

MONTANA DENTAL ACTION PLAN

A product of the Montana Dental Access Coalition

Submitted to the Children, Families, Health, and Human Services
Legislative Interim Committee
August 17, 2000

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Background

The first Montana Dental Summit was held on November 18, 1999. The Summit's purpose was to engage Montana in the National Oral Health Initiative and was hosted by the federal Health Resources and Services Administration (HRSA) and the Health Care Financing Administration (HCFA) in coordination with the Montana Department of Public Health and Human Services (DPHHS), the Montana Primary Care Association, and the Montana Dental Association. The Montana Dental Hygienists Association and the Montana Dental Assistants Association also participated fully in the Summit. The result of the Summit was the creation of the Montana Dental Access Coalition (Coalition), a coalition of dental professionals, federal, state, and local public health professionals, elected officials, executive branch agency representatives, representatives of higher education, and other people interested in improving oral health and access to dental care in Montana, particularly for the underserved.

Members of the Children, Families, Health, and Human Services Interim Committee of the Legislature were in attendance and invited the Coalition members to bring forth strategies that needed legislative action or executive budget consideration. The coalition met several times to further develop and refine the strategies that were formulated at the Summit.

A followup Coalition meeting took place on January 28, 2000. Four workgroups were formed: Data Collection, Finance and Policy Development, Public Education, and Workforce Analysis. See Appendix A for latest list of members who have participated sometime over the past 9 months in the development of the strategies that led to the proposals. The Planning Committee met on February 11, 2000 to organize the presentation to the Children, Families, Health, and Human Services Interim Committee which was made on February 25, 2000.

A second meeting of Coalition workgroups was held on April 7, 2000 for which the Planning Committee met on May 12, 2000 to prepare the second presentation to the Children, Families, Health, and Human Services Interim Committee on June 21, 2000.

On July 28, 2000, a Coalition Summit II was held entitled "Montana's Dental Access Strategies: Making It Happen." It was at this meeting that the Coalition reviewed its workgroup strategies and its accomplishments and distilled their efforts into the proposals contained in this action plan.

List of Montana Dental Access Coalition Accomplishments

The 9 months of work by the Coalition members has resulted in many accomplishments.

- Making provider rate increases the DPHHS's top budget priority for the Governor to consider in the Executive Budget.
- Expanding the definition of emergency dental services under Medicaid and opening services for more families attempting to find jobs.
- Removing barriers in the Medicaid dental program such as eliminating all prior authorization requirements except for orthodontia.
- Increasing the CHIP dental benefit from \$200 to \$350 and setting rates to attract more CHIP dental providers.
- Simplifying the CHIP dental provider enrollment process.
- Reallocating workload so that the State Dental Director and the Medicaid Dental Program Manager could dedicate 100% of their time to oral health issues. This is in addition to the full-time Early Periodic Screening and Diagnostic Testing (EPSDT) Program Manager.
- Securing endorsement of the Montana Board of Regents to expand state-supported dental education through the WICHE and University of Minnesota Dental programs.
- Surveying all 465 licensed dentists to collect important information on workforce trends and needs. This data will assist the workgroups in developing strategies for improving access.
- Creating a Montana Dental Access Coalition website to let people know what is going on and provide links to other oral-health sites.
- The DPHHS requesting a site visit from the Association of State and Territorial Dental Directors (ASTDD) to assess the state's dental program and to provide recommendations for improvement.
- Adding oral health as a priority issue in the Montana Health Agenda (HP2010).
- The Coalition's work has been nationally recognized by the federal government (HRSA and HCFA) as a model for other states to follow to improve access to dental care.
- A low-income population dental health professional shortage area designation (HPSA) was recently approved for Missoula County. An additional thirty geographic dental HPSAs are

five low-income population dental HPSA applications are also in process for Montana. The HPSA designation allows areas to apply for National Health Service Corps (NHSC) recruitment and retention assistance for dentists and dental hygienists (or primary care and mental health providers) who are willing to provide services without discriminating by the patients' ability to pay. The NHSC SEARCH program which arranges preceptorships for students/residents in rural underserved areas utilizes the HPSA designation as one of its criteria. The designation will also help sites be more competitive when applying for grant funding for dental services. As more focus is being placed on oral health issues, it is important that all eligible areas for dental HPSAs are identified so that if additional programs and funding become available for oral health services, our Montana counties and communities will be eligible.

