



# Dental Care FOR ARIZONA

November 16, 2017

Senate President Steve Yarbrough  
Speaker of the House J.D. Mesnard  
House Policy Advisor Emily Mercado  
Senate Policy Advisor Melissa Taylor  
1700 West Washington  
Phoenix, Arizona 85004

Dear President Yarbrough and Speaker Mesnard,

Pursuant to section 32-3105, Arizona Revised Statutes, Dental Care for Arizona respectfully submits the attached revisions to the Sunrise Application requesting a favorable recommendation to move forward in the development of legislation amending the Dental Practice Act (A.R.S. Chapter 11), establishing licensure and scope of practice for dental therapists.

The original application was submitted on September 1, 2017. The revisions included in the following summary serve to clarify several key points contained in the original application and modify the proposal based on meetings with stakeholders, policy makers and recommendations from the stakeholder meeting called by Senator Barto on November 2, 2017.

The following summarizes the revisions:

- 1) Clarification of the supervisory relationship between dental therapists and their supervising dentists. Under the Collaborative Practice Agreement, and within the parameters of the scope of practice, the supervising dentist identifies the procedures a dental therapist will perform, the practice settings and locations the dental therapist can work in, and the populations the dental therapist can serve.
- 2) Educational requirements have been modified to include a preceptorship of 400 hours (post graduation, post licensure) under the direct supervision of a licensed, practicing dentist in Arizona. This preceptorship sets minimum hours of direct supervision—the Collaborative Practice Agreement may specify more hours of direct supervision, based on the dentist's assessment of the dental therapist's work.
- 3) The Licensure section adds the requirement that dental therapists pass the same clinical exam required for licensure of dentists, for those procedures both dentists and dental therapists share in their respective scopes of practice. It further adds an acknowledgement that IHS, Urban Indian, and Tribal health facilities may utilize dental therapists certified under the federal CHAP program and meet IHS certification requirements.

- 4) The scope of practice section provides additional clarification on procedures proposed for inclusion in the dental therapist's scope of practice. These procedures are consistent with CODA aligned curriculum and training.

The Dental Care for Arizona coalition will continue to collaborate with community representatives, oral health stakeholders and state public policy makers to address recommendations, questions, issues, and/or concerns.



# Dental Care FOR ARIZONA

## Dental Care for Arizona 2017 Sunrise Application Summary with Clarifications and Modifications based on Stakeholder Input

A request to provide statutory authority for the licensure of  
Dental Therapists in Arizona

Submitted by:

Pivotal Policy Consulting  
For  
Dental Care for Arizona

November 2017

### Proposal:

The sunrise application, submitted by Dental Care for Arizona, as required by A.R.S. 21-3105, seeks a favorable recommendation to move forward in the development of legislation amending the Dental Practice Act (A.R.S. Chapter 11), establishing licensure and scope of practice for dental therapists. Under this proposal highly trained, licensed dental therapists would be allowed to expand the dental team, increasing access, generating cost savings, and expanding professional opportunities for Arizona's existing allied oral health professionals.

The proposed dental therapy model builds on the training and experience of dental therapists in 54 countries and territories worldwide (beginning in 1921<sup>1</sup>) and experience from states in the U.S. where dental therapists are authorized. It would require the following:

- 1) Dental therapists to work with a licensed Arizona dentist under a Collaborative Practice Agreement;
- 2) Dental therapists to refer patients whose needs are outside of the dental therapist's scope of practice to a licensed dentist in Arizona, as outlined in the Collaborative Practice Agreement;
- 3) Dental therapists to graduate from programs that meet Commission on Dental Accreditation (CODA) standards, and graduate from CODA accredited institutions;
- 4) Dental therapists to pass the same clinical exam required for dentists for those procedures both share in their scopes of practice;
- 5) Require licensure and regulation through BODEX.

---

<sup>1</sup> David A. Nash, et al., *A Review of Global Literature on Dental Therapists*. Battle Creek, MI: W.K. Kellogg Foundation. April 2012.

## Provisions in this Revised Application:

### Supervision

- ✓ Dental therapists will **work under the supervision of a licensed, practicing Arizona dentist through a written Collaborative Practice Agreement**. Under this agreement, supervising dentists **identify and define the practice settings, populations served, and procedures to be performed by the dental therapist**.
- ✓ Collaborative Practice Agreements CANNOT authorize dental therapists to work outside of the scope of practice authorized by law. The scope of practice for dental therapists is set by the state legislature; however, the supervising dentist can further restrict both the scope and treatment settings within which dental therapists are able to work.
- ✓ Require Collaborative Practice Agreements to be filed with BODEX
- ✓ Authorize BODEX to set all licensure requirements, including fees and continuing education.

