

Why Dental Therapy?

Dental therapists currently practice in 54 countries and territories worldwide. In the U.S., these mid-level providers have been delivering care for more than 40,000 Alaska Natives in 81 remote communities since 2004. They have been authorized in Minnesota since 2009, and are authorized in Maine and Vermont; and on tribal lands in Oregon and Washington State. Based on safety and quality data, the demand for dental therapy is growing in the U.S. Currently 9 other states are actively considering dental therapy legislation.

Prevention and education are critical to improving the oral health of all Arizonans. However, the severe shortage of dentists, particularly in rural and tribal communities, the limited number of dentists willing to treat Medicaid patients, and the distance many Arizonans travel to access the limited care available, call for a change in the delivery model of oral healthcare:

- **2.3 million Arizonans live in a Dental Health Professional Shortage Area (DHPSA);**
- **People living in rural areas, tribal communities, low-income families, the uninsured, people with disabilities and the elderly encounter the greatest barriers to dental care;**
- **All of Arizona's 15 counties have all, or some portion, designated as a DHPSA;**
- **Only 32% of Arizona dentists accept Medicaid patients, well below the national average. Of those dentists, only 25% provide more than \$10,000 in billable services (a measure of dentists who serve a significant percentage of AHCCCS patients);**
- **More than 44,000 Arizonans resorted to emergency room visits for primary oral health conditions between in 2013 alone.**

Dental therapists earn lower salaries than dentists. Incorporating them into an existing dental team, dentists and healthcare providers can more effectively integrate and expand oral health into their existing treatment models. By providing more cost-effective care, dentists can expand the number of Medicaid patients they treat, negotiate lower payments for cash paying patients, extend office/clinic hours and provide care in more locations.

Research shows that dental therapists deliver high-quality, safe care: More than 1,100 studies from across the globe found no quality concerns for these midlevel providers.¹ Since dental therapists began practicing in Minnesota and Alaska, no malpractice claims have been filed.² Malpractice insurance for dental therapists in Minnesota runs roughly \$100 per year.

¹ David A. Nash et al., "A Review of the Global Literature on Dental Therapists," *Community Dentistry and Oral Epidemiology* (2013), <http://onlinelibrary.wiley.com/doi/10.1111/cdoe.12052/abstract>.

² Minnesota Department of Health and Minnesota Board of Dentistry, "Early Impacts of Dental Therapists in Minnesota" (February 2014), <http://www.health.state.mn.us/divs/orhpc/workforce/dt/dtlegisrpt.pdf>; Patrick Blahut, deputy director, U.S. Indian Health Service, Division of Oral Health, pers. comm., March 18, 2015.



With the restoration of KidsCare, it is expected that 30,000 low-income children will now have State coverage, including dental. Because AHCCCS reimburses mid-level providers such as dental therapists at a lower rate than dentists, dental therapists offer a more cost-effective delivery model and stretch limited Medicaid dollars further. Arizona must find new models to deliver care. Dental therapy is a viable response to the increasing cost of oral healthcare. Saving state taxpayers money is critical as more people access the Medicaid program.

Expanding the supply of dental practitioners who can provide basic dental services safely and effectively is a crucial component to bridging the gap of unmet restorative dental services throughout the state.

Arizona needs more dental providers who can address basic preventative and restorative oral healthcare.

Summary of Procedures/Scope of Practice Within the Expanded Dental Team

Category of Service	Dental Assistant	Expanded Function Dental Assistant	Dental Hygienist	Affiliated Practice Dental Hygienist	Dental Therapist	Dentist
Diagnostic: Oral Evaluations					•	•
Image Capture (X-Rays)	•	•	•	•	•	•
Preventative: Dental Sealants, Fluoride Varnish	•	•	•	•	•	•
Dental Prophylaxis			•	•	•	•
Restorations: Silver & Tooth-Colored Fillings					•	•
Prefabricated Stainless Steel Crowns					•	•
Permanent Crown						•
Extractions: Primary Teeth					•	•
Extraction: Badly Diseased Permanent Teeth					•	•
Extractions: Other Permanent Teeth						•
Endodontic treatment planning and clinical services on primary and permanent teeth						•
Prosthodontics & Dentures						•
Implants and other oral surgical services						•

