



American Dental Hygienists' Association

Ann Lynch, Director of
Education & Professional
Advocacy



Overview

- ADHA Policy
- State Action
- Dental Therapy Program
Accreditation Standards
- Questions for Policymakers
- Federal Trade Commission (FTC)

Mid-level Oral Health Practitioner

A licensed dental hygienist who has graduated from an accredited dental hygiene program and who provides primary oral health care directly to patients to promote and restore oral health through assessment, diagnosis, treatment, evaluation and referral services.

The Three Tenets

The American Dental Hygienists' Association supports oral health care workforce models that culminate in:

- Graduation from an accredited institution
- Professional licensure
- Direct access to patient care



CODA Dental Therapy Accreditation Standards

Program Length:

- Must include at least three academic years
- A specific academic degree is not identified

Advanced Standing: The program **may grant credit for prior coursework** toward completion of the dental therapy program. This credit may be given to dental assistants, expanded function dental assistants and dental hygienists who are moving into a dental therapy program. Program prerequisites and other allied dental program course work are a part of the years of full-time study.



CODA Dental Therapy Accreditation Standards

Supervision: The dental therapist provides care with supervision at a level specified by the state practice act.

Scope of Practice: Dental therapy's minimal scope of practice is outlined in the standards by listing the competencies required within the dental therapy curriculum. Some of the *assessment skills* such as evaluation, charting, patient referral and radiographs are listed. *Preventative functions* include, but are not limited to, sub-gingival scaling and dental prophylaxis, application of preventive agents, dispensing and administration of non-narcotic medications via oral or topical routes as prescribe by a licensed health care provider based on state laws. *Restorative/surgical procedures* such as simple extractions of primary teeth, fabrication of temporary crowns, pulp capping, preparation and placement of direct restorations.



State Action

Minnesota: Advanced Dental Therapist, (Signed into Law, 2009)

Maine: Dental Hygiene Therapist, (Signed into Law, 2014)

Vermont: Dental Therapist, (Signed into Law, 2016)

Oregon: Oregon Tribes Dental Health Aide Therapist Pilot Project, (Project approved, 2016)

Washington: Dental health aide therapist. May practice in tribal lands only, (Signed into law, 2017)



States with Legislative Proposals in 2017

- Connecticut
- Kansas
- Maryland
- Massachusetts
- Michigan
- New Mexico
- North Dakota
- Ohio
- South Carolina
- Washington

Questions for Policymakers to Ask When Considering Mid-Level Providers

1. What does the Health Resources and Services Administration's (HRSA) 2014 report say about the projected oral health workforce in our state?¹
2. To what degree are Medicaid eligible children receiving oral health services in our state?
3. Are there national accreditation standards for dental therapy education programs?
 - Will this new provider be a licensed professional?
4. Who supports this legislation?

¹ US DHHS, HRSA. National and State-Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2025. Available at <http://bhpr.hrsa.gov/healthworkforce/supplydemand/dentistry/nationalstatelevelprojectionsdentists.pdf>

The Federal Trade Commission

"By potentially broadening the ability of dental hygienists to work under general supervision and by providing for the licensure of dental therapists, S.B. 330 could benefit consumers by increasing choice, competition, and access to care, especially for the underserved. The ability of hygienists and dental therapists to work without a dentist on site is particularly important in underserved areas, where dentists may not be available."

– FTC Staff Comment Letter, 2017



The Federal Trade Commission

“Removing the direct supervision requirements under these circumstances would likely enhance competition in the provision of preventive dental care services and thereby benefit Georgia consumers, particularly underserved populations with limited access to preventive care.” – FTC Staff Comment Letter, 2016



For more information, please contact:

Ann Lynch, Director, Education &
Professional Advocacy

AnnL@adha.net or visit www.adha.org.