



DAVID STEFFEN

STATE REPRESENTATIVE • 4TH ASSEMBLY DISTRICT

What exactly does Wisconsin Statute 447.07 cover?

- Requires dentists/hygienists to renew license/certificates (447.07, 1)
- Unprofessional conduct (447.07, 3a)
- False/erroneous statements used to obtain a license (447.07, 3b)
- Individuals determined mentally incompetent by court (447.07, 3c)
- Work authorization compliance (447.07, 3d).
- Conviction of a crime related to the practice of dentistry/dental hygiene (includes employment discrimination laws) (447.07, 3e)
- Violation of federal or state statute/rule relating to dentistry/dental hygiene (items such as patient abandonment and denial of patient records are included here) (447.07 3f).
- Practice of dentistry under the influence of drugs/alcohol (447.07 3g).
- Conduct indicating inabilities, negligence, or lack of knowledge in applying dentistry/hygiene skills (447.07 3h).
- Compensation obtained fraudulently (447.07 3i).
- Employment of uncertified persons to perform services that require a properly licensed/certified individual (447.07 3j).
- Billing irregularities or fraudulent billing (447.07 3k)
- Violation of Chapter 450 (Pharmacy requirements) or Chapter 961 (Uniform Controlled Substances Act) (447.07 3l).
- Substantial misrepresentations to a client (447.07 3m).
- Violation of orders of the examining board (447.07 3n)
- False/deceptive advertisement (447.07 3o).
- Examining board may reinstate a license/certificate on terms/conditions deemed appropriate (447.07, 5).
- Examining board *may* assess a forfeiture against the licensee or certificate holder of no more than \$5,000 for each violation of 447.07 (3). (447.07, 7).



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Ind. reaches settlement with Aspen Dental on ad claims

By Tony Edwards, Editor in Chief

October 22, 2015 -- The Indiana Attorney General's Office has reached a settlement agreement on October 22 with Aspen Dental Management (ADMI), resolving allegations that the company used deceptive advertising and other unfair tactics to promote services at Aspen Dental-branded practices in Indiana.

Aspen Dental Management must pay \$95,000 to the state of Indiana, \$15,000 of which will go to affected customers as restitution, according to the settlement filed in Marion County Circuit Court. Furthermore, Aspen agrees to reform its advertising techniques, which it began to do over the past year following the attorney general's investigation, according to a statement from the office of Indiana Attorney General Greg Zoller.

In a separate statement, Aspen Dental Management said it "cooperated fully" with the attorney general's office, but the company disagreed with its conclusions. The attorney general's office itself acknowledged that many of the issues were addressed by Aspen prior to settlement.

Advertising issues

The Indiana Attorney General's Office alleged that "Aspen Dental Management marketed free or discounted denture consultations, dentures, initial exams, and x-rays at Indiana practices without adequately disclosing limitations or qualifications for these offers," according to its statement.

"Misleading customers about the true cost of dental services is deceptive and unlawful, and this behavior placed unanticipated financial burden on Hoosiers."

— Indiana Attorney General's Office

The office received 73 consumer complaints against Aspen based on these advertising-related allegations. Many of the complainants were older than 60 years of age.

"Misleading customers about the true cost of dental services is deceptive and unlawful, and this behavior placed unanticipated financial burden on Hoosiers, many of which were senior citizens," Zoeller noted in the statement. "Today's settlement will protect customers of Aspen



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Dental-branded practices in Indiana and help ensure they have full information before making decisions about costly procedures."

According to the Aspen statement, however, this investigation was "primarily centered on advertising and marketing dating back to 2007 conducted on behalf of the 30 independently owned and operated Aspen Dental-branded practices in Indiana," which are not party to compliance agreement. The company stated that the main issues were clarity of disclaimers and disclosures related to advertised offers, most of which were resolved back in 2013.

Terms of settlement

Aspen is required to fully disclose the terms and limitations of its advertised promotions, stop advertising products or services as "free" that are not, and must provide training to employees at its affiliate dental clinics in Indiana on terms and conditions of third-party credit agreements so that full information is passed on to consumers, according to the terms of the settlement.

Additionally, Aspen Dental Management must pay \$95,000 to the state of Indiana, \$15,000 of which will be used to repay affected consumers, with the rest going toward state investigative costs and future consumer protection enforcement.

Aspen noted in its statement that the 73 complaints cited by the attorney general's office were received over a nine-year period during which Aspen Dental practices in Indiana saw more than 338,000 patients and recorded nearly 1.5 million patient visits.

The company stated that it shared the attorney general's "commitment to ensuring the clarity of all patient communications."

Aspen Dental Management is based in New York and licenses the Aspen Dental brand name to independently owned and operated dental practices across the U.S. It provides the practices with business and administrative support, including marketing services and customer billing. In Indiana, 30 dental practices across the state are licensed under the Aspen Dental brand. Individual dental practices are not part of this settlement.

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Aspen Dental to pay nearly \$1M over deceptive advertising claims By DrBicuspid Staff

December 22, 2014 -- Dental chain Aspen Dental has agreed to pay \$990,000 to settle allegations of deceptive advertising and marketing practices and also failing to give refunds to consumers for services not provided in Massachusetts, according to a statement from the state attorney general.

Aspen Dental Management and Aspen Dental Associates of New England allegedly ran misleading advertisements, unlawfully charged consumers for treatments weeks or months before they were rendered, and failed to provide refunds.

Aspen Dental responded via email to *DrBicuspid.com* that it "strongly disagrees with and denies the attorney general's allegations but cooperated fully and ultimately agreed to resolve the matter."

Under the terms of the agreement, Aspen Dental will pay at least \$770,000 in restitution to first-time customers that the state alleged were forced to pay for exams and x-rays that the company said would be free between September 2009 and December 2013. The company also will contact people who are eligible for refunds, and it will also pay Massachusetts \$220,000.

