NEW Crest Gum & Sensitivity

STARTS WORKING IMMEDIATELY* TO RELIEVE SENSITIVITY WITHIN DAYS

New Crest Gum & Sensitivity kills plaque bacteria and occludes tubules where 80% of sensitivity starts—the gumline, for clinically proven healthier gums and sensitivity relief.

WRAP YOUR TEETH IN SENSITIVITY PROTECTION
Request a personal sample from your sales representative or visit www.dentalcare.com to learn more.

*Starts working immediately by blocking tubules.

continuing the care that starts in your chair
FEATURES

8 Central Office Overview

10 Members in Their Own Words: The Importance of Belonging to ADHA

14 ADHA Is Your Voice

COLUMNS

4 President’s Message

6 Guest Editorial: FTC

17 Headquarters

18 Stateline

20 New Products

BONUS ONLINE CONTENT

- ADHA Letter to the Surgeon General
- Member News
- Member Mondays
- Dental Therapy in Washington State
- New Resource! Dental Hygiene in Medical Settings and Health Clinics
- DHL Handout
Correction:
“CBD Oil for Anxiety and Pain Management” (March 2019, page 11) included several references to “TCH” that should have been “THC.” We apologize for the error.

ADHA Members! Don’t miss the bonus content in the digital edition of this issue! It’s all about what ADHA can do for you at every stage of your career. We’re including CEO Battrell’s letter to the Surgeon General including five recommendations for consideration during preparation of the upcoming report on oral health. Member News congratulates two ADHA members on two prestigious recommendations for consideration during preparation of the upcoming report on oral health. Member News congratulates two ADHA members on two prestigious

If you’re not yet an ADHA member, thank you for reading this guest edition online or picking up a copy in Louisville! If you have any questions about anything that Your ADHA can do for you, please let us know. You can contact us through www.adha.org with comments, questions and suggestions. We hope you join us soon!
Introducing

PRONAMEL INTENSIVE ENAMEL REPAIR

helps actively repair acid-weakened enamel

A specialist toothpaste that promotes remineralization
For patients with acid-weakened enamel

Delivers more fluoride deep into acid-weakened enamel¹

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Stannous fluoride toothpaste 0.454%*

Sodium fluoride toothpaste 1150 ppm**

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No.1 DENTIST RECOMMENDED TOOTHPASTE FOR PROTECTING AND STRENGTHENING ENAMEL²

Adapted from GSK Data on file 181024. In vitro cross-sectional D9/MS images of enamel surface to compare penetration of fluoride.
*Crest Pro-Health Clean Mint (1100 ppm fluoride as stannous fluoride), Sourced in March 2018.
**Colgate Enamel Health Sensitivity Relief (1100 ppm fluoride as sodium fluoride). Sourced in March 2018.

Date of preparation: October 2018 | Trade marks are owned by or license to the GSK group of companies | CHUS/CPRD/0104/18
Our Board of Trustees adopted ADHA’s Commitment to the Dental Hygiene Profession at our winter meeting. The commitment is based on and replaces the most recent iteration of the Strategic Plan. While most of the concepts represented in the Strategic Plan remain in the Commitment, there are important differences regarding the way they are stated.

Specifically, the Commitment is worded to resonate more meaningfully with the entire ADHA membership, and not just those responsible for operationalizing strategy. A task force led by President-Elect Matt Crespin, MPH, RDH, worked with the rest of us as your board and with our communications consultant to create a document that focuses on what ADHA promises to you. We haven’t abandoned strategy, of course – strategy is how we aim to keep our Commitment. But the focus is on you, the member, and why membership is important.

The Commitment is a living document and will no doubt change over time, but there are certain core concepts that tend to hold true as we advance. First – our headquarters office is mobilized to maximize the value of your dues and give you the biggest possible return on your investment. We’ve outlined some of the main functions of central office that we think are of the greatest pertinence to your member experience.

Second, we selected just a few of many highly engaged members to ask them about the value of membership – the tangible benefits as well as the intangible ones that gravitate toward the idea that a sense of belonging to something greater than oneself is a source of confidence and pride.

Third, we collected what we think are some of the best examples of how ADHA is your voice. The centerfold is an infographic that sums it up; please feel free to remove it and post it where your colleagues who aren’t members yet can see it.

