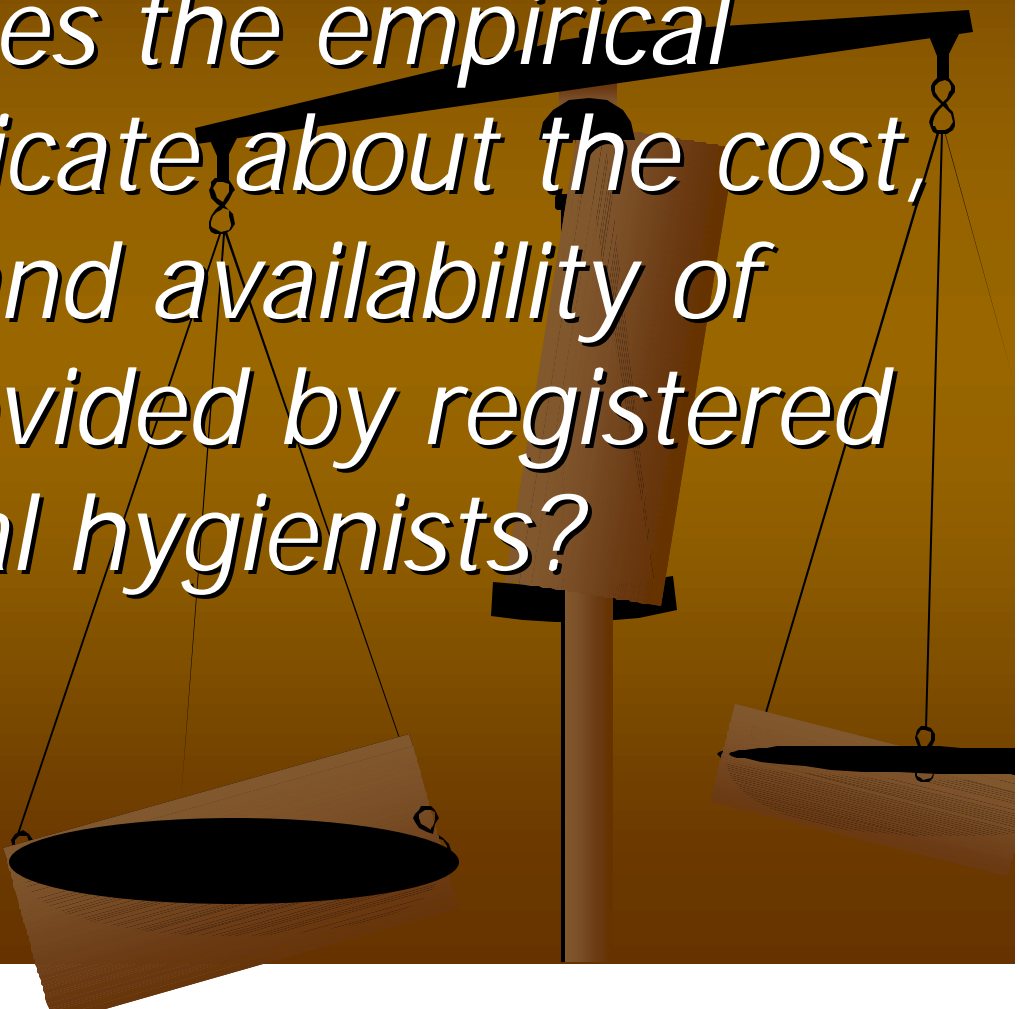


Health Care and Competition Law and Policy



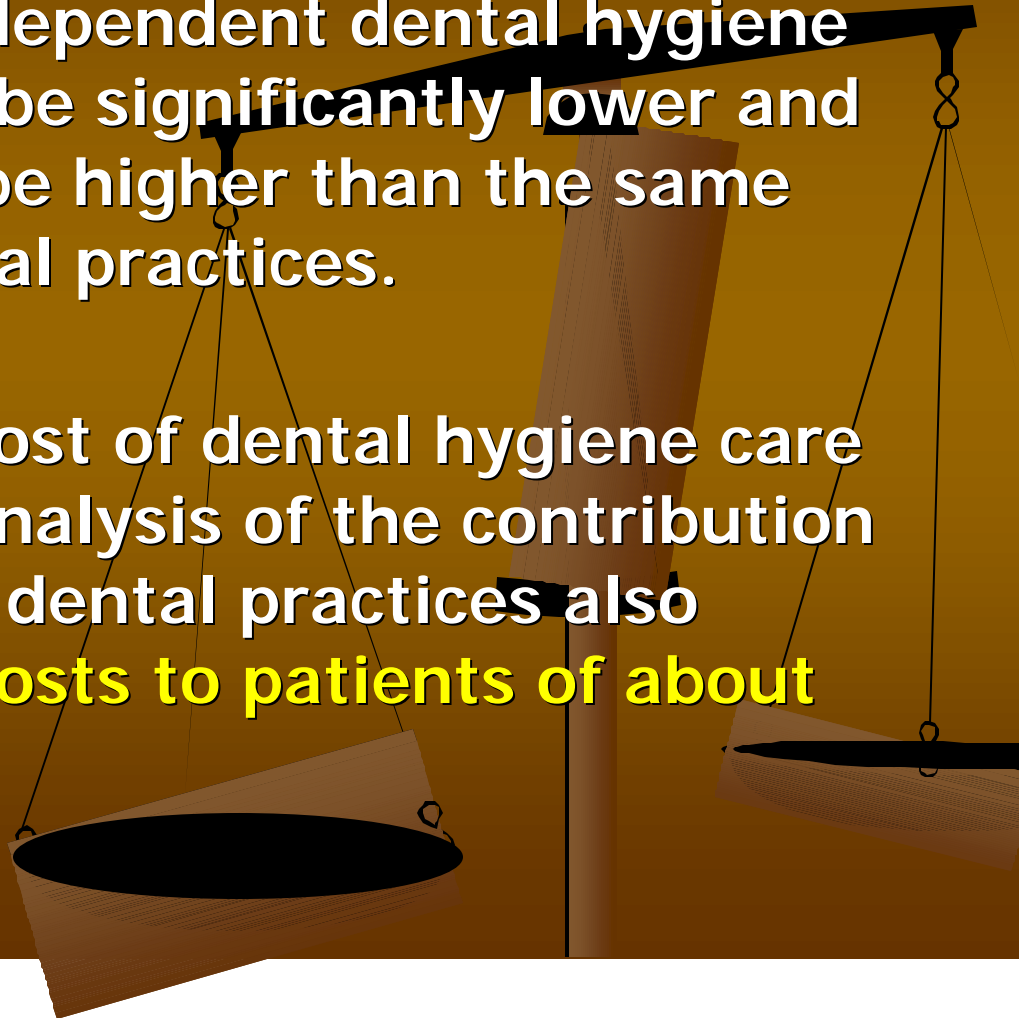
ADHA Comments
Tammi O. Byrd, RDH
President Elect

What does the empirical evidence indicate about the cost, quality, and availability of services provided by registered dental hygienists?

A wooden balance scale is positioned on the right side of the image. It features a central vertical post with a horizontal beam. A large, shallow wooden pan hangs from the left side of the beam, while a smaller, similar pan hangs from the right. The scale is slightly tilted, with the right side being higher. The background is a solid, dark brown color.