"We allege this dental company took advantage of its patients by deceptively marketing its services and unfairly charging in advance for dental treatments," Massachusetts Attorney General Martha Coakley stated. "Under this settlement affected consumers will get the relief they deserve, and Aspen will be prevented from continuing these unlawful practices in the commonwealth."

Aspen Dental also agreed to change its billing practices. Specifically, the company agreed to limit prepayments, provide accurate estimates of charges, and disclose details of financing agreements.

Aspen Dental agreed to the following:

- Provide good faith estimates of cost prior to services.
- Fully disclose and comply with its refund policy.
- Fully and accurately disclose all terms of any third-party financing arrangements they offer.



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- Train office employees on making accurate disclosures.
- Not permit individuals who do not hold a valid license to practice dentistry in Massachusetts to have final decision-making authority over treatment plans.

Aspen Dental was named in a 2013 U.S. Senate committee investigation of five dental chains that allegedly used deceptive business models that gave managers rather than dentists control

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A.G. Schneiderman Announces Settlement With Aspen Dental Management That Bars Company From Making Decisions About Patient Care In New York Clinics

Agreement Requires Aspen Dental Management To Pay \$450,000 In Civil Penalties After AG Investigation Found The Dental Management Company Was Engaged In The Unauthorized Practice of Dentistry and Dental Hygiene

Agreement Stops Illegal Fee Splitting between Aspen Dental and Dental Practices; Requires Aspen Dental Management To Be Clear It Is Not A Provider Of Dental Care

NEW YORK – Attorney General Eric T. Schneiderman today announced a settlement with Aspen Dental Management, Inc., an East Syracuse-based company that provides business support and administrative services to seven independently owned dental practices that maintain 40 offices in New York State. The settlement requires Aspen Dental Management, a company with a reported \$645 million in annual revenue, which operates nationwide, to overhaul the way it does business in New York, so that it does not dictate the care provided by dentists and hygienists at dental practices, does not split patients' fees with the clinics, which is illegal in New York, and makes clear to consumers that Aspen Dental Management is not a provider of dental services.

“Medical and dental decisions should be made by licensed providers using their best clinical judgment, and should not be influenced by management companies' shared interest in potential profits,” said **Attorney General Schneiderman**. “By enforcing New York’s laws banning the corporate practice

of medicine and fee-splitting between medical practitioners and non-licensed individuals and entities, today's agreement ensures that New Yorkers receive quality dental care."

The affected dental practices are Aspen Dental Associates of Central New York, Aspen Dental of Rochester, Dental Services of Western New York, Dental Services of Dunkirk, Aspen Dental Associates of Hudson Valley, Dental Health Services, and Judge Dental.

After receiving over 300 complaints since 2005 concerning consumers' experiences at Aspen Dental offices across New York State, the Attorney General's Health Care Bureau launched an investigation into the company. Consumers lodged complaints against what they thought were particular office locations of the Aspen Dental chain regarding quality of care, billing practices, misleading advertising, upselling of medical services and products the consumers felt were unnecessary, and unclear or incomplete terms for the financing of dental care.

The investigation revealed that Aspen Dental did not merely provide arms-length, back-end business and administrative support to independent dental practices. Rather, Aspen Dental Management has developed what amounts to a chain of dental practices technically owned by individual dentists but which, in violation of New York law, were subject to extensive control by Aspen Dental Management. That control included sharing individual clinic profits with the management company and the marketing by the management company under the shared Aspen Dental trade name. Through an array of business practices, Aspen Dental Management routinely makes business decisions for the clinics that directly impacted patient care. Those practices included incentivizing and otherwise pressuring staff to increase sales of dental services and products,

implementing revenue-oriented patient scheduling systems, and hiring and oversight of clinical staff, including associate dentists and dental hygienists.

The Attorney General's investigation showed that Aspen Dental Management dictated the dental practices' care of patients, by, for example, sending "Hygiene Service Announcements" to dental hygienists, which directed the hygienists to sell more products and services to patients, and training office managers (non-licensed/non-clinical individuals responsible for managing an office's overall operations) on how to talk to patients about their treatment plans and assist them in making decisions about treatment alternatives.

The investigation showed that Aspen Dental Management exercised undue control over the clinic's finances by controlling substantially all of the dental practices' bank accounts through a single consolidated account to which the clinic owners themselves did not have access. Aspen Dental Management took a pre-set percentage of each dental office's monthly gross profit, an arrangement prohibited under New York law, and which created a financial incentive for Aspen Dental Management to pressure staff in the dental offices to generate revenue. Aspen Dental Management also subjected the dental practices to non-competition and non-solicitation agreements that effectively prevent the practices from competing with any other dental practice affiliated with Aspen Dental Management, regardless of location.

Under the agreement, Aspen Dental Management will cease to exercise any control over dental practices' clinical decision-making and will not communicate directly with practices' clinical staff concerning the provision of dental care, sales of services or products to patients, or the amount of revenue generated by services or products. The company will not be the employer of the practices'

clinical staff, and will not place limitations on dental practice owners' practice of dentistry.

Aspen Dental Management has agreed not to share in the dental practices' fees for professional services rendered, to keep the practices' finances separate from its own, and to allow the practices to have full and complete control over their revenues, profits, incomes, disbursements, bank accounts, and other financial matters and decisions.

Aspen Dental Management will also reform its marketing practices, making clear to consumers on its website and elsewhere that Aspen Dental Management provides only administrative and business support services to dental practices that are independently owned and operated by licensed dentists. Aspen Dental Management will also take steps to ensure that the dental practices to which it provides services post their own legal name so it is easily visible by patients who enter those practices.

