

November 5, 2024

Dear Colleagues and Members of the Healthcare Community,

The American Dental Association (ADA) House of Delegates recently voted on and passed Resolutions 401, 413 and 514B, that aim to remove faculty-to-student ratios in dental hygiene programs and allow dental students and foreign trained dentists to practice dental hygiene in the United States, without passing a state licensing exam. We believe these resolutions pose significant risks to educational and professional standards and patient safety.

As the leading voice for dental hygienists in the U.S., the American Dental Hygienists' Association (ADHA®) leadership voiced opposition to these resolutions mid-October, in the form of testimony submitted to the relevant ADA House of Delegates Reference Committees and through an <u>open letter</u> to the healthcare community, outlining our substantive objections and urging the House of Delegates to reject these proposals and focus on solutions that respect the distinct professional roles within dentistry and dental hygiene.

I sent a letter to the ADA on Friday, November 2, 2024, expressing ADHA's disappointment at the passage of these resolutions. The framework of these resolutions purportedly addresses workforce issues, but the resolutions effectively compromise educational quality, established standards, patient safety and appropriate pathways to practice.

Dental hygienists face substantial workplace challenges, such as reduced time for patient care, overburdened schedules, and emerging workforce models that potentially threaten to compromise educational and licensure standards. The proposed changes fail to address oral-systemic health nor the underlying issues that are driving many hygienists to leave the profession. The proposed measures outlined in these resolutions threaten professional integrity and patient outcomes, and fundamentally undermine the dental hygiene profession.

ADHA strongly believes that rather than diminishing professional standards and undermining a complementary profession, constructive efforts should be directed toward improving workplace culture, enhancing professional development opportunities, and offering competitive benefits. These measures can address dental hygiene recruitment and retention without compromising the integrity of the profession and can protect the public from potentially inadequate care by under-trained or unlicensed individuals.

Creating practice environments that foster professional autonomy and empower dental hygienists to fully embrace their role will not only lead to better health outcomes for the public but will also improve workforce issues. When dental hygienists have greater control over their environment and practice, they will have greater career contentment, sense of purpose and professional longevity.

ADHA is currently addressing these objectives through active initiatives, and we have invited the ADA to meet and discuss partnering on these constructive efforts.

Sincerely,

Erin Haley Hitz

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