In addition to this impressive list, membership in this coalition has created effective dialogue among health providers and stakeholders who care about the oral health of Montanans. This dedication and participation will help to address oral health issues at the local level, meeting the Coalition's next objectives.

Participants of Summit II

The following is a list of those who participated on July 28, 2000 in Summit II. The list is included to provide the Committee with the breadth of the membership of the Coalition and to recognize those who made a personal effort to distill the Coalition strategies into proposals for the Committee.

Amy Llewellyn Abel, Felix, Burdine, and Associates, PA (Consultant)
Krista Blackford, RDH, Billings
Michael Burdine, Felix, Burdine, and Associates, PA (Consultant)
Jeff Buska, Section Supervisor, Medicaid Services Bureau, DPHHS
George Carson, DDS, Bozeman
Becky Cassidy for Mike Downing, DDS, Laurel
Jo Ann Dotson, Family and Community Health Bureau Chief, DPHHS
Teresa Dougherty, RDH, Missoula
Laurie Ekanger, Director, DPHHS
Nancy Ellery, Health Policy and Services Division Administrator, DPHHS
Jackie Forba, CHIP Program, DPHHS
Susan Byorth Fox, Legislative Services Division (Convenor)
Mary Beth Frideres, Associate Director, Montana Primary Care Association
Marlinda Fulton, Dental Clinic Coordinator, Cooperative Health Center, Helena
Gina Gabrian, RDH, President, Montana Dental Hygienists Association
Lori Hartford, Healthcare for the Homeless Project Director, Deering Community Health Center, Billings
John Hein, Project Coordinator, Montana Primary Care Association
Debbie Henderson, Child Adolescent and community Health Section Supervisor, DPHHS
Debbie Horton, Senior and Long Term Care Bureau, DPHHS
Connie Jacques, RDH, Helena
Denise King, EPSDT, DPHHS
Sharon Kott, Program Coordinator, Montana Area Health Education Center, MSU
Marge Levine, Primary Care Office, DPHHS
Mary McCue, Executive Director, Montana Dental Association
Kathy McGuire, Deer Lodge
Marcia Murja RN, Silverbow County Health Department, Butte

Duane Preshinger, Medicaid Dental Officer, DPHHS
Dee Raisl, Health Care Financing Administration (HCFA), Denver, CO (Technical Assistance)
Cindy Ruff, HCFA, Baltimore, MD (Technical Assistance)
Cheri Seed, RDH, State Dental Health Consultant, DPHHS
Kip Smith, T.A. Coordinator, Montana Health Research and Education Foundation
Janet Thomas, RDH, Hobson
Representative Bill Thomas, DDS, Hobson
Sharon Wagner, Section Supervisor, Special Health Services, DPHHS
Senator Mignon Waterman, Presiding Officer of Children, Families, Health, and Human Services
Legislative Interim Committee, Helena

Coalition Proposal Summaries

PROPOSALS READY FOR ENDORSEMENT: The Coalition asks that the Committee endorse the following five proposals, A through E, in their current form. For these proposals we would ask that the Committee determine the appropriate format of the recommendation, i.e., legislation, a letter to the Governor or appropriate officials, etc., and appoint a Legislator to sponsor the issue and be the primary contact for the Coalition. The proposals are not in a priority order, but the order in which the Coalition worked on them during Summit II.

