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State Sen. Ann Lynch, DFL-Rochester: OHPs deliver safe, sound dental care

More than 50 countries use mid-level practitioners to improve access and reduce costs. Dozens of high-quality research studies by highly respected academic and research institutions have proven that mid-level practitioners provide safe, high-quality dental care.

By Ann Lynch

ST. PAUL — How discouraging to read the column by Dr. John Mosher (“Dental care plan needs more study,” Page D3, May 3).

There was a lot of misinformation in his column, and it’s important that Herald readers have all of the facts.

After nearly two years of work on the oral health practitioner bill in Minnesota, almost all major stakeholders support it. I am disappointed that Mosher, who had nothing to do with the process of designing this new program, has chosen to use scare tactics to pressure dentists and dental patients to oppose the bill.

More than 50 countries use mid-level practitioners to improve access and reduce costs. Dozens of high-quality research studies by highly respected academic and research institutions have proven that mid-level practitioners provide safe, high-quality dental care.

The legislation requires all training programs to be approved by the Board of Dentistry and meet all existing and future accreditation requirements. The training programs planned by both the University of Minnesota Dental School and the Minnesota State Colleges and Universities system exceed the requirements used in other countries and Alaska.

Minnesota’s dental access crisis is caused in large part by a shortage of dentists who are available and willing to serve low-income, uninsured and disadvantaged patients. The Minnesota Dental Association has offered its own proposal for a mid-level practitioner, called a “dental therapist,” but the group’s proposal requires a dentist on-site, which does little to address the most serious access problems.

In order to improve access to the most needy, a bill must allow mid-level practitioners to practice in settings where no dentist is available on-site.

Historically, the dental profession has opposed many important policy changes when they were first proposed, while often embracing the changes later on.

Several examples include:

** The dental profession opposed Medicare coverage of dental services when Medicare was first created.

** The dental profession opposed the National Health Service Corps, a federal agency that helps underserved communities recruit health care professionals.

** The dental profession opposed letting federally qualified health centers or community clinics provide dental services to low-income patients.

In all of these examples, the dental profession later reversed its opposition and now supports these positions.

The oral health practitioner bill will provide additional options and opportunities to address the current crisis in oral health care. Just as physicians initially opposed nurse practitioners and physician assistants but later embraced them, the dental profession is likely to continue to oppose this bill — and then eventually to come around and view OHPs as a valued member of the dental team.

Lynch, DFL-Rochester, represents District 30 in the Minnesota Senate.

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