



Key Messages

Access to oral health care is limited or nonexistent for millions of Michiganders.

- Major challenges in accessing and affording dental care persist despite efforts to address barriers to oral health services. Seniors, pregnant women, low-income children, and other special populations are most at-risk for poor oral health. [See main infographic with data points; see 2-1-1 data](#)
- Oral health needs are more severe in certain parts of the state. Saturation of dentists in urban and suburban areas, leaving rural regions with significant dental shortages.
- Even in areas of the state where many private practice dentists operate, many people cannot get access to dental care because they are uninsured or dentists do not accept public insurance. [See Medicaid infographic](#).
- When people cannot get dental care, they often resort to emergency rooms for relief. This costs Michigan taxpayers money and often doesn't alleviate patients' underlying dental problems (there are no dentists in ERs just prescriptions like [opioids!](#)).
- Children with poor oral health are more likely to have pain, miss school days, and experience deterioration in their overall health. Poor dental health affects an adults' ability to get a job and be productive at work.
- All the military and veterans organizations report access to oral health is major issue; at any time 25% of Michigan's National Guard not deployable because of dental issues.
- Oral health is a major component on an individual's overall well-being and can impact other health outcomes. For example, pregnant women who do not have access to regular dental care during pregnancy are more likely to deliver their babies pre-term.

ANOTHER tool in the toolbox – IT'S ABOUT FREEDOM!

Dental therapists can provide dental care to those who need it (or those who can't get it) in a cost-effective way.

- Similar to a physician assistant on a medical team – dental therapists would be able to deliver badly-needed care to underserved Michigan residents.

- Totally voluntary – this solution gives dentists an **option** to modernize and expand their practices in a financially sustainable way while increasing access to dental care for vulnerable people in Michigan. (I think this is a separate bullet at the top of this sub)
- Dental therapists have a narrow scope of practice—they get rigorous training, but on a much smaller number of procedures. They become expert on those treatments. However, their training takes less time than dentists and their salaries are lower, giving dentists a way to see more patients including those on Medicaid. *See infographics that detail duties. If curious, we can set up a call with MN dentist using DT'S.*
- Other states using DTs: Alaska and Minnesota. Maine and Vermont have passed legislation and are building educational programs. Dental therapists are working on tribal lands in Oregon and Washington. Over a dozen other states have legislation introduced. *Pivot to synopsis on MN outcomes/map if needed.*
- A review of over 1100 studies of dental therapy both internationally and in the US SHOWS NOT ONE SHRED OF EVIDENCE ABOUT SAFETY. *See infographic with quote from the ADA - "that appropriately trained midlevel providers are capable of providing high-quality services, including irreversible procedures such as restorative care and dental extractions."*
- DT's are trained to deal with emergency situations that exceed their scope JUST LIKE dentists are. They would stabilize the patient and take appropriate action: contact their supervising dentist, make referral, direct someone to emergency care and/or call 9-1-1!
- They work for dentists: the therapist can see patients in a remote rural clinic, at a nursing home or elementary school or during hours when a lot of working people can't make it to the office, outside the typical 9-5 M-Th schedule. A DETAILED written practice agreement is required between DT and supervising dentist and must have contact by phone or teletechnology.
- Dental therapists in Michigan would be required to serve those who have the least amount of access now – they could work only in shortage areas, in safety net settings or see at least 50 percent Medicaid or uninsured patients.
 - FQHCs, tribal health centers, school-based health centers, potentially corrections
- Dental therapists may give someone who has no opportunity to even get in the door to see a dentist more access to care – from a DT under their scope AND to the dentist for those things which exceed the DT's ability.
- There is interest in this as a profession. See info graphic on dental hygienists and career ladder. In a survey of MI Dental Hygiene Assoc members, 78% are supportive of DTs and 54% personally interested in pursuing.

BOTTOM LINE:

- **THIS BILL IS A SAFE, EFFECTIVE MODEL OF CARE.**
- **THIS BILL does NOT mandate any dentist to hire or supervise a dental therapist; no school is required to start an educational program.**
- **IT IS A FREE MARKET TOOL TO AN ACCESS OF CARE CHALLENGE.**
- **IT IS NOT OK FOR THE MDA TO STAND IN THE WAY OF SOLUTIONS: IF YOUR MEMBERS DON'T WANT TO TREAT PEOPLE ON MEDICAID THEN GET OUT OF THE WAY AND LET OTHERS DO IT!**