ISSUE BRIEFS
84TH TEXAS LEGISLATURE

Patient Fairness
Dental School Funding
Access to Oral Health Care
Scope of Practice
Patient Protection And Safety
PATIENT FAIRNESS

Dental Insurance, Coordination of Benefits

BACKGROUND

The sources dental patients use to pay for dental care have changed with time. Overall, dentistry has seen a decrease in the number of private pay patients and an increase in the number of patients covered with some form of dental insurance.

Dental patients should receive the full benefit of their dental insurance by requiring coordination of benefits (COB) between dental plans. COB occurs when a patient is entitled to benefits from more than one dental plan and the plans coordinate between one another.

An all-too-common problem for dental patients occurs when insurance plan rules or claim practices create burdensome limitations or eliminate benefits under the secondary plan. As a result, patients pay the premium for a plan that may not pay for claims, despite the plan’s representation that secondary coverage exists.

SOLUTION

The Texas Dental Association (TDA) supports legislation requiring primary and secondary insurers to coordinate benefits so that the secondary insurer pays the balance on a dental claim based on the full, allowable amount of coverage.

SUPPORTING STATEMENTS

True coordination of benefits between dental insurance plans ensures patients receive the full benefits of the dental coverage paid for, and not be left with unexpected balances owed. This provides a more equitable system for dental patients, making dental care more affordable, cost-predictable, and accessible. Further, making the terms of the policy consistent with the representations implied by “secondary coverage” will enable consumers and employers to make better purchasing decisions.
DENTAL SCHOOL FUNDING

Clinic Operations

BACKGROUND

Texas dental schools incorporate clinical, real-life experiences for students as part of their education curriculum. Students, under the supervision of dentists, provide needed dental care to underserved and special needs adults and children.

Currently, state funding for dental school clinic operations is not tied to any metric or formula. As a result, the three schools have a wide range of clinic funding and on average, a dental school loses approximately $45 per patient visit.

SOLUTION

The three Texas dental schools are proposing a strategy to convert funding for dental clinic operations into a formula. Funding would be based on the rolling two-year average number of patient visits to the school-owned dental clinics. In order to cover the full cost of each student-treated patient at a dental school’s educational clinic, the formula would provide $45 per patient visit.

SUPPORTING STATEMENTS

Texas’ dental schools provide critically needed oral health care to underserved populations. Balancing clinic costs helps maintain the supervised clinic experience, which is a vital part of the education and training of future generations of dentists and dental hygienists. Through the clinical experience, students gain knowledge and competency in caring for underserved, elderly, and special needs patients.

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<th>Dental School</th>
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ACCESS TO ORAL HEALTH CARE

The Texas Dental Association (TDA) aims to reduce the number of adults and children with untreated dental disease through oral health education and prevention, and by providing treatment now to people in need of care. The goal is to make Texans healthier through access to a dentist.

DENTAL LOAN REPAYMENT PROGRAMS | Reinstall Funding

The state has two loan assistance programs which include dentists. The TDA supports both the Dental Education Loan Repayment Program (DELRP) and the Children’s Medicaid Loan Repayment Program (CMLRP). Both programs are authorized in statute but, unfortunately, past budget shortfalls resulted in the legislature eliminating funding for both.

State sponsored loan payment assistance programs provide excellent incentives to dentists in return for their practice in underserved areas throughout the state. History proves the programs work and they increase access to care by increasing the number of dentists in border and rural areas.

The TDA encourages the 84th Legislature to recognize the valuable role that state loan assistance programs have in addressing dental workforce challenges and the positive effect they have on access to care. The TDA advocates reinstatement of funding—and program expansion—to both of these valuable loan assistance programs.

ORAL HEALTH EDUCATION TRAINING | Promotores / Community Health Workers

Working in remote locations in Texas, promotores/community health workers help vulnerable Texans overcome barriers to accessing health care. Adding oral health education to the training program core competencies will empower promotores and community health workers to connect those located in underserved communities to the dental care they deserve.

