

Testimony: The Case for Certifying Dental Therapists in Connecticut

By Michael T. Hamilton

February 22, 2017

Presented to the Public Health Committee
Connecticut General Assembly, 2017 Regular Session

Distinguished Members of the Committee:

I am Michael Hamilton, a research fellow for health care policy at the free-market think tank The Heartland Institute, managing editor of the print newspaper for lawmakers *Health Care News*, and a health care policy research fellow.

As a coauthor of *The Case for Licensing Dental Therapists in North Dakota*, a 20-page, 70-footnote *Policy Brief* Heartland published on January 13, I am deeply familiar with the merits of allowing dental therapists to treat patients under supervising dentists.

I am also well-versed in objections to dental therapy, which range from the clumsy to the creative and are riddled with cavities. I will debunk those regarding **quality, professional judgment, emergencies, tiered care, other solution options, hygienists and assistants, results in other states, personal failure, supply-and-demand, and liberty.**

Quality. Some opponents imagine allowing dental therapists to practice would jeopardize quality of patient care. But as one Michigan lawmaker told The Heartland Institute in 2016, “I put the concern over quality right back in dentists’ laps.” He is right to do so. Dental therapists function exclusively under the supervision of licensed dentists. If Connecticut allows therapists to practice, dentists would remain responsible for the quality of treatment patients receive in their offices from any and all employees, whether dental hygienists, dental assistants, associate licensed dentists, or dental therapists. Therefore, to block dental therapy based on concern for quality of treatment is to doubt the quality, competence, and judgment of licensed dentists themselves. Dental therapists exit their training programs with more experience than dentists have performing the services and procedures within therapists’ scope of practice. This is because therapists have narrower scopes of practice than dentists, whose programs require them to train more broadly.

Professional Judgment. It is fundamentally impossible to trust the professional judgment of licensed dentists and oppose dental therapy at the same time. Opponents claiming to trust the judgment of licensed dentists have no rational basis for opposing a bill that would trust licensed dentists to use dental therapists safely.

Emergencies. Some opponents fear dental therapists are less equipped than dentists to handle an emergency resulting from a patient’s adverse reaction to local anesthesia. They fear needlessly. As Dr. Karl Self, director of the Division of Dental Therapy at the University of Minnesota

School of Dentistry, wrote to me this month, “The University of Minnesota School of Dentistry dental therapy students take the same local anesthesia and pharmacology courses and participate in the same medical emergency drills as the dental students. Therefore, if there is a concern about our dental therapy graduates, then folks should be concerned about our dentist graduates.”

Tiers. Rebuffing concerns about quality debunks a related unfounded, yet common, objection: Admitting dental therapists would create a two-tiered system of care, in which patients with private insurance or cash obtain care from dentists and Medicaid patients obtain care from dental therapists. The truth, however, is Connecticut already has a two-tiered system – a system of “haves” and “have nots.” Blocking dental therapy would preserve Connecticut’s two-tiered system.

Other options. Opponents routinely object embracing dental therapy as one solution to oral health shortages means lawmakers and dentists cannot also pursue other solutions. Their math is exactly backwards. Adding a tool to the tray increases the number of tools on the tray. Allowing therapists to practice increases the number of options dentists have at their disposal to reach low-income, underserved populations. Yet opponents pretend giving dentists the option to hire therapists removes other options. This is unfounded. Dentists working to expand their charity and discounted care for low-income, underserved patients could and should continue to do so. The presence of therapists in the state will not undermine those efforts.

Hygienists, Assistants. Similarly, opponents object dentists who want to expand their practices may already do so by employing dental hygienists and assistants. This is hardly a reason to block dental therapy. The persisting shortage implies the benefits of expanding practices with only hygienists and assistants do not always outweigh dentists’ perceived costs of doing so. Legalizing dental therapists would improve this calculus. Dental therapists and hygienists have separate scopes of practice. Unlike hygienists, therapists can perform certain extractions and fillings, two procedures especially influential to an individual’s overall health (not just oral health). Neither this committee nor dentists need choose between hygienists and therapists. Each kind of professional would typically work alongside each other as complementary members of a dental team. Admitting dental therapists would simply give dentists another option for building their dental dream teams.

‘Untested.’ Opponents object dental therapy is an untested model. On the contrary, dental therapy has been practiced in more than 50 countries over the last 95 years. In Alaska and Minnesota, two states with practicing therapists, results have been overwhelmingly positive. Opponents discriminate against these results because of these states’ small sample size. This is irrational, because it amounts to condemning a solution for working merely because it is working.

Personal Failure. One Minnesota dentist, with whom the committee is or will soon be acquainted, who opposes dental therapy cites his own poor experience hiring a dental therapist, despite his high hopes of making the professional relationship work. His evidence is irrefutable that hiring a dental therapist was a poor choice for his individual practice. Equally irrefutable is the wisdom and success other dentists have had by hiring dental therapists—including the exact individual hired by the opponent. (See Dr. John Powers’ testimony.) Skewing one dentist’s bad

experience to overshadow other dentists' positive experience makes no sense, and lawmakers should resist this temptation.

Demand. A rising refrain among opponents is: "Most dentists don't want to hire dental therapists, so there is no point in letting them into the industry." On the contrary, if dentists won't hire therapists, there is no point in blocking them. Dentists who do not wish to hire therapists need not hide behind the law. The law is for them either way, because no dental therapist would practice in Connecticut unless a Connecticut dentist willfully hired the therapist.

Liberty. Under no circumstances would a single dentist have to hire a dental therapist. Dentists not enticed by the dental therapy model would remain free not to hire therapists. Entrepreneurial dentists would gain the option. Liberty is not the villain opponents pretend it is.

Contrary to the many red herrings fished out by opponents of dental therapy, the question facing Connecticut lawmakers is not whether dental therapists give high-quality care (although they do), whether dental therapists would increase Medicaid patient access (although they would), or whether approving dental therapy legislation would leave dentists and lawmakers free to pursue other solutions for reaching underserved populations (although it would).

The question really facing Connecticut lawmakers is simple: "Does allowing dental therapy in Connecticut pose a risk to public health great enough to justify depriving (1) dentists of their right to employ and supervise dental therapists if they choose and (2) patients of their right to access providers of their choice?" The answer is clearly "No." Approving dental therapy legislation would only help.

Thank you for your consideration.

For more information about The Heartland Institute's work, please visit our Web sites at www.heartland.org or <http://news.heartland.org>, or call John Nothdurft at 312/377-4000 or reach him by email at jnothdurft@heartland.org.