

New York State Dental Association

My name is Briana McNamee. I am the Director of Governmental Affairs with the New York State Dental Association.

Founded in 1868, the New York State Dental Association is dedicated to serving dental professionals, dental auxiliaries and members of the general public. NYSDA promotes the public's health through its member dentists' commitment to provide quality dental care - accessible to everyone - and holds membership to be the foundation of successful practice. At present, our Association has over 12,000 members – comprised of students, residents, newly licensed dentists, practitioners and retired dental professionals.

Access to Care

As the needs of our communities and patients evolve, the field of dentistry must as well. Expanding how, where, and what dentists, as licensed medical professionals, treat will positively impact the overall health of New Yorkers.

Vaccinations & Diagnostic Testing

Dentists are highly trained healthcare professionals who are uniquely qualified to administer vaccinations. They have extensive education and training in the areas of anatomy, physiology, and pharmacology, and they are skilled in delivering injections in sensitive areas. Moreover, dentists are required to maintain their competence through continuing education, ensuring they stay up to date with the latest advancements in healthcare.

Governor Hochul's proposed Health and Mental Hygiene Article VII bill, Part Q, Section 13 would amend the practice of dentistry to allow the administration of HPV, influenza, COVID and other vaccinations related to a public health emergency. It also authorizes dentists to offer screening or diagnostic tests for HIV, Hep C, and hemoglobin A1C.

Expanding the pool of healthcare professionals who can administer vaccinations & diagnostic tests will:

- Increase Access to Preventative Vaccinations & Life Saving Diagnostic Tests
- Improve Public Health
- Prevent Oral Cancer
- Enhance Patient Convenience
- Utilize the Current Workforce in Higher Capacity

The New York State Dental Association supports this initiative.

Dental Hygienist Scope of Practice

Block Anesthesia:

Many dental procedures benefit from the use of anesthesia to reduce pain for patients. There are several types of anesthesia commonly used for dental procedures including local anesthesia, IV sedation, and general anesthesia. Local anesthesia in dentistry can be provided either as infiltration or what is known as "block".

Part Q, Section 14-15 of the Executive's Health & Mental Hygiene bill would permit dental hygienists to administer block anesthesia.

Extending the administration of block anesthesia under supervision of a dentist to the scope of practice for trained dental hygienists is safe and will benefit the quality of care and experience for dental patients.

The New York State Dental Association supports this initiative.

Additional Duties:

Allowing dental hygienists to complete the specific services and duties listed within the Governor's proposal will permit these trained professionals to provide additional care to their patients. These actions are both helpful and safe for the dentist and the patients.

The New York State Dental Association supports this initiative.

Collaborative Practice

The practice of dental hygiene under a collaborative agreement became effective January 1, 2015, via Chapter 239 of the Laws of 2013. The goal of the original bill was to allow dental hygienists to provide services, which are required to be done under general supervision, without the physical presence of the collaborating dentists in a limited capacity (hospitals as defined by Article 28 of the Public Health Law).

Part Q, Section 16 of the HMM Article VII would establish a competing concept of collaborative practice agreements and the title of registered dental hygienist, collaborative practice (RDH-CP). In the proposal, dental hygienists would be able to perform "all services" without prior evaluation of a dentist or medical professional and without any supervision. While hygienists have specific education and training to provide oral health care – this expansion of scope could have detrimental and irreversible effects on patient health and safety.

Access to care could, however, be greatly improved by expanding, and explicitly listing, eligible facilities for collaborative agreements within Education Law, Section 6606. Examples include:

- Long-term care facilities (i.e. nursing homes, assisted living, and rehabilitation facilities)
- Group homes servicing the IDD population
- Group homes and agencies serving other marginalized populations
 - Veterans
 - Homeless
- Prisons
- Drug treatment facilities
- Domestic violence shelters

The New York State Dental Association opposes the proposal as included in the Executive Budget and requests amendments be made to existing statute to expand access to a larger population.

Expanding the American Indian Health Program

Governor Hochul has included an investment of \$2.5M in AHIP to address inequities in access, with a heightened focus on access to quality dental care.

The New York State Dental Association supports this initiative.

Workforce

Loan Repayment Program

The Association was pleased to read the Governor intends on including loan repayment for certain medical providers, including dentists, who commit to serving patients in underserved areas.

While we did not see the Article VII language that would allow for this, we urge the legislature to secure these funds, whether it is through the Medicaid 1115 Waiver Amendments, or a separate appropriation, to encourage practitioners to distribute geographically across the state to the areas that are “care deserts”.

Requests for Consideration

Medical Loss Ratio

The MLR is a standard that requires insurance companies to spend a certain percentage of premium revenues on clinical services and quality improvement. This standard is already in place for health insurance under the Affordable Care Act, which mandates an MLR of at least 80% for individual and small group health insurance policies, and 85% for large group policies. However, no such standard currently exists for dental insurance.

The New York State Dental Association urges the legislature to include a medical loss ratio (MLR) of 82% for dental insurance to allow patients to make more informed decisions about their dental insurance and ensure that they are getting good value for their premiums.

My Healthy Smile NY

The New York State Dental Foundation has established a program called My Healthy Smile NY, which aims to deploy Community Dental Health Coordinators in strategic regions to facilitate care coordination, conduct community outreach, promote dental workforce development, and gather essential data related to oral health in New York State.

The Dental Foundation has requested the inclusion of \$2.8M within the FY 2025 Final Budget, which *the New York State Dental Association encourages the legislature to include.*

Implementation of this program will be transformational for vulnerable populations in New York that need help navigating the complexities of oral health care.

Dental Assisting – Apprenticeship Model

The Department of Labor supports apprenticeship programs offering a wide range of opportunities to learn a specific trade and apply it towards a new career. One such position is an unlicensed dental assistant. While the New York State Dental Association encourages all individuals interested in a dental assisting position to become registered as stipulated by education law & regulation, we believe access to the work processes and duties, including administrative tasks, treatment of patients, exam room preparation and trade theory and science, through apprenticeship opportunities may increase interest in this essential position.

We encourage the legislature to provide funding for a public service/career campaign to increase interest in dental assisting to address current workforce shortages and the growing access to oral health care crisis.

Investment for Care

Access to dental care is essential for both oral and overall health. Medicaid rates for dental services have been notoriously low, creating significant access issues.

The New York State Dental Association is disheartened by the lack of investment in Medicaid in the Executive Budget and implores the legislature to consider increases for oral health care for the state's vulnerable populations.

Percy T. Phillips Educational Foundation (now New York State Dental Foundation)

Section 404-r of the Vehicle & Traffic Law allows for distinctive plates for New York State licensed dentists to be created, with a portion of the funds being collected from this sale to be placed in a fund for the New York State Dental Association's charitable Percy T. Phillips Education Foundation (now New York State Dental Foundation). Releasing the funds to the Foundation requires an act of the legislature.

The New York State Dental Association requests the legislature to include the release of all existing funds from the commemorative plates in the final FY2025 budget.

I appreciate your time and consideration and look forward to discussing the aforementioned proposals over the coming weeks.

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"A leading health indicator to achieve overall health is to increase the percentage of Americans who access the oral health system."

Dr. Tim Ricks, Assistant Surgeon General