Seeking Dental Care: Utilize Dental Hygienists in New Practice Settings

Background

Licensed dental hygienists in Montana are able to practice in the following settings:

- In a dental office
- Public health facilities as defined in MCA 37-4-405 under a “limited access permit” (federally qualified health centers; federally funded community health centers, migrant health care centers, or programs for health services for the homeless established pursuant to the Public Health Service Act, 42 U.S.C. 254b; nursing homes; extended care facilities; home health agencies; group homes for the elderly, disabled, and youth; head start programs; migrant worker facilities; local public health clinics and facilities; public institutions under the department of public health and human services; and mobile public health clinics)

LC 2422 would NOT change the scope of practice for dental hygienists.

LC 2422 would:

Expand services to primary and secondary school settings.

Research shows that providing school-based preventive programs can reduce caries rates by 60% (CDC, 2001). In Montana, low-income, rural and American Indian children suffer disproportionately from dental disease and accessing dental care.

A study of Montana kindergarten children during the 2015-2016 school year showed the following rates of decay.

Based on National School Lunch Program (NSLP) participation
A study of Montana third grade children in 2017-2018 showed similar results.

**Expand preventive dental services to hospitals and medical clinics.**

Montana rural hospitals and medical clinics settings have much broader access than the current system of dental clinics. The Montana Primary Care Office (PCO) within DPHHS tracks primary care, mental health and dental providers in the state. DPHHS data indicates that only 12 Montana counties are NOT designated as a dental shortage area.

Research on medical-dental collaboration has demonstrated that early preventive dental services (education, fluoride, goal setting) during medical visits can decrease dental decay rates during early childhood (ages 1-5) and into primary school-age children by creating a strong foundation of prevention. In Montana, only one out of four low-income children (23.4%) has seen a dentist by age 2, only 40.2% see one by age 5. The average low-income child has had 5 medical visits by age 2, and 7 by age 5 (Montana Medicaid data, 2018). Creating greater access in medical settings, will improve access to preventive dental services with the existing workforce.

Language for LC2422 is modeled after existing laws in Oregon and Wisconsin, which allow dental hygienists to provide care in both schools and medical settings.
The Dental Hygienist Workforce

The number of licensed dental hygiene providers in Montana has continued to grow, and now exceeds the number of licensed dentists. With the State’s investment in a new dental hygiene education clinic currently under construction in Great Falls, even more graduates will be entering the workforce.

In 2014 the National Governors Association recognized the untapped dental hygiene workforce in their white paper entitled *The Role Of Dental Hygienists In Providing Access to Oral Health Care* stating

“To increase access to basic oral health, some states have explored policies that would permit and even encourage dental hygienists to practice outside dentists’ offices.”

**Schools.** Licensed dental hygienists are already providing care in high-need schools, under general supervision of a dentist. Unfortunately, this supervision inhibits dental hygienists from providing preventive services in additional rural areas because they are unable to find a dentist willing to supervise services in alternate settings, like schools.

Additionally, dental hygienists seeking to add schools to the existing Rules have faced resistance by organized dentists, which has created fear and intimidation. **Adding schools to the list of public health facilities in MAC 37-4-405 will create jobs, remove burden and improve access to more rural areas of Montana.** Getting Montana children the dental care they need.

**Access to Dental Care Out There.** Many communities in Montana are unable to support a full-time dentist. Creating access points in non-dental settings supports health by improving medical-dental integration - making the mouth part of health care. In the current system of care delivery, the mouth is a separate, siloed component of health.

Additionally, improving oral health education in schools and medical settings will drive consumer use of dental care. Research shows that lack of insurance coverage, cost, lack of knowledge and fear are significant factors in accessing dental care in the current delivery system. Bringing access to settings already being used by Montana citizens increases the visibility of the mouths impact on health.

**Population per Dentists within a 15-Minute Travel Time**

Reference: [American Dental Association Health Policy Institute 2015 data, published 2017](#)