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Dental therapist, oral health practitioner bills move forward in Minnesota

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St. Paul, Minn.—Debate over language defining what has come to be known as a "midlevel" dental provider in Minnesota has continued in separate committees of the state's Senate and House of Representatives.

The Minnesota Dental Association and University of Minnesota School of Dentistry are supporting a bill that would provide funding for a program at the 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.

However, a competing bill 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.

"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 is not inclined to pick one over the other," said Dr. Jamie Sledd, MDA immediate past president.

The MDA experienced one setback after the Minnesota House Licensing Subcommittee rolled the OHP and dental therapist bills into an omnibus licensing bill known as HF 535 for consideration before the full House Health and Human Services Policy and Oversight Committee. On March 25 an amendment to strip the scope of practice and supervision of the OHP and replace it with the dental therapist language failed to gain a majority of the full committee. The next step is for HF 535 to be heard by the full chamber at a date yet to be determined.

On March 26 the Senate Finance Committee passed SF 1106, the bill that includes both the OHP and dental therapist language. The dental therapist bill "is attached to language we do not support," said Dr. Sledd, however, "we were able to preserve the language that we support and move it forward."

Instead of going to the Senate floor directly, SF 1106 has been referred back to the rules committee until Senate leaders determine the bill's next action.



MDA officials knew the deck was stacked against them when they went into legislative hearings in early March. Supporters of the OHP bill brought spokespersons from Alaska and Canada and "contended that [the OHP proposal] 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."

The ADA is providing public affairs assistance to the MDA. For a history of the developments in Minnesota, visit www.ada.org/goto/adanews?3489.

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