SB166 & SB167

John Gard

Assembly Chairman, Joint Committee on Finance

March 30, 2001

An Open Letter to the Dentists of Wisconsin,

I need your advice, counsel, and input on a series of proposals that are about to come before the Wisconsin legislature which have a dramatic impact on the practice of dentistry.

During my time in the Assembly, I have met and worked closely with many Wisconsin dentists on important issues affecting your profession. I have been a long time defender of dentistry in Wisconsin because the members of your profession have always worked diligently and responsibly to promote a successful health care agenda.

Today, I want to talk with you about the future of dentistry in Wisconsin. You may not agree with everything I have to say, however, the benefit of being in the same foxhole together for so many years allows me to speak from the heart and be blunt about my fears with the initiatives being proposed by a number of provider groups involved in dentistry today.

The proposals, which are coming before us, impact virtually every area of dentistry from scope of practice to licensure requirements to money.

First, the proposal would allow dental hygienists to set up their own practices in certain circumstances and become separate Medical Assistance providers with their own billing numbers. It would begin the process of developing a dual delivery system, which the Wisconsin Dental Association has long opposed. I stood with you in the past because I was convinced that this would not be in the best interest of quality health care delivery. The plan appears to set up one system for poor people and a different one for others.

Several questions come to mind with the overall proposal for hygienists. Under the plan, hygienists can get referrals from nurse practitioners, physicians or physician assistants and the patient may never be seen by a dentist. Who is liable if something goes wrong?

In order to avoid the necessity of a diagnosis, dental hygienists in some circumstances will be able to provide an oral risk assessment with no oversight from a dentist. Is this in the best interest of quality health care?

Furthermore, do dentists believe that they will stop hygienists from coming back to the legislature immediately to treat all other private pay patients once they are approved to treat MA patients and have their own billing numbers?

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You will never be able to come back to the legislature and say they are not qualified to do so. Before this genie gets out of the bottle, I would ask that you consider the obvious next step. **I guarantee you this: you will be unable to stop it if this plan gets approved.**

Secondly, there are provisions in these bills that would allow dental hygienists, physicians and even nurse practitioners to authorize dental hygienists to apply fluoride varnishes in ways not currently approved by the FDA. From the information I have been able to gather, the FDA has only cleared the varnishes for cavity liners. The drugs are not currently licensed in the United States for caries protection. The Dental Examining Board last year unanimously rejected the authorization of these drugs, which were not approved for caries protection. That unanimous vote included the votes of every hygienist on the board, yet it would be allowed under this legislation.

I believe that would be a serious dereliction of duty to pass this into law.

Thirdly, there are numerous licensure-related provisions. I have analyzed each of them and have numerous concerns. I will summarize them as succinctly as possible by saying this: when I, as a lawmaker, am asked to vote on licensure provisions that have the potential to weaken our standards, I have to ask myself if I am prepared when a dentist who may be licensed under relaxed standards commits a serious case of either malpractice or sub-standard care. The dentist involved will most likely be penalized but the legislators will be criticized harshly and patients will have suffered unnecessarily.

I have been an adamant supporter of dentistry in Wisconsin. I am proud to do so because I believe no health care providers have a higher commitment to standards than dentists, both in your practices and at our only dental school at Marquette. I want that to continue.

Money. Obviously, this is a major reason why many dentists limit the number of MA patients that are seen. However, it is not the only one as frequently missed appointments and other things also contribute.

As co-chairman of the Legislature's Joint Finance Committee, I obviously get a lot of practice telling people no to their budget requests. There are always more demands than there is money but this year is much different than any in the last decade. The economy has slowed dramatically and there doesn't appear to be a rebound in sight.

We all know this means there will be less money to work with in the state budget. The dental profession can make a great case that they need significantly higher reimbursement levels if the state expects them to see MA patients. However, with all the competing interests from 2/3rds funding of schools to various human service needs, it will be extremely unlikely that the $20 million increase in this plan will pass.

Many politicians will not be this direct with you. However, if you follow politics at all you know all the political rhetoric is focused on creating a new prescription drug entitlement. That's where the votes are and that is clearly where many of the supporters of this dental plan are focusing most of their efforts.

The result is that you may end up with little or none of the new money and have negotiated away significant authority in your own practice. The practice of dentistry could change in ways that I have stood with many dentists so long to prevent.

Here are some questions I want to leave you with. Please consider them and perhaps let me know what you think.

- Should we completely overhaul the longstanding practice of dentistry by allowing dental hygienists to refer patients to dentists?
- Should hygienists be allowed to practice independently? To become MA providers? To practically make a diagnosis?
- Do Wisconsin dentists really want other health care providers not practicing dentistry to be able to authorize dental services for patients directly to dental hygienists?
- Do you really think hygienists will only want to see MA patients in an independent setting?
- This legislation will allow a patient to see a hygienist without first seeing a dentist. If a hygienist applies a sealant without a diagnosis how will we know if caries aren't present before the sealant is placed?
- The plan would allow nurse practitioners, physicians and physician assistants to authorize hygienists to perform debridement, deep scaling or root planing. Are those individuals qualified to make those decisions?

I hope you discuss with your colleagues some of the issues I have raised in this letter. I respect you enough to level with you and raise my concerns about the road that we appear to be headed down.

While the process is long, there is the possibility these provisions could be put in the state budget with little input from anyone.

Please let me know your thoughts on the issues that I have raised. You can contact me by letter, phone or email (Rep.Gard@legis.state.wi.us). I will be happy to provide you with any further information you may need.

Thank you.

Sincerely,

John G. Gard

John G. Gard
State Representative

Wisconsin Dental Association, Inc.

April 4, 2001

Dear Dentist:

As representatives of the WDA leadership, we must respectfully disagree with the content of the letter you received earlier this week from Rep. John Gard (R-Peshtigo). The WDA has literally spent years working on the state's dental access issues and we firmly believe that the legislation now under consideration will provide the most comprehensive solutions to a very real dental access problem. We've not taken this position lightly; the policies we've developed during debates at the House of Delegates as well as the WDA Board of Trustees meetings are the basis for our support of this legislation. In an effort to inform you and to gather feedback, we have shared those policy decisions and provided updates to the members through Journal articles and via our website.

Rep. Gard basically opposes the **comprehensive package developed by the bi-partisan public-private Legislative Council Study Committee on Dental Access.** This committee was formed at the request of the WDA and other Wisconsin organizations that share our concern about the state's inability to run an effective dental Medicaid program. The membership of the committee included the WDA president, Dr. Thomas Hughes, as well as 20 other members (twelve members from other agencies and eight state legislators). Because Rep. Gard was not a legislative member of this committee he did not have the first hand benefit of the committee's deliberations in developing a comprehensive approach to fixing the state's dental access problems. In September, the committee heard over eight hours of public testimony from individuals who can't get dental care under the state's dysfunctional program. The committee then held numerous all-day meetings from September through March to research and develop a wide array of possible solutions.

You received three pages of reasons why the legislation should be defeated but **no alternative solutions were offered to the problems that face the profession and those who are in need of dental care.** The WDA has chosen to take a positive stand on solving the State's dental access problems – we must be leaders for our profession and focus on what CAN be done – not be controlled by unfounded fears. We need to look at the FACTS and FIND SOLUTIONS that are based on sound reason. For years, the WDA has worked long and hard to improve the dental Medicaid program. Unfortunately, the government has seen our requests as self-serving and has never taken our recommendations seriously. We are no longer alone in this battle. It is our belief that some legislators may want the profession to issue a knee-jerk reaction of NO on this legislation. It is quite simple: if dentists kill this bill, then it will be our profession, not the State of Wisconsin that remains responsible for the state's low income dental access problems. If not addressed, the low-income dental access problem will only get worse!

The WDA leadership has, over the years, grown very tired of always reacting to what the government, and other entities, suggest is in the profession's best interest -- - this time, we've truly been PROACTIVE in looking to the future and pushing for REAL SOLUTIONS.

What do we see in the future that caused us to push for a new and innovative approach to the state's low-income dental access problems?

We have already seen signs of **a DENTAL WORKFORCE shortage** and those signs have been substantiated by the recent WORKFORCE REPORT, which clearly indicates there will be far fewer dentists to take care of an increasing demand for dental care. We've seen this change coming for quite some time, but it will be fully thrust upon us within the next five years as the number of new dentists in the state remains far below the number of retirees – this is a serious national problem. The WDA has received numerous reports of dentists retiring without finding buyers for their practices. This is a REAL ISSUE – not only for the dentist who can't find a buyer but more so for the people who have depended on the local main street dentist for their care – where will they receive help?

Yes, we believe that the state should accept recent graduates who have passed one of the nation's four regulated regional licensure tests. **Yes**, we believe that easing the licensure standards for dentists who have graduated from an ADA accredited school and who have practiced in another state for five years without disciplinary actions against them should be able to practice in Wisconsin. **Yes,** we believe more in-state residents should receive state tuition subsidies for attending the state's only dental school. These are very real solutions to very real problems – Rep. Gard argues against these proposals but does not, in turn, suggest any other way to address the problems. If the proposed legislation is not passed, the profession, and the public, for that matter, will be left holding the empty bag.

Yes, we believe the proposed legislation addresses access by providing more funding for the community clinics that provide dental care to the underserved. **Yes**, the dental hygienists with proper credentials will be able to become certified by the state to work for limited entities (schools, nursing homes, public health centers) to provide limited dental hygiene services to those who have difficulty accessing dental care. If there are qualified, proficient hygienists who are willing to provide preventive dental services in public health settings to individuals who cannot access dental care in a traditional facility, why should the WDA stand in the way? Do we respond to change with a fearful approach, or do we embrace it and admit that it will take more than care in only a traditional dental office to reach the individuals who need the care but do not have the education or resources to access it in the traditional manner? The fear of independent practice is unfounded and, you can be assured that IF that issue happens to arise in the future, the WDA will seriously address it. We clarify and assert, however, that independent hygiene practice is NOT AND SHOULD NEVER BE CONSTRUED TO BE part of this package and the fear of it should NOT drive our position on the many other very worthy provisions.

Yes, we believe dentists and other health care professionals who see Medicaid children age 0-5 should be reimbursed by Medicaid if they apply the FDA approved fluoride varnish in an "off label" fashion by swabbing it on the teeth of Medicaid children for cavity prevention purposes. Scientific research shows that it works and is safe and the WDA leadership believes that this type of preventive oral health care service for Medicaid children aged 0-5 should be reimbursed because the Medicaid children this young usually end up at the dentist office AFTER cavities have already set in. This is an attempt to reach them with a simple preventive service in a non-traditional dental setting.

Most importantly, the legislation would set dental Medicaid rates at levels that provide fair reimbursement for the services provided. We suspect that this issue is the one some legislators fear the most --- and they're using a hyped-up fear of the dental hygiene proposals to urge our members to oppose the entire package. Most legislators realize that the state has created a program without properly funding it and, for years, the state has been able to successfully push the blame on the "greedy dentists" for not participating. We need the legislature to take a vote on the entire package that the LC Study Committee on Dental Access put forward. Anything less than a vote on the entire legislative package shows a lack of respect for the work of the bi-partisan committee and the underserved patients of the state.

We are proud to say that we, as a profession, have looked to the future, and that we've given a very honest interpretation of what is in store not only for Wisconsin's dentists but also for its citizens. **The COMPREHENSIVE package developed by the bi-partisan public/private study committee proposal is WORTHY OF SUPPORT.** If it fails, we will take that as a very clear message that access to dental care for underserved populations is not high on the state's list of priorities. Likewise, the WDA will have to re-prioritize our own list accordingly as it is unlikely we can continue to spend the resources developing solutions and then convincing the state how to fix its own program.

We have taken on the responsibility of working collectively with other interested parties to come to a resolution on all these recommendations, and now **we must ask the legislature to be responsible enough to TAKE A VOTE on whether or not access to oral health care is important enough to warrant support and passage**. The WDA leadership firmly believes that it should NOT be the PROFESSION that kills a bill that has so many worthy oral health care initiatives. We've done our part – and it is now in the hands of the state's legislators to do theirs – we should not and cannot shoulder the state's burden alone.

Sincerely,

Thomas Hughes, DDS	Jim Springborn, DDS	Mike Donohoo, DDS
President	President-Elect	Vice President

Public Hearing on the proposed legislation introduced by the Special Committee on Dental Care Access.

Presented by Sharon Haugerud, Director of the rural Health Dental Clinic.

May 1, 2001

My name is Sharon Haugerud and I am the director of the Rural Health Dental Clinic. The RHDC was established in 1997 with funding from a federal Rural Health Outreach Grant. The need for this dental project was very apparent. Out of 156 WMA dental providers in 17 counties of northwest WI, only 12 when surveyed by phone, were taking new MA/BC patients. And of these 12, all had limiting conditions such as children only, Head Start children only, residents within their community, or 1 or 2 patients per month.

