Proposed changes of Dental Therapist Proposed Rules

Recommendations of Dental Therapist Coalition on Draft Dental Therapy Rules

April 13, 2021

The members of the NM Dental Therapy Coalition and its Steering Committee would like to thank the NM Dental Care Board and its Rules Committee for its consideration of our recommendations and making some of the changes we recommended. This has been much appreciated as we all strive to create a strong dental therapist program that will serve rural, tribal and underserved people who still do not have access to routine dental care in our state.

Our Coalition has three concerns listed below with attending recommendation3.

1. **Issue #1 Pre and Post exam supervising dentist before or after dental therapists sees a patient.**

16.5.1.7  **DEFINITIONS:**
DD. “Supervising dentist” means a dentist that maintains the records of a patient, is responsible for their care, has reviewed their current medical history and, for purposes of authorization, has examined that patient within the previous 11 months or will examine that patient within 30 days of giving authorization.

Analysis points:

- The **clear legislative intent of the NM Dental Therapist Statute is the expansion of dental access** in NM. The Board has commented the additional pre/post dental exam after a patient has been seen by the dental therapist as being proposed is imposed out of a mission of consumer protection. The NM Dental Therapist Coalition notes that consumers are not protected when 900,000 residents in NM cannot access dental care essential to their health. The imposition of the supervising dentist exams is contrary to expanding care.
- **Requiring a dentist’s exam before/after a dental therapist examines a patient is unnecessary**
  - Dental therapists have been working in working in a CODA accredited program in the AK for 15 years and in MN for 9 years. In both states, dental therapists are able to examine a patient and create a treatment plan without a dentist first examining the patient or following up with an exam.
  - Because dental therapists spend more time in school on the few procedures they learn, multiple peer-reviewed studies have shown dental therapists deliver care of the same quality than that delivered by dentists in their scope.
of practice.¹ Even the head of the American Dental Association’s Council on Scientific Affairs had to admit in 2013 that dental therapists deliver quality care, writing “the results of a variety of studies indicate that appropriately trained midlevel providers are capable of providing high-quality services, including irreversible procedures such as restorative care and dental extractions.”²

- **Requiring a dentist’s exam before/after a dental therapist examines a patient is inefficient and will reduce the number of patients who can be treated.**
  - We know there are many people in New Mexico who are not able to access the dental care they need and many of our FQHCs and safety-net clinics face dental professional shortages. It was in answer to these problems (amongst others) that our legislature came together to support the authorization of dental therapists.
  - Dental therapists have made it possible for so many people who previously struggled to see a dentist to receive regular dental care.³ It is their cost-efficiency and focused scope of practice that have made dental therapists so efficacious, allowing safety-net providers to treat more patients with the same budget.⁴ Dental therapists can complement the work of dentists, dental hygienists, and dental assistants, allowing the entire team to be more productive. However, the proposed restriction will limit the cost-effectiveness of employing dental therapists and reduce the productivity of the entire dental team. *It will also create billing issues with Medicaid and other insurers who will refuse to pay for two exams per patient.*
  - Dental therapists have reduced barriers to care by bringing care to people where they are, whether that’s rural communities, or schools or nursing homes. It’s rarely cost-effective for dentists to work in these settings but the lower cost of employing dental therapists make them well suited to these environments. They are trained as oral health first-responders, treating the patients within their scope and connecting patients with more complicated needs to their supervising dentists. Requiring patients to see a dentist would reinforce the existing barriers that already prevent patients from seeing a dentist.

- The Federal Trade Commission has ruled against this practice of dental exams regarding dental therapists. As the Federal Trade Commission noted in a letter to the Ohio Legislature, “Blanket requirements for the prior or subsequent examination of a patient by a dentist, regardless of whether that examination is medically necessary, encumber the provision of hygiene services, especially in dental shortage areas.”¹⁹⁰,⁰₀₀ persons live in HRSA determined shortage areas in NM.


² Administrative rules are to provide broad guidance in keeping with the statute to which they are attached. Should an individual dentist feel the need for specific oversight in the
nature of an exam, this should be in the dental therapy practice agreement and not micro-managed in the rules, especially in ways that limit efficiency and efficacy in a broad way.

- This definition was in the statute for auxiliary member of the dental team before the authorization of midlevel dental therapists. Dental therapists are dually licensed as dental hygienists and dental therapists. Dental Therapists who have then completed the additional 2000/1500 hours of post graduate clinical training to operate under general supervision should not have to operate under this restriction.

**#1 RECOMMENDATION** “supervising dentist”.

16.5.1.7 DEFINITIONS:
DD. “Supervising dentist” means a dentist that maintains the records of a patient, is responsible for their care, has reviewed their current medical history and has executed and maintained a dental therapy practice agreement with the dental therapist being supervised. In the case of licensed dental therapists operating under general supervision therefore having successfully completed their 2000/1500 of post graduate clinical additional training and are so credentialed by the Dental Board, no pre or post dental exam by the supervising dentist will be required unless specified in the management agreement.

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**#2 Issue – Omission of dental therapists for mobile dental**

facilities and portable dental units. Various FQHC’s use mobile dentistry as well as the entity Dental Care in Your Home for homebound older adults or people with disabilities.

**#2 RECOMMENDATION** In General Provisions section add “dental therapist’ where ever stated: dentist and dental hygienist to 16.5.1.2[8]7 MOBILE DENTAL FACILITIES AND PORTABLE DENTAL UNITS:

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**#3 Issue: Lack of reciprocity for Dental Therapists**

Reciprocity is especially important in a state with a shortage of medical and dental providers in NN. This will be important as dental therapists will be needed as faculty or to jump start practices in FQHC’s should trained dental therapists be interested in moving to New Mexico. Given the new process of CODA accreditation - one state dental therapy training program has been accredited by CODA and other state training programs were backlogged due to the pandemic. However now CODA is moving ahead with virtual site visits and expect to be accredited shortly.

We recommend the reciprocity language being used in others states (we have the language below from Vermont) which would allow the Board to review dental therapists interested in a NM license. It would be much easier to include this in the rule making process as opposed to going back to the Legislature to amend the statute.
The Board may grant a license as a dental therapist to an applicant who is currently licensed in good standing to practice as a dental therapist in any jurisdiction of the United States or Canada that has licensing requirements deemed by the Board to be at least substantially equivalent to those of this State.

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