

Dental Hygiene Therapists (Note)

By Debra Miller, CSG Director of Health Policy

In 2014, roughly 47 million Americans lived in “dental health professional shortage areas,” a geographic area or a population group where there are 5,000 or more individuals per dentist so designated by the U.S. Department of Health and Human Services. In six states, at least 20 percent of the population lives in shortage areas with little or no access to dentists.

Dental care is the greatest unmet health need among children in the United States, according to the Pew Charitable Trusts. Every year, tens of millions of children, many of them from low-income families, go without seeing a dentist.

The dental workforce traditionally has been limited to dentists, dental hygienists and dental assistants, all of whom are licensed at the state level. However, Minnesota and Maine have authorized mid-level dental practitioners to expand the reach of the dental workforce.

In 2009, Minnesota ([SF 2083](#)) became the first state to establish new mid-level dental practitioners, called dental therapists and advanced dental therapists. The advanced dental therapist is required to complete more education and 2,000 hours of clinical practice. The Minnesota statute requires that a dental therapist—or DT—work under the direct or indirect supervision of a dentist, while the advanced dental therapist—or ADT—may work without a dentist onsite. The scope of practice of the DT and the ADT differs only in that the ADT may extract mobile permanent teeth and may “provide” limited medications. Dental therapists are authorized to work in nursing homes, community health centers, Head Start programs and U.S. Department of Veterans Affairs clinics. They can also work in other settings, including private practices, as long as more than 50 percent of patients are low-income, disabled, chronically ill or uninsured.

Maine ([HP 870 – L.D. 1230](#)) is the second state to create a new mid-level dental provider. Passed in 2014, the bill created a new level of dental practitioners. The dental hygiene therapists will 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. Dental hygienists can become dental hygiene therapists after statutorily prescribed schooling and clinical hours and after passing an exam. They are required to work under a dentist’s supervision.

The Indian Health Service in Alaska has used a midlevel provider since 2003, called a dental health aide therapist. Dental health aides are congressionally authorized by the Indian Health Care Improvement Act (Section 121, 25 U.S.C. 1616l) and are exclusively for use in Alaska. The aides practice in remote rural areas of the state with a focus on increasing access to preventive and basic dental care for the Alaska Native population. The aides are under the general supervision of a dentist but can provide services without being in the physical presence of a dentist.

Bills are pending for the 2016 legislative sessions in Hawaii ([HB 257](#)), Massachusetts ([S. 1118](#)), South Carolina ([S. 245](#)) and Vermont ([S. 20](#)).