



Midlevel Dental Providers

The Pew Center on the States, in its report “It Takes a Team: How New Dental Providers Can Benefit Patients and Practices,” asserts that,

“State leaders, dentists, public health advocates and other stakeholders should be heartened to know that expanding the dental team is an effective strategy to improve access to care, but they cannot overlook the importance of setting adequate Medicaid reimbursement rates.ⁱ”

The American Association of Oral and Maxillofacial Surgeons (AAOMS) agrees that adequate Medicaid reimbursement rates are important; however, this report, which advocates for increased training and use of midlevel dental providers, incorrectly concludes that access to care is impaired by a shortage of dentists and fails to recognize the difference between lack of access and lack of utilization.

Recent studies conducted by the American Dental Association and the American Dental Education Association dispute the Pew report’s contention that a shortage of dentists is impeding access to care in underserved communities. Their studies dispute the need for reliance on midlevel dental providers and indicate that the number of dental schools and graduates will actually increase steadily through 2030. As a result, the supply of active dentists is not expected to suffer the calamitous decline that the Pew report predicted.ⁱⁱ

AAOMS also is concerned that the proponents of midlevel dental providers have no supportive, longitudinal clinical assessments of health outcomes to support their position, and there are no studies that compare improvements in oral health among targeted populations to the outcomes that might have been achieved if the same resources had been directed to providing these patients with care from fully trained and licensed dentists.

Geographic, educational and financial problems are just some of the factors that impede access to optimum oral healthcare. The addition of midlevel providers

who have less education and training than dentists will not improve the situation and, in some instances, may actually exacerbate the problem. As an example, some dental midlevel provider models allow minimally trained individuals to determine what procedures medically compromised patients can tolerate without risk of a medical crisis.

Dental midlevel providers are often compared to physician assistants or nurse practitioners, but there are significant differences:

- Physician assistants and nurse practitioners require up to six years of post-high school education. Many “dental therapist” models recommend two years or less.
- Surgical procedures are not part of the scope of practice for medical midlevel providers without more comprehensive training and direct supervision than that required of some “dental therapists.” Non-dentist midlevel provider models allow “dental therapists” with two or less years of post-high school education to independently determine what are “simple” versus “complex” procedures and to perform irreversible surgical procedures with little or no direct supervision by fully trained and licensed dentists.ⁱⁱⁱ

Proponents of these models imply that because midlevel providers earn less money than dentists, the dental care they provide will be less expensive. Such conclusions are subjective, as provider compensation actually comprises a relatively small percentage of the costs required to establish and maintain a dental facility. The salary difference between a “dental therapist” and a dentist would likely be offset by lower productivity.^{iv}

The underserved population in our country deserves better dental care than can be provided by the midlevel provider models that are currently being proposed (e.g., Alaska Dental Health Aid Therapist Model, Advanced Dental Hygiene Practitioner and Dental Therapists in Minnesota). Indeed, all Americans deserve good oral health and oral healthcare delivered by fully trained and licensed dentists.

To that end, AAOMS and dentists throughout the United States are committed to improving the availability of quality dental care provided by licensed dentists who have the appropriate education and training to provide oral health education, disease prevention and, ultimately, the appropriate treatment of oral disease.

White Paper



i The Pew Center on the States. It Takes a Team; How New Dental Providers can benefit patients and Practices. Washington, DC: The Pew Center; 2010.

ii American Dental Association. Dental Crisis in America: The Need to Expand Access. Washington, DC, 2012: 9.

iii American Dental Association. Dental Crisis in America: The Need to Expand Access. Washington, DC, 2012: 9.

iv American Dental Association. Dental Crisis in America: The Need to Expand Access. Washington, DC, 2012: 10-11.

Reaffirmed March 2017, AAOMS Committee on Government Affairs

© 2017 American Association of Oral and Maxillofacial Surgeons.
No portion of this publication may be used or reproduced without the express written consent of the American Association of Oral and Maxillofacial Surgeons.