

HOUSE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Patricia A. Duffy

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to improve oral health for all Massachusetts residents.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Patricia A. Duffy</i>	<i>5th Hampden</i>	<i>1/14/2025</i>

HOUSE No.

[Pin Slip]

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 40 of chapter 111 of the General Laws is hereby
27 amended by adding the following paragraph:-

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

33 SECTION 6. Paragraph (5) of subsection (b) of said section 40 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. The fifth sentence of the third paragraph of section 51 of said chapter 112
58 is hereby amended by striking out the words "by Medicaid but except as required by federal
59 Medicaid law, shall not seek reimbursement from any other insurance or third party payor".

60 SECTION 11. Said chapter 112 is hereby amended by inserting after section 51A the
61 following section:-

62 Section 51B. (a) Any person of good moral character, who: (i) is a graduate of a master's
63 level dental therapist education program that includes both dental therapy and dental hygiene
64 education, or an equivalent combination of both dental therapy education and dental hygiene
65 education, if all education programs are accredited by the Commission on Dental Accreditation
66 and provided by a post-secondary institution accredited by the New England Association of
67 Schools and Colleges, Inc.; (ii) passes a comprehensive, competency-based clinical examination
68 that is approved by the board and administered by a recognized national or regional dental
69 testing service that administers testing for dentists and other dental professionals or equivalent
70 examination administered by another entity approved by the board; and (iii) obtains a policy of
71 professional liability insurance and shows proof of such insurance as required by rules and
72 regulations shall, upon payment of a fee to be determined annually by the commissioner of
73 administration under the provision of section 3B of chapter 7, be licensed as a dental therapist
74 and be given a certificate to practice in this capacity. A licensed dental therapist shall have

75 practiced under the direct supervision of a supervising dentist for a minimum of 2 years or 2,500
76 hours, whichever is longer, before practicing under general supervision pursuant to a
77 collaborative management agreement.

78 For the purposes of this section, "general supervision" shall mean supervision of
79 procedures and services based on a written collaborative management agreement between a
80 licensed dentist and a licensed dental therapist but not requiring a prior exam or diagnosis by a
81 supervising dentist or the physical presence of a supervising dentist during the performance of
82 those procedures and services unless required by the supervising dentist in the collaborative
83 management agreement.

84 (b) Any person licensed as a dental therapist under this section may also be registered as
85 a dental hygienist and be given a certificate to practice in this capacity.

86 (c) An applicant for licensure as a dental therapist educated in the commonwealth must
87 graduate from a master's level dental therapy education program that is accredited by the
88 Commission on Dental Accreditation provided by a post-secondary institution accredited by the
89 New England Association of Schools and Colleges, Inc. All dental therapy educational programs
90 in the commonwealth must include at least one licensed dentist as an instructor. The board shall
91 provide guidance for any educational entity or institution that may operate all or some portion of
92 a master's level program, or may collaborate with other educational entities, including but not
93 limited to universities, colleges, community colleges, and technical colleges, to operate all or
94 some portion of a master's level program. The board may also provide guidance to develop
95 mechanisms to award advanced standing to students who have completed coursework at other
96 educational programs accredited by the Commission on Dental Accreditation. All education

97 programs must prepare students to perform all procedures and services within the dental therapy
98 scope of practice as set forth in this section.

99 The educational curriculum for a dental therapist educated in the commonwealth shall
100 include training on serving patients with special needs including, but not limited to, people with
101 developmental disabilities including autism spectrum disorders, mental illness, cognitive
102 impairment, complex medical problems, significant physical limitations and the vulnerable
103 elderly.

104 Not later than January 1, 2027, the board shall approve a comprehensive, competency-
105 based clinical dental therapy examination that includes assessment of technical competency in
106 performing the procedures and services within the scope of practice as set forth in this section, to
107 be administered by a recognized national or regional dental testing service that administers
108 testing for dentists and other dental professionals. The examination shall be comparable to the
109 examination given to applicants for a dental license but only for the limited scope of dental
110 services in the dental therapy scope of practice as set forth in this section.

111 (d) The board shall grant a dental therapy license by examination to an applicant, upon
112 payment of a fee as determined annually by the secretary of administration and finance under
113 section 3B of chapter 7, provided the applicant is of good moral character and has: (i) met the
114 eligibility requirements as defined by the board; (ii) submitted documentation to the board of a
115 passing score on a comprehensive, competency-based clinical examination, or combination of
116 examinations, that includes both dental therapy and dental hygiene components and is approved
117 by the board and administered by a recognized national or regional dental testing service that
118 administers testing for dentists and other dental professionals; and (iii) submitted to the board

119 documentation of a passing score on the Massachusetts Dental Ethics and Jurisprudence
120 Examination or any other successor examination. An applicant failing to pass the examination
121 shall be entitled to re-examination pursuant to the rules and guidelines established by the
122 Commission on Dental Competency Assessments, for which the applicant shall pay a fee as
123 determined annually by the secretary of administration and finance under section 3B of chapter
124 7.

