

SENATE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Adam Gomez

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 to improve oral health for all Massachusetts residents.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Adam Gomez</i>	<i>Hampden</i>	
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>1/18/2023</i>

SENATE No.

[Pin Slip]

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 743 OF 2021-2022.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Third General Court
(2023-2024)

An Act to improve oral health for all Massachusetts residents.

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. Chapter 71 of the General Laws, as appearing in the 2020 Official Edition,
2 is hereby amended by inserting after Section 34H the following new section:-

3 Section 34I. A public school shall notify the parent or legal guardian of a pupil described
4 in the second paragraph of section 57 of chapter 71 concerning the importance of oral health
5 screenings. The department of public health in, consultation with the board of registration in
6 dentistry, shall develop a standard form of notice containing at minimum the following: 1)
7 information on the importance of primary teeth; 2) information on the importance of oral health
8 to overall health as it relates to learning; 3) contact information for local public health
9 departments; 4) information about programs and services to access affordable dental care.

10 SECTION 2. Section 7 of chapter 94C of the General Laws, as so appearing, is hereby
11 amended by striking out, in lines 80 and 81, the words "practical nurse or a licensed dental

12 hygienist", and inserting in place thereof the following words:- practical nurse, or a licensed
13 dental therapist under the supervision of a practitioner as defined in section 1 for the purposes of
14 administering analgesics, anti-inflammatories and antibiotics only, or a licensed dental hygienist.

15 SECTION 3. Paragraph (a) of section 9 of said chapter 94C, as so appearing, is hereby
16 amended by adding the following paragraph:-

17 A practitioner, as defined in section 1, may cause controlled substances to be
18 administered under his direction by a licensed dental therapist, for the purposes of administering
19 non-narcotic analgesics, anti-inflammatories and antibiotics only.

20 SECTION 4. Paragraph (c) of said section 9 of said chapter 94C, as so appearing, is
21 hereby amended by adding the following paragraph:-

22 A licensed dental therapist who has obtained a controlled substance from a practitioner,
23 as defined in section 1, for dispensing to an ultimate user pursuant to paragraph (a) shall return to
24 such practitioner any unused portion of the substance which is no longer required by the patient.

25 SECTION 5. Subsection (a) of section 40 of chapter 111 of the General Laws, as so
26 appearing, is hereby amended by inserting after the word "disparities", in line 9, the following:-

27 The dental director shall be responsible for recruiting, monitoring progress of, and
28 supporting dental health providers. The dental director shall aim to increase the delivery of
29 preventative dental services to underserved and vulnerable populations, including but not limited
30 to, those residing in dental health provider shortage communities and pediatric and geriatric
31 patients.

32 SECTION 6. Said section 40 of said chapter 111 is hereby further amended by inserting
33 after the word "to", in line 32, the following word:- "annual".

34 SECTION 7. Section 43A of chapter 112, as so appearing, is hereby amended by
35 inserting after the definition of "Appropriate supervision" the following 2 definitions:-

36 "Board", the board of registration in dentistry or a committee or subcommittee thereof
37 established in the department of public health pursuant to sections 9 and 19 of chapter 13,
38 chapter 30A and sections 43 to 53, inclusive.

39 "Collaborative management agreement", a written agreement that complies with section
40 B between a dental therapist and a supervising dentist, as defined in section 43A, who holds a
41 valid license issued pursuant to section 45, who agrees to provide the appropriate level of
42 communication and consultation with a licensed dental therapist to ensure patient health and
43 safety.

44 SECTION 8. Said section 43A of said chapter 112, as so appearing, is hereby further
45 amended by inserting after the definition of "Dental hygienist" the following definition:-

46 "Dental therapist", a person who has been licensed by the board to practice dental therapy
47 under section 51B, and who has the appropriate training and works pursuant to a collaborative
48 management agreement as provided in section 51B.

