

## LEGISLATURE / HEALTH CARE

# Dental bills move through Legislature

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ST. PAUL — Lewiston dentist Michael Flynn knows all too well the need among low-income residents for dental care.

Every year, Flynn treats 1,000 patients on state assistance with over 2,500 patient visits a year. While he already has two dental hygienists and four assistants, Flynn said he could use more help.

### UPDATE

“What I am looking for is another situation where I can delegate and I do have somebody in the trenches helping me do what I do,” he said.

Two Rochester lawmakers have different solutions for that need. Democratic Sen. Ann Lynch and Rep. Kim Norton are sponsoring bills to create a mid-level dentist practitioner that could do some basic dental work including filling cavities. On Wednesday, both measures won committee support in the House and Senate.

Lynch’s bill would create an oral health practitioner program for licensed dental hygienists with a bachelor’s degree. These practitioners would be supervised by a dentist and would be allowed to do diagnosis and treatment plans, pull teeth, fill cavities and prescribe certain medication for pain. The proposal is based on the recommendations of a state Oral Health Practitioner Work Group and is modeled after programs in Alaska and other countries, including New Zealand, Canada and Great Britain. Metropolitan State University plans to offer the program beginning this fall if it is approved.

“The legislation that is before us today is for all those voices that so often are not in these halls. Those voices that are not

in this room,” Lynch told members of the Senate Health, Housing and Family Security Committee.

While Lynch’s proposal has the backing of several organizations, including the Minnesota Dental Hygienists’ Association and the Minnesota Hospital Association, it has drawn fierce opposition from the Minnesota Dental Association.

The association is instead backing Norton’s bill to create a dental therapist program. Some of the key differences include that a dentist would be required to be on-site for the dental therapist to do work. The dental therapist would not be allowed to do diagnosis and treatment plans, pull secondary teeth or prescribe medication. The training would be done in partnership with the University of Minnesota School of Dentistry and be offered as both a bachelor’s and master’s degree program. It would be open to all students — not just dental hygienists.

Norton said she decided to introduce the bill because of her concerns that the oral health practitioner bill does not do enough to protect patient safety.

“This was very difficult for me because the senator that carried this bill, started this bill was from my own community. So I did not take opposing her very lightly,” Norton told members of the House Licensing Division Committee.

Fellow Rochester Rep. Tina Liebling has signed on as a co-sponsor of Norton’s bill.

### A growing problem

For low-income residents and those living in rural and urban core areas, simply getting access to dental care has become a major issue, said Michael Scandrett, a lobbyist for the Minnesota Safety Net Coalition.

“We’ve looked at what is driving the access program. It does come down to a shortage of dentists who are willing or available to serve certain populations, and these tend to be the populations that are difficult to serve,” he said.

There are an estimated 57 active dentists per 100,000 residents in the state, according to the Minnesota Department of Health. The average age of the state’s dentists is 59 and with retirement looming for many providers, the access program is only going to get worse, Scandrett said.

Supporters of the oral health practitioner bill noted that more than 50 countries and Alaska have similar programs that have been successful in solving this problem. Dr. Ron Nagel, a dental consultant for the Alaska Native Tribal Health Consortium, said he did a study of programs in 52 countries that was published in the International Dental Journal.

“There is no evidence to support claims that the services provided by dental therapists are unsafe or of poor quality,” Nagel said.

Supporters also say that Norton’s dental therapy bill would not do enough to solve the dental access problem because it would require a dentist to be on-site at a time where there is a shortage of dentists. Sarah Wovcha, executive director of Children’s Dental Services, says her program serves 18,000 children from low-income families across the state. But the program has had



trouble finding dentists and has three openings the organization has been unable to fill.

"We would easily be able to serve an additional 10,000 children across the state if we had adequate providers," she said.

But Dr. Scott Lingle, a dentist speaking on behalf of the Minnesota Dental Association, said he has serious concerns about possible safety issues and the education program proposed for the oral health practitioner program.

"Essentially, you are playing doctor without going to doctor school," Lingle said.

He favors the idea of the dental therapy program, where students would train side by side at the University of Minnesota's dental school with dental hygienists and dentists. However, the dental school's dean, Patrick Lloyd, has said the school would need \$930,000 to launch the program this fall. He said the school will look at all options for getting those dollars. Metropolitan State University's president told lawmakers the school would need no additional money to start the oral health practitioner program.

## A legislative twist

In the Senate committee, members decided to amend Lynch's bill — adding the dental therapist program to it. So the bill now heads to the Senate Finance Committee with both proposals included in one bill. Meanwhile, the House committee approved both bills separately.

Lynch said she does not see these bills as competing with each other. She said both offer options to address the dental access problem.

Lewiston dentist Flynn traveled to the Minnesota Capitol to offer his opinion on the bills. Flynn, who served on the state's Oral Health Practitioner Work Group and said he talked with other dentists in southeast Minnesota serving a total of 10,000

patients to get their view.

"Overwhelmingly, the response came back that a dental therapist would fit our team better at this time," he said.

**For more information, go to [Postbulletin.com/weblinks](http://Postbulletin.com/weblinks).**

## THE PROPOSALS



Lynch

### Ann Lynch's Oral Health Practitioner bill

- Creates a master's program open to licensed dental hygienists.
- Metropolitan State University plans to offer program.
- Requires practitioner to be under a dentist's supervision.
- Allows for diagnosis and treatment plans; pull adult teeth, fill cavities and prescribe certain medications for pain.



Norton

### Kim Norton's Dental Therapist bill

- Creates a bachelor's and master's degree program open to anyone, not just dental hygienists.
- Requires program at the University of Minnesota School of Dentistry.
- Requires a dentist be on-site when a therapist performs surgical procedures, such as filling cavities.
- Has stricter limits on what a therapist can do. Therapists could not pull adult teeth, make diagnoses or treatment plans, or prescribe medication.