This project has been very successful, in part due to the unique group of agencies who came together and were committed to increase access to dentistry. CESA #11 is one of 12 CESAs in the state of WI servicing 39 school districts and the 3rd largest Head Start in the state. They saw the desperate need for dental care within their Head Start families and their struggle to obtain those services. They also, as an educational agency saw the need for increased oral health education and on-site school based dental preventative and sealant programs. CVTC needed a dental clinic that would allow students enrolled in the Dental Hygiene and Dental Assistant programs the opportunity to fulfill their clinical experience credits as well as supply these students with a diverse patient population. It was also a hope of the project consortium that these students, having worked with this diverse and needy population would take with them into their professional careers, a more compassionate health care provider ethic. Minong Community Health Center (FQHC) desperately wanted to meet the dental needs of their patients, but had neither the space or the financial resources to establish a dental clinic on their own. They donated $25,0000 towards equipment and found space to house the clinic at the Sawyer County Health Dept. NWCDD led by Dr. Robert Dwyer has for years advocated for greater access to dental care for individuals with disabilities and for those living in supervised care facilities. All of the local County Health Departments provide outreach and referrals as they were frantic to find a resource to refer their clients in dire need of dental services.

Many of the supervised care facilities that we travel to with mobile equipment, shared with us that it had been years since they were able to provide on-site dental care for their residents. These facilities along with Public Health Depts. and schools would greatly benefit from increasing the scope of practice of Dental Hygienists to allow them to provide preventative services to these patient groups without the prescription of a dentist. I could hire and assign countless hours to several Hygienists to provide these kinds of services, but am unable to find and afford a dentist to examine and write the prescription for what is already known to be needed.

Since the RHDC started seeing patients in 1997, it has provided services to well over 14,000 patient visits to patients who could not find dental care anywhere else. The majority of these patients, approx. 90% are on WMA or BadgerCare. The remaining 10% have no coverage at all and fall at or below the 100% of the federal poverty index. 1/4 of our patients are elderly and living on fixed incomes or are living in supervised care facilities. Another 1/4 of our patients suffer from mental, cognitive, or physical disabilities. The remaining 50% of our patients are low income families with children. Low income children are experiencing the pain of dental carries at epidemic proportions. We probably would not be having this public hearing if we were looking for funding for vaccinations against Polio, Diptheria, Tetnus, Pertussis, Measles, Mumps, Rubella. Yet we are here today to justify the effort and funding needed for the "vaccine" if you will, of preventative dental services that are well known to prevent dental carries. All children need access to regular exams, cleaning, x-rays, sealants, and fluoride including fluoride varnish. Rep. Gard , in his letter to all the Wisc. Dentists, erroneously stated that fluoride varnishes should not be used on our children because it was not FDA approved to be used this way. This statement is like saying physicians and medical specialists should stop encouraging their patients to take an aspirin a day for the prevention of heart attack and stroke because it is not FDA approved to be used this way.

All of the RHDC staff are skilled compassionate individuals who have formed a team dedicated to provide quality services to those who have been denied time and time again. Three weeks ago, a woman from Chippewa Falls who was suffering from the pain and swelling of an abscessed tooth opened her phone book to the yellow pages determined she would be able to get in to see a dentist. Her phone book contained dental clinic listings form Chippewa Falls, Eau Claire, Menomonie, and all the smaller surrounding communities. She started with the As. She made 103 phone calls and was told "no, we do not accept WMA/BC or no we are not taking any new WMA/BC patients. She finally got to the Rs and reached the RHDC. All of our three clinics are booked out 3 months and each has a waiting list of over 100 patients. The dentist on duty that day agreed to stay late and see this patient and provide the emergency services she was in need of.

I am not here today to insinuate in any way that the community dentists are to blame for the dental crisis our state is in today. Those providers who have accepted WMA/BC patients without restrictions, soon found themselves having to make some very tough decisions based on financial issues. As director of the RHDC and a good steward of tax payers dollars, I constantly review our operating budget. I pay my staff competitive wages and benefits, and deservingly so. Using educational and non-profit status discounts I purchase quality supplies and equipment to assure that all of our patients receive the quality care they deserve.

As a WMA certified provider, we bill EDS for the services rendered and charge the MA rate to those patients that have no coverage at all. This income only covers approximately 50% of our operating costs. The WMA reimbursement rates must be increased to insure that those dentists who are seeing WMA patients continue to do so and to try to encourage them to increase their WMA/BC patient load or to become a WMA provider if they are presently not. This is especially crucial with the specialty areas. We are fortunate to have the Oral Surgeons of Eau Claire who are working with our WMA/BC patients, but have just recently suggested that they did not know how much longer they were going to accept WMA/BC patients. I have one pedodontist that sees our children on a referral basis, but unfortunately he is contemplating retirement. And we have absolutely no endodontist or orthodontist to assist our patients when they are in need of these specialized services.

There is a dentist shortage! I have advertised for 2 years now at 7 different schools of dentistry in 6 different states for a 36 hr/wk dentist position starting at $80,000 with full benefits and state pension. I have not received 1 inquiry. An area dentist who is very supportive of our dental program said he was very interested in retiring and working part time for our clinic, unfortunately he has been unable to sell his practice.

In conclusion, I'm here to ask you, no, I'm here to beg you to support all of the points this bill proposed by the Special Legislative Committee on Dental Access has to offer to the less fortunate residents of WI. Especially the one allowing for the establishment of grant funding for dental projects like the RHDC. Our funding ends September 30 2001 at which time dental services to thousands of residents in the northern 1/3 of the state will cease to exist creating a situation that Dr. Martin Luther King once referredto as "~~Inequality in health care is an injustice that is cruel and inhumane~~"

" of all the forms of inequity, injustice in health care is the most shocking & inhuman

Testimony of Sarah V. Lewis, Executive Director
To the Senate Health, Utilities, Veterans and Military Affairs Committee

May 2, 2001

WISCONSIN
PRIMARY HEALTH CARE
ASSOCIATION

Good afternoon. I am Sarah Lewis, Executive Director of the Wisconsin Primary Health Care Association. Our Association's mission is to expand health care access for medically underserved populations. We represent health care providers who care for communities and people in need of services, regardless of insurance status or ability to pay. We have the unique privilege of working with the state's Community, Migrant and Homeless Health Centers. Particularly on the issue of oral health care, our state's Health Centers are an example of a model of care which has proven successful in serving Medicaid recipients, the under insured and the uninsured, as well as those who for geographic, linguistic or cultural reasons are unable to find a dentist willing or able to see them.

Wisconsin is in the midst of a public health crisis. Thousands of men, women and children are unable to find a dentist who will care for them. These people live in both urban and rural Wisconsin, speak English, Spanish and Hmong, drive pick-up trucks and buggies, pay with insurance cards and cash. Of great concern to policymakers must be those for whom the state pays a portion of insurance costs – Medicaid and BadgerCare patients.

The cause of this crisis is simple – not enough dental care providers. The solution is complex, as is evidenced by the multi-faceted proposals in the bills being considered by this Committee today. They create programs that will put Wisconsin in a more competitive position to recruit and retain qualified dental professionals. No single one of these proposals will solve the shortage and the failure to enact one of the components does not jeopardize the benefits of the others. Our state's efforts are best aimed at targeting resources to improve our ability to attract and keep providers willing to serve populations in need. I call your attention specifically to four of the provisions that we believe lay the groundwork for significant improvements in access to oral health care services for all state residents.

Provide dental clinic infrastructure funding

We endorse the Special Committee's recommendation to provide $1.6 million in support for dental clinics that provide care on a sliding fee scale, bill Medicaid and are located in a dental health professional shortage area. This competitive grant funding will be available to eligible dental providers to increase infrastructure and service delivery to Medicaid and BadgerCare recipients. The funding supports a model of care that focuses on cost-effective, comprehensive services provided by staff dentists, dental hygienists and assistants in a clinic setting.

The practices eligible for funding offer comprehensive dental services with regular hours and appointments. While volunteer efforts and free clinic services are valuable, this funding will be open to only those that bill for care, provide continuity of care, and create an "oral health care home," helping fill the critical dental service shortage for Medicaid patients.

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Dental Professional Educational Opportunities

We support expansion of the State Educational Loan Repayment Program in the Department of Commerce to create a financial incentive for dentists and dental hygienists to provide care to people and populations who have been without access to comprehensive oral health care services. This program, modeled after the National Health Service Corps, will bring oral health care to Wisconsin's most at-risk and underserved communities.

To help alleviate the continuing shortage of dentists, we must train an increased number of Wisconsin residents in dentistry. Therefore, we support provisions to increase the number of Wisconsin residents who attend Marquette University School of Dentistry and the level of tuition subsidy they receive.

Support Removing Dental Examining Board licensing restrictions

Wisconsin is competing for an alarmingly small number of dental personnel. Based on projections provided by the Wisconsin Dental Association, this pool of trained providers will only decrease in the foreseeable future. The solution to this crisis is to recruit more providers to our state. One way to do this is to adopt the provisions included in the Legislative Council's bills that remove Dental Examining Board imposed barriers on licensure of qualified, competent dentists who are licensed in other states. By removing these unnecessary restrictions, it will be easier to recruit and retain an increased number of dental professionals.

Support Expanded Scope of Practice for Dental Hygienists

Dental hygienists are oral health care professionals, providing educational, preventive and therapeutic services. Dental hygienists provide critical services to those in need and are recognized as necessary health care providers by both dentists and the communities they serve. Many other states have broader scope of practice for hygienists and we encourage Wisconsin to do the same. Please support the statutory changes to expand the scope of practice for these licensed, trained and competent professionals.

Thank you for the opportunity to testify. I am happy to answer any questions you may have.

Midge Pfeffer, RDH, BS

Testimony to the Wisconsin Senate Committee on
Health, Utilities, Veterans and Military Affairs

Wednesday, May 2, 2001

As a dental hygienist who sat on the Joint Legislative Council Special Committee on Dental Care Access, I sit before you today to speak for Dental Hygiene Association of Wisconsin and to speak in favor of the recommendations that were put forth by the committee. Intensive hours of discussion and study resulted in recommendations for a comprehensive approach to the lack of access to dental care to those on Medicaid and BadgerCare.

The comprehensive approach includes education, training, prevention and restorative dentistry. Without the entire pipeline approach the continuum is disrupted and affects the lifelong health of underserved Wisconsin citizens.

The importance of increasing the number of dental students who qualify for tuition assistance from the State is imperative to affect the impending dentist workforce crisis.

Increasing the MA reimbursement rate will allow the dentist to serve patients who have not had access to care in the past because the dentist does not cover their overhead expenses.

Dental hygienists in each of the five public health regions will provide direct service and leadership to allow the state a surveillance system able to plan the most effective programming for the population. School-based health clinics that include oral health services will allow a venue for children to be served with little disruption in their lives. Long-term care venues can prevent pain and suffering.

Expanding the scope of practice for dental hygienists will allow underserved dental patients preventive services that those who could afford dental care have been receiving for decades. The improvement in health as a result of prevention over the last 30-40 years has been very clearly identified in research. To deny the health effects of preventive care to this population is to deny their right to health.

The benefits of fluoride have been proven over and over throughout the last 60 or more years. The following are important points to remember when making your decision about fluoride varnish. Fluoride varnish:

- Is essentially the same component as other topical fluoride modalities
- Adheres to the tooth to allow slow release of fluoride over time.
- Has less ingestion rate than gel and rinse programs that have been used for decades in school and private practice settings.
- Application is easier and more comfortable.

- Has been used for caries prevention in Europe and Canada for more than 20 years
- Is being used throughout our country in public health and private practice settings with established MA codes for reimbursement

The safe and effective off-label use of the varnish is in the early stages of evidence building for young children in our country. Our young generations deserve the health benefits of this fluoride varnish.

If the only access a patient has to dental care is through the doors of a private dental practice, we can only expect that the disparity of "haves" and "have nots" will grow. Active disease rates will continue in our most needy populations—especially children. I ask you to see this issue as a human rights issue for the underserved populations in our state and support the comprehensive approach recommended by the Special Committee on Dental Care Access.

Respectfully Submitted,

Midge Pfeffer, RDH, BS
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Marquette University School of Dentistry Testimony
Senate Committee on Health, Utilities, Veterans and Military Affairs
May 2, 2001

Presented By
William K. Lobb, D.D.S., M.S.
Dean, School of Dentistry

Recently, I had the opportunity to serve as a member of the Legislative Council Study Committee on Dental Access. I am pleased to be here today to testify in support of both Senate Bills 166 and 167. Further, Marquette University is grateful to the State for the creation of this committee and are especially grateful to Senator Moen, who co-chaired this committee and to Senator Rosenzweig and other public and private members as well for their work on this issue.

The Marquette University School of Dentistry (MUSOD), founded in 1894, continues to be the primary provider of dentists for the State of Wisconsin. The School of Dentistry's formal relationship with the State of Wisconsin has been in effect since 1973; in recent years this relationship has evolved into a true partnership that benefits all of Wisconsin's citizens.