A. Support DPHHS original EPP Budget Proposals for \$50,000 (Dental Access Plan Implementation) and \$25,000 (Fluoride Rinse Program) (See Appendix B)

The Coalition supports the DPHHS original EPP Budget items of \$50,000 to support the Coalition objectives and \$25,000 to support the DPHHS School-Based Fluoride Mouthrinse Program and for developing a strategic plan on educating the public about the benefits of community water fluoridation. The Coalition sees the long-term outcomes being achieved by creating a stronger dental public health infrastructure with the use of these funds:

- Develop a central dental health data repository (an inventory of and a mechanism to provide access to historical and current dental-related data and information) to be housed in DPHHS to achieve Coalition and DPHHS dental public health objectives.
- Assure that dental health education becomes a part of the public health infrastructure.
- Become a contact for federal assistance information (i.e. loan repayment and other incentives).
- Identify people in the workforce at the county level to provide dental health education and programs and to coordinate community outreach programs.
- Work with the Montana dental health professionals and their associations in the development of common prevention messages to be delivered to the public by using the Surgeon General's Report on Oral Health in America and the Montana Tobacco Use Prevention Program.

B. Support a Registered Dental Hygienists Program as part of another higher educational entity.

The Coalition strongly supports and urges the reestablishment of an accredited dental hygiene program in Montana by either a private institution or by the Montana Board of Regents in a public institution of higher learning. Montana is currently the only state in the nation without a program. Dental hygiene services are in high demand and dental hygiene is a career that, following graduation, would enable Montanans to remain and find employment in this state. The:

professionals could positively affect the dental care shortage and access crisis in Montana. (See Appendix C).

C. Incentives for Dental Practice

Incentive programs are needed to help attract dentists to serve in rural and underserved areas in Montana. Four areas were explored and one is in a proposal format. The other three follow as concepts still being worked on by Coalition members.

1. Endorse the current Commissioner of Higher Education budget proposal that includes *expansion of WICHE and University of Minnesota dental student slots*. (See Appendix D). The request included the "current-level" dental slots of 1 beginning (first year) WICHE and 2 beginning Minnesota dental slots each year of the biennium as well as a request for 3 additional WICHE dental slots each year of the biennium as requested by the Coalition. In addition to the beginning or first-year slots, the budget request also includes a request for continued funding for the 2nd through 4th year dental students. The program pays annual support fees per student, per year. The support fee per student in FY 2002 is \$15,300 and FY 2003 is \$15,900.

D. Target Use of Tobacco Use Prevention Funds for Dental Health Education and Screenings

The Coalition advocates the prevention of tobacco usage through preventive education combined with existing dental health education and dental screening. Funded dental health professionals, nurses or trained personnel should provide these programs. We advocate that every Montana child have a dental screening and receive the preventative education by fourth grade. It is our further recommendations that these preventative educational programs continue through middle school. The funding source for these professionals should be the tobacco settlement funds.

E. Support the original Medicaid Dental Budget request to increase reimbursement rates.

Years of minimal or no fee increases have progressively eroded the reimbursement level for Medicaid dental services. The present "crisis" of reduced access to dental care for many Montana citizens of limited income, although a problem of many components, has only one measure that can realistically provide quick remedy and relief. Those dentists still participating have, in effect, subsidized the program for years but the growing disincentive to participate has critically reduced the number of services provided. Although a funding increase of the size requested seems large, we cannot ignore the accumulative negative impact on "real" compensation caused by years of low reimbursement levels that are regressive relative to the cost of providing care. Even with a 40% budget increase, dentists will still be delivering services at a discount.

Thousands of Medicaid eligible Montanans with active oral disease will continue to be trapped in the present dilemma unless we deal realistically with the cost of removing this barrier to care. A budget increase less than this will not result in a substantive correction of this large and growing problem; better no attempt than an inadequate one.

The Coalition supports the Medicaid Dental budget increase proposed by the Department of Public Health and Human Services. The proposed increase of \$2.1 million for 2002 and \$2.8 million for 2003 should be retained in the Governors' budget and not be reduced in the executive planning

process or during the Legislative Session.