### Education

- ✓ Require graduation from a program that meets CODA accreditation standards that is offered through a nationally or regionally accredited higher education institution recognized by the U.S. Department of Education.
- ✓ Require that dental therapists complete a preceptorship of 400 hours under the direct supervision of a licensed, practicing dentist in Arizona. Model curriculum developed to align to CODA standards requires dental therapists complete a minimum of 1200 hours of clinical training during their dental therapy education. The additional 400-hour preceptorship is a post-graduation, post-licensure requirement, and is in addition to the estimated 1200 hours completed within the education program itself.
- ✓ Dental therapy programs may grant advanced standing or credit for prior learning to a student who has prior experience or coursework from a CODA-accredited institution that the recognized school determines is equivalent to didactic and clinical education in its accredited program.

### Licensure

- ✓ Dental therapists shall be licensed and regulated by Arizona's BODEX.
- ✓ Grant BODEX the authority to adopt appropriate licensure and examination requirements for dental therapists.
- ✓ As part of the licensure requirements, candidates for dental therapy licensure **shall pass the same clinical exam required for dental students for those procedures both dentists and dental therapists share in their scopes of practice**. Assessing dental therapists' clinical skills through the examination developed and administered by the Western



# Dental Care FOR ARIZONA

Regional Examination Board ensures that all candidates demonstrate the clinical and technical competencies required to perform the procedures within the dental therapy scope of practice.

- ✓ Dental therapists shall take the Arizona Jurisprudence examination.
- ✓ Candidates for dental therapy licensure in Arizona who hold a license from another state must meet a standard of licensure that is substantially equivalent to that of this state, as determined by AzBODEX.
- ✓ The statutes should acknowledge that IHS, Urban Indian, and Tribal health facilities may utilize dental therapists who are certified under the federal CHAP program and meet IHS certification requirements.

## Scope of Practice

This proposal requests the legislature adopt a scope of practice for dental therapy that reflects the education, training and demonstration of competency.

- ✓ Dental therapists are trained to perform approximately 80 billable procedures, including patient education and prevention services and routine restorative dental procedures. The extent to which dental therapists perform these procedures, the locations and settings within which dental therapists can work, and the types of patients dental therapists see (children, elderly, etc.) shall be governed by the Collaborative Practice Agreement between the supervising dentist and the dental therapist.

- ✓ Brief summary of the procedures included in the dental therapist's scope of practice—

*Note: This is not the complete list of billable procedures:*

- Diagnostics and Preventative Care
  - Oral health screening, evaluation and treatment planning
  - Health education counseling, including motivational interviewing, nutritional counseling, smoking cessation and oral hygiene
  - Topical fluoride and sealants
  - Dental X-rays (radiographic images)
  - Fabrication of athletic mouth guards
- Restorative Care
  - Fillings
  - Temporary and preformed crowns
  - Simple extraction of primary teeth
  - Limited, non-surgical extraction of badly diseased adult teeth within specified parameters, which include horizontal and vertical tooth mobility
  - Adjust and repair prosthetic devices

- Prescription Drugs and Medications
  - Administer local anesthetic and nitrous oxide analgesia
  - Dispense and administer antibiotics and anti-inflammatory medications (including prescription strength ibuprofen), as prescribed by a licensed health care provider
  - Dental therapists are prohibited from dispensing or administering opioids

#### Use of Dental Therapists in the U.S.:

- **Alaska** utilizes dental therapists to deliver oral healthcare services to over 45,000 Alaska Native people in 80 remote communities across the state. Dental therapists have been in practice since 2004. The Alaska Dental Therapy education program at Ilisagvik College is preparing their application for CODA accreditation.
- In 2009, **Minnesota** approved the licensing of dental therapists. Dental therapists have been working in Minnesota since 2011. Today, about half of Minnesota’s dental therapists work outside the Twin Cities, which includes rural and remote areas of the state.
- **Oregon** authorized the first dental therapy pilot project in tribal communities in 2016 and dental therapists began working in the state in 2017. The state has since approved two additional dental therapy pilot sites.
- **Washington State:** After years of unsuccessful attempts to pass legislation authorizing the licensing of dental therapists, the Swinomish Indian Tribal Community began employing dental therapists in January 2016. Earlier this year, the state legislature approved a bill that allows dental therapists practicing on tribal lands to get reimbursement for those services through IHS.
- **Vermont** and **Maine** also approved the licensing of dental therapists and are in the process of implementing dental therapy laws. Vermont Technical College is applying for CODA-accreditation for a dental therapy educational program.
- At least eleven additional states are currently considering dental therapy legislation.