The State of Wisconsin, through its various departments, holds four separate grants or contracts with the School of Dentistry: 1) Department of Health and Family Services (DHFS) grant for dental services; 2) DHFS Bureau of Public Health grant for a pediatric dentistry program; 3) Building Commission grant for construction of a dental clinic and educational facility; 4) Higher Educational Aids Board (HEAB) contract for dental education. Indeed, Marquette University is grateful for the support provided by the State of Wisconsin.

Recently, the Legislative Council Special Study Committee on Dental Access proposed changes to our existing dental education contract administered by HEAB. The Committee also proposed the creation of a dental educational license. Marquette University's School of Dentistry supports both the fiscal and non-fiscal recommendations proposed by the Dental Access Committee as outlined in Senate Bills 166 and 167. We believe that the provisions in this legislation that will have a direct impact on MUSOD are part of the solution to the dental access problem in the State of Wisconsin.

Higher Educational Aids Board Contract for Dental Education

Since 1973, the State of Wisconsin has provided varying levels of financial aid to Wisconsin residents enrolled at MUSOD. Since 1994, HEAB funding has remained level. Every year, the Legislative Audit Bureau conducts a thorough audit of Marquette School of Dentistry's admissions records to ensure that the State's funds are being used in accordance with State policy; to date, every audit has been favorable.

Under s.20.235(1)(d) supports "...those Wisconsin residents enrolled as full-time students in the pursuit of a doctor of dental surgery (D.D.S.) degree. [In] an amount of ... $11,670 in the 1994-95 fiscal year and annually thereafter... The maximum number of Wisconsin residents to be funded under this appropriation is 100 in the 1993-94 fiscal year and thereafter."

HEAB provides $1.167 million annually to support Wisconsin resident tuition for no more than 100 Wisconsin residents (an average of 25 per class). Funds are provided directly to the dental school, but all the funds are passed through to benefit the Wisconsin residents. This is, in essence, student financial aid. These funds allow MUSOD to establish a Wisconsin resident tuition rate which is $11,670 less than the "non-Wisconsin resident" tuition rate.

For the academic year 2000-01, Wisconsin resident tuition was $19,330 and non-Wisconsin resident tuition was $31,000. For the upcoming academic year (2001-02), Wisconsin resident tuition is $20,570 and non-Wisconsin resident tuition is $32,240 (an increase of 4.5%).

As dictated by statute, HEAB can only provide funds for up to 100 Wisconsin residents. However, MUSOD has historically admitted more than the cap (as high as 16 additional students in 1996-97 under the current cap and as high as 19 additional students in 1990-91 under the previous cap). In fact, over the past twelve years, MUSOD has subsidized the cost of Wisconsin resident tuition (beyond the cap) at a cost to the dental school of nearly $1,000,000. There are currently 104 Wisconsin residents and 186 out-of-state residents enrolled at MUSOD; total enrollment is 290 students. The new dental facility will be able to accommodate a slight increase in class size from the current maximum of 75 to a maximum of 80 per class.

This program has a long track record of success in ensuring a major supply of dentists for Wisconsin's citizens. Since the inception of this program (often referred to as the "capitation program"), more than 70% of all the practicing dentists in Wisconsin are graduates of the Marquette University School of Dentistry, with an overwhelming majority having entered MUSOD as Wisconsin residents.

After a careful and deliberate examination of the existing contract and the dental workforce, the Legislative Council Special Study Committee on Dental Access recommendations as outlined in Senate Bill 166 include, increasing the maximum number of students that qualify for tuition assistance at Marquette University School of Dentistry from 100 to 160 Wisconsin residents and increasing the amount of annual assistance per student from $11,670 to $15,000.

It should be noted that while this recommendation has a fiscal implication to the State, it would not result in an increase of funds to the operating budget of the School of Dentistry. These funds would directly benefit Wisconsin residents in the form of student financial aid.

We believe that the Dental Access Committee made the correct decision in supporting increasing the cap from up to 100 to up to 160 residents as well as correspondingly increasing the dollar amount from $11,670 to $15,000. Had the committee supported only increasing the number of students under the cap while keeping the overall $1.167 million dollar amount under the contract constant, then the State might be creating an incentive for Wisconsin resident students to attend the University of Minnesota's Dental School over Wisconsin's only dental school at Marquette University. By statute, the in-state tuition at the School of Dentistry is equal to the out-of-state tuition minus the current Wisconsin resident tuition subsidy, currently $11,670. For 2001-02, the out-of-state tuition for Marquette's School of Dentistry is $32,240 minus the Wisconsin resident subsidy of $11,670, making the in-state tuition equal to $20,570. If the $1.167 million capitation contract amount were held constant yet the number of Wisconsin residents eligible under the capitation contract was increased to 160, then the financial aid subsidy would be equal to $7,293.75 thereby creating an "In-State" tuition of $24,846.25 for 2001-02. Compare this to the University of Minnesota's Dental School out-of-state tuition rate of approximately $22,000. Under this scenario it would be far less expensive to attend the University of Minnesota's Dental School as an out-of-state resident than go to Marquette's School of Dentistry as an in-state resident. I rather doubt that this is an incentive the State of Wisconsin wants to intentionally set. Further, we know that of Wisconsin residents who enroll in a dental school, the University of Minnesota ranks second in total number of Wisconsin residents; Marquette's School of Dentistry enrolls over half of all Wisconsin residents that enroll in dental school nationwide.

I should also note that for our 1998 graduating class, the average dental debt incurred during professional studies was $105,036. A more careful examination of the numbers reveals that for the Wisconsin resident students the average dental debt was equal to $82,299 versus $119,182 for non-Wisconsin residents -- a difference of $36,883 between residents and non-residents. The tuition subsidy provided by the State to Wisconsin residents is equal to $46,680 over a four-year period. It is apparent that the financial aid provided by the State has an enormous impact on our Wisconsin resident students.

We are also pleased that the Dental Access Committee has recommended increasing the number of Wisconsin residents eligible from 100 to 160. We believe this will ensure quality Wisconsin residents, because at present this number seems to coincide best with the Wisconsin resident dental school applicant pool.

Over the past five years, approximately 100 Wisconsin residents applied to Marquette's School of Dentistry each year (During the late 80's and early 90's only 50 to 60 Wisconsin residents applied to Marquette). Generally, this number is far less than people expect; they seem to believe we have hundreds or even thousands of Wisconsin applicants. Of those that have

applied over the past five years, on average about 34 applicants are accepted. Over the past ten years, MUSOD has admitted more students than the cap allowed and has "eaten" the difference for a total cost of approximately $1 million. We believe that if the cap were increased there would also be an increase in the number of applicants.

Some have also assumed that those students who are not accepted by the School of Dentistry are qualified. Nationally, gaining acceptance to dental school has become very competitive over the past decade or so. This is because of the closing of seven dental schools in the last decade resulting in smaller class sizes nationwide. What we have found in looking at data from the American Dental Association, the American Dental Education Association, and the American Association of Dental Schools, is that while some Wisconsin residents do enroll at dental schools other than Marquette, far fewer Wisconsin residents who apply to dental school at Marquette actually enroll elsewhere. Over the past decade, of the Wisconsin residents who were accepted and enrolled in a dental school in the United States, over 50 percent enrolled at Marquette's School of Dentistry. Therefore, it should be clear that not all Wisconsin resident students who apply to dental school are considered qualified by our national colleagues.

Regional Dental Licenses and Dental Educational License

Licensure for a dental practitioner has become a national issue as many individuals and organizations support the need for a form of national licensure. Currently the various states participate in Regional Dental Testing Services that may or may not be accepted by the various State Dental Examining Boards for licensure. There are four regional testing agencies:

Western Regional Examining Board (WREB)

Alaska	Montana	Oregon	Washington
Arizona	New Mexico	Texas	
Idaho	Oklahoma	Utah	

Southeastern Regional Testing Agency (SERTA)

Arkansas	South Carolina
Georgia	Tennessee
Kentucky	Virginia

Northeastern Regional Board (NERB)

Connecticut	Massachusetts	New York	West Virginia
District of Columbia	Michigan	Ohio	Vermont
Maine	New Hampshire	Pennsylvania	
Maryland	New Jersey	Rhode Island	

Central Regional Dental Testing Service (CRDTS)

Colorado	Minnesota	South Dakota

Illinois	Missouri	Wisconsin
Iowa	Nebraska	Wyoming
Kansas	North Dakota	

And 10 states administer their own Clinical Examinations

Alabama	Florida	Louisiana	North Carolina
California	Hawaii	Mississippi	
Delaware	Indiana	Nevada	

The importance of this issue is underscored by the effect such a licensing process has on the portability of dentists nationally from one state to another. Currently, it is commonplace for a dentist wishing to relocate to submit to a reexamination at considerable cost and effort even though they may have practiced in a neighboring state. These examinations may have live patients involved and it is the candidate's responsibility to have appropriate patients available for the examination, often transporting, feeding, and housing the patients at the examination site producing additional financial burden on the candidate.

Each of these regional-testing agencies is autonomous and administered independently, as are the individual state board examinations. Each state will vary as to the examination it will accept for licensure.

In addition to the issues associated with licensure, including the multiple examinations, and relative lack of portability of dentists nationally, dental schools are currently experiencing a national shortage of qualified faculty to teach. At last count there were between 300 and 400 vacant positions nationally. Some specialty disciplines such as Endodontics and Orthodontics are more difficult to attract faculty to as the difference in earning potential between a practicing individual and a full time clinical faculty member is significant. However, this situation is becoming true for all branches of dentistry. It is imperative that we do all we can to address this increasing shortage of full-time faculty in our schools. It is important that we have full-time faculty primarily responsible for the teaching within dental schools. It is also important that the faculty we do have in place to teach our future dentists are practicing clinical dentistry and able to model appropriate clinical care for our students. Many jurisdictions with a dental school provide for an "educational license" which provides the opportunity for a qualified individual to become licensed and provide clinical care to patients while employed by the institution. This serves to further the available care the institution can offer, provides a better teacher for the student (one who does rather than talks about doing it), and allows the faculty member the opportunity to augment their income through clinical practice.

Marquette University School of Dentistry is striving to build a new and improved dental school and curriculum for Wisconsin. To do this we need the best faculty available, the faculty need to be well trained and clinically oriented, and they need to have the potential to earn an income that does not make their decision to assume an academic career a financial burden or barrier. The faculty of our dental school should not be the individuals who could not be successful in private

practice; they need to be the best and the brightest people to educate and train our future oral health care providers. Recognizing this need the Dental Access Committee's recommendations, as outlined in Senate Bill 167, include an educational dental license.

Marquette University School of Dentistry needs to have supported an educational license for its qualified faculty members who come from other jurisdictions so that they can participate in clinical care and practice. This has become an important factor as we compete for a limited pool of candidates to teach in our dental schools.

Educational License

- Granted to qualified faculty only while employed by Marquette University
- Granted and administered by the Dental Examining Board of Wisconsin
- Requires specified credentials
- Necessary to sustain our dental education enterprise in this state

This concludes my testimony. It is my hope that Committee Members will support the recommendations of the Legislative Council Special Study Committee on Dental Access. I hope that I have addressed the concerns of Committee members with respect to issues related directly to the Marquette University School of Dentistry. If not I will be happy to answer any questions at this time. On behalf of Marquette University, I thank you all for your support over the years and for your continued leadership as we embark upon a strengthened partnership for the 21st Century.

WDA
Wisconsin Dental
Association, Inc.
www.wda.org

Wisconsin Dental Association
Testimony for Senate Health Committee
Dr. Tom Hughes, President
May 2, 2001

Support for 2001 SB 166 and 2001 SB 167

As you all know, the Wisconsin Dental Association fully supports both Senate Bill 166 and Senate Bill 167 and would like them put together in one package. As one of the participants of the 21-member Legislative Council Special Study Committee on Dental Access, I was keenly aware that this problem is not something that the state can solve without the help of the dental community and it is definitely not an issue that the dental community can solve without the state. That is why it was so important to have such a comprehensive study of the dental care access issues in Wisconsin. Unfortunately, these issues will continue to get worse as dentists retire and fewer dentists enter the profession. We as professionals, and you as legislators, have to try to work together to find viable solutions to address these issues before they reach truly crisis proportions.