The agreement requires Aspen Dental Management to pay a \$450,000 civil penalty, and to pay an independent monitor that will oversee the implementation of the settlement over a three-year period.

Consumers with questions or concerns about this settlement or other health care matters may call the Attorney General's Health Care Bureau Helpline at 1-800-428-9071.

The investigation and resolution of this matter was handled by Assistant Attorneys General Elizabeth Chesler and Michael Reisman, both of the Attorney General's Health Care Bureau, which is led by Bureau Chief Lisa Landau. The

Health Care Bureau is a part of the Social Justice Division, led by Executive Deputy Attorney General for Social Justice Alvin Bragg.

A copy of the settlement can be read [here](#).



Fact Sheet on AB 368 & SB 327

What is a DSO?

Dental Support Organizations (DSOs) contract with dental practices to provide critical non-clinical business support services. The creation of DSOs has allowed dentists to focus on providing clinical care to their patients, while the DSO assists with the back-office business support of the practice. The DSO model is patient focused and strives to enhance the accessibility and delivery of high-quality dental care.

DSOs have operated in the State of Wisconsin for over 30 years. DSO-supported practices employ more than 1,600 people and support more than one million patient visits each year.

Current Law: A Level Playing Field For Dentists and DSOs

- All dentists, whether supported by a DSO or not, must be licensed by the Dentistry Examining Board (DEB), and may be investigated or have their licenses suspended or revoked for violations of the dental statutes. (Wis. Stat. § 447.07)
- The Dentistry Examining Board (DEB) has the authority to investigate ANY person, dentist or non-dentist, for violations of the dental statutes. (Wis. Stat. § 447.07(3))
- The DEB has the authority to bring action, on behalf of the State, to enjoin the actions of ANY person, dentist or non-dentist, for violations of the dental statutes. (Wis. Stat. § 447.10)

AB 368 & SB 327 Will Create an Uneven Playing Field that Chooses Winners and Losers

- Creates a new class of registrant with the DEB that is limited to only non-dentist owners or operators of dental practices, including nearly all DSOs.
- Specifically excludes dentists from the new provisions.
- Empowers the DEB to create rules that impact DSOs only, leading to the potential for increased costs to their supported dentists and decreased access for patients.

Why is this a Problem?

- Like any company, DSO's are already subject to all of Wisconsin's consumer protection laws administered by the Department of Agriculture, Trade and Consumer Protection. Adding new regulations will increase costs and decrease access to dental care for Wisconsin consumers.
- The DEB, being comprised almost entirely of licensed dentists and hygienists, lacks the expertise needed to take on this new set of business-only regulations.
- It will create an environment ripe for abuse where one small set of market participants (independent dentists) serving on the DEB will be able to create regulations for a different set of market participants only (DSO's). This is inherently unfair and protectionist.

Briefing Paper on AB 368 Examples of Regulatory Overreach in other States

Assembly Bill 368 has the potential to create a chilling effect on dental support organization (DSO) operations in the state of Wisconsin, as it provides the dental examining board broad regulatory authority over DSO. In other states where regulators have sought to place anti-competitive restrictions on a dentist's ability to contract with a DSO, the Federal Trade Commission (FTC) has weighed in. The FTC reviews laws and regulations through the lens of preventing unfair methods of competition and unfair or deceptive acts or practices in or affecting commerce. As they say, "Competition is at the core of America's economy, and vigorous competition among sellers in an open marketplace gives consumers the benefits of lower prices, higher quality products and services, more choices, and greater innovation."

The FTC included the following statements in its letter to the Texas State Board of Dental Examiners, October 6, 2014 on their proposed regulations.

- **"Proposed regulations to limit commercial relationships between dentists and non-licensed entities should be carefully examined to determine if they are based on credible and well-founded safety, quality, or other legitimate justifications."**
- Regulatory **"restrictions can be expected to inhibit competition, increase prices, and decrease access to dental services. Moreover, those anticompetitive effects could impose the greatest impact on underserved populations that can least afford it, and state programs that cover such costs."**
- **"The unfavorable business climate for DSOs might have the greatest effect on newly licensed dentists who lack the resources to start a practice, and on dentists who prefer to concentrate on the professional practice of dentistry, rather than on business functions."**
- **"Ultimately, the restrictions on dentists and DSOs would impact Texas consumers, who will be deprived of the potential for lower prices and increased access to dental services."**

When a bill (HB698) was proposed in North Carolina that would place regulate DSOs, the FTC made the following statements in its letter to Rep. LaRoque, NC House of Representatives, on May 25, 2012

- **"Consumers benefit when health professionals can organize their practices in the way they find most efficient, consistent with quality care. Licensed dentists contract with DSOs to obtain a variety of back-office, *non-clinical* functions, allowing these dentists to focus primarily on the treatment of patients, and less on the business management aspects of running a dental practice."**
- **"Given that the Board already oversees health and safety issues as part of the licensure regime that governs all dentists in the state, and given that DSOs focus solely on non-clinical aspects of dental practice, it does not appear that the Bill would enhance the Board's ability to ensure patient safety."**
- **"It is our understanding that several DSOs have changed their entry plans, either not entering the North Carolina market or scaling back their entry plans, because of the Board's hostile attitude and actions against DSOs."**
- **"Restrictions on how licensed professionals organize their business practices appear unnecessary to protect consumers, and this general principle appears to apply specifically to the provision of dental services. When licensed dentists choose to use DSOs to manage the nonclinical, back-office aspects of their practices, the dentists continue to control the clinical aspects of caring for patients, subject to the existing licensure framework that ensures safe dental practice. Therefore, and not surprisingly, we are unaware of any safety or quality issues arising from the use of DSOs."**
- **"Restrictions on the ability of dentists to run their practices by contracting out the management functions provided by DSOs may reduce competition and consumer choice by preventing the emergence and expansion of new, more efficient forms of professional practice."**

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Testimony in Support of 2015 AB 368
Relating to State Oversight of Non-Dentist Owners of Dental Clinics
Testimony by Dr. Timothy Durtsche, WDA Past President
November 11, 2015 – 415 Northwest Hearing Room

Good morning Chairperson Tauchen and members of the Committee. Thank you for the opportunity to testify before you today and to share our reasons for supporting the passage of Assembly Bill 368 which, if passed, will simply provide legislative authority to the Dentistry Examining Board to register non-dentist owners of dental practices and to enforce Wisconsin law if the registrant violates any of the specific patient protections that are already spelled out in Chapter 447 of the Wisconsin Statutes.