Also in this issue is a guest editorial from Karen Goldman of the Federal Trade Commission! We are proud of our work with FTC and especially pleased to be able to share this piece with you about how FTC works to enhance competition in the health care marketplace for the benefit of the public including everyone whom dental hygienists serve.

There’s a lot more great information in this issue, and in the digital edition for members, too, but I’d like to close this – my last President’s Message – with a personal note about my own perspective on the value of belonging to ADHA.

If you’ve been following along throughout my presidential year, you know about the fascination and inspiration I get from birds in flight. Having been the lead in our V formation for a year now, I have enjoyed a unique perspective from a great and exhilarating height. I have never been prouder and yet never felt so humble in the company of my fellow leaders as well as our grassroots members on the ground. Each one of us contributes, and each one of us benefits when, #UnitedWeSoar!
I’m going, are you?

Don’t miss out on the premier dental hygiene conference this June! Join us in Louisville for ADHA 2019 where you’ll earn 23 CE credits and catch up with colleagues at over 10 social events. This is going to be our best conference yet and we can’t wait to see you there!

Register before Friday, May 17 and save $50 on your registration price.

adha2019.org/registration

Have fun on your way to conference and take a road trip to Louisville! Create your team for our second-annual Road Warrior Challenge today and enter to win a free registration to ADHA 2020.
The Federal Trade Commission (FTC) has a dual mission to protect consumers and promote competition. Competition benefits consumers via lower prices, higher quality products and services, and increased innovation. The FTC has a long history of addressing competition issues related to oral health care, such as overly restrictive supervision and scope of practice (SOP) requirements for dental hygienists. The potential for undue supervision and SOP requirements to reduce practitioner supply and deprive consumers of the benefits of competition was recently highlighted in a report from the U.S. Departments of Health and Human Services, Treasury and Labor, Reforming America’s Healthcare System Through Choice and Competition,1 to which the FTC contributed.

EXCESSIVE SCOPE OF PRACTICE RESTRICTIONS
The FTC’s law enforcement and policy initiatives have long recognized the competitive benefits that arise from greater reliance on dental hygienists and other affiliated providers, such as nurse practitioners and physician assistants. For consumers to realize these benefits, however, state laws and regulations must allow these providers to practice to the “top of their license,” i.e., to the full extent of their training and knowledge. Because the SOP of an affiliated provider overlaps with that of a dentist or doctor, it is possible that the latter health care professionals may favor SOP restrictions that minimize overlaps and thereby insulate them from competition. Licensing boards typically cite “health and safety” concerns to justify restrictions on affiliated providers’ SOP — but in reality, excessive restrictions may be more about avoiding competition than addressing legitimate health and safety concerns.2

The FTC has brought a number of law enforcement actions addressing excessive restrictions on SOP in dentistry. For example, in 2003 the Commission sued the South Carolina Board of Dentistry, charging that the board had illegally restricted dental hygienists from providing preventive dental services in schools unless students were first examined by a dentist — contrary to state statute — thereby unreasonably restraining competition and depriving thousands of economically disadvantaged schoolchildren of needed dental care, with no justification.2 The board ultimately entered into a consent agreement settling the charges.

FTC STAFF ADVOCACY REGARDING DENTAL HYGIENISTS AND THERAPISTS
In addition to its law enforcement authority, the FTC has also used its policy and advocacy tools to oppose SOP restrictions that deprive consumers of the benefits of competition and are not necessary to protect health and safety. In particular, FTC staff have filed numerous advocacy comments that analyze the likely competitive effects of bills and proposed regulations and provide recommendations to state officials and other policy makers regarding proposed legislative and regulatory changes. FTC staff advocacy comments have addressed SOP issues including rigid collaborative practice and supervision requirements, limited practice settings and requirements for a prior examination by a doctor or dentist. FTC staff comments recognize that supervision and SOP laws and regulations may be justified when they protect consumers against substantial risks of harm. In contrast, excessive supervision and SOP restrictions on affiliated professionals, such as dental hygienists, may unnecessarily limit

References
the services they can offer and their ability to practice, without demonstrable or meaningful gains in consumer health and safety.\textsuperscript{3,4}

For example, in January 2016, FTC staff urged the Georgia State Senate to consider the procompetitive benefits of a bill that sought to broaden the availability of dental hygiene services by expanding the settings where hygienists could provide their services without direct supervision by an on-site dentist. The bill likely would have increased access to hygiene services in rural or underserved areas where dentists are scarce or unavailable.\textsuperscript{5} Similarly, FTC staff opposed rules proposed by the Georgia Board of Dentistry in 2010\textsuperscript{6} and the Maine Board of Dental Examiners in 2011\textsuperscript{7} because they would have required a dentist to be present for a dental hygienist to provide certain preventive services, which likely would have reduced access and increased costs, especially in safety-net settings.

