The Ohio Dental Hygienists' Association opposes the so-called "Dental Access Model Act" which has been introduced in several states. This concerning legislation, should it be introduced in our state, would call into question Ohio's public safety standards, quality of care, and professional standards of dental hygiene.

While a few other states have proposed allowing Dental Assistants or Expanded Function Dental Auxiliaries (EFDAs) the ability to perform critical procedures like scaling, Ohio remains a leader in patient safety. Scaling is a preventative and therapeutic treatment requiring the specialized education and clinical training of Registered Dental Hygienists. Scaling utilizes surgically sharp instruments, and allowing individuals with significantly less training to scale puts patients at risk.

Dental Hygienists are the only degreed professionals (other than dentists) in the dental office. To obtain a license in Ohio, Hygienists must complete a dental hygiene program of at least two academic years of full-time instruction or its equivalent at the postsecondary college-level that is accredited by the Commission on Dental Accreditation. The dental hygiene program must be sponsored by institutions of higher education (Ohio currently has 13 programs), and education averages 3,016 hours including the supervised instruction of 755 hours in pre-clinic and clinical courses, graduating with an associate or bachelor's degree. Hygienists must then pass a written National Dental Hygiene Board exam, a clinical exam, and a jurisprudence test on Ohio's laws and regulations.

Dental Hygienists are trained to provide a broad spectrum of preventive and therapeutic oral health services that extend far beyond scaling, including preliminary clinical exams of teeth and oral tissues, polishing of the teeth, the identification and treatment of gingivitis and periodontal disease, take x-rays, sealant placement, fluoride application, medical history evaluation, oral health education, and other applicable services. Ohio's Hygienists may also administer local anesthesia and nitrous oxide analgesia under the direct supervision of the dentist.

The Ohio State Dental Board does not license Dental Assistants. Instead, Dental Assistants can receive on-the-job training in a dental office through a high school or post-high school work study program, and they can be certified through either the Dental Assisting National Board, the Ohio Commission on Dental Assistant Certification, or the American Medical Technologists (though certification is not required). With additional training, they can become EFDA, allowing them to provide restorative services.

Dental Assistants assist the dentist, help patients feel comfortable, take patents' blood pressure, take x-rays, help maintain a clean work environment including sterilizing equipment, and provide follow up care instructions for patients.

While Dental Assistants and EFDAs are important parts of the dental team and these are needed functions, allowing individuals without proper education and necessary clinical training to only scale above the gumline puts all Ohioans at risk, especially diabetics, heart patients, and cancer patients. Even a perfectly healthy patient who has never had periodontal disease or gingivitis has a free gingiva, or tissue that is not attached and forms a collar around the tooth. Which means that every type of scaling, prophylaxis included, goes subgingivally calling into question what scaling would actually be acceptable and legal under this proposed legislation.

While a few states have enacted the so-called "Dental Access Model Act," Ohio must be steadfast in its commitment to protecting its citizens through the legislation, licensure, education, and enforcement of our laws and rules with fairness and integrity.
The Ohio Dental Hygienists' Association will continue to oppose any measure that does not prioritize patient safety, maintain high professional standards, and expand access to care equitably.