

HOUSE No. 2474

The Commonwealth of Massachusetts

PRESENTED BY:

William Smitty Pignatelli and Kate Hogan

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act authorizing dental therapists to expand access to oral health.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>William Smitty Pignatelli</i>	<i>4th Berkshire</i>
<i>Kate Hogan</i>	<i>3rd Middlesex</i>
<i>Harriette L. Chandler</i>	<i>First Worcester</i>
<i>James Arciero</i>	<i>2nd Middlesex</i>
<i>Brian M. Ashe</i>	<i>2nd Hampden</i>
<i>Christine P. Barber</i>	<i>34th Middlesex</i>
<i>Joseph A. Boncore</i>	<i>First Suffolk and Middlesex</i>
<i>Paul Brodeur</i>	<i>32nd Middlesex</i>
<i>Antonio F. D. Cabral</i>	<i>13th Bristol</i>
<i>Daniel Cahill</i>	<i>10th Essex</i>
<i>Thomas J. Calter</i>	<i>12th Plymouth</i>
<i>Kate D. Campanale</i>	<i>17th Worcester</i>
<i>Linda Dean Campbell</i>	<i>15th Essex</i>
<i>James M. Cantwell</i>	<i>4th Plymouth</i>
<i>Gailanne M. Cariddi</i>	<i>1st Berkshire</i>
<i>Evandro C. Carvalho</i>	<i>5th Suffolk</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>
<i>Edward F. Coppinger</i>	<i>10th Suffolk</i>

<i>Brendan P. Crighton</i>	<i>11th Essex</i>
<i>William Crocker</i>	<i>2nd Barnstable</i>
<i>Mark J. Cusack</i>	<i>5th Norfolk</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>
<i>Diana DiZoglio</i>	<i>14th Essex</i>
<i>Daniel M. Donahue</i>	<i>16th Worcester</i>
<i>Michelle M. DuBois</i>	<i>10th Plymouth</i>
<i>James J. Dwyer</i>	<i>30th Middlesex</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>
<i>Tricia Farley-Bouvier</i>	<i>3rd Berkshire</i>
<i>Jennifer L. Flanagan</i>	<i>Worcester and Middlesex</i>
<i>Carmine L. Gentile</i>	<i>13th Middlesex</i>
<i>Kenneth I. Gordon</i>	<i>21st Middlesex</i>
<i>Danielle W. Gregoire</i>	<i>4th Middlesex</i>
<i>Stephan Hay</i>	<i>3rd Worcester</i>
<i>Jonathan Hecht</i>	<i>29th Middlesex</i>
<i>Paul R. Heroux</i>	<i>2nd Bristol</i>
<i>Natalie Higgins</i>	<i>4th Worcester</i>
<i>Adam G. Hinds</i>	<i>Berkshire, Hampshire, Franklin and Hampden</i>
<i>Daniel J. Hunt</i>	<i>13th Suffolk</i>
<i>Randy Hunt</i>	<i>5th Barnstable</i>
<i>Louis L. Kafka</i>	<i>8th Norfolk</i>
<i>Mary S. Keefe</i>	<i>15th Worcester</i>
<i>John F. Keenan</i>	<i>Norfolk and Plymouth</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>
<i>John J. Lawn, Jr.</i>	<i>10th Middlesex</i>
<i>Jack Lewis</i>	<i>7th Middlesex</i>
<i>Barbara A. L'Italien</i>	<i>Second Essex and Middlesex</i>
<i>Marc T. Lombardo</i>	<i>22nd Middlesex</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>
<i>Joan B. Lovely</i>	<i>Second Essex</i>
<i>Adrian Madaro</i>	<i>1st Suffolk</i>
<i>John J. Mahoney</i>	<i>13th Worcester</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>
<i>Paul W. Mark</i>	<i>2nd Berkshire</i>
<i>Juana Matias</i>	<i>16th Essex</i>
<i>Joseph W. McGonagle, Jr.</i>	<i>28th Middlesex</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>

