

New four-year degree program would create wider safety net

By Rep. Kim Norton

What if you needed a root canal, but had to drive more than 60 miles just to see a dentist? Imagine having a throbbing toothache for months, but lacking the dental coverage to get it taken care of.

For thousands of Minnesotans, these scenarios are all too real. In fact, one-third of Americans have no dental coverage whatsoever. What's more, the number of dentists serving rural and low-income parts of Minnesota is dwindling fast, forcing entire communities into dental pilgrimages just to get the care they need.



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These unnecessary impediments delay and deny timely, preventive dental care for thousands of Minnesotans. Instead of catching cavities and other problems early, many Minnesotans are forced to the emergency room after the problem has gotten too bad to fix. Usually all an emergency room can do is provide antibiotics and pain medication. Stunningly, one-third of all emergency room visits last year at Hennepin County Medical Center (HCMC) were for dental problems, costing HCMC \$2.6 million in medical billings.

Last year a group of policy experts and dental practitioners began working to address the problem. The Oral Health Practitioner Working Group developed recommendations for filling the gap in quality dental care for Minnesota's rural and low-income populations. One recommendation the group put forward would get to the root of the issue, putting more dental practitioners to work in these underserved populations.

Working with the Minnesota Dental Association and the University of Minnesota, I am authoring a bill that would put more, highly trained dental practitioners in the field caring for low-income and rural populations. Our proposal is simple: provide mid-level dental therapists rigorous clinical training that would allow them to practice quality dental care in underserved areas of the state.

With 50 percent of their caseload required to serve rural and low-income populations, these therapists could provide preventive and other dental care at a lower cost, while filling the gap in dental practitioners for thousands of Minnesotans.

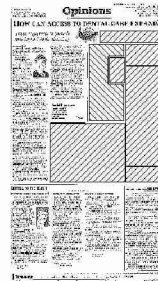
To ensure these dental therapists are trained adequately to provide quality care, as part of their 4-year bachelor's program they would be required to clinically train alongside dental students. Requiring this co-training system would allow both dentists and dental therapists to become familiar with each of their various responsibilities and ensure a solid collaboration between both professions to better serve the people of Minnesota. It would also allow dental therapists an important role in treatment of the patient, while ensuring the most complex dental procedures are handled by a dentist.

Supported by the University of Minnesota Dental School — the only institution in the state to teach surgical dental procedures — this plan would require on-site supervision by licensed dentists for more serious surgical procedures, including the pulling of primary teeth. Because of the serious and sometimes irreversible nature of dental surgical procedures, having a dentist on-site would provide a safe and efficient method of treatment. Since these patients often have more complicated dental issues, such a requirement is critical to safety and quality.

This simple solution would give tens of thousands of Minnesotans easier, more affordable access to quality dental care without having to drive miles or wait months to receive it. Facing a record and growing budget deficit, this is one area of health care reform the state can pursue without reservation this year.

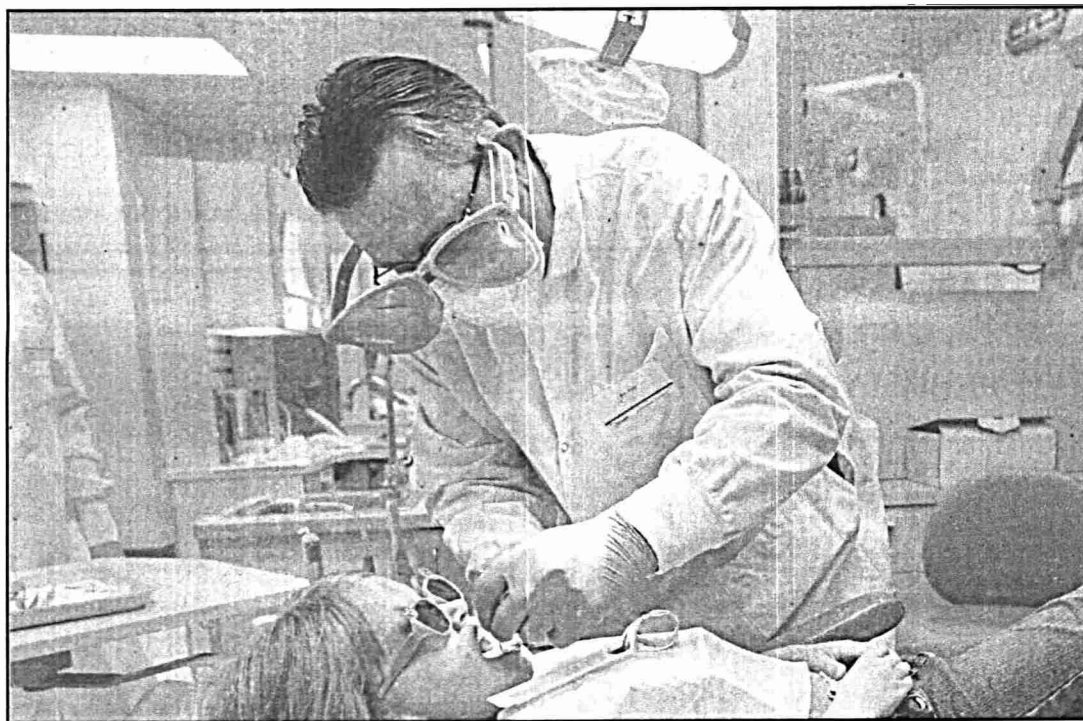
Unfortunately, the budget deficit is threatening dental health in other areas. Under Gov. Pawlenty's budget proposal, \$38 million in cuts would eliminate dental coverage for all Minnesotans over the age of 18 enrolled in public health programs. It would also cut \$12.3 million in a program that pays dentists 50 percent above regular Medicaid rates if they agree to serve public program enrollees.

The future of dental care access and affordability in Minnesota will be a critical part of the health care debate this year at the State Capitol. I will be working dili-



gently to implement cost-effective, responsible reforms this session to expand access to quality dental care throughout rural Minnesota, and serve low-income populations safely and responsibly.

Rep. Kim Norton is a DFLer from Rochester who is serving her second term in the Minnesota Legislature.



Post-Bulletin file photo

Many children in Rochester don't have dental insurance or easy access to dental care, but the problem is much greater in rural areas of Minnesota — which is why two Rochester legislators are pursuing plans that would put more dental practitioners in the field.