My name is Tim Durtsche and I've been an oral and maxillofacial surgeon in La Crosse for 36 years. First of all, I want to recognize the veterans on your committee and who are present in this hearing room today. Today is Veteran's Day and we all owe them a tremendous debt of gratitude, today and every day.

I'm here as the official spokesperson of the Wisconsin Dental Association, which represents between 70- 80% of the more than 3,000 licensed dentists in our state. I am very grateful to both Rep. Steffen and Sen. Roth who are taking the lead in obtaining passage of this common sense proposal. This bill gets to the heart of what we as Wisconsinites should really care about; allowing for a strong innovative business climate in our state while also making sure the public is protected. This bill does that by making sure that all owners and operators of dental clinics across this state abide by the same patient protections that the legislature has spelled out in Chapter 447 of the State Statutes.

I am proud the history of our profession in this state. I feel very firmly that Wisconsin dentists have embraced both change and innovation while at the same time managing to uphold the standards and quality of the care we provide the public.

I don't know how many of you are history buffs but let me share with you that the Wisconsin Dental Association was formed way back in 1870; a mere 22 years after Wisconsin became a state. Historical records provide proof that the driving force behind the genesis of the WDA was to protect the public by upholding the standards and quality of the profession. Shortly after Wisconsin became a state

in 1848, the population in the southern part of the state exploded from a mere 300,000 people in 1850 to 2 million people by 1900. This drastic population increase brought with it “dental school diploma mills” (those entities “selling” a dental diploma) and other practices that left the public without any basic protections against unqualified dental providers. The whole purpose for the formation of the WDA was to advocate for quality education of all dental providers and for state regulation of the profession in a way that would be reasonable while also providing basic public safeguards.

As a past president of the WDA I can assure you that the WDA’s mission remains the same today; we seek to advance the dental profession by promoting professional excellence and quality oral health care for the public. That mission is what brings us here today to advocate for AB 368. The bill before you is extremely simple. It states that if you are not a licensed dentist and you own or operate a dental clinic in the state of Wisconsin, you must be registered with the state’s Dentistry Examining Board. That registration will be on a two-year renewal basis, which is identical to the licensure renewal process for dentists and dental hygienists. The bill also provides the DEB with enforcement authority over those non-dentist owners should they violate any provision that is currently laid out in the Wisconsin Dental Practice Act; this authority will be no greater than or less than the authority the DEB currently has over licensed dentists.

As mentioned previously, Wisconsin is one of only 12 states that even allow non-dentist ownership of dental practices and this bill does absolutely nothing to prohibit or ban them from our state nor does it prevent any licensed dentist or hygienist from contracting with a dental practice that is non-dentist owned. This is a matter of simple registration and enforcement of the public protections that have already been established by the legislature. In fact, I stand before you today to say that these practices provide more choices for not only the dental consumers in our state but also for dental professionals. Please be assured that despite the innuendos put forth by the opponents of this legislation, the WDA has no intention of advocating for their removal from our state nor do we believe that the regulations impacting them should be any different from those that impact dentist owners. We simply believe that it is in the best interest of both the profession and the public that anyone who owns or operates a dental practice comply with the same regulations and be held accountable by the same state agency or regulatory board.

As you’ve heard from the author of this bill, there have been four amendments offered by the author and we support those amendments. I think these amendments have responded to the concerns of those who oppose this bill. We have openly listened to the opposition’s concerns and I think their comments have brought us to a better final product. Despite their ongoing opposition, we remain

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appreciative of their feedback and insights and we respectfully request your support for those amendments and vote in support of AB 368 when you meet for your executive vote. Thank you for your time and energy today and I would be happy to leave the rest of my time for questions if you have any that you think either Mara or I could answer. Thank you.

Memorandum

November 9, 2015



From: Wisconsin Dental Hygienists' Association (WI-DHA)
Linda Jorgenson, RDH – Advocacy Chair

To: Representative Gary Tauchen – Chair, and
Members of the Assembly Committee on Small Business Development

RE: Opposition to AB368 – Requiring registration of non-dentist owners of dental businesses with the WDEB.

The Wisconsin Dental Hygienists' Association (WI-DHA) opposed AB368 for the following reasons:

1. The WI-DHA is concerned the bill would allow the Wisconsin Dentistry Examining Board (DEB) to limit who can own dental businesses / practices giving them the ability protect their profession from competition. We oppose any attempt to limit dental practice ownership to dentists only.
2. In the authors' justification for the bill, they stated non-dentist owners are not held to the same standard of conduct as dentist owners. We asked for examples of cases where this was a problem and were told by the DEB at their last meeting that there *have* been cases of complaints against non-dentist owners, but we were not given any examples. We understand that when cases of misconduct have occurred, the District Attorney or Attorney General have the ability to prosecute those cases. The WI-DHA would ask in what way were the outcomes unacceptable? Without evidence to support this claim, the WI-DHA sees no problem with the DA or AG adjudicating cases of non-dentist owners of dental practices who violate business standards of conduct.
3. WI-DHA is concerned that this proposal would place an undue burden on the WDEB by requiring them to establish standards of conduct for business operations and respond to complaints. The WDEB *is* appropriately charged with the responsibility for establishing and enforcing standards related to licensing and the practice of dentistry or dental hygiene. Our question is - if a complaint is filed against a licensed dentist or hygienist related to a business ownership or management issue (not clinical), wouldn't the case be referred to the DA or AG?
4. Finally, we acknowledge that all businesses must be registered with the State of Wisconsin through the Department of Revenue and/or the Department of Financial Institutions and that an additional registration requirement would be burdensome, excessive and serve no real purpose.

