

Committee on Education and Cultural Affairs

Support for LD 1026 Resolve To Direct the University of Maine System to Establish a Dental Therapy Program

Good morning Senator Rafferty and Representative Brennan and Members of the Committee on Education and Cultural Affairs.

My name is Bonnie Vaughan IPDH, MEd, MBA. I am a dental hygienist with many years experience in dental hygiene education, private practice and in dental public health **ALL** in Maine.

I'm one of 1400 dental hygienists who have worked to advance dental public health thru Public Health Supervision hygienists, Independent Dental Hygiene Practice and now Dental Hygiene Therapy. The goal has always been to provide dental care to the population most in need.

Currently I am Ex Director of Kennebec Valley Family Dentistry, a nonprofit safety net dental center located here in Augusta. We are one several safety net dental centers that has seen a sharp increase in requests for care from **NEW MC patients both kids & adults**. Our hygienists are booked **out 12 months and our dentists are booked 5 mos in advance. Kids and Emergency care are our top priority.**

We receive calls from clients as far away as Caribou and from people who have called more than 20 practices to get emergency care. We are open 5 days a week seeing 30-to 50 patients a day, 80% have MC coverage.

Surveys have shown that Maine Hygienists want to be Dental Therapists.

We have a CODA approved Dental Hygiene Program at UMA that could include a Dental Therapy program.

We have dental centers that want to hire dental therapists. We need your support. Thank you for your time and interest.

Bonnie Vaughan IPDH, MEd, MBA Executive Director Kennebec Valley Family Dentistry Augusta, ME bssvaughan@msn.com 232-4836, 623-3400

Dental Therapy Education Programs

Alaska

Ilisagvik College Alaska Dental Therapy Education Program (ADTEP)

Address: 4115 Ambassador Dr
Anchorage, AK 99508

Website: <https://www.ilisagvik.edu/program/dental-therapy/>

Program Chair: Sarah Shoffstall-Cone, DDS, MPH; sarah.shoffstall@ilisagvik.edu

Michigan

Ferris State University (*program under development*)

Address: 1201 S. State Street
Big Rapids, Michigan USA 49307

Program Director: TBD

Minnesota

Metropolitan State University's Master of Science in Advanced Dental Therapy Program

Address: 405 Maria Avenue
Saint Paul, MN 55106

Website: <https://www.metrostate.edu/academics/programs/advanced-dental-therapy-msadt>

Department Chair: Andrea Jordan, RDH, MS; andrea.jordan@metrostate.edu

Minnesota State University, Mankato, Master of Science in Advanced Dental Therapy Program

Address: 120 Clinical Sciences Building
Mankato, MN 56001

Website: <https://ahn.mnstate.edu/academic-programs/dental-education/advanced-dental-therapy.ms/>

Department Chair: Brigitte Cooper; brigitte.cooper@mnstate.edu

University of Minnesota, School of Dentistry, Division of Dental Therapy

Address: Moos Health Sciences Tower, 515 Delaware Street
Minneapolis, MN 55455

Website: <https://www.dentistry.umn.edu/degrees-program/dental-therapy/our-division>

Program Director: Karl Self, DDS, MBA; kself001@umn.edu

Vermont

Vermont Technical College, Dental Therapy Education Program (*program under development*)

Address: P.O Box 500, 124 Admin Drive
Randolph Center, VT 05061

Program Director: TBD

Washington

Skagit Valley College

Address: 2405 East College Way
Mount Vernon, WA 98273

Program Director: Rachel Hogan, DDS; Rachael.Hogan@skagit.edu

Dental Therapy is Authorized by State Law

Minnesota: Advanced Dental Therapist, (Signed into Law, 2009)

- o May be dually licensed as a RDH and ADT
- o ADT services can be provided under general supervision
- o An ADT may perform all the services a dental therapist provides and the following procedures, pursuant to a written collaborative management agreement with a dentist:
 - o Oral assessment and treatment planning.
 - o Routine, nonsurgical extractions of certain diseased teeth.

