



Senate Committee on Health Policy, 2016
Joanne Sheldon, Chief Operating Officer, MPCA
Testimony Supporting SB 1013 – Dental Therapist Licensure

Good afternoon, Chairman Shirkey and members of the committee. My name is Joanne Sheldon, and I write you today as Chief Operating Officer of Michigan Primary Care Association to express our support of Senate Bill 1013. The Michigan Primary Care Association (MPCA) is a non-profit membership association of 41 community-based, comprehensive Health Center organizations throughout Michigan. For the past 36 years, we have been a consistent voice advocating on behalf of underserved individuals for breaking down barriers in access to health care services, whether they are physical, behavioral, or oral health related.

MPCA brings a somewhat different perspective to the debate as we represent no particular profession. Instead we represent the underserved individuals and communities in our state that are further threatened by current and future provider shortages as well as the organizations that exist specifically to provide for their health care needs. Our members provide medical, dental, mental health, substance use, pharmacy, and other enabling services to over 650,000 Michigan residents in more than 260 medically underserved communities. Health Centers provide care to people with or without insurance and must be located in and serve residents of federally-designated Medically-Underserved Areas and Health Professional Shortage Areas (HPSAs). With all the coordinated services provided by Michigan Health Centers, our member organizations are the pioneers of the patient-centered medical home model and, in many communities, the only chance for many vulnerable Michiganders to have a true dental, medical, and behavioral health home.

In 2015, MPCA's members provided almost a half million encounters for dental services to nearly 200,000 Michigan residents, with the numbers growing every year. Despite this robust safety net of dental professionals, only 27% of Michigan adults over the age of 21 on Medicaid had a dental visit in 2015.¹ When it comes to access to oral health care, seventy-seven of the eighty-three counties in Michigan have some form of a dental HPSA. Based on current and projected shortages of dental care professionals able to provide necessary restorative oral health care, it is safe to say the status quo is simply not working for an overwhelming majority of the state's underserved residents and it is time to look at all possible tools in the toolbox, such as what is being proposed in SB 1013, to address the oral health needs of our communities.

You have heard and will hear perspectives pro and con. You will hear strongly worded arguments from professional interest groups. As MPCA has said time and time again, we implore you not to allow the debates undertaken in consideration of SB 1013 to turn a critical public health issue into a turf battle. Throughout this debate, we should never lose sight of the end goal in which all Michiganders have access to necessary, quality oral health services regardless of where they live or what insurance they may have. MPCA is encouraged that SB 1013 seeks to target the state's underserved communities with well-trained, evidence-based dental practitioners that can provide the necessary preventive and restorative care many residents are in dire need of.

¹ Data obtained from the Michigan Department of Health and Human Services Medical Services Administration, Office of Actuarial Services.

For background, in Michigan there is both a shortage and a maldistribution of dentists. It is true that there are greater numbers of dentists that prefer to practice in the downstate areas, from metro Detroit to Grand Rapids and throughout mid-Michigan. Despite this workforce, nearly half of the counties in these areas still face a shortage of dentists willing to accept Medicaid. In fact, 90% of all counties statewide that are federally designated as a Health Professional Shortage Area are specific to the Medicaid-eligible and low-income populations. Dentists' preferences of practice location and the economic challenges of working in communities with large populations of uninsured and Medicaid covered residents continue to cause maldistribution of professionals and gaps in access to dental care for Michigan's most underserved areas.² Without addressing the issues of dental provider maldistribution and the economic challenge of providing care to underserved populations, access to dental care in Michigan will continue to worsen.

Lack of Medicaid participation is multi-faceted and not just a result of the commonly cited low reimbursement rates. Michigan's Medicaid reimbursement, for example, is about 20 percent of that of commercial insurers, making it the third lowest in the country.³ It is obvious that rate increases are warranted. However, a 2013 study found that increasing Medicaid reimbursement to 85 percent of commercial fees led to only a 9 percent increase in utilization among Medicaid patients. If a significant increase in payment only results in a 9% increase in provision of Medicaid services, it is clear that the unwillingness to participate in Medicaid goes beyond payment.⁴

The dental therapist model is a viable, evidence-based solution to the lack of access to dental care for many of our state's most vulnerable populations. Notably, the Commission on Dental Accreditation (CODA), the nation's accrediting body for academic dental programs, unanimously approved the educational curriculum for Dental Therapy in August, 2015. This approval signals that dental therapy is no longer considered experimental or unsafe and the profession will only continue to gain recognition in years to come.

Dental therapists can safely provide the necessary preventive and restorative oral health care services many residents need, as well as provide key patient education to improve overall health outcomes. Those who oppose the concept typically raise concerns over patient safety, technical competence, and/or quality, however, an abundance of empirical evidence demonstrates these concerns are not substantiated in practice here in the United States or in other countries. Meta-analysis research conducted in 2012-2013 found that across 21 studies and in 54 countries, dental therapists provide care comparable to dentists or dental students for irreversible procedures, and, most importantly, that no valid empirical evidence exists to demonstrate that dental therapists do

² The Center for Health Workforce Studies. (2015). Oral Health in Michigan. Retrieved from http://www.chwsny.org/wp-content/uploads/2015/06/Oral_Health_MI_Report_Final_reduced.pdf.

³ American Dental Association. (2014). A Ten-Year, State-by-State, Analysis of Medicaid Fee-for Service Reimbursement Rates for Dental Care Services. Retrieved from http://www.ada.org/-/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_3.ashx

⁴ Buchmueller, T.C. et al. (2013). The Effect of Medicaid Payment Rates on Access to Dental Care Among Children. Retrieved from <http://www.nber.org/papers/w19218>.

not provide technically competent care in their defined scope of practice.^{5,6} Along with the comprehensive continuing education requirements, concerns over patient safety and technical competence are mitigated with the assurance that dentists are monitoring competencies and supporting continual quality improvement practices with the entire dental care delivery team.

Michigan Primary Care Association strongly supports Senate Bill 1013. We believe that dental practices should have all options available to meet the oral health care needs of underserved communities, and we believe that each dental practice should be allowed to decide how best to address this need for themselves. In an environment of health care reform, where we are looking for more effective ways to limit costs and increase the quality of services, we need to consider evidenced-based models of care that accomplish these objectives. Michigan should move to accept dental therapists as part of the dental care team to ensure more people have access to quality dental care. Thank you for this opportunity.

⁵ Kellogg Foundation (2012). A Review of the Global Literature on Dental Therapists. Retrieved from <http://www.wkkf.org/~media/pdfs/dental%20therapy/nash%20dental%20therapist%20literature%20review.ASHX>.

⁶ Phillips, E., Shaefer, H.L. (2013). Dental Therapists: Evidence of Technical Competence. *Journal of Dental Research*, 92, S11.