The WI-DHA and its statewide membership thank the chair and committee members for their consideration of our concerns.

Linda M. Jorgenson, RDH, BS, RF
WI-DHA Advocacy Chair
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TO: Chairman Tauchen and Members of the Assembly Committee on Small Business Development
FROM: Michelle Mettner, Vice President of Government Relations & Advocacy, Children's Hospital of Wisconsin
DATE: Wednesday, November 11, 2015
RE: AB 368 – Regulations on persons that own or operate dental practices

Good afternoon Chairman Tauchen and committee members. Thank you for allowing me this opportunity to share testimony today on AB 368. My name is Michelle Mettner and I am the Vice President of Government Relations & Advocacy for Children's Hospital of Wisconsin.

AB 368 would require all persons that own or operate dental practices in Wisconsin to be registered by the Dentistry Examining Board and to receive a separate registration for each dental practice the person owns or operates. Currently, no registration is required for licensed dentists or for mobile dentistry programs subject to separate regulation by the dental examining board. Children's Hospital of Wisconsin operates several dental practices and as a top-ranked pediatric health system, we are already heavily regulated and comply to the highest standards of excellence, aligned with our vision that kids deserve the best. We thank the authors of AB 368 for exempting hospital and health system owned dental practices from the bill and for the amendment that will provide for this exemption. We ask the committee to support this provision.

Children's Hospital of Wisconsin serves children from every county in the state. We have inpatient hospitals in Milwaukee and the Fox Valley. We care for every part of a child's health, from critical care for the most serious injuries and illnesses, to routine checkups in our primary care clinics to dental care and a variety of specialty care, such as: urgent care, emergency care, school health nurses, foster care and adoption services, family resource centers, child health advocacy, health education, pediatric medical research and the statewide poison hotline.

Children's Dental Center has been serving children since 1930 by providing comprehensive dental care for infants, children and teens. Today, with locations throughout Milwaukee, including Downtown Health Center, Next Door Clinic and Children's Hospital Main Campus, we provide nearly 32,000 annual clinical visits (13,000 unique patients): Main Campus 16,000 patient visits; Downtown Health Dental Clinic 6,000 patient visits; Next Door Dental Clinic 3,700 patient visits and our North Avenue Dental Clinic, run by our Children's Medical Group, 5,700 patient visits annually. 40% of our patients have a special health care or behavioral need and our pediatric dental providers provide specialized operations on 350 patient cases annually.

Dental services are a critical unmet need, especially in underserved areas in Milwaukee, and lack of access to dental services can have long-term negative effects on kids' health and society as a whole, as mouth pain stemming from dental issues is one of the top reasons





children miss school and can increase the risk for ear and sinus infections. Children's Dental Center is working to close this gap by creating a dental safety-net for underserved children. Children of low socioeconomic status, children and adults with special medical, physical or emotional needs and very young children are our most popular patients, with more than 90% of our patients covered under Medicaid. Each clinic's dental staff and residents are overseen by a medical or dental director, manager and supervisor.

Within our centers, we educate future pediatric dentists through our nationally recognized and accredited two year Residency Program. We offer dental health education, and perform a wide range of specialized care from children with atypical oral facial growth and development to treatment for patients with special health care needs.

Our dental clinics are regulated under our hospital license, and subject to National Hospital & Health System Joint Commission regulation and audit. There are numerous laws and regulations that govern our practice and ensure patient safety standards are met as well as consumer protections for our patients. Our employed dentists are Wisconsin licensed dentists of the Dental Examining Board. For these reasons we think it is appropriate to exempt hospitals and health systems from this bill and thank the authors for recognizing this.

Chairman Tauchen and committee members, thank you for allowing me to submit testimony. If you have any more questions you can contact me via email at mmettner@chw.org or via telephone at 414-266-5434.





October 29, 2015

Rep. Gary Tauchen, Chair

Dear Chairperson Tauchen and Members of the Committee:

My name is Dr Pete Hehli and I write in support of AB 368 which would provide oversight of non-dentist owners of dental practices by the Wisconsin Dental Examining Board (D.E.B.). I am truly sorry that I could not testify in person on this important issue. I do feel that my background gives me a unique perspective on this issue. I graduated from Dental school in 1989 and went to work for Midwest Dental Care. At that time, my father Dr. Dave Hehli owned Midwest and its sister company Advanced Dental Management. ADM provided support for 28 clinics all over Wisconsin, everything except the clinical aspects of dentistry. I grew up and matured clinically in this system. I was a member of the AAGDP (American Academy of Group Dental Practices), one of the early pre-cursors of Dental Service Organizations (DSO's). This was a tremendous way for a new grad to focus on the "practice" of clinical dentistry. The support group provided mentors, continuing education, and much more-basically everything but the clinical aspects of dentistry. I developed many lasting relationships with several Docs (some are still there) that changed my life.


Fast forward 26 years. I own and operate Northstar Dental. A private practice with locations in Appleton and Sheboygan with one partner and a GREAT Team of 25 individuals focused on treating the people of Wisconsin. It is an AWESOME profession. We take care of patients from 2 to 92 with an emphasis on Sedation Dentistry helping the high fear patients and Special Needs folks who are finding it more difficult to get care. Both of these practice models (DSO and Private Practice) have been very good to me-totally Blessed!

