

Legislative Committee on Health Care

January 10, 2006

Testimony of Maury Astley CAE, Executive Director, Nevada Dental Association

I have been asked today to discuss licensing and retention of dentists in Nevada. You have heard from the Dental Board today that there has been a rapid increase in licensed dentists in the State over the last few years. When someone talks about a shortage of dentists in Nevada, what they are really talking about is a maldistribution problem and an access problem. In 2004 NDA published a white paper on the subject of maldistribution based on a study of the dispersion of dentists and the effect of SB 131, the first licensing legislation in 2001. Those documents are attached.

The real issue is access to care, not how many dentists are in the State. In her testimony to the legislature on SB 85, last years licensing bill, Caroline Ford, Assistant Dean/Director of the Nevada State Office of Rural Health, University of Nevada School of Medicine, stated that even after the influx of dentists, most have not gone to rural or underserved areas. She stated "Recruitment and retention of rural and frontier dental practitioners will not be solved by licensing provisions. The geographic licensing provisions and implementation of clinical examination of the Western Regional Examining Board will assist in bringing practitioners to the state. Other strategies and incentives need to be in place to successfully diffuse practitioners into the rural and frontier areas."

My Board of Directors is committed to helping solve the problem of access. We now have statewide programs to match patients and dentists who volunteer for pro bono work in their office or a clinic setting. Last year the Northern Nevada Dental Health Program and the 1DAY program in the south served more than 600 children, and over \$650,000 dollars in services were provided to Medicaid and uninsured children. In addition, Dentists have reported to us that more than \$450,000 in donated services was provided in 2004 and 2005.

We are working with WICHE and Ms. Ford to define the term underserved, because just measuring the number of dentists does not tell us if patients have access to care. If dentists in underserved areas do not take Medicaid or if patients have few dentists in their neighborhood or if they have no insurance, they do not have access to care. Ms. Ford suggests that some other solutions include early exposure of dental students to rural clinical experiences, loan repayment or debt assistance, funding to assist rural communities with infrastructure to support dental services and assist with salary offsets and incentive funding to increase access for Medicaid eligible populations with a geographical adjustment in the reimbursement rate.

The NDA is working on a legislative agenda which would specifically improve dental care for uninsured and other underserved populations. Below is our prescription for good oral health for all Nevadans. It includes funding the dental health officer, requiring screenings for elementary school children, funding dentists in clinics that provide care for underserved populations, funding Donated Dental Services and improving Medicaid.

EXHIBIT R Health Care

Document consists of 8 pages

☒ Entire document provided.

☐ Due to size limitations, pages _____ provided.

A copy of the complete document is available through the Research Library
(775/684-6827 or e-mail library@lcb.state.nv.us). Meeting Date: January 10, 2006

We would like to work with you, your consultant and anyone else interested in improving Nevada's Oral Health.

Rx for Nevada's Oral Health

1. Fund the Dental Health Officer (est. \$150,000). We used to have a Dental Health Officer who headed the program and provided direct supervision for dentists needing remedial training under supervision. This dentist could implement our other proposals, work with coalitions and provide assistance in clinics where needed.
2. Legislation like Illinois has, requiring oral screening for K, 2 and 6th graders. This will be covered by insurance, Medicaid, clinics as outlined below and waivers where necessary for those not having any other alternative.
3. Fund Dentists (at \$150,000 per dentist per clinic) in Oral Health Clinics around the state such as:
 - a. Huntridge Teen Center clinic
 - b. Paradise Park clinic
 - c. Reynaldo Martinez Elementary School clinic
 - d. Miles 4 Smiles/Nevada Health Centers clinics like Elko
4. WICHE style scholarships for four students at the UNLV Dental School, with each student to work in the above type clinics for a year for each year of scholarship.
5. Fund Donated Dental Services (\$25,000) to coordinate over 100 dentists who have volunteered to provide full care pro bono to disabled patients with no other means of paying.
6. Fix Medicaid
 - a. Presumptive Eligibility (to get patients into treatment plans and eliminate the uncertainty of eligibility.
 - b. Improve reimbursement rates (currently does not pay overhead)
 - c. Improve application process (this is a real barrier for getting dentists to participate.)
 - d. Add adults so they get more than extractions and give them regular preventive care which helps teach them about good care, which can be passed on to the children.

Although we are losing a few dentists because of the financial impact of the rapid increase in dentists in certain parts of Las Vegas, we have added many more over the last five years. Now we need to ask how we get dental care where it is needed. We would like to explore the ideas presented here for consideration for the next legislative session. Meanwhile, we will continue to work with the various oral health coalitions around the state to find new ideas to address the problem.

Thank you for your time today. If you have any questions, please let me know.