49 SECTION 9. Said section 43A of said chapter 112, as so appearing, is hereby further
50 amended by adding the following definition:-

51 "Supervising dentist", a dentist licensed in Massachusetts who is a provider enrolled in
52 the division of medical assistance, or who works for an entity that is a provider enrolled in

53 division of medical assistance, who maintains an active patient list and routinely provides care,
54 and who enters into a collaborative management agreement with a licensed dental therapist.

55 SECTION 10. Said chapter 112, as so appearing, is hereby further amended by inserting
56 after section 51A the following section:-

57 Section 51B. (a) Any person of good moral character, who: (i) is a graduate of a master's
58 level dental therapist education program that includes both dental therapy and dental hygiene
59 education, or an equivalent combination of both dental therapy education and dental hygiene
60 education, if all education programs are accredited by the Commission on Dental Accreditation
61 and provided by a post-secondary institution accredited by the New England Association of
62 Schools and Colleges, Inc.; (ii) passes a comprehensive, competency-based clinical examination
63 that is approved by the board and administered by a recognized national or regional dental
64 testing service that administers testing for dentists and other dental professionals or equivalent
65 examination administered by another entity approved by the board; and (iii) obtains a policy of
66 professional liability insurance and shows proof of such insurance as required by rules and
67 regulations shall, upon payment of a fee to be determined annually by the commissioner of
68 administration under the provision of section 3B of chapter 7, be licensed as a dental therapist
69 and be given a certificate to practice in this capacity. A licensed dental therapist shall have
70 practiced under the direct supervision of a supervising dentist for a minimum of 2 years or 2,500
71 hours, whichever is longer, before practicing under general supervision pursuant to a
72 collaborative management agreement.

73 For the purposes of this section, "general supervision" shall mean supervision of
74 procedures and services based on a written collaborative management agreement between a

75 licensed dentist and a licensed dental therapist but not requiring a prior exam or diagnosis by a
76 supervising dentist or the physical presence of a supervising dentist during the performance of
77 those procedures and services unless required by the supervising dentist in the collaborative
78 management agreement.

79 (b) Any person licensed as a dental therapist under this section may also be registered as
80 a dental hygienist and be given a certificate to practice in this capacity.

81 (c) An applicant for licensure as a dental therapist educated in the commonwealth must
82 graduate from a master's level dental therapy education program that is accredited by the
83 Commission on Dental Accreditation provided by a post-secondary institution accredited by the
84 New England Association of Schools and Colleges, Inc. All dental therapy educational programs
85 in the commonwealth must include at least one licensed dentist as an instructor. The board shall
86 provide guidance for any educational entity or institution that may operate all or some portion of
87 a master's level program, or may collaborate with other educational entities, including but not
88 limited to universities, colleges, community colleges, and technical colleges, to operate all or
89 some portion of a master's level program. The board may also provide guidance to develop
90 mechanisms to award advanced standing to students who have completed coursework at other
91 educational programs accredited by the Commission on Dental Accreditation. All education
92 programs must prepare students to perform all procedures and services within the dental therapy
93 scope of practice as set forth in this section.

94 The educational curriculum for a dental therapist educated in the commonwealth shall
95 include training on serving patients with special needs including, but not limited to, people with
96 developmental disabilities including autism spectrum disorders, mental illness, cognitive

97 impairment, complex medical problems, significant physical limitations and the vulnerable
98 elderly.

99 Not later than January 1, 2020, the board shall approve a comprehensive, competency-
100 based clinical dental therapy examination that includes assessment of technical competency in
101 performing the procedures and services within the scope of practice as set forth in this section, to
102 be administered by a recognized national or regional dental testing service that administers
103 testing for dentists and other dental professionals. The examination shall be comparable to the
104 examination given to applicants for a dental license but only for the limited scope of dental
105 services in the dental therapy scope of practice as set forth in this section.

