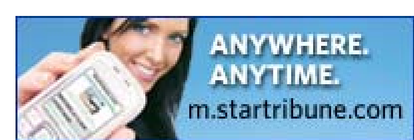

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Editorial: Bill would help plug gaps in dental care

Dental association objects to lack of supervision.

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Given Minnesota's perennial perch atop "healthiest state" lists, it's shocking to see maps depicting the state's federally designated "Dental Health Professional Shortage Areas." Those who live in communities with an adequate number of dentists to serve their populations should feel fortunate. Much of northern and western Minnesota is considered underserved. So are wide swaths of Minneapolis and St. Paul.

A band of Minnesota lawmakers led by state Sen. Ann Lynch, DFL-Rochester, and Rep. Cy Thao, DFL-St. Paul, have been working for several years on a smart solution to bridge gaps in dental-care access. Their legislation would allow new midlevel dental professionals -- the equivalent of nurse practitioners -- to practice only in underserved areas or with underserved populations. The new providers are called oral health practitioners (OHPs) and dental therapists. Among their duties: filling cavities, pulling teeth in some situations and administering medications. OHPs could, potentially, work even when their supervising dentist is not present.

This week, with the Senate bill heading toward a floor vote, the Minnesota Dental Association (MDA) launched an all-out media blitz targeting the legislation. The MDA, which laudably endorses midlevel dental therapists with on-site supervision, strongly opposes OHPs working without a dentist on hand, particularly on "irreversible procedures" such as tooth extraction. The organization also maintains that only training done at an accredited dental school is adequate. The MDA urges people to call lawmakers and tell them "unsupervised workers doing dental surgery is wrong."

But before you pick up the phone, consider some additional perspective. Midlevel dental providers work -- sometimes without a dentist on site -- in Alaska and more than 50 countries. Numerous studies and reports have documented the quality of their care. One, published last year in the Journal of the American Dental Association, concluded that irreversible dental treatment provided by Alaskan midlevel providers did not differ from similar treatment provided by dentists.

The OHPs would hardly be running amok irresponsibly pulling teeth. They would work under the oversight of a Minnesota dentist, who would determine what procedures they could perform. Care would have to be authorized by the dentist, who would then remain available for consultation or referral. Requiring a dentist to be on site doesn't do enough to solve access problems in areas where dentists are already

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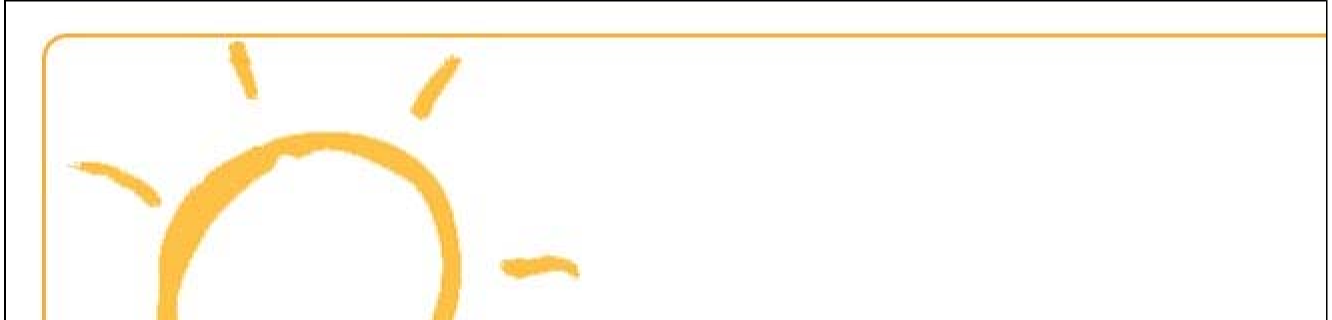

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scarce. Both OHPs and therapists are needed.

As for training, it's a respectable group of MnSCU schools that will train many new providers. MnSCU institutions have done deep research into other countries' best practices and are centering coursework around them. Curriculum information has not been shared with MDA; it should be.

The introduction of other midlevel providers such as nurse practitioners, midwives and physician's assistants initially met with resistance here and elsewhere. These professionals now play a valuable role in providing cost-efficient, accessible care. The Lynch-Thao legislation offers pioneering solutions to help Minnesotans get the dental care they need, no matter where they live.

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