July 28, 2004

CCOH Maldistribution Research
by Maury Astley CAE
Executive Director NDA

I have been asked to back up the NDA point of view that we have a maldistribution not a shortage. Currently some areas do not have enough dentists. Other areas have an abundance; even in Clark County we see this. The challenge is how to bring dentists to underserved areas, not just the nice areas of Clark County. The impact of having this maldistribution is that access in some areas limits the care available.

We believe the solution is to provide incentives for dentists to go to underserved areas. Sunsetting the temporary license and using the geographic underserved section of SB 133 as the incentive is a solution. We want to focus on getting dentists to underserved areas, not Las Vegas in general or expanding the scope of hygienists so that there is a second tier of treatment by less trained personnel. The benefit of providing incentives is getting fully trained quality dental care providers in targeted areas. To do otherwise, and simply pursue the notion that "more is going to be better" is to abandon deliberate and competent strategic planning in favor of vague, populist optimism.

I have been told that ADA says there is a shortage. I have contacted ADA and received several items of information to back up our position that the appropriate term is maldistribution. First is a resolution from the 2001 House of Delegates (HOD) of ADA. It states:

Resolved that appropriate agencies of the ADA develop a framework to help those states with a maldistribution of the dental workforce, and be it further

Resolved the framework may include, but is not limited to:

1. Model legislation to help attract dentists to underserved areas of states. The legislation may include but is not limited to:
 - a. Tax deductions for dentists practicing in underserved areas.
 - b. Tax rebates for dentists practicing in underserved areas.
 - c. Payback of in-state tuition waived if the new dentist practices in underserved areas.
 - d. Scholarships for dental students and post-doctoral residents and students who practice in underserved areas after graduation.
2. Establishing a list of opportunities that are available from rural communities who are willing to provide financial support to dentists moving to their area.
3. A survey of the constituents on how each state is approaching regional workforce maldistribution. The ideas will be consolidated and made available to all constituents.

In June 25, 2002, ADA President Dr. Gregory Chadwick's testimony submitted to the Senate Health, Education, Labor and Pensions Committee for it's hearing on children's access to oral health, addressed the workforce issue and several other important areas. He states "We recognize that nationwide, a serious maldistribution of dentists exists with the states and that some states face a shortage of generalist dental providers and several face a shortage of pediatric dentists. " The use of the word shortage is in the context of the overall maldistribution problem.

In addition to incentives for dentists to go to underserved areas, ADA is also asking that dental societies continue their efforts to sponsor volunteer programs, and asks Governors, state legislators, Medicaid officials and others to tackle barriers impeding children's access to care. There needs to be State public health prevention programs like fluoridation and sealant programs. Medicaid is broken and needs to be fixed (particularly in Nevada). Medicaid rates need to more closely mirror the marketplace. There are examples cited where increasing rates have brought provider participation to the 75 percentile level. Medicaid bureaucracy, prior authorization, complex claims forms all deter providers. Fixing Medicaid will do much more to increase access to underserved populations than licensure actions.

ADA states that having a full time dental health officer is a key element to ensuring a strong oral health infrastructure. We used to have that but recently we have shared the position with the Dental School, and their main focus and work has been in Las Vegas. States also need support and guidance to improve data collection and surveillance to best identify where the most serious problems are. One of the cornerstones of the debate that has sprung up is the assertion that there is a shortage of dentists in the state, as measured by the dentist-to-resident ratio. The Nevada Dental Association (NDA) does not take this position. One reason why is that the concept of a "shortage" is in itself subjective: the number of dentists is an empirical fact, as is the number of residents. The point at which that ratio indicates a "shortage", though, is not a fact, but a judgment. More research is needed to determine that for Nevada.

We recently received information on dentists by zip code and plotted that on a map of Clark county zip codes. We also just received where the credentialed dentists are as part of that, but have not had time to add it to the attached map. In reviewing the data, certain trends appear. For example looking at two zip codes in Henderson, Nevada:

89052 14,000 people and 40 dentists, including 10 credentialed
89012 16,000 people, 13 dentists and 4 credentialed.

Both are under the 1700-to-1 ratio cited in the workforce paper, but show a maldistribution. This trend is also illustrated in North Las Vegas:

89030-32 116,000 people and 5 dentists, 1 credentialed,
or 13-34,000 people per dentist.
89107 66,000 people, and 6 dentists, no credentialed
89108 40,000 people and 11 dentists, no credentialed

All are well over the 1700. We can look at two zip codes, 89115 and 89117 in Las Vegas, with about the same population, 51,000. One has 1 dentist, no credentialed and the other has 63 dentists with 8 credentialed. Even when looking at the most urban and most populated area of the state, with arguably the best access to dental care in the state, simply looking at one gross dentist-to-patient number is inappropriate and misleading.

