



Six Years Later: Minnesota's Dental Therapist Access to Care Solution

False Promises and Delayed Care; Solutions Needed Now

In 2009, proponents in Minnesota positioned midlevel dental practitioners as the solution to the state's oral health crisis. Six years later, Minnesotans continue to experience the same barriers to obtaining good dental health. This demonstrates the need for a broader, more comprehensive approach to adequately and directly address the issues that contribute to this dental crisis – not a band aid for what amounts to a gaping wound in a state's dental public health program.

THE PROMISE: "Minnesota has a chance to truly lead the nation in its desire to improve access and to address some of the root causes that plague the oral health crisis in Minnesota and in this country." —*Then-Senator Ann Lynch, Dental Therapist legislation sponsor, and now lobbyist for its trade association ADH, Minnesota Senate testimony, 3-11-09*

THE REALITY: Six years later Minnesota is at or near the bottom of states in the payment rate for adult dental Medicaid services. Dental therapists work predominantly in clinics or offices overseen by dentists and receive the same public reimbursement rates as dentists. This system fails to reduce costs passed on to patients or incurred by the state.

THE PROMISE: "...Our innovative academic program [that] will prepare oral health practitioners to help address the chronic disparities in access to oral health care in Minnesota." —*Dr. Linda Baer, Fmr. Senior Vice Chancellor, Minnesota State Colleges and Universities, Minnesota Senate testimony, 3-11-09*

THE REALITY: Six years later, according to the 2014 Minnesota Department of Health report on dental therapists, there are only 26 working dental therapists in Minnesota. This new model has failed to become a solution to expand dental services to underserved and rural communities in any meaningful way. The same report reveals only seven rural clinics in Minnesota employ a dental therapist with the vast majority working in metropolitan areas. Additionally, many underserved people have serious oral and medical conditions that dental therapists are not qualified to recognize or treat.

THE PROMISE: "We are very pleased to propose a model that will substantially improve healthcare without requiring additional state investment." —*Dr. Sue Hammersmith, Fmr. President, Metropolitan State University, Minnesota Senate testimony, 3-11-09*

THE REALITY: Six years later, patients are still seeking dental treatment in emergency rooms at cost to taxpayers and community hospitals. According to the Minnesota Dental Association, cost of dental-related visits to hospital emergency rooms in Minnesota has been estimated at \$148 million over the past three years.

THE PROMISE: "Public health advocates in Minnesota campaigned successfully for a law to increase children's access to dental care. The new law is likely to ensure that dental care will reach many kids who are underserved." —*Pew Foundation 'The Minnesota Story'*

THE REALITY: Six years later, more than half of children enrolled in Minnesota Health Care Programs (MHCP) received no dental or oral health services according to the Minnesota Oral Health Statistics System.