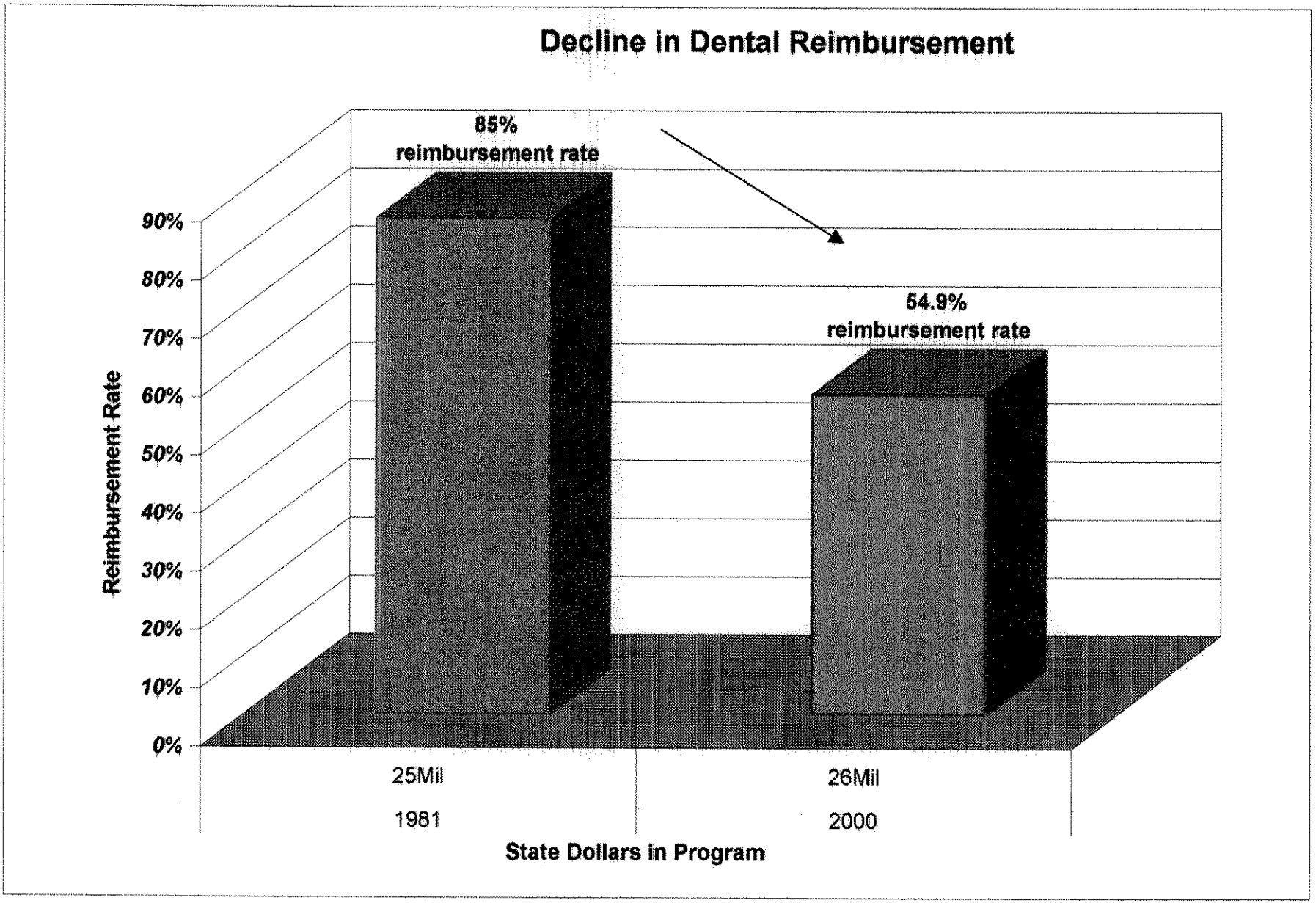
As you look at the entire package, you'll find that it not only has a needed price tag, you'll also find that it includes a variety of proposals (besides the fair reimbursement rate proposal) that have created some controversy not only within the dental profession but also within the legislature. The bottom line for the dental profession is that we are trying to provide answers that are more than just "feel good" --- we're trying to advocate for a PACKAGE that will address these issues in the most comprehensive and reasonable fashion possible. There are many provisions that may not seem to be in the best interest of our members but we are – for the first time in many, many years – trying to look to the future and advocate for a package that we hope will open more opportunities for accessing general oral health care services to the people who need them – and not become frightened by the scare tactics and innuendos that may threaten some members of our profession.

There are not too many professions who will advocate for more professionals to become licensed in Wisconsin – we have done that in our support for this packages. There are not too many professions that will advocate for less supervision within their normal dental care delivery system - we have done that in our support for this package. Each of these proposals, in and of itself, will not address the weaknesses of the dental Medicaid system or access to dental care in general. They will only touch the tip of the iceberg. For the dental profession to justify expending future time and energy in addressing the state's dental access issues, it has to be reassured by YOU – the legislature – that this is a priority for you. If we are informed by your vote in support of this ENTIRE package, including the funding piece, then we can continue to justify encouraging our members to participate in the program that they have subsidized at a rate of about 50% a year for the past decade.

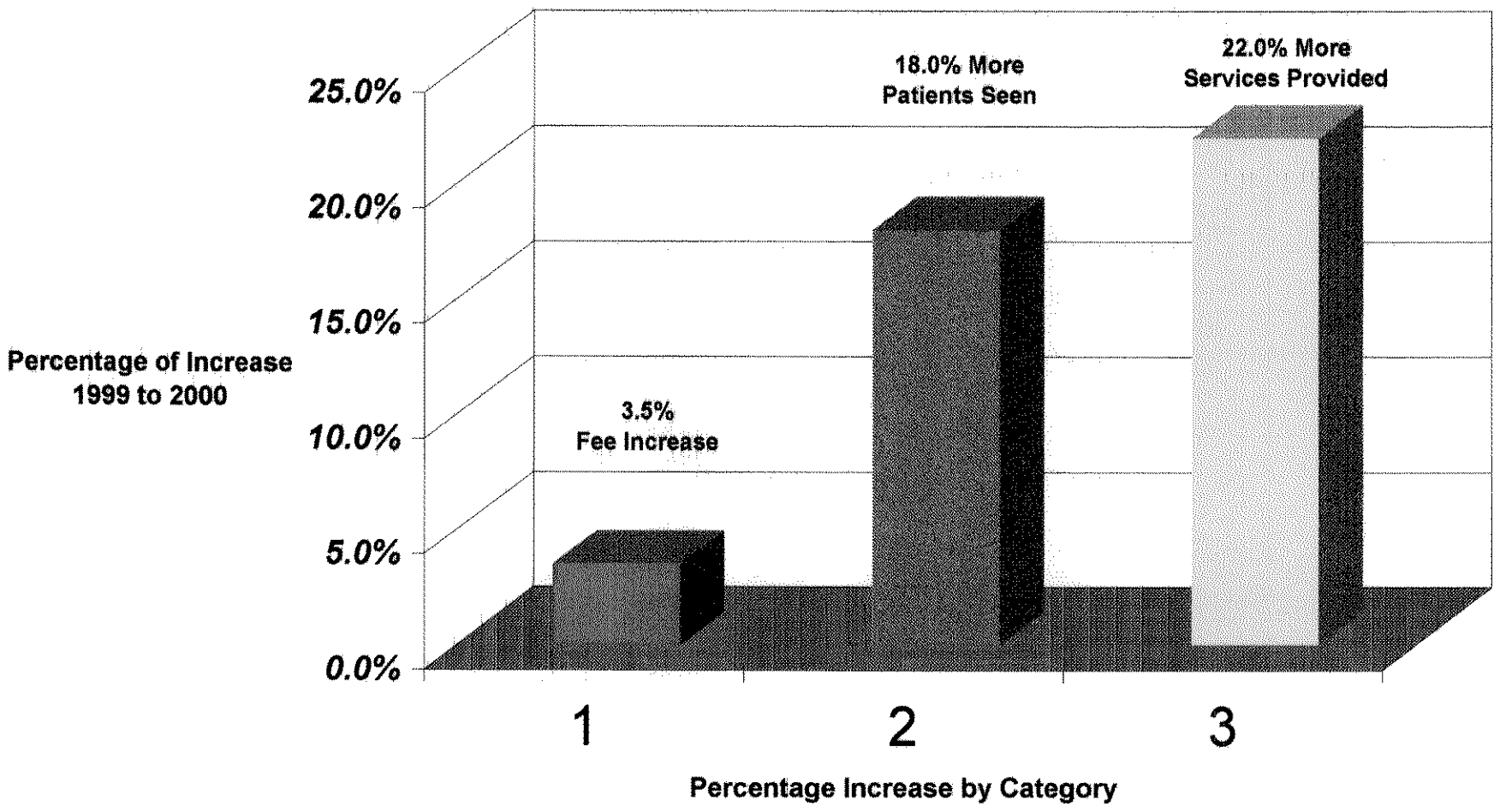
There are two graphs that are attached here --- one shows that over the past twenty years, the state has basically invested the same amount of dollars in the dental Medicaid program. The second shows the facts about the last reimbursement increase of 3.5% given to dentists in the previous budget cycle. With just a 3.5% increase in reimbursement payments over the previous year, Medicaid certified dentists saw 18% more patients and provide 22% more procedures to dental Medicaid individuals. That is a pretty darn good return on your investment. These are figures that come from your own Department of Health and Family Services. I think this illustrates that despite the proper amount of funding, the dentists continue to participate when they know the state is serious about supporting its end of the bargain.

With the impending shortage of dentists in Wisconsin, the Medicaid program will become even more of a hindrance for those who need dental care sevices. The program needs a lot of work and this PACKAGE will address a variety of important dental access issues – not just for the Medicaid patients of today but for all oral health care patients in the future. Please, please join our profession as we try to do our part at ensuring that those Wisconsin citizens who need oral health care services in the future will not be hindered by a state program that provides promises that it can't keep.

Thank you very much for your time and consideration of this PACKAGE. Please vote to put these two bills together and then vote in favor of this dental access package.


Decline in Dental Reimbursement
85%
reimbursement rate
54.9%
reimbursement rate
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Reimbursement Rate
25Mil
1981
26Mil
2000
State Dollars in Program

Dentistry Provides More MA Care with Minimal Increase



WISCONSIN COUNCIL ON CHILDREN and FAMILIES

"For these are all our children . . . we will all profit by, or pay for, whatever they become." James Baldwin

Dental Care Access Legislation
Senate Bills 166 & 167

Hearing before
Senate Health, Utilities, Veterans and Military Affairs Committee

May 2, 2001

Testimony by
Linda A. Hall, Health Policy Analyst
Wisconsin Council on Children and Families

The Wisconsin Council on Children and Families (WCCF) supports Senate Bills 166 and 167 on dental care access. These bills originating from the Legislative Council Committee on Dental Care Access would implement a variety of measures that would increase access to dental care, especially for low-income families and children.

According to the Department of Health and Family Services, only 22.7% of Medicaid and BadgerCare enrollees are able to access a dentist. The number of Medicaid-certified dentists submitting claims decreased from 1,673, or 49.6% of Wisconsin Licensed dentists in SFY 99 to 1,421, or 42.3% of Wisconsin Licensed dentists in SFY 00. Anecdotal information from health care advocates supports the statistics that access is minimal and decreasing.

Of particular importance in the bills before you today are the provisions that would add topical fluoride varnish as a covered service under Medicaid's HealthCheck program and increase the scope of practice for dental hygienists. These provisions are extremely important for the oral health of the children served by Medicaid and BadgerCare. The provisions that address the supply of dentists and dental hygienists in Wisconsin are important not only for those in these publicly funded programs, but for all citizens in the state as the number of dentists in the state declines.

The Legislative Council committee researched the dental access issues and proposed solutions carefully and consulted with key stakeholders in the process. The Council on Children and Families urges you to support these proposals and vote for Senate Bills 166 and 167.

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WDA
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Testimony of Dr. Dan D'Angelo
Supporting Senate Bill 117
Senate Health Committee Hearing
Wednesday, May 2, 2001

Good afternoon Chairperson Moen and members of the Senate Health Committee, I appreciate the opportunity to testify before you today in support of Senate Bill117. My name is Dr. Dan D'Angelo. I'm an oral surgeon from Waukesha, and I have active practices in the cities of Watertown, Mukwanago and Oconomowoc as well as in Waukesha. I'm here today representing the 2,800 member dentists of the Wisconsin Dental Association and I'm before you today to testify in support of SB 117.

SB 117 would simply allow those of us who are licensed under the Dental Practice Act (Chapter 447 of the state statutes) to purchase into service corporations with individuals licensed under other health care provider statutes.

Currently, Section 180.1903 of the statutes allows individuals holding the SAME license (for example, all dentists) to organize and own shares in a service corporation. This bill simply adds dentists and dental hygienists to the section in Chapter 180 that allows health care professionals who hold *different* licenses (for example: dentists with physicians) to organize and own shares in the same service corporation. This bill is of particular interest to those of us who are oral surgeons because it would allow us to organize surgery-oriented service corporations with our physician counterparts who are licensed by the Medical Examining Board.

Currently, a variety of health professionals, including physicians, nurses, chiropractors, physical therapists, dieticians, optometrists, psychologists, social workers, and hearing and speech therapists can join together to form a service corporation. Senate Bill 117 would simply level the playing field by allowing both dentists and dental hygienists to join in with any combination of the aforementioned health care professionals in order to organize and own shares in a health care service corporation.

As a practicing oral surgeon here in Wisconsin, I ask you to vote in support of SB 117 and to recommend an expeditious passage of this bill by your colleagues on the Senate floor. Thank you for your time and attention, and I would be happy to answer any questions you may have.

WISCONSIN DEPARTMENT OF
REGULATION & LICENSING

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2548

Testimony on Senate Bill 167
Before the
Senate Committee on Health, Utilities, Veterans and Military Affairs
Room 201 Southeast, State Capitol
Wednesday, May 2, 2001
1:30 P.M.