<i>Leonard Mirra</i>	<i>2nd Essex</i>
<i>Mathew Muratore</i>	<i>1st Plymouth</i>
<i>Brian Murray</i>	<i>10th Worcester</i>
<i>David M. Nangle</i>	<i>17th Middlesex</i>
<i>Harold P. Naughton, Jr.</i>	<i>12th Worcester</i>
<i>Shaunna L. O'Connell</i>	<i>3rd Bristol</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>
<i>Elizabeth A. Poirier</i>	<i>14th Bristol</i>
<i>Denise Provost</i>	<i>27th Middlesex</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>
<i>Byron Rushing</i>	<i>9th Suffolk</i>
<i>Daniel J. Ryan</i>	<i>2nd Suffolk</i>
<i>Frank I. Smizik</i>	<i>15th Norfolk</i>
<i>Bruce E. Tarr</i>	<i>First Essex and Middlesex</i>
<i>Jose F. Tosado</i>	<i>9th Hampden</i>
<i>Steven Ultrino</i>	<i>33rd Middlesex</i>
<i>Aaron Vega</i>	<i>5th Hampden</i>
<i>RoseLee Vincent</i>	<i>16th Suffolk</i>
<i>Chris Walsh</i>	<i>6th Middlesex</i>
<i>Bud Williams</i>	<i>11th Hampden</i>

HOUSE No. 2474

By Representatives Pignatelli of Lenox and Hogan of Stow, a petition (accompanied by bill, House, No. 2474) of William Smitty Pignatelli and others for legislation to authorize dental therapists to expand patient access to oral health care. Public Health.

The Commonwealth of Massachusetts

**In the One Hundred and Ninetieth General Court
(2017-2018)**

An Act authorizing dental therapists to expand access to oral health.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 43A of chapter 112 of the General Laws, as appearing in the 2014
2 Official Edition, is hereby amended by inserting after the definition of “Appropriate supervision”
3 the following 2 definitions:-

4 “Board”, the board of registration in dentistry or a committee or subcommittee thereof
5 established in the department of public health pursuant to sections 9 and 19 of chapter 13,
6 chapter 30A and sections 43 to 53, inclusive.

7 “Collaborative management agreement”, a written agreement between a local, state or
8 federal government agency or institution or a licensed dentist and a dental therapist outlining the
9 procedures, services, responsibilities and limitations of the therapist.

10 SECTION 2. Said section 43A of said chapter 112, as so appearing, is hereby further
11 amended by inserting after the definition of “Dental assistant” the following definition:-

12 “Dental therapist”, a person who: (i) successfully completed a dental therapist education
13 program that meets the standards of the Commission on Dental Accreditation; or is a graduate of
14 a dental therapist education program that meets the standards of the Commission on Dental
15 Accreditation provided by a post-secondary institution accredited by the New England
16 Association of Schools and Colleges, Inc.; or is certified by the federal Indian Health Service
17 pursuant to the Indian Health Care Improvement Act, 25 U.S.C. 1601 et seq.; (ii) has been
18 licensed by the board to practice as a dental therapist pursuant to section 51B and has been
19 licensed by the board to practice as a dental hygienist pursuant to section 51; and (iii) provides
20 oral health care services, including preventive, oral evaluation and assessment, educational,
21 palliative, therapeutic and restorative services as authorized under said section 51B.

22 SECTION 3. Said section 43A of said chapter 112, as so appearing, is hereby further
23 amended by adding at the end the following definition:-

24 “Supervising dentist”, a licensed dentist who enters into a collaborative management
25 agreement with a dental therapist.

26 SECTION 4. Said chapter 112, as so appearing, is hereby further amended by inserting
27 after section 51A the following section:-

28 Section 51B. Any person of good moral character, who: (i) successfully completed a
29 dental therapist education program that meets the standards of the Commission on Dental
30 Accreditation; or is a graduate of a dental therapist education program that meets the standards of
31 the Commission on Dental Accreditation provided by a post-secondary institution accredited by
32 the New England Association of Schools and Colleges, Inc.; or is certified by the federal Indian
33 Health Service pursuant to the Indian Health Care Improvement Act, 25 U.S.C. 1601 et seq.; (ii)

34 passes a comprehensive, competency-based clinical examination that is approved by the board of
35 registration in dentistry and administered independently of an institution providing registered
36 dental therapy education; and (iii) obtains a policy of professional liability insurance and shows
37 proof of such insurance as required by rules and regulations, shall be registered as a dental
38 therapist and be given a certificate allowing the therapist to practice in this capacity. Such a
39 person shall also be registered as a dental hygienist and be given a certificate allowing the
40 therapist to practice dental hygiene. A dental therapist shall have practiced under the direct
41 supervision of a supervising dentist for at least 500 hours or completed 1 year of residency
42 before practicing under general supervision.

43 The educational curriculum for a dental therapist educated in the commonwealth shall
44 include training on serving patients with special needs including, but not limited to, people with
45 developmental disabilities including autism spectrum disorders, mental illness, cognitive
46 impairment, complex medical problems, significant physical limitations and the vulnerable
47 elderly.

