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Facts about the Dental Hygiene Workforce in the United States

Dental hygienists are licensed health professionals and members of the oral health care team who focus on preventing oral disease and identifying and treating oral disease while it is still manageable. Dental hygienists are primary care oral health professionals who administer a range of oral health services including prophylaxis, sealants, fluoride treatments, oral cancer screenings, oral health education, and in many states dental hygienists play an active role in placing restorations.

To become licensed as a dental hygienist, an individual must graduate from a dental hygiene education program accredited by the Commission on Dental Accreditation (CODA). In addition to graduation, an applicant for licensure must successfully complete both a national written examination and state or regional clinical examination. In all 50 states and the District of Columbia, dental hygienists are required to undertake continuing education as part of the licensure renewal process to maintain and demonstrate continued professional competence.[i]

Key Numbers on Dental Hygiene Workforce and Education

- **Over 200,000** dental hygienists across the country according to the Bureau of Labor Statistics[ii]
- **330** accredited dental hygiene education programs[iii]
- **84** credit hours or 3 academic years for entry-level program[iv]
- **7,000** dental hygiene graduates annually[v]
- **18** Master's degree dental hygiene education programs
- **42** states allow dental hygienists to practice in direct access settings[vi]

Oral Health is Essential to Overall Health

Research is continually emerging that demonstrates the link between oral health and total health. The National Institute of Dental and Craniofacial Research has noted the relationship between periodontal disease and health problems like diabetes, heart disease, and strokes.[vii] The tragic death of 12-year-old Deamonte Driver who died in 2007 as a result of complications from a brain infection that was brought about by an abscessed tooth was an unfortunate demonstration of the impact of untreated oral disease. In 2012, Kyle Willis, a 24-year-old father died from a tooth infection because he couldn't afford the antibiotics he needed, offering a sobering reminder of the importance of oral health and the serious-even fatal consequences- that people without access to dental care suffer. Lack of access to dental care forces too many Americans to enter hospital emergency rooms seeking treatment for preventable dental conditions, which emergency rooms are typically ill-equipped to handle.

Dental Hygienists Impact on Access and Care

Dental hygienists work in a host of settings to deliver clinical care and work under varying levels of supervision, depending on the state practice act. States are increasingly recognizing the importance of increasing direct access to dental hygiene services. In 1995, five states allowed direct access. Currently, 42 states have policies that allow dental hygienists to work in community-based settings (such as public health clinics, schools, and nursing homes) to

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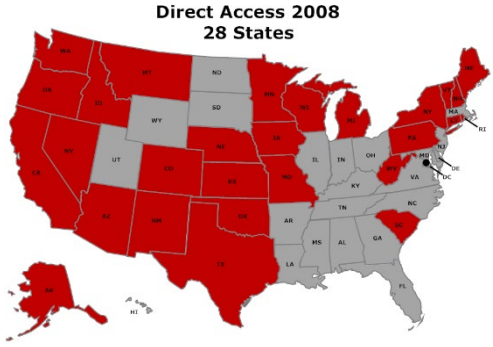
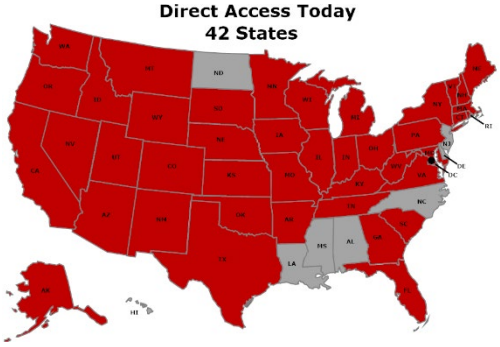
provide preventive oral health services without the presence or direct supervision of a dentist. These states recognize that dental hygienists are primary care providers who are an essential entry point to the health care system.[viii]





With its continuing growth, the dental hygiene profession offers a cadre of competent and licensed providers who deliver comprehensive primary care services in an increasing array of settings such as schools, nursing facilities, hospitals and mobile clinics. Direct access to dental hygiene services is especially critical for vulnerable populations like children, the elderly, and the geographically isolated who often struggle to overcome transportation, lack of insurance coverage, and other barriers to oral health care. Today, 19 states (Arizona, California, Colorado, Connecticut, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, Oregon, Rhode Island, Utah, Vermont, Washington and Wisconsin) recognize and reimburse dental hygienists as Medicaid providers.[ix]

