

## Dental Therapy

### The Issue

The cost of dental care is skyrocketing in the U.S., while the availability of care remains stagnant. A 2018 report shows that the ratio of people to dentists in Texas is 1,790:1, compared to a national ratio of 1,480:1. Thirty-five Texas counties do not have a single dentist, and there are 322 designated dental health professional shortage areas (HPSAs) across the state. Furthermore, the U.S. Department of Health and Human Services (HHS) projects that Texas' dentist shortage will increase by 38% between 2012 and 2025.

State dental licensure laws play a major role in creating and sustaining Texas' shortage of dental care. The state's Dental Practice Act (Chapter 251 through 267 of the Texas Occupations Code) and the rules and regulations established by the Texas State Board of Dental Examiners (TSBDE) largely determine the number and type of available providers. Furthermore, providers are limited to practicing as these laws explicitly permit. Any activity outside of the law's explicit permissions is illegal, even if the law does not explicitly prohibit an activity. As a result, dentists are not free to experiment with new, innovative delivery systems, practice arrangements, or technologies.

While special interest groups would have policymakers believe that raising Medicaid reimbursement rates will solve the oral health issue, states like Minnesota, Maine, and Vermont are demonstrating a superior strategy: broadening their dental licensure regulations to make room for new mid-level providers, also known as dental therapists.

Dental therapists are mid-level dental providers, similar to advanced practice nurses in primary care. They are typically trained to perform preventive and restorative care under the supervision of a licensed dentist. In licensing states, dental therapists primarily practice under general supervision, meaning a dentist is not required on the premises where care is provided. This allows dental therapists to travel outside the dental office and provide care to rural and underserved populations, such as patients with disabilities.

In the 84th Legislature, Texas considered legislation that would have allowed dentists to hire dental therapists (HB 1940/SB 787). It had widespread bi-partisan support, represented by a coalition including the Texas Hospital Association, the American Association of Retired Persons, the Coalition of Texans with Disabilities, Americans for Tax Reform, Americans for Prosperity, the Texas Public Policy Foundation, and the Center for Public Policy Priorities. But efforts by market participants rejecting additional competition contributed to the legislation's defeat.

Care shortages are not simply determined by the number of providers versus demand. Restrictions on the type of available providers or the use of efficient practice arrangements also contribute to care shortages. If Texas policymakers want to expand access to dental care, they should reform dental licensure regulations in

ways that empower providers to innovate their delivery systems to meet patients' dynamic needs. Licensing dental therapists is a demonstrably effective reform that could have a major impact in Texas.

### The Facts

- Among low-income adults in Texas, the top three reasons cited for not visiting the dentist regularly were cost (85%), trouble finding a dentist (20%), and inconvenient time or location (19%).
- HHS has designated 322 dental HPSAs in Texas in the first quarter of 2018.
- Dental therapists in Alaska and Minnesota have significantly improved oral health outcomes and access to dental care, especially for rural and underserved communities.

### Recommendations

- Allow mid-level dental providers to practice in Texas.
- Legislation allowing mid-level dental providers should maintain dentists' authority to provide oversight of how mid-level dental providers operate in their practices.
- Reform dental licensure regulations to lower barriers to entry, increase competition, and grant dental providers more flexibility to innovate their delivery systems.

### Resources

[Dental Workforce Reform in Texas](#) by John Davidson, Texas Public Policy Foundation (March 2016).

[2018 County Health Rankings Report](#), by Givens et al., Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute (2018).

[2018 Texas Data](#), Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute (2018).

“[The future of dentistry: Dental economics](#)” by Eric Solomon, *Dental Economics* 105(3) (March 19, 2015).

[First Quarter of Fiscal Year 2018 Designated HPSA Quarterly Summary](#), Bureau of Health Workforce (Jan. 2018).

[National and State-Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2025](#), National Center for Health Workforce Analysis (Feb. 2015).

[Oral Health and Well-Being in Texas](#), American Dental Association (2015).

[Dental Utilization for Communities Served by Dental Therapists in Alaska's Yukon Kuskokwim Delta: Findings from an Observational Quantitative Study](#), Chi et al., University of Washington (Aug. 2017).

[Early Impacts of Dental Therapists in Minnesota](#), Minnesota Department of Health and Minnesota Board of Dentistry (Feb. 2014).