Resolution Number: 405-2024

Title: Amendment to Current Statements of Position or C-2 policy on Dental Providers

Reference Committee Assignment: Professional Issues

Sponsor(s): District 1 Diversity, Equity, and Inclusion Committee: Colby Dean, Akshaya Raviraj, and Natalie Ingram

Financial Impact:

Board of Trustees Comments: Received after deadline for Board of Trustees comment.

Reference Committee Comments: The Reference Committee recognizes that there is a shortage of dental professionals and lack of access to care. Based on verbal and written testimony, it was shared that midlevel providers are not the only solution. In addition, there was discussion during the Reference Committee Hearing speaking to the qualifications of dental therapists being equal to a dental student's education, this is not always true due to differing programs in differing states. It was also suggested that a task force be created during discussion, but verbal testimony indicates that a task force is not appropriate. This is because the dental therapy profession varies vastly among states, regarding qualifications and guidelines. Therefore, this discussion should be held at state associations. Based on discussion, this resolution does not align with the current mission statement of ASDA. Written testimony emphasized that we are the American Student Dental Association, and our policies should work to advocate for dental students who are working to become dentists. Therefore, the Reference Committee recommends a no vote.

Background:

Dental therapists traditionally have a scope of practice that is more preventative and restorative in nature. This allows patients who previously may have struggled to access dental care due to financial or locational restraints to get care. One study suggests the implementation of dental therapists in Minnesota resulted in more low-income patients accessing dental care, (1).

ASDA Previously argued the following points against mid-level providers. Below each bullet point is an updated argument in favor of mid-level providers:

- Current ASDA Statement: A midlevel provider is an individual with some dental training, but does not hold a DDS or DMD degree, and may perform irreversible dental procedures on the public. Midlevel providers include dental therapists, dental health aide therapists, and advanced dental therapists.
    - Although a mid-level provider such as a dental therapist, does not hold a DDS or DMD degree, there are currently three CODA accredited dental therapy programs (Ilisagvik Dental Therapy Program in Alaska, Skagit Valley Dental

Therapy Program in Washington, University of Minnesota School of Dentistry Dental Therapy Program, and Minnesota State University Master of Science in Advanced Dental Therapy) that allow an individual to earn a dental therapy degree, thus proving they are receiving a qualified education in dental therapy. Minnesota's programs do not allow a dental therapist to practice independently of a dentist, they must either be under direct supervision, or have a signed collaborative practice agreement with a licensed dentist to operate, thus ensuring that all procedures performed are under the supervision of dentist holding a DDS or DMD.

- Currently twelve states have adopted legislation allowing midlevel providers to practice in their state.
    - The scope of services provided by dental therapists is decided by individual state regulations (2), with therapists typically able to perform around 100 procedures, in contrast to the 500+ procedures that dentists can perform (3). By focusing on restorative and preventive care within the state regulations, dental therapists can help to expand access to oral healthcare, particularly in underserved communities. This distribution of responsibilities enables dentists to focus on more intricate procedures. Thus, working together, dentists and dental therapists can improve the effectiveness and the range of treatments provided to their patients.
- Midlevel Providers were created as a response to barriers to care and the Dental Health Professional Shortage Area crisis.
    - Two of the four programs were created to meet the needs of our most vulnerable population—American Indians and Alaska Natives. In making these programs, dental therapists are removing barriers to care and serving out vulnerable populations—which are two of ASDA's policies (H-2 and H-13).
    - Tribes in Alaska were first in the U.S. to use dental therapists, in 2004. Before the dental therapists, many Alaska Native communities had sporadic access to oral health care or no access at all. The Alaska Native Tribal Health Consortium partnered with Ilisagvik College, a Tribal College, to create the Alaska Dental Therapy Education Program. In 2017, 35 dental therapists were serving over 45,000 Alaska Natives in 81 communities. 78% of dental therapists serve the area they grew up in. Children in communities served by dental therapists received 60% more preventative care. Those children also needed 74% fewer extractions and 31% fewer dental operations under general anesthesia. (4)
- ASDA does not believe midlevel providers are the solution to addressing barriers to care. ASDA believes that the dentist is the only dental provider that should perform the functions outlined in our C-2 policy.
    - According to a JADA article analyzing studies, "The results of a variety of studies indicate that appropriately trained midlevel providers are capable of providing high-quality services, including irreversible procedures such as restorative care and dental extractions." (5)
    - In regions like Alaska's Yukon-Kuskokwim Delta, the inclusion of dental therapists has led to an increased improvement in dental health outcomes. A study in the Journal of Public Health Dentistry found that communities that are served by

dental therapists have had measurable increases in preventative care and decreases in tooth extractions, suggesting better managed oral health conditions through the implementation of dental therapists. (6)

- Alternatives include community dental health coordinators, emergency room referral programs, tele-dentistry, children's health insurance programs, Medicaid expansion, and student loan forgiveness programs for working in rural or underserved areas.
    - In Minnesota clinics with dental therapists, on average, more than 80 percent of the patients treated by dental therapists have been people with public insurance, like Medicaid." (2)
    - More than 50 countries have successfully implemented dental therapist into their dentist-led team (2).
- According to Policy H-13, ASDA "supports appropriate initiatives and legislation to improve and foster the oral health of vulnerable populations." (2)
    - "Since the Alaska Native Tribal Health Consortium's DHAT program started, dental therapists have extended care to 45,000 previously underserved people." (2)
    - In Minnesota, state law requires that dental therapists practice in settings that primarily serve low-income or underserved communities." (2)

Resolved, that ASDA's Current Statements of Position or C-2 policy on Dental Providers should be amended to read as follows:

RESOLUTION

The American Student Dental Association believes that ~~the dentist is the only dental provider that~~ **mid-level providers—regulated by their respective states and in conjunction and coordination with their supervising dentist—**can perform the following functions:

- Diagnosis and treatment planning
- Prescribing work authorizations
- Performing ~~surgical/irreversible dental procedures~~ **preventative and restorative care**
- Prescribing drugs and/or other medications

The American Student Dental Association supports mid-level providers as an evidence-based solution to barriers to care for our vulnerable populations, in alignment with ASDA's established policies delineated in H-2 and H-13.

Action: The Chair moves 405-2024 with a recommendation of a no vote.

Sources

1. https://jamanetwork.com/journals/jama-health-forum/fullarticle/2790249
2. https://familiesusa.org/resources/dental-therapists-can-improve-access-to-dental-care-for-underserved-communities/
3. https://www.americandentaltherapyassociation.org/index.php?option=com_dailyplanetblog&view=entry&year=2023&month=03&day=14&id=19:how-is-a-dental-therapist-different-from-a-dentist-
4. https://www.nihb.org/docs/03252019/TOHI%20Inserts%20FINAL.pdf
5. https://jada.ada.org/article/S0002-8177(14)60574-2/fulltext
6. Catalanotto, F., & Hill, L. F. (2021). Dental Therapists' Impact on Access to Care and Oral Health Equity. *Compendium of continuing education in dentistry (Jamesburg, N.J. : 1995)*, *42*(5), 256–257.