106 (d) The board shall grant a dental therapy license by examination to an applicant, upon
107 payment of a fee as determined annually by the secretary of administration and finance under
108 section 3B of chapter 7, provided the applicant is of good moral character and has: (i) met the
109 eligibility requirements as defined by the board; (ii) submitted documentation to the board of a
110 passing score on a comprehensive, competency-based clinical examination, or combination of
111 examinations, that includes both dental therapy and dental hygiene components and is approved
112 by the board and administered by a recognized national or regional dental testing service that
113 administers testing for dentists and other dental professionals; and (iii) submitted to the board
114 documentation of a passing score on the Massachusetts Dental Ethics and Jurisprudence
115 Examination or any other successor examination. An applicant failing to pass the examination
116 shall be entitled to re-examination pursuant to the rules and guidelines established by the
117 Commission on Dental Competency Assessments, for which the applicant shall pay a fee as
118 determined annually by the secretary of administration and finance under section 3B of chapter
119 7.

120 The board shall require as a condition of granting or renewing a license under this
121 section, that the dental therapist apply to participate in the medical assistance program
122 administered by the secretary of health and human services in accordance with chapter 118E and
123 Title XIX of the Social Security Act and any federal demonstration or waiver relating to such
124 medical assistance program for the limited purposes of ordering and referring services covered
125 under such program, provided that regulations governing such limited participation are
126 promulgated under said chapter 118E. A dental therapist practicing in a dental therapist role who
127 chooses to participate in such medical assistance program as a provider of services shall be
128 deemed to have fulfilled this requirement.

129 The board shall grant a license by credentials, without further professional examination,
130 to a dental therapist licensed in another jurisdiction, upon payment of a fee as determined
131 annually by the secretary of administration and finance under section 3B of chapter 7, provided
132 the applicant is of good moral character and has: (i) met the eligibility requirements as defined
133 by the board; (ii) furnished the board with satisfactory proof of graduation from an education
134 program, or combination of education programs, providing both dental therapy and dental
135 hygiene education that meets the standards of the Commission on Dental Accreditation,
136 provided, however, that an applicant who graduated from a dental therapy education program
137 established before the Commission on Dental Accreditation established a dental therapy
138 accreditation program is eligible notwithstanding the lack of accreditation of the program at the
139 time the education was received; (iii) submitted documentation of a passing score on a dental
140 therapy examination administered by another state or testing agency that is substantially
141 equivalent to the board-approved dental therapy examination for dental therapists as defined in
142 this section; (iv) submitted documentation of a passing score on the Massachusetts Dental Ethics

143 and Jurisprudence Examination or any other successor examination; and (v) submitted
144 documentation of completion of 2 years or 2,500 hours, whichever is longer, of practice. If such
145 practice requirement is not met, a dental therapist shall be required to complete the remaining
146 hours or years, whichever is longer, under direct supervision in the Commonwealth prior to
147 practicing under general supervision.

148 (e) Pursuant to a collaborative management agreement, a dental therapist licensed by the
149 board may perform: (i) all acts of a public health dental hygienist as set forth in regulations of the
150 board and (ii) all acts in the Commission on Dental Accreditation's dental therapy standards.
151 Dental therapists shall have the authority to perform an oral evaluation and assessment of dental
152 disease and formulate an individualized treatment plan as authorized by the supervising dentist in
153 the collaborative management agreement. A dental therapist may dispense and administer the
154 following medications within the parameters of the collaborative management agreement and
155 with the authorization of the supervising dentist: non-narcotic analgesics, anti- inflammatories
156 and antibiotics. The authority to dispense and administer shall extend only to the categories of
157 drugs identified in this paragraph and may be further limited by the collaborative management
158 agreement. A dental therapist is prohibited from dispensing or administering narcotic analgesics.
159 A dental therapist may oversee not more than 2 dental hygienists and 2 dental assistants, but
160 shall not oversee public health dental hygienists.