On behalf of the Wisconsin Dentistry Examining Board, I want to thank you for the opportunity to provide you and your committee with our comments and concerns regarding Senate Bill 167. I'm Richard Strand, vice-chair of the board and a practicing dentist in LaCrosse.

Our Board realizes that access to dental care is a serious and multifaceted problem in Wisconsin as well as nationwide.

One of the proposals in Senate Bill 167 would enable dentists to become licensed in Wisconsin without having to take and pass a critical regional competency examination. Instead applicants would be allowed to obtain a license if they passed an alternative examination, which the Board has found to be inferior because it does not utilize current testing standards. Accordingly, the Board is opposed to this unless and until there are uniform standards for all regional exams.

This past year two regional exam boards have accepted their exams as being equivalent. 21 states including Wisconsin are part of this process. Currently contact and discussions are proceeding with the other two regional exam boards.

Another proposal would allow faculty of a Wisconsin dental school to become licensed dentists without regard to where those individuals obtained their dental degrees. Under this proposal, a faculty dentist would not be required to graduate from an accredited dental school, but neverless teach dental students to perform dental services on patients without demonstrating any minimal competency. It is our belief that this is not in the best interests of either our students or patients that these dentists would treat, therefore we are unable to support this provision.

Senate Bill 167 proposes to expand the scope of practice for dental hygiene. Our primary concern with this proposal appears to create a double standard with respect to the diagnostic treatment patients are likely to receive in different practice settings. Under this proposal, hygienists would make certain diagnostic findings, which they would not otherwise make in private practice settings. Because we believe that all patients should be afforded the same quality if care, we have serious reservations about this proposal.

Senate Bill 167 also requires that a number of state agencies cooperate in preparing various reports regarding dental care and dental access, the board is supportive of these efforts.

On behalf of the Board I want to thank you again for allowing me to testify on Senate Bill 167.

WISCONSIN LEGISLATIVE COUNCIL
REPORT TO THE LEGISLATURE

Legislation on Dental Care Access

- 2001 Senate Bill 166 and 2001 Assembly Bill 366, Relating to the State Contract for Dental Education; Authorizing Licensed Dental Health Professional Positions in the Department of Health and Family Services; Funding for Dental Services at Community Health Centers; Grants for Community Water Fluoridation; Increasing the Medical Assistance Reimbursement Rates for Dental Services; Making Topical Fluoride Varnish a Covered Service Under the Early and Periodic Screening, Diagnosis, and Treatment Program; Creating a Fluoride Varnish Education Program; Reimbursement for Dental Hygienist Services Under Medical Assistance; Medical Assistance Reimbursement for Dental Cleanings; Requiring the Exercise of Rule-Making Authority; and Making Appropriations

- 2001 Senate Bill 167 and 2001 Assembly Bill 367, Relating to Regional Dental Testing Service Examinations; Dentist Licenses for Individuals Licensed in Another Jurisdiction; the Scope of Practice of Dental Hygienists; Delegation of Dentistry Practices to Dental Hygienists and Unlicensed Individuals; Providing Loan Assistance to Dentists and Dental Hygienists Who Practice in Underserved Areas; Requiring the Technical College System Board to Report on Community Dental Health Education; Requiring the Dentistry Examining Board and the Department of Health and Family Services to Prepare a Joint Report on the Ability of the Dental Work Force to Meet Dental Needs; Requiring the Department of Health and Family Services to Prepare a Plan for a Comprehensive Oral Health Data Collection System; Requiring the Department of Health and Family Services to Report on Prior Authorization for Dental Services Under Medical Assistance; and Requiring the Department of Health and Family Services and the Department of Regulation and Licensing to Prepare Joint Reports on Improved Access to Dental Services and Dental Hygiene Services

May 2, 2001

RL 2001-05

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LEGISLATION ON DENTAL CARE ACCESS

Prepared by:
Laura Rose, Deputy Director, and Richard Sweet, Senior Staff Attorney
May 2, 2001

CONTENTS

PART I

KEY PROVISIONS OF LEGISLATION

The Special Committee on Dental Care Access recommended the following proposals to the Joint Legislative Council for introduction in the 2001-02 Session of the Legislature, which were introduced as companion bills by the Joint Legislative Council:

2001 Senate Bill 166 and 2001 Assembly Bill 366:

- Increase the maximum number of students that qualify for tuition assistance at Marquette University School of Dentistry from 100 to 160 Wisconsin residents; and increase the amount of annual assistance per student from $11,670 to $15,000.

- Provide funding for a licensed dental health professional in each of the five Department of Health and Family Services (DHFS) public health administrative regions, to provide dental health outreach and dental care, primarily to persons eligible for Medical Assistance (MA).

- Establish a grant program to provide funds to entities that provide, or seek to provide or expand, dental services to low-income individuals.

- Increase the MA reimbursement rate for dental services to the 75th percentile of fees from the American Dental Association (ADA) fee schedule for the east north central region.

- Authorize MA reimbursement for topical fluoride varnish for young children; for services provided by dental hygienists; and for two dental cleanings per adult per year.

- Provide grants for community water fluoridation.

2001 Senate Bill 167 and 2001 Assembly Bill 367:

- Make it easier for a dentist licensed in another jurisdiction to become licensed in Wisconsin by: (a) recognizing all four regional dental testing services in the United States instead of the current two recognized by the Dentistry Examining Board (DEB); (b) requiring the DEB to grant a license to a person licensed in a United States or Canadian jurisdiction who has practiced for a specified time and meets other requirements; and (c) requiring the DEB to grant a license to a person licensed in another jurisdiction who is on the faculty at Marquette University School of Dentistry and meets other requirements.

- Expand the practice settings and circumstances in which a dental hygienist may practice without a dentist in the facility and without a prescription from a dentist if specified educational and experience requirements are met.

- Allow for delegation of practices by a dentist to a dental hygienist or unlicensed person with certain restrictions.

- Expand current loan assistance programs in the Department of Commerce to provide loan assistance to dentists and dental hygienists who practice in underserved areas.

- Require the following reports and plans: (a) a report by the Technical College System Board on the feasibility and cost of increasing the number of sites in the system that offer community dental health education; (b) a periodic joint report by the DEB and DHFS on the ability of the dental work force to meet oral health care needs; (c) a plan by DHFS for a comprehensive oral health data collection system; (d) a report by DHFS relating to prior authorization for dental services under MA; and (e) joint reports by DHFS and the Department of Regulation and Licensing (DRL) on whether the provisions of the bills relating to dental hygienists' scope of practice and delegation of practices by dentists have improved access to dental services and dental hygiene services.

PART II

COMMITTEE ACTIVITY

A. ASSIGNMENT

The Joint Legislative Council established the Special Committee by a May 18, 2000 mail ballot and appointed the Cochairs and members by June 13 and August 14, 2000 mail ballots, respectively. The Special Committee was directed to examine ways to increase access to dental care by underserved populations in Wisconsin, particularly those who are enrolled in MA and BadgerCare. The committee was directed to examine the sufficiency of the number of dental care professionals in Wisconsin and the location of their practices; the number of MA, BadgerCare and other low-income persons they serve; ways to increase dental services being provided to underserved populations in Wisconsin; and reimbursement and administrative issues surrounding the provision of dental services under the MA and BadgerCare programs.

The membership of the Special Committee consisted of 3 Senators, 5 Representatives and 13 Public Members. [A list of the committee membership is set forth in **Appendix 3.**]

B. SUMMARY OF MEETINGS

The Special Committee held seven meetings at the State Capitol, except as shown, in Madison on the following dates:

September 5, 2000	December 19, 2000 (Department of Veterans Affairs' Board Room)
September 26, 2000	
October 24, 2000	January 16, 2001
November 28, 2000	February 20, 2001

At the September 5, 2000 meeting, the Special Committee reviewed a Staff Brief on dental care issues, including a description of MA and BadgerCare, other programs related to dental care access, educational programs in dental occupations, and dental care licensure and practice laws. In addition, the committee received a briefing from James Vavra, Director, Bureau of Fee-for-Service Health Care Benefits, Division of Health Care Financing, DHFS, regarding MA and BadgerCare.

At the September 26, 2000 meeting, the Special Committee held a public hearing at which 37 persons presented testimony. Persons testifying represented dentists, dental hygienists, community and public health programs, insurers, patients and educational programs.

At the October 24, 2000 meeting, the Special Committee reviewed Memo No. 1, *Summary of Recommendations Offered for Committee Discussion* (October 17, 2000), which set forth the recommendations that had been made either by members of the committee or by persons testifying before the committee. The committee asked that staff revise the memo to take into account some changes that were discussed at that meeting and to include available information regarding cost estimates for some of the proposals that were being made.

At the November 28, 2000 meeting, the Special Committee reviewed Revised Memo No. 1, *Summary of Recommendations Offered for Committee Discussion* (November 21, 2000), which incorporated some of the revisions discussed at the previous meeting and cost estimates. The committee also reviewed information, prepared by staff, regarding MA and BadgerCare, practice of dental hygienists in other states, and data on access to dental services in Indiana, a state that had increased its MA reimbursement rate for dentists. As the committee discussed Revised Memo No. 1, it determined that several of the items in the memo should be prepared in the form of bill drafts and recommendation letters to agencies.

At the December 19, 2000 meeting, the Special Committee completed its discussion of Revised Memo No. 1 and asked that several more bill drafts be prepared for the committee's discussion. In addition, Dr. Thomas Hughes, a public member of the committee, indicated that the Wisconsin Dental Association had been meeting with associations representing dental hygienists to discuss the issues of expanded scope of practice for a dental hygienist and delegation by dentists to trained personnel.

At the January 16, 2001 meeting, the Special Committee reviewed bill drafts that had been requested by the Special Committee based on discussions of Revised Memo No. 1 at previous meetings. The committee gave preliminary approval to several of the bill drafts and the cochairs asked that they be consolidated into two composite drafts--one with the fiscal items and one with the nonfiscal items. In addition, the committee laid over until the next meeting drafts dealing with fluoride varnish and provision of funds to dentists who purchase electronic card readers for determining MA eligibility.

At its February 20, 2001 meeting, the Special Committee approved WLC: 0089/1, with the incorporation into that draft of a separate draft dealing with fluoride varnish. In addition, the committee approved WLC: 0090/1, with amendments discussed at the meeting, and incorporation into that draft of separate drafts dealing with educational licenses for dentists from outside Wisconsin who teach at Marquette University School of Dentistry, licensure in Wisconsin of dentists from other U.S. and Canadian jurisdictions, and scope of practice of dental hygienists and delegation of duties to dental hygienists and unlicensed individuals.

PART III

LEGISLATION

This part of the report provides background information on, and a description of, the legislation recommended by the Special Committee on Dental Care Access for introduction in the 2001-02 Session of the Legislature, and introduced into the Legislature by the Joint Legislative Council.

A. 2001 SENATE BILL 166 AND 2001 ASSEMBLY BILL 366

1. Tuition Assistance: Marquette University School of Dentistry

a. Background

Under current law, $1,167,000 is appropriated in each fiscal year to provide tuition assistance of $11,670 per year for up to 100 Wisconsin residents attending Marquette University School of Dentistry.

Each year, Marquette University School of Dentistry enrolls more than 100 Wisconsin residents and provides a subsidy for the tuition of those Wisconsin residents out of its own funds. The State of Wisconsin retains approximately 77% of the dentists that graduate from the Marquette University School of Dentistry each year. Because students, particularly Wisconsin resident students, graduating from Marquette tend to stay in Wisconsin, the committee determined that it was important to increase the number of Wisconsin residents enrolled at Marquette University School of Dentistry. The intent of this is to increase the number of dentists graduating from Marquette who subsequently practice in the State of Wisconsin.

Further, total tuition to Marquette University School of Dentistry is $31,000 per year. The $11,670 tuition subsidy provided to Wisconsin residents at the school has not been adjusted since 1994-1995; however, tuition has increased over that time. The Special Committee felt it was necessary to provide an adjustment to the tuition subsidy for Wisconsin residents attending Marquette University School of Dentistry. This will increase the incentive for Wisconsin residents to attend school here, as opposed to attending school in Minnesota or other neighboring states.

b. Description of the Bills

The bills increase the per student tuition assistance to $15,000 per year and increase the maximum number of Wisconsin residents who qualify to 160. The amount appropriated for this purpose is increased from the current $1,167,000 to $1,725,000 (115 x $15,000) in fiscal year 2001-02 to reflect an additional 15 Wisconsin residents in the fall 2001 incoming class and to $1,950,000 (130 x $15,000) in fiscal year 2002-03 to reflect those 15 students and an additional 15 Wisconsin residents in the fall 2002 incoming class. When fully

implemented in the fall of 2004, the amount of the appropriation would be $2,400,000 (160 x $15,000).