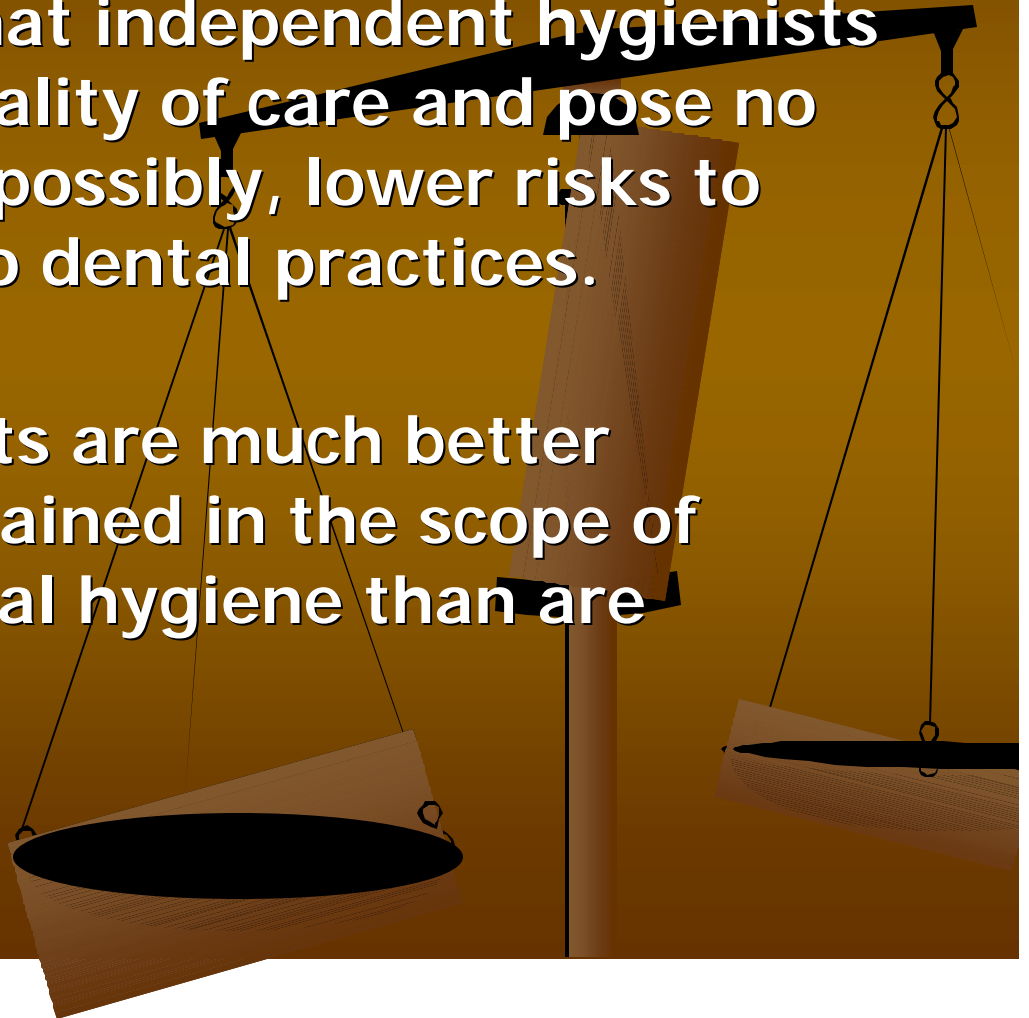
Low Costs

- Fee levels of independent dental hygiene practices could be significantly lower and are unlikely to be higher than the same services in dental practices.
- Studies of the cost of dental hygiene care and economic analysis of the contribution of hygienists to dental practices also suggest **lower costs to patients of about 20-40%.**



