Dental Therapists: A clear, job creation solution for New Mexico’s dental health crisis.

STATEWIDE COALITION OF ENDORSERS:

NM State Legislative Health & Human Services Committee – Endorsed dental therapist legislation (Nov ‘12, Dec’13, July’14), and Indian Affairs Cmte. (Sept’14)
AARP New Mexico
Albuquerque Area Indian Health Board (AAIHB)
Alta Mira Family Services, Inc.
Center for Civic Policy
Center for Native American Youth
Centro Sávila
Community Dental Services, Inc. - ABQ
Concilio CDS, Inc. – Las Cruces
Dental Care in Your Home, Inc.
Des Moines School Health Advisory Council
Eight Northern Indian Pueblos Council
Elev8 NM
El Pueblo Health Services - Bernalillo
Family Promise of ABQ
Interfaith Worker Justice
Lutheran Advocacy Ministry of New Mexico
Native American Professional Parent Resources, Inc. (NAPPR)
Native Health Initiative
Navajo Nation – wants dental therapists in their community
Nizhoni Smiles Dental Clinic – Shiprock
Northern New Mexico College – Española
NM Alliance for Retired Americans
NM Alliance for School-Based Health Care
NM American Federation of Teachers Retirees
NM Center on Law & Poverty
NM Conference of Churches
NM Dental Hygienists’ Association
NM Health Resources
NM Intertribal Community Services Council (NMITCC)
NM League of United Latin American Citizens (LULAC)
NM Public Health Association (NMPHA) (2011,’13,’14)
NM Religious Coalition for Reproductive Choice

OPPONENTS:

New Mexico Dental Association
NM Telehealth Alliance
NM Voices for Children
OLE NM
Place Matters
Pueblo of Kewa/Santo Domingo Health Board - wants dental therapists in their community.
Pueblo of Tesuque
RESULTS - Santa Fe
Rio Arriba Community Health Council
Rio Arriba County Health & Human Services
Santa Fe Community College
Southwest Women’s Law Center
Southwestern Indian Polytechnic Institute (SIPI)
Ten Southern Pueblo Governors Association
Tierra del Sol – Las Cruces
Union County Network wants dental therapists in their community – Clayton
Union County General Hospital
Union County Health Alliance
Women’s Intercultural Center – Anthony
YDI-Elev8 (Youth Devlp. Inc.)
NM needs dental therapists for its rural communities
By Littlebear Sanchez / Youth Advocate, Center For Native American Youth

As a young Native American, I am far too familiar with lack of access to health care. Throughout my life, I have traveled extreme distances just to see a doctor, making it difficult to get much-needed care. This is especially true of dental care.

Last year, as a result of poor access to dental care, I suffered in pain for many months with a broken, infected tooth. As the pain became unbearable, I even tried pulling the tooth out myself.

Mine is a common story throughout rural America – especially on reservations. In New Mexico, nearly 40 percent of children have untreated tooth decay. At least three counties do not even have one dentist, leaving children vulnerable to the most preventable pain and infection.

Native American youths and those in foster care are severely impacted by dental shortages, as well. Nationwide, roughly 50 percent of Native American youths live in federally designated dental shortage areas and nearly 35 percent of children in foster care, like me, have severe oral health problems.

Although there are many challenges to getting adequate dental care in tribal and rural communities, I am proud that innovative Native American communities are leading the way in bringing care to those who need it most.

More than a decade ago, Alaska Native leaders developed a mid-level dental position called dental therapists who safely provide preventative and routine care as part of the dentist-led team.

In just 10 years, the dental therapists have increased access to dental care for over 40,000 people in communities across Alaska, many of whom had never even seen a dentist because of the difficulties in attracting dentists to rural areas.

New Mexico experiences those same difficulties in recruiting dentists to rural areas, so it is even more devastating that special-interest groups like the American Dental Association lobby to prevent the creation of mid-level providers who could provide children and the elderly with the quality health care that they desperately need.