125 The board shall require as a condition of granting or renewing a license under this
126 section, that the dental therapist apply to participate in the medical assistance program
127 administered by the secretary of health and human services in accordance with chapter 118E and
128 Title XIX of the Social Security Act and any federal demonstration or waiver relating to such
129 medical assistance program for the limited purposes of ordering and referring services covered
130 under such program, provided that regulations governing such limited participation are
131 promulgated under said chapter 118E. A dental therapist practicing in a dental therapist role who
132 chooses to participate in such medical assistance program as a provider of services shall be
133 deemed to have fulfilled this requirement.

134 The board shall grant a license by credentials, without further professional examination,
135 to a dental therapist licensed in another jurisdiction, upon payment of a fee as determined
136 annually by the secretary of administration and finance under section 3B of chapter 7, provided
137 the applicant is of good moral character and has: (i) met the eligibility requirements as defined
138 by the board; (ii) furnished the board with satisfactory proof of graduation from an education
139 program, or combination of education programs, providing both dental therapy and dental
140 hygiene education that meets the standards of the Commission on Dental Accreditation,
141 provided, however, that an applicant who graduated from a dental therapy education program

142 established before the Commission on Dental Accreditation established a dental therapy
143 accreditation program is eligible notwithstanding the lack of accreditation of the program at the
144 time the education was received; (iii) submitted documentation of a passing score on a dental
145 therapy examination administered by another state or testing agency that is substantially
146 equivalent to the board-approved dental therapy examination for dental therapists as defined in
147 this section; (iv) submitted documentation of a passing score on the Massachusetts Dental Ethics
148 and Jurisprudence Examination or any other successor examination; and (v) submitted
149 documentation of completion of 2 years or 2,500 hours, whichever is longer, of practice. If such
150 practice requirement is not met, a dental therapist shall be required to complete the remaining
151 hours or years, whichever is longer, under direct supervision in the Commonwealth prior to
152 practicing under general supervision.

153 (e) Pursuant to a collaborative management agreement, a dental therapist licensed by the
154 board may perform: (i) all acts of a public health dental hygienist as set forth in regulations of the
155 board and (ii) all acts in the Commission on Dental Accreditation's dental therapy standards.
156 Dental therapists shall have the authority to perform an oral evaluation and assessment of dental
157 disease and formulate an individualized treatment plan as authorized by the supervising dentist in
158 the collaborative management agreement. A dental therapist may dispense and administer the
159 following medications within the parameters of the collaborative management agreement and
160 with the authorization of the supervising dentist: non-narcotic analgesics, anti- inflammatories
161 and antibiotics. The authority to dispense and administer shall extend only to the categories of
162 drugs identified in this paragraph and may be further limited by the collaborative management
163 agreement. A dental therapist is prohibited from dispensing or administering narcotic analgesics.

164 A dental therapist may oversee not more than 2 dental hygienists and 2 dental assistants, but
165 shall not oversee public health dental hygienists.

166 After entering into a collaborative management agreement with a supervising dentist,
167 dental therapists shall practice under direct supervision for not less than 2,500 clinical hours or 2
168 years, whichever is longer. After completing 2,500 clinical hours or 2 years, whichever is longer,
169 of practice under direct supervision, dental therapists are authorized to perform all procedures
170 and services listed in the Commission on Dental Accreditation's dental therapy standards and all
171 procedures and services within the scope of a public health dental hygienist, as set forth in
172 regulations by the board, under general supervision if authorized by a supervising dentist
173 pursuant to a written collaborative agreement. In addition, the following procedures, referred to
174 in this section as advanced procedures, may be performed under direct supervision: (i)
175 preparation and placement of direct restoration in primary and permanent teeth; (ii) fabrication
176 and placement of single-tooth temporary crowns; (iii) preparation and placement of preformed
177 crowns on primary teeth; (iv) indirect and direct pulp capping on permanent teeth; (v) indirect
178 pulp capping on primary teeth; and (vi) simple extractions of erupted primary teeth, provided
179 however that the advanced procedures may be performed under general supervision if authorized
180 by the board pursuant to subsection (f) of this section.

181 Pursuant to a collaborative management agreement, a dental therapist may provide
182 procedures and services permitted under general supervision when the supervising dentist is not
183 on-site and has not previously examined or diagnosed the patient provided the supervising
184 dentist is available for consultation and supervision if needed through telemedicine or by other
185 means of communication. If the supervising dentist will not be available, arrangements shall be
186 made for another licensed dentist to be available to provide timely consultation and supervision.

