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Dental therapist and OHP bills move forward in Minnesota

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St. Paul, Minn.—Officials from the Minnesota Dental Association knew the deck was stacked against them when they went into legislative hearings March 11 to determine the language in two separate bills regarding what has come to be termed a "midlevel" dental provider in Minnesota.

With public affairs assistance from the ADA, the MDA is backing one of the bills, which would provide funding for a program at the University of Minnesota School of Dentistry to educate a new member of the dental team, the dental therapist, at the dental school, with the dental therapist's position being an integrated member of the dental team who would practice with a dentist's supervision.

A separate measure advanced by the Minnesota State Colleges and Universities system (community colleges and public universities not affiliated with the University of Minnesota), the Hennepin County Safety Net Coalition and Minnesota Dental Hygienists' Association proposes an "oral health practitioner" with the authority to perform surgical and restorative procedures without a dentist being on-site to provide supervision.

Both measures have now passed out of committee and move on to another round of legislative hearings this week.

"While we are pleased that the MDA and School of Dentistry proposal was met with little resistance and was enthusiastically supported, we are also frustrated that the legislature appears to be willing to pass both bills and are not inclined to pick one over the other," said Dr. Jamie Sledd, MDA immediate past president. "But the superior proposal survived to fight another day."

In backing the OHP bill, supporters brought in spokespersons from Alaska and Canada and "contended that this would not cost MNSCU any money and that it was not necessary for a dentist to be supervising with anything more than a written agreement," said Dr. Sledd.

The written agreement is referenced in the OHP legislation as the "collaborative management agreement." An OHP could not work without one in place with a collaborating dentist. The dentist would have the authority to authorize a scope of practice for the OHP (within the stated scope of the law), determine when consultation is required and other parameters. However, it does not require any specific periodicity of case reviews, referrals, or related activities, so its application in day-to-day practice is an open question.

"We were able to argue that access was important to all of us but that safety had to be a key element," Dr. Sledd commented. "That is why we contended that a dentist had to be in the building when surgical or irreversible procedures were being performed. Also, a school accredited to teach oral surgical procedures should be the only place to teach the clinical work."

In the senate, an amendment to add all of the dental therapist language to the OHP bill was passed unanimously.

"While we were working at a disadvantage in this hearing, we were able to preserve the language that we support and move it forward. While it is attached to language we do not support, there will be new opportunities for us to advance our position in the Senate," said Dr. Sledd.


In the House, the chair of the licensing subcommittee approved the vote on the dental therapist bill, which eventually prevailed. Early on, an amendment was proposed to strip the scope and supervision provisions out of the OHP bill and replace them with language from the dental therapist bill, however that measure failed.

"Rep. Kim Norton (DFL-Rochester) then did a great job of introducing the dental therapist bill and all of our witnesses were allowed to speak," said Dr. Sledd. "The arguments that were made included an emphasis on safety and even went on to debate the merits of what is going on in other countries and Alaska. There was also testimony from a number of Safety Net Coalition members that were opposed to the OHP."

For a history of the developments in Minnesota, visit www.ada.org/goto/adanews?3489.

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