When the ADA and others block rural and Native American communities from utilizing a safe method for dental care, more young people like me will have to live with pain and infection, preventing us from realizing our full potential.

Utilizing dental therapists in New Mexico is an important part of improving the well-being and confidence of Native youths, foster children and all people in the state. The success in Alaska demonstrates what creating a local solution to a local problem can do and Alaska Native communities are now seeing cavity-free children for the first time in nearly a century.

Let’s replicate that success in New Mexico for our rural and Native American communities.
New Mexico Dental Team
community-based. patient focused.

Dentist (DDS/DMD)
500 competencies
(Head of dental team)
Provides routine & complex procedures and treatment.

Dental Therapist-Hygienist (DTH)
90 competencies
(Dentist off-site supervision)
Provides preventive services & routine treatment (e.g. cleanings & fillings), oral health education.

Extending Care to More Community Settings
- Native American Clinics
- School Based Health Clinics
- Community Clinics & Private Practice
- Mobile Dental Clinics

Can diagnose

Dental Hygienist (DH)
Provides oral health education, scaling & cleanings.

Dental Assistant (DA)
Chairside support for dentist before & during treatment.

Community Dental Health Coordinator (CDHC)
Works in communities providing oral health education, coordinates patient care.

www.HealthActionNM.org
(505) 322-2152
Dental Therapists: A Solution To The NM Dental Crisis

1.31 Million¹ New Mexicans
Live in dental shortage areas or are underserved

1,976:1
New Mexico’s average population to dentist ratio

49th² National ranking for access to dental health care

48th⁴ National ranking for pop. living in dental health professional shortage areas

39th¹ National ranking for population to dentist ratio

Inner city/rural communities struggle to recruit and retain dentists

69%¹ Of state Dentists live in metropolitan areas

50%¹ Of state Dentists are medicaid providers

Bottom 25% of economic scale
Has 75% of the dental problems

Dental Therapist Licensure Bill
A Community Based, Workforce Solution For the New Mexico Dental Crisis

Brought to you by Health Action New Mexico healthactionnm.org

32/33⁵ Counties have federally designated dental health professional shortage areas

9 NM Counties
Have 0 or only 1 employed Dentist or Hygienist

---

5. hpsafind.hrsa.gov/hpsasearch.aspx
Dental Therapist Licensure Act
Community Based. Patient Focused.

We have a New Mexico Solution to solve our dental health crisis.

New Mexico has a Dental Health Crisis RIGHT NOW.

- NM does not have enough dentists to meet the demand for dental services (NM Dept. of Health healthcare workforce report to legislature, May 2013).
- 1.3 million New Mexicans - working families, children, elders, people with disabilities – do not have meaningful access to dental care (NM workforce rpt., May 2013).
- 37% of NM 3rd graders have untreated dental decay. This is worse for Native Americans (NM Dept. of Health, 2001).
- **Result of this Crisis:** New Mexicans live in pain, miss school or work, have low school performance, lose work productivity, have life threatening medical emergencies & long-term, serious health problems.

**And we have a New Mexico solution, TODAY: Dental Therapists**

Dental Therapists are:

- Mid-level dental providers who practice under the supervision of off-site dentists.
- “Home-grown” providers trained in local community colleges & other educational institutions.
- Trained to provide quality, cost-effective prevention education & routine restorative care services - teeth cleanings, fill cavities, denture adjustments, etc. (W.K. Kellogg Foundation, 2012).
- Already working well elsewhere!
  - 14,000 DTs practice worldwide in Alaska, Minnesota and over 50 countries including industrialized nations like the United States.
  - NEW - Maine is 3rd state to have dental therapists. (May 2014)
- Effective at reaching their communities. 40,000 more Alaskans have access to care because of DTs.
- NM State Workforce Rpt. recommends dental therapists as a solution to address NM dental health crisis. (NM Dept. of Health healthcare workforce report, May 2013)

**Jobs & Economic Opportunity for NM Communities** – Dental therapists bring NM Communities:

- Livable-wage jobs and economic opportunities.
- Successful, revenue-generating business models for public and private practices and clinics. (*Pew Ctr. on the States, 2010 & 2014; Community Catalyst, 2013*)
- Investment to NM institutions of higher education and our communities.
- Career pathways for NM dental hygienists to become dental therapists.