161 After entering into a collaborative management agreement with a supervising dentist,
162 dental therapists shall practice under direct supervision for not less than 2,500 clinical hours or
163 two years, whichever is longer. After completing 2,500 clinical hours or two years, whichever is
164 longer, of practice under direct supervision, dental therapists are authorized to perform all
165 procedures and services listed in the Commission on Dental Accreditation's dental therapy

166 standards and all procedures and services within the scope of a public health dental hygienist, as
167 set forth in regulations by the board, under general supervision if authorized by a supervising
168 dentist pursuant to a written collaborative agreement. In addition, the following procedures,
169 referred to in this section as advanced procedures, may be performed under direct supervision: (i)
170 preparation and placement of direct restoration in primary and permanent teeth; (ii) fabrication
171 and placement of single-tooth temporary crowns; (iii) preparation and placement of preformed
172 crowns on primary teeth; (iv) indirect and direct pulp capping on permanent teeth; (v) indirect
173 pulp capping on primary teeth; and (vi) simple extractions of erupted primary teeth, provided
174 however that the advanced procedures may be performed under general supervision if authorized
175 by the board pursuant to subsection (f) of this section.

176 Pursuant to a collaborative management agreement, a dental therapist may provide
177 procedures and services permitted under general supervision when the supervising dentist is not
178 on-site and has not previously examined or diagnosed the patient provided the supervising
179 dentist is available for consultation and supervision if needed through telemedicine or by other
180 means of communication. If the supervising dentist will not be available, arrangements shall be
181 made for another licensed dentist to be available to provide timely consultation and supervision.

182 A dental therapist may not operate independently of, and may not practice or treat any
183 patients without, a supervising dentist. A dental therapist is prohibited from practicing without
184 entering into a collaborative management agreement with a supervising dentist.

185 (f) By January 1, 2020, the department of public health, in consultation with the board
186 and any other entity they deem appropriate, shall begin an evaluation assessing the impact of
187 dental therapists practicing under general supervision in Massachusetts and the rest of the United

188 States, specifically on: (i) dental therapists' progress in expanding access to safe and effective
189 dental services for vulnerable populations including, at a minimum, Medicaid beneficiaries and
190 individuals who are underserved as defined in this section; (ii) an appropriate geographic
191 distance limitation between the dental therapist and supervising dentist that permits the dental
192 therapist to expand access to vulnerable populations including, at a minimum, Medicaid
193 beneficiaries and individuals who are underserved as defined in this section; and (iii) the number
194 of dental hygienists and dental assistants a dental therapist may oversee.

195 Not before January 1, 2021 and no later than December 1, 2022, the department of public
196 health, in consultation with the board and any other entity they deem appropriate, shall make a
197 recommendation, based on its assessment of whether dental therapists should be authorized to
198 perform one or more of the advanced procedures, as defined in subsection (e) under general
199 supervision pursuant to a collaborative management agreement. The department shall also make
200 a recommendation on an appropriate geographic distance limitation between the dental therapist
201 and supervising dentist that permits the dental therapist to expand access to vulnerable
202 populations including, at a minimum, individuals receiving benefits through the division of
203 medical assistance and individuals who are underserved as defined in this section. After the
204 department completes its assessment and submits its recommendations to the board, the board
205 shall make a determination, with consideration to how authorizing general supervision will
206 expand access to safe and effective dental services for vulnerable populations including, at a
207 minimum, individuals receiving benefits through the division of medical assistance and
208 individuals who are underserved as defined in this section, whether to authorize performance of
209 one or more of the procedures as identified in subsection (e), under general supervision pursuant
210 to a collaborative management agreement.

211 Should the board, in consultation with the department and any other appropriate entity,
212 determine that dental therapists shall have the authority to perform one or more of the procedures
213 and services as identified in subsection (e) in their scope of practice under general supervision,
214 then the board shall establish regulations no later than six months following the recommendation,
215 authorizing dental therapists to perform one or more procedures as identified in subsection (e)
216 under general supervision pursuant to a collaborative management agreement after receiving
217 advanced practice certification.