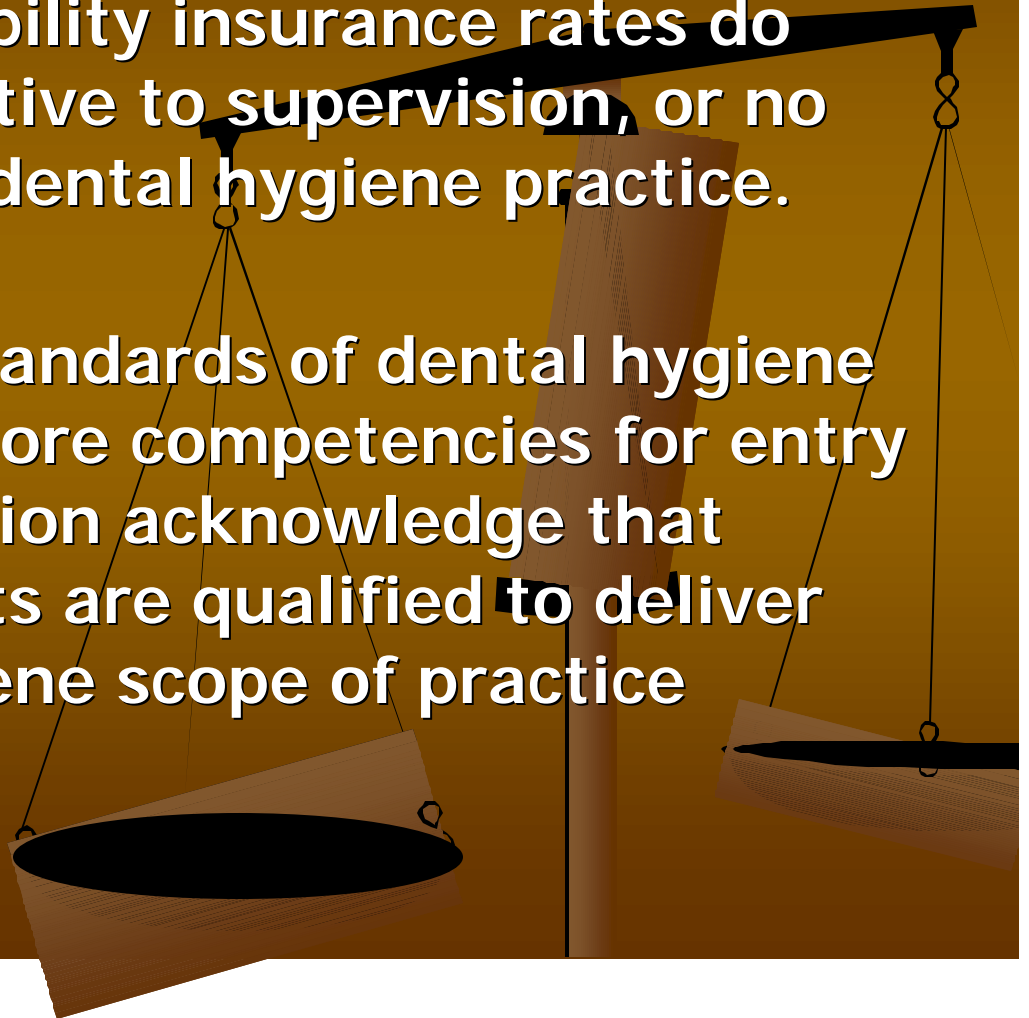
Low Risk & High Quality

- Studies show that independent hygienists provide high quality of care and pose no additional, and possibly, lower risks to patients than do dental practices.
- Dental hygienists are much better educated and trained in the scope of practice of dental hygiene than are dentists.



