

HOUSE No. 4869

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, January 5, 2026.

The committee on Public Health, to whom was referred the petition (accompanied by bill, House, No. 2410) of Patricia A. Duffy and others for legislation to expand patient access to oral health care, reports recommending that the accompanying bill (House, No. 4869) ought to pass.

For the committee,

MARJORIE C. DECKER.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Fourth General Court
(2025-2026)**

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 is hereby amended by inserting after

2 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, information on the
7 importance of primary teeth; information on the importance of oral health to overall health as it
8 relates to learning; contact information for local public health departments; and information
9 about programs and services to access affordable dental care.

10 SECTION 2. Paragraph 4 of subsection (d) of section 7 of chapter 94C of the General
11 Laws, is hereby amended by striking out the words "practical nurse or a licensed dental
12 hygienist" and inserting in place thereof the following words:- practical nurse; a licensed dental

13 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. Subsection (a) of section 9 of said chapter 94C is hereby amended by
16 adding the following paragraph:-

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

20 SECTION 4. Subsection (c) of said section 9 of said chapter 94C is hereby amended by
21 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 subsection (a) shall return
24 to such practitioner any unused portion of the substance which is no longer required by the
25 patient.

26 SECTION 5. Subsection (a) of section 4O of chapter 111 of the General Laws is hereby
27 amended by adding the following paragraph:-

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

33 SECTION 6. Paragraph (5) of subsection (b) of said section 4O of said chapter 111 is
34 hereby amended by striking out the words "community water fluoridation programs" and
35 inserting in place thereof the following words:- annual community water fluoridation programs.

36 SECTION 7. Section 43A of chapter 112 of the General Laws is hereby amended by
37 inserting after the definition of "Appropriate supervision" the following definitions:-

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

41 "Collaborative management agreement", a written agreement that complies with section
42 51B between a dental therapist and a supervising dentist, as defined in section 43A, who holds a
43 valid license issued pursuant to section 45, who agrees to provide the appropriate level of
44 communication and consultation with a licensed dental therapist to ensure patient health and
45 safety.

46 SECTION 8. Said section 43A of said chapter 112 is hereby further amended by inserting
47 after the definition of "Dental hygienist" the following definition:-

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

51 SECTION 9. Said section 43A of said chapter 112 is hereby further amended by adding
52 the following definition:-

53 "Supervising dentist", a dentist licensed in Massachusetts who is a provider enrolled in
54 the division of medical assistance, or who works for an entity that is a provider enrolled in
55 division of medical assistance, who maintains an active patient list and routinely provides care,
56 and who enters into a collaborative management agreement with a licensed dental therapist.

57 SECTION 10. (a) Said chapter 112 is hereby amended by inserting after section 51A the
58 following section:-

59 Section 51B. (a) Any person of good moral character, who: (i) is a graduate of a dental
60 therapy education program accredited by the Commission on Dental Accreditation; (ii) passes a
61 comprehensive, competency-based clinical examination that is approved by the board and
62 administered by a recognized national or regional dental testing service that administers testing
63 for dentists and other dental professionals or equivalent examination administered by another
64 entity approved by the board; and (iii) obtains a policy of professional liability insurance and
65 shows proof of such insurance as required by rules and regulations shall, upon payment of a fee
66 to be determined annually by the commissioner of administration under the provision of section
67 3B of chapter 7, be licensed as a dental therapist and be given a certificate to practice in this
68 capacity. The board shall promulgate rules and regulations as to the minimum number of training
69 hours under the supervision of a supervising dentist required for such dental therapist as a
70 qualification for licensing or relicensing, before practicing under general supervision pursuant to
71 a collaborative management agreement.

72 (b) For the purposes of this section, "general supervision" shall mean supervision of
73 procedures and services based on a written collaborative management agreement between a
74 licensed dentist and a licensed dental therapist but not requiring a prior exam or diagnosis by a

75 supervising dentist or the physical presence of a supervising dentist during the performance of
76 those procedures and services unless required by the supervising dentist in the collaborative
77 management agreement.

78 (c) An applicant for licensure as a dental therapist educated in the commonwealth must
79 graduate from a dental therapy education program accredited by the Commission on Dental
80 Accreditation. All dental therapy educational programs in the commonwealth must include at
81 least one licensed dentist as an instructor. The board shall provide guidance for any educational
82 entity or institution that may operate all or some portion of a dental therapy program, or may
83 collaborate with other educational entities, including but not limited to universities, colleges,
84 community colleges, and technical colleges, to operate all or some portion of a dental therapy
85 level program. The board shall provide guidance to develop mechanisms to award advanced
86 standing to students who have completed coursework at other educational programs accredited
87 by the Commission on Dental Accreditation. All education programs must prepare students to
88 perform all procedures and services within the dental therapy scope of practice as set forth in this
89 section. As determined by the board and established through regulations, dental therapists may
90 be authorized to perform additional procedures through continuing education courses approved
91 by the board.

