

## Dental debate

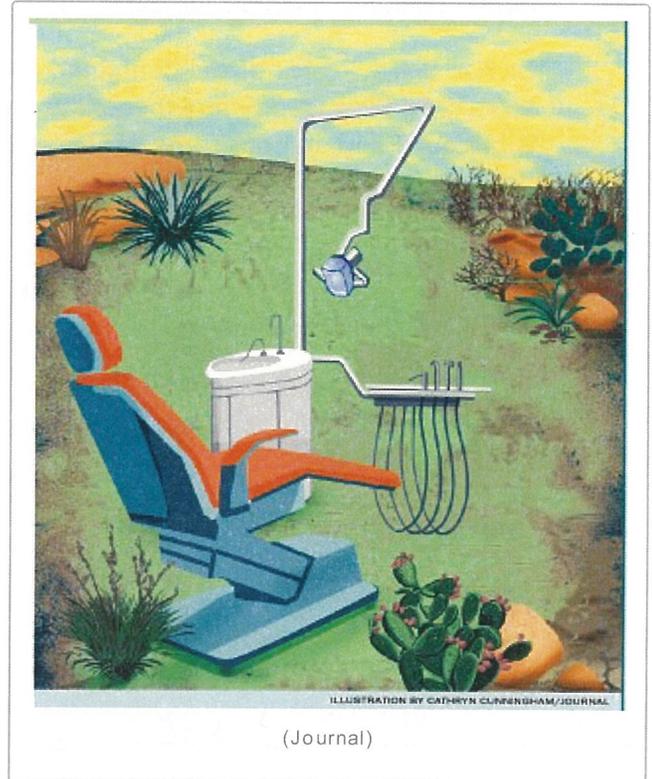
Rick Nathanson / Journal Staff Writer

Today's health care field includes all kinds of new players — physicians assistants, nurse practitioners, to name a couple. But it wasn't that way 40 years ago.

Few question the roles of nurse midwives, pharmacist clinicians or prescribing psychologists now, but when first proposed, "the people with the doctorate degrees" resisted, says Dr. Alfredo Vigil, former New Mexico Secretary of Health under Gov. Bill Richardson.

But a bill wending its way through the state Legislature aims to create a middle tier in dentistry — dental therapists with two-year degrees who would provide basic dental services such as teeth cleanings, simple extractions and fillings.

Generally, in any effort to establish a new class of medical professional, "the discussion is always about their training, safety, curriculum, oversight and how to work with the existing health care professionals. These are all bona fide and important issues," says Vigil, a family physician in Taos.



The aim of House Bill 17, the Dental Therapist Licensure Bill, is to have dental therapists practice in rural, remote and underserved populations, which could include underserved portions of larger urban areas.

The New Mexico Dental Association, with more than 750 members, is neither embracing the concept nor enthusiastic about the proposed legislation; instead, it is backing the more recently submitted HB 367, which it helped draft, a pilot program model that allows the issue to be re-examined in 2019.

### What the bill says

HB 17 was sponsored by Rep. Dennis J. Roch, R-Texico, and Sen. Carlos Sisneros, D-Questa, and was primarily drafted by Health Action New Mexico, a nonprofit consumer organization that advocates for better access to health care services.

As envisioned in HB 17, dental therapists in New Mexico would work under the supervision of a dentist, although the dentist would not have to be on site. The therapists would perform teeth cleanings, simple extractions and fillings, administer local anesthesia and refer people to dentists for more complicated conditions and dental work. They would also serve as a community resource for preventive oral health information.

A two-year program is not enough, says Michael Moxey, the New Mexico Dental Association's director of communications and advocacy. Plus, the group is concerned about the absence of a dental school to which a dental therapist degree could be tied.

However, Roch says several colleges in New Mexico have already expressed an interest in developing a dental therapist program. Students, he says, “would get two years of very specialized training in a limited skill set, so while they are doing fewer procedures, they would be doing them over and over and over, becoming experts at them.”

## **Other models**

The NMDA also questions the success of dental therapist programs in Minnesota and Alaska, the only two existing models. It is unclear, Moxey says, if either of those models would translate well for New Mexico.

Dr. Karl Self, director of the dental therapy program at the University of Minnesota School of Dentistry, says there are 16 licensed dental therapists and another nine who are “license eligible” in that state. The program is still quite new, but based on the training they receive “it is perceived as very successful,” he says.

The dental therapists there are getting good training, agrees Laura Kramer, director of government affairs for the Minnesota Dental Association, but she points out that not all of them have found full-time employment, and only one of them is working in rural Minnesota. “So the greater needs of rural Minnesota are not being met,” she says.