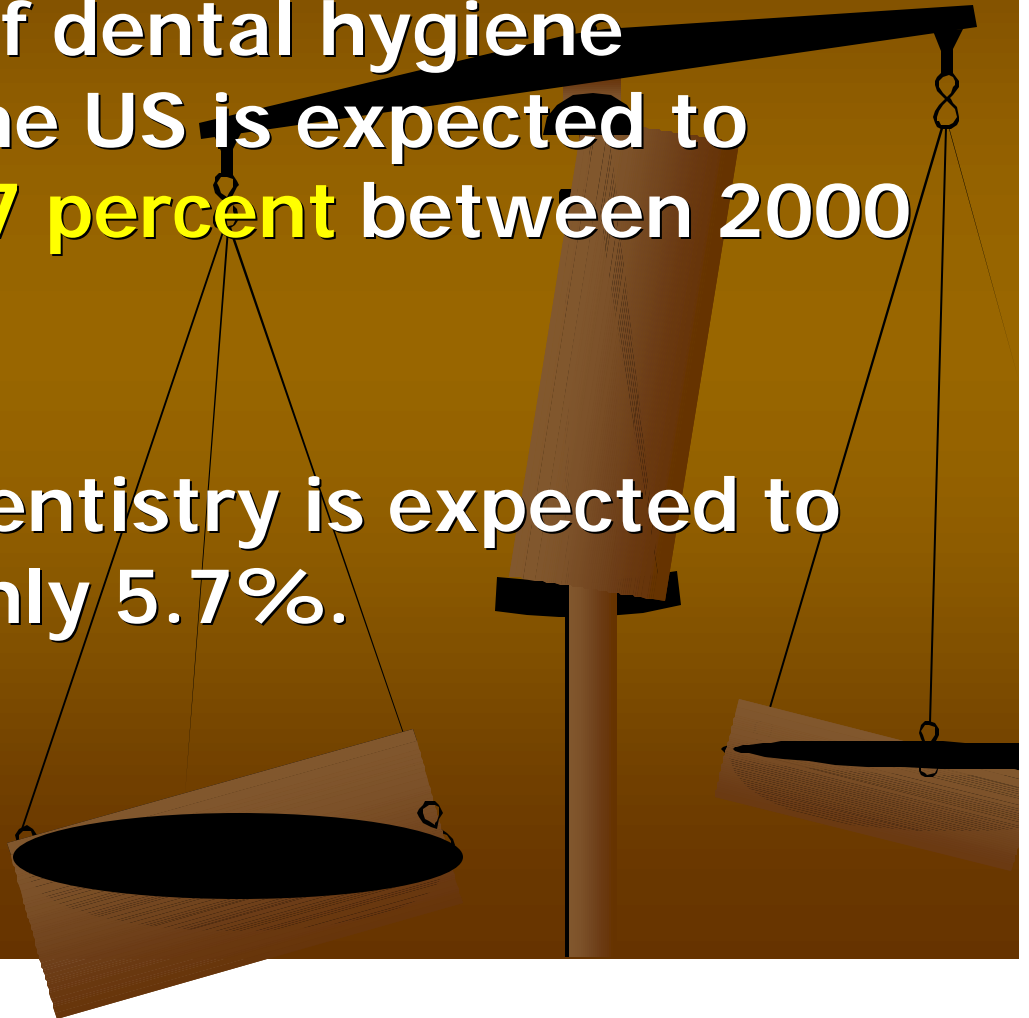
Independent Practice

- Professional liability insurance rates do not change relative to supervision, or no supervision, of dental hygiene practice.
- Accreditation standards of dental hygiene education and core competencies for entry into the profession acknowledge that dental hygienists are qualified to deliver the dental hygiene scope of practice independently.