The proposed Medicaid budget request provides funding for dental and denturist services under the Medicaid program that would increase aggregate reimbursement to 85 percent of the usual and customary charges. Currently, the Medicaid program reimburses dental and denturist services at 65 percent of usual and customary charges. The DPHHS proposed plan is supported by the Montana Dental Access Coalition as a key priority to address access for dental care for the indigent in Montana. A significant increase in the Medicaid fees is necessary before there will be substantial improvement in access for dental services. (See Appendix E)

PROPOSALS IN PROGRESS: The Coalition asks that the Committee consider the concepts behind proposals F through H and the Other Issues for Future Consideration in I. The Coalition members are committed to resolving these issues and gathering more information before January 2001 and we would ask that the Committee endorse the concepts and that a Legislator volunteer to be the primary contact for the issue and potentially sponsor legislation, if necessary.

F. The coalition is exploring the following areas for possible changes to the dental practice licensure laws. The coalition encourages the Board of Dentistry to participate in discussion with Coalition members to explore these issues.

1. *Dental student internship and practicum:* The Montana dental practice act requires licensure of any person practicing dentistry within the state. There is no exemption or lesser level of licensure for a postdoctoral dental student who may wish to come to Montana to serve an internship or practicum.

According to statistics compiled by the American Dental Association (ADA), twenty-one states have a residency/advanced education permit. A residency is performed at a dental school (this may not be appropriate in Montana because we do not have a dental school) and an advanced education permit allows services to be performed elsewhere.

Dental practice act citations from Colorado, Minnesota, North Dakota, and Oregon are available for review.

2. *Retired or inactive status for dentists and hygienists:* According to the ADA, 31 states provide for an inactive or retired status for dentists. ADA research shows no states which provide for a limited license to practice for retired dentists. "Retired status" is generally interchangeable with "inactive status" and may include those who are inactive due to disabilities; the statutes generally provide for criteria to reactivate a license.

ADA research did not identify any state where dentists are exempt from complying with mandatory continuing education requirements. Generally states require proof of satisfaction of continuing education requirements if a dentist wishes to reactivate an inactive license.

When this issue was discussed briefly by dentists on the Finance and Policy Development Workgroup there was no support for exempting retired or inactive dentists from continuing education requirements.

Perhaps a lesser level of licensure fees could be established for retired dentists and hygienists to encourage them to continue to practice at some level. A definition of

“retired” would have to be developed. The licensure fee for dentists for active renewal is \$153 per year. For dental hygienists the active renewal fee is \$70 per year. The issue to be considered is the degree to which these fees act as barriers for retired persons to maintain their active licensure status.

3. *Reciprocity*: Montana presently recognizes licensure by credential for dentists who successfully complete a clinical practical examination comparable to the exam recognized by the Montana Board of Dentistry.
4. *Civil liability of dentists and dental hygienists who volunteer in public health and other settings*: Presently Montana law provides limits on civil liability for dentists and dental hygienists who provide care without compensation to patients in Federally Qualified Health Center (FQHC) clinics or who are referred by such clinics. This limitation extends only persons who do not have malpractice insurance because they are retired or their malpractice coverage excludes coverage for services provided in these settings.

G. Incentives for Dental Practice, cont.

Incentive programs are needed to help attract dentists to serve in rural and underserved areas in Montana.

