconsin legislators will also be holding hearings during the next and future budget cycles just like we are today until an economic solution is found. If you vote in favor of this bill, please at least include outcome measures for this bill that are similar to those in the Medicaid Reimbursement Pilot so you can make a reasonable comparison and appropriate improvements to the Medicaid program based on actual data.

In contrast, the Wisconsin Dental Medicaid Reimbursement Pilot program in only 4 counties showed an increase of 100 providers in one year. For patients who struggle with transportation, child care and taking off work, it doesn't make sense to fragment the care and make them return for multiple visits because a provider is not licensed to complete the care they need. (eg. One appointment for a cleaning with a hygienist, another for fillings with a therapist and a third for an extraction with the dentist). This bill mandates that dentists have to enter into agreements with therapists and accept all responsibility for their care. While my practice is one that is proposed to benefit from hiring a therapist, I can tell you that I will not hire a therapist. Instead, I will be hiring an associate dentist who has a full scope of practice, is liable for the care they provide and paid based on their production. I will be looking for a business partner that shares my mission and the business risk. I will not be looking to hire a salaried dental therapist for which I will be held liable.

The bill allows for multiple educational pathways. The first is to graduate from an accredited dental therapy education program. **There are no CODA accredited programs**. If a program were to become accredited, the curriculum must include at least **three** academic years of full-time instruction or its equivalent at the postsecondary college-level. The second pathway is to be a graduate of a program that has been approved by a state licensing board which has no funds or purview to assess educational programs. This certification pathway consists of a 2 year post high school "community health aide program" dental therapy education program. These are two very different educational models, but either way it will take many years to educate a dental therapy workforce. The underserved need solutions that won't take decades to implement and have little impact on the problems that exist in Wisconsin today.

How is this a free market solution if billions of State and Federal dollars as well as philanthropic donations have been poured into FQHC's and free clinics across the nation? This legislation is not a free market solution for access to care. It will be time consuming to allow the market to dictate the success or failure of dental therapy. As leaders responsible for the Medicaid program, there are more effective ways to address the serious problems that exist such as increasing reimbursements, loan repayment or forgiveness, increased use of expanded settings of hygiene with the focus on prevention to name a few. Dental therapists will practice where it makes economic sense to practice. There is no requirement of Medicaid participation. If this is an access to care proposal, what are the guarantees that they will even have any affect on utilization? In addition, there will be no savings to the state as they will be paying the same for the procedures as they do now. In fact, dental therapy will cost the state more to develop and run dental therapy education programs as well as licensing.

I believe that the best way to address change is by working in partnership. Wisconsin was finally, actually making progress towards an effective, enduring solution. Hygienists recently had their settings expanded to practice independently to triage and provide education, prevention and appropriate referral at the same time a reimbursement pilot was showing successful results. The scope of a dental therapist doesn't even include treatment to solve a dental infection. A provider with limited surgical skills on the front lines of care is not the answer to reducing emergency department costs or decreasing the disparity in oral health which can already be addressed through prevention. The focus on dental therapy at this time is a distraction and will delay the work on real solutions to the very serious problems that are evident in rural and urban areas of the state of Wisconsin at this time. Loan forgiveness programs for dentists would be much more effective way to address the maldistribution of workforce. A community would be better off having a full service provider. Please give the current workforce a fair chance to improve access and distribution of providers by making it economically feasible.

I implore you not to wait too long to implement change that will actually help those that have such a difficult time finding the care they need to be healthy, pain free and achieve the oral health that is proven to increase self esteem and help attain a job and succeed in school. I want to continue to be your partner but I need to see proposals that actually show you want private practicing dentists to be your partner.

Please do not hesitate to contact me regarding access to care for oral health. As I transition my practice from a partnership to solo practice and am looking to find a new partner that shares my mission and vision, I need your help. No matter what happens with the therapy legislation, I need to be able to prove to a younger dentist that it is sustainable to participate in your Medicaid program and that there is reason to trust that legislators will design a Medicaid program that makes sense for a *dentist* to participate so that together we can ensure that the disadvantaged citizens of the state of Wisconsin get the care they need.

Sincerely,

Monica Hebl DDS
Burleigh Dental, SC

TESTIMONY
SENATE BILL SB89
COMMITTEE ON HEALTH AND HUMAN SERVICES
AUGUST 21, 2019

Linda Bohacek, RDH, MA, CDHC, FAADH
2745 Sanderling CT
St. James City, FL 33956

I would like to register my support for Senate Bill SB89 which establishes Dental Therapists in the state of Wisconsin.

