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CONTACTS: Jon Gould, Deputy Director, (206) 324-0340 ext. 19, cell: (206) 683-2674
Adam Hyla, Communications Director, (206) 324-0340 ext. 18, cell: (206) 326-9964

BILL WOULD EASE KIDS’ ORAL HEALTH CRISIS

HB 1310 creates dental therapists to reach underserved

(Feb. 8, 2011) — House Bill 1310 would bring a time-tested response to oral health care problems among Washingtonians of all ages: a dental therapist, a new mid-level oral health provider that enhances the work of dentists.

The bill is getting a hearing before the House Health Care and Wellness Committee on Wednesday, Feb. 9 at 8 a.m. in the John L. O’Brien Building, House Hearing Room B.

H.B. 1310 would establish standards for the education, licensing and practice of dental therapists: a category of oral health professional with a 90-year international track record in 50 countries around the world. Dental therapists could perform a limited set of procedures for Washingtonians in underserved areas.

Too few Washingtonians see a dental professional regularly, and recent cuts to Medicaid dental assistance will make more adults suffer from untreated dental disease. But the cost of poor access to oral health care falls hard on children, too. Without timely treatment, childhood dental problems have long-term impacts, including missing teeth, diabetes, heart disease and infections that can become life-threatening emergencies. Despite several promising programs and recent advances, too many children still suffer from lack of access to care.

“State lawmakers are asking for new ways to provide vital services,” says Jon Gould, deputy director of the Children’s Alliance. “This is a worthy and timely innovation: a low-cost enhancement of the workforce that gives our kids a chance at a healthy, pain-free mouth – and saves expensive dental work for decades to come.”

Our state’s oral health care crisis takes several forms:

- Children from low-income families and communities of color face the worst barriers to timely, affordable care. They suffer more untreated cavities and higher rates of decay.
- Rural communities also suffer from a lack of nearby dental providers. Thirty-five of Washington’s 39 counties have a federally recognized shortage of dental professionals.
Health coverage alone does not afford oral health access. Fifty-two percent of children covered by Apple Health for Kids, Washington’s comprehensive public insurance program, still go without regular dental care.

Thirty-five percent of Washington’s dentists will reach retirement age in the next six years.

A dental therapist in Washington would address the oral health access problem quickly, safely and competently.

Dental therapists are trained at half the cost, in half the time as dentists. They undergo 3,000 hours of training in a two-year program before they may obtain a license. At work, they perform a limited set of simple procedures, such as simple extractions and fillings. That frees dentists to undertake more complex procedures. For more on the dental therapist model, see our fact sheet.

“There is a large body of evidence accumulated through the years that dental therapists provide safe and effective treatment,” says Scott Bibbens, dental director for Columbia Valley Community Health in Wenatchee. “There is plenty of proof that the dental therapist, in conjunction with the dentist, can be a valuable tool to provide access to the underserved in a public health setting.”

Sheryl Lowe, executive director of the American Indian Health Commission of Washington, sees unmet needs in our state’s tribal communities.

“We struggle to make sure our children and elders get the care they need as we try to decrease the significant health disparities that exist for Indian people in Washington,” says Lowe. “A dental therapist could lower costs and provide quality care, quickly. We know people who, without this care, face potentially life-threatening medical problems.”


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The Children’s Alliance is a statewide public policy advocacy organization that works at the state and federal level to ensure that all children have what they need to thrive. To learn more about the Children’s Alliance, go to www.childrensalliance.org.