In 2014, the Health Resources and Services Administration (HRSA) awarded a cooperative agreement to establish the Oral Health Workforce Research Center. One of the first projects for the center was to update the Dental Hygiene Professional Practice Index (DHPPI). The DHPPI was first analyzed in 2001 and subsequently updated in 2014 and 2016. In 2016, the research concluded: "Scopes of practice which allow dental hygienists to provide services to patients in public health settings without burdensome supervision or prescriptive requirements appear to increase access to educational and preventive care."[x]

Dental hygienists throughout the country have demonstrated their ability to reach patients in a variety of settings, thus drawing those who are currently disenfranchised from the oral health care system into the pipeline for care. In South Carolina, a school-based dental prevention program brings dental hygienists directly to low-income students in 401 schools in 49 school districts. During the 2011-12 school year, approximately 21,000 students received preventive care through the program.[xi]

A program in Michigan, Smiles on Wheels, started by three dental hygienists, provides oral health care to underserved populations. In its first year of operation, Smiles on Wheels served 334 children. Since then, the providers have served over 30,000 children and serves 150 schools across the state.[xii]

Beginning in 2014, a foundation funded project known as the Colorado Medical Dental Integration Project (CO MDI), integrated the full scope dental hygiene services into medical settings by adding dental hygienists to medical care teams. Some of the goals of the project include increasing access to dental hygiene services and improving the oral health of CO MDI patients by allowing them to see a dental hygienist in the convenient and familiar setting of their medical provider. According to an evaluation of the project, between 2015 and the third quarter of 2019, CO MDI saw more than 70,000 patients. Approximately 57% of the patient population was between the ages of 0 and 18 years old. 68% of the patients were covered by Medicaid and 55% of the patients referred for restorative care attended those visits.[xiii]

Public Policy Recommendations

The National Institutes of Health 2021 report *Oral Health in America: Advances and Challenges*, the report highlights "most oral health care occurs in private practices, yet people increasingly receive care where they live, work, and learn—including in community health centers, government-run clinics, dental schools, or in schools, long-term care facilities, mobile practices, and other settings. Strategies for the integration of oral and general health care delivery are emerging. Improving adults' access to dental care will require a multipronged approach and coordinated efforts among policymakers, insurers, and dental professionals." One of the report's calls to action says, "Improving access to oral health care can be achieved by recognizing dental care as an essential health benefit for all Americans, expanding dental coverage for the uninsured, encouraging new professional models, and by providing educational opportunities that encourage interprofessional learning and the delivery of care in new settings." Dental hygienists and direct access to dental hygiene care are ready solutions to address oral health care challenges.[xiv]

Following an executive order from President Trump, in December 2018 the U.S. Departments of Health and Human Services (HHS), Treasury and Labor, in collaboration with the U.S. Federal Trade Commission and White House offices made public policy recommendations in a report titled *Reforming America's Healthcare System Through Choice and Competition.* Relevant to the issue at hand, the report said, "dental hygienists can safely and effectively provide some services offered by dentists, as well as complementary services." It also recommended:

- "States should consider changes to their scope-of-practice statutes to allow all healthcare providers to practice to the top of their license, utilizing their full skill set."
- "States should consider eliminating requirements for rigid collaborative practice and supervision agreements between physicians and dentists and their care extenders (e.g., physician assistants, hygienists) that are not justified by legitimate health and safety concerns."
- "The federal government and states should consider accompanying legislative and administrative proposals to allow non-physician and non-dentist providers to be paid directly for their services where evidence supports that the provider can safely and effectively provide that care."
- "States should consider adopting interstate compacts and model laws that improve license portability, either by granting practitioners licensed in one state a privilege to practice elsewhere, or by expediting the process for obtaining licensure in multiple states."[xv]

The Federal Trade Commission has separately acted in support of protecting consumers and promoting competition related to oral health. In a guest editorial in *Access*, the FTC provides an overview of its body of work: "The FTC's law enforcement and policy initiatives have long recognized the competitive benefits that arise from greater reliance on dental hygienists and other affiliated providers, such as nurse practitioners and physician assistants. For consumers to realize these benefits, however, state laws and regulations must allow these providers to practice to the "top of their license," i.e., to the full extent of their training and knowledge."[xvi]

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