



## **The case for a Mid-Level Provider and a stronger Dental Hygiene Law**

The Ohio Dental Hygienists' Association supports the Dental Action Now! bill proposal on a mid-level provider, which seeks to:

- Allow Dental hygienists to work to the top of their license.
- Creates the position of Dental Therapist (DT) and Dental Hygiene Therapist.
- Limits the service territory for the new positions to Health Professional Shortage Areas and any area where at least 20% of a dentist's patients are on Medicaid.

### **Value-Added Dental Team Member**

The DTs in other states have been shown to expand access to care for underserved populations.

The Minnesota Department of Health Report to the Legislature in February 2014 showed that mid-level providers are expanding access to quality, affordable health care and meeting the needs of underserved populations. The report's conclusions include:

- The dental therapy workforce is growing and appears to be fulfilling statutory intent by serving predominantly low-income, uninsured and underserved patients.
- Dental therapists appear to be practicing safely and clinics report improved quality and high patient satisfaction with the dental therapist services.
- Clinics employing dental therapists are seeing more new patients and most of these patients are public program enrollees or from underserved communities.
- Dental Therapists have made it possible for clinics to decrease travel and wait times for some patients, increasing access.
- Benefits attributable to dental therapists include direct cost savings, increased dental team productivity, improved patient satisfaction and lower appointment cancellation rates making it more possible for clinics to expand capacity to see public program and underserved patients.

## Quality of care

Mid-level providers are highly skilled in routine, preventive care. Study after study has demonstrated that they provide quality care to underserved populations.

An independent evaluation of dental therapists in Alaska found that care provided by mid-level providers was on par with the quality of care provided by dentists and in some cases better.

There have been ZERO patient complaints about safety in 10 years in Alaska and 4 years in Minnesota.

Professional malpractice rates for dental therapists are a fraction of the cost of dentists' rates, because the scope of practice for dental therapists is narrowly defined to low-risk procedures. In both Minnesota and Alaska, dentists' annual premiums did not increase after they started supervising dental therapists.

## Skills

The scope of practice for DTs is modest and is similar to Alaska and Minnesota. The draft legislation allows a maximum of 35 procedures. **The supervising dentist can restrict the scope based on his/her experience with an individual dental therapist.**

The scope of practice reflects the most needed services in underserved communities, including, but not limited to, nonsurgical extractions of primary (baby) teeth and permanent teeth, except when the tooth is interrupted, impacted, fractured, or needs to be sectioned for removal. Additionally, there is an allowance for restoration of primary and permanent teeth, but not including permanent crowns, bridges or denture fabrication.

All dental therapy education programs are accredited by the Commission on Dental Accreditation (CODA), which is made up of organized dentistry, educational programs, licensure groups, specialty organizations and the public. CODA is authorized by the U.S. Department of Education.

In August 2015, CODA recognized dental therapy as a legitimate dental educational program. The body has developed and is implementing accreditation standards.

CODA requires a minimum of three academic years for DT education programs. A typical dental hygiene program is 2 years.

CODA is the same accrediting agency that ensures that dentists graduate at the highest possible standards; therefore the CODA accreditation process will assure the public and regulators that dental therapists will also graduate with the highest standards of quality.

### **Supervision and supervision agreements**

The bill proposal is permissive; no dentist is required to employ a dental therapist or utilize a dental hygienist in this manner and the practice locations are limited. Under this proposal, the DT or DH will always be subject to the **ultimate discretion and authority of the dentist**, including, duties to be performed, standing order protocol, and locations of service

Defines general supervision as a supervising dentist being reasonably available for consultation and direction through some form of communication, regardless of whether the supervising dentist is physically present at the location where the individual being supervised is providing services.

A dental therapist or a dental hygiene therapist may provide services under general supervision and without a dentist completing a prior exam or providing treatment planning for the patient if **all** of the following requirements are met:

- Dentists and dental therapist (DT) or dental hygienist (DH) have a supervision agreement in place.
- The agreement authorizes DT or DH to practice under general supervision and the DT or DH agree to comply with the agreement.
- A DT or DH complete four hundred hours of clinical practice under direct supervision of a dentist and demonstrates proficiency to the supervising dentist for each authorized service.

