

# Alternative Oral Health Provider Models

Have you heard of Dental Therapists?



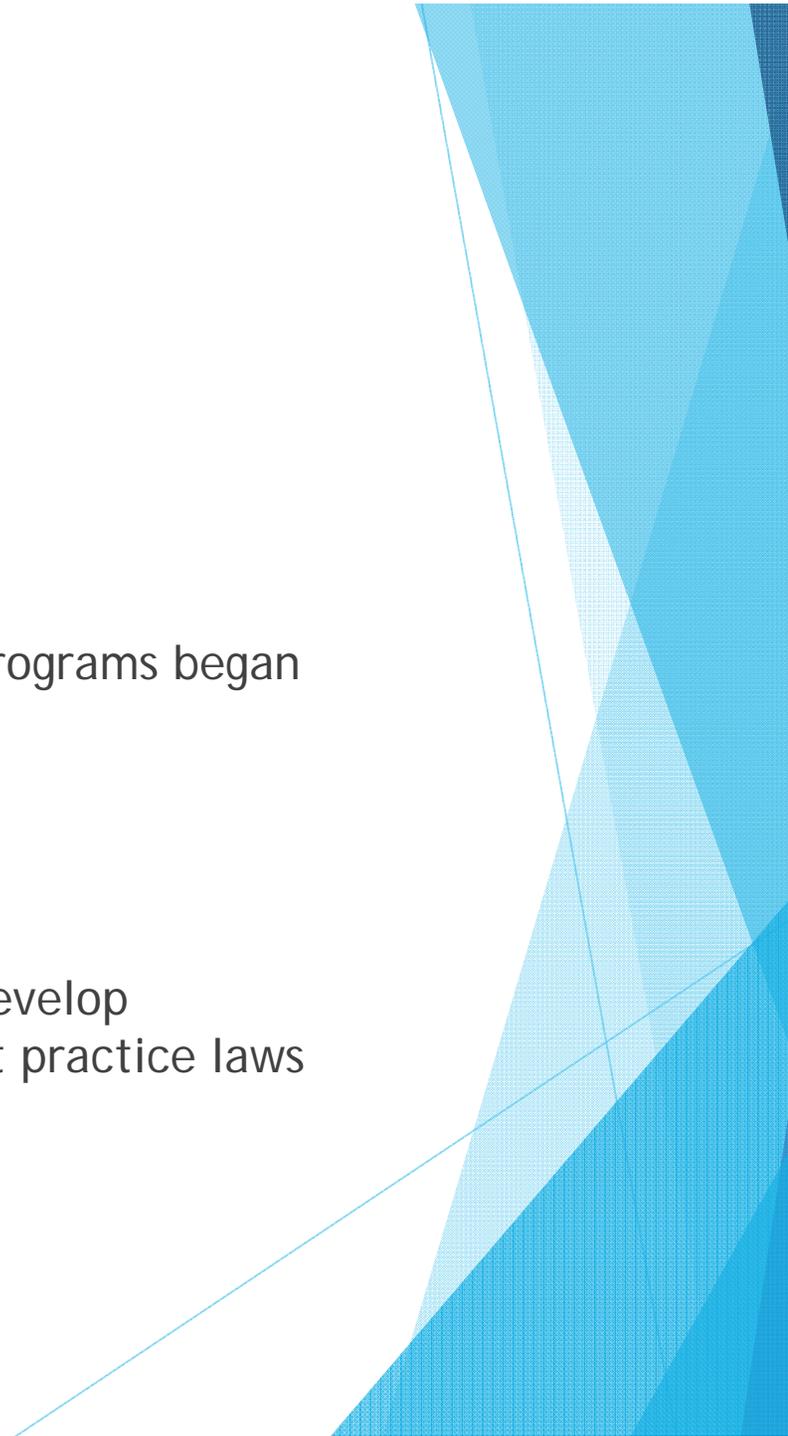
# HISTORY

2008: Introduced in Minnesota

2009: 1<sup>st</sup> Dental Therapist and Advanced Dental Therapist Programs began

CODA developed standards for a non-hygiene based program

2013-2014: ADHA is advocating for Commissioners to fully develop accreditation standards that reflect the progress and current practice laws



# FTC

March 2013: ADHA approached the Federal Trade Commission.

December 2013: FTC provided 15 pages of comment (with footnotes).

The FTC urged ADA and CODA to avoid exercising their current authority in a way that could impede the development of this potentially valuable and innovative model of dental care delivery.

February 2014: CODA revised standards to remove the unnecessary restrictions on level of supervision, degree track and length of program, scope of training, program director requirements and advanced standing opportunities for dental hygienists.

Comments were received through December 1, 2014.

# Why Hygiene-Based?

The educational infrastructure is in place.

The hygiene workforce is licensed, prepared and available.

37 states currently have hygienists working in alternative settings, increasing access to care.

Hygienists are prevention focused.

To protect the public in ALL aspects of standards of care.



# States with Alternative Oral Health Workforce Models

Minnesota: Dental Therapist and Advanced Dental Therapist (2009)

Maine: Dental Hygiene Therapist (2014)



# States Introducing Dental Hygiene Workforce Provider Models

Connecticut: Advanced Dental Hygiene Practitioner

Kansas: Registered Dental Practitioner

Vermont: Licensed Dental Practitioner

Washington: Dental Hygiene Practitioner

Massachusetts: Advanced Dental Hygiene Practitioner

New Hampshire: Dental Therapist

New Mexico: Dental Therapist Hygienist

**\*\*\*All Hygiene-Based\*\*\***

Allowing for PREVENTION and restorative scope