#### Evidence of the need for Dental Therapists:

Millions of people throughout Arizona face significant challenges to accessing dental care and treatment of dental disease.<sup>2</sup> While Arizona has increased prevention and education efforts,

---

<sup>2</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, “Third Quarter of Fiscal Year 2017 Designated HPSA Quarterly Summary (data as of June 30, 2017).”



# Dental Care FOR ARIZONA

our state fares poorly compared to national averages. The data clearly show the need for more restorative care and a more equitable distribution of dental care providers:

- Over 2.8 million Arizonans lack access to sufficient dental health providers<sup>3</sup>
- 52% of Arizona’s kindergarten children have a history of tooth decay—compared to the national average of 36%<sup>4</sup>
- 80% of American Indian and over 60% of Hispanic children in kindergarten and 3<sup>rd</sup> grade have experienced tooth decay<sup>5</sup>
- Only 38% of Arizona dentists are enrolled in the Arizona Health Care Cost Containment System (AHCCCS)<sup>6</sup>
- In 2013, only 25% of Arizona dentists billed AHCCCS more than \$10,000 for services to AHCCCS patients<sup>7</sup>
- In 2014, over 26,800 Arizonans resorted to the emergency department for dental conditions that could have been avoided with routine dental care<sup>8</sup>

Access to care:

Oral health advocates have proposed various options for enhancing access to care: increasing the populations covered by an AHCCCS dental benefit, expanding the use of tele-dentistry, and increasing the reimbursement rates for dental services. However, coverage doesn’t equal care: with only a little over one-third of dentists enrolled in AHCCCS, finding a dentist who is willing to treat patients covered by AHCCCS is a challenge as is finding one

---

<sup>3</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, “data as of October 27, 2017.

<sup>4</sup> “Healthy Smiles Healthy Bodies Survey 2015: The oral health of Arizona’s kindergarten and third grade children.” Arizona Department of Health Services Data Brief. Retrieved from <https://www.astdd.org/www/docs/az-healthy-smiles-healthy-bodies-data-brief-2015.pdf>. Arizona data was collected in 2014-2015, and national data is from 2005-2010.

<sup>5</sup> “Healthy Smiles Healthy Bodies Survey 2015: The oral health of Arizona’s kindergarten and third grade children.” Arizona Department of Health Services Data Brief. Retrieved from <https://www.astdd.org/www/docs/az-healthy-smiles-healthy-bodies-data-brief-2015.pdf>. Arizona data was collected in 2014-2015, and national data is from 2005-2010.

<sup>6</sup> American Dental Association Health Policy Institute, “The Oral Health Care System: State-by-State Analysis,” (2015), <http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/OralHealthCare-StateFacts/Oral-Health-Care-System-Full-Report.pdf>.

<sup>7</sup> Arizona State Dental Action Plan For Medicaid and CHIP Programs (August 2014). <https://www.medicaid.gov/medicaid/benefits/downloads/sohap-arizona.pdf>. This figure is from 2013: there were 3,694 licensed dentists throughout the state. 921 of whom billed a minimum of \$10,000 annually.

<sup>8</sup> Arizona state statistics from HCUP State Inpatient Databases and State Emergency Department Databases 2014, Agency for Healthcare Research and Quality (AHRQ), based on data collected by the Arizona Department of Health Services, using ICD-9 codes 521.00, 521.01, 521.02, 521.03, 521.04, 521.05, 521.06, 521.07, 521.08, 521.09, 522.0, 522.1, 522.2, 522.3, 522.4, 522.5, 522.6, 522.7, 522.8, 522.9, 523.00, 523.01, 523.10, 523.11, 523.20, 523.21, 523.22, 523.23, 523.24, 523.25, 523.3-523.33, 523.30, 523.31, 523.32, 523.33, 523.40, 523.41, 523.42, 523.5, 523.6, 523.8, 523.9, and 528.3.

who is accepting new patients.<sup>9</sup> In 2016, almost 53% of children enrolled in AHCCCS did not receive any dental services.<sup>10</sup>

Tele-dentistry, similar to telemedicine, has the potential to improve the delivery of oral health services to rural and remote areas across Arizona. However, without a provider whose training and scope of practice allows them to treat the most common restorative patient needs, tele-dentistry is limited. Patients will still be required to see a dentist to receive almost any dental treatment they need.

