Texas Dental Hygienists' Association

Date: September 24, 2020

To: House Committee on House Human Services
From: Texas Dental Hygienists' Association
Re: **Interim Charge: Examine innovative approaches and delivery models to reduce healthcare costs for both patients and taxpayers, including policies other states have implemented. Study the impact "direct care" healthcare models have on Medicaid beneficiaries for acute care and mental health services, including potential cost savings and improvement in quality metrics. Examine efforts other states have made seeking to implement direct care models, particularly.**

The Texas Dental Hygienists' Association appreciates the opportunity to respond to the RFI and is grateful for this Committee considering ways to reduce costs for Texas and its citizens as well as ways to address direct care models for Medicaid patients. We agree all Texas residents should have access to healthcare and all practitioners should have the ability to utilize the latest proven technology to meet their needs.

Background: Oral Health in Texas

- Most dentists (98%) and physicians (96%) agree that access to preventive dentistry is key for improving overall health.[i]
- 80 entire Texas counties contain federally classified Dental Health Professional Shortage Areas with 3 additional counties having partial HPSA designations.
- With 58% of Texas's counties containing federally classified Dental Health Professional Shortage Areas, Texas now ranks 47th in the US in dentists needed to correct the dental HPSA deficiency.[ii]
- As of June 30, 2020, 406 dentists are needed to remove the Dental HPSAs according to HRSA. [iii]
- In September 2019, 57 counties have no general dentists and 30 counties have only 1 according to DSHS. For Data Information Click Here.
- Oral Health America recently released, ***A State of Decay: Volume III*****;** the report rates each U.S. state on edentulism, adult Medicaid dental benefits, community water fluoridation, basic screening surveys and state oral health plans. ***Texas ranked forty-third out of fifty states*** with a composite score of 22% resulting in a "poor" overall rating.[iv]
- Untreated decay impacts over one-quarter of all adults,[v] including approximately 4 million in Texas. Over half of Texas adults, more than 9 million, have lost at least one tooth due to dental disease[vi]
- Nationally, untreated dental decay affects one in three seniors, including more than 1 million Texas seniors.[vii] Almost one in five Texas seniors has lost all their natural teeth.[viii] Tooth loss and poorly fitting dentures impair their ability to speak and interact socially and lead to poor diet because they can't chew properly.[ix]
- Texas's dentist shortage is going to intensify. The Health Resources and Services Administration projects that the current dentist shortage will substantially worsen in the next decade.[x] Within that timeframe, more than a third of general dentists will be at or past retirement age.[xi] Texas's aging dental workforce coupled with its booming population will likely leave many Texans unable to access dental care.
- More than 3 million Texas children have Medicaid coverage but nearly one-third of Texas counties have no dentist participating in Medicaid.[xii]

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- Tooth decay is the single most common chronic disease of childhood and affects nearly 60% of the children in the United States.
- **Nearly six of every ten Texas children** have experienced dental decay and over one-quarter have untreated decay.[xiii] Kids with untreated decay not only suffer pain and infection; they have trouble eating, talking, sleeping, and learning. This directly impacts school performance and causes missed school days, —**costing school districts money**.[xiv]
- In a year, nearly 30,000 new cases of oral and pharyngeal cancers are diagnosed, of which about 7,500 deaths occur. Also, stroke, coronary heart disease, atherosclerosis, preterm and low-birth-weight babies, cardiovascular disease, diabetes, and respiratory disease are all associated with poor oral health.[xv]
- In Texas, there were 122,096 emergency room visits for non-traumatic dental conditions in 2016 with an average cost of $1,853 and 4,692 inpatient admissions for NTDC with an average charge of $46,198. For Report Link Click Here.
- In total, **10 Texas patients died in the ER because of the Non-Traumatic Dental Conditions in 2016.**[xvi]
- The lives and costs are so significant, they should not go unnoticed or unaddressed. Additionally, according to Fair Health Study from January and February 2020 to March and April 2020, dental caries (tooth decay or cavities) rose from fifth to fourth most common dental-related diagnosis presenting in urgent care centers and ERs.
- **Oral disease is solely responsible for 164 million lost work hours each year** in the United States.[xvii]
- Employers are interested in implementing value-based care models that prioritize healthy outcomes (51%).[xviii]

According to the Mayo Clinic as well as other respected resources, poor oral health is linked to other overall health conditions including endocarditis, cardiovascular disease, pregnancy and birth conditions, and pneumonia. Other conditions like diabetes, osteoporosis and Alzheimer's disease also contribute to poor oral health. With immediate access to preventive oral health care, these complex health issues may be prevented; therefore, reducing costs while protecting the health of Texans. A healthy mouth equals a healthy body.

Suggested Solutions

1. Teledentistry

Teledentistry plays a key role in facilitating early intervention and preventive services for patients of all ages. Teledentistry through the use of technology (including digital x-rays, digital photos/videos, electronic health records, the internet…) facilitates the delivery of oral healthcare and oral health education services from a provider in one location to a patient in another or from one oral healthcare provider who is with a patient to another provider who is located in an alternate setting. This can save time and expense, especially in areas where there is a shortage of care. It would allow for employees to not miss work or children to be absent from school allowing for improved outcomes.