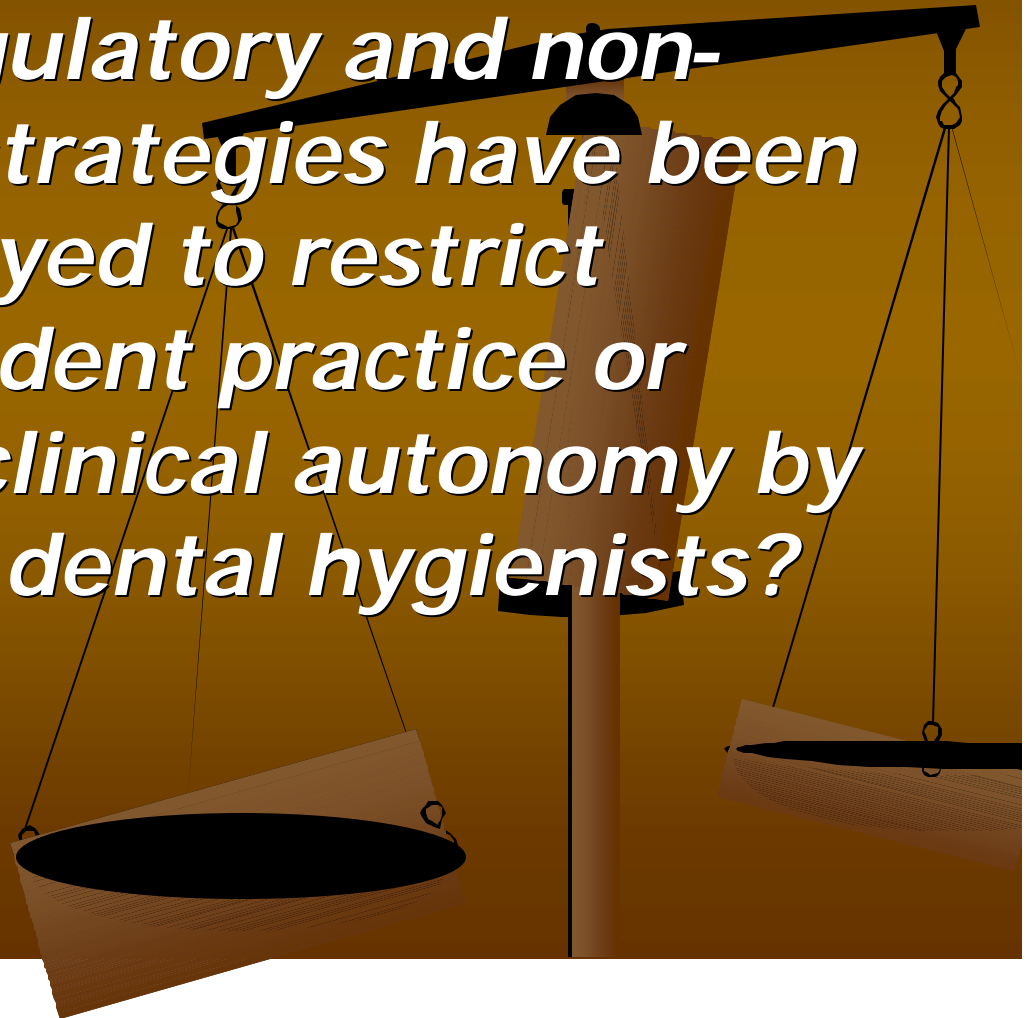


Employment Forecast

- The number of dental hygiene positions in the US is expected to **increase by 37 percent** between 2000 and 2010.
- Conversely, dentistry is expected to increase by only 5.7%.



What regulatory and non-regulatory strategies have been employed to restrict independent practice or broadened clinical autonomy by registered dental hygienists?



Regulatory Strategies

- Stop and/or limit self-regulation of dental hygienists
- Maintain gatekeeper privileges for dentists – supervision, orders, examination, or direction



Non-regulatory Strategies



- “Rhetoric and political power frequently substitute for evidence and rational decision making. . . one of the clearest examples of this problem is the case of dental hygiene services.”

Institute of Medicine

- Stop and/or limit direct reimbursement by private and public insurance to dental hygienists.

A wooden balance scale is depicted against a brown gradient background. The scale's beam is tilted upwards on the right side, indicating it is not in equilibrium. The left pan is lower and appears heavier, while the right pan is higher and appears lighter. The scale is made of light brown wood with black outlines for the pans and the beam.

What consumer information and protection issues would be raised by a less restrictive environment for market entry?