2. Licensed Dental Health Professionals

a. Background

The committee, in discussing the recommendation to provide a licensed dental health professional in each of the five DHFS administrative regions for the Division of Public Health, discussed the need for dental health professionals with a background in public health to focus on increasing efforts to prevent dental disease. The committee, in discussing this proposal, anticipated that these individuals would spend half of their time on outreach activities to increase awareness of where to locate dental care, and on the need for dental prevention services; and would spend the other half of their time providing direct dental services to patients, such as applying sealants. The committee determined that these positions should be funded through the MA program in order to capture federal funds for at least half of the cost of the positions.

b. Description of the Bills

The bills increase the appropriation for the DHFS under s. 20.435 (4) (bm), Stats., for MA administration by $132,000 in each year of the 2001-03 biennium to increase the authorized general purpose revenue (GPR) positions for the DHFS by five GPR positions beginning on July 1, 2001. This funding, from the MA appropriation, would provide one licensed dental health professional in each of the five DHFS administrative regions for the division of public health, as prescribed by the DHFS. These five licensed dental health professionals would be responsible for performing dental health outreach services and for providing dental care, primarily to persons eligible for MA.

3. Grants for Community Dental Services

a. Background

The State of Wisconsin provided $2.5 million in fiscal year (FY) 1999-2000 and $3 million in FY 2000-2001 for grants for community health centers which are federally qualified health centers. However, the state does not currently provide financial support for other types of entities, including nonfederally qualified community health care centers, which may provide no dental care or limited dental care to the individuals they serve.

The Special Committee determined that it was necessary to provide funds to supplement the limited dental services currently being provided by these clinics to ensure their continuation; and to also provide funding to entities that wish to start up dental services as part of the services that they provide.

b. Description of the Bills

The bills increase the DHFS appropriation for community health services under s. 20.435 (5) (fh), Stats., by $1,600,000 in each year of the 2001-03 biennium. The department

must distribute these funds to qualified applicants for the provision or expansion of dental care services. Under the bills, a "qualified applicant" is an entity that provides, or seeks to provide, dental services to low-income individuals and that is not a federally qualified health center. A qualified applicant that receives a grant must ensure that the following criteria are met:

1. The applicant must make every attempt to collect appropriate reimbursement for its cost in providing dental services to persons who are entitled to BadgerCare, MA, or assistance for medical expenses under any other public assistance or private insurance program.

2. The applicant must prepare and utilize a fee schedule for its services consistent with locally prevailing charges for these services which is designed to cover its reasonable costs and must also have a sliding fee scale for its patients.

3. The applicant must establish a governing board which, except in the case of an applicant which is an Indian tribe or band, is composed of individuals who are representative of persons served by the center and a majority of whom are served by the center or health care entity. The bills set forth the responsibilities of the governing board.

4. The applicant must use any funds provided under the grant program to supplement, and not supplant, other funds that are or may be available to the center.

5. The applicant must implement a patient screening process to determine patient eligibility for MA, BadgerCare, and the sliding fee scale.

6. The applicant must ensure that the following services are also provided:

a. Provision of oral health education.

b. Provision of dental screening, risk assessment and preventive dental treatment to pregnant women, infants, preschoolers, persons with diabetes, heart disease and lung disease, and persons using psychotropic medication.

Under this program, preference for funding is given to applicants that are located in a dental health professional shortage area.

4. Grants for Community Water Fluoridation

a. Background

Currently, approximately 70% of Wisconsin's population resides in areas with public water systems. Approximately 90% of this population residing on public water systems has optimally fluoridated water. Current funding in Wisconsin for community fluoridation equipment for areas residing on public water systems is limited to an allocation from the federal prevention block grant in the amount of $6,000 for the current calendar year. Providing some funding to communities with public water systems may encourage those communities to pursue fluoridation of their water supply. Some of the eligible costs would be the cost of equipment to fluoridate water at each pump house in a community with a public

water system (estimated to be $4,000 per pump house); the cost of constructing additional building space to house the equipment, if current space is insufficient, and to provide funding to pay the salaries of persons needed to operate this equipment.

b. Description of the Bills

The bills provide $25,000 GPR in each year of the 2001-03 biennium for a community water fluoridation grant program. Under the program, the DHFS must award grants each year to applying communities in Wisconsin for any of the following purposes:

1. Purchase of water fluoridation equipment.

2. Construction of additional building space to house water fluoridation equipment.

3. Payment of salaries of employees who operate water fluoridation equipment.

5. Coverage of Fluoride Varnish Under the Early and Periodic Screening, Diagnosis and Treatment Program

a. Background

The Special Committee discussed the prevalence of tooth decay in low-income children in Wisconsin and the difficulty that those children have in gaining access to preventive dental care. The committee reviewed the efficacy of applying fluoride varnish to the teeth of very young children, ages birth to five years, and the effectiveness of this treatment in preventing dental caries. The committee reviewed programs in other states where this is currently taking place, including the State of Washington. The committee determined that topical fluoride varnish should be made a covered service under MA under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, to be provided for children ages birth to five for up to three applications of fluoride varnish per year. Providing coverage for this fluoride varnish under the EPSDT program would enable other health care providers, including physicians, nurse practitioners and dental hygienists, to apply topical fluoride varnish in addition to dentists. The fluoride varnish could be applied either as part of a scheduled EPSDT health examination or in addition to such an examination.

b. Description of the Bills

The bills provide $162,930 GPR in FY 2001-02 and $325,859 GPR in FY 2002-03 to provide coverage under the MA program for topical fluoride varnish through the EPSDT program. The bills require the DHFS to promulgate rules regarding coverage of topical fluoride varnish, which specify the following:

1. That coverage is provided through the EPSDT program for children ages 0 to 60 months of age.

2. That the fluoride varnish may be applied by any EPSDT health care provider acting within their scope of practice and licensure.

3. That payment shall be made for up to three applications per child per year of fluoride varnish.

4. That application of fluoride varnish may be, but is not required to be, provided in conjunction with an EPSDT examination which includes a limited oral screening.

5. That health care professionals providing services under this program shall refer or facilitate referral of children receiving topical fluoride varnish applications to comprehensive dental care rendered by a dental professional.

The bills also require the DHFS to disseminate information to health care professionals providing services under the EPSDT program and to parents or guardians of children eligible for EPSDT services on the availability of, and coverage for, fluoride varnish under EPSDT and the efficacy of fluoride varnish treatments in preventing early childhood caries.

6. MA Reimbursement Rate Increase for Dental Services

a. Background

Under current law, the reimbursement rate under the MA program for dental services is 69% of the usual and customary charges in effect for calendar year 1998 for services to children, and 65% of the usual and customary charges in effect for calendar year 1998 for services to adults. As of June 2000, 57.6% of the licensed dentists in Wisconsin were MA-certified. Further, for FY 2000, 42.3% of licensed dentists in Wisconsin submitted claims under the MA program. For FY 2000, 22% of MA-eligible persons received dental services during that fiscal year.

The committee determined that an increase in reimbursement rates for dental services provided under the MA program would be likely to have an effect of increasing the number of MA-eligible persons who receive dental services in each fiscal year.

b. Description of the Bills

The bills provide $8,614,045 GPR for FY 2001-02 and $11,628,960 GPR for FY 2002-03 to increase the MA reimbursement rates for dental services. Under the bills, the reimbursement rates are increased to the 75th percentile of the fees from the ADA fee schedule for the east north central region, which includes Wisconsin. The bills specify that for each fiscal year, reimbursement rates shall be established based on the most recently published ADA fee schedule for that year.

7. MA Reimbursement for Dental Hygienist Services

a. Background

Under current law, the MA program does not reimburse for services provided by dental hygienists. If a dental hygienist provides services to an MA-eligible person, the hygienist must bill for the services through a licensed dentist who is MA-certified. Currently,

MA reimburses for dental services, limited to basic services within each of the following categories: diagnostic services, preventive services, restorative services, endodontic services, periodontic services, oral and maxillofacial surgery services, emergency treatment of dental pain, removable prosthodontic services and fixed prosthodontic services.

The committee determined that if it took action to increase the settings in which dental hygienists are able to practice without a prescription from a dentist and without a dentist in the facility (see Part III. B. 4.), that it would be helpful to provide reimbursement under the MA program for these services provided by a dental hygienist.

b. Description of the Bills

The bills provide that MA will reimburse for basic services within the above categories provided by dental hygienists for services that are within the scope of practice of a dental hygienist.

8. MA Reimbursement for Two Dental Cleanings Per Year for Adults

a. Background

The committee discussed the importance of preventive dental treatment in preventing more serious dental problems. The committee heard information which stated that the two dental cleanings per year per person are recommended to prevent more serious dental problems. However, the MA program currently pays for only one dental cleaning and exam per year for adults.

b. Description of the Bills

The bills appropriate funds to pay for two dental cleanings per year for adults under the MA program.

B. 2001 SENATE BILL 167 AND ASSEMBLY BILL 367

1. Regional Dental Examinations

a. Background

Under current law, the DEB is required to grant a dentist license to a person who does all of the following: (1) submits an application for licensure; (2) pays the specified fee; (3) submits evidence of graduation from an accredited dental school; (4) submits evidence that he or she has passed the national dental examination and the examination of a dental testing service approved by the board; (5) passes an examination administered by the board on the statutes and rules relating to dentistry; and (6) completes any other requirements established by the board by rule. Currently, the DEB has approved two of the four regional testing services in the United States--the Central Regional Dental Testing Services and the Western Regional Examining Board.

b. Description of the Bills

The bills modify the fourth requirement above. Under the bills, the applicant will have to submit evidence that he or she has passed the national dental examination, as required under current law. However, the bills provide that the applicant may pass an examination of either a dental testing service approved by the board or a regional dental testing service in the United States. This would allow an applicant for licensure to pass any of the four regional dental examinations, not just the two that are currently approved by the DEB.

2. Licensure of Dentists From Other Jurisdictions

a. Background

Current law specifies that the DEB may grant a license to practice dentistry to a person who is licensed in good standing in another state or U.S. territory or another country if the applicant meets the requirements for licensure established by the board by rule and presents the license and pays the specified fee.

b. Description of the Bills

The bills require the board to grant a license to practice dentistry to an applicant who is licensed in good standing to practice dentistry in another state or territory of the United States or in Canada upon presentation of the license, payment of the required fee and submission of evidence satisfactory to the board that he or she has met the seven conditions specified in the bills. The board would be permitted to refuse to grant a license to an applicant following an interview if the board determines that discipline that was imposed against the applicant in another jurisdiction demonstrates that the applicant is unfit to practice dentistry.

3. Educational Dentist's License

a. Background

See item 2. a.

b. Description of the Bills

The bills require the DEB to grant a license to practice dentistry to an applicant who is a faculty member at a school of dentistry in Wisconsin if specified conditions are met. Marquette University School of Dentistry is the only school of dentistry in this state. The person must present his or her license to the board, pay the required fee and submit evidence satisfactory to the board that he or she has met the seven conditions specified in the bills, one of which is that he or she is a faculty member at a school of dentistry in this state. The board would be permitted to refuse to grant a license to an applicant following an interview if the board determines that discipline that was imposed against the applicant in another jurisdiction demonstrates that the applicant is unfit to practice dentistry. In addition, an educational dentist's license granted under the bills is no longer in effect if the licensee ceases to be a faculty member.

4. Dental Hygienists' Scope of Practice

a. Background

Current law allows a dental hygienist to practice dental hygiene or perform remediable procedures only as an employee or as an independent contractor and only in one of eight specified settings or circumstances. In five of those settings or circumstances, the dental hygienist may practice only if there is a dentist present in the facility or if the practice is being performed pursuant to a dentist's written or oral prescription that meets specified requirements.

The eight settings or circumstances in which a dental hygienist may practice under current law are as follows: (1) in a dental office; (2) for a school board or a governing body of a private school; (3) for a school for the education of dentists or dental hygienists; (4) for a nursing home, community-based residential facility, hospital, specified correctional facility or a facility established to provide care for the terminally ill; (5) for a local health department; (6) for a charitable institution open to the general public or to members of a religious sect or order; (7) for a nonprofit home health care agency; and (8) for a nonprofit dental care program serving primarily indigent, economically disadvantaged or migrant worker populations.

b. Description of the Bills

The bills retain the eight settings and circumstances in which a dental hygienist may practice. The bills specify that a dental hygienist may practice dental hygiene only if a dentist is present in the facility or pursuant to a dentist's oral or written prescription that meets the requirements set forth in current law, with two exceptions.

The first exception is that a dental hygienist may practice at a school for the education of dental hygienists without a dentist present in the facility and without a written or oral prescription. A dental hygienist may apply sealants on a patient at a school for the education of dental hygienists without a diagnosis or treatment plan by a dentist if the dental hygienist has performed an oral risk assessment, as defined by the bills.

The second exception to the requirement that a dentist be present in the facility or an oral or written prescription be used is set forth in the bills for dental hygienists who meet specified education and experience requirements and practice specified procedures. The dental hygienist will be allowed to perform those practices only in the following settings or circumstances: (1) for a school board or a governing body of a private school; (2) for a facility, as defined in current law, a hospital or a facility established to provide care for terminally ill patients; (3) for a local health department; (4) for a charitable institution open to the general public or to members of a religious sect or order; (5) for a nonprofit home health care agency; and (6) for a nonprofit dental care program serving primarily indigent, economically disadvantaged or migrant worker populations.