I have been retired for 3 years and 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; 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 treated. Their conditions had worsened with many in pain and having difficulties concentrating in school according to their teachers. A very large percentage had early treatment needs that a Dental Therapist could provide, 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 address this committee.

disabilityrights | WISCONSIN
Protection and advocacy for people with disabilities.

To: Senator Patrick Testin, Chair; Senator Dale Kooyenga Vice-Chair, Senate Committee on Health and Human Services
Members of the Senate Committee on Health and Human Services

From: Disability Rights Wisconsin, Barbara Beckert – Director Milwaukee Office

Date: August 20, 2019

Re: Testimony in support of SB 89, 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.

Chairman Testin, Vice Chair Kooyenga and members of the Committee, thank you for the opportunity to share this testimony in support of SB 89, and the importance of improving 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 89 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 in Wisconsin, and will help to address dental care access issues faced by people with disabilities.

People with disabilities in Wisconsin 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 seeking assistance in finding a provider.

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.

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.

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disabilityrightswi.org

800 928-8778 consumers & family

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 comment the Legislature for your work to advance at 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 for the opportunity to provide input on SB 89. 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	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**
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Testimony of Drew J Christianson to State of Wisconsin

2019 Senate Bill 89 Hearing

Wednesday August 21st, 2019

Madison, Wisconsin

My name is Drew Christianson. I would like to start by saying thank you for your time and the opportunity to for you to hear my testimony on Dental Therapy. Since Wisconsin is my native state, I am always happy to have a conversation and discuss this important issue.

I wanted to share what I had previously stated to the State back in 2018. As a practicing Dental Therapist, it's a pleasure to be involved in the conversation with my home state about my profession, with the hopes that I can inform and provide insight on this great profession of Dental Therapy. Growing up in Wisconsin, I had a great dentist in my small town. I don't think I ever went six months without seeing a dentist. I assumed this was case for all families. As I got older, I wanted to be in healthcare, whether that was on the medical side or dental side. I felt a strong connection to dentistry due to the ability to have always been seen and cared for. When I went to college, Pre-dent was the track for me. It wasn't until I volunteered at the Mission of Mercy in Sheboygan, WI in 2010 that I realized that dental care is NOT a given, but for most it is a luxury. I witnessed hundreds of people camping out the night before outside of the Sheboygan North High School, waiting to be seen by a provider to help them get out of dental pain. Adults, children, elderly were all waiting to just be heard. It was at that moment I knew I wanted to be in dentistry, and help those that were truly in need. I needed to find a profession that fit all of my goals I wanted to achieve while having a career in dentistry. Those goals included serving the underserved, working with children, and ability to lead by example. Dental Therapy helped me achieve all of those goals.

The arguments that can be made about dental therapy and the profession seem to stem from fear of change, and the fear of the unknown. There is a notion that dental therapists provide lower quality of care, and that patients are at risk for a so-called "Two Tier System". I will state that the standard of care dental therapists provide are at the same level of that of a dental assistant, dental hygienist and dentist. As providers we are all educated to high levels to provide outstanding and exceptional care to the public. Dental therapists trained in Minnesota have trained alongside dentists, as well as educated by dentists themselves. The standard of care that is provided is ingrained early on in a dental therapist's education and early career when serving the underserved populations. It is safe to safe that dental therapists, who work alongside dentists, provide care at the same standard of care as the other dental professions. It is evident that the populations dental therapists serve do come with complex treatments and medical/dental histories. The glory of having a dental therapist work alongside the dentist is to help alleviate some of the stress and time that these complex patients present. The thought that dental therapists work independently or separate from the dentist is untrue, in fact, dental therapists must be in collaboration with a dentist at all times while practicing. It would be difficult for a dental therapist to provide every treatment and procedure without being in collaboration with a dentist, as well as have the ability to refer someone when procedures are out of their scope of practice. This is actually the highlight of having a dental therapist in your practice. The dental therapist is able to alleviate some of the stress and procedures that result in extra appointments that a dentist may have in their schedule. The dental therapist is able to be an extension of the dentist by having the ability to do procedures that is allowed by the dentist that is written in their collaborative management agreement and discussed upon before of

the care is delivered in most situations. Dental therapists do you provide care that can be complex, but their training and their level of expertise as well as their scope of practice allows them to be able to complete these procedures safely and effectively. The collaboration between the dentist and the dental therapist is what makes this model successful. Without the support and backing of the collaborating team, this model will not be successful, but Minnesota shows that with effort, acceptance of change, and the desire to serve the underserved the model can be very impactful for the patients they serve.