Maine: Dental Hygiene Therapist, (Signed into Law, 2014; Amended, 2019)

- o Preventive and restorative scope
- o Licensure required, dually licensed as DHT and RDH
- o Direct supervision by a licensed dentist and a written practice agreement is required
- o *Amendment aligned education with CODA standards*

Vermont: Dental Therapist, (Signed into Law, 2016)

- o General supervision by a licensed dentist and collaborative agreement is required
- o Preventive and restorative scope
- o Licensure required; Must be dually licensed

Washington: Dental Health Aide Therapist, (Signed into Law, 2017)

- o Limited to Tribal lands
- o Not CODA Accredited

Arizona: Dental Therapist, (Signed into Law, 2018)

- o Preventive and restorative scope
- o Licensure required, must be dually licensed
- o Allows dental therapists to work under direct supervision OR pursuant to a collaborative practice agreement after practicing 1,000 hours under direct supervision
- o Requires that dental therapists perform nonsurgical extractions of permanent teeth only under direct supervision

Michigan: Dental Therapist, (Signed into Law, 2018)

- o Preventive and restorative scope
- o Licensure required
- o Allows dental therapists to practice under general supervision of a dentist and through a written agreement after practicing 500 clinical hours under direct supervision

New Mexico: Dental Therapist, (Signed into Law, 2019)

- o Preventive and restorative scope
 - o Full scope requires completing a dental therapy post-graduate clinical experience approved by the Board
- o Licensure required, must be dually licensed
- o General supervision by a licensed dentist and dental therapy practice agreement
- o Tribes exempt

Idaho: Dental Therapist, (Signed into Law, 2019)

- o Limited to Tribal Lands
- o Must graduate from CODA accredited program
- o Not full scope, supervision to be determined by negotiated rulemaking

Montana: Community Health Aide Program, (Signed into Law, 2019)

- o Limited to tribal land
- o Not CODA accredited
- o No extractions or invasive procedures

Nevada: Dental Therapist (Signed into Law, 2019)

- o Preventive and restorative scope
- o Licensure required, must be dually licensed
- o Must obtain Public Health Dental Hygiene Endorsement
- o May practice under written practice agreement following completion of 500, 1000 or 1,500 hours of clinical practice, depending on experience

Connecticut: Dental Therapist (Signed into Law, 2019)

- o Preventive and restorative scope
- o Licensed as RDH; certified as dental therapist
- o May practice under collaborative agreement after completing 1,000 clinical hours under direct supervision and complete 6 hours of CE related to dental therapy

Oregon: Dental Therapist (Signed into Law, 2021)

- o Preventive and restorative scope
- o Licensure required; CODA or Dental Pilot Project participant
 - o May practice only under the supervision of a dentist and pursuant to a collaborative agreement with the dentist

Colorado: Dental Therapist (Signed into Law, 2022)

- o Preventive and restorative scope
- o Licensure required
- o May practice under indirect supervision of a dentist and pursuant to a written articulated plan following 1,000 of direct supervision; hours may be reduced through waiver

States Pursuing Dental Therapy

Florida: Dental Therapist

- o Preventive and restorative scope
- o Licensure required
- o May be dually licensed

Kansas: Dental Therapist

- o Preventive and restorative scope
- o Licensure required
- o May be dually licensed

Massachusetts: Dental Therapist

- o Preventive and restorative scope
- o Licensure required
- o May be dually licensed

New Jersey: Dental Therapist

- o Preventive and restorative scope
- o Certificate required
- o Must be dually licensed

New York: Dental Therapist

- o Preventive and restorative scope
- o Licensure required
- o May be dually licensed

