CLAIM: A dental therapist could be a high school graduate who receives three years of dental therapy training and would be authorized to perform irreversible surgical procedures, such as surgical extractions, partial root canals and administer local anesthesia under the general supervision of a dentist.

FACT: Dental therapists are trained to the same level as a dentist for the limited scope of procedures they are authorized to perform. In fact, while a dentist can perform over 500 procedures, a dental therapist can only perform about 90, giving therapists a higher degree of specialization in those specific procedures. Moreover, there is a large body of research that demonstrates dental therapists provide high-quality care, comparable to dentists for procedures both can do.

CLAIM: There are no CODA-approved programs in any state in the United States. The dental therapists practicing in Minnesota did not graduate from a CODA-approved program.

RESPONSE: Minnesota’s programs were established prior to the Commission on Dental Accreditation (CODA) accreditation standards. As such, when Minnesota passed legislation in 2009, the statute called for the Minnesota dental board to approve and monitor the quality of dental therapy training institutions. However, both programs in Minnesota were models for CODA and meet the recently developed standards, and both will be applying for CODA accreditation when the Dental Board’s monitoring authority expires in 2020.

In Florida, dental therapists would be required to be trained according to national standards developed by CODA or one the Dental Board finds meets these same standards. A number of Florida colleges, including Miami-Dade College and Palm Beach State College, report they are equipped and ready to launch dental therapy training programs to create a pipeline of qualified providers for Florida.

CLAIM: Minnesota has about 50 dental therapists practicing and most of them are NOT practicing in rural areas. Even with dental therapists, in May 2017, Minnesota was in jeopardy of losing federal funding because it was failing to provide adequate dental care to children of low-income families.

RESPONSE: In Minnesota, about 90 dental therapists are geographically distributed in proportion to the state’s population. Approximately 59 percent of dental therapists are employed in the Greater Twin Cities metro area – where about 55 percent of Minnesotans live – and a number of those dental therapists are being deployed to hundreds of rural areas using mobile equipment.

The bottom line is dental therapists are a proven tool to help expand access to high-quality dental care, specifically to underserved populations. Dental therapists also incentivize dentists to treat more people on Medicaid, as dental therapists earn lower salaries and practices that employ dental therapists have lower costs for delivering care. The result is more Medicaid access, higher practice revenues, greater value for Florida taxpayers and no less control over quality of care.

CLAIM: Dental therapists are NOT like nurse practitioners and physician assistants. Nurse practitioners and physician assistants are required to have much more education and training than dental therapists.

RESPONSE: Dental therapists are similar to nurse practitioners and physician assistants, as they are an expansion of the health care team treating patients. Also, like nurse practitioners and physician assistants, dental therapists will graduate from accredited programs and will have to pass competency exams of the same rigor as dentists for the procedures they have in common. They will also work under the general supervision of a dentist. It is important to note it is completely up to a dentist if he or she wants to hire a dental therapist. In reality, dental therapists have been shown to help dentists see more patients, increase practice revenues, decrease travel and appointment wait times, increase productivity, increase patient satisfaction and lower no-show rates.
CLAIM: Florida does not have a shortage of dentists. Florida has approximately 14,000 licensed dentists; however, there is a maldistribution of dentists around the state, leaving the more rural area without an adequate supply of dentists. The term “shortage” is used by some national groups to signify that people living in certain areas of the state do not have access to routine dental care. This does not mean that the state as a whole has a shortage of dentists.

RESPONSE: In Florida, roughly one in four residents, more than 5 million Floridians, live in areas designated by the federal government as having a shortage of dentists; and, 63 of Florida’s 67 counties have at least one shortage area. Moreover, only about 18 percent of Florida dentists accept Medicaid, and, in 2016, about 60 percent of children on Medicaid, about 1.4 million children, did not see a dentist.

Access to care for Floridians living in shortage areas as well as those on Medicaid is a looming crisis that needs to be addressed, as poor oral care leads to a host of other health care issues, ultimately leading to more emergency room visits and contributing to the overall cost of health care. In Florida, dental therapists could work in a wide variety of settings, including mobile clinics, to dramatically increase access to care.