We have been asked to show the affect on revenues for dentists but we cannot collect that information due to anti-trust laws.

Clearly credentialing has contributed to the maldistribution problem, rather than solving it. Whether it is the 5/2 version or the regional Board version, if there is no limit where they can practice, they will not go to the underserved areas.

I hope that the actual facts presented here clarify ADA and NDA's position: that it is ineffective to discuss gross and generalized ratios as long as there is a maldistribution problem. To date, this problem has gone unaddressed, and there has not been an effective effort to provide a comprehensive planning process to correct the deficiency. The goal of the Nevada Dental Association in participating in CCOH was to get a program going to match needy patients and volunteer dentists, like we have had up North for 20 years. I had a problem when we first changed the name from Clark County Oral Health Coalition to Community Coalition for Oral Health, and started all the subcommittees. Many of these did not pertain to the main objective. We prefer not to address any of the white papers and get back to work on the task at hand. After two years of wrestling with bylaws and policies, Dr. Craddock, Sue Brooks and I met and drew up the 1DAY plan. We thought by now we would be discussing getting more agencies to review and sign the agreements and working on funding to expand 1DAY. Instead we are bogged down in efforts to flood Las Vegas with Dentists and help Hygienists expand their scope of Practice. We could help access much more by expanding 1DAY and fixing Medicaid. Let's set this paper aside and work on that.

Population and Dentists by Zip Code

Zip Code	City	Population (a)	Dentists (b)	Credentialed	People per Dentist
89001	Alamo	943	0	0	0
89003	Beatty	1,173	0	0	0
89004	Blue Diamond	274	0	0	0
89005	Boulder City	15,075	8	1	1,884
89007	Bunkerville	1,014	0	0	0
89008	Calliente	1,341	0	0	0
89010	Dyer	345	0	0	0
89011	Henderson	175	0	0	0
89012	Henderson	16,065	13	4	1,236
89013	Goldfield	356	0	0	0
89014	Henderson	81,839	36	1	2,273
89015	Henderson	64,126	16	2	4,008
89017	Hiko	130	0	0	0
89018	Indian Springs	1,297	0	0	0
89019	Jean	2,478	0	0	0
89020	Amargosa Valley	1,176	0	0	0
89021	Logandale	2,263	3	0	754
89022	Manhattan	1,841	0	0	0
89025	Moapa	1,395	0	0	0
89027	Mesquite	9,441	3	0	3,147
89028	Laughlin	19	0	0	0
89029	Laughlin	7,076	0	0	0
89030	North Las Vegas	53,794	2	0	26,897
89031	North Las Vegas	34,707	1	0	34,707
89032	North Las Vegas	27,196	2	1	13,598
89039	Cal Nev Ari	318	0	0	0
89040	Overton	4,244	1	0	4,244
89042	Panaca	761	1	0	761
89043	Pioche	948	0	0	0
89046	Searchlight	813	0	0	0
89047	Silverpeak	182	0	0	0
89048	Pahrump	24,763	2	1	12,382
89049	Tonopah	2,940	1	0	2,940
89052	Henderson	14,689	40	10	367
890XX		1,377	33	4	42
89101	Las Vegas	52,617	9	0	5,846
89102	Las Vegas	37,600	35	3	1,074
89103	Las Vegas	46,429	20	2	2,321
89104	Las Vegas	39,779	18	1	2,210
89106	Las Vegas	25,563	5	0	5,113
89107	Las Vegas	36,180	13	1	2,783
89108	Las Vegas	66,558	6	0	11,093
89109	Las Vegas	40,855	11	0	3,714
89110	Las Vegas	61,898	8	2	7,737
89113	Las Vegas	8,276	5	0	1,655
89115	Las Vegas	51,681	1	0	51,681
89117	Las Vegas	51,545	63	8	818
89118	Las Vegas	16,471	1	0	16,471
89119	Las Vegas	48,693	29	2	1,679