92 (d) The educational curriculum for a dental therapist educated in the commonwealth shall
93 include training on serving patients with special needs including, but not limited to, people with
94 developmental disabilities including autism spectrum disorders, mental illness, cognitive
95 impairment, complex medical problems, significant physical limitations and the vulnerable
96 elderly.

97 (e) Not later than January 1, 2027, the board shall approve a comprehensive, competency-
98 based clinical dental therapy examination that includes assessment of technical competency in
99 performing the procedures and services within the scope of practice as set forth in this section, to
100 be administered by a recognized national or regional dental testing service that administers
101 testing for dentists and other dental professionals. The examination shall be comparable to the
102 examination given to applicants for a dental license but only for the limited scope of dental
103 services in the dental therapy scope of practice as set forth in this section.

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

117 (g) The board shall require as a condition of granting or renewing a license under this
118 section, that the dental therapist apply to participate in the medical assistance program
119 administered by the secretary of health and human services in accordance with chapter 118E and

120 Title XIX of the Social Security Act and any federal demonstration or waiver relating to such
121 medical assistance program for the limited purposes of ordering and referring services covered
122 under such program, provided that regulations governing such limited participation are
123 promulgated under said chapter 118E. A dental therapist practicing in a dental therapist role who
124 chooses to participate in such medical assistance program as a provider of services shall be
125 deemed to have fulfilled this requirement.

126 (h) The board shall grant a license by credentials, without further professional
127 examination, to a dental therapist licensed in another jurisdiction, upon payment of a fee as
128 determined annually by the secretary of administration and finance under section 3B of chapter
129 7, provided the applicant is of good moral character and has: (i) met the eligibility requirements
130 as defined by the board; (ii) furnished the board with satisfactory proof of graduation from an
131 education program, or combination of education programs, providing dental therapy education
132 that meets the standards of the Commission on Dental Accreditation, provided, however, that an
133 applicant who graduated from a dental therapy education program established before the
134 Commission on Dental Accreditation established a dental therapy accreditation program is
135 eligible notwithstanding the lack of accreditation of the program at the time the education was
136 received; (iii) submitted documentation of a passing score on a dental therapy examination
137 administered by another state or testing agency that is substantially equivalent to the board-
138 approved dental therapy examination for dental therapists as defined in this section; (iv)
139 submitted documentation of a passing score on the Massachusetts Dental Ethics and
140 Jurisprudence Examination or any other successor examination; and (v) submitted
141 documentation of completion of the minimum number of training hours as determined by the
142 board pursuant to subsection (a). If such practice requirement is not met, a dental therapist shall

143 be required to complete the remaining hours or years, whichever is longer, under direct
144 supervision in the Commonwealth prior to practicing under general supervision.

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

157 (j) After entering into their first collaborative management agreement with a supervising
158 dentist, dental therapists shall practice under direct supervision for a minimum number of clinical
159 hours as determined by the board pursuant to subsection (a) . After completing the required
160 clinical hours of practice under direct supervision, dental therapists are authorized to perform all
161 procedures and services listed in the Commission on Dental Accreditation's dental therapy
162 standards, as set forth in regulations by the board, under general supervision if authorized by a
163 supervising dentist pursuant to a written collaborative agreement.

164 (k) Pursuant to a collaborative management agreement, a dental therapist may provide
165 procedures and services permitted under general supervision when the supervising dentist is not
166 on-site and has not previously examined or diagnosed the patient provided the supervising
167 dentist is available for consultation and supervision if needed through telemedicine or by other
168 means of communication. If the supervising dentist will not be available, arrangements shall be
169 made for another licensed dentist to be available to provide timely consultation and supervision.

170 (l) A dental therapist may not operate independently of, and may not practice or treat any
171 patients without, a supervising dentist. A dental therapist is prohibited from practicing without
172 entering into a collaborative management agreement with a supervising dentist.

173 (r) The board shall establish appropriate guidelines for a written collaborative
174 management agreement. A collaborative management agreement shall be signed and maintained
175 by the supervising dentist and the dental therapist and shall be submitted annually to the board.

176 (s) The agreement may be updated as necessary. The agreement shall serve as standing
177 orders from the supervising dentist and shall address: (i) practice settings; (ii) any limitation on
178 services established by the supervising dentist; (iii) the level of supervision required for various
179 services or treatment settings; (iv) patient populations that may be served; (v) practice protocols;
180 (vi) record keeping; (vii) managing medical emergencies; (viii) quality assurance; (ix)
181 administering and dispensing medications; (x) geographic distance limitations; (xi) oversight of
182 dental assistants; and (xii) referrals for services outside of the dental therapy scope of practice.

183 The collaborative management agreement shall include specific protocols to govern situations in
184 which the dental therapist encounters a patient who requires treatment that exceeds the
185 authorized scope of practice of the dental therapist. The supervising dentist is responsible for

186 directly providing, or arranging for another dentist or specialist within an accessible geographic
187 distance to provide, any necessary additional services outside of the dental therapy scope of
188 practice needed by the patient. A supervising dentist may have a collaborative management
189 agreement with not more than 3 dental therapists at the same time. A practice or organization
190 with more than 1 practice location listed under the same business name may not employ more
191 than 6 dental therapists, provided, however, that this requirement shall not apply if such an
192 organization or practice is a federally qualified health center or look-alike, a community health
193 center, a non-profit practice or organization, public health setting as defined by 234 CMR 2.02,
194 or as otherwise permitted by the board.