Dental Therapists are making an impact in Minnesota for the populations they serve. There are over 100 dental therapists in the state of Minnesota. The fact that people have an opinion that 100 people can't make a difference makes it seem that they are looking for a reason to not want to believe that time and effort into a cause can actually have an impact. I agree that 100 dental therapists is not enough to make a large impact, however, the patients that the 100+ dental therapists are seeing or having a major impact. If on average a dental therapist sees 2000 patients a year, that is going to be over 20,000 patients seen by dental therapist in a year. Yes, this may seem very minimal in the eyes of "public health", but to those 20,000 people that makes a large difference. I do not know of any cases where a dental therapist has provided care so subpar that there has been any adverse reaction or disciplinary action from the Board of Dentistry.

The population of Minnesota resides predominantly in the Twin Cities urban metro area with almost 66% of the population living in the 7-county Metro area. The dental therapists that provide care in the state do work in both rural and urban areas to fit the population in the needs of Minnesota residence. In May of 2019, there were 43 locations located in Greater Minnesota where dental therapists were providing care, with most of those being in the private sector. The other locations located in the urban areas are FQHCs, hospitals, educational institutions, and community clinics; all areas where dental therapists are needed to provide care. The underserved populations do not all reside in rural communities, the urban communities have the same struggle to find affordable dental care.

I am not here to convince or persuade, but to inform you of the impacts I have witnessed and experienced. There will be resistance to change, a negative annotation about dental therapy and their qualifications, and their economic viability. Those items are not going away any time soon. But for the patients that have sent thank you letters, shed tears in my chair, and the children who hug me for making their appointment fun, I can attest that DTs are making a difference. Populations who have not had the ability to be seen or heard, DTs have made a difference. We cannot pretend that the populations who are going unseen are going to disappear. We must provide another avenue for those that want to adopt this model of care. For those that oppose, change is difficult, but it is inevitable given the direction of current oral health needs.

I want to thank you for your time and I look forward to our future conversations. Thank you.

Respectfully,

Drew Christianson, MDT, CADT

Karl Self, DDS, MBA
Testimony for the Wisconsin Senate Committee
August 20, 2019

Greetings, Chairman Testin and members of the committee. My name is Dr. Karl Self. I have been a dentist for 34 years, and I have worked in a variety of practice settings, but I've spent most of my career in a community clinic setting. 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 here because ten 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 University of Minnesota has educated dental therapists since our state authorized these providers in 2009. Dental therapists in Minnesota are trained in a defined scope of practice that includes both preventive and routine restorative procedures. At the University of Minnesota, our dental therapy students are educated alongside our dental and our dental hygiene students. As an example, where the scope of practice of a dental therapy student overlaps with that of a dental student, like drilling and filling a cavity, both student groups take the same courses, have the same clinical requirements, and must pass the same examinations. Upon graduation from our educational program, dental therapy graduates are required to pass a patient-based clinical examination that is the same as a portion of the examination that dental graduates have to pass. Both groups take the exam at the same time and exam evaluators are unaware as to which individuals are testing to become a licensed dentist and which will become a licensed dental therapist. This blind evaluation ensures that dental therapists have the same skills and abilities as dentists for the procedures both providers are licensed to perform. Thus, from a quality of care standpoint, our dental therapy graduates are educated to the same standards as dentists for the limited scope of practice they are licensed to perform.

Since our first dental therapy class graduated in 2011, the U of M has graduated 63 individuals. Combined with the graduates of another school in Minnesota, the state currently has 101 licensed dental therapists. While 101 licensed dental therapists in nine years may sound like a small number of providers, historically we have limited our class sizes to balance the supply of dental therapists with the demand of the dental market.

Currently I would consider the dental therapy profession in Minnesota to be at full employment with more dentists looking to employ dental therapists than we have licensed dental therapists. Data from this past spring showed dental therapists work in a variety of settings, including private practices, nonprofit clinics, FQHCs, and large group practices. About 62% worked in underserved areas in and around the Twin Cities, and the other 38% worked 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.

I continue to be excited that I have the opportunity to lead the dental therapy education program at the University of Minnesota, and I am proud of our dental therapists that care for underserved people in Minnesota every day. They are amazing individuals and they are truly pioneers of this new profession. For nearly 30 years I have advocated for healthcare for underserved populations and I am personally thrilled that Minnesota as a state chose not to stay with the status quo but to try something different to improve access to dental care and to help reduce oral health care disparities. So too are the underserved patients of Minnesota who have been very happy to be able to receive care from a dental therapist these past 8 years.

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 is showing positive results with the practices that have chosen to adopt it. Additionally, as would be expected with the initiation of any new profession, there are folks who went into the dental therapy profession and have found that it was not what they were looking for. Yet a 2015, Minnesota Department of Health survey found 89% of dental therapists were either satisfied or very satisfied with their career. Similarly, there are dentists who have explored adding a dental therapist to their dental team and determined it did not fit into their

practice. Yet most dentists are finding that dental therapists are adding value to their practice and their dental team. In fact, roughly 40% of dentists and clinics which currently employ a dental therapist employ more than 1 dental therapist in their practice or clinic.

