



Tribal Dental Therapy Law in Colorado

Tribes in Colorado: Southern Ute Indian Tribe, Ute Mountain Ute Tribe

Tribes in Support of Dental Therapy in Colorado: No Tribes in Colorado have passed resolutions of support.

Status: Law Enacted

Legislation: [S.B. 22-219](#), 2022 Legislative Session

Sponsor: Sen. Dominick Moreno (D-21), Rep. Monica Duran (D-24)

Legislative History:

04/21/2022 Introduced in Senate; Referred to Health & Human Services Committee
04/25/2022 Senate Health & Human Services Committee Hearing Held
05/02/2022 Passed Senate on a [Vote of 32-3](#)
05/11/2022 Passed House on a [Vote of 42-22](#)
06/07/2022 Signed into Law by Governor Polis

Summary:

- Establishes the licensing process for dental therapists (DTs) in the state of Colorado.
- Allows licensed DTs to practice under a dentist as part of an oral healthcare delivery team.
- Enumerates the services a DT can perform with a dentist's supervision, encompassing the CODA-approved dental therapy scope of work, and dental hygienist clinical services.
- Requires DTs to work under direct supervision of a dentist for 1,000 hours unless the Colorado Dental Board creates rules for waiving up to half the hours depending on the DT's experience.
- Requires DTs complete 30 hours of Continuing Education every two years.
- Allows dentists to require stricter supervision or a more limited scope of practice within the Written Articulated Plan with each DT they hire.
- Restricts the number of DTs a dentist can hire to three, except in federally qualified health centers or rural health clinics, where dentists can hire up to five DTs.
- Allows the Colorado Dental Board to consider licensure in another state when creating licensure and supervision rules.
- Designates two seats on the Colorado Dental Board for DTs to be filled by 2031.
- Requires licensed DTs to maintain liability insurance; however, DTs employed by a Tribe are covered by the Federal Tort Claims Act.



Tribal Inclusion: There is no specific language on Tribal or Urban Indian health organization’s utilization of dental therapy. Section 17 exempts DTs in the US public health service from complying with state requirements, but this explicitly refer to Tribal DTs.

General or Direct Supervision: Supervision is assumed to be general, or “indirect” in the statute language (dentist is available for consultation) after a DTs 1000 preceptorship is complete under direct supervision (dentist is present in the room), unless otherwise specified in each Written Articulated Plan between the dentist and the DT. Some procedures can only be done under direct supervision.

Educational Requirements: The bill does not state education standards beyond requiring the DT to have graduated from a program accredited by the Commission on Dental Accreditation (CODA) or the Minnesota DT schools that opened before CODA began accrediting DT programs. CODA mandates a three academic year program for DTs with no degree requirement. DTs applying for a license before 2025 may graduate from a non-accredited school that substantially conforms to the CODA requirements.

Dual License Requirement: A licensed DT does **NOT** need also to hold a dental hygienist license. However, Section 4 includes a requirement that DTs be examined in a dental hygienist’s clinical skills.

Medicaid Reimbursement: The legislation allows for third-party reimbursement, including through the state’s Medicaid program. Colorado’s adult dental Medicaid benefit is limited to \$1500 per year, not counting emergency services or dentures. Children in Medicaid receive comprehensive dental coverage per federal requirements.

Moving Forward: The bill’s legislative declaration notes that 53 of Colorado’s 64 counties have a shortage of dentists, including two of the three counties with Tribal governments.

As the rules are created, explicit language around Tribal employment of DTs under the Community Health Aide Program and around DTs licensed in another jurisdiction who wish to receive a Colorado license would clarify the bill’s intent. Additionally, rules should clarify that a DT should be tested in the areas of dental hygiene covered by dental therapy education programs.

Overall, the law is favorable to Tribal adoption of dental therapy, with only a few clarifications needed in rules to ensure Colorado Tribes can use DTs to address their unmet oral health needs.