

Oral health practitioners would help solve Minnesota's dental crisis

The lack of access to dental treatment has become a major health crisis for many Minnesotans. This is especially true for our most vulnerable citizens, including children, the elderly, low-income and special needs populations and the growing number of unemployed who cannot access the dental care they so desperately need. One of the main reasons these people lack adequate dental care is a severe shortage of dentists in rural communities or dentists willing to serve these populations, even those who have insurance. Many community clinics, which do serve low-income, uninsured and disadvantaged patients, cannot find dentists to fill existing positions and patients routinely wait weeks or even months for appointments. When I was a public health nurse advisor for the state of Minnesota for what was called at the time Services for Children with Handicaps one family had to travel sixty miles from Bemidji to find a dentist to provide dental care for their children. Why would the dentists who refuse to serve these populations try to derail dental care for those they choose not to care for? How can healthcare reform move forward if this is allowed?

There is a solution.

In 2008, the Minnesota Legislature enacted a law allowing a new type of dental provider, an oral health practitioner (OHP), to provide basic oral health services to underserved patients and communities. OHPs would be similar to nurse practitioners and would provide basic treatment in places where dentists are not available or choose not to practice. In the current legislative session, Senator Ann Lynch and Representative Cy Thao have introduced the Oral Health Practitioner Bill that addresses the education, licensure and scope of practice for OHPs. The OHP model is based on suc-

cessful programs that have been in place for several years in Alaska and 50 countries, including Canada, the United Kingdom and New Zealand. And, research shows these programs are both safe and cost-effective.

Unfortunately, this legislation is being vigorously opposed by the Minnesota Dental Association. They argue that patients will be harmed and that substandard care will be delivered by unsupervised dental practitioners. This is not true. Over 50 countries use mid-level dental 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. Not a single study has ever found the care to be unsafe or to put patients at risk.

Sen. Lynch and Rep. Thao's legislation also requires that an OHP work under the supervision of a licensed, practicing, Minnesota dentist under a collaborative practice agreement. The supervising dentist decides which procedures may be done without the dentist on site and those that would require the dentist to be present. Based on the agreement, the OHP would provide diagnostic, preventive, therapeutic and restorative services and practice in underserved areas or safety net settings or serve primarily low-income or uninsured patients. This would provide dental care to thousands who currently cannot access services.

Historically, the dental profession has opposed many important policy changes and improvements in dental access when first proposed, while often embracing the changes later on. Several examples include: (1) the dental profession opposed Medicare coverage of dental services when Medicare was first created; (2) the dental profession opposed the National Health Service Corps a federally agency that helps underserved communi-

ties recruit health care professionals; and (3) the dental profession opposed allowed Federally Qualified Health Centers (community clinics) to provide dental services to low-income patients. In all of these examples, the dental profession later reversed its opposition and now supports these positions. 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, but eventually they will come around and will view OHPs as a valued member of the dental team.

Meanwhile, the problem is getting worse. The average age of dentists in Minnesota is 55 with 60 percent of Minnesota dentists expected to retire in the next 15 – 20 years. The problem is even more dramatic in rural areas where the average age of dentists is 59. More and more patients are seeking dental treatment in hospital emergency rooms. In 2005, Twin Cities emergency rooms reported more than 10,000 visits for oral health problems at a cost of more than \$4.7 million. In addition, Minnesota has experienced rapid growth in low-income and uninsured patients in recent years due to the economic downturn, unemployment, erosion of health insurance and other factors. As budgets tighten, this number will grow substantially.

This is a reform that is desperately needed. It will save money and improve oral health for Minnesota's most vulnerable citizens. Especially in times of economic distress, proven ideas like this should be embraced, not opposed. The legislature needs to approve the OHP bill so these practitioners can extend the services of oral health teams.

Minnesota cannot wait. Basic dental care for thousands of our family members and neighbors depend on it.

Cheri Gunvalson RN, MSN

