

Dental Therapy: A Costly and Unproven Approach

Our position is that the dental therapy model does not fit North Dakota and that we should continue to focus on education, prevention, collaboration and outreach specific to our state – strategies that are showing results.

There is minimal evidence that dental therapy reduces cost or improves quality or access to care, particularly in a rural state like North Dakota.

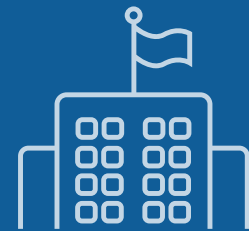
- After 8 years, only 9 dental therapists practice in rural areas of Minnesota – most practice in the Twin Cities metro.
- The dental therapy strategy treats only symptoms of dental disease, not the disease itself.

North Dakotans – regardless of socioeconomic status – deserve quality dental care from the highest-trained professionals.

- Dental therapy's focus on low-income and underserved patients incentivizes discrimination and puts the neediest, most complex cases a step further from a dentist.
- With limited training, dental therapists can perform irreversible surgery – impacting patients for life.
- Nurse practitioners and physician assistants have more intense training requirements and are still not allowed to perform irreversible surgery with limited or no supervision.

Dental therapy programs are a cost burden to states and do not decrease patient costs.

- Dental therapy in Canada failed without government subsidies. Existing programs in the U.S. rely on support through state subsidies or special interests to survive.
- Dental therapists are not independent – they work as employees of dental practices and charge the same fees for services as dentists.
- Establishing a dental therapy licensure would require a financial investment by North Dakota and would reduce governmental efficiency by regulating a scope of practice that duplicates procedures already allowed for dentists.



**North Dakota
legislators agreed
in 2015 and again
in 2017 that dental
therapy is not the
right solution for
North Dakota.**

For more information, visit

 www.smilenorthdakota.org