

**Testimony of the North Dakota Dental Hygienists' Association**  
**Health Services Committee**  
**October 9, 2014**

Good morning Chair Lee and members of the Health Services Committee. I am Rachelle Gustafson, a registered dental hygienist and President of the North Dakota Dental Hygienists' Association (NDDHA). I was a member of the input group convened by the University of North Dakota's Center for Rural Health and want to thank the Committee for their commitment to improving access to oral health in our state.

I am here today to reiterate our organization's support for authorizing a hygiene-based midlevel provider, also called dental therapists, in our state. In the workforce survey we presented to your committee in July, 78% of our members believed that a dental therapist is a proven way to increase access to care. Nearly 70% of our members surveyed viewed dental therapy as an additional career path for current dental hygienists in our state who are unemployed or underemployed.

The research from the University of North Dakota's Center for Rural Health reiterates that the need in our state is great and our members see and treat that need every day. While I commend the Board of Dental Examiners for evaluating scope expansions for dental assistants and hygienists in the state, allowing assistants and hygienists to provide fillings under direct supervision of the dentist only scratches the surface of what is needed in our state.

It is imperative that our oral health team have the ability to bring the care to where vulnerable populations are—in nursing homes, schools, Head Start programs, or even in a rural dentist's office where an extra hand with more skills can be used to see more patients. The data is undeniable regarding the quality, effectiveness and positive impact dental therapists have on increasing access to care.

I respectfully request that our Board of Dental Examiners take a look at a recently released study by their peers—the MN Board of Dental Examiners—that evaluated the dental therapy programs in MN. The conclusions from this study are as follows:

1. The dental therapy workforce is growing and appears to be fulfilling statutory intent by serving predominantly low-income, uninsured and underserved patients.
2. Dental therapists appear to be practicing safely, and clinics report improved quality and high patient satisfaction with dental therapist services.

3. Clinics employing dental therapists are seeing more new patients, and most of these patients are public program enrollees or from underserved communities.
4. Dental therapists have made it possible for clinics to decrease travel time and wait times for some patients, increasing access. Benefits attributable to dental therapists include direct costs savings, increased dental team productivity, improved patient satisfaction and lower appointment fail rates.
5. Savings from the lower costs of dental therapists are making it possible for clinics to expand capacity to see more public program and underserved patients.
6. Start-up experiences have varied, and employers expect continuing evolution of the dental therapist role.
7. Most clinics employing dental therapists for at least a year are considering hiring additional dental therapists.
8. Dental therapists offer potential for reducing unnecessary ER visits for non-injury dental conditions.
9. With identical state public program reimbursement rates for dentist and dental therapist services, there is not necessarily an immediate savings to the state on each claim paid; however, it appears that the differential, between the Department of Human Services rates and clinics' lower personnel costs for a dental therapist, is a contributing factor to more patients being seen.

Based on these findings we support dental therapy as one solution to improve access to care in North Dakota.

Thank you for the opportunity to comment today and I am happy to answer any questions.