By amending the current telehealth statutes to include teledentistry this would allow dentists and dental hygienists to increase access to care reducing long-term healthcare costs for the patient and the state. Current technology has been successfully developed and implemented allowing real-time live video (synchronous) and store and send (asynchronous) modalities for telehealth in Texas and additionally for teledentistry in other states. *Twenty states* have adopted reimbursement policies

related to teledentistry, with more states having pending legislation. Others allow teledentistry through their current telehealth statutes. For list of states click HERE. Due to COVID, many states temporarily adopted policies to allow dental personnel to treat patients and be reimbursed. The passage of teledentistry which is 24/7 access to a dentist as well as access to a hygienist providing preventative care remotely from a brick and mortar office can increase access while lowering costs.

The lives which could have been saved from dental disease alone should be enough for the Texas legislature to implement teledentistry aside from the costs savings spent by our state on visits to an ER for non-traumatic dental conditions. According to the recent ten-year study (2007-2016) released by the Texas Health Institute $1.7 billion total charges were billed over the ten years. The lives and costs are so significant, they should not go unnoticed or unaddressed. Additionally, according to Fair Health Study from January and February 2020 to March and April 2020, dental caries (tooth decay or cavities) rose from fifth to fourth most common dental-related diagnosis presenting in urgent care centers and ERs.[xix]

With the current pandemic dentists' hands were tied by not having teledentistry capabilities. Dental practices were closed, allied health professionals had to draw unemployment, and many have not returned. Dentists were unable to be reimbursed for any virtual visit as their physician colleagues were. Patients with underlying medical conditions had to be seen in office to determine if care is needed which posed increased and unnecessary health risks due to COVID. Elderly patients in assisted living facilities were unable to leave to receive routine preventive care. Having teledentistry as part of telehealth could solve these situations.

Access to oral health care is one of the most common reasons cited for disparity in oral health in rural communities. Teledentistry has revolutionized the way patients can receive care in other states. It could expand access to oral care not only in underserved communities, but also in nursing homes, Head Start centers, urgent care centers, hospitals, school settings or any other facility the Texas State Board of Dental Examiners would be given the authority to approve. The benefits included improved patient outcomes from earlier diagnosis and less invasive treatment, reduced barriers to cost and transportation, and increased access to preventive care. With the use of this technology, the number of dental hygiene visits allowed between tactile dental visits could be increased by removing the 6-month barrier requiring a patient to be seen in person by a dentist. With telehealth, virtual visits are treated equally as tactile visits. This determination should be made on a case by case basis determined by the dentist, not the legislature. This would allow for uniform treatment for dental health providers as medical providers have under the telehealth laws.

Just as it occurs with in-person treatment, a patient is seen, diagnosed, and/or treated by a licensed dentist. Similarly, patients retain their rights concerning privacy and secured health information, access to their medical records, and information about benefits, risks, and alternatives to proposed treatments or procedures. Additionally, these clinical cases are effectively provided in the absence of a scheduled appointment and previously established physician-patient relationship. We need patient-centered care brought up to the 21st Century capability[xx] While the evidence base on the use of telehealth in dentistry is nascent, initial studies show it is an effective mode for assessment and treatment and makes efficient use of the supervising dentist's time.[xxi]

Teledentistry as far back as 2011 has been endorsed by the Institute of Medicine (IOM). A 2011 IOM report noted the promise of telehealth to expand dental care to underserved populations and called upon states to adjust their laws to allow the use of telehealth to link dental auxiliaries in the field with supervising dentists.[xxii]

The time is now to allow Texans to have virtual access to a dentist or dental hygienist in alternate settings allowing for patients needs to be met through the latest technology making it more affordable than in-person visits while leaving in-person appointment times for more complex procedures. This important valuable tool can save lives, reduce costs for both the patient and state, reduce school and work absenteeism affecting overall performance and most importantly create greater convenient access to our most vulnerable populations.

2. **Medicaid Direct Access and Reimbursement for Dental Hygienists Providing Preventive Dental Care**

Medicaid dental benefits are not mandated for adults; therefore, coverage varies per state. Texas allows dental care for adults only in case of an emergency. All states are required to provide Medicaid and CHIP benefits for children. Research commissioned by Dentaquest found most Americans agree oral health is important and preventive care is where it begins with most desiring dental coverage as part of Medicaid and Medicare. More than half of Americans view oral health as inconvenient, confusing, or scary while 70% see it as expensive. [xxiii] For full report Click HERE.

It is not only expensive for individuals, but for hospitals, local and state governments through emergency room visits and uncompensated care. Every 14 seconds nationwide, adults visit an ER for a dental condition with costs reaching $2.4 billion.[xxiv] Lack of care is also expensive to employers and school districts.

When preventive dental care is not provided, as mentioned previously, serious chronic health issues included mental develop which are costly and then covered by Medicaid benefits. Texas should consider expanding Medicaid to include preventive dental services for adults which would substantially decrease long-term medical costs to the state.

