

Don't Leave Seniors Behind: Expand Dental Access in Massachusetts

An Act establishing a dental hygiene practitioner level of practice
S.2076 – Senator Harriette Chandler, Representative “Smitty” Pignatelli

The Problem

In Massachusetts, the burden of dental disease is disproportionately borne by low-income residents, racial and ethnic minorities, people with disabilities, seniors and those living in rural areas. Many in these groups struggle to access dental care, often because they cannot find a dentist who accepts public insurance, they are unable to get to a dental office because of mobility challenges, or they simply cannot afford a dentist.

For seniors, dental access statistics are sobering:

- 0** Medicare offers no dental coverage for seniors. Only 30% purchase a supplemental dental plan.¹
- 36%** In 2014, the Massachusetts average for complete tooth loss was 36% in persons age 65 or older (ranges from 24% to 54% with highest tooth loss in parts of Worcester County).² This is an increase of 14 % from a legislative study on the oral health crisis released in February, 2000.³
- 8X** In Massachusetts, low-income seniors were eight times more likely to have lost all their teeth than seniors with annual incomes exceeding \$50,000 in 2012. African-American seniors were twice as likely than white seniors to have lost their teeth.⁴
- 59%** 59% of Massachusetts seniors (age 60-plus) in long term facilities had untreated Decay in 2009.⁵
- 21%** Most dentists in Massachusetts do not accept Medicaid. In fiscal year 2013, only 21% of dentists licensed in the state billed more than \$10,000 to MassHealth.⁶

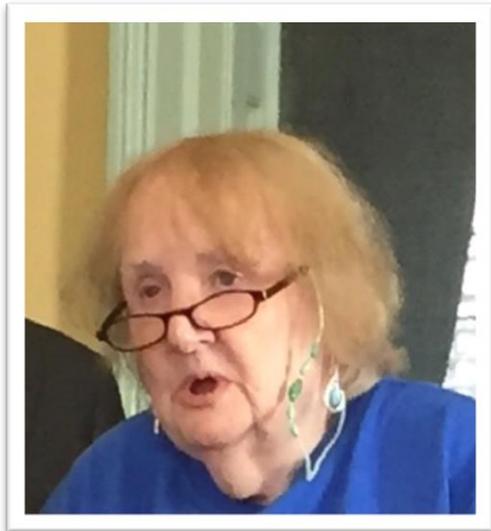
The Solution

Massachusetts needs more providers who can deliver cost effective dental care to those who need it, especially in settings beyond the traditional dental office. S.2076 would authorize a new type of midlevel dental professional, the dental hygiene practitioner (DHP) in Massachusetts. DHPs would increase dental access for vulnerable populations. This important bill presents a critical opportunity for Massachusetts to close the gap in dental access for seniors, low-income families, children and people with special needs.



For more information, contact Mass Senior Action Council:

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Can I Get A Smile?

My name is Kathleen French, 80, of Newburyport MA. I was a senior with dual eligible health insurance (MassHealth and Medicare). When I had MassHealth I had dental care coverage, but it required me to travel to Boston for my dental care (gum disease treatment). Unfortunately, there were no providers that would accept my MassHealth nearby. With my MassHealth I was able to get my dental care and the required payment for travel to and from Boston to receive my treatment. Before my treatments were finished my Social Security income was adjusted which resulted in the loss of MassHealth and the allotted travel payment allowing me to get to Boston for my care and treatments. Although I still had some coverage I had

lost my means of transportation making it very difficult to get my gum treatment, It wasn't long before I began losing my teeth due to developing gum infection, eventually getting so bad that the infections jeopardized my general health and I had to be hospitalized. I had 17 teeth left and because it got so serious they had to remove all 17 teeth in one visit. I do not want to describe to you the painful recovery I endured. And here I am nearly 4 years later without teeth and unable to afford dentures.

Mass Senior Action Council and I believe S. 2076 would make a difference. Similar legislation that authorized the advance licensing of dental practice was enacted in Minnesota in 2011, and an early impact study report to the Minnesota Legislature in 2014 revealed the new mid-level dental professionals are expanding access to care. Specifically, it was reported that clinics using the new licensed practitioners increased access to low-income, uninsured, and underinsured patients. Clinics reported improved quality and high patient satisfaction in addition to reduced travel and wait times for some patients. Dental Therapists are demonstrating that they are an effective solution to a community's need to expand access to critical dental care.⁷

¹ [Medicareresources.org: Dental Coverage Crisis?https://www.medicareresources.org/blog/2015/07/16/dental-coverage-what-to-expect-from-medicare/.](https://www.medicareresources.org/blog/2015/07/16/dental-coverage-what-to-expect-from-medicare/)

² Tufts Health Plan Foundation, "Highlights from the Massachusetts Healthy Aging Data Report, Community Profiles 2014", page 21, *Annual Check-ups, Screenings, and Immunization, Oral Health.*

³ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Oral Health Data: Massachusetts. 2012 Behavioral Risk Factor Surveillance System. <http://goo.gl/sXKzuW>.

⁴ Massachusetts Department of Public Health, Office of Oral Health, *The Status of Oral Disease in Massachusetts: A Great Unmet Need* (Boston: 2009), <http://www.mass.gov/eohhs/docs/dph/com-health/oral-health-burden.pdf>.

⁵ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, "Data Portal, Oral Health, Massachusetts: Adults Aged 65+ Who Have Lost All of Their Natural Teeth Due to Tooth Decay or Gum Disease, 2010," <http://1.usa.gov/1QyE5Z3>.

⁶ Massachusetts Health Council, *Common Health for the Commonwealth: Massachusetts Report on the Preventable Determinants of Health-8th Edition* (2014), <http://c.ymcdn.com/sites/www.mahealthcouncil.org/resource/resmgr/Docs/2014-HSIR.pdf>.

⁷ Early Impacts of Dental Therapists in Minnesota, Minnesota Department of Health, Minnesota Board of Dentistry. *Report to the Minnesota Legislature 201*. February 2014.