

# National Model Practice Act for State or Tribal Licensing or Certification of Dental Therapists

## February 2019

### **A Message from Dr. Caswell Evans, Blue Ribbon Panel, Panel Chairman**

We are pleased to announce the release of a National Model Dental Therapy Practice Act to respond to the need for national standards for licensing and certification of a new type of dental professional called a dental therapist that is increasingly being employed across the U.S. to improve access and reduce costs of delivering dental care.

More than 57 million people in the United States live in areas with dental care shortages. Nationwide, communities struggle to get the dental care they need are expressing interest in dental therapists. The national crisis in dental access gave rise to the emergence of a new type of dental professional – the dental therapist. Dental therapists are oral health practitioners who work in dentistry similar to the way physicians' assistants work in medicine. They are successfully working in private practices and public clinics and are also bringing care to schools, nursing homes, tribal communities, and other areas more convenient to patients, especially those who have faced longstanding barriers to accessing care.

Dental therapists started working in some of the most remote parts of the U.S. in 2004. Today, they are authorized in some or all settings in Alaska, Arizona, Michigan, Minnesota, Maine, Vermont, and Washington and through a pilot program in Oregon. Legislation has been introduced or is pending in more than a dozen other states and tribal communities that are interested in bringing dental therapists to their jurisdictions.

### **The need for national consistency**

Before dental therapists can practice in a jurisdiction they must be licensed or certified by the relevant government agency. With the continuing growth of dental therapy as a proven method of improving access to dental care, it has become evident that greater national consistency is needed in licensing and certification requirements for how they are trained and allowed to practice. States and tribes have set different rules for the length of dental therapy education and training, type of dentist supervision and the scope of services that can be provided. National variability creates challenges for education programs that are training dental therapists to practice in the U.S, reduces the ability of dental therapists to relocate, and creates barriers for dentists and employers seeking to hire them.

To address these problems, a consortium of people with expertise and interest in advancing the new profession came together and, with support from the Pew Charitable Trusts and Community Catalyst, convened a Blue-Ribbon Panel (Panel) to develop evidence-based national standards for the dental therapy profession. The Panel was made up of experienced and distinguished leaders including individuals from dental schools, a state dental board executive, practicing dentists, dental

employers, dental therapy and dental hygiene educators, researchers, and state government and tribal leaders.

The intent of National Model Practice Act and accompanying report is to give states and tribal governments the information they need to create standards and licensing or certification systems for the dental therapy profession that are built on the evidence and experience of existing programs on quality, safety and impact on access to care.

## What is included in this report?

The model legislation is based on research and the experience of existing licensing and certification programs for dental therapy. It also embodies the standards adopted in 2015 by the American Dental Association's Commission on Dental Accreditation (CODA), the nation's sole accreditor of education programs for dentists, dental hygienists and dental assistants. An overview of model legislation includes:

- **Type of Training Institution:** Students will be educated at a CODA accredited institution or one that is approved by the state licensing board.
- **Program Length/Degree:** States will adhere to CODA guidelines that call for at least three academic years of training to master about one-fourth of the procedures and competencies of a dentist. Education program length may be shorter for dental assistants and hygienists who can receive credit for dental education courses already completed. Each educational program will have the flexibility to determine the particular degree conveyed.
- **Scope of Practice.** The model act includes the full list of services included in the CODA dental therapy standards as well as several other commonly needed services that dental therapists are competently performing, such as treatment planning and non-surgical extractions of permanent teeth.
- **Supervision.** Dental therapists will work under the "general" supervision of dentists, which means they will be able to provide care without the presence of a dentist to the extent authorized by the supervising dentist.
- **Dental Hygiene Provisions:** Dental therapists will not be required to also earn a credential in dental hygiene.

Dental therapists are here. They are working well for the communities that have employed them – improving access and reducing the cost of delivering dental care – and they will continue to be a growing part of our dental delivery system. This model act and accompanying report will lead to more effective licensing and certification programs across the country that will maximize the ability of this innovative provider to assist us in advancing better oral health outcomes for all communities.

Sincerely,

Dr. Caswell Evans, Chair

On behalf of the National Model Dental Therapy Practice Act Blue-Ribbon Panel

## Blue-Ribbon Review Panel for the National Model Dental Therapy Practice Act

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**Karl Self, DDS, MBA.** Director, Dental Therapy Division, School of Dentistry, University of Minnesota.

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