



Expanding Access to Care through Mid-Level Oral Health Practitioners

The American Dental Hygienists' Association (ADHA) advocates on behalf of the dental hygiene profession to improve the public's oral and overall health.

Dental hygienists are formally educated and licensed by each state and are poised to help prevent oral health diseases. ADHA is committed to working on the development and implementation of new workforce models, nationally referred to as dental therapists.

A 2014 report on expanding the provision of affordable preventive services outside dentists' offices from the National Governors Association noted that states have considered altering supervision or reimbursement rules, as well as creating professional certifications for advanced-practice dental hygienists. To date, studies of pilot programs have shown safe and effective outcomes.¹

Currently, 40 states allow dental hygienists to initiate patient care in a setting outside of the private dental office without the presence of a dentist. These policies enable dental hygienists to practice in community settings and reach a variety of patient populations.

ADHA policies highlight the association's flexibility in considering various dental hygiene-based models as well as ADHA's commitment to the development of providers who are appropriately educated and personally committed to deliver safe, quality oral healthcare to those in need.

Maine, Minnesota and Vermont, as well as tribal lands in Alaska, Oregon and Washington, have moved forward to address their access to care challenges and now recognize dental therapy as a viable model.

ADHA supports oral health care workforce models that culminate in:

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

Mid-Level Oral Health Practitioner:

A licensed dental hygienist who has graduated from an accredited dental hygiene program and who provides primary oral healthcare directly to patients to promote and restore oral health through assessment, diagnosis, treatment, evaluation, and referral services. The Mid-Level Oral Health Practitioner has met the educational requirements to provide services within an expanded scope of care and practices under regulations set forth by the appropriate licensing agency.

ADHA is committed to advocating in support of new dental hygiene-based models for oral health care for many reasons:

1. The dental hygiene workforce is ready and available; there are currently **185,000+ licensed dental hygienists in the United States.**
2. The **educational infrastructure is developed**; there are over 300 entry-level dental hygiene programs
3. The public will benefit from providers with a **broad range of skills sets which include preventive and limited restorative services.**

¹ National Governors Association Report: The role of dental hygienists in providing access to oral health care.
<http://www.nga.org/files/live/sites/NGA/files/pdf/2014/1401DentalHealthCare.pdf>

States with Mid-Level Oral Health Care Workforce Models

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

- May be dually licensed as a RDH and ADT
- ADT services can be provided under general supervision
- An ADT may perform all the services a dental therapist provides and the following procedures, pursuant to a written collaborative management agreement with a dentist:
 - Oral assessment and treatment planning.
 - Routine, nonsurgical extractions of certain diseased teeth.

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

- Preventive and restorative scope
- Licensure required
- Direct supervision by a licensed dentist and a written practice agreement is required
- Dually licensed as DHT and RDH
- ADTs may be dually licensed as RDHs

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

- General supervision by a licensed dentist and collaborative agreement is required
- Preventive and restorative scope
- Licensure required
- Must be dually licensed

States Pursuing Mid-Level Oral Health Care Workforce Models

Arizona: *Dental Therapist*

- Preventive and restorative scope
- Licensure required
- May be dually licensed

Connecticut: *Advanced Dental Hygiene Practitioner*

- Preventive and restorative scope
- Licensure required
- Must be dually licensed

Florida: *Dental Therapist*

- Preventive and restorative scope
- Licensure required
- May be dually licensed

Kansas: *Dental Therapist*

- Preventive and restorative scope
- Licensure required
- May be dually licensed

Maryland: *Advance Practice Dental Hygienist*

- Preventive and restorative scope
- Licensure required
- Must be dually licensed

Massachusetts: *Dental Therapist*

- Preventive and restorative scope
- Licensure required
- Must be dually licensed

Michigan: *Dental Therapist*

- Preventive and restorative scope
- Licensure required
- May be dually licensed

Mississippi: *Dental Therapist*

- Preventive and restorative scope
- Licensure required
- May be dually licensed

Ohio: *Dental Therapist*

- Preventive and restorative scope
- Licensure required
- May be dually licensed

Washington: *Dental Hygiene Practitioner*

- Preventive and restorative scope
- Licensure required
- May be dually licensed

Wisconsin: *Dental Therapist*

- Preventive and restorative scope
- Licensure required
- May be dually licensed

On Feb. 6, 2015, the Commission on Dental Accreditation (CODA) adopted the Accreditation Standards for Dental Therapy Education Programs. CODA is the single accrediting body in the United States that accredits all dental schools and dental education programs. Two important highlights are the requirement that education programs include at least three years of academic study and that programs may grant credit for coursework completed prior to entry. A specific academic degree is not identified. These nationally adopted standards are important as they allow for educational institutions the flexibility to work with the specific needs of the state. To read the standards please visit <http://www.ada.org/~media/CODA/Files/dt.pdf>.