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 I strongly believe the profession of dental therapy will continue to grow and dental therapists will 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 submit written testimony here today. I am happy to answer any questions you may have.

Kim Kaukl
Executive Director
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kimkaukl@wirsa.org

Wisconsin Rural Schools Alliance

August 21, 2019

Chairman Testin and members of the Senate Committee on Health and Human Services:

My name is Kim Kaukl, I am the Executive Director of the Wisconsin Rural Schools Alliance (WiRSA). Our organization represents and supports over 220 members with 155 rural school districts, several CESAs, technical colleges, universities, businesses and individual members.

Due to another commitment, I am not able to attend the hearing on **Senate Bill 89** relating to licensure of dental therapists; extending the time limit for emergency rule procedures; providing an exemption from emergency rule procedures; providing an exemption from rule-making procedures; and granting rule-making authority but would like to submit written testimony in support of SB 89.

Our organization has registered in support of Senate Bill 89 because we feel this is a bill that could be very helpful to our rural communities and students who do not have access to dental services or cannot afford dental services (1). We see this as a possibility to provide services where there weren't previously in some of our rural communities. We had the opportunity to meet with the lead author, Representative Felzkowski, and appreciate her work on this initiative. We know that this exact initiative has had early favorable results in Minnesota, especially in the rural areas, and hope that it will be positive for our rural communities and students as well (2).

In conclusion, we have shared with the author that WiRSA will help get the word out to our rural schools if this initiative is approved. With that I ask that your committee support Senate Bill 89.

Thank you for your time and taking my written testimony into consideration.

Kim Kaukl

Kim Kaukl
Executive Director
Wisconsin Rural Schools Alliance
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1 According to federal statistics, a staggering 64 of the 72 counties in Wisconsin face dentist shortages. Even more concerning, there are currently over 1 million Wisconsinites who depend on Medicaid for dental benefits that face additional barriers – only 37% of current dentists in the state accept Medicaid patients. Dentist availability plays a major role in why **Wisconsin rates *45th* of all states** in the number of Medicaid children who saw a dentist in 2017.

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

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TO: The Senate Committee on Health and Human Services
FROM: Debra DeNure, Oral Health Coordinator, Public Health Madison and Dane County
DATE: August 19, 2019
RE: 2019 Senate Bill 89: Dental Therapist

Access to dental healthcare plays a vital role in every person's life. Our oral health affects our employability; our general health and chronic diseases; our ability to eat, sleep, talk and concentrate at school and work. According to the Health Resources & Services Administration, Dane County has three designated Dental Health Professional Shortage Areas, right here in Madison.[1]

In 2017, there were 1,692 cases of dental treatment done in Dane County hospital operating rooms (OR). These were not related to actual oral surgery or jaw surgery. Many of these cases were treating advanced early childhood caries (cavities). Medicaid paid sixty percent of these cases. Ninety percent were children under 18 years of age.[2] In 2018, our hospital emergency departments reported 1,123 visits for preventable, non-traumatic dental conditions (e.g. severe decay, abscessed tooth, periodontal infection), half of which were Medicaid insured. Approximately the same number of dental visits were reported by our urgent care centers. The charges for the dental pain visits to the emergency departments alone were approximately $2.3 million.[3]

This is not the only indication that we have a need for additional dental healthcare providers. Our local pediatric dental clinics are currently only accepting new Medicaid insured patients by referral only. This means a parent cannot call to make an appointment for his or her young child without going through a referral process. This may mean that by the time a child gets to see a provider, they already have advanced early childhood caries. If that is the case, and they require dental treatment in a hospital setting, there is another 6-16 week wait for a slot in the OR schedule for those who are Medicaid insured.

In 2017, More Smiles Wisconsin, a safety-net non-profit dental clinic here in Madison, received 827 calls from people needing urgent dental treatment. This clinic is only able to afford to employ a dentist part-time to provide ongoing restorative care for patients, and depends on volunteer dentists and staff for additional scheduling and an evening emergency clinic to help divert patients from having to go to hospital emergency rooms. 54% of their patients are Medicaid insured and 46% are very low-income ($\leq$ 200% Federal Poverty Level).[4]

Only 35.4% of the almost 72,000 Medicaid enrolled Dane County residents had some kind of dental service during FFY 2017. That means about 46,000 did not receive any dental care at all. In this same year, only 97 of the 345 dentists in Dane County were Medicaid enrolled providers, and a third of these saw more than 100 patients each. Most of these providers are oral surgeons, in pediatric practices, or employees of the Federally Qualified Health Center.[5]

The addition of dental therapists to our dental health workforce would increase access to quality care at a lower cost, allowing more practices to accept Medicaid insured patients. Dental therapists can economically expand dental practices into our communities and rural areas where these health services are needed most. Most importantly, the addition of dental therapists can improve the health and well-being of all Wisconsin residents.

