**Column: Vermont Can Easily Expand Dental Access**

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Lack of access to affordable routine dental services is an acute and chronic problem for all age groups in Vermont. The past 10 years that I have volunteered at the Red Logan Dental Clinic in White River Junction and shared space with a Medicaid dentist have underscored the observation that access to a dentist for many patients is sparse to nonexistent.

One helpful solution is offered in a bill passed last year by the Vermont Senate and soon to be debated in the House that would license dental therapists.

This new member of the dental team could improve access to care by providing routine preventive care and basic services to Vermonters not getting regular care.

Dental therapists would have a scope of practice limited to 34 procedures compared with nearly 500 procedures for a dentist. The dental therapist model is currently being successfully used in over 50 countries and Alaska and Minnesota, and is in development in a number of other states.

Dental therapists have been shown to provide improved access to treatment at a lower cost to the supervising employer.

Vermont’s dental therapist legislation is supported by a diverse coalition of public health and human services organizations, which look to research for evidence of the model’s safety and effectiveness. An exhaustive study led by Dr. David Nash of the University of Kentucky in April 2012 documents “that dental therapists can effectively expand access to dental care, especially for children, and that the care they provide is technically competent, safe and effective.” The report concluded that “the profession of dentistry should support adding dental therapists to the oral health care team.”

While many dentists like myself support the dental therapy model, dentistry’s professional association — the Vermont State Dental Society — is opposed. Its public statements suggest that treatment provided by a dental therapist would not be up to the quality of that provided by a dentist. However, the scientific evidence and the American Dental Association’s research indicates better dental health outcomes for patients treated by a dental team that includes dental therapists. Experience in Alaska and Minnesota shows that dental therapists can improve access to care for under-served and Medicaid populations.

In addition, the Commission on Dental Accreditation, dentistry’s sole accrediting body and the same organization that accredits dental schools, recently voted to implement educational program standards for dental therapy, recognizing the need for dental therapists and dental therapy as a profession.

Organized dentistry’s position that four years of dental school education ensures a higher quality of treatment than that provided by allied professionals is not always true. Quality is based upon a provider’s desire to strive for a high standard, constant improvement, taking quality continuing educational courses, and eye-hand coordination that remains consistent or improves over the span of a long career. Dental therapists will receive as many hours of clinical experience in the procedures they will be licensed to perform as a dental school student, and take the same portion of the clinical examination in basic competencies as a dentist to receive a license. The bottom line is that dental therapists will be quality providers and this is supported by exhaustive literature, decades of experience, and the rigorous training and licensure requirements included in the proposed legislation.

Moving to a team-based approach using dental therapists is also a good business move for dentists. The fees paid for services (by Medicaid, for example) will be the same for both the dental therapist and the dentist, but the cost to the dentist’s business will be less because the salary paid to the dental therapist will be lower than if the dentist were providing that service. While the dental therapist is providing basic services, the dentist’s time is available to provide more complex treatment, which can be billed at a higher rate. This is similar to a dental hygienist performing basic hygiene services while the dentist provides, again, more complex treatment.

The dental therapist opportunity will benefit patients, the dental profession and overall health. Because they are providing only routine preventive and basic services, they can work in mobile clinics, schools and nursing homes — all places less likely served by a fully staffed dental office. And it is in these venues, particularly in rural parts of Vermont with limited access to fully licensed dentists, where the need is most acute.

The Vermont State Dental Society’s position defies logic, the evidence and public sentiment on this issue. One has to wonder what truly is its biggest fear.

Treatment provided by dental therapists has helped improve oral health of the populations they serve. Dental therapists would be good for the state and are worthy of support from the Legislature.

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