195 (t) No medical malpractice insurer shall refuse primary medical malpractice insurance
196 coverage to a licensed dentist on the basis of whether they entered into a collaborative
197 management agreement with a dental therapist. A dental therapist may not bill separately for
198 services rendered; the services of the dental therapist are the services of the supervising dentist
199 and shall be billed as such.

200 (u) Not less than 50 per cent of the patient panel of a dental therapist, as determined in
201 each calendar year, shall consist of patients who are MassHealth members or are considered
202 underserved; provided, however, that this requirement shall not apply if the dental therapist is
203 operating in a federally qualified health center or look-alike, community-health center, non-profit
204 practice or organization, or other public health setting as defined by 234 CMR 2.02, or as
205 otherwise permitted by the board. As used in this section, "underserved" means individuals who:
206 (i) receive, or are eligible to receive, benefits through the division of medical assistance; (ii)
207 receive, or are eligible to receive, social security disability benefits, supplemental security
208 income, or a Massachusetts state supplement program; (iii) live in a dental health professional

209 shortage area as designated by the federal department of health and human services; (iv) reside in
210 a long-term care facility licensed under section 71 of chapter 111; (v) receive dental services at a
211 public health setting as defined by 234 CMR 2.02; (vi) receive benefits, or are eligible to receive
212 subsidized insurance through the commonwealth health insurance connector authority; (viii)
213 receive benefits, or are eligible to receive benefits, through the Indian Health Service, tribal or
214 urban Indian organizations, or through the contract health service program; (ix) receive benefits,
215 or are eligible to receive benefits, through the federal department of veterans affairs or other
216 organization serving veterans; (x) are elderly and have trouble accessing dental care due to
217 mobility or transportation challenges; (xi) meet the Commission on Dental Accreditation's
218 definition of people with special needs; (xii) are uninsured and have an annual income at or
219 below 305% of the federal poverty level; or (xiii) as otherwise defined by the board.

220 (v) An employer of a dental therapist shall submit annual reports to the board that provide
221 information concerning the makeup of the dental therapist's patient panel, including the
222 percentage of underserved in the patient panel. No later than January 1, 2027, the secretary of
223 health and human services may establish by regulation penalties for employers who fail to meet
224 the requirements pertaining to the percentage of underserved in the dental therapist's patient
225 panel.

226 (w) Not later than January 1, 2028, the board, in consultation with the department shall
227 establish regulations to implement the provisions of this section for the practice of dental therapy
228 to protect the public health, safety and welfare, including, but not limited to: requirements for
229 approval of educational programs; guidelines for collaborative management agreements,
230 continuing education requirements, license renewal, standards of conduct, and the investigation
231 of complaints, conduct of disciplinary proceedings and grounds for discipline.

232 SECTION 11. The definition of "Core competencies" in section 259 of chapter 112 of
233 the General Laws is hereby amended by inserting after clause (i) the following clause:-

234 (j) Oral health education;

235 SECTION 12. The second paragraph of section 260 of chapter 112 of the General Laws
236 is hereby amended by adding the following sentence:- As a condition for licensure or renewal of
237 licensure, the board shall require community health workers to receive education or training in
238 oral health.

239 SECTION 13. The definition of "health care provider" in subsection (a) of section 79L of
240 chapter 233 of the General Laws is hereby amended by inserting after the word "dentist," the
241 following words:- dental therapist.,

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

250 (i) number of dental therapists in the commonwealth each year;

251 (ii) number of licensed dental therapists in the commonwealth each year;

252 (iii) number of new and total patients served each year;

253 (iv) impact on wait times for needed services;

254 (v) impact on travel time for patients;

255 (vi) impact on emergency room usage for dental care; and

256 (vii) costs to the public health care system.

257 The report shall be submitted not later than 5 years after the date of graduation of the first

258 graduating class of dental therapists educated in the commonwealth to the joint committee on

259 public health, the joint committee on health care financing and the senate and house committees

260 on ways and means.

261 The center for health information and analysis shall, by the first day of January of each

262 year, submit a report on dental therapists, including information on:

263 (i) number of dental therapists in the commonwealth;

264 (ii) number of licensed dental therapists practicing in the commonwealth;

265 (iii) number of new and total patients served;

266 (iv) number of new and total pediatric patients served, including geographic location and

267 insurance type;

268 (v) practice settings; and

269 (vi) commonly performed procedures and services.

270 SECTION 15. Not later than 3 years after the date of graduation of the first graduating

271 class of dental therapists educated in the commonwealth, the first annual report shall be

272 submitted to the joint committee on public health, the joint committee on health care financing
273 and the senate and house committees on ways and means.