2. Montana currently offers the federally funded National Health Service Corps (NHSC) Program which provides loan repayment incentives to primary care physicians and mid-level providers, mental health providers, and dentists and dental hygienists willing to provide care in health professional shortage areas, but lacks a state loan repayment program for dentists and hygienists. The federal NHSC program has limited funding and meets about 15% of the current national need. The Coalition supports the State applying for grant funds to start a *50% State-funded and 50% federally-funded NHSC loan repayment program and state-only funded program to include dentists and dental hygienists*. At a minimum, funding authorization and administrative support are needed to begin development of this program. In addition, either State or individual communities would need to come up with the matching State funding required for the program.
3. The Coalition is exploring a *tax credit* similar to the one currently available for physicians who practice in a rural area (15-30-188, MCA). Additional information is required before a proposal is set forth, but Coalition members are committed to gathering further information and developing legislation.
4. The Yellowstone City-County Health Department has begun discussions with the Montana Family Practice Residency regarding the possibility of developing plans to begin *Dental Residency Program* in conjunction with the University of Washington School of Dentistry. There is local support by both hospitals for this program as the un-met oral health needs of the community are severe. A meeting is scheduled for later in August to further these discussions.

The current WWAMI medical program is the model that the Coalition was hoping to replicate for dentists. State funding would be needed by the 2003 Legislature to further this project. Currently state funding assists in the support of the Montana Family Practice Residency through the Commissioner of Higher Education.

H. Allow Registered Dental Hygienists to practice in public health settings.

The Coalition sees this as a potential solution for increasing dental care access to the poor and underserved. Certain members have been working on various proposals to see how dental hygienists can be employed in public health settings when a dentist is unavailable and the settings in which dental hygienists could potentially practice. Consultants will work with Representative Thomas, D.D.S., to determine each stakeholder's concerns. Representative Thomas is compiling names of contacts from the Montana Dental Association and the Montana Dental Hygienists Association, as well as nonmember professionals, in order to gain information regarding their concerns. A timeline and process are being developed. The desired outcome is that legislation could go to the Legislature by January 2001. Information regarding limited practice in other states is available for review.

I. Other Issues for Future Consideration

— The Coalition has considered the idea of placing dental professionals to practice in Community Health Centers (CHC). The Coalition supports the DPHHS efforts to fund dentist slots in FQHCs. The Coalition has agreed to support the DPHHS efforts to the Interim Committee. A recent survey was conducted of the community health centers and the results are in Appendix F.

— Immediate funding for Registered Dental Hygienist slots available in other schools and states needs to be investigated and considered this Legislative Session. A related topic is discussion of expansion and support of Colorado dental hygienist school through funding support

— Liability for volunteers with maintaining full licensure (see notes under Proposal F as well).

— Mobile dental unit to serve underserved across state such as nursing home residents, CHC waiting lists, rural communities, migrant communities, schools, etc.

— Public education initiatives

— Additional recommendations based on the dental survey being conducted currently.

Description of Community Strategy

The Coalition was interested in developing a community strategy for Fall 2000 to bring their proposals out to communities around the state and to develop greater knowledge, awareness, feedback, and support for increasing dental access (see Appendix G):

— State association meetings could be a venue to advertise and inform people about the Montana Dental Action Plan.

— Develop a list of talking points for Coalition members so that everyone is on the same page when talking with candidates, Boards, Editors etc. Build on the August 17, 2000 Montana Dental Action Plan presented to the Children, Families, Health, and Human Services Interim Committee as a place to start.

— Concentrated effort to work with newspaper Editorial Boards in addition to use of existing meetings.

— Utilize existing candidate forums.

— Will need an organization to host, organize and set up meetings to replace DPHHS and legislative staff who have served as organizational and convening staff for the Coalition.

— Coalition members need to develop process to inform each other when legislation will be considered during the 2001 Legislative Session.

Future Plans of Coalition

Coalition will continue with the next meeting in Fall, 2000. The meeting will include a presentation and development of a public education and community-based strategy across Montana in support of the Montana Dental Action Plan. The Coalition members hope to support and attend the fall meetings held statewide by the Montana Children's Agenda which includes access children's dental care as an issue. The Coalition also hopes to continue providing access to its materials through postings on the Montana Dental Access Coalition Website.

APPENDIX A

Background

APPENDIX B

Proposal A

APPENDIX C

Proposal C

APPENDIX D

Proposal D.1.

APPENDIX E

Proposal G

APPENDIX F

Other Issues

APPENDIX G

Community Strategy