[1] Health Resources & Services Administration. Dental Health Professional Shortage Areas. Accessed August 2019 from https://data.hrsa.gov/tools/shortage-area/hpsa-find.

[2] Unpublished data provided to PHMDC from Wisconsin Hospital Association

[3] Unpublished data provided to PHMDC from UW Health, UnityPoint Health-Meriter, SSM Health, and Group Health Cooperative of South Central WI

[4] Unpublished data provided to PHMDC from More Smiles Wisconsin

[5] Unpublished MA data provided to PHMDC by State Oral Health Epidemiologist Melissa.olson@wisconsin.gov

[redacted]

DELTA DENTAL

COPY

August 21, 2019

Senator Patrick Testin
Chair, Senate Committee on Health & Human Services
State Capitol
Madison WI 53707

Re: Senate Bill 89; Licensure of dental therapists

Dear Senator Testin,

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. None of these needs will be met without long-term planning and innovative approaches.

A significant portion of our existing access for the underserved is through community safety net dental clinics. Over the past two 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.

Delta Dental of Wisconsin commissioned an independent whitepaper by Health Management Associates to research options for improving access to dental care for individuals in Wisconsin with Medicaid coverage. We do not currently participate in the Medicaid dental space, and did not influence the direction of this paper nor the suggested solutions contained within. The paper's conclusion states, "there is no single solution to improving Wisconsin's low rate of dental utilization for individuals with Medicaid." The paper goes on to outline key factors and recommendations that could improve access, which include adding dental therapists as a way to expand both the types of providers and settings for dental care.

For example, dental therapy is one piece of a much broader set of needed reforms. It is a piece that needs to start now in order to begin to build a more comprehensive, long-term approach. It could help address both provider staffing and costs by reducing operational overhead for many of the 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. Community clinics and Federally Qualified Health Centers are too valuable an asset to the citizens of Wisconsin to continue to put them at risk. Long-term solutions are needed to address the workforce and reimbursement issues they face.

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 more 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 serious 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 shortage, or "dental deserts," and that the number and size of these deserts will only grow going forward. This dental workforce issue impacts access for both the underserved and our insured members, and requires a comprehensive long-term solution.

Access to healthcare is an essential component of a viable community and influences the ability of area businesses to recruit and retain employees. An American Dental Association study shows dentists also have significant direct economic impact to the surrounding community (J Am Dent Assoc. 2004 Mar;135(3):347-52). The Delta Dental of Wisconsin Foundation is currently offering student loan repayment assistance in these areas of highest need as part of that solution. 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 confines of a Collaborative Management Agreement and the scope of services and supervision outlined in Senate Bill 89. We have reviewed the data from models of practice 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. **We strongly support the proposed legislation to allow dental therapy and start the process of expanding access to oral health care for Wisconsin residents.**

