

## The Benefits of Dental Hygiene-Based Oral Health Provider Models

The American Dental Hygienists' Association (ADHA) is leading the transformation 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.

A 2014 report on expanding the provision of affordable preventive services outside dentists' offices from the National Governors Association noted that states have looked into 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.<sup>1</sup>

Currently, 37 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.

Most recently, Maine passed legislation allowing a dental hygienist or an independent practice dental hygienist to become a Dental Hygiene Therapist. Maine and Minnesota are the only two states that recognize these oral health workforce models, along with tribal lands in Alaska.

*ADHA supports oral healthcare 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 335 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**.

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<sup>1</sup> 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>

## Why Dental Hygiene-Based?

- The workforce is educated, licensed, prepared and available
- The educational infrastructure is in place
- Dental hygienists currently work in a variety of settings to increase access
- The public will benefit from a practitioner who can provide both preventive and restorative services

## States with Oral Health Workforce Models

- **Minnesota: *Advanced Dental Therapist, ADT (Signed into Law, 2009)***
  - Hygiene-based and non-hygiene based model
  - Education – Masters degree
  - 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.
  - ADTs may be dually licensed as RDHs
- **Maine: *Dental Hygiene Therapist, DHT (Signed into Law, 2014)***
  - Hygiene-based
  - Education – RDH + post-secondary dental therapy program
  - 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

## States Introducing Dental Hygiene Workforce Provider Models Since 2012

Dental Hygiene-based legislative proposals:

- **Connecticut: *Advanced Dental Hygiene Practitioner***
  - Hygiene-based
  - Education – RDH + Masters degree
  - Preventive and restorative scope
  - Licensure required
- **Kansas: *Registered Dental Practitioner***
  - Hygiene-based
  - Education – RDH + up to 18 months undergraduate therapist program in addition to entry level hygiene education
  - Preventive and restorative scope
  - Licensure required
- **Vermont: *Licensed Dental Practitioner***
  - Hygiene-based
  - Education – RDH + one year
  - Preventive and restorative scope
  - Licensure required
- **Washington: *Dental Hygiene Practitioner***
  - Dual-track
  - Education – RDH + post Baccalaureate certificate
  - Preventive and restorative scope
  - Licensure required
- **Massachusetts: *Advanced Dental Hygiene Practitioner***
  - Hygiene-based
  - Education – RDH + 12 to 18 months undergraduate therapist program in addition to entry level hygiene education
  - Preventive and restorative scope
  - Licensure required
  - *Bill was sent back to the Joint Committees for further investigation and study.*
- **New Hampshire: *Dental Therapist***
  - Hygiene-based
  - Education – RDH + 1 year
  - Preventive and restorative scope
  - Licensure required
  - *This legislation was amended to create a commission to study pathways to oral health care.*
- **New Mexico: *Dental Therapist Hygienist***
  - Hygiene-based
  - Education – 3 years combined dental hygiene/dental therapy curriculum
  - Preventive and restorative scope
  - Licensure required