FTC staff comments have also supported establishment of the dental therapy profession because it could increase the output of basic dental services, enhance competition, reduce costs and expand access to dental care. In letters to the Commission on Dental Accreditation (CODA), FTC staff commend- ed CODA’s proposed accreditation standards for dental therapy education programs as an important first step in encouraging the development of a nationwide dental therapy profession. Staff pointed out, however, that statements in the proposed standards regarding supervision of dental therapists could inhibit state-level legislation allowing dental therapists to conduct certain procedures in the absence of an on-site dentist, thereby limiting the competitive benefits that could arise from the establishment of the profession.\textsuperscript{8} CODA did not include these statements in the accreditation standards that it adopted\textsuperscript{9} and subsequently voted to implement.\textsuperscript{10} FTC staff further supported state licensing of dental therapists in a 2017 advocacy comment regarding proposed Ohio legislation that also addressed supervision of dental hygienists and dental therapists. The staff comment explained that direct supervision requirements are a significant barrier to the use of hygienists and therapists outside of dentists’ offices and in dental shortage areas, where dentists are not physically available to provide in-person supervision. Similarly, blanket requirements for prior or subsequent examination of a patient by a dentist, regardless of medical necessity, would likely prevent affiliated providers from working in dental shortage areas, where they might otherwise be expected to contribute to improved access to dental care.\textsuperscript{3}

\textbf{REPORT: REFORMING AMERICA’S HEALTHCARE SYSTEM THROUGH CHOICE AND COMPETITION}

The report on Reforming America’s Healthcare System Through Choice and Competition echoes many of the themes raised in FTC staff advocacy. It explains that dental therapists and dental hygienists, like other affiliated providers, can safely and effectively provide some services offered by dentists, as well as complementary services. Because of this overlap, even well-intentioned regulations may impose unnecessary restrictions on provider supply, potentially reducing health care competition and harming consumers. Accordingly, the report makes the following...

\begin{center}
\textit{continued on page 9}
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ADHA Central Office Overview

The American Dental Hygienists’ Association exists on three levels: the component associations at the local level, the constituent associations at the state level and the national association at the national level. At the national level, the work of the association is directed by the ADHA Board of Trustees and managed by professional staff at ADHA central office, led by ADHA Chief Executive Officer Ann Battrell, MSDH.

The purpose of this article is to provide a general outline of the divisions of ADHA central office and to highlight some of the functions that are most pertinent to the grassroots member. More information about specific functions can be found on the association website at www.adha.org.

EXECUTIVE OFFICE

The executive office at ADHA has as its main focus areas association governance and corporate development. Day-to-day communication with the board occurs within the executive office, which is also the point of contact for many other health care organizations as well as our corporate supporters. The Institute for Oral Health operates under the aegis of corporate development. Many operational activities, such as development of ADHA’s Commitment to the Dental Hygiene Profession (see President’s Message on page 4), are led by the executive office with input from the rest of the association as appropriate.

FINANCE & ADMINISTRATION

The division of finance & administration provides accounting services for the association, safeguards and participates in the planning of its infrastructure with input from the rest of the association and manages the database including member records. Both human resources and staff-managed information technology functions reside in the finance & administration division as well.

PROFESSIONAL DEVELOPMENT

The division of professional development has diverse responsibilities including research and meeting planning. ADHA’s continuing education program is part of professional development, including its growing selection of webinars. Through professional development, you can use your membership to bolster your continuing education portfolio.

ADHA knows you care about your patients and strive to be on the cutting edge to best support their treatment and outcomes. That’s why our CE is tailored to provide you with the most up-to-date information in the field of dental hygiene.

