

Dear MDA Member:

As President of the Minnesota Dental Association, I'm writing to further your understanding and enlist your support regarding the legislation that will create a mid-level dental practitioner in Minnesota. There is little doubt that within the next three years, we will see the first mid-level dental practitioners graduate and begin practicing in Minnesota. It is our goal to do whatever we can *now* to set the parameters for where and how these new dental team members will be educated, what procedures they will be trained to perform, under what level of dentist supervision they will function, what patients they will treat, and how to assess their contributions to meeting the needs of underserved dental populations in our state.

Countless hours of debate and discussion over the past year have allowed us to create a very defensible and positive position, one which is garnering favor among groups within dentistry and others. Please take some time to read the sections below for a complete description of how we moved from total opposition to one that has real potential to create a safe and effective new dental team member.

Dental access problems remain...

There is an indisputable need in Minnesota for access to dental services for low income patients, and with the catastrophic budget situation we face, those needs are expected to worsen. Over the past decade, legislators have become increasingly aware of and frustrated by this issue. Although the MDA has been on the front lines, collaborating with other stakeholders and promoting legislation to help meet the needs of the underserved, those proposed solutions have met with limited success. Some of Minnesota's most influential legislators were actively looking for other solutions to the problem and were open to considering a new dental practitioner as a possible way of solving the access challenge.

The Advanced Dental Hygiene Practitioner (ADHP) proposal...

In 2006, a dental hygiene educator from Normandale Community College drafted a proposal to establish such a program in collaboration with Metropolitan State University. The educational proposal was approved by the Minnesota State Colleges and University system (MNSCU) and became public in December 2006. The masters level program is scheduled to admit students beginning in fall 2009. The Minnesota Dental Practice Act would have to be changed in order for graduates of the program to obtain state licensure to practice.

ADHP legislation was introduced last year...

Supported by the Minnesota Dental Hygienists Association and a group called the “Safety Net Coalition,” ADHP legislation was officially introduced in the Minnesota Legislature on February 19, 2008. This legislation would have amended the Dental Practice Act to establish a scope of practice for a new dental worker called an Advanced Dental Hygiene Practitioner. Under this legislation, an ADHP would have to be a dental hygienist, have a specified number of years of dental hygiene practice, and have graduated from a masters degree level ADHP program in order to be licensed. The ADHP would be allowed to diagnose, prescribe and perform surgical procedures -- restorations and extractions--for children and adults under a collaborative management agreement with a dentist. That is, the ADHP would be able to operate without a dentist being present or ever having examined the patient.

In addition, the ADHP educational program would be accredited by the American Dental Hygienists Association, not by the Commission on Dental Accreditation (CODA) like all other dental and allied dental educational programs in Minnesota. The clinical examination for licensure would be designed and conducted by the educational program itself—not by an independent testing entity as has been the norm for dentists and hygienists for decades. Incredibly, the legislation would place *no* dental access requirements on an ADHP, so an ADHP would have no obligation to serve underserved populations or practice in a community or safety net clinic setting.

MDA opposition and communication went into overdrive...

The MDA challenged all major elements of the ADHP legislation, citing grave concerns for patient safety. With the introduction of the ADHP legislation, the Minnesota Dental Association’s leaders, a public relations firm (hired by the American Dental Association), five lobbyists, and our grassroots network leapt into action to vigorously counter the proposal. The MDA’s interactive communication with members involved 32 legislative alerts, 17 electronic newsletters, letters from the MDA president, and printed newsletters. All MDA members were given these numerous opportunities to be fully informed throughout the process. Many were active participants, responding to MDA legislative alerts and meeting with their legislators to discuss the ADHP proposal during the MDA-sponsored Dental Day at the Capitol.

The Department of Health OHP Work Group was formed...

Thanks to the MDA’s efforts, the original ADHP legislation failed to pass in the House or Senate, but ADHP language was attached to a non-related bill. Legislators, made strongly aware that this was a contentious and controversial issue, desperately wanted some kind of compromise to be worked out. With that in mind, one of the MDA’s senate supporters stepped forward and worked with another senator to craft alternative language that created a work group under the auspices of the Minnesota Department of Health to make recommendations about an Oral Health Practitioner (OHP) to the 2009 legislature by January 15, 2009. It was at this point that the name was changed from “advanced dental hygiene practitioner (ADHP)” to “oral health practitioner (OHP).”