Sincerely,

Dennis Peterson
President & CEO

Dr. Frederick Eichmiller
Vice President & Chief Science Officer

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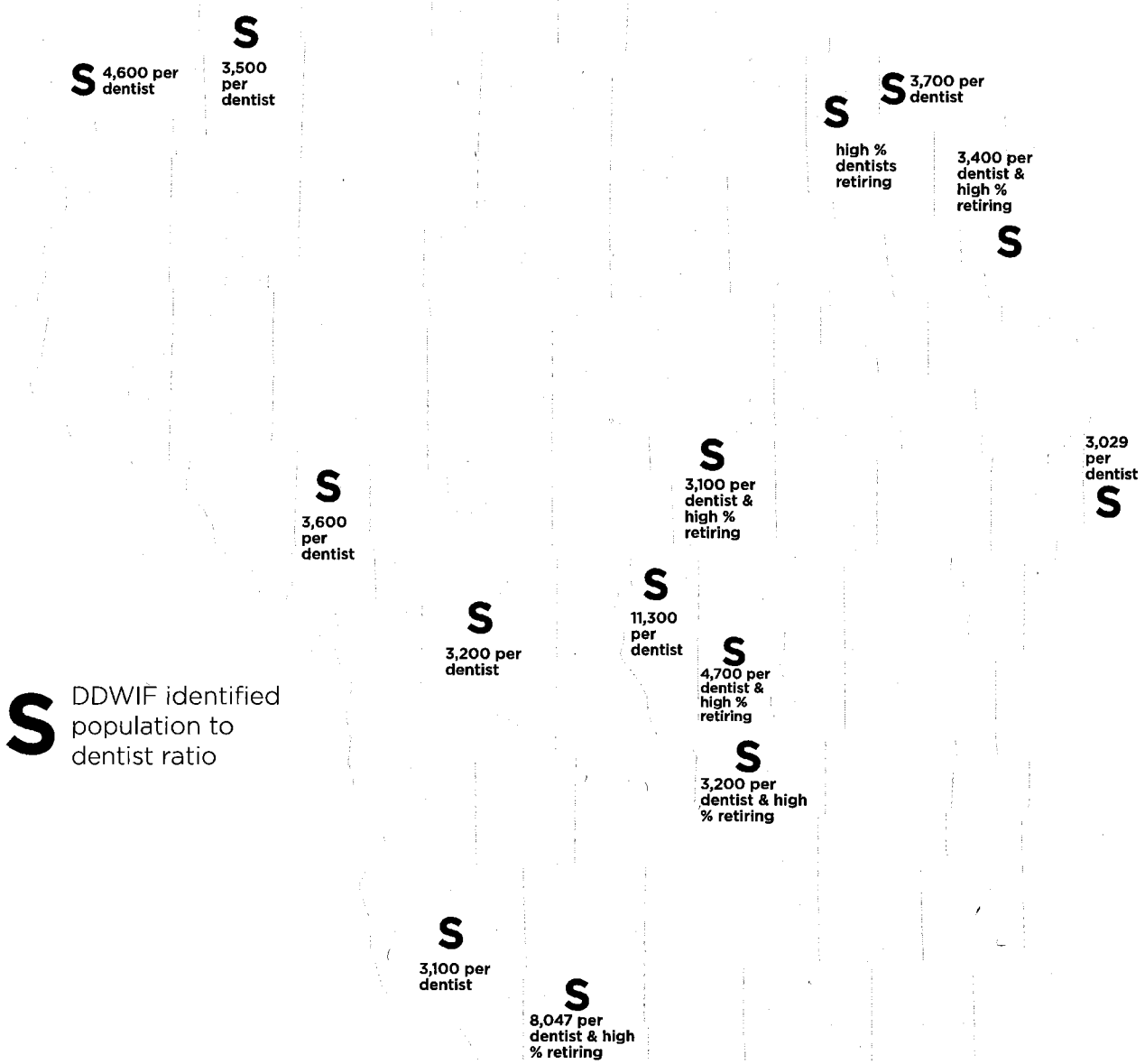
Dental Professional Shortage Areas

As identified by the Delta Dental of Wisconsin Foundation



Children's
Hospital of Wisconsin

August 20, 2019

Senate Chair Patrick Testin
Room 131 South, State Capitol
P.O. Box 7882
Madison, WI 53707

Senate Vice-Chair Dale Kooyenga
Room 310 South, State Capitol
P.O. Box 7882
Madison, WI 53707

Senator André Jacque
Room 7 South, State Capitol
P.O. Box 7882
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Senator Jon Erpenbach
Room 415 South, State Capitol
P.O. Box 7882
Madison, WI 53707

Senator Tim Carpenter
Room 109, State Capitol
P.O. Box 7882
Madison, WI 53707

Dear Members of the Senate Committee on Health & Human Services:

On behalf of Children's Hospital of Wisconsin (Children's), I'm writing today to express support for AB 81/SB 89 that would authorize the practice of dental therapy in Wisconsin. Thank you to Senator Dave Craig and Representative Mary Felzkowski for introducing the legislation.

Children's provides dental and oral health care services in four clinic locations, as well as in the operating room at Children's Hospital and our Surgicenter where we treat over 1,000 cases annually in these surgical settings. Oral health care is integrated within our primary care offices, as well as urgent and emergent settings. We serve more than 15,000 unique dental patients each year, including kids in foster care and children with special health care needs. Children's also treats more than 500 adults with special health care needs who we struggle to find a dental home to transition their dental care upon becoming an adult so we continue to care for them. On average, more than 90 percent of our dental patients are covered by Medicaid.

Annually, there are more than 800 visits to Children's Emergency Department for oral health issues; more than half of these are related to preventable oral health issues such as dental decay, gum disease and infections. What Children's really wants to focus attention on is prevention and keeping as many of these kids out of the operating room or the emergency department for oral health concerns. Dental disease is preventable and so we are working to improve access to dental services beyond our hospital and clinic walls in a number of ways. Some of those include, partnering with community providers, educational partners and dental students to develop a training platform in special needs dentistry; working to increase the number of age one new patient visits to a dental providers; integrating medical and dental homes into primary care; and implementing quality improvement efforts related to ED admissions for preventable dental visits. Additionally, Children's serves as the home of the Children's Health Alliance of Wisconsin which has championed oral health access issues by focusing on Wisconsin's Seal-A-Smile program, Healthy Smiles for Mom & Baby and the Wisconsin Oral Health Coalition.