The Alaska program, taught by the University of Washington under a collaboration with the Alaska Native Tribal Health Consortium, has dental therapists working in rural Native Alaska villages under the supervision of off-site dentists.

## **Seeing it for himself**

Fort Sumner dentist Howard Rhoads, initially opposed to the idea of dental therapists, in September traveled to Alaska at the invitation of Health Action New Mexico to observe and evaluate the model program there.

“I couldn’t believe that you could take somebody and give them two years training and turn them loose to do dentistry. It didn’t make any sense at all,” he says.

After seeing the teaching facility in Anchorage and watching dental therapists practice in the remote area of Bethel, he changed his mind.

“They were excellent at what they were doing, absolutely textbook work regarding the procedures they trained for,” he says. “They were able to go back to their villages and provide information and prevention and take care of basic dental problems.”

Rhoads has come around and now thinks there is a place for dental therapists in New Mexico, although he does have one point of hesitancy. “I would not want to see dental therapists competing down the street from established dentists and dental hygienists.” Rather, they should fill a niche in parts of New Mexico where people are not getting dental care and where dentists do not have practices, he says.

And that is largely the intention of HB 17, says sponsor Roch.

## **Rural needs**

“My district includes all or parts of seven counties including Harding and Union, and those counties don’t have any dentists or hygienists and as a result my constituents in those counties take time off work or school to travel” for dental care, says Roch.

Don Weidemann, hospital administrator at Union County General Hospital in Clayton, says recruiting a dentist has been unsuccessful because “we can’t make the numbers work even though we bought the equipment to set up a practice.”

The population is not big enough to generate enough of a patient base to keep a practice full, and dentists want assurances they can pay off their student loans as well as pay an office staff and meet other overhead expenses. "They give up a lot of income to serve in low-volume settings like Clayton."

The dental therapist model, he says, "is attractive because it could give communities like ours good basic oral health and they would not have the same investment to recover."

Then, there is the question of remuneration. Under HB 17, the limited procedures that dental therapists perform are coded and paid for at the same rate as dentists. Given that, asks Moxey, how is it any more affordable for people who are underinsured, uninsured or simply can't afford basic dental care?

Attorney Pamela Blackwell, project director for Health Action New Mexico, says the focus of the bill, regardless of how services are paid for, is to bring dental care to underserved parts of the state. "The area most underserved in New Mexico is southwestern Albuquerque," though dental therapists are clearly needed in rural, remote and tribal communities as well.

Many of these communities already have rural hospitals, clinics and federally qualified health centers with basic dental equipment that dental therapists could access, she says.

Medicaid expansion and the Affordable Care Act will bring 170,000 new patients onto the New Mexico Medicaid rolls, Blackwell notes. "Most dentists do not now take Medicaid patients nor do they have Medicaid patients as a significant portion of their patient mix," she says. "Dental therapists will allow supervising dentists to expand their reach into underserved populations, and they will now have the manpower to accept and treat Medicaid patients."

Incorporating dental therapists into a practice "is a smart business decision" because it allows supervising dentists "to see more patients and increase profits," she says, and it can ultimately lighten the work load of aging dentists and extend their years in practice.

## **A counter-proposal**

The response to HB 17 is HB 367, introduced recently by Rep. Edward C. Sandoval, D-Albuquerque, and largely drafted by the New Mexico Dental Association, says Moxey. The new bill proposes to set up a model dental therapy project in five "dental workforce shortage" sites, to which the trainees' limited services would be confined.

To become a demonstration project site, communities would themselves have to recruit the supervising dentist as well as the therapist trainee, and provide that trainee with "adequate assistance with educational and living expenses, compensation commensurate with the dental therapist's educational level and a fully equipped dental clinical facility with staff support," according to the bill.

The model program would end June 30, 2019, and the results would be evaluated to determine if there is a future for dental therapists in New Mexico.

HB 367 offers a more "measured, scientific approach to this issue" than HB 17, which Moxey says, "wants to immediately change the Dental Practice Act to license dental therapists in New Mexico," despite the fact that there are currently "no therapists in New Mexico seeking licensure, no therapists outside New Mexico wishing to come to the state, and no New Mexican students currently enrolled in dental therapist educational programs outside the state."

Blackwell, however, says HB 367 does nothing more than attempt to "deflect" the efforts of Health Action New Mexico and its partners by establishing lengthy and impractical guidelines for dental therapists and poor and underserved communities. "We want communities to be involved, but they shouldn't have to become venture capitalists."

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## Suggested Reading:

- Dental Therapists Could Solve Care Issues
- Dental Therapists Not Answer to State's Problems
- Get cat dental X-rays
- Editorial: Trimming Medicaid A Lot Like Pulling Teeth
- UNM Health Sciences Center Requesting \$7.8M

Reprint story



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