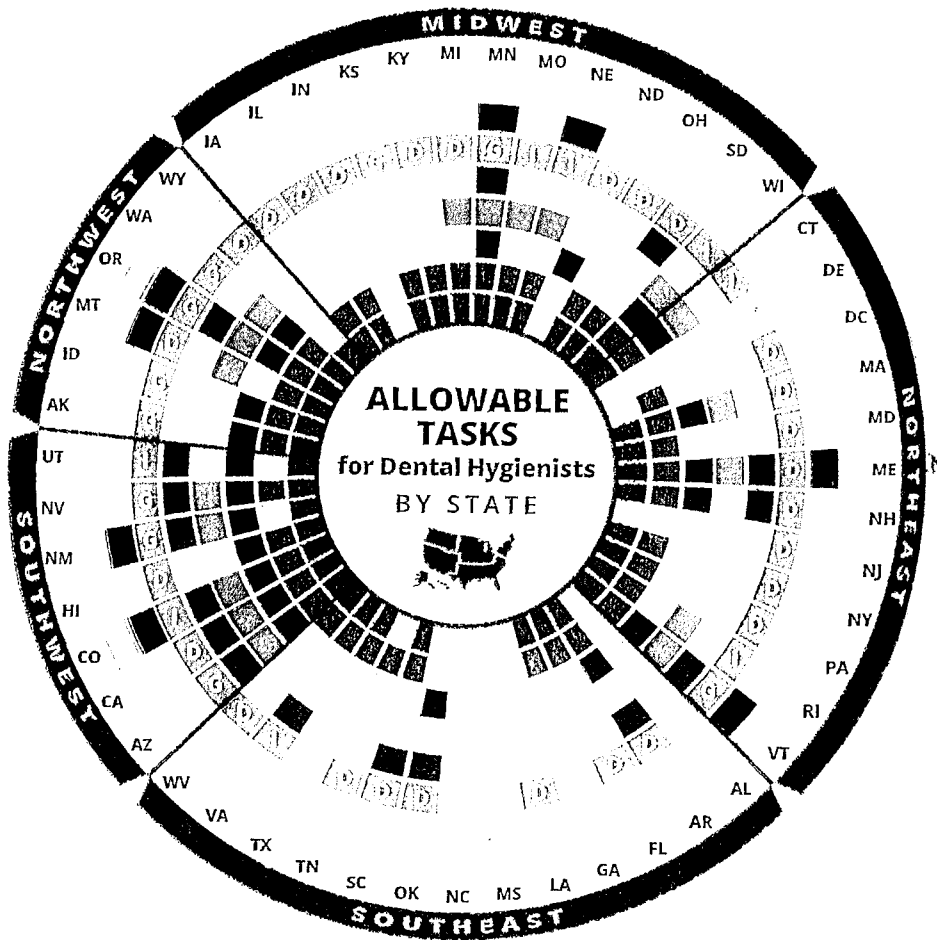
Washington: Dental Therapist

- o Preventive and restorative scope
- o Licensure required
- o May be dually licensed

Wisconsin: Dental Therapist

- o Preventive and restorative scope
- o Licensure required
- o May be dually licensed

Variation in Dental Hygiene Scope of Practice by State



The purpose of this graphic is to help planners, policymakers, and others understand differences in legal scope of practice across states, particularly in public health settings.

Research has shown that a broader scope of practice for dental hygienists is positively and significantly associated with improved oral health outcomes in a state's population.^{1,2}

- Prescriptive Authority
- Local Anesthesia
- Supervision of Dental Assistants
- Direct Medicaid Reimbursement
- Dental Hygiene Treatment Planning
- Provision of Sealants
- Direct Access to Prophylaxis
- Not Allowed / No Law

Dental Hygiene Diagnosis

The identification of oral conditions for which treatment falls within the dental hygiene scope of practice, as part of a dental hygiene treatment plan.

Prescriptive Authority

The ability to prescribe, administer, and dispense fluoride, topical medications, and chlorhexidine.

Local Anesthesia

The administration of local anesthesia.