One in three Wisconsin children are living with untreated dental decay. Each year in Wisconsin, nearly 100,000 kids under age 5 who are covered by Medicaid visit a physician, but don't visit a dentist. Many counties in Wisconsin face dental access shortages, affecting approximately 1.5 million Wisconsinites. Nationally, Wisconsin ranks at the bottom in access to dental care for kids covered by Medicaid. We know that part of the solution in Wisconsin is the need for more providers who care for kids and special needs patients covered by Medicaid.

Dental therapists are licensed, mid-level providers who work under a dentist's supervision and provide basic preventive and restorative treatments. They are trained to perform a limited number of procedures, beyond the scope of a dental hygienist, which would allow dentists to focus on more complex care and treatment. By working collaboratively with dentists, dental therapists could provide care on a more cost effective basis to help provide much needed oral health care in our communities.

Dental therapy will not be the complete answer to solving Wisconsin's access problem, but certainly an important piece to solving the access puzzle.

Thank you for your consideration of AB 81/ SB 89 to help improve oral health care access for kids and families in Wisconsin. Please continue to consider us a resource as you develop and debate policies that impact the health and well-being of Wisconsin's kids.

Jodi Bloch

Jodi Bloch
Director, State & Local Government Relations
Children's Hospital of Wisconsin

To: Senate Committee on Health & Human Services

From: Michael Pochowski, CEO

Date: Wednesday, August 21, 2019

Re: **Testimony in Support Dental Therapist Senate Bill 89**

Please maintain bill provision that supervision does not require the presence of the dentist at the time of task or procedure or prior examination by dentist

The Wisconsin Assisted Living Association is comprised of 1,500 members that serve the frail elderly and persons with intellectual and cognitive disabilities. It should be noted that many elderly residents have been diagnosed with Alzheimer's and other dementia related conditions.

We respectfully ask that you approve 2019 Senate Bill 89, relating to the licensure of dental therapists. **It is also important that the legislation maintain that supervision not require the presence of the dentist at the time of task or procedure or prior examination or diagnosis of a patient by a dentist prior to the provision of dental therapy services by a dental therapist.** This is critical as assisted living providers already find it challenging to identify a dentist willing to accept patients with intellectual \ cognitive disabilities, including Alzheimer's and dementia.

The goal of this legislation is meant to create access for underserved populations – not maintain existing barriers.

One of the top challenges identified by assisted living providers is the lack of access to dental care for the residents we serve, especially those that rely on Medicaid and Family Care; those suffering from moderate to severe Alzheimer's and dementia and most challenging - the population of adults with a diagnosed intellectual, developmental \ cognitive disability.

Too often dentists equate patients with intellectual and cognitive disabilities as requiring a dentist specialist. This is not the case with all dental practices. I am happy to report there are many dentists that do accept and serve this population, but based on member complaints and feedback – it's not the norm.

Assisted living residents are people. These people should not have to suffer indefinitely with mouth pain and deteriorating dental conditions because of a lack off access. These populations need access, care and relief. There is no one magic bullet solution - it will require different pieces to the proverbial solution puzzle. WALA members believe Senate Bill 89 is an important piece of that puzzle.

Wisconsin Assisted Living Association
1414 MacArthur Rd. Suite 311, Madison, WI 53707-7730
(608) 288-0246 | info@ewala.org

Thank you for your consideration in this matter. If you have questions, please feel free to contact me at:

Michael Pochowski, President & CEO
Wisconsin Assisted Living Association
(608) 288-0246
mpochowski@ewala.org

About the Wisconsin Assisted Living Association (WALA)

WALA – Wisconsin Assisted Living Association is the premier statewide association for Wisconsin's assisted living industry. WALA represents the majority of Wisconsin's assisted living providers and their residents, with over 1,500 members. WALA promotes standards of quality care and provides valuable member services to organizations providing assisted living services. WALA leads the profession with educational programs, professional products and tools, and other member quality resources.

Wisconsin Assisted Living Association's mission is to support providers in enhancing the best quality of life for residents in assisted living in Wisconsin through advocacy, education, communication, and quality initiatives.

From: Robin Hemerley, RDH

Submitted on August 21, 2019

Testimony in **support** of AB81 and SB89, the Dental Therapy bill

Hello Chair Testin and members of the committee,

For the past 12 years, I have been licensed as a dental hygienist in Wisconsin. For the majority of my career, I have worked in private practice dental offices, however I have also had the pleasure of working with a school-based dental sealant program in Juneau County – one of many programs in the state. It is my experience with a school-based sealant program that leads me to **strongly support** the Dental Therapy bill – AB81 and SB89.