Webinars have been the primary tool for providing not only relevant CE, but live CE that is counted as an in-person training in many states. Wondering if your state is included? Visit https://www.adha.org/resources-docs/Webinar_CE_Information.pdf to see the visual guide we’ve created to assist you in determining if you can earn live CE for webinar attendance. The great thing about webinars is they allow us to offer an hour of CE on popular topics varying from juuling and opioid addiction, to deep dives into areas like inflammation. In April, we examined the Dental Hygienists’ Expanding Role in Caring for Cancer Patients and Survivors in a presentation by Jennifer Pieren, RDH, MS. The other great thing about webinars is they live on as archived content. If you’re unable to attend the live event, you can still access the recording for on-demand self-study CE. Registering for live CE or looking at our on-demand topics are all accessible through your My Membership page under Resources and Webinars.

Another option ADHA provides to members for CE is through Journal of Dental Hygiene and Access articles that are converted to self-study courses and hosted at https://adha.cdeworld.com/. These courses are worth 2 CE hours and would count as on-demand courses. We’ve recently made these CE options very affordable for our members at $15 for a whole course! Not only is the CE less than $10/hour, you’re exposed to content that is brand new and immediately relevant to your practice and patients.

Every day, ADHA staff in the division of professional development work to make obtaining and tracking CE an easier process for our members. The latter half of 2019 looks promising for some exciting new developments at ADHA intended to make the process of obtaining CE even easier and more fun — stay tuned!

ADVOCACY & EDUCATION

ADHA’s division of advocacy & education is set up to support state and federal advocacy efforts that advance direct access and the role of dental hygienists as well as advance dental hygiene education programs to best prepare professionals for their evolving scope of practice.

What does this mean for members? ADHA has tools and resources to advocate for the profession and improve opportunities for dental hygienists. Below are some of the many ways the education & advocacy division works with states and a corresponding example of the work. Check out the Stateline article on Montana DHA advancing silver diamine fluoride for LAP dental hygienist for an in-depth example on page 18.

Strategy development — ADHA reached out to Wyoming DHA to see if there was interest in changing the state requirements for continuing education. Currently, Wyoming is the only state with no requirement for continuing education during license renewal unless the dental hygienist has not been practicing for 5 years. ADHA worked with the Wyoming DHA president to develop a strategy to approach the Wyoming Board of Dental Examiners with the proposal. The board of dental examiners has since started to work on this proposal through rulemaking.

Review of legislative drafts and provision of suggested amendments — Arizona DHA submitted draft legislative language to ADHA to allow dental hygienists to be supervised by physicians so they can practice in an inpatient hospital setting. ADHA reviewed the language and found that the draft included language that was not necessary to achieve the bill’s intent and suggested removing it. The legislation is currently advancing through the state legislature.

Legislative tracking — ADHA’s legislative tracking software identified legislation introduced in Oklahoma that would change the requirements for clinical exams for dental providers. As originally written, the bill would require dental hygienists’ clinical exams to include topics meant for dentists such as a peri-
COALITIONS ARE KEY TO LEGISLATIVE SUCCESS

ADHA affirms its support for optimal oral health for all people and is committed to collaborative partnerships and coalitions that improve access to oral health services. It follows the adage of strength in numbers: because coalitions broaden the number of advocates and perspectives to support an issue, they bring additional resources and can make the opposition appear like an outlier.

In fact, recent legislative successes have been achieved by working through coalitions, such as Michigan’s dental therapy bill. The coalition supporting dental therapy in Michigan was known as “Mi Dental Access” and was led by the Michigan Council for Maternal and Child Health. Seventeen other organizations, including Michigan DHA, were a part of the coalition. Other groups included AARP, Michigan Association of School Nurses, United Way, Michigan Community Action and Michigan Primary Care Association.

As your state considers advancing legislation, look at building your coalition and even playing a supporting role.

MEMBER ENGAGEMENT

The division of member engagement is responsible for the major focus areas of customer service, member engagement, recruitment and retention, chapter support and student relations.

Customer service — Member engagement staff are the first friendly voices members hear when they call ADHA national. We assist professional and student members with membership questions, benefits questions, troubleshoot log in issues and encourage them to update their profile.

Benefits and affinity programs — We oversee all member benefits and discount programs for our members.

Retention — We focus on retention throughout the member experience. This includes onboarding new members with an email retention campaign that sends messages at key points in their first year. We recognize members through Member Mondays on Facebook and other social media activities.

Recruitment — We stay in touch with former members and continue to reach out to this group. We also focus on recruiting those dental hygienists who have never been involved with our association before. We use multiple marketing channels for recruitment and retention: email campaigns, texting, phone calls, print mail, social media campaigns and in person.

