January 13, 2025

Dear Board of Directors of the American Legislative Exchange Council (ALEC),

On behalf of the Texas Dental Hygienists' Association (TDHA), we are writing to express our concerns regarding the Dental Access Model Act recently adopted by the Health and Human Services Task Force of the ALEC. We urge the board to oppose this Act, that risks patient safety, compromises quality of care, places profits over access to care, lacks evidence, undermines the dental hygiene profession, and disregards input of key stakeholders.

Reasons for Opposing the Dental Access Model Act:

Risks Patient Safety and Quality of Care

Any model that seeks to modify the dental workforce must prioritize patient safety and quality of care above convenience and profit. The Act and its introduction are controversial because there are no available data or reported outcomes of a pilot program demonstrating safety, appropriateness, or efficacy of allowing dental assistants to perform scaling procedures. Without supporting evidence, it is premature to expand this workforce model which will endanger patient safety, compromise quality of care, and undermine the established standards of dental hygiene practice.

Further, the minimal training of an oral preventive assistant is not comparable to the extensive didactic and clinical education required for dental hygienists to competently provide dental hygiene care. Education and clinical training requirements for dental assisting vary greatly across the country. Many dental assistants lack formal, CODA-accredited education and are not professionally licensed. Many are trained on the job. When dentists authorize inadequately trained personnel to perform scaling, the public is at risk.

Prioritizes Profits Over Access

Assumptions have been made that the new model will increase productivity, but primarily it increases profits for private fee-for-service dental practices, rather than making dental care more accessible to all those in need, including rural and underserved Texans. This model demonstrates dentists' prioritization of self-interest rather than the interest of the public.

Undermines the Dental Hygiene Profession

Dental hygienists provide high quality preventive and therapeutic oral health care, which involves far more than scaling alone. To become licensed in Texas, a dental hygienist must complete a CODA-accredited dental hygiene education program, and meet the clinical training, examination, and practice requirements necessary to earn a dental hygiene license. Their expertise encompasses thorough general and oral health assessments, oral pathology screenings, periodontal staging and grading, performing airway assessments, providing preventive care, performing complete scaling therapy for patients with gingivitis, carrying out scaling and debridement for those with periodontitis, assisting with tobacco cessation and nutritional counseling, and offering evidence-based individualized recommendations to patients for self-care.

Instead of adopting unproven workforce models, we urge policymakers to support policies that expand collaborative practice opportunities and direct reimbursement models that allow dental hygienists to work autonomously in settings where they can make the greatest impact on the health of the public.

Creates Contradictions and Concerns

It is contradictory that the American Dental Association (ADA) fails to endorse other proven workforce models, such as a dental therapy. Dental therapists are licensed dental professionals that have safely delivered quality care to underserved populations for over 15 years in the United States. Dental therapy has proven to increase access to preventive, restorative, and therapeutic care and is not tied to a private fee-for-service model.

The Dental Access Model Act will create an additional dental team member that requires supervision to provide services to patients, so consequently, it will not increase access to care especially in rural and underserved areas where there are shortages of dentists. Additionally, data from the ADA Health Policy Institute indicates it is challenging to recruit dental assistants for the roles they are currently fulfilling.

How will the Dental Access Model solve the shortage of dental assistants?

Through the development of this Act, the ADA incorrectly assumes that there are many healthy patients that need only limited care. In fact, most Americans suffer from either gingivitis or periodontitis, making comprehensive dental hygiene care essential. Scaling alone, without other preventive and therapeutic services, poses risks with long-term implications for oral and overall health. All dental patients, even seemingly healthy individuals, deserve comprehensive preventive oral care provided during a visit with a dental hygienist. These essential services go far beyond what a scaling assistant can offer.

Lack of Collaboration

Another concern with this model is ADA's failure to engage ADHA in discussion during its development and continuing to disregard existing workforce shortage data that suggest straightforward solutions. The joint ADA and ADHA workforce survey reveals critical data on why dental hygienists are leaving the workforce, yet this information continues to be ignored, hindering efforts to address the root causes of workforce issues. Additionally, the Health and Human Services Task Force of the ALEC neglected to perform due diligence by failing to obtain testimony from ADHA and other key stakeholders before adopting this Act.

Oppose the Act

We respectfully urge the ALEC board to oppose the Dental Access Model Act. The future of oral healthcare depends on thoughtful, evidence-based decisions that honor the trust placed in us by the communities we serve.

Sincerely,

Texas Dental Hygienists' Association President
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