**Call to Action – In order to:**

1. Improve all NM communities’ access to quality, cost-effective dental services,
2. Provide jobs & stimulate economic opportunity for these communities,
3. Restore community self-determination & tribal sovereignty, and
4. Allow NM education institutions & communities to partner to solve our dental care crisis,

**Support NM Dental Therapist Licensure Act bill**, that adds dental therapists to New Mexico’s dental team.

*To learn more and support dental therapists for NM, please contact:*
Health Action New Mexico - 505.332.2152 / Email: info@HealthActionNM.org / Website: www.HealthActionNM.org
Dental Therapist Licensure Bill

Purpose of Legislation: This legislation would include dental therapists (DTs) as a part of New Mexico’s dental team. DTs would improve access to high-quality, cost-effective dental services and provide economic opportunity for New Mexico’s underserved, rural and tribal communities. DTs would improve the health of New Mexico’s working families, children, disabled and elders and provide a workforce solution to the urgent dental crisis in New Mexico.

Defines Dental Therapists: A dental therapist is an individual who –
1) Has graduated from one of the following education programs developed in partnership with an accredited institution of higher learning:
   a) a dental therapy-hygiene educational program that provides a competency-based dental therapy and dental hygiene curriculum;
   b) OR, (Accelerated Hygienist Pathway) if already a licensed dental hygienist, has graduated from a dental therapy education program that provides a competency-based dental therapy curriculum.

2) Is Community Based - Receives a letter of recommendation from the supporting community as part of the application process for the DT education program, and maintains an ongoing relationship with the sponsoring entity including one community prevention project in the supporting community during coursework;

3) After graduating, has completed at least 400 additional clinical hours under the indirect supervision of a dentist;

4) Has passed a comprehensive competency-based exam given by a nationally recognized regional testing agency if available, and if not available by an institution of higher education with a dental therapy education program, following his or her completion of a dental therapy educational program;

5) Has passed a written examination covering the laws and rules for practice in NM;

6) Holds a license to practice dental therapy and dental hygiene in the state; and

7) Once licensed, can practice under the general supervision of a dentist under a written “dental therapist management agreement.”

(General supervision means the supervision of tasks or procedures by an off-site dentist at the time the tasks or procedures are being performed, pursuant to DT management agreement, so long as those tasks and procedures are within the scope of practice for a DT. General supervision of a DT is achieved through daily and as needed real-time communication between the dentist and DT using telemedicine/health information technology.)

Includes Dental Therapist Scope of Practice - A Cost-Effective, Financially Viable Workforce Model:
DTs provide a range of routine treatment and restorative care services as well as prevention and education services. These high-quality, billable services make dental therapists a cost-effective, financially viable workforce model. Includes a pathway for hygienists who with a minimum additional year of education and training to become DTs. DTs can practice only in (1) settings located in federally designated dental health provider shortage areas (DHPSAs) AND (2) after 5 yrs consecutive employment with the same employer 15% of a dental therapists patients must be Medicaid recipients.

Licensure, Fees & Accountability:
Establishes licensure requirements, fees, and accountability requirements for DTs that reflect those of dentists and dental hygienists.

Establishes Dental Therapist as Member of the Joint Committee: One DT or DT expert will be appointed by the Governor as a voting member of the Joint Committee which is comprised of all currently sitting dental board members, hygiene committee members and public members. Decisions relating to dental therapy practice are made by the joint committee.