



Improving Access to Care Through Dental Hygiene Practitioners

Testimony before the House Public Health Committee for HB 1940 / SB 787

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Madame Chair, Members of the Committee;

Across Texas, many people have trouble gaining access to affordable dental care and as a result often go without it. The repercussions of poor access to dental care are significant, resulting in chronic health problems that lead to higher rates of dental-related emergency room use, school absences, and lost productivity for Texas businesses.

As a matter of public policy, ensuring Texans have adequate access to dental care should be a priority. This is a problem that costs Texas taxpayers and affects Texas families:

- In 2013, about 51,000 Texas Medicaid enrollees visited emergency rooms for dental problems, costing state taxpayers millions of dollars.
- More than 4 million Texans are enrolled in Medicaid and CHIP, but a third of our counties have no dentists who participate in the Medicaid program.
- Nearly six out of every ten Texas children have experienced dental decay, and more than one-quarter have untreated decay.
- Untreated dental decay affects more than one million Texas seniors.

A market-based solution to this problem has been successful in other states and would also work in Texas: licensed midlevel dental providers, called dental hygiene practitioners or dental therapists, work under the direct supervision of a dentist and provide basic, preventative and restorative care. HB 1940/SB 787 creates a regulatory and licensing regime for this new dental provider, enabling dentists to expand the reach of their practices while increasing productivity and lowering the per-unit costs of care.

Despite what you will likely hear from special interests that oppose this reform, there is nothing experimental or unsafe about bringing such a model to Texas. Midlevel dental

providers in Alaska, called Dental Health Aide Therapists (DHATs), have been practicing in that state for 11 years and have expanded access to dental care and prevention services for more than 40,000 Alaska Native people living in 81 rural communities across the state. Minnesota lawmakers passed legislation creating licensed dental therapists in 2009, and these providers have been in the field since 2011. In 2013, Maine passed a law establishing licensed dental hygiene therapists, and similar legislation is under consideration in about a dozen other states. In addition, midlevel dental providers practice in at least 50 other countries, including Canada, England, Australia and New Zealand—as they have for decades.

In February, the Commission on Dental Accreditation (CODA), the accrediting body of every dental program in the United States, approved national accreditation standards for dental therapy education programs. For the past five years, a CODA task force has been researching and developing education standards in order to ensure quality and consistency in this emerging profession.

Last year, Federal Trade Commission (FTC) staff approved of CODA's proposed standards and expressed support for CODA's efforts "to facilitate the creation of new dental therapy education programs and to expand the supply of dental therapists because these initiatives are likely to increase the output of basic dental services, enhance competition, reduce costs, and expand access to dental care."

If there were legitimate safety concerns about the use of midlevel dental providers, it's difficult to understand why CODA would have approved these standards and why the FTC would urge the swift adoption of those standards. In fact, there is no evidence of safety or quality problems in the care administered by these providers in states where they have been licensed.

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Instead, the evidence shows dental practices that employ midlevel providers have increased profits while lowering the per-unit cost of care. In Minnesota, studies of dental practices employing dental therapists show that by using these providers to perform routine restorative care, dentists concentrated more of their efforts on advanced procedures such as crowns and bridges, and were able to generate higher revenue through increased productivity. In one practice, patient visits increased by 27 percent, and new patients increased by 38 percent.

It's important to understand that HB 1940/SB 787 would *allow* dentists to hire trained and duly licensed dental hy-

giene practitioners, but of course would not *require* them to do so. This is simply another option for dentists seeking to expand their practices and reach more patients.

HB 1940/SB 787 would enact sound, market-based policy that merely removes unnecessary government restrictions and provides a safe, proven way for dentists to expand the reach of their practices and serve more patients in need of dental care. ★

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