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TO: Chairwoman Felzkowski and Members of the Senate Committee on Insurance, Licensing and Forestry

FROM: William K. Lobb, D.D.S., M.S., M.P.H., Dean of the Marquette University School of Dentistry (MUSOD)

DATE: March 17, 2021

RE: Senate Bill 181 Relating to: licensure of dental therapists; extending the time limit for emergency rule procedures; providing an exemption from emergency rule procedures; providing an exemption from rule-making procedures; and granting rule-making authority.

Please accept my written comments as my previous commitments will not allow me to testify before the Committee today regarding Senate Bill 181. As Dean of the Marquette University School of Dentistry for over 22 years, I would like to reiterate issues that I have raised during public testimony in the two previous legislative sessions.

Background and Investment in the Marquette University School of Dentistry

Since its founding in 1894, the Marquette University School of Dentistry (MUSOD) has been committed to educating and training dentists and continues to serve as Wisconsin's dental school. The Marquette University School of Dentistry's reach spans well beyond Milwaukee and across the state.

Nearly a year ago, MUSOD paused full scale operations and donated Personal Protective Equipment to local hospital and health partners as Wisconsin battled against COVID-19. During this same period, MUSOD continued to provide oral health care to emergency patients in our advanced care clinic. Pre-COVID, MUSOD typically provides oral health care to patients from 66 of Wisconsin's 72 Counties and serves nearly 30,000 patients with over 110,000 patient visits annually. Additionally, MUSOD is one of the State's largest dental Medicaid providers.

The School has worked diligently to resume operations within the guidance of federal, state and local health officials and has been operating at about 80-90 percent capacity as the importance of providing oral health care services to Wisconsin's citizens, including its most vulnerable, has not stopped throughout the pandemic.

As a native of rural Canada, I am one of the few dentists, particularly in Wisconsin, that has personal and professional experience working with dental therapists.

As stated in the past, MUSOD has no intention of developing a dental therapy program, in part, because the dental therapy model is not integrated into the dental practice model. Further, MUSOD does not have space or the resources within its current facility to accommodate such a program. As the state's long-standing dental education partner, MUSOD does not believe that the track-record related to dental therapy programs will yield the results desired by the state despite its best intentions. While Senate Bill 181 does not include funding for a dental therapy education program in the State of Wisconsin, the State must invest in its existing dental education partnership with MUSOD.

I want to be on record that MUSOD, has a long-standing track record of stewarding the States' funds to provide care to the underserved. MUSOD remains underfunded and provides an incredible return on investment to the State of Wisconsin. MUSOD's just under \$2.4 million clinical contract with the State has not increased since

1997—yes, 1997, and, in fact, has been decreased during that time, despite the School providing over \$16 million worth of oral health care services in our Milwaukee Clinics alone which see patients from 53 of Wisconsin's 72 counties; this is over a 6.5 return on investment of these funds in our Milwaukee Clinics alone. If the State is going to invest any additional valuable resources into dental education, it should be at the Marquette University School of Dentistry.

In Canada, the “success” of dental therapists was tied to a strong stream of government funding and having the therapists work as government employees. When the government funding dwindled so, too, did the “success” of the dental therapists in serving their intended underserved patients. In 1987, the Saskatchewan government ended its universal children's Dental Plan and eliminated about 400 dental public health employees throughout the province. It should also be noted that in 2011, the Canadian National School of Dental Therapy in Prince Albert, Saskatchewan closed.

Further, the creation of a dental therapy program will require dentists to serve as educators at a time when dental education continues to face a shortage of dental faculty nationally.

Importance of American Dental Association Commission on Dental Accreditation (CODA) at the Time of Graduation

In previous legislative sessions I have testified on the importance of graduating from a dental therapy education program accredited by the American Dental Association Commission on Dental Accreditation (CODA) and that this program be CODA accredited at the time of graduation. CODA was established in 1975 and is nationally recognized by the U.S. Department of Education as the sole agency to accredit dental and dental-related education programs and its mission is to serve the oral health care needs of the public. MUSOD is CODA accredited. CODA created and approved dental therapy standards in 2015. As of 2020, only one dental therapy program, the Ilisagvik College Alaska Dental Therapy Education Program (ADTEP) received CODA accredited approval with reporting requirements.

According to CODA “approval with reporting requirements” means the following:

An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards must be demonstrated within eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause.