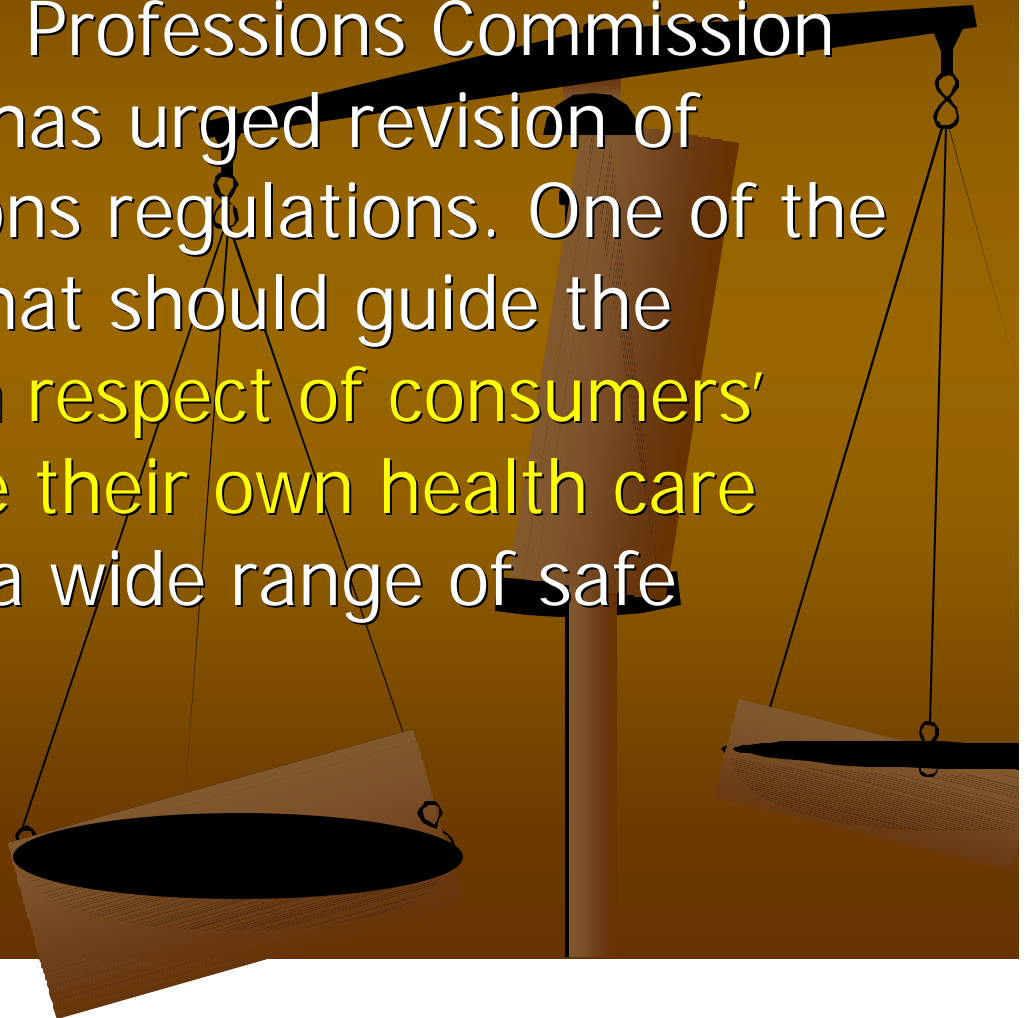
Consumer's Right to Choose

- The market system, with competition and the efficiencies it generates, is based on consumer's freedom to make choices among available options.