Constituent and component relations — Our team is the main point of contact for our state volunteer leaders. We are in charge of all charter compliance, working with states on recruitment and retention strategies, and overall support and resources for state leaders.

Student member relations — We support all of our student member activities, and student chapters as well as resources for student advisors. This is just a general overview of the services ADHA provides. Please contact us at 312-440-8900 or through our website at www.adha.org/contact-us for more information.

GUEST EDITORIAL continued from page 7

Karen A. Goldman, PhD, Esq., is an attorney advisor, Office of Policy Planning, Federal Trade Commission.

The views expressed in this article are those of the author and are not necessarily those of the Federal Trade Commission or any individual commissioner.

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STACEY BISENIUS RDH
President, Wisconsin Dental Hygienists’ Association

I didn’t know what a Federally Qualified Health Center (FQHC) was when I first became licensed, but after interviewing and accepting a position with one, I found a new love in public health. I developed close relationships with my patients and experienced the gift of being a “difference maker” by providing quality care to some of the most challenging populations. My FQHC worked towards solving our communities’ problems, so it was natural that when I needed assistance, I looked to my state association.

The Wisconsin Dental Hygienists’ Association (WI-DHA) allowed me to grow as a professional and become a better RDH by getting “in the know!” I began to think about other patient care avenues to answer the needs of the public. I attended many continuing education courses at a member discount. I attended annual conferences, listened in awe to leadership and brought all the information back to my community health center. In 2009, we teamed up with current ADHA President-Elect Matt Crespin, MPH, RDH, and started a Seal-A-Smile program. We worked with many stakeholders to advance access to care in Wisconsin.

ADHA Immediate Past President Tammy Filipiak, RDH, MS, encouraged me to pursue leadership. I was selected to attend Unleashing Your Potential in 2017 and was elected constituent president in October 2018. Great state and national leaders mentored me, and I cannot place a price on that knowledge. No college course can provide the camaraderie, education, professionalism and friendships that support my daily work.

ADHA offers CE and other programs online I believe are underrated and underused! From IOH research grants and scholarships to leadership development, benefits and CE, ADHA moves our profession forward! My experience, confidence and support from my local, state and national organizations helped me be “the difference maker” I am today!

I encourage you to become a member! If you do not know your purpose, we can help you find it!

SHEILA S. CAMPBELL, RDH, BSDH
University of Louisville, Class of 2013

ADHA has been an important part of my career since I was a dental hygiene student at University of Louisville. As a student delegate during Kentucky’s annual session, I was able to see some of the working parts that move our profession forward. This made me appreciate the depth of experience and dedication that goes on behind the scenes as well as the sense of belonging to something bigger than myself.

When I graduated and moved to California in 2013, I turned to the ADHA website to find my local component and got connected with some wonderful colleagues. Shortly after getting settled in California, I had to relocate to Florida where once again ADHA helped me connect with great colleagues. This led to an opportunity to serve on a committee during Florida’s annual session and see another state’s perspective on dental hygiene. After returning to California and reconnecting with my local component, I eventually landed a full-time position in a terrific practice that I loved, through connections I made because of ADHA. I was also afforded an incredible opportunity to attend ADHAs “Unleashing Your Potential” leadership workshop, which brings together dental hygienists from across the nation to enhance our leadership skills. As a result, I currently serve as president of my local component. Now that I am suffering from an injury that is preventing me from returning to clinical practice, I am once again turning to ADHA and the many people I have had the privilege to meet, so that I can transition my career beyond the operatory.

ADHA advances our profession by representing dental hygienists nationwide, advocating for us and the public we serve. I belong to ADHA because I am committed to my chosen profession and because ADHA is committed to supporting me!
The Importance of Belonging to ADHA

MARCIA H. LORENTZEN, RDH, MSED, EDD
Director, Fones School of Dental Hygiene, University of Bridgeport

I was committed to dental hygiene upon enrollment in the Fones School of Dental Hygiene, University of Bridgeport, Connecticut. What could be better than learning from faculty in the very first school in the world? I am proud of my heritage, wear that pride every day, and feel compelled to give back to my livelihood as well as I am able. ADHA membership is my assurance that my heart and soul are in the dental hygiene profession.

Being a member of a professional organization takes different forms throