Policy Solution

Fortunately, for states with a lack of dental services, there is a simple solution that would expand dental care access and lower costs: dental therapists (DT). Indeed, states across the country are increasing the number of licensed DTs to help relieve dental shortages.

In Washington, a bill has been introduced in the Senate that would permit dental therapists in Washington while setting new rules and requirements for licensure, the scope of practice for DTs, and the settings in which they will be allowed to practice.

The new proposal, House Bill 1317, would reform the state’s procedure for dental therapist licensing. In essence, any applicant who pays the required fees, completes an accredited dental therapist program or receives initial accreditation by the Commission on Dental Accreditation, passes necessary examinations, and completes a 400-hour preceptorship under the supervision of a dentist, would be eligible for a DT license.

The House proposal outlines the scope of practice for the newly established DTs, as well as how to create a contracted arrangement between a DT and supervising dentist. As is the case with all bills, scope and details matter. In general, DT laws should require general supervision only, which means DTs would not need direct supervision from a dentist when providing dental services. This is important because limiting DTs to direct supervision would not substantially increase dental access.

Under HB 1317, a dental therapist would only be permitted to practice in settings supervised by a dentist or other dental health professionals.

Contact Us

For more information, contact The Heartland Institute at 312/377-4000 or by e-mail at governmentrelations@heartland.org.

Or you can visit our website at Heartland.org
to practice under the supervision of a licensed dentist. The specific guidelines would be outlined in a written practice plan contract made with the supervising dentist.

The bill would also restrict where DTs can practice, limiting them to federally qualified health centers; a clinic operated by an accredited school of dentistry or school of dental hygiene; an Indian Health Service facility; or in any clinic or practice setting, including mobile or temporary dental clinics, in which at least 35 percent of patients are enrolled in Medicaid. These restrictions would limit the ability of DTs to provide care to certain areas, but even with these limits in place, access to care would increase.

The path to becoming a DT requires significant training. However, it is far less costly and time-consuming than what is necessary to become a dentist. DTs are allowed to provide a limited range of services. Therefore, they can typically complete their education requirements for about $36,000.

Typically, DTs can perform up to 95 services and procedures, compared to about 40 performed by dental hygienists and 30 performed by dental assistants. Allowing DTs more freedom to perform basic services would free up time for dentists to focus on complicated cases.

Moreover, children and adults served by DTs receive more frequent preventive care, which leads to a reduced need for invasive procedures over the long term, according to a report in the Journal of Public Health Dentistry. As the Pew Charitable Trusts notes, mid-level providers like dental therapists are already authorized to provide routine preventive and restorative care in more than 50 nations.

As is the case with all reform efforts, scope and details matter. In general, DT laws should require general supervision only, which means DTs would not need direct supervision from a dentist when providing certain dental services. This is important because limiting DTs to direct supervision would not substantially increase dental access.