Maine became the third state this year where dental therapists, a mid-level provider similar to physician assistants or nurse practitioners on the medical team, can help dentists expand care. Alaska and Minnesota already have a similar dental care provider.

Dental hygiene therapists, as they are called in Maine, will be able to practice in the state and receive reimbursements from Medicaid and all other insurance carriers after Oct. 1, 2015. The new legislation will be discussed in an eCademy on oral health care from 2 to 3 p.m. June 11. The eCademy also will consider the impact of the Affordable Care Act on oral health care in the states.

Before passing the Maine bill, legislators travelled to Minnesota to see how that state’s 2009 legislation was rolling out.

“It was eye-opening; we went into various settings, schools, various clinics,” said Maine Rep. Heather Sirocki, co-sponsor of Bill LD 1230. “We saw firsthand the positive effects this bill could have for the state of Maine. It sold itself.”

Sirocki said Maine suffers from a dental care shortage that hinders access to oral health care. According to the Pew Charitable Trusts, 15 of 16 Maine counties in 2013 were federally designated dental shortage areas.

“In Maine, a lot of dentists are nearing retirement age and few work five days a week,” said Sirocki.

In fact, 40 percent of Maine’s dentists are approaching retirement, according to Pew’s children’s dental campaign. The state adds new dental school graduates every year, but in 2010 and 2011, the state saw a net increase of only four dentists each year.

In a state where 55 percent of children lack dental health care and 51 percent of adults have had at least one of their teeth extracted for reasons other than trauma, access to these mid-level providers could be a cost-effective way to relieve the shortage and serve the public, according to Sirocki.

“This is a free market solution” said Sirocki, “We need to get these people trained and out there to meet the demand of our state and the market.”

A comprehensive oral health assessment commissioned by Maine’s legislature in 2011 found the state’s rural population and Medicaid population were the most in need of access to oral health care. One-third of all Maine dentists practice in Cumberland County, although this county is home to only
21 percent of Maine’s population.

The dental hygiene therapists will work under the supervision of dentists and be able to perform assessments, preventive services, simple cavity preparation and restoration, and simple extractions, as well as prepare and place stainless steel crowns and aesthetic crowns, and provide urgent management of dental trauma.

The legislation didn’t come without opposition; some Maine dentists feared the quality of patient care might suffer. But Dr. Leon A. Assael, dean at the University of Minnesota School of Dentistry, provided written testimony to the Maine legislature in full support of the new mid-level providers. Many dental therapists in his state are being trained through the Minnesota School of Dentistry.

“Indeed, at the University of Minnesota they are educated in exactly the same courses that educated dentists with regard to these services. Their devotion to a limited area of practice makes them very effective in that specific area,” Dr. Assael wrote.

The Maine bill will require a dental hygienist who already has an associate’s or bachelor’s complete another four semesters, pass a competency-based clinical exam and complete 2,000 supervised clinical hours.

The law defines where dental hygiene therapists can practice to ensure they are serving populations most in need, including public health settings such as Federally Qualified Health Centers. A private dental practice may also hire them as long as at least 50 percent of the therapist’s patients are Medicaid enrollees. Today, MaineCare, the state’s Medicaid program, has extremely limited benefits for adults and many beneficiaries claim it is hard to find a provider who will accept Medicaid.

“I knew a young man that had to drive two and a half hours for his appointment, where he found out all but one of his molars needed to be pulled,” said Sirocki. “Weeks later, his one remaining molar hurt so bad, but he could not be seen for three weeks by any provider, so he drove himself to the local ER where he was prescribed pain medicine. Discouraged and still in pain, his next stop was the hardware store where he bought pliers. The young man pulled his last remaining molar out himself. This is where we are in oral health care in the state of Maine.”

California, Colorado, Kansas, New Hampshire, New Mexico, Ohio, Rhode Island, Vermont and Washington are considering similar legislation to address dentist shortages.