Under this second exception, the dental hygienist would be permitted to practice as specified in the bills if he or she meets the education and experience requirements under the bills to obtain a separate certificate. In order to obtain such a certificate, the person must have two years experience as a dental hygienist and meet one of four educational requirements.

5. Delegation of Dentistry Practices

a. Background

Current law allows a dentist to delegate to an unlicensed person the performance of remediable procedures if certain conditions are met. In addition, a dentist may delegate to a dental hygienist the performance of remediable procedures and the administration of oral systemic premedications, local anesthesia and subgingival sustained release chemotherapeutic agents if certain requirements are met.

b. Description of the Bills

The bills modify the statute on delegation of practices by a dentist to a dental hygienist. The bills allow any dentistry practice not included in dental hygiene to be delegated to a dental hygienist, except for those practices that are prohibited practices by a dental hygienist under current law. In order for the delegation to occur, the delegated acts must be ones that, in the opinion of the dentist and the hygienist, the hygienist is competent to perform based on his or her education, training or experience. In addition, the hygienist's performance of the practice must be inspected by a dentist.

The bills also modify the statute dealing with delegation of remediable procedures to unlicensed persons. In addition to delegation of remediable procedures, the bills permit a dentist to delegate dentistry practices if certain requirements are met. First, the practice must be one that is not one of several prohibitions on delegation enumerated in the bills. Second, the person must have graduated from an accredited dental assistant program or have worked at least 1,000 hours during the preceding 12 months in a clinical dentistry setting. Third, the dentist making the delegation must document in his or her records that the person has been trained or educated to do the dental practice by one of several specified entities. Fourth, the delegated practices must be ones that, in the opinion of the dentist and the individual to whom the practices are delegated, the individual is competent to perform based on his or her education, training or experience.

6. Loan Assistance Programs

a. Background

Under current law, the Department of Commerce administers a Physician Loan Assistance Program and a Health Care Provider Loan Assistance Program. Current law also has established a Rural Health Development Council, which advises the department on operation of the two programs. The Physician Loan Assistance Program provides loan assistance to physicians who practice in specified eligible practice areas and the Health Care Provider Loan Assistance Program provides such assistance to physician assistants, nurse-midwives, and nurse practitioners who practice in specified eligible practice areas. The amount of the assistance is $50,000 under the Physician Loan Assistance Program and $25,000 under the Health Care Provider Loan Assistance Program, both repaid by the department over a three-year period.

b. Description of the Bills

The bills expand the Physician Loan Assistance Program to include dentists and rename it the Physician and Dentist Loan Assistance Program. In addition, the bills expand the Health Care Provider Loan Assistance Program to include dental hygienists. Finally, the bills add a dentist and a dental hygienist to the Rural Health Development Council.

7. Community Dental Health Education Report

The bills require the Wisconsin Technical College System Board to report on the feasibility and cost of increasing the number of sites in the system that offer community dental health education for dentists and dental hygienists. Currently, such a program is offered at the Northeast Wisconsin Technical College. The report must be submitted to the Governor and the Legislature by the first day of the sixth month after publication of the act.

8. Dental Work Force Report

The bills require the DEB and the DHFS to prepare a joint report every five years on the ability of the dental work force to meet the oral health care needs of individuals in Wisconsin. The report must be submitted to the Governor and the Legislature. The first report is due January 1, 2003.

9. Oral Health Data Collection Plan

The bills require the DHFS to prepare a plan for development of a comprehensive oral health data collection system. The plan must be submitted to the Governor and the Legislature by September 1, 2002.

10. Prior Authorization Report

The bills require the DHFS to prepare a report on its efforts to reduce the requirement for prior authorization for dental services under MA and to simplify the prior authorization process for those services. The report must be submitted to the Governor and the Legislature by the first day of the sixth month after publication of the act.

11. Access to Services Report

The bills require DHFS and DRL to jointly prepare reports on whether the provisions of the bills relating to dental hygienists' scope of practice and delegation of dentistry practices have improved access to dental services and dental hygiene services. The reports, which would be submitted to the Governor and to the Legislature, would be done two years and four years after enactment of the bills.

C. Other Recommendations

The committee sent four letters addressing various dental access issues. The letters are as follows:

Item 1 - Letter dated December 8, 2000, to Governor Thompson and Department of Administration Secretary George Lightbourn, recommending continued funding for the state grant program for community health centers.

Governor Tommy Thompson
Room 125 South
State Capitol
Madison, WI 53702

Secretary George Lightbourn
Department of Administration
101 East Wilson Street, 10th Floor
Madison, WI 53703

Dear Governor Thompson and Secretary Lightbourn:

We are writing to you in our capacity as Cochairs of the Joint Legislative Council's Special Committee on Dental Care Access. The committee is made up of legislators and public members with an interest in dental care issues and is directed to recommend ways to improve access to dental care by underserved persons.

We are writing to ask that you include in the next biennial budget bill continued funding for the state grant program for community health centers at $3 million per fiscal year. This would continue at the current level the grant program established in the last biennial budget bill. The Special Committee approved this recommendation by unanimous consent, with no objections. The committee feels that community health centers are a cost-effective way to provide quality heath care to underserved persons. With regard to dental care, each of the federally qualified health centers in Wisconsin either provides dentistry on-site or provides dental care on a contracted basis. As you are aware, it is difficult for low-income persons to obtain access to a dentist. Community health centers provide a means for them to do so.

In summary, the Special Committee on Dental Care Access recommends continued state support for community health centers as a means of providing of dental care and other health care to low-income persons.

Sincerely,

Representative David Ward, Cochair
Special Committee on Dental Care Access

Senator Rodney C. Moen, Cochair
Special Committee on Dental Care Access

Item 2 - Letter dated January 17, 2001, to Secretary Joe Leean, DHFS, in support of dental sealant programs and recommending changes in the way the MA dental program is administered.

Secretary Joseph Leean
Department of Health and Family Services
1 West Wilson Street
Madison, WI 53703

Dear Secretary Leean:

We are writing in our capacity as cochairs of the Joint Legislative Council's Special Committee on Dental Care Access. The Special Committee is made up of legislators and public members with an interest in dental care issues and is directed to recommend ways to improve access to dental care by underserved persons.

The Special Committee has spent a substantial amount of time discussing the effectiveness of dental sealants in protecting children's teeth from decay. The Special Committee has already sent a letter of support to Governor Thompson in support of the department's biennial budget request for the GuardCare program and the Seal a Smile program. The Special Committee would like to encourage the department to continue to pursue sealant programs as a means of preventing decay. Specifically, the Special Committee requests the department to investigate an initiative to fund dental sealant programs which would provide sealants for three- to five-year old children determined to be at the greatest risk of tooth decay; to provide sealants for second grade children at the time their first molars erupt; and to provide sealants for fifth grade children at the time their second molars erupt.

The Special Committee has also extensively discussed problems encountered by dental health professionals in claiming reimbursement under the Medical Assistance (MA) program. Although the Special Committee is aware that the department has already worked extensively on this issue through the Medicaid Dental Billing Work Group, the Special Committee would like to support further departmental initiatives to do the following:

1. Continue to make efforts to incorporate all standard American Dental Association (ADA) procedure codes on the MA claim forms for dental services.

2. Permit dental health professionals providing services under the MA program to attach a primary payer's explanation of benefits to the MA claim form in cases where MA is the secondary payer for a claim, rather than requiring providers to enter a MA insurance explanation code.

3. Simplify the MA prior authorization forms and attempt to make them correspond to the pre-estimate forms used by private insurance companies.

4. Reduce, as much as possible, the incidence of MA prior authorization requirements for dental care services.

5. Investigate the feasibility of separating the administration of the dental MA program from the administration of other health care services covered by MA.

The Special Committee on Dental Care Access appreciates the department's willingness to work on issues relating to dental services provided under the MA program. We strongly urge the department to continue the efforts to improve this program, to make it easier for dental health professionals to provide care and to improve the dental health of low-income persons.

Sincerely,

Representative David Ward, Cochair Special Committee on Dental Care Access	Senator Rodney C. Moen, Cochair Special Committee on Dental Care Access

Item 3 - Letter dated January 17, 2001, to Governor Thompson, supporting various DHFS dental-related budget requests.

Governor Tommy Thompson
Room 125 South
State Capitol
Madison, WI 53702

Dear Governor Thompson:

We are writing in our capacity as Cochairs of the Joint Legislative Council's Special Committee on Dental Care Access. The committee is made up of legislators and public members with an interest in dental care issues and is directed to recommend ways to improve access to dental care by underserved persons. This letter supplements our December 8, 2000 letter to you in which we expressed support for inclusion in the next biennial budget bill of continued funding for community health centers.

In addition to our earlier recommendation, we wish to express support for the following proposals in the biennial budget request of the Department of Health and Family Services (DHFS):

1. Funding of an additional staff person in DHFS to provide support to increase the number of dental health professional shortage areas (HPSAs).

2. Funding for the GuardCare program and the Seal-a-Smile program. Both programs provide dental sealants to children.

3. Making several changes in Medical Assistance coverage for dental services, including removing prior authorization requirements for full mouth debridement, removing restrictions on root planing, adding coverage of a four surface amalgam restoration and providing reimbursement for a second dental examination for 13- to 20-year olds.

The committee strongly supports efforts to improve oral health and believes that the above recommendations of DHFS will further that goal.

Sincerely,

Senator Rodney C. Moen, Cochair
Special Committee on Dental Care Access

Representative David Ward, Cochair
Special Committee on Dental Care Access

cc: Lieutenant Governor Scott McCallum
Secretary George Lightbourn
Members of the Joint Committee on Finance

Item 4 - Letter dated March 1, 2001, to Secretary Phyllis Dubé, DHFS, relating to exploring different methods for verification of MA eligibility of dental patients.

Secretary Phyllis J. Dubé
Department of Health and Family Services
1 West Wilson Street, Room 650
Madison, WI 53703

Dear Secretary Dubé:

We are writing as cochairs of the Joint Legislative Council's Special Committee on Dental Care Access. The Special Committee is made up of legislators and public members with an interest in dental care issues and is directed to recommend ways to improve access to dental care by underserved persons.

One problem that was brought to the committee's attention is the expense involved in purchasing swipe card readers or software by health care providers under the Medical Assistance (MA) program. In addition to an initial cost of several hundred dollars, there are transaction fees associated with use of the card readers or software. While there is a toll-free number that health care providers may contact to ascertain a patient's eligibility, this may be a more time consuming method than use of the card readers or software.

At a time when the state is trying to encourage dentists to participate in MA, we need to make it simple and less costly for them to determine MA eligibility for their patients. We urge you to work with the Wisconsin Dental Association to develop a fast and cost-effective means of determining MA eligibility for patients. Anything that can be done to reduce costs for dentists and other health care providers in this regard would reduce disincentives that health care providers might have to participate in MA.

Thank you for giving your attention to this matter and we look forward to your response.

Sincerely,

Senator Rodney C. Moen, Cochair Special Committee on Dental Care Access	Representative David Ward, Cochair Special Committee on Dental Care Access

cc: Dennis McGuire, Wisconsin Dental Association

APPENDIX 1

Committee and Joint Legislative Council Votes

The following drafts were recommended by the Special Committee on Dental Care Access to the Joint Legislative Council for introduction in the 2001-02 Session of the Legislature:

- WLC: 0089/2, relating to the state contract for dental education; authorizing licensed dental health professional positions in the department of health and family services; funding for dental services at community health centers; grants for community water fluoridation; increasing the medical assistance reimbursement rates for dental services; making topical fluoride varnish a covered service under the early and periodic screening, diagnosis and treatment program; creating a fluoride varnish education program; reimbursement for dental hygienist services under medical assistance; medical assistance reimbursement for dental cleanings; requiring rule-making; increasing appropriations; and making an appropriation, was recommended by a vote of Ayes, 19 (Sens. Moen, Breske and Rosenzweig; Reps. Lasee, Olsen, Schooff and Sherman; and Public Members Bireley, Collins, Dwyer, Filipiak, Hughes, Jecklin, Lobb, Michaelis, Mormann, Peterson, Pfeffer and Reagan); Noes, 1 (Rep. Ward); and Absent, 1 (Public Member Borca).

- WLC: 0090/2, relating to recognition of examinations of regional dental testing services; granting a license to practice dentistry to an individual who is licensed in another jurisdiction; creating an educational license to practice dentistry; the scope of practice of dental hygienists; delegation of dentistry practices to dental hygienists and unlicensed individuals; providing loan assistance to dentists and dental hygienists who practice in underserved areas; requiring the technical college system board to report on community dental health education; requiring the dentistry examining board and the department of health and family services to prepare a joint report on the ability of the dental work force to meet dental needs; requiring the department of health and family services to prepare a plan for a comprehensive oral health data collection system; requiring the department of health and family services to report on prior authorization for dental services under medical assistance; and requiring the department of health and family services and the department of regulation and licensing to prepare joint reports on improved access to dental services and dental hygiene services, was recommended by a vote of Ayes, 20 (Sen. Moen; Reps. Ward, Lasee, Olsen, Schooff and Sherman; Sens. Breske and Rosenzweig; and Public Members Bireley, Collins, Dwyer, Filipiak, Hughes, Jecklin, Lobb, Michaelis, Mormann, Peterson, Pfeffer and Reagan); Noes, 0; and Absent, 1 (Public Member Borca).