The type of practice or the support organization is not the focus of AB 368. There are some DSO'S owned by non- dentists, not licensed by the State of Wi., and therefore do not fall under the oversight of the DEB. For example, if these business owners closed their practices (which actually happened with All Care Dental in Appleton and Green Bay), patients of record and non-owner dentists would be forced to contact the District Attorney to get their dentures back. Yikes, no one wants that! This Bill would require non-dentist owners to register with the State and DEB, thereby giving patients another more appropriate avenue were problems to arise. That is all this Legislation does- level the playing field. This Bill does NOT create any "new" legislation or give the DEB any authority to change/create any "new" administrative rules. I believe strongly the opposition to this Bill have been mis-informed or swayed by national lobby groups who think AB 368 somehow "goes after their livelihood". Simply not the case, in fact as a WDA Trustee for the last 5 years, I have participated in a campaign to "reach out" to the other models of Dentistry and be inclusive. We are ALL Dentists!!

As stated earlier, I have had a foot in each camp on this issue and still have many friends that own, operate, work for, or have been associated with DSO's. Everyone I have talked to, after hearing the intent of the Bill, have agreed that AB 368 takes the necessary steps to protect the patients of Wisconsin-your constituents and my patients☺

Therefore, Gary and members of your Committee, I thank you for taking the time to have a hearing on this important matter. I further ask for your support of AB 368 to bring the ownership of Dental care in Wisconsin to a level playing field. If you have any questions or comments, please call me on my cell at 920 858-4562.

Sincerely Smiling,



Dr Pete



Paul G. Hagemann, D.D.S.

210 5th Ave. N.
Hurley, WI 54534
(715) 561-3291

October 28, 2015

Rep. Gary Tauchen, Chair
& Members of Assembly Committee on Small Business
P.O. Box 8953
Madison, WI 53708

Dear Chairperson Tauchen and Members of the Committee:

My name is Dr. Paul G. Hagemann and I write in support of Assembly Bill 368, which would provide oversight of non-dentist owners of dental practices by the Wisconsin Dentistry Board.

I have been in private practice for almost forty years in a small town-rural setting. I have seen many changes in the dental profession in those years. I have managed my own practice following the guidelines set down by the Wisconsin Dentistry Board. My in-office policies must abide by these guidelines to benefit the patients of my practice. I feel that the same standards should be maintained by a non-dentist who owns a practice. These guidelines are not meant to be onerous or impede our practices. They are in place to protect our patients. If a non-dentist owner is allowed to forgo these guidelines without any oversight I feel the patient is placed in possible jeopardy and would have little recourse to resolve any complaint.

Thank you, Chairperson Tauchen and members of the Assembly Committee on Small Business for taking time to hold a hearing on this issue. Please feel free to contact me at my office 715-561-3291 if you have any questions regarding my position or the information I provided on this issue. I respectfully request that you offer your support for AB 368 and that you will continue to move this proposal through the legislative process in a timely manner.

Sincerely,

Paul G. Hagemann DDS

DELLS DENTAL

245 W. MUNROE AVE., WISCONSIN DELLS

608-254-2345 drdave@dellsdental.net

October 28, 2015

Rep. Gary Tauchen, Chair
& Members of Assembly Committee on Small Business
P.O. Box 8953
Madison, WI 53708

Dear Chairperson Tauchen and Members of the Committee:

My name is David Clemens and I write in support of Assembly Bill 368, which would provide oversight of non-dentist owners of dental practices by the Wisconsin Dentistry Examining Board.

I have worked for the U.S. Public Health Service for 20 years and now practice in Wisconsin Dells with my daughter and her husband, both dentists as well. We employ 15 people, working in a traditional fee for service practice. I am involved with the Wisconsin Dental Association and feel strongly about this bill and its common sense goal of protecting patients.

This is not a bill to encumber dental support organizations. It is meant to protect patients with a method to enforce rules to which all dental offices must abide. The current system allows corporations to own dental practices, but they are not held to the standards of patient protection required of me. If they fail to provide records to a patient, there is almost no recourse for the patient. My license can be suspended for such a transgression.

Thank you, Chairperson Tauchen and members of the Assembly Committee on Small Business, for taking the time to hold a hearing on this issue. Please feel free to contact me at my office if you have any questions regarding my position or the information I've provided. I respectfully request that you offer your support for AB 368 and that you will continue to move this proposal through the legislative process in a timely manner.

Sincerely,


David Clemens, DDS

Monica M Hebl DDS
7623 West Burleigh Street
Milwaukee, WI 53222
414 444 4334
Hebl.monica@gmail.com

October 29, 2015

Rep. Gary Tauchen, Chair
& Members of Assembly Committee on Small Business
P.O. Box 8953
Madison, WI 53708

Dear Chairperson Tauchen and Members of the Committee:

My name is Monica Hebl and I write in support of Assembly Bill 368, which would provide oversight of non-dentist owners of dental practices by the Wisconsin Dentistry Examining Board.

I practice in Milwaukee with my brother in law, Michael Donohoo. We have both been Medicaid Providers for our entire combined careers for a total of 65 years. My son, Pete is a D2 student at Marquette University School of Dentistry. I know first-hand the heavy debt load the students incur to fulfill their dream of becoming a dentist. Dental Service Organizations and Non-dentist owned practices provide opportunities for new practitioners to provide care to patients. This bill does nothing to "chill" that business model. Instead it ensures that all patients are entitled to the same high quality standards no matter what the delivery model. The provision of care by the dentist is only one small aspect of care that a patient receives during a dental visit. The interaction with other licensed staff as well as the processing of claims and billing are all part of the experience that the Dentistry Examining board now control for practices owned by dentists. It make sense that they would control those aspects for any type of practice. The employee dentist in a non-dentist owned practice has no control over the billing and other staff that are an integral part of every dental visit. The two parts (dental care provided by dentist and everything else) cannot and should not be regulated by separate entities based on who owns the practice.

