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Here's how to 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.

By: Cheri Gunvalson,

GONVICK, Minn. — 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.

One of the main reasons these people lack adequate dental care is a severe shortage of dentists willing to serve these populations as well as dentists in rural communities, period.

When I was a public health nurse adviser for Minnesota's Services for Children with Handicaps, one family had to travel 60 miles from Bemidji to find a dentist to provide dental care for their children.

But there is a solution.

In 2008, the Minnesota Legislature passed a law allowing a new type of dental provider, an oral health practitioner, 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, lawmakers have introduced an Oral Health Practitioner Bill that addresses the education, licensure and scope of practice for OHPs.

Unfortunately, this legislation is being vigorously opposed by the Minnesota Dental Association. The association argues that patients will be harmed and that substandard care will be delivered by unsupervised dental practitioners.

This is not true. The OHP model is based on successful programs that have been in place for several years in Alaska and 50 countries, including Canada, the United Kingdom and New Zealand.

Dozens of high-quality research studies have proven that mid-level practitioners provide safe, high-quality care. Not a single study has ever found the care to be unsafe or to put patients at risk.

The legislation also requires that an OHP work under the supervision of a licensed Minnesota dentist under a collaborative practice agreement. The supervising dentist decides which procedures may be done without the dentist on site and which 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 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 when first proposed, while often embracing the changes later on. Examples include Medicare coverage of dental services, the federal National Health Service Corps and the laws that let 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. 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. Eventually, they'll 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, and 60 percent of Minnesota dentists are expected to retire in the next 15 to 20 years. The problem is even more dramatic in rural areas, where the average age of dentists is 59.

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.

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 such as this one should be embraced, not opposed.

The Legislature needs to approve the OHP bill so these practitioners can extend the services of oral health teams.

Gunvalson is a public-health nurse.

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