At its March 14, 2001 meeting, the Joint Legislative Council voted to introduce WLC: 0089/2 on a roll call vote as follows: Ayes, 17 (Sens. Risser, Baumgart, Burke, Chvala, Darling, George, Grobschmidt, Robson, Rosenzweig and Zien; and Reps. Rhoades, Black, Bock, Freese, Huber, Lehman and Stone); Noes, 2 (Reps. Foti and Gard); and Absent, 3 (Sen.

Panzer; and Reps. Jensen and Krug). [Sen. Panzer asked that the record reflect that had she been present, she would have voted in favor of WLC: 0089/2.] The proposal was subsequently introduced as 2001 Senate Bill 166 and 2001 Assembly Bill 366.

The Joint Legislative Council then voted to introduce WLC: 0090/2 on a roll call vote as follows: Ayes, 18 (Sens. Risser, Baumgart, Burke, Chvala, Darling, George, Grobschmidt, Robson, Rosenzweig and Zien; and Reps. Rhoades, Black, Bock, Foti, Freese, Huber, Lehman and Stone); Noes, 1 (Rep. Gard); and Absent, 3 (Sen. Panzer; and Reps. Jensen and Krug). [Sen. Panzer asked that the record reflect that had she been present, she would have voted in favor of WLC: 0090/2.] The proposal was subsequently introduced as 2001 Senate Bill 167 and 2001 Assembly Bill 367.

APPENDIX 2

JOINT LEGISLATIVE COUNCIL

s. 13.81, Stats.

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Greenfield, WI 53220-3358

STEPHEN J. FREESE
Speaker Pro Tempore
310 East North Street
Dodgeville, WI 53533-1200

This 22-member committee consists of the majority and minority party leadership of both houses of the Legislature, the cochairs and ranking minority members of the Joint Committee on Finance, and 5 Senators and 5 Representatives appointed as are members of standing committees.

DENTAL CARE ACCESS, SPECIAL COMMITTEE ON

COCHAIR
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Senator
18775 Dewey Street
Whitehall, WI 54773-8511

COCHAIR
DAVID WARD
Representative
N3401 Highway G
Fort Atkinson, WI 53538

SENATORS

ROGER BRESKE
8800 State Highway 29
Eland, WI 54427

PEGGY ROSENZWEIG
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REPRESENTATIVES

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Mosinee, WI 54455-9541

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Milwaukee, WI 53201-1997

STUDY ASSIGNMENT: The Committee shall examine ways to increase access to dental care by underserved populations in Wisconsin, particularly those enrolled in Medical Assistance (MA) and BadgerCare. The Committee should: examine the sufficiency of the number of dental care professionals in Wisconsin and the location of their practices; the number of MA, BadgerCare and other low-income persons they serve; ways to increase dental services being provided to underserved populations in Wisconsin; and reimbursement and administrative issues surrounding the provision of dental services under the MA and BadgerCare programs. The Special Committee shall report its recommendations to the Joint Legislative Council by January 1, 2001.

Established by a May 18, 2000 mail ballot; Cochairs appointed by a June 13, 2000 mail ballot; and members appointed by an August 14, 2000 mail ballot. 21 MEMBERS: 3 Senators; 5 Representatives and 13 Public Members.

LEGISLATIVE COUNCIL STAFF: Laura Rose, Senior Staff Attorney; Richard Sweet, Senior Staff Attorney; and Rachel Veum, Support Staff.

APPENDIX 4

Committee Materials List[*]

September 5, 2000 Meeting

Staff Brief 00-1, Dental Care Access: An Overview (8-30-00)

DHFS Dental Mandate Proposed Projects, Department of Health and Family Services (6-27-00)

Wisconsin Medicaid Dental Facts FY2000, DHFS (8-00)

Wisconsin Medicaid Measures of Dental Service, DHFS (7-99 to 6-00)

Testimony of Jim Vavra, Bureau of Fee-For-Service Health Care Benefits, Division of Health Care Financing, DHFS (8-5-00)

September 26, 2000 Public Hearing

Access to Quality Dental Care for Persons with Developmental Disabilities, Robert A. Dwyer, DDS, Northern Wisconsin Center for the Developmentally Disabled (undated)

Dental Needs Survey, Robert A. Dwyer, DDS, Northern Wisconsin Center for the Developmentally Disabled (5-26-94)

Oral Health and Individuals With Developmental Disabilities: What Community-Based Care and Support Providers Think Dentists and Policy Makers Need to Know, Richard Brooks (1997)

"Plan: Expand Ohio Dental Care," Cincinnati Enquirer (undated).

Oral Health Access Concerns: A National Issue and a Madison Perspective, Madison Department of Public Health (7-00)

October 24, 2000 Meeting

Memo No. 1, Summary of Recommendations Offered for Committee Discussion (10-17-00)

Memo No. 2, Continuing Education Requirements for Dentists (10-23-00)

Biennial Budget Request, 2001-2003, Department of Health and Family Services (9-15-00)

Current and proposed dental health professional shortage areas (HPSAs), Department of Health and Family Services

November 28, 2000 Meeting

Revised Memo No. 1, Summary of Recommendations Offered for Committee Discussion (10-17-00; Revised 11-21-00)

Memo No. 3, Wisconsin Medicaid and BadgerCare Dental Maximum Fee Schedule (11-21-00)

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[*] These materials may be obtained from the Legislative Council's Web site at http://www.legis.state.wi.us/lc/2000studies.htm

Memo No. 4, **Practice of Dental Hygienists** in Selected States (11-21-00)

Title XVI of Public Law 106-310 (Children's Health Act of 2000) (10-17-00)

Community Dental Health Certificate Option, from Nancy McKenney (10-24-00)

Higher Educational Aids Board 2001-03 Biennial Budget Request Narrative

"**Position Paper about Increasing Access for Dental Patients**", Wisconsin Dental Association

December 19, 2000 Meeting

Memo No. 5, **Data on Indiana Medicaid Dental Services** (11-27-00; revised 12-15-00)

Memo No. 6, **Physician Loan Assistance Program and Health Care Provider Loan Assistance Program** (12-13-00)

Memo No. 7, **Outreach Funds Available Under Medical Assistance** (12-18-00)

WLCS: 0026/1, relating to recognition of examinations of regional dental testing services

WLCS: 0027/1, relating to recognition of individuals licensed as dentists in other jurisdictions

WLCS: 0028/1, relating to creating an educational license to practice dentistry

WLCS: 0029/1, relating to the state contract for dental education and making an appropriation

WLCS: 0030/1, relating to requiring the technical college system board to report on community dental health education

WLCS: 0031/1, relating to requiring the dentistry examining board and the department of health and family services to prepare a joint report on the ability of the dental work force to meet dental needs

WLCS: 0033/1, relating to funding for the rural health dental clinic and making an appropriation

WLCS: 0034/1, relating to providing loan assistance to dentists and dental hygienists who practice in underserved areas

January 16, 2001 Meeting

WLCS: 0039/1, relating to providing funds for public health dental hygienists and increasing an appropriation

WLCS: 0040/1, relating to authorizing public health dental hygienist positions in the department of health and family services and increasing an appropriation

WLCS: 0041/1, relating to funding for dental services at community health centers and increasing an appropriation

WLCS: 0042/1, relating to grants for community water fluoridation and making an appropriation

WLCS: 0043/1, relating to making topical fluoride varnish a covered service under the early and periodic screening, diagnosis and treatment program, creating a fluoride varnish education program, requiring rule-making and increasing an appropriation

WLCS: 0044/1, relating to requiring the department of health and family services to prepare a plan for a comprehensive oral health data collection system

WLCS: 0045/1, relating to increasing the medical assistance reimbursement rates for dental services and increasing an appropriation

WLCS: 0046/1, relating to increasing the medical assistance reimbursement rate for the 20 most frequently billed dental procedures and increasing an appropriation

WLCS: 0048/1, relating to reimbursement for dental hygienist services under medical assistance

WLCS: 0049/1, relating to medical assistance reimbursement for dental cleanings and making an appropriation

WLCS: 0050/1, relating to requiring the department of health and family services to report on prior authorization for dental services under medical assistance

WLCS: 0051/1, relating to providing funds to dentists under medical assistance to electronic card readers, granting rule-making authority and making an appropriation

Draft letter, to Governor Tommy G. Thompson regarding the Department of Health and Family Services biennial budget request (1-16-01)

Draft letter, to Secretary Joseph Leean, Department of Health and Family Services regarding dental access issues

Letter, to Governor Tommy Thompson and Secretary George Lightbourn, from Cochairs Ward and Moen (12-8-00)

2000 Dental Hygiene Workforce Survey Results (12-00)

Letter, from Jeffrey R. Jones, D.D.S., Oral and Maxillofacial Surgery Associates of Eau Claire, S.C. (12-5-00)

Letter, from Joe Leean, Secretary, Department of Health and Family Services (12-5-00)

Letter, from Doug Mormann, Director, La Crosse County Health Department (10-30-00)

Letter, from Mary Czech-Mrochinski, Director of State Relations, Marquette University (12-14-00)

Letter, from the Dentistry Examining Board, regarding licensure of out-of-state dentists in Wisconsin (1-5-01)

February 20, 2001 Meeting

WLC: 0043/2, relating to making topical fluoride varnish a covered service under the early and periodic screening, diagnosis and treatment program, creating a fluoride varnish education program, requiring rule-making and increasing an appropriation

WLC: 0093/1, relating to providing an additional payment under the medical assistance program for dentists who are specially certified under the medical assistance program to provide dental services to persons with developmental disabilities; requiring rule-making; and increasing an appropriation

WLC: 0087/1, relating to granting a license to practice dentistry to an individual who is licensed in another jurisdiction

WLC: 0056/1, relating to the scope of practice of dental hygienists and delegation of dental practices to dental hygienists and unlicensed individuals and requiring reports on improved access to dental services and dental hygiene services

WLC: 0095/1, an amendment to WLC: 0056/1

WLC: 0089/1, relating to the state contract for dental education; authorizing public health dental hygienist positions in the department of health and family services; funding for dental services at community health centers; grants for community water fluoridation; increasing the medical assistance reimbursement rates for dental services; reimbursement for dental hygienist services under medical assistance; medical assistance reimbursement for dental cleanings; increasing appropriations; and making an appropriation

WLC: 0090/1, relating to recognition of examinations of regional dental testing services; creating an educational license to practice dentistry; providing loan assistance to dentists and dental hygienists who practice in underserved areas; requiring the technical college system board to report on community dental health education; requiring the dentistry examining board and the department of health and family services to prepare a joint report on the ability of the dental work force to meet dental needs; requiring the department of health and family services to prepare a plan for a comprehensive oral health data collection system; and requiring the department of health and family services to report on prior authorization for dental services under medical assistance

WLC: 0094/1, an amendment to WLC: 0090/1, relating to educational licenses for dentists

List of dental schools accredited by the American Dental Association

Vote Record

Senate - Committee on Health, Utilities, Veterans and Military Affairs

Date: 5/2/01

Bill Number: SB 166

Moved by: Moen Seconded by: Rosenzweig

Motion: Passage

Committee Member	Aye	No	Absent	Not Voting
Sen. Rodney Moen, Chair	☑	☐	☐	☐
Sen. Roger Breske	☑	☐	☐	☐
Sen. Judith Robson	☑	☐	☐	☐
Sen. Jon Erpenbach	☑	☐	☐	☐
Sen. Mark Meyer	☑	☐	☐	☐
Sen. Peggy Rosenzweig	☑	☐	☐	☐
Sen. Robert Cowles	☐	☑	☐	☐
Sen. Scott Fitzgerald	☐	☑	☐	☐
Sen. Mary Lazich	☐	☑	☐	☐
Totals:				

☐ Motion Carried ☐ Motion Failed

Vote Record

Senate - Committee on Health, Utilities, Veterans and Military Affairs

Date: 5/02/01

Bill Number: SB 167

Moved by: Moen Seconded by: Rosenzweig

Motion: Passage

Committee Member	Aye	No	Absent	Not Voting
Sen. Rodney Moen, Chair	☑	☐	☐	☐
Sen. Roger Breske	☑	☐	☐	☐
Sen. Judith Robson	☑	☐	☐	☐
Sen. Jon Erpenbach	☑	☐	☐	☐
Sen. Mark Meyer	☑	☐	☐	☐
Sen. Peggy Rosenzweig	☑	☐	☐	☐
Sen. Robert Cowles	☑	☐	☐	☐
Sen. Scott Fitzgerald	☑	☐	☐	☐
Sen. Mary Lazich	☑	☐	☐	☐
Totals:	9	0		

☐ Motion Carried ☐ Motion Failed