Many allied health professionals in Texas have a designated provider number for direct reimbursement from Medicaid for medical or therapeutic services provided. If hygienists identified as a provider and settings where hygienists could provide preventive services under their current scope of practice were expanded, the needs of the most vulnerable Texans could be immediately met. Eighteen states' dental practice acts contain statutory or regulatory language allowing the state Medicaid department to directly reimburse dental hygienists for services rendered. Research shows by allowing insurers to directly reimburse hygienists for their work increases one-year utilization rates by 3-4 percentage points.[xxv]

A case study of elementary schools served by the Virtual Dental home (VDH) program in California found the program was extending care to 201 low-income students. For many students, VDH marked their first encounter with dental care, or their first non-emergency encounter. A cost calculation using national estimates for Medicaid reimbursements and salaries found Medicaid payments would more than cover the costs of providing care in these settings. [xxvi]

Other reports supportive of direct reimbursement focus on the workforce competition aspect:
PEW: When Regulations Block Access to Oral Health Care, Children at Risk Suffer

- 18 out of 44 dental directors identified this rule (inability to bill directly) as a barrier to school sealant program expansion. In addition, some states that employ Medicaid managed care for dental services—for example, Nevada—report that contracted insurers are not allowing hygienists to bill Medicaid directly even though they can do so under the state's Medicaid fee-

for-service program. The inability to bill directly in many cases causes payment delays to programs. States also report that dentists are reluctant to supervise school-based hygienists because of lack of administrative capacity to handle billing.

Federal Government: Reforming America's Healthcare System Through Choice and Competition

- Recommendation: The federal government and states should consider accompanying legislative and administrative proposals to allow non-physician and non-dentist providers to be paid directly for their services where evidence supports that the provider can safely and effectively provide that care.

National Governors Association: The Role of Dental Hygienists in Providing Access to Oral Health Care

- Reimbursement policies can create significant barriers to direct-access and independent dental hygienist practices. For example, state laws delineating the scope of practice of dental hygienists are not always aligned with state Medicaid reimbursement policies. In such instances, even though the state may allow dental hygienists to provide preventive services on a direct-access or independent basis, the hygienist might not be able to bill Medicaid directly for those services. In turn, that lack of reimbursement affects the likelihood that dental hygienists will be able to provide access in low-income settings.

3. Expanded Settings outside a Brick and Mortar Dental Office

The legislature should allow a dentist to supervise a dental hygienist in an alternate site other than brick and mortar dental office. This would bring care directly to patients in a Head Start center, pre-school, K-12 school, long-term care facility, hospice, hospital, home health care environment, a facility for those with disabilities or any other facility the Texas State Dental Board of Dental Examiners approves. The dental hygienist would provide oral preventive services under their current scope. This would expand access to cost-effective dental hygiene services to more facilities and the legislature should remove the barrier to the number of dental hygiene visits allowed currently in law making the dentist responsible to determine the treatment plan not the legislature.

In summary, we implore the Committee Members to discern what is best for their constituents and our state. Our state is always behind the eight ball where progressive health care is concerned at the detriment of Texans, and the state tends to wait until a lawsuit ensues before acting. We ask the Committee to include hygienists in health providers who provide services for Texas Medicaid patients for direct reimbursement, expand settings where dental hygienists may provide preventive services under their current scope and respectfully ask this committee to recommend incorporating teledentistry uniformly as with the other fields within the telehealth statutes.Thank you for your consideration and for delving into this most critical issue.

Sincerely,

Marian Tajchman

Marian Tajchman
President, TDHA

[i] https://dentaquest.com/pdfs/reports/reversible-decay.pdf/

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[iii] file:///C:/Users/Stephanie/Downloads/BCD_HPSA_SCR50_Qtr_Smry.pdf

[iv] Oral Health America, Wisdom Tooth Project. Volume III, 2016. http://b.3cdn.net/teeth/492f646d03c892b6aa_l6m6bj3ql.pdf

[v] U.S. Department of Health and Human Services. National Health and Nutrition Examination Survey, 1999-2004. http://www.nidcr.nih.gov/DataStatistics/FindDataByTopic/DentalCaries/DentalCariesAdults20to64.htm

[vi] Texas Department of State Health Services, Center for Health Statistics. Behavioral Risk Factor Surveillance Survey 2010.

[vii] U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000

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[x] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. National and State-Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2025. Rockville, Maryland, 2015.

[xi] Texas Department of State Health Services, Health Professions Resource Center. "Trends, Distributions, and Demographics: Dentists (General) 2014." http://www.dshs.state.tx.us/chs/hprc/Publications/2014FactSheets.aspx

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[xvi] Texas Health Institute. Emergency Department and Inpatient Hospitalization for Non-Traumatic Dental Conditions in Texas. October 2018

[xvii] https://pubmed.ncbi.nlm.nih.gov/1456343/

[xviii] https://dentaquest.com/pdfs/reports/reversible-decay.pdf/

[xix] https://www.ajmc.com/view/fair-health-study-reveals-impact-of-covid-19-pandemic-on-dental-services

[xx] https://www.americanteledentistry.org/wp-content/uploads/2018/10/ATDA_TeledentalPracticePositionPaper.pdf

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