

To: Dental Therapist Regional Action Teams  
From: Pamela K. Blackwell, JD  
Project Director, Oral Health Access  
CC:

Date: April 29, 2014  
Re: FAQs on NM dental therapist model, legislation and dental therapists generally

***What is “general supervision?” Doesn’t the dentist need to be right there with the DT?***

General supervision is off-site supervision. Dentists are the head of the dental team. They supervise DTs using phone and internet communication in daily meetings with DTs just as physicians supervise nurse practitioners and physician assistants throughout NM. Dentists are also available when necessary. Under general supervision, dental therapists can now serve in places where there are no dentists, extending a dentist’s reach.

***What if a dental therapist goes beyond their scope?***

Evidence shows just as for other practitioners that dental therapists don’t go beyond their scope. They are trained and educated to provide services only within their limited scope of practice. They are supervised providers working with a dental team, led by the dentist and have access to a dentist when there are questions. For licensure, dental therapists are tested the same as dentists and test just as well as dentists on the scope of services they dental therapists provide.

***Do dental therapists have liability coverage?***

Yes, just like all other providers they would have liability coverage and are held to practice within their allowable scope of services. Since dental therapists have a long track record of providing safe, quality care the cost of malpractice insurance is very low.

***What does community-based mean? Why does that matter?***

For dental therapists community-based means they come from or want to serve an underserved community and that community nominates them to go to a dental therapist education and training program. As students, the dental therapists must conduct an oral health project in underserved communities as a part of their coursework. People from underserved communities serving underserved communities are a proven way to retain practitioners in those communities and improve the health of community members. This is different than a transplant model which sends providers to an underserved community but commonly for only 2-3 years then the provider moves on.

It also means “home grown” providers. Providers - dental therapists - who are from NM, are educated in NM to serve NM.

It also means job opportunities and livable wage jobs for those living in NM’s underserved communities.

***Won’t dental therapists take away business from dentists?***

No. Dental therapists expand a dentists practice, and enhance and generate revenue for a dentist. Dental therapists extend dentists reach to communities including to schools, clinics, senior centers, and other locations that dentists can’t or won’t serve **AND** dental therapists generate revenue for the dentist or dental practice in both public and private sectors, even when serving only underserved people.

***Don't we need a dental school to train dental therapists?***

Dental therapists can be trained at community colleges, technical schools or in other educational settings. We have the opportunity with the educational institutions we have here in NM to train our own dental therapist providers. Many of the schools that want to teach dental therapists already have clinics and the infrastructure to do this, some teaching dental therapists in a team model along side hygienists and dental assistants. Dentists from the best dental schools in the nation want to be faculty at these schools.

***Can dental therapists diagnose and extract teeth?***

Dental therapists are trained to provide routine and preventive care, which includes diagnosing dental disease and if absolutely necessary extracting teeth. These services are crucial to dental therapists providing meaningful access to dental services to underserved communities. Extractions are a small part of what dental therapists are doing. The benefit of adding a dental therapists to the dental team is they can provide routine and preventive care to New Mexicans who are not getting care now. In the long run, we expect dental therapists to be able prevent patients from needing extractions or more costly care down the line.

***Where would you get the funding to start dental therapist schools?***

There are number of funding opportunities available through federal agencies and private foundations. Training dental therapists in New Mexico will have a positive economic impact for the communities. Also, we have established and endorsed curriculums and resources to assist schools in designing effective and cost-efficient dental therapist education programs that fit the needs of their community.

***We have enough dentists in NM, isn't it just a maldistribution problem?***

Every county in the state is all or in part a dental shortage area. As a result, tens of thousands of New Mexicans are going without care because they cannot find affordable care in their community. By practicing in rural and underserved urban communities under the remote supervision of dentists, dental therapists are able to extend the reach of the dental team to people who cannot get it now.

***Will your legislation include geographic (e.g. dental health provider shortage areas) or population restrictions (e.g. Medicaid or tribal areas) for where dental therapists can practice?***

No, our legislation does not include these restrictions. Severe dentist shortages exist in all of NM's counties. Our partners don't want to limit the solution to just one population or community because all NM communities need access and can benefit from dental therapists.