The American Dental Hygienists’ Association
Direct Access

- The ability of a dental hygienist to initiate treatment based on their assessment of a patient’s needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship.
The Progression of Direct Access

Direct Access 2008
28 States

Direct Access 2011
34 States

Direct Access 2016
39 States

States that permit direct access to dental hygienists

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www.adha.org
Mid-level Oral Health Practitioner

- A licensed dental hygienist who has graduated from an accredited dental hygiene program and who provides primary oral health care 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.
The Three Tenets

The American Dental Hygienists’ Association supports oral health care workforce models that culminate in:

1. Graduation from an accredited institution
2. Professional licensure
3. Direct access to patient care
Benefits of Dental Hygiene-based Workforce Models

ADHA is committed to advocating in support of new dental hygiene-based models for oral health care for many reasons:

- The public will benefit from providers with a broad range of skills sets which include preventative and limited restorative services.
- Increased access will afford the public greater opportunities to receive care, and improve both their oral and overall health.
- Dental hygienists currently work in alternative settings to increase access.
Questions for Policymakers to Ask When Considering Mid-Level Providers

1. What does the Health Resources and Services Administration’s (HRSA) 2014 report say about the projected oral health workforce in our state?¹

2. To what degree are Medicaid eligible children receiving oral health services in our state?

3. Are there national accreditation standards for dental therapy education programs?
   • Will this new provider be a licensed professional?

4. Who supports this legislation?

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