A supervision agreement must include **all** of the following:

- Any exclusions, limitations or conditions on the services that a DT or DH is authorized to provide.
- A statement from the DH agreeing to comply with written protocols the supervising dentist establishes.
- A description of circumstances under which the DT or DH is required to refer patients to a dentist or health care professional.

## States with Oral Health Workforce Models

- **Minnesota: *Advanced Dental Therapist, ADT (Signed into Law, 2009)***
    - Hygiene-based and non-hygiene based model
    - Education – Masters degree
    - ADT services can be provided under general supervision
    - An ADT may perform all the services a dental therapist provides and the following procedures, pursuant to a written collaborative management agreement with a dentist:
      - Oral assessment and treatment planning.
      - Routine, nonsurgical extractions of certain diseased teeth.
  - **Maine: *Dental Hygiene Therapist, DHT (Signed into Law, 2014)***
    - Hygiene-based
    - Education – RDH + post-secondary dental therapy program
    - Preventive and restorative scope
    - Licensure required
    - Direct supervision by a licensed dentist and a written practice agreement is required
    - Dually licensed as DHT and RDH
    - ADTs may be dually licensed as RDHs
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- **Connecticut: *Advanced Dental Hygiene Practitioner***
    - Hygiene-based
    - Education – RDH + master’s degree
    - Preventive and restorative scope
    - Licensure required
    - Must be dually licensed
  - **Georgia: *Dental Hygiene Therapist***
    - Hygiene-based
    - Education – B.S. in dental hygiene + Dental Hygiene Therapist program (4 semesters min)
    - Preventive and restorative scope
    - Licensure required
    - Direct supervision is required
    - May be dually licensed
  - **Hawaii: *Advanced Dental Therapist***
    - Hygiene-based and non-hygiene based model
    - Education – master’s degree
    - Preventive and restorative scope
    - Licensure required
    - May be dually licensed
  - **Kansas: *Dental Practitioner***
    - Hygiene-based
    - Education – RDH + 18-month dental practitioner education program
    - Preventive and restorative scope
    - Licensure required
    - Must be dually licensed
  - **Massachusetts: *Advanced Dental Hygiene Practitioner***
    - Hygiene-based
    - Education – RDH + 12-18 month registered dental practitioner education program
    - Preventive and restorative scope
    - Licensure required
    - Must be dually licensed
  - **New Mexico: *Dental Therapist***
    - Hygiene-based
    - Education – 3 years combined dental hygiene/dental therapy curriculum
    - Preventive and restorative scope
    - Licensure required
    - Must be dually licensed
- **New Mexico**
    - A Senate memorial was adopted establishing a task force to develop proposed workforce legislation by October 1, 2015.
  - **North Dakota: *Advanced Practice Dental Hygienist \****
    - Hygiene-based
    - Education – RDH + Advanced Practice Dental Hygiene education program
    - Preventive and restorative scope
    - Licensure required
    - Must be dually licensed
  - **South Carolina: *Dental Therapist***
    - Hygiene-based
    - Education – RDH + post-baccalaureate dental hygiene therapist education program
    - Preventive and restorative scope
    - Licensure required
    - Must be dually licensed
  - **Texas: *Dental Hygiene Practitioner \****
    - Hygiene-based
    - Education: RDH + 2 year dental hygiene practitioner program. Program must culminate at minimum with a Bachelor of Science degree.
    - Preventive and restorative scope
    - Licensure required
  - **Vermont: *Dental Practitioner***
    - Hygiene-based
    - Education – RDH + CODA-approved Dental Therapist program
    - Preventive and restorative scope
    - Licensure required
    - Must be dually licensed
  - **Washington: *Dental Hygiene Practitioner***
    - Dual-track: hygiene based and non-hygiene based model
    - Education – RDH + post-baccalaureate certificate
    - Preventive and restorative scope
    - Licensure required
    - Dual-licensed

\*State legislature does not meet in 2016