218 The board shall grant advanced practice certification for a dental therapist licensed by the
219 board to perform all services under general supervision pursuant to a collaborative management
220 agreement if the dental therapist provides documentation of completion of at least two years or
221 2,500 hours, whichever is longer, of direct supervision pursuant to subsection (a) of this section,
222 and satisfying any other criteria established by regulation adopted by the board as authorized in
223 this section.

224 Should the board determine that dental therapists shall continue to perform one or more
225 of the advanced procedures under direct supervision, the department, in consultation with the
226 board, shall re-evaluate annually the impact of dental therapists practicing under general
227 supervision in Massachusetts and the rest of the United States, and the board shall annually
228 reassess whether to authorize general supervision for the advanced procedures in order to
229 improve dental therapists' progress in expanding access to safe and effective dental services for
230 vulnerable populations including, at a minimum, individuals receiving benefits through the
231 division of medical assistance and individuals who are underserved as defined in this section.

232 (g) The board shall establish appropriate guidelines for a written collaborative
233 management agreement. A collaborative management agreement shall be signed and maintained
234 by the supervising dentist and the dental therapist and shall be submitted annually to the board.

235 The agreement may be updated as necessary. The agreement shall serve as standing
236 orders from the supervising dentist and shall address: (i) practice settings; (ii) any limitation on
237 services established by the supervising dentist; (iii) the level of supervision required for various
238 services or treatment settings; (iv) patient populations that may be served; (v) practice protocols;
239 (vi) record keeping; (vii) managing medical emergencies; (viii) quality assurance; (ix)
240 administering and dispensing medications; (x) geographic distance limitations; (xi) oversight of
241 dental hygienists and dental assistants; and (xii) referrals for services outside of the dental
242 therapy scope of practice. The collaborative management agreement shall include specific
243 protocols to govern situations in which the dental therapist encounters a patient who requires
244 treatment that exceeds the authorized scope of practice of the dental therapist. The supervising
245 dentist is responsible for directly providing, or arranging for another dentist or specialist within
246 an accessible geographic distance to provide, any necessary additional services outside of the
247 dental therapy scope of practice needed by the patient. A supervising dentist may have a
248 collaborative management agreement with not more than 3 dental therapists at the same time.
249 Not more than 2 of the dental therapists may practice under general supervision with certification
250 to perform one or more of the advanced procedures. A practice or organization with more than
251 one practice location listed under the same business name may not employ more than six dental
252 therapists, provided, however, that this requirement shall not apply if such an organization or
253 practice is a federally qualified health center or look-alike, a community health center, a non-

254 profit practice or organization, public health setting as defined by 234 CMR 2.02, or as otherwise
255 permitted by the board.

256 (h) No medical malpractice insurer shall refuse primary medical malpractice insurance
257 coverage to a licensed dentist on the basis of whether they entered into a collaborative
258 management agreement with a dental therapist or public health dental hygienist. A dental
259 therapist may not bill separately for services rendered; the services of the dental therapist are the
260 services of the supervising dentist and shall be billed as such.

261 (i) Not less than 50% of the patient panel of a dental therapist, as determined in each
262 calendar year, shall consist of patients who receive coverage through the division of medical
263 assistance or are considered underserved provided, however, that this requirement shall not apply
264 if the dental therapist is operating in a federally qualified health center or look-alike, community-
265 health center, non-profit practice or organization, or other public health setting as defined by 234
266 CMR 2.02, or as otherwise permitted by the board. As used in this section, "underserved" means
267 individuals who: (i) receive, or are eligible to receive, benefits through the division of medical
268 assistance; (ii) receive, or are eligible to receive, social security disability benefits, supplemental
269 security income, and/or Massachusetts state supplement program; (iii) live in a dental health
270 professional shortage area as designated by the federal department of health and human services;
271 (iv) reside in a long-term care facility licensed under section 71 of chapter 111; (v) receive dental
272 services at a public health setting as defined by 234 CMR 2.02; (vi) receive benefits, or are
273 eligible to receive subsidized insurance through the commonwealth health insurance connector
274 authority;; (viii) receive benefits, or are eligible to receive benefits, through the Indian Health
275 Service, tribal or urban Indian organizations, or through the contract health service program; (ix)
276 receive benefits, or are eligible to receive benefits, through the federal department of veterans

