What Are Dental Therapists?
FAQs about practitioners who provide routine care in a growing number of states

Overview

More than 56 million people live in areas of the United States with dentist shortages. People living in rural areas, low-income families, the uninsured, communities of color, people with disabilities, and certain age groups encounter the greatest barriers to receiving dental care. The more than 55 million children and adults who have dental coverage through Medicaid and the Children’s Health Insurance Program also face a scarcity of care: Only about one-third of U.S. dentists accept public insurance. So another type of provider is helping dentists in private practice and public health settings address the gaps in access to dental health care that many Americans face.

Q: What are dental therapists?

Dental therapists are midlevel providers, similar to physician assistants in medicine. Dentists hire and supervise dental therapists to expand quality care to more patients, grow their practices, and provide treatment to underserved at-risk populations. They can work in traditional dental offices and clinics, or in community settings, such as schools or nursing homes. Dental therapists provide preventive and routine restorative care, including filling cavities, placing temporary crowns, and extracting badly diseased or loose teeth.
Q: How much education and training do dental therapists receive?

Dental therapists receive rigorous training in a select set of the most commonly needed routine procedures. Under the Commission on Dental Accreditation’s national dental therapy accreditation standards, students must receive at least three academic years (not including summers) of full-time instruction, including clinical experience. For specific areas of practice in which they overlap, dental therapists receive the same training as dentists. They also are taught how to effectively collaborate with dentists and other providers on dental teams.

Q: Where is dental therapy practiced?

- The Alaska Native Tribal Health Consortium introduced dental therapists to the state’s tribal communities in 2004. The new providers were authorized in compliance with federal law and were the first such workers in the nation.
- Minnesota approved the nation’s first statewide legislation to authorize dental therapists in 2009.
- Oregon authorized a pilot program in 2016 that allowed dental therapists to work at approved tribal sites.

More states—including Florida, Kansas, Massachusetts, North Dakota, and Wisconsin—are considering dental therapy legislation, pilots, or other proposals to authorize midlevel providers.

Additionally, more than 50 countries allow dental therapists to provide routine preventive and restorative care.

Q: Do dental therapists provide quality care?

Research shows that dental therapists deliver high-quality, safe care. More than 1,000 studies and assessments from around the globe found no quality concerns for these midlevel providers. And a study published in 2017 found that residents in Alaskan communities frequented by dental therapists had more preventive care and fewer extractions than residents in areas with no dental therapists. Over 40,000 Alaska Native people have regular access to dental care because of the addition of dental therapists to dentists’ teams.
Dental therapists can help dentists provide routine services to more patients, expand dentists' practices, and generate additional revenue. Dentists can supervise dental therapists without being physically present, which offers maximum flexibility when employing dental therapists, whether in the dental office to expand operating hours or in community-based settings.

Dental therapists earn lower salaries than dentists, so incorporating them into the team can also help dentists provide more cost-effective care. By delegating some of the routine procedures to these midlevel staff members, dentists can lower their per-unit costs, treat more patients, and generate higher revenue. In one case study, a private practice dentist who hired a dental therapist saw patient visits increase by 27 percent and the number of new patients grow 38 percent in the first year. The practice also treated more than 200 additional Medicaid patients and earned nearly $24,000 in additional profit.

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Endnotes
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