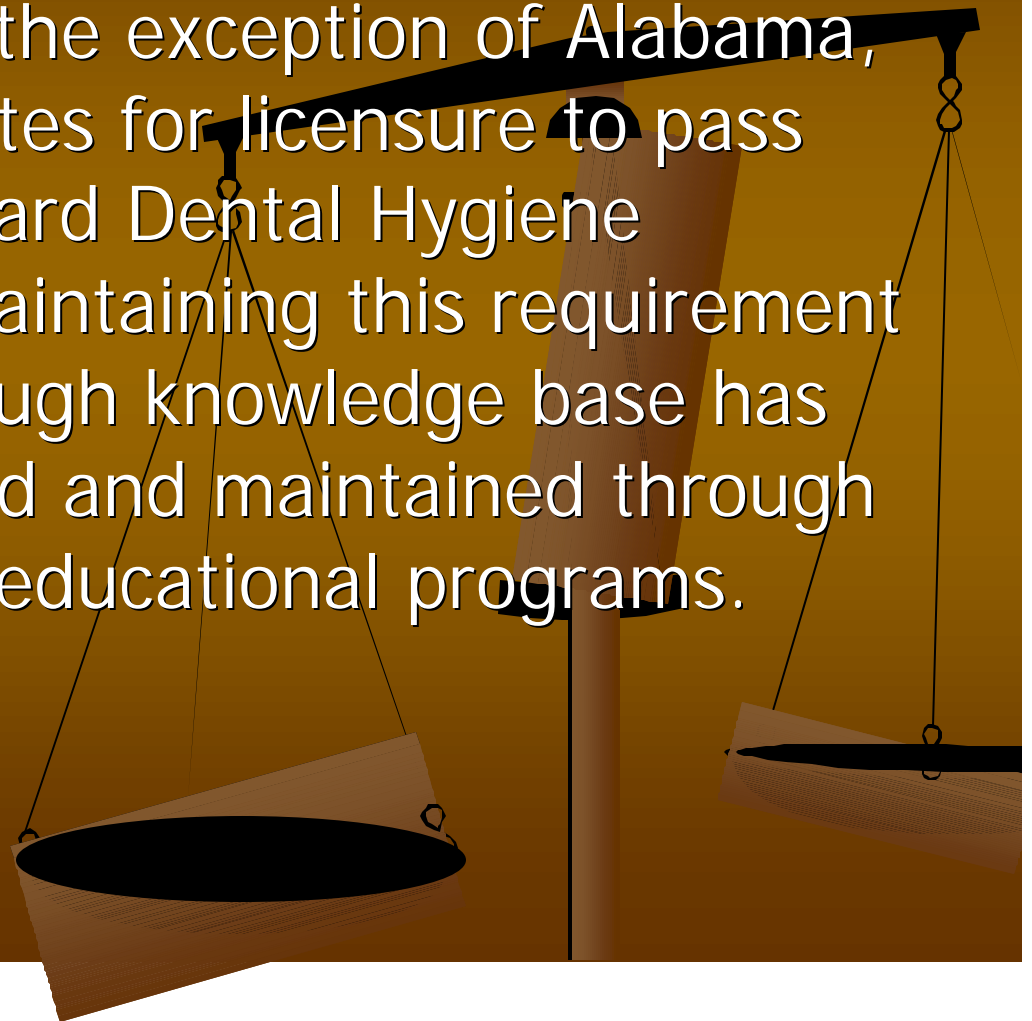
Choosing Caregivers

- The Pew Health Professions Commission (1994 & 1995) has urged revision of health professions regulations. One of the key principles that should guide the revisions is with **respect of consumers' rights to choose their own health care providers** from a wide range of safe options.



Licensure

- All states, with the exception of Alabama, require candidates for licensure to pass the National Board Dental Hygiene Examination. Maintaining this requirement assures a thorough knowledge base has been established and maintained through dental hygiene educational programs.



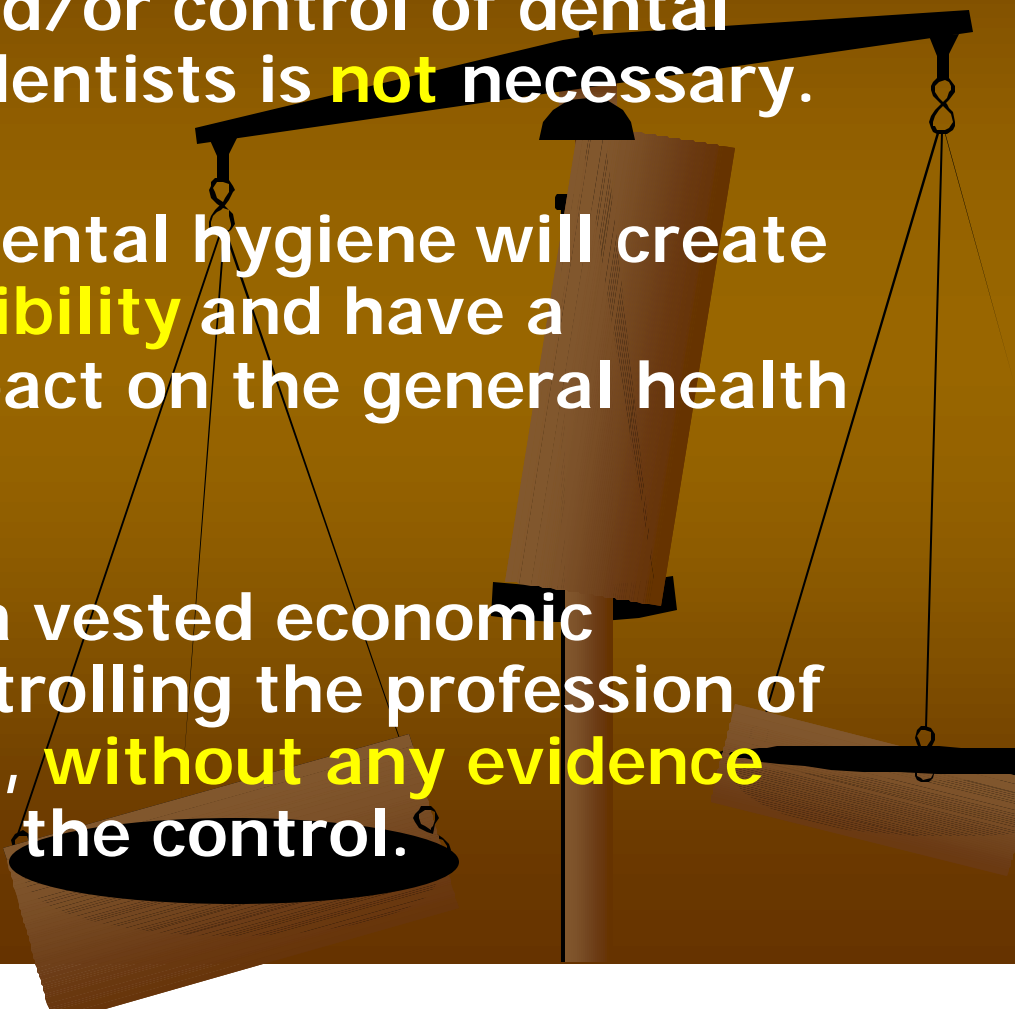
Maintain Accredited Standards of Education