With more than 3,000 certified promotores and community health workers in 125 counties across Texas1, these dedicated individuals are ready to help educate families about the link between oral health and overall health, navigate the Medicaid dental managed care system, and connect with additional state and community dental resources.

The TDA supports requiring oral health education to be included in the Promotora and Community Health Worker Training Program (Health and Safety Code Chapter 48, Subchapter B).
**ORAL HEALTH PROGRAM | Funding**

Failure to treat dental disease has serious economic and medical consequences. The Oral Health Program (OHP) at the Texas Department of State Health Services (DSHS) encourages Texans to improve and maintain good oral health. The OHP works with various partners across the state to identify the oral health needs of Texans and the resources to meet those needs.

Adequate funding helps ensure that the OHP has the resources necessary to collect, analyze, and disseminate essential oral health data, develop and implement a comprehensive oral health education and promotion campaign, and reestablish and possibly expand the fee-for-service voucher program for uninsured children, pregnant women, and other at-risk populations.

The TDA will work with the legislature to support adequate funding for the OHP at DSHS.

**STATE DENTAL DIRECTOR | Texas-Licensed Dentist**

Currently there is no statutory requirement that the dental director for the Oral Health Program at the Department of State Health Services or the dental director for Texas’ Medicaid and Children’s Health Insurance Program at the Health and Human Services Commission be a Texas-licensed dentist. Mandating this in law will ensure that the programs are led by a dentist who has the appropriate level of education and training the positions demand.

The TDA will support requiring that both the OHP and the HHSC dental director positions be held by a Texas-licensed dentist.

**MEDICAID | Funding and Administrative Simplification**

Texas has not increased reimbursement rates for Medicaid dental services since 2007. Maintaining adequate provider reimbursement is paramount to ensuring patients access to necessary dental services.

Without additional funding for rate increases, continued rising costs incurred by provider dentists could erode the quality of services delivered and could result in access to care problems for patients.

Additionally, Texas needs to continue efforts to reduce the administrative burdens placed on dentist providers participating in Medicaid managed care, and improve efficiency in dentist provider enrollment and reimbursement. This includes establishing uniform administrative procedures such as prior authorization standards, claims processing procedures, and patient eligibility status updates.

The TDA will support increasing funding for Medicaid dental services and efforts to simplify Medicaid administrative processes for participating dentists.

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Every Texan deserves comprehensive care provided by a dentist.

Texas Dental Association (TDA) member dentists are committed to working with state and community leaders to identify and advance solutions that meaningfully address barriers to oral health care for Texans. Helping Texans attain the optimal oral health they deserve is a core commitment of the TDA.

TDA member dentists provide charitable care to thousands of Texans every year. In addition to free care provided daily in dental practices throughout Texas, TDA has coordinated care at events to over 33,000 Texans valued at over $23 million.

Dentists are highly trained to perform all the procedures involved in total patient care. Graduation from dental school requires successful completion of a rigorous curriculum in pharmacology, anatomy, biology, surgical training, diagnosis, and other complex disciplines. The result is a professional who is enabled to diagnose, prevent, and treat diseases, disorders and conditions of the jaw, oral cavity, and maxillofacial area. Dentistry is complex, and not every case is a simple toothache. The dentist is trained in these complexities and patients are better served for it.

The TDA opposes Senate Bill 571 by Senator Jose Rodriguez (D–El Paso) and House Bill 1409 by Representative Senfronia Thompson (D–Houston) allowing dental hygienists to administer local anesthetic. Current law protects the public by limiting the types of health care professionals who are authorized to administer anesthetics in dental offices. Doing otherwise exposes the patient to harm and will, in the long term, lead to a more costly dental care delivery system.

Unlike flu shots to the arm, local anesthetic injections are not simple procedures when delivered into the anatomically complex craniofacial region. Dental local anesthetic injections are invasive, irreversible and potentially toxic, especially when repeated in multiple locations. These injections require the scientific knowledge, experience, and skills that are only attained through professional, comprehensive, and specific education in anesthesia and sedation.

Absence of evidence of harm is not evidence of safety. It is impossible to verify that there have been no reported problems with dental hygienists administering local anesthetic in other states. There is currently no methodology or clearinghouse to track adverse incidents. Further, the availability and cost of malpractice insurance would result in costs being passed on to the payor or leaving the patient without recourse.
**MIDLEVEL DENTAL PROVIDER**

To improve access to care and overall oral health, it is important to focus on the best model for total patient care and a complete dental home.

One might think that expanding the scope of non-dentists is one approach. Under the Dental Hygiene Practitioner proposal, for example, a provider with a valuable skillset but a fraction of the training of a dentist would be allowed to perform unsupervised surgery and even extract teeth. Depending on the population served, patients with more complex oral health conditions need more comprehensive care, which a dentist is trained to provide. The available literature reveals no convincing evidence related to the cost effectiveness of utilizing these providers in place of dentists.¹

There is no credible evidence that utilizing new scope and workforce models to perform surgical treatments decreases the prevalence of caries (cavities) in affected populations. In fact, one of the most significant findings is that despite decades of use of these workforce models in numerous countries, there is no apparent reduction in disease incidence.¹ Training non-dentists would require the development of new curricula, a new accreditation process, and a new system to test, license, and provide oversight of these providers. New enforcement systems would be needed to handle incidents where a provider was believed to have exceeded scope or caused patient harm. Each of these systems comes with a substantial cost to taxpayers or a pass-through to patients and whatever means are used to finance their dental care.

Additionally, creating a provider type that is not comprehensively trained creates a two-tiered system of dental care delivery. This tiered system raises questions for policymakers. Do you risk creating a system of limited and higher-risk care for the indigent and medically needy populations, with no regard to their oral health conditions? Is the care ultimately the most cost-effective model for publicly funded programs, insurance, or private paying individuals? The dilemma is that the expanded-scope approach could lead to costly corrective work or, worse, irreversible harm to the patient.

**SOLUTION**

There are sound and meaningful solutions to access reform.

The resources for oral health literacy, expansion of quality care, correction of uneven distribution of dentists, and—most importantly—the commitment to prevention, are all key to improving public oral health and access to care. Strengthening resources by expanding the existing dental loan repayment program and supporting additional funding to the State Oral Health Program are sound, TDA-supported approaches to effective dental care.

Moreover, there should be a renewed focus on creating pathways and funding to enable qualified professionals to enter and successfully complete dental school. Using the current educational system to train professionals as dentists, especially those with existing patient experience in a dental setting, would benefit all Texans.

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PATIENT PROTECTION AND SAFETY

Dental Practice Models

BACKGROUND

The Texas Dental Association (TDA) embraces innovation and diversity among dental practice models in Texas. While each model must comply with Texas laws and regulations, there is a broad spectrum—big and small, general and specialty—that is needed to serve patients and the dentists who treat them.

A priority item for the TDA during the previous session was an effort to strengthen regulations designed to enhance patient safety, protection, and proper care involving dental service organizations (DSOs) and other types of large, multiple-location practices. House Bill 3201, 83rd Session, authorized the Texas State Board of Dental Examiners (TSBDE) to collect information from dentists and locations where dental services are provided and copies of agreements (contracts) between dentists and their employers. The information collected is assisting the TSBDE with properly enforcing the Dental Practice Act.

DSOs and large group practices play a valuable role in the Texas market by providing access to care for a growing population. Like any dental practice, the practice of dentistry is the responsibility of the dentist, and any interference by a non-dentist jeopardizes patient safety and dental ethics.

SOLUTION

Passage of House Bill 3201, 83rd Session, strengthened the Dental Practice Act by enhancing patient safety, protection, and accountability of the dentist regardless of their practice setting. The TDA will continue to work with lawmakers and regulators to determine if additional steps are needed to address emerging accountability, safety, and ethics issues.

SUPPORTING STATEMENTS

Texas must ensure that citizens have access to high-quality dental care delivered by licensed, professional dentists. Only dentists have the training and experience required to make appropriate clinical dental treatment decisions.

The State of Texas must appropriately regulate all dental practices, require them to follow Texas law, and thereby allow dentists to focus on the best interests of their patients.