277 affairs or other organization serving veterans; (x) are elderly and have trouble accessing dental
278 care due to mobility or transportation challenges; (xi) meet the Commission on Dental
279 Accreditation's definition of people with special needs; (xii) are uninsured have an annual
280 income at or below 305% of the federal poverty level; or (xiii) as otherwise permitted by the
281 board.

282 An employer of a dental therapist shall submit quarterly reports to the board that provide
283 information concerning the makeup of the dental therapist's patient panel, including the
284 percentage of underserved in the patient panel. No later than January 1, 2020, the secretary of
285 health and human services may establish by regulation penalties for employers who fail to meet
286 the requirements pertaining to the percentage of underserved in the dental therapist's patient
287 panel.

288 (j) Not later than January 1, 2020, the board, in consultation with the department shall
289 establish regulations to implement the provisions of this section for the practice of dental therapy
290 to protect the public health, safety and welfare, including, but not limited to: requirements for
291 approval of educational programs; guidelines for collaborative management agreements,
292 continuing education requirements, license renewal, standards of conduct, and the investigation
293 of complaints, conduct of disciplinary proceedings and grounds for discipline.

294 SECTION 11. Section 259 of chapter 112 of the General Laws, as so appearing, is hereby
295 amended by inserting after the word "skills", in line 51, the following:

296 (j) Oral health education;

297 SECTION 12. Section 260 of chapter 112 of the General Laws, as so appear, is hereby
298 amended by inserting after the number 7, in line 21, the following:- As a condition for licensure

299 or renewal of licensure, the board shall require community health workers to receive education
300 or training in oral health.

301 SECTION 13. Section 79L of chapter 233, as so appearing, is hereby amended by
302 inserting after the word "dentist," the following words:- dental therapist.

303 SECTION 14. The department of public health, in consultation with the executive office
304 of health and human services, shall perform a 5-year evaluation of the impact of dental
305 therapists, as established under section 51B of chapter 112 of the General Laws, on patient
306 safety, cost-effectiveness and access to dental services. The department may enter into an inter-
307 agency agreement with the health policy commission, established under chapter 6D of the
308 General Laws, to provide assistance to the department in conducting such evaluation, as it deems
309 necessary. The department shall ensure effective measurements of the following outcomes and
310 file a report of its findings, which shall include the:

- 311 (i) Number of dental therapists in the commonwealth each year;
- 312 (ii) Number of licensed dental therapists in the commonwealth each year;
- 313 (iii) Number of new and total patients served each year;
- 314 (iv) Impact on wait times for needed services;
- 315 (v) Impact on travel time for patients;
- 316 (vi) Impact on emergency room usage for dental care; and
- 317 (vii) Costs to the public health care system.

318 The report shall be submitted not later than five years after the date of graduation of the
319 first graduating class of dental therapists educated in the commonwealth to the joint committee
320 on public health, the joint committee on health care financing and the senate and house
321 committees on ways and means.

322 The center for health information and analysis shall, by the first day of January of each
323 year, submit a report including information on:

- 324 (i) Number of dental therapists in the commonwealth;
- 325 (ii) Number of licensed dental therapists practicing in the commonwealth;
- 326 (iii) Number of new and total patients served;
- 327 (iv) Number of new and total pediatric patients served, including geographic location and
328 insurance type;
- 329 (v) Practice settings; and
- 330 (vi) Commonly performed procedures and services

331 The first annual report shall be submitted not later than three years after the date of
332 graduation of the first graduating class of dental therapists educated in the commonwealth to the
333 joint committee on public health, the joint committee on health care financing and the senate and
334 house committees on ways and means.