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[National Coalition of Dentists for Health Equity](#) (NCDHE) responds to the September 26 ADA PRESS RELEASE on the American Legislative Exchange Council (ALEC) DENTAL THERAPY MODEL LEGISLATION

The American Dental Association [press release](#) on September 26 that criticized the ALEC [Dental Therapy Model Legislation](#) was not based on facts. There is a large body of evidence from the experiences of Alaska and Minnesota that demonstrates the value of dental therapists in improving the dental health of the citizens of those States. While we will be referring to the experience and research from those two states, there are now 14 states with legislation enacted authorizing dental therapists as a member of the dentist led team.

In 2009, Minnesota was the first of the Lower 48 States to pass legislation enabling the licensure of dental therapists and the first of these new dental care providers entered collaborative practice there in 2011. There are now approximately 150 dental therapists practicing in Minnesota in private dental practice offices, government funded safety net clinics, senior citizen facilities, school-based clinics, children’s clinics, and other clinical settings. Private dental practices are the largest employers of dental therapists, demonstrating their full integration into the dental health care delivery system.

Dental therapists are distributed throughout Minnesota in the same proportion as the State’s population distribution, a better outcome than the distribution of dentists. Demand for dental therapists exceeds supply as dental therapists in the state are at full employment with 15 different dental practices advertising for a dental therapist so far in the month of October. Multiple research studies have consistently demonstrated that Minnesota dental therapists are significantly increasing access to oral health care services for patients who have previously been unable to receive dental care and preventing unnecessary and costly hospital emergency room visits for dental health problems. Dental therapists also

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substantially increase the capacity and productivity of private dental practices.

The success of dental therapists in Minnesota is predictive of their future growth across the United States as valuable members of the dental professional care team.

The ADA press release stated that dental therapy education programs are not viable. In fact, the dental therapy education programs in Minnesota and other States are more than viable; they are thriving.

There are three dental therapy education programs in Minnesota. The student enrollment in these programs reflects the space and physical facilities available. Annual student enrollment has consistently met the programs' targets. Total enrollment in two of the programs is currently 44 students and a total of 18 dental therapists are graduating annually. The applicant-to-accepted student ratio for the University of Minnesota program is approximately 4:1. There are an average of 35 applicants to that program annually, demonstrating the strong student interest in a career in dental therapy. The third dental therapy education program in Minnesota is presently on hiatus while its administration and faculty prepare its Commission on Dental Accreditation Self-Study. This program plans to admit a class of 6 dental therapy students in 2025.

The ADA states that dental therapy programs are "heavily subsidized by the government." In fact, the dental therapy programs in Minnesota received modest governmental support at their inception for infrastructure investment but receive no ongoing annual government support.

The Michigan State Legislature passed legislation to provide for the licensure of Dental Therapists in 2019, and licensure rules for these providers were promulgated in 2021. There are currently four Michigan residents studying in dental therapy education programs in Minnesota and Washington who are supported by scholarships funded by the Michigan Primary Care Association (MPCA), the Delta Dental Foundation, and the Michigan Health Endowment Fund. The MPCA presently lists dental therapist job opportunities available in Michigan Health Centers. In addition, Ferris State University in Big Rapids, Michigan is developing a CODA-accredited dental therapy education curriculum.

As dental therapy licensure legislation is passed by states, higher education institutions are establishing dental therapy programs to educate dental therapists.

The rules regulating the supervision relationship between the dentist and dental therapist in Minnesota protect the health of the public and are the same as those in the ALEC Dental Therapy Model Legislation. Minnesota dental therapists practice under written collaborative agreements with a supervising dentist. Since the first dental therapists began providing care 13 years ago, there has never been a Minnesota dental therapist who has been disciplined for

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quality of patient care deficiencies by the Minnesota Board of Dentistry. This fact confirms that the supervision standards proposed in the ALEC Model Legislation will protect the health safety of the public.

The ALEC Dental Therapy Model Legislation contains detailed references to the requirement for dental therapists to graduate from accredited education programs in order to qualify for licensure. However, we suggest that designating the Commission on Dental Accreditation (CODA) as the required accrediting body for dental therapists would strengthen the model legislation because CODA is the only accrediting body for all dental professional education programs and has been accrediting dental therapy programs since 2015.

The ADA's opposition to dental therapists goes back to 2006 when they unsuccessfully sued the Alaskan Native Tribal Health Consortium and all Alaskan dental therapist students individually while they were in New Zealand being educated at the University of Otago's dental therapy program. Since 2006, the ADA has used their national prominence, and their state-based dental associations to interfere with legislation, and the promulgation of rules which establish the oversight needed to ensure the safety of the public. While the NCDHE does not know the motivation for the ADA's opposition to dental therapists, it is clearly not based on facts. It is time for the ADA to support their member dentists who employ and work with these new providers who have been proven to increase access to oral health care for underserved Americans.

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