A non-dentist owned practice located about a mile from our office closed and left patients in the middle of treatment with no recourse to access their records. Many called our office asking for help to remedy their plight.

Thank you, Chairperson Tauchen and members of the Assembly Committee on Small Business, for taking the time to hold a hearing on this issue. Please feel free to contact me if you have any questions regarding my position or the information I've provided on this issue. I respectfully request that you offer your support for AB 368 and that you will continue to move this proposal through the legislative process in a timely manner.

Sincerely,



Monica M Hebl, DDS



William Hutchinson, DDS
Tom Breneman, DDS, FAGD
Lonnelle Breneman, DDS
Christopher Johnson, DDS

October 28, 2015

Rep. Gary Tauchen, Chair
& Members of Assembly Committee on Small Business
P.O. Box 8953
Madison, WI 53708

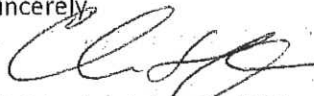
Dear Chairperson Tauchen and Members of the Committee:

My name is Dr. Christopher Johnson, DDS and I write in support of Assembly Bill 368, which would provide oversight of non-dentist owners of dental practices by the Wisconsin Dentistry Examining Board (WI DEB).

I am a general dentist that practices in Eau Claire, WI. I have 3 partners in the practice of general dentistry. We are dentists as well as business owners. As dentists, we are subject to the Dental Examining Board for patient care and practice ownership for the protection of the citizens of Wisconsin. I feel that practices that are owned by non-dentists could possibly harm their licensed practicing dentists and their patients who are Wisconsin citizens by business practices such as closure or withholding of patient records. These actions by the business would not be subject to the WI DEB as they would be if it was a business owned by a dentist. I just think the regulation should be the same for either dental practice model. That is why I support AB 368.

Thank you, Chairperson Tauchen and members of the Assembly Committee on Small Business, for taking the time to hold a hearing on this issue. Please feel free to contact me directly, at my office at 715-834-6603, if you have any questions regarding my position or the information I've provided on this issue. I respectfully request that you offer your support for AB 368 and that you will continue to move this proposal through the legislative process in a timely manner.

Sincerely,


Christopher Johnson, DDS

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An Experience That Will Leave You Smiling®

Don't add red tape to my dental practice

Tim Quirt, For Daily Herald Media 4:50 p.m. CST November 10, 2015



(Photo: Getty Images/iStockphoto)

I have been a practicing dentist for nearly a decade. After post-graduate work at Marquette University and undergraduate studies at the University of Wisconsin-Madison, I was fortunate to follow in my father's footsteps as a dentist. He too graduated from Marquette. It is the family calling; my brother is also a dentist. Taking care of people is what we do. It's our passion and we're grateful to provide the best dental care to our patients as possible.

It is therefore extremely troubling that the Wisconsin legislature is considering a bill (A.B. 368/S.B. 637) that would affect my whole family and our ability to effectively care for our patients.

Not long ago, we each were having separate problems with the standard and outdated model for managing a practice. My brother had a child who needed medical attention many times a year so he needed flexibility with his work schedule and assurance that his practice would prosper even though he was sometimes away. My father was getting to the twilight of his career and was looking for ways to take care of his patients, but not have the burden of the business side of dentistry each day. I, on the other hand, was a fairly new dentist who needed help to administer multiple offices with tens of thousands of patients.

Three different dentists with three very different types of challenges. We all needed help. Circumstances were driving our individual focus away from patients and toward these other problems.

Running a dental office has many non-clinical aspects like managing supply procurement, facility maintenance, and bookkeeping, to name a few. I turned to a well-established practice of working with a dental support organization, or DSOs. DSOs first came on the scene in the 1970s and have been a boon to patients across the country by working with individual dentists to solve the unique problems of their practice. In my case, the non-clinical tasks of a large practice combined with providing the dental care meant I was working seven days a week and losing the passion and fire necessary for a caring profession.

The proposed legislation gives unchecked regulatory authority over non-dentist entities that do not provide clinical care to patients. With a DSO I don't have to worry about training, human resources, banking, purchasing, and most accounting. I can't imagine a heart surgeon having to worry about payroll or if the hospitals quarterly returns are in, they have to stop focusing on patients. I'm concerned others won't get the benefit of a DSO if legislation passes. It would cause a disruptive and chilling effect on DSOs that have operated here for more than 30 years.

Dental Service Organizations allow dentists more time to focus on patients, which expands the access to care and improves the quality of healthcare for our patients. Additional regulations are unnecessary and will only increase expenses and decrease access to affordable and convenient dental care for state residents. A DSO-supported practice might not be everyone's choice, but I would love a time when we can all just simply focus on helping our patients.

Dr. Tim Quirt is a dentist from Wausau who practices at Quirt Family Dentistry.

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Forbes

Wisconsin The Next State To Consider Protectionist Bill That Cuts Access To Care, Hikes Costs

[PERMALINK](#)

November 10, 2015

By: Patrick M. Gleason

Since Republicans took control of the Wisconsin Legislature in 2010, they have enacted an impressive slate of pro-growth, free market reforms. These legislative accomplishments include income tax reductions, entitlement reform, prevailing wage reform, and a Right to Work law that makes Wisconsin the 25th state where workers cannot be forced to join a union as a condition of employment.

However, protectionist legislation currently pending in the Wisconsin Assembly, which will be heard in committee this week, would reduce access to dental care in the Badger State and drive up costs. It would be an uncharacteristic bill for Wisconsin's Republican-controlled legislature to approve.

