What is a DENTAL THERAPIST?

It depends on where you are. The definition of a dental therapist varies wildly depending on where you are. The inconsistencies in scope and supervision and required training for dental therapists make it difficult to make accurate predictions of the potential success or failure of a new state program.

	NEW ZEALAND 1921	CANADA 1972	ALASKA 2004	MINNESOTA 2009	MAINE 2014	VERMONT 2016
	"Dental Therapist"	"Dental Therapist"	"Dental Health Aide Therapist"	"Dental Therapist"	"Dental Hygiene Therapist"	"Dental Therapist"
TRAINING	Bachelor's Degree from a recognized program[1]	20 months of training, including pre-clinical components[2]	18- to 24-month community college program with 400 clinical training hours[3]	A Bachelor's degree in dental therapy [4,5]	An associate's degree in dental hygiene, Bachelor of Science from CODA-accredited* program (none exist) and 2,000 hours clinical practice[6]	Graduate from CODA-accredited* program (of which none exist) and have 1,000 hours clinical practice with direct supervision[7]
SCOPE	Can only provide surgical procedures for children, not adults[8]	Can perform surgical procedures without a supervising dentist on-site[9]	Can perform extractions of adult teeth emergency situations where a dentist has been consulted, and only can practice on tribal lands[10]	Can perform surgical procedures with indirect supervision from an on-site dentist. Advanced dental therapists can dispense certain medications[11, 12]	Can only provide care and surgical procedures under direct supervision of a dentist[6, 13]	Can perform surgical procedures without a supervising dentist on-site[7]
DENTAL SHORTAGE AREA PRACTICE REQUIREMENT	None[8]	None. Instead of working in rural communities, more than 75% worked in more populated areas where they could earn a higher wage.[14]	None[10]	Just 7 DTs practice in rural areas although law requires DTs to practice in underserved areas or serve low-income patients.[25]	May only practice in hospitals, public schools, FQHCs or a private practice that serves 50% Medicaid patients.[6, 13]	None[7]
DENTAL DISEASE RATE SINCE DTs	↑ [15]	↔ [16]	↑ [17, 18]	↔ [19]	?	?
COST	Over-budget[20]	Over-budget[21]	Over-budget[22, 23]	Over-budget[24, 25]	Never funded[6]	Never funded[26]
EFFECT	New Zealand continues to have untreated tooth decay in 20% of school-aged children – identical to the levels of U.S. children.[27] It also has a significantly aging dental therapist workforce.[32]	The program was not viable without continual government funding. When that funding ended, so did the program.[21]	Available research in Alaska has vastly overstated the degree of impact DHATs have delivered, and failed to produce a comparison of costs before and after being employed.[22, 23]	Seven years later, just 52 therapists are practicing[25] and patients are still seeking dental treatment in ERs at cost to taxpayers and community hospitals.[28]	Two years after passage of enabling legislation, there are no educational programs or therapists. Proponents have already tried and failed to expand the scope of the law. [29]	Vermont is already a leader in oral health, with many access indicators well above the US average,[30] most notably the percentage of Medicaid-eligible kids who saw a dentist in 2013.[31] This program diverts funding from proven, effective solutions.

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