In my personal experience, there are many children in Juneau County that suffer needlessly from dental decay and oral disease. Some of the parents I have spoken with report that they are dependent on Medicaid and cannot find a dentist who accepts Medicaid. This leaves them unable to access regular dental care for their children. By directly serving all five of Juneau County's school districts, I have seen, firsthand, children who live with untreated dental decay. In some instances, the children I have seen and referred for potential dental decay, return subsequent school years with the same area left unaddressed – and often looking to be of greater concern.

Incorporation of dental therapists into the team of other dental professionals could increase the number of providers able to accept Medicaid and address basic dental restorative needs. In theory, a collaborative relationship among dentists, dental hygienists, and dental therapists could be utilized in a similar manner to a school-based sealant program – treating Medicaid dependent children and providing necessary restorative care right in the school.

Given the right circumstances, I would be highly likely to further my own education to become a dental therapist. While completing my bachelor's degree in dental hygiene, I did extensive reading and research on areas where dental therapy is already being utilized. The data and statistics in support of dental therapy increased my understanding that this type of provider could have an immense impact on the oral health and overall well-being of underserved individuals in Wisconsin.

Thank you for holding a public hearing in regard to dental therapy and for receiving my personal testimony on this matter. I appreciate the time and consideration that you are giving to this bill.

Robin Hemerley
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rhemerleyrdh@outlook.com

KIDS FORWARD

Every Kid. Every Family. Every Community.

DATE: August 20, 2019

TO: Senate Committee on Health and Human Services

FR: William Parke-Sutherland, Health Policy Engagement Coordinator
608.284.0580 ext. 317
wparkesutherland@kidsforward.net

RE: Support of SB 89 – Licensure of dental therapists in Wisconsin

Chairperson Testin and Committee:

Thank you for this opportunity for our organization, Kids Forward, to submit testimony on Senate Bill 89, which we strongly support.

Kids Forward aspires to make Wisconsin a place where every child thrives by advocating for effective, long-lasting solutions that break down barriers to success for children and families. Using research and a community-informed approach, Kids Forward works to help every kid, every family, and every community thrive.

Wisconsin ranks worst in the nation for children on Medicaid's access to dental care. In 2017, less than two out of five children on Medicaid received any dental care, and even fewer received preventative care. According to the Department of Health Services, nearly one in four preschoolers in Head Start programs had untreated tooth decay. A 2015 National Health and Examination Nutrition Survey found that Black and Latino children eight years and under were more likely to have cavities than white children.

Nearly 30% of low-income adults struggle with untreated tooth decay. One in three senior citizens in 2014 had at least six teeth removed because of tooth decay or gum disease. Over 25% of Wisconsinites live in areas that the federal government has designated as having a shortage of dentists. In 2014, less than 40% of Wisconsin dentists were enrolled in Medicaid, but far fewer of them served more than 25 Medicaid patients.

Numerous studies have shown the correlation between oral health and overall health. Kids can't concentrate in school if they are in pain because of unmet dental needs, and lower-income children are less likely to get needed care.

Due to institutional and structural barriers and systemic inequity lack of access to dental care disproportionately impacts communities of color and people living on reservations. According to

the Department of Health Services, one in three Asian, Black, or Hispanic third-grade children had untreated tooth decay, compared to one in six White children. High school students face similar racial disparities in access. State data on dental access among ninth graders show that in 2015 almost 38% of non-Hispanic Black students did not see a dentist or dental hygienist, compared to 33% of Hispanic students and 14% of non-Hispanic white students. This disparity continues into adulthood.

Dental therapists would likely help address these disparities and improve access to dental care, especially for low-income families and those living in areas with a shortage of dental providers. Dental therapists will not fix every issue and the legislature should continue to look at other options for increasing access, but this legislation represents an important step in the right direction.

Allowing dental therapists to perform preventative and routine restorative care, under general supervision of a dentist, is likely to result in more people being able to access dental care. Since dental therapists are paid significantly less than dentists, their lower labor costs could allow practices to serve more Medicaid patients.

Dental therapists are not a cure-all for the countless issues low-income kids and families have when it comes to accessing affordable, quality dental care, but similar models in other states have shown that they can help serve more people in under or unserved areas. A 2014 report released in Minnesota, showed that four out of five new patients seen by dental therapists received publicly funded health insurance and patients reported less travel and wait time to get care.

Kids Forward supports this legislation because it is a stride in the right direction toward being able to provide dental care for every kid, every family, and every community. Thank you.