Senate Bill 181 provides a licensure pathway for individuals who have not graduated from a CODA accredited dental therapy program, specifically individuals who have graduated from the dental therapy program at the University of Minnesota and two other programs in Minnesota, one of which is to open in the fall of 2021 and also provides a pathway for licensure by the dental examining board if an individual has graduated from a dental therapy program in another state that is non-CODA accredited.

There has also been much made over the fact that the State of Minnesota has had a dental therapy program since 2009. The University of Minnesota advocated for CODA to create CODA accreditation standards for dental therapy programs and these standards were adopted back in 2015. As a CODA accredited institution, the Marquette University School of Dentistry believes the State of Wisconsin should require that licensure be limited to individuals that have graduated from a dental therapy program that was CODA accredited at the time of graduation.

Proponents of this legislation will often state that a dental therapist is the equivalent of a nurse practitioner or physician's assistant but then indicate that the dental therapy CODA accreditation standards do not specify that this needs to be a Master's Degree program. To clarify, nurse practitioner and physician's assistants are Master's Degree programs. While Senate Bill 181 does not specify the degree needed to be achieved it is worth noting that the University of Minnesota's Dental School Program has evolved into a Master's Degree level program.

Minnesota's dental therapist's workforce report shows that its dental therapists and advanced dental therapists are not working in rural areas, ostensibly where they are needed the most. According to a September 2019 Minnesota Department of Health Report, 64% of Minnesota's dental therapists work in the Twin Cities Region and increases to 73% as working in an area classified as "Metropolitan."

Creation of Marquette University School of Dentistry Rural Dentist Education Program and Education Scholarships

As the State's oral health education and dental care partner, I feel compelled to raise several areas the State can improve access to care, in rural areas and other parts of Wisconsin.

If the State wants to improve access to care, particularly in rural areas, I ask for your support in the creation of a Marquette University School of Dentistry Rural Dentist Education Program and education scholarships for MUSOD students who graduate and practice in dental health shortage areas. Under such a program, we know if Wisconsin incentivizes 1 dentist to practice in 15 counties with a population less than 100,000 it will eliminate the dental health professional shortage area classification. These counties are as follows:

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|---------------|--------------|----------|-------------|------------|--------------|-------------|
| 1) Bayfield | 2) Ashland | 3) Iron | 4) Oneida | 5) Forest | 6) Florence | 7) Langlade |
| 8) Buffalo | 9) Jackson | 10) Wood | 11) Waupaca | 12) Juneau | 13) Waushara | |
| 14) Marquette | 15) Richland | | | | | |

If Wisconsin incentivizes 2 dentists in 12 counties with a population less than 100,000 it will eliminate the dental health professional shortage area classification. These counties are as follows:

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| 1) Vilas | 2) Burnett | 3) Washburn | 4) Polk | 5) Trempealeau | 6) Door/Kewaunee |
| 7) Adams | 8) Green Lake | 9) Crawford | 10) Dodge | 11) Lafayette | 12) Jefferson |

If Wisconsin incentivizes 3 dentists in 4 counties with a population less than 100,000 it will eliminate the dental health professional shortage area classification. These counties are as follows:

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| 1) Douglas | 2) Marinette | 3) Shawano | 4) Vernon |
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Marquette University School of Dentistry Hospital Based Partner General Practice Residency Program to Address Emergency Room Dental Care and Help Address Special Needs Dental Care

You may hear from some testifying in support of this legislation that dental therapists may help reduce dental-related emergency room visits. The Marquette University School of Dentistry has advocated for the creation of dental general practice residency (GPR) program. Meriter Hospital closed its CODA accredited dental GPR program in 2015. If there is a concern about emergency room visits for preventable dental conditions, given State investment, the Marquette University School of Dentistry is already on record and is willing to partner with a hospital or hospital partners to develop a CODA accredited dental general practice residency program to train the next generation of dentists to help alleviate this issue and provide the needed care. In my own educational background, I found a hospital residency program of great value. We need to make sure that individuals find a long-term dental home and not just use emergency rooms for episodic care. In general, patients that have not had regular access to dental care typically have complicated oral health care needs and these needs require the skills and experience of a dentist. Such a program will also help address some of the issues associated with special needs oral health care. If we are serious about the root causes of the problem, pun not intended, the State will invest in solutions that provide comprehensive dental care and dental homes for its citizens and the Marquette School of Dentistry is prepared to work with the State to address these issues, but it will require significant investment.

Thank you for the opportunity to outline key issues with Senate Bill 181 and opportunities the Marquette University School of Dentistry sees to address the oral health care needs of Wisconsin residents.