The bill in question, Assembly Bill 368, would grant the Wisconsin Dentistry Examining Board unnecessary and inappropriate powers to regulate Dental Service Organizations (DSOs), despite the fact that DSOs do not practice dentistry. Dentists contract with DSOs to handle non-clinical, administrative functions, such as bookkeeping, payroll, and marketing. The DSO-model is similar to those employed by a number of medical professionals, such as doctors, oncologists, and optometrists.

Dr. Tom Quirk, a Wausau, Wis.-based dentist, [explains](#) how the DSO model assists caregivers:

“Running a dental office has many non-clinical aspects like managing supply procurement, facility maintenance, and bookkeeping, to name a few. I turned to a well-established practice of working with a dental support organization, or DSOs. DSOs first came on the scene in the 1970s and have been a boon to patients across the country by working with individual dentists to solve the unique problems of their practice. In my case, the non-clinical tasks of a large practice combined with providing the dental care meant I was working seven days a week and losing the passion and fire necessary for a caring profession.”

The DSO model is advantageous because it frees dentists up to focus on patient care. This model is also attractive for new dental school graduates, who are beginning their careers in an industry with significant startup costs. Any legislation that could hinder the DSO model, such as the misguided bill being considered in Wisconsin this week, would have negative consequences for consumers.

Underscoring the importance of this issue, the MacIver Institute, a Madison-based free market think tank, recently joined with two national conservative organizations – Americans for Tax Reform & the National Taxpayers Union – in sending a joint letter to Wisconsin legislators outlining the unintended negative consequences of making it more difficult for dentists to contract with DSOs:

“On behalf of our supporters across the state, we write today to express concern and raise questions about Assembly Bill 368, legislation...that would grant the Wisconsin Dentistry Examining Board onerous and unnecessary new regulatory powers. The proposal takes aim at Dental Support Organizations and would restrict the ability of dentists in Wisconsin to run their practices more efficiently and cost-effectively by contracting with management companies to handle administrative and other non-clinical duties. Impeding the ability of a dentist to run his or her practice as needed will harm consumers and taxpayers across Wisconsin by limiting access to care, increasing costs, eliminating jobs, and discouraging in-state investment.”

Wisconsin is not the first state where protectionist, anti-DSO legislation has been introduced. A bill was introduced in North Carolina in 2012 that would've effectively prohibited dentists from contracting with DSOs. Passage of that bill would have reduced access to care in a state that already ranks as one of the worst states in the nation when it came to access to dental care.

When that bill was being debated in the North Carolina legislature, the John Locke Foundation, a Raleigh-based non-partisan think tank, pointed out that instead of infringing on dentists' ability to contract with DSOs, state lawmakers “should be looking at ways to expand dental care...not restrict it. If a management company is interested in assuming purchasing, billing and administrative duties and a dentist wants to spend more time on patient care, they ought to be allowed to work out whatever arrangement works best for them.”

North Carolina lawmakers were right to vote down that protectionist, anti-DSO bill three years ago, and Wisconsin lawmakers would serve their constituents well by doing likewise this week.

Patrick Gleason is director of state affairs at Americans for Tax Reform and a senior fellow at the Nashville-based Beacon Center of Tennessee.

TWO GENERATIONS OF PROFESSIONAL CARE

MARK T. BRADEN D.D.S.

RYAN T. BRADEN D.D.S.

To: Chair Tauchen and Members of the Small Business Committee

From: Wisconsin Dentistry Examining Board (Dr. Mark Braden, Vice-Chair)

Re: WI DEB Support for AB 368

Date: November 11, 2015

At our most recent Dentistry Examining Board meeting, which was held Wednesday, November 2nd, the state agency staff included this item on our agenda. During the meeting, the DEB received comments from the public which included both proponents and opponents of the proposal. After reviewing the proposal in close detail and discussing this issue with the staff attorneys and administrators at the Department of Safety and Professional Services, the DEB took a unanimous vote to offer our support for the proposal. I am writing this memo because they authorized me to use my best judgement on how best to convey this message of support to you and other members of the state legislature.

The DEB members realize that many state dental boards have been opposed to the Dental Service Organization model. Here in Wisconsin, our DEB has never taken such a position and we have no intention of starting such a debate. In fact, during our most recent meeting, I made a statement that I believe this type of practice model offers a very legitimate avenue for both Wisconsin dental patients and for potential professionals who are seeking employment. These models are legitimate and to my knowledge, we are one of the few states that have embraced their existence. Our support hinges on the fact that we believe the DEB, as the state's chosen regulatory board for dental issues, should have the same authority over to hold non-dentist owners accountable for the following patient protections as we do dentist owners.

The DEB takes very seriously our role in ensuring patient safety and in enforcing the regulations that are meant for the protection of the public and the ethical practice of dentistry. There are many regulations that the legislature put in to Chapter 447 that we must enforce and we have found in the past that when violations are made by non-dentist owners of the practices that the DEB jurisdiction ends with the employee dentist. Unfortunately, it is not the employee dentist who has made the decision of whether or not to allow access to patient records, to advertise in a misleading manner or to fraudulently bill for services provided. We currently have oversight over these types of issues when there are violations made by a dentist owner or employer but we have no jurisdiction if similar violations are made by a non-dentist owner or employer. This bill would allow minimal but necessary oversight over these practices.



On behalf of the members of the Dentistry Examining Board, we welcome passage of this proposal because we believe it will ensure that the patient protections are enforced by the same governmental agency and will result in a more uniform application of the protections the legislature has deemed fit to put into place.

Respectfully,

A handwritten signature in black ink, appearing to read "Mark T. Braden DDS". The signature is written in a cursive, flowing style.

Mark T. Braden DDS

Wisconsin Dentistry Examining Board Vice-Chairman