Zip Code	City	Population (a)	Dentists (b)	Credentialed	People per Dentist
89120	Las Vegas	21,711	24	0	905
89121	Las Vegas	61,669	23	1	2,681
89122	Las Vegas	25,795	1	0	25,795
89123	Las Vegas	46,877	26	2	1,803
89124	Las Vegas	1,837	1	0	1,837
89128	Las Vegas	40,538	44	4	921
89129	Las Vegas	32,441	20	3	1,622
89130	Las Vegas	24,598	15	2	1,640
89131	Las Vegas	10,988	2	1	5,484
89134	Las Vegas	25,116	24	5	1,047
89135	Las Vegas	3,539	17	5	208
89139	Las Vegas	2,297	4	1	574
89141	Las Vegas	262	5	2	52
89142	Las Vegas	22,606	2	1	11,303
89143	Las Vegas	2,408	2	1	1,204
89144	Las Vegas	11,772	26	5	453
89145	Las Vegas	19,337	26	5	744
89146	Las Vegas	18,265	55	5	332
89147	Las Vegas	39,478	19	6	2,078
89148	Las Vegas	913	11	3	83
89149	Las Vegas	11,312	4	0	2,828
89156	Las Vegas	22,568	2	0	11,284
89191	Nellis AFB	3,676	0	0	0
891XX		2,140	21	2	102
89301	Ely	7,349	5	0	1,470
89310	Austin	448	0	0	0
89311	Baker	160	0	0	0
89314	Duckwater	149	0	0	0
89316	Eureka	1,102	0	0	0
89317	Lund	292	0	0	0
89318	Mc Gill	1,196	0	0	0
893XX		249	0	0	0
89403	Dayton	8,356	0	0	0
89404	Denio	57	0	0	0
89405	Empire	417	0	0	0
89406	Fallon	23,936	5	1	4,787
89408	Fernley	8,646	2	0	4,323
89409	Gabbs	395	0	0	0
89410	Gardnerville	20,194	5	1	4,039
89411	Genoa	444	0	0	0
89413	Glenbrook	365	0	0	0
89414	Golconda	412	0	0	0
89415	Hawthorne	3,927	1	0	3,927
89418	Imlay	407	0	0	0
89419	Lovelock	5,015	2	0	2,508
89420	Luning	32	0	0	0
89421	Mc Dermitt	528	0	0	0
89422	Mina	261	0	0	0
89423	Minden	8,267	15	0	551

Population and Dentists by Zip Code (cont.)

Zip Code	City	Population (a)	Dentists (b)	Credentialed	People per Dentist
89424	Nixon	442	0	0	0
89425	Orovada	597	0	0	0
89426	Paradise Valley	308	0	0	0
89427	Schurz	851	0	0	0
89428	Silver City	170	0	0	0
89429	Silver Springs	6,727	0	0	0
89430	Smith	410	1	0	410
89431	Sparks	35,994	29	1	1,241
89433	Sun Valley	19,764	1	0	19,764
89434	Sparks	21,710	2	0	10,855
89436	Sparks	21,528	3	1	7,176
89439	Verdi	1,215	1	0	1,215
89440	Virginia City	938	0	0	0
89442	Wadsworth	1,092	0	0	0
89444	Wellington	2,510	0	0	0
89445	Winnemucca	15,396	4	0	3,849
89447	Yerington	8,067	5	2	1,613
89448	Zephyr Cove	2,498	3	0	833
89449	Stateline	3,832	1	0	3,832
89451	Incline Village	9,601	1	0	9,601
894XX		523	5	0	105
89501	Reno	2,877	1	0	2,877
89502	Reno	46,101	18	3	2,561
89503	Reno	30,437	20	0	1,522
89506	Reno	32,983	3	1	10,994
89509	Reno	41,325	93	3	444
89510	Reno	1,444	0	0	0
89511	Reno	28,793	32	3	900

Zip Code	City	Population (a)	Dentists (b)	Credentialed	People per Dentist
89512	Reno	23,900	0	0	0
89523	Reno	17,231	5	1	3,446
895XX		47	6	1	8
89701	Carson City	26,779	7	0	3,826
89703	Carson City	9,220	22	2	419
89704	Washoe Valley	4,085	1	0	4,085
89705	Carson City	4,242	0	0	0
89706	Carson City	18,249	1	0	18,249
89801	Elko	20,732	11	1	1,885
89803	Elko	360	1	0	360
89815	Spring Creek	11,290	3	1	3,763
89820	Battle Mountain	5,346	0	0	0
89821	Crescent Valley	482	0	0	0
89822	Carlin	2,313	0	0	0
89823	Deeth	201	0	0	0
89824	Halleck	86	0	0	0
89825	Jackpot	1,189	0	0	0
89826	Jarbridge	51	0	0	0
89828	Lamoille	393	0	0	0
89830	Montello	255	0	0	0
89831	Mountain City	72	0	0	0
89832	Owyhee	1,019	0	0	0
89833	Ruby Valley	180	0	0	0
89834	Tuscarora	266	0	0	0
89835	Wells	1,934	0	0	0
89883	West Wendover	4,862	0	0	0
898XX		90	1	0	90
Total		1,998,511	1,076	119	1,857

See Note

(a) Population figures are based upon the 2000 Census, therefore not all current Nevada zip codes may be represented.

(b) The numbers are based upon the mailing address of the dentist in 2004. This may or may not be the same zip code in which the dentist practices.

Note: 237 dentists are licensed by credentials. 118 of them have out-of-state addresses.