48 Before performing a procedure or providing a service under this paragraph, a dental
49 therapist shall enter into a written collaborative management agreement with a licensed dentist.
50 The agreement shall address: practice settings, any limitation on services established by the
51 supervising dentist, the level of supervision required for various services or treatment settings,
52 patient populations that may be served, practice protocols, record keeping, managing medical
53 emergencies, quality assurance, administering and dispensing medications and supervision of
54 dental assistants and dental hygienists. A dental therapist may provide the services authorized in
55 practice settings where the supervising dentist is not on-site and has not previously examined the
56 patient, to the extent authorized by the supervising dentist in the collaborative management

57 agreement and provided the supervising dentist is available for consultation and supervision by
58 telephone or other means of electronic communication.

59 The collaborative management agreement shall include specific written protocols to
60 govern situations in which the dental therapist encounters a patient who requires treatment that
61 exceeds the authorized scope of practice of the dental therapist. A collaborative management
62 agreement shall be signed and maintained by the supervising dentist and the dental therapist and
63 shall be submitted upon request by the board. The board shall establish appropriate guidelines for
64 a written collaborative management agreement. The agreement may be updated from time to
65 time. A supervising dentist may have a collaborative management agreement with not more than
66 4 dental therapists at the same time.

67 A dental therapist licensed by the board may perform all acts of a public health dental
68 hygienist, all acts provided for in Commission on Dental Accreditation's dental therapy
69 standards, as well as the following services and procedures pursuant to the written collaborative
70 management agreement without the supervision or direction of a dentist: (A) interpreting
71 radiographs; (B) the placement of space maintainers; (C) pulpotomies on primary teeth; (D) an
72 oral evaluation and assessment of dental disease and the formulation of an individualized
73 treatment plan authorized by the collaborating dentist; and (E) nonsurgical extractions of
74 permanent teeth as limited in this section.

75 A dental therapist shall not perform any service or procedure described in this section
76 except as authorized by the collaborating dentist. A dental therapist may perform nonsurgical
77 extractions of periodontally diseased permanent teeth with tooth mobility of +3 under general
78 supervision if authorized in advance by the collaborating dentist. The dental therapist shall not

79 extract a tooth for a patient if the tooth is unerupted, impacted or needs to be sectioned for
80 removal. The collaborating dentist is responsible for directly providing or arranging for another
81 dentist or specialist to provide any necessary advanced services needed by the patient. A dental
82 therapist in accordance with the written collaborative management agreement shall refer patients
83 to another qualified dental or health care professional to receive any needed services that exceed
84 the scope of practice of the dental therapist. The collaborating dentist shall ensure that a dentist
85 is available to the dental therapist for timely consultation during treatment if needed and shall
86 either provide or arrange with another dentist or specialist to provide the necessary treatment to a
87 patient who requires more treatment than the dental therapist is authorized to provide. A dental
88 therapist may dispense and administer the following medications within the parameters of the
89 written collaborative management agreement, within the scope of practice of the dental therapist
90 and with the authorization of the collaborating dentist: analgesics, anti-inflammatories and
91 antibiotics. The authority to dispense and administer shall extend only to the categories of drugs
92 identified in this paragraph and may be further limited by the written collaborative management
93 agreement. The authority to dispense includes the authority to dispense sample drugs within the
94 categories identified in this paragraph if dispensing is permitted by the written collaborative
95 management agreement. A dental therapist is prohibited from dispensing or administering a
96 narcotic drug.

97 Dental therapists shall be reimbursed for services covered by Medicaid and other third-
98 party payers. A dental therapist shall not operate independently of a dentist, except for a dental
99 therapist working for a local, state or federal government agency or a non-profit institution or
100 practicing in a mobile or portable prevention program licensed or certified by the department of
101 public health as permitted by law.

102 A licensed dental therapist may supervise dental assistants to the extent permitted in the
103 collaborative management agreement and according to section 51 ½.

104 SECTION 5. The board of registration in dentistry, in consultation with the executive
105 office of health and human services, shall perform a 5-year evaluation of the impact of dental
106 therapists, as established under section 51B of chapter 112 of the General Laws, on patient
107 safety, cost-effectiveness and access to dental services. The board shall ensure effective
108 measurements of the following outcomes and file a report of its findings, which shall include: (i)
109 the number of new patients served; (ii) the reduction in waiting times for needed services; (iii)
110 decreased travel time for patients; (iv) the impact on emergency room usage for dental care; and
111 (v) the costs to the public health care system. The report shall be submitted not later than July 1,
112 2023 to the joint committee on public health, the joint committee on health care financing and the
113 senate and house committees on ways and means.