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December 13, 2016

Board of Registration in Dentistry

239 Causeway Street, Suite 500

Boston, Ma 02114

Dear Board of Registration in Dentistry:

This testimony is being written to express strong opposition to the proposed changes to 234 CMR 5.11, specifically the delegated duty of the performing of scaling and root planing by a public health dental hygienist (PHDH).

Currently, public health dental hygienists are able to provide this much-needed procedure with proper diagnosis from a dentist. Perhaps defining what constitutes a proper diagnosis would be a more appropriate and forward thinking amendment to 234 CMR 5.00, as opposed to eliminating the ability of qualified oral health professionals to provide care to a population already facing challenges accessing care.

According to the CDC, nearly half (47.2%) of Americans over the age of 30 have periodontal disease, with the prevalence increasing to 70.1% in the older adult population, and to 65.4% for those living below the federal poverty level. The older adult population residing in long term care facilities, nursing homes, and who are home bound include precisely the population public health dental hygienists are targeting to help. Currently, the law in Massachusetts states that public health dental hygienists are not allowed to accept reimbursement from a third-party payer and are only able to accept MassHealth insurance. This insurance is offered to individuals who live below the poverty level; again, a population presenting with large incidence of periodontal disease who public health dental hygienists are eager to help.

As we know, MassHealth reimbursement rates are low compared to private insurance, discouraging many private practices from accepting patients who have this insurance. According to the University of Massachusetts Medical School Center for Health Law and Economics, MassHealth provides health insurance to more than one in four Massachusetts residents, specifically: 50% of the disabled population, 40% of all children, 66% of individuals in low-income households, and more than 60% of residents of nursing facilities. This comprises approximately 1.9 million Massachusetts residents. Based on data collected by the Massachusetts Department of Public Health, in 2012 only 1,844 (42%) of dentists reported accepting MassHealth. There is a clear gap in access to oral health care in Massachusetts based on the number of Massachusetts residents who have MassHealth and the number of dentists who accept MassHealth.

Public health dental hygienists are in a unique position to help fill the gap in accessing oral health care facing many Massachusetts residents. Sadly, only 32 dentists in the entire state reported having a collaborative agreement with a PHDH in 2012 according to the Massachusetts Department of Public Health. Additionally, of the 4,418 dentists surveyed 65% reported having no interest in entering into a collaborative agreement in the future.

These findings are sad. Why would the Board of Dentistry propose to eliminate a service currently able to be provided by a public health dental hygienist, with proper diagnosis from a dentist? Based on the data, one would think as health care providers we would be doing everything possible to close the gap in access to care, not widen it. The Board lists one of its responsibilities as “ensuring the public that services are provided in accordance with state statues, including ethical standards.” Is it ethical to limit access to periodontal care to the already large number of Massachusetts residents who desperately need it, yet cannot access it due to lack of dentists who accept MassHealth, or other physical or mental barriers faced by the venerable individuals PHDH’s are willing and able to provide treatment to?

Dental professionals, to include this Board should be taking steps forward to help reduce dental disparities in Massachusetts, not taking steps backward. Furthermore, the implementation of a dental therapist should be the next step to providing access. Moving forward, I hope the Board will consider the negative implications associated with eliminating the ability of PHDH’s to provide much needed periodontal services to the public, and advocate for a dental therapist bearing in mind the goal is to care for the health of all residents of Massachusetts.

Sincerely,

Teresa Simison RDH, MSDH