187 A dental therapist may not operate independently of, and may not practice or treat any
188 patients without, a supervising dentist. A dental therapist is prohibited from practicing without
189 entering into a collaborative management agreement with a supervising dentist.

190 (f) No later than January 1, 2027, the department of public health, in consultation with the
191 board and any other entity they deem appropriate, shall begin an evaluation assessing the impact
192 of dental therapists practicing under general supervision in Massachusetts and the rest of the
193 United States, specifically on: (i) dental therapists' progress in expanding access to safe and
194 effective dental services for vulnerable populations including, at a minimum, MassHealth
195 members and individuals who are underserved as defined in this section; (ii) an appropriate
196 geographic distance limitation between the dental therapist and supervising dentist that permits
197 the dental therapist to expand access to vulnerable populations including, at a minimum,
198 MassHealth members and individuals who are underserved as defined in this section; and (iii) the
199 number of dental hygienists and dental assistants a dental therapist may oversee.

200 Not before January 1, 2028 and no later than December 1, 2029, the department of public
201 health, in consultation with the board and any other entity they deem appropriate, shall make a
202 recommendation, based on its assessment of whether dental therapists should be authorized to
203 perform one or more of the advanced procedures, as defined in subsection (e) under general
204 supervision pursuant to a collaborative management agreement. The department shall also make
205 a recommendation on an appropriate geographic distance limitation between the dental therapist
206 and supervising dentist that permits the dental therapist to expand access to vulnerable
207 populations including, at a minimum, individuals receiving benefits through the division of
208 medical assistance and individuals who are underserved as defined in this section. After the
209 department completes its assessment and submits its recommendations to the board, the board

210 shall make a determination, with consideration to how authorizing general supervision will
211 expand access to safe and effective dental services for vulnerable populations including, at a
212 minimum, MassHealth members and individuals who are underserved as defined in this section,
213 whether to authorize performance of one or more of the procedures as identified in subsection
214 (e), under general supervision pursuant to a collaborative management agreement.

215 Should the board, in consultation with the department and any other appropriate entity,
216 determine that dental therapists shall have the authority to perform 1 or more of the procedures
217 and services as identified in subsection (e) in their scope of practice under general supervision,
218 then the board shall establish regulations no later than 6 months following the recommendation,
219 authorizing dental therapists to perform one or more procedures as identified in subsection (e)
220 under general supervision pursuant to a collaborative management agreement after receiving
221 advanced practice certification.

222 The board shall grant advanced practice certification for a dental therapist licensed by the
223 board to perform all services under general supervision pursuant to a collaborative management
224 agreement if the dental therapist provides documentation of completion of at least 2 years or
225 2,500 hours, whichever is longer, of direct supervision pursuant to subsection (a) of this section,
226 and satisfying any other criteria established by regulation adopted by the board as authorized in
227 this section.

228 Should the board determine that dental therapists shall continue to perform one or more
229 of the advanced procedures under direct supervision, the department, in consultation with the
230 board, shall re-evaluate annually the impact of dental therapists practicing under general
231 supervision in Massachusetts and the rest of the United States, and the board shall annually

232 reassess whether to authorize general supervision for the advanced procedures in order to
233 improve dental therapists' progress in expanding access to safe and effective dental services for
234 vulnerable populations including, at a minimum, MassHealth members and individuals who are
235 underserved as defined in this section.

236 (g) The board shall establish appropriate guidelines for a written collaborative
237 management agreement. A collaborative management agreement shall be signed and maintained
238 by the supervising dentist and the dental therapist and shall be submitted annually to the board.

239 The agreement may be updated as necessary. The agreement shall serve as standing
240 orders from the supervising dentist and shall address: (i) practice settings; (ii) any limitation on
241 services established by the supervising dentist; (iii) the level of supervision required for various
242 services or treatment settings; (iv) patient populations that may be served; (v) practice protocols;
243 (vi) record keeping; (vii) managing medical emergencies; (viii) quality assurance; (ix)
244 administering and dispensing medications; (x) geographic distance limitations; (xi) oversight of
245 dental hygienists and dental assistants; and (xii) referrals for services outside of the dental
246 therapy scope of practice. The collaborative management agreement shall include specific
247 protocols to govern situations in which the dental therapist encounters a patient who requires
248 treatment that exceeds the authorized scope of practice of the dental therapist. The supervising
249 dentist is responsible for directly providing, or arranging for another dentist or specialist within
250 an accessible geographic distance to provide, any necessary additional services outside of the
251 dental therapy scope of practice needed by the patient. A supervising dentist may have a
252 collaborative management agreement with not more than 3 dental therapists at the same time.
253 Not more than 2 of the dental therapists may practice under general supervision with certification
254 to perform 1 or more of the advanced procedures. A practice or organization with more than 1

255 practice location listed under the same business name may not employ more than 6 dental
256 therapists, provided, however, that this requirement shall not apply if such an organization or
257 practice is a federally qualified health center or look-alike, a community health center, a non-
258 profit practice or organization, public health setting as defined by 234 CMR 2.02, or as otherwise
259 permitted by the board.