While an important policy option to consider, increasing AHCCCS reimbursement rates is a costly proposition, which increases as the State continues to expand populations covered by AHCCCS, and only addresses one reason cited by dentists for not accepting AHCCCS patients.<sup>11</sup> Further, it does nothing for the 2.8 million Arizonans who live in dental health professional shortage areas, where they already have trouble finding a dentist. Nor can it help those who have difficulty traveling to a dentist's office. If Arizona is going to increase access to care, innovations to Arizona's current oral health delivery model must be considered.

Whether Arizona's dental shortage is one of too few dentists statewide, or it represents a maldistribution of dentists, Arizona has an opportunity to expand the number of oral health providers available to treat currently underserved populations. In addition to challenges faced in rural and tribal communities, portions of our urban communities are considered dental deserts, areas without providers or no/few providers willing to accept public insurance. Nationally, HRSA reports that based on projections, the "increases in supply will not meet the increases in demand for dentists, which will exacerbate the existing shortage."<sup>12</sup> Given the ubiquity of Arizona's dental shortage areas, and low dentist participation in Medicaid, Arizona must implement a delivery model that addresses the significant needs of the State.

---

<sup>9</sup> Arizona State Dental Action Plan For Medicaid and CHIP Programs (August 2014)  
<https://www.medicaid.gov/medicaid/benefits/downloads/sohap-arizona.pdf>

<sup>10</sup> This figure counts children ages 1 to 20 who were eligible for the Early and Periodic Screening, Diagnostic and Treatment Benefit for 90 continuous days and received any dental service. See U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Annual EPSDT Participation Report, Form CMS-416 (State) Fiscal Year: 2016, as of September 7, 2017, <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>.

<sup>12</sup> National and State-Level Projections of dentists and dental hygienists in the U.S., 2012-2025. U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, National Center for Health Workforce Analysis, 2015.



# Dental Care FOR ARIZONA

## Costs and Benefits:

Dental therapists improve access to care and are cost-efficient providers.<sup>13</sup> They have a smaller scope of practice, and therefore are paid less than a dentist. AHCCCS, Arizona's Medicaid provider, reimburses allied health professionals less than they reimburse physicians and dentists. The use of dental therapists can provide cost savings to the State allowing Arizona to stretch limited resources further to treat more patients.

Private and non-profit dental practices can also stretch AHCCCS dollars by employing dental therapists. Dental therapists lower production costs of delivering care because of their lower salaries, so practices can serve more AHCCCS patients. Further, when dental therapists perform routine procedures, dentists are free to focus on the more complicated, higher revenue-generating services. Whether or not patients, who are privately insured, or paying out of pocket, see a reduction in the cost of their dental services depends on whether the dentist passes these cost savings on to the patient.

## Contact Information:

Kristen R. Boilini

[Kristen@PivotalPolicyConsulting.com](mailto:Kristen@PivotalPolicyConsulting.com)

Jessica Rainbow

[Jessica@PivotalPolicyConsulting.com](mailto:Jessica@PivotalPolicyConsulting.com)

---

<sup>13</sup> Donald L. Chi, Dane Lenaker, Lloyd Mancl, Matthew Dunbar, and Michael Babb, "Dental Utilization for Communities Served by Dental Therapists in Alaska's Yukon Kuskokwim Delta: Findings from an Observational Quantitative Study" (Aug. 11, 2017), <http://faculty.washington.edu/dchi/files/DHATFinalReport.pdf>; David A. Nash et al., "A Review of the Global Literature on Dental Therapists," (2012) <http://www.wkcf.org/-/media/pdfs/dental-therapy/nash-dental-therapist-literature-review.ASHX>; The Minnesota Department of Health and the Minnesota Board of Dentistry, "Early Impacts of Dental Therapists in Minnesota," (2014), <http://www.health.state.mn.us/divs/orhpc/workforce/dt/dtlegisrpt.pdf>.