Kellogg Dental Therapist Legislation

The state goal of the Kellogg initiative is to establish two-year educated dental therapists in five states (Washington State, New Mexico, Kansas, Ohio, and Vermont) by 2014. Kellogg has partnered with the American Association of Public Health Dentistry to develop and educational curriculum for the dental therapist model, which is expected to be released this spring. You will note that the scopes of practice, names, and specifics of supervision for the workforce models in the legislation that has been introduced to-date vary from state to state. Also, the career laddering or link to dental therapy for dental hygiene professionals varies by state.

ADHA has been working closely with state dental hygiene association leaders on these legislative efforts. Kudos go out to state leaders who have spent countless hours working with Kellogg partners on legislative language. While not all of the Kellogg-supported legislation that has been introduced thus far is consistent with ADHA and state dental hygiene association policies, there have been some significant gains that have come from the collaboration with Kellogg and its partners. One thing is sure – if the dental hygiene voice is not part of the dialogue when workforce discussions are being held, it will not be reflected in legislation that is drafted.

To-date there have been four Kellogg-sponsored dental therapist bills introduced this year – in Washington State, Kansas, New Mexico, and most recently, Vermont. A fifth Kellogg-funded state, Ohio is expected to have legislation introduced in 2011 also.

Washington State HB 1310 is the only Kellogg-backed bill where the state dental hygiene association actively initiated the legislation. HB 1310 contains a proposal for a dental therapist, who could undertake an education program patterned on the Alaskan dental health aide therapist (DHAT) model, put forth by a group working with Kellogg. It also incorporates Washington State Dental Hygienists’ Association's advanced dental therapist provider model, allowing a dental hygienist with a one-year post baccalaureate certificate to provide the same dental therapy services, but in a collaborative manner rather than under the supervision of a dentist. The bill hit a roadblock and is tabled for the remainder of the 2011 session but the legislation will be reconsidered in 2012.

Kansas HB 2280/SB 192, drafted by a Kellogg partner in that state, proposes a registered dental practitioner who would be a dental hygienist who completes an up to 18 month education program and practices in a collaborative manner. The provider would be licensed to administer both dental hygiene and dental therapist services. The Kansas bill has had hearings in both the House and Senate, with the Senate hearings faring better than the House. The fate of the bills for this session is not yet determined, as Kansas’ legislature will continue to meet through April. Kansas is the only Kellogg state thus far, when only a dental hygiene based dental therapist model has been proposed.

Legislation introduced in New Mexico, HB 495, does not provide for a clearly articulate way in which a dental hygienist can incorporate dental therapy practice. That legislation, also a Kellogg bill, would create a collaborative practice dental therapist with a two-year undergraduate education. This bill is significantly different from the Washington State dental therapist model proposed because it would permit two year educated dental therapists to administer prophylaxis in addition to other dental therapy services. The dental therapist model in Washington State proposed a very limited preventive scope the dental therapist, which did not include prophylaxis.

The New Mexico Dental Hygienists’ Association opted not to support the legislation this session given the limited educational requirement and vast scope. The New Mexico legislative session ended on Friday, March 18th without the HB 495 coming to a legislative vote. It is anticipated a dental therapist bill will be introduced in New Mexico in a future legislative session.
The Vermont Oral Health Coalition, a Kellogg partner, introduced HB 398 to create a dental therapist provider in Vermont in early March. In order to qualify for licensure as a dental therapist, an applicant must be a graduate of a dental therapy program which includes a minimum of two-academic years of dental therapy curriculum and at least 100 hours of clinical dental therapy practice under the general supervision of a dentist and passage of a comprehensive clinical exam. A Vermont licensed dental hygienist could apply for dental therapy licensure upon completion of at least one year of dental therapy education and passage of a comprehensive clinical exam.

The proposed dental therapy scope in Vermont includes prevention, evaluation, education, palliative and restorative services under the general supervision of a dentist. The dental therapy scope includes dental hygiene services; however, the legislation stipulates that a dental therapist may only provide dental hygiene services if they have completed one year of dental hygiene education from an accredited dental hygiene program. The Vermont Dental Hygienists’ Association (VDHA) has opted not to support the legislation in its current form. VDHA has been actively participating in meetings with the Voices for Vermont Children, the advocacy group, and the Vermont Oral Health Coalition. The Vermont legislature has not yet acted on the legislation.

As noted, in a fifth state, Ohio, Kellogg partners are expected to introduce a workforce bill this year. ADHA policies and the policies of state dental hygiene associations have afforded the profession the flexibility to consider individual workforce bills and make determinations of support, opposition, or neutrality on a case-to-case basis. ADHA will continue its efforts with the Kellogg Foundation to advocate in support of workforce models that are dental hygiene based. ADHA will also continue to work with state dental hygiene associations in their consideration of workforce legislation.