260 (h) No medical malpractice insurer shall refuse primary medical malpractice insurance
261 coverage to a licensed dentist on the basis of whether they entered into a collaborative
262 management agreement with a dental therapist or public health dental hygienist. A dental
263 therapist may not bill separately for services rendered; the services of the dental therapist are the
264 services of the supervising dentist and shall be billed as such.

265 (i) Not less than 50 per cent of the patient panel of a dental therapist, as determined in
266 each calendar year, shall consist of patients who are MassHealth members or are considered
267 underserved; provided, however, that this requirement shall not apply if the dental therapist is
268 operating in a federally qualified health center or look-alike, community-health center, non-profit
269 practice or organization, or other public health setting as defined by 234 CMR 2.02, or as
270 otherwise permitted by the board. As used in this section, "underserved" means individuals who:
271 (i) receive, or are eligible to receive, benefits through the division of medical assistance; (ii)
272 receive, or are eligible to receive, social security disability benefits, supplemental security
273 income, or a Massachusetts state supplement program; (iii) live in a dental health professional
274 shortage area as designated by the federal department of health and human services; (iv) reside in
275 a long-term care facility licensed under section 71 of chapter 111; (v) receive dental services at a
276 public health setting as defined by 234 CMR 2.02; (vi) receive benefits, or are eligible to receive
277 subsidized insurance through the commonwealth health insurance connector authority; (viii)

278 receive benefits, or are eligible to receive benefits, through the Indian Health Service, tribal or
279 urban Indian organizations, or through the contract health service program; (ix) receive benefits,
280 or are eligible to receive benefits, through the federal department of veterans affairs or other
281 organization serving veterans; (x) are elderly and have trouble accessing dental care due to
282 mobility or transportation challenges; (xi) meet the Commission on Dental Accreditation's
283 definition of people with special needs; (xii) are uninsured and have an annual income at or
284 below 305% of the federal poverty level; or (xiii) as otherwise defined by the board.

285 An employer of a dental therapist shall submit quarterly reports to the board that provide
286 information concerning the makeup of the dental therapist's patient panel, including the
287 percentage of underserved in the patient panel. No later than January 1, 2027, the secretary of
288 health and human services may establish by regulation penalties for employers who fail to meet
289 the requirements pertaining to the percentage of underserved in the dental therapist's patient
290 panel.

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

297 SECTION 12. The definition of "Core competencies" in section 259 of chapter 112 of the
298 General Laws is hereby amended by inserting after clause (i) the following clause:-

299 (j) Oral health education;

300 SECTION 13. The second paragraph of section 260 of chapter 112 of the General Laws
301 is hereby amended by adding the following sentence:- As a condition for licensure or renewal of
302 licensure, the board shall require community health workers to receive education or training in
303 oral health.

304 SECTION 14. The definition of “health care provider” in subsection (a) of section 79L of
305 chapter 233 of the General Laws is hereby amended by inserting after the word "dentist," the
306 following words:- dental therapist,.

307 SECTION 15. The department of public health, in consultation with the executive office
308 of health and human services, shall perform a 5-year evaluation of the impact of dental
309 therapists, as established under section 51B of chapter 112 of the General Laws, on patient
310 safety, cost-effectiveness and access to dental services. The department may enter into an inter-
311 agency agreement with the health policy commission, established under chapter 6D of the
312 General Laws, to provide assistance to the department in conducting such evaluation, as it deems
313 necessary. The department shall ensure effective measurements of the following outcomes and
314 file a report of its findings, which shall include the:

- 315 (i) number of dental therapists in the commonwealth each year;
- 316 (ii) number of licensed dental therapists in the commonwealth each year;
- 317 (iii) number of new and total patients served each year;
- 318 (iv) impact on wait times for needed services;
- 319 (v) impact on travel time for patients;
- 320 (vi) impact on emergency room usage for dental care; and

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

322 The report shall be submitted not later than 5 years after the date of graduation of the first
323 graduating class of dental therapists educated in the commonwealth to the joint committee on
324 public health, the joint committee on health care financing and the senate and house committees
325 on ways and means.

326 The center for health information and analysis shall, by the first day of January of each
327 year, submit a report on dental therapists, including information on:

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

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

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

331 (iv) number of new and total pediatric patients served, including geographic location and
332 insurance type;

333 (v) practice settings; and

334 (vi) commonly performed procedures and services.

335 Not later than 3 years after the date of graduation of the first graduating class of dental
336 therapists educated in the commonwealth, the first annual report shall be submitted to the joint
337 committee on public health, the joint committee on health care financing and the senate and
338 house committees on ways and means.