Accreditation serves four purposes:

- 1) To protect the public welfare
- 2) To serve as a guide for dental hygiene program development
- 3) To serve as a stimulus for improvement of established programs
- 4) To provide criteria for the evaluation of new and established programs



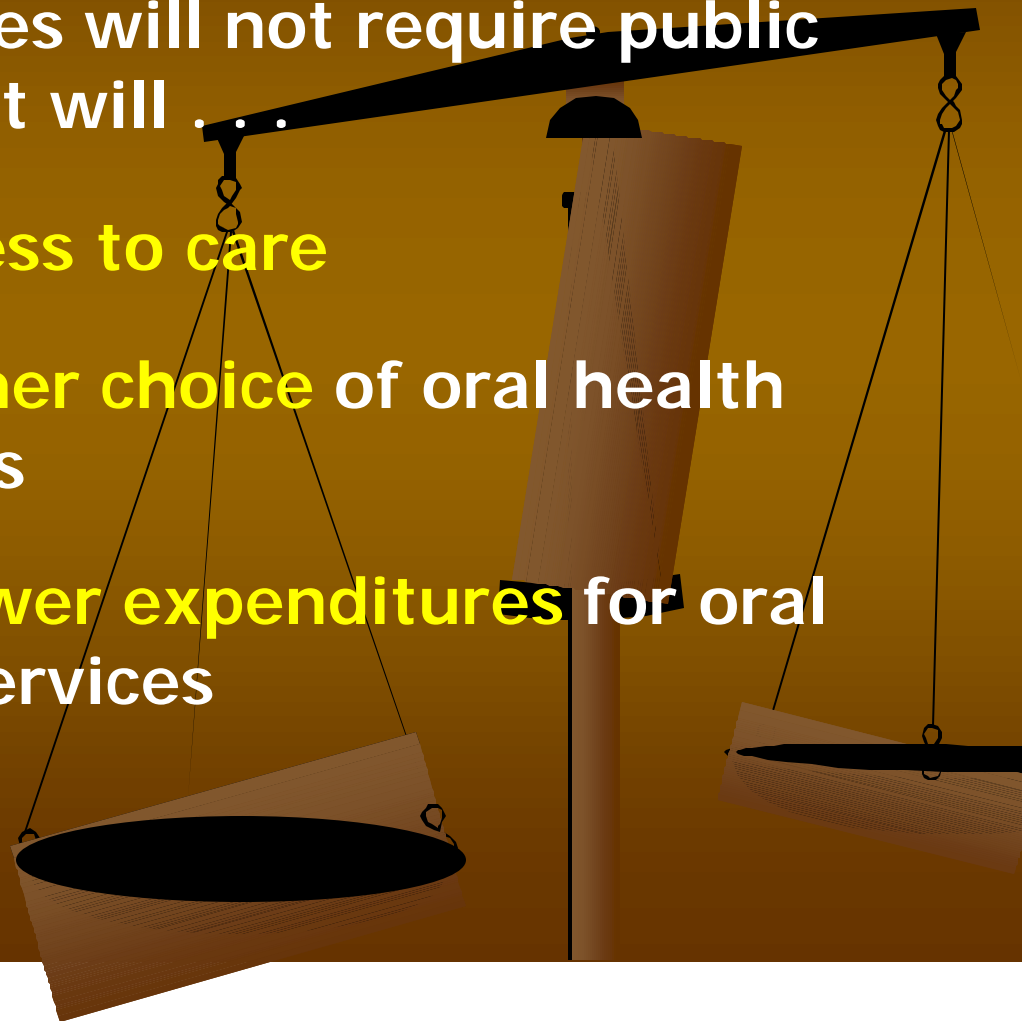
Conclusion

- Supervision and/or control of dental hygienists by dentists is **not** necessary.
 - Independent dental hygiene will create **greater accessibility** and have a significant impact on the general health of the public.
 - Dentistry has a vested economic interest in controlling the profession of dental hygiene, **without any evidence** basis to justify the control.
- 

Conclusion (cont.)

Legislative changes will not require public expenditures. It will . . .

- Increase **access to care**
- Allow **consumer choice** of oral health care providers
- Ultimately **lower expenditures** for oral health care services



Thank you!