The 13-member MDH Work Group consisted of the following, all of whom were appointed by their respective organizations:

1. Mike Flynn, DDS (Minnesota Dental Association)
2. Mike Perpich, DDS (Minnesota Dental Association)
3. Joan Sheppard, DDS (Board of Dentistry)
4. Christopher Carroll, DDS (Minnesota Association of Pediatric Dentists)
5. Patrick Lloyd, DDS, MS (U of M School of Dentistry)
6. Christine Blue, RDH, MS (U of M School of Dentistry)
7. Craig Amundson, DDS (Minnesota State Colleges and Universities)
8. Marilyn Loen, Ph.D., RN (Minnesota State Colleges and Universities)
9. Colleen Brickle, RDH, RF, EdD (Minnesota Dental Hygienists Association)
10. Patricia Tarren, BDS, M.Phil. (Minnesota Safety Net Coalition)
11. Michael Scandrett (Minnesota Safety Net Coalition)
12. Karen Rau, BSN, MBA (Representing MN Department of Health)
13. Christine Reisdorf (Representing MN Department of Human Services)

The Work Group was to address the following 10 issues and submit recommendations on the OHP to the legislature:

1. Necessary education and competencies, including clinical training requirements, faculty expertise, and facilities;
2. The appropriate educational program accreditation;
3. Scope of practice that reflects the education of an OHP, including preventive, primary diagnostic, educational, palliative, therapeutic, and restorative oral health services;
4. The level of supervision required by a dentist;
5. The medications that may be prescribed;
6. Extractions that may be performed;
7. Criteria for determining in which practice settings oral health practitioners should be authorized to practice, in order to improve access to dental care, including a definition of “underserved”;
8. An assessment of the economic impact of oral health practitioners to the provision of dental services and access to these services;
9. An evaluation process that includes clearly defined outcomes and a process for assessing whether these outcomes were successfully met; and
10. Licensure and regulatory requirements.

The MDA’s core positions on the OHP:

Last summer, the MDA formed its own OHP Task Force to formulate positions and guide our two representatives on the Department of Health’s Work Group. After hours of vigorous debate at several meetings, the following core positions were developed—and remain the MDA’s positions to date:

- The MDA supports the concept of a new mid-level dental practitioner if properly defined;

- If the mid-level practitioner performs irreversible surgical procedures (cutting hard tissue, fillings and extractions), the education must occur at the CODA-accredited University of Minnesota School of Dentistry;
- When irreversible surgical procedures are performed by a mid-level dental practitioner, the procedures may only be provided with onsite supervision of a dentist;
- Only a dentist has the necessary breadth and depth of dental education to examine, diagnose, and treatment plan a patient, and therefore should perform those procedures prior to surgical procedures delegated to a properly educated mid-level practitioner.

Other MDA principles on the OHP include:

- The OHP should focus on restorative services for adults and children and on extraction of primary teeth;
- The OHP should be required to treat between 50% and 100% of their patients from underserved populations;
- If the OHP is limited to serving the underserved, they should be allowed to work in all clinical settings, including private practice settings;
- The OHP should be required to pass a clinical exam established for the OHP, administered by an independent testing agency, and approved by the Board of Dentistry.
- The OHP may be allowed to recommend over-the-counter medications but may not prescribe any medications.

Based on patient safety concerns, the MDA opposes:

- Allowing a mid-level practitioner to perform surgical procedures without a dentist present onsite;
- Surgical, irreversible procedures being taught at a dental educational institution that is not accredited by CODA specifically to teach such dental procedures;
- A scope of practice for a mid-level dental provider that cannot feasibly be taught in less-than-a-dental-school education. In other words, the education must be of the same high quality as that of a dentist for the intended scope of practice;
- A lower quality of care for the underserved, and
- A new dental worker that is not part of the dental team.

The Department of Health Work Group finished its work...

Major differences of opinion existed among the Work Group members regarding scope of practice, supervision by a dentist, education, and practice settings. MDA representatives were mightily frustrated by the actions of the Work Group, which did not achieve consensus on these issues.

In its final report to the legislature, which reflected majority votes but not the MDA's dissenting opinion on key points, the Work Group recommended:

- 1) An extensive scope of practice including surgical dental procedures, essentially similar to the original ADHP legislation previously proposed;

- 2) General supervision under a collaborative management agreement, meaning that a dentist would not need to be present when the OHP performs surgical or restorative procedures;
- 3) Accreditation of OHP educational programs by the Board of Dentistry, not CODA; and
- 4) OHPs may treat 50% underserved and may practice in any dental clinic.

The MDA's "Rationale and Recommendations for Oral Health Practitioner" report -- and other alternative reports -- were attached to the final work group report. Proposed legislation was drafted, reflecting the majority opinion, but everyone understands that consensus was not achieved and that the 2009 Legislature will resolve the issue.

So where are we now?

Two competing bills will come before the 2009 Legislature:

- 1) Legislation that would create a mid-level practitioner (OHP) whose scope of practice, education through the MNSCU system, clinical examination, and level of supervision is based on the Department of Health Work Group Report. The MDA strongly OPPOSES this legislation; and
- 2) The University of Minnesota School of Dentistry's proposed mid-level practitioner (dental therapist) program, which the school is committed to initiate in the fall of 2009. The bill will create a new member of the dental team who will be educated in an accredited school of dentistry to perform limited restorative and surgical procedures, working always under the indirect (onsite) supervision of a dentist. The MDA strongly SUPPORTS this legislation.

In the past two weeks, the Minnesota Dental Assistants Association and the Minnesota Board of Dentistry have adopted positions that are largely consistent with the MDA's position on the School of Dentistry's dental therapist model. This consistency means that, for all practical purposes, there is strong support in the dental community for the School of Dentistry's legislation and *not* for the Work Group/MNSCU proposal.

It is important to recognize that the mid-level dental practitioner...

- 1) Is *not* an independent practitioner;
- 2) Is *not* intended to benefit the traditional private practice;
- 3) Is intended to expand non-profit, community clinic organizations' capacity to provide more services to underserved populations;
- 4) May allow private dental practices who cannot attract dentist associates to provide care to more patients, and
- 5) Under the School of Dentistry proposal, would be an important dental team member who could help to improve access to care.

Dental therapy program proposed by U of M...

In 2008, the MDA and the School of Dentistry visited existing mid-level dental practitioner programs in Canada, New Zealand, and England. Dean Lloyd concluded in his Jan-Feb 2009 article for *Northwest Dentistry*,

"Of the many things I learned on our travels, most important is that dental

therapy is a discrete health care discipline and a viable career. It has a defined scope of practice and duties complementary to other members of the dental team—dental hygienists and dental assistants. I became convinced that dental therapists, working in a dentist-supervised oral health care delivery system, can appreciably help improve access to care. Not, as it turns out, by increasing the number of clinics operating in a community, but by increasing the capacity of an already-established network of providers throughout the state to care for greater numbers of patients and to offer these services at a reduced cost. I came to recognize that the most significant advantage a dental school-based educational program has is its ability to train to a single standard of care, thus ensuring public trust and the respect of the profession. Under such an arrangement, we learned that dentists were able to welcome dental therapists into their practices who, like dental hygienists, provide a meaningful service that was accepted and trusted by the public.”

As a result of having learned firsthand about successful dental therapy programs in other countries, the School of Dentistry is basing its proposed new program and legislative bill on a model that works.


Where do we go from here?

The MDA is actively meeting with small groups of members on this issue through a series of grassroots meetings in different locales. In addition, the MDA continues to communicate via the electronic *News and Views*, print issues of *MDA News* and *Northwest Dentistry*, letters from MDA leaders, and emailed legislative alerts, working to ensure that all our members are informed and engaged on this topic. Plans are well under way for *MDA Dental Day at the Capitol on February 25*. If you are not yet registered, I urge you to clear your calendar and join us for what will be the most significant legislative session affecting dentists since 1992. During the 2009 session, stay informed on what is happening legislatively, and when called upon to act, I implore you to do so—we must speak with a united voice and deliver a clear message to legislators and the public we serve.

What you can do today...

It is critical that MDA members turn out in support of the MDA’s mid-level practitioner core principles and the School of Dentistry’s dental therapist legislation. I invite and urge you to stand with us as we continue to stand firm for single-tier, top quality oral health care for all Minnesota patients. Thank you.

Sincerely,

A handwritten signature in blue ink that reads "Lee D. Jess D.D.S." The signature is written in a cursive style.

Lee D. Jess, D.D.S.
MDA President