

OHIO  
STATE  
DENTAL  
BOARD

SUMMER 2003 SPECIAL

# THE FACTS ON AMENDED SUBSTITUTE SB 51

**A**mended Substitute Senate Bill 51 (SB 51) was signed into law on July 30, 2003. Many of you may be unaware of this legislation. SB 51 has resulted in a biennial \$25.00 fee increase to renew your dental license. The Ohio State Dental Board (Board) did not advocate for this fee increase. This new law almost doubles the size of the Board, a provision that the Board did not support. The other provisions in the bill attempt to address access to dental care. Unfortunately, we do not believe that the law will have a significant impact on the access issue. As a Board, access is a primary focus, as access affects quality of care. The mission of the Board is to ensure that quality care is rendered by competent safe practitioners. There is much more that can be done to positively impact the access to care issue.

Relevant provisions of the new law are as follows:

- **Dental Loan Repayment Program.** This program is designed to provide assistance to new dentists who agree to practice in underserved areas. The program will set aside \$140,000 per biennium (\$20 times 7000 dentists), with a maximum amount of \$20,000 per person in tuition assistance. Based on these figures, the program can accommodate approximately seven dentists every two years to work in these underserved areas and get tuition assistance as a result.

A federal tuition reimbursement program already exists that is similar to the state program that will be created. According to sources at the Ohio Department of Health, eligible applicants can receive up to \$25,000 per year in federal tuition reimbursement for the first two years, with a renewable contract for an additional \$35,000/year for two years thereafter. While some federal funds have been used for this purpose, there is an excess amount available that has been routinely under-utilized.

**COST:** \$20.00 increase in renewal fees. There are no provisions in the bill to determine what happens to any unused funds for this purpose.

- **Volunteer Immunity.** The provisions are to redefine the law regarding immunity for dentists who agree to work in certain clinic and volunteer settings. This immunity has been in existence for some time for health care professionals, including dentists, who volunteer. The issue was that volunteers were not immune if they performed an "operation". Operation has now been clarified to exclude routine dental restorative procedures, scaling and extractions.
- **Licensure and Examination Process.** The new law now includes the language that has been the Board's policy for initial licensure for several years, except for *one* small change. Board policy and recently enacted Board rules have required that one must pass all parts of any regional board examination in order to qualify for licensure in Ohio. This is now included in the statute. The change is that the Dental Simulated Clinical Exercise (DSCE) completed via computer, which is required for the North East Regional Board examination, is no longer required for the other regional exams<sup>1</sup>.

The original legislation provided for acceptance of any and all regional or state examinations regardless of passage of individual parts for initial licensure. The Board believes this would have lowered the quality of dentists entering our state. Also, for criteria, the law now mandates that we accept any applicant who is licensed in another state for five years with a good record.

Loosening license requirements, will not effect access to care. Access to care is a distribution problem.

A recent report from the Ohio Health Care Workforce Shortage Task Force<sup>2</sup> states that more dentists would not necessarily improve the geographical distribution **or** increase dental service availability for low-income patients. In March of this year, the American Dental Education Association (ADEA) also published a study<sup>3</sup> on oral health care in Ohio. This report indicated that many of those in need of care do not have access to a provider within their community, **not** because there are not enough dentists in the state, but because of the **distribution** of dentists. In other words, the vast majority of dentists work in desirable areas such as big city suburbs. Therefore, increasing the number of dentists equates to more dentists competing in these areas, **NOT** more dentists available and working with needy populations. Access to care is a national problem and not just an Ohio problem.

- **Coronal Polishing.** The bill amends R.C. 4715.39 regarding duties of dental assistants. The statute now states that certified dental assistants **MAY** polish the clinical crowns of teeth if certain requirements are met, which are outlined in the statute. The bill states that the Board is to adopt rules establishing standards for approval of this training. The bill addresses the Board's previous concerns regarding conflicting language in the statute.

## SB 51: The "Heart of the Bill": Board Expansion

One legislator considering this legislation stated that Board composition was the heart of this bill. The new law increases the Board from seven (7) to thirteen (13) members. The Board did not advocate for this increase.

It has always been the position of the Board that the current composition of members more than adequately addressed the work of the Board. We also believe that our size is proportionate compared to the other regulatory boards in Ohio based on licensee population and staffing levels. Increasing the Board by basically doubling its size will require additional funding via renewal fee increases in addition to the increase needed to fund the loan repay-

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## Footnotes

<sup>1</sup> *The Board has unique policy considerations for licensure as a specialist in Ohio.*

<sup>2</sup> *Caring for Ohioans: Rebuilding the Health Care Workforce in Ohio, December 2002*

<sup>3</sup> *Improving the Oral Health Status of All Americans: Roles and Responsibilities of Academic Institutions, March 2003*

ment program. Terms for members have been reduced to four (4) years, and additional restrictions have been added regarding specialists and educators. While the Board believes the expansion was not warranted, we welcome the additional six (6) members (four dentists and two dental hygienists) and we look forward to their contributions in fulfilling the mission of the Board.

**COST:** \$5.00 increase in renewal fees.

### SO WHAT ABOUT ACCESS TO CARE??

The Board has received input from several sources that work primarily with the indigent regarding how to best address the access to care issue. It seems, based on these sources and the studies previously mentioned, that what we need to do is expand duties of auxiliaries. If one dentist can turn his hands into ten trained hands, more people can be treated effectively.

A highly regarded pedodontist from Bowling Green, Ohio, who has been treating Medicaid and underserved children for 33 years, provided information to the legislators in these proceedings. His opinion regarding the tuition reimbursement and volunteer immunity provisions was to state that "While these are well-intentioned measures by providing incentives for dentists to work in high need areas, the dollar amount is too small to have any impact on reimbursement and will fall short of its goal."

Further, he recommended the following regarding access to dental care:

Access to care can be positively impacted by making care available to more people in need. There are not enough dentists willing to provide services to these populations. Therefore, expansion and delegation of duties to trained dental auxiliaries is a good start to addressing this issue.

The dental director and dentist for Community Health Services in Fremont, Ohio, testified and shared some statistics from his area, where there is a ratio of more than 21,000 Medicaid patients per dentist in Sandusky county, and more than 66,000 Medicaid patients per dentist in Seneca County. In Seneca county, the overall population to dentist ratio is 4,300:1. In his opinion, delegation and expansion of duties to qualified auxiliaries would allow the

dentists who are willing to treat the underserved the ability to do more for the patients who need dental care.

While the amount of free care given by Ohio dentists to the underserved today is generous, the need continues to grow. We need to listen to those who render the care to the underserved for solutions to address this important issue, before the legislators mandate us to do so. The Board created an Access to Care Task Force that included representatives of the state and local departments of health, as well as the ODA and ODHA. The recommendations of the Board regarding access are primarily the recommendations that came out of the task force. SB 51 does not address the problems being faced by the dentists who treat the indigent on a daily basis. It is the Board's goal to help make this happen, and we would look forward to the support of the entire dental community to accomplish this formidable task.

The Board welcomes your input, suggestions, opinions and assistance. Please forward all correspondence to:

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