



## Expanding Access to Care through Dental Therapy

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.

In a [2018 report](#), 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 policy recommendations on state and federal policies to improve choice and competition in the health care markets. The report says "emerging healthcare occupations, such as dental therapy, can increase access and drive down costs for consumers, while still ensuring safe care. States should be particularly wary of undue statutory and regulatory impediments to the development of such new occupations." Furthermore, the report recommends "States should evaluate emerging healthcare occupations, such as dental therapy, and consider ways in which their licensure and scope of practice can increase access and drive down consumer costs while still ensuring safe, effective care."<sup>1</sup>

In 2017, the U.S. Federal Trade Commission wrote a [comment letter](#) to an Ohio state senator stating "workforce modifications expanding the use of mid-level providers, such as dental therapists, can increase the supply of basic services and improve the overall quality and convenience of care. Such measures are viewed as an important strategy to address access and cost challenges."

Currently, 42 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 workforce models as well as ADHA's commitment to the development of providers who are appropriately educated and committed to deliver safe, quality oral healthcare to those in need.

Arizona, Connecticut, Maine, Michigan, Minnesota, Nevada, New Mexico, and Vermont, as well as tribal lands in Alaska, Idaho, Montana, 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

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 specific restorative services.**

<sup>1</sup> U.S. Department of Health and Human Services. (2018). *Reforming America's Healthcare System Through Choice and Competition*. Retrieved from: <https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>

## Dental Therapy is Authorized by State Law

### **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; Amended, 2019)**

- Preventive and restorative scope
- Licensure required, dually licensed as DHT and RDH
- Direct supervision by a licensed dentist and a written practice agreement is required
- *Amendment aligned education with CODA standards*

### **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

### **Washington: Dental Health Aide Therapist, (Signed into Law, 2017)**

- Limited to Tribal lands
- Not CODA Accredited

### **Arizona: Dental Therapist, (Signed into Law, 2018)**

- Preventive and restorative scope
- Licensure required, must be dually licensed
- Allows dental therapists to work under direct supervision OR pursuant to a collaborative practice agreement after practicing 1,000 hours under direct supervision
- Requires that dental therapists perform nonsurgical extractions of permanent teeth only under direct supervision

### **Michigan: Dental Therapist, (Signed into Law, 2018)**

- Preventive and restorative scope
- Licensure required
- Allows dental therapists to practice under general supervision of a dentist and through a written agreement after practicing 500 clinical hours under direct supervision

### **New Mexico: Dental Therapist, (Signed into Law, 2019)**

- Preventive and restorative scope
  - Full scope requires completing a dental therapy post-graduate clinical experience approved by the Board
- Licensure required, must be dually licensed
- General supervision by a licensed dentist and dental therapy practice agreement
- Tribes exempt

### **Idaho: Dental Therapist, (Signed into Law, 2019)**

- Limited to Tribal Lands
- Must graduate from CODA accredited program
- Not full scope, supervision to be determined by negotiated rulemaking

### **Montana: Community Health Aide Program, (Signed into Law, 2019)**

- Limited to tribal land
- Not CODA accredited
- No extractions or invasive procedures

### **Nevada: Dental Therapist (Signed into Law, 2019)**

- Preventive and restorative scope
- Licensure required, must be dually licensed
- Must obtain Public Health Dental Hygiene Endorsement
- May practice under written practice agreement following completion of 500, 1000 or 1,500 hours of clinical practice, depending on experience

### **Connecticut: Dental Therapist (Signed into Law, 2019)**

- Preventive and restorative scope
- Licensed as RDH; certified as dental therapist
- May practice under collaborative agreement after completing 1,000 clinical hours under direct supervision and complete 6 hours of CE related to dental therapy

### **Oregon: Dental Therapist (Signed into Law, 2021)**

- Preventive and restorative scope
- Licensure required; CODA or Dental Pilot Project participant
  - May practice only under the supervision of a dentist and pursuant to a collaborative agreement with the dentist

## States Pursuing Dental Therapy

### **Florida: Dental Therapist**

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

### **Indiana: 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

### **Massachusetts: Dental Therapist**

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

### **New Jersey: Dental Therapist**

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

### **New York: Dental Therapist**

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

### **Washington: Dental Therapist**

- 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. The standards are [available here](#).