LEVEL OF SUPERVISION

- Direct:** The dentist is required to be physically present during the administration of local anesthesia by the dental hygienist.
- Indirect:** The dentist is required to be on the premises during the administration of local anesthesia by the dental hygienist.
- General:** The dentist is required to authorize the administration of local anesthesia by the dental hygienist but is not required to be on the premises during the procedure.

Supervision of Dental Assistants

The ability to supervise dental assistants when performing tasks within the dental hygiene scope of practice.

Direct Medicaid Reimbursement

The direct Medicaid reimbursement of dental hygiene services to the dental hygienist.

Dental Hygiene Treatment Planning

The ability of a dental hygienist to assess oral conditions and formulate treatment plans for services within the dental hygiene scope of practice.

Provision of Sealants Without Prior Examination

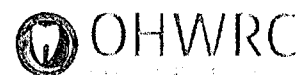
The ability of a dental hygienist working in a public health setting to provide sealants without prior examination by a dentist.

Direct Access to Prophylaxis from a Dental Hygienist

The ability of a dental hygienist working in a public health setting to provide prophylaxis without prior examination by a dentist.

Not Allowed / No Law

Sources: 1. Langelier M, Baker B, Continelli T. *Development of a New Dental Hygiene Professional Practice Index by State, 2016*. Rensselaer, NY: Oral Health Workforce Research Center, Center for Health Workforce Studies, School of Public Health, SUNY Albany; November 2016. 2. Langelier M, Continelli T, Moore J, Baker B, Surdu S. Expanded Scopes of Practice for Dental Hygienists Associated With Improved Oral Health Outcomes for Adults. *Health Affairs*. 2016;35(12):2207-2215.



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This graphic describes the highest level of practice available to a dental hygienist in a state, including dental hygiene therapy. The graphic is for informational purposes only and scope of practice is subject to change. Contact the applicable dental board or your attorney for specific legal advice.

Last Updated January 2019.

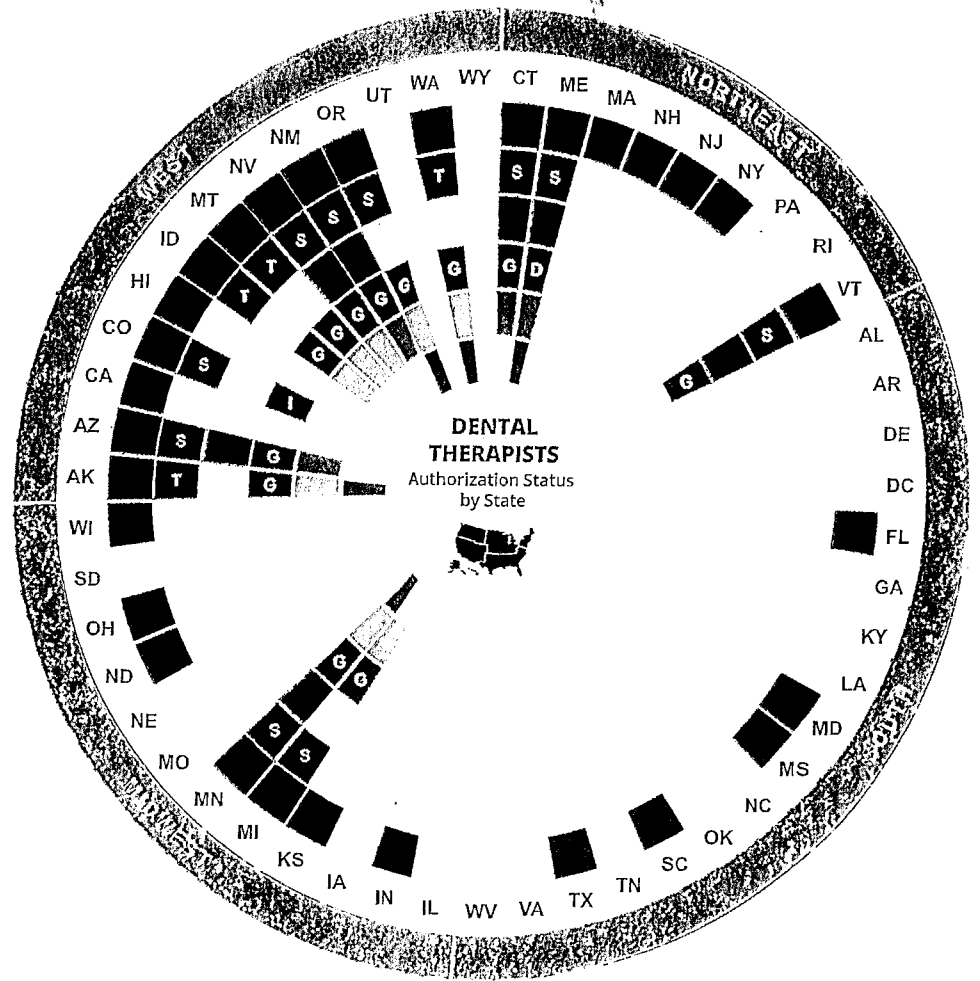
Authorization Status of Dental Therapists By State

This infographic describes the status of dental therapy in the United States (US) and details the specific requirements in state laws and regulations that define dental therapy practice.

Dental therapists (DTs) are primary dental care practitioners that have been deployed in many countries around the world. Dental therapy was first implemented by the Alaska Native Tribal Health Consortium in 2005.¹

There is increasingly strong evidence supporting the safety and effectiveness of DTs, including their ability to promote community-based services and enhance oral health equity.²⁻⁴

Following the approval of education standards by the Commission on Dental Accreditation (CODA) in 2015, dental therapy gained increasing acceptance in the US with states and tribal nations authorizing dental therapy. Dental therapy is rapidly becoming an established, growing profession in the US, although there is variation in legal authority across states and jurisdictions.



Campaign for Dental Therapy in the State (Active or Prior)

Authorization of Dental Therapy

- T** Tribal Dental Therapy
- S** Statewide

Mandated Dual Dental Hygiene and/or Degree Requirement in State Statute

Dental Therapist Supervision Level by Dentist

- D** Direct
- I** Indirect
- G** General

Population/Setting Restrictions on DT Practice

- Setting Only
- Population Only
- ⊗** Both

Dental Therapists Practicing in the State

References: 1. Nash DA, Friedman JW, Mathu-Muju KR, et al. A review of the global literature on dental therapists. *Community Dent Oral Epidemiol.* 2014;42(1):1-10. 2. Chi DL, Lenaker D, Mandl L, Dunbar I, Babb M. Dental therapists linked to improved dental outcomes for Alaska Native communities in the Yukon-Kuskokwim Delta. *J Public Health Dent.* 2018;78(2):175-182. 3. Wetterhall S, Bader JD, Burrus J, Lee JY, Shugars DA. Evaluation of the dental health aide therapist workforce model in Alaska (Final report). Research Triangle Park, NC: RTI International; October 2010. RTI Project Number 211727.000.001. 4. Williard M. Dental health aide program improves access to oral health care for rural Alaska Native people. <https://www.hhs.gov/press/2013-release/dental-health-aide-program-improves-access-to-oral-health-care-for-rural-alaska-native-people/>. Updated December 18, 2013. Accessed June 3, 2019.

This infographic is for informational purposes only and state level authorization and requirements are subject to change. Contact the applicable dental board or an attorney for specific legal advice.

This infographic was developed by researchers at the Oral Health Workforce Research Center (OHWRC), Center for Health Workforce Studies at the University at Albany's School of Public Health and colleagues at Healthforce Center at the University of California, San Francisco. This work is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling \$449,943 with 50% financed with non-governmental sources through a grant from the W.K. Kellogg Foundation. The information presented in this infographic is based on research conducted by the authors and does not necessarily represent the official views of, nor an endorsement, by, HRSA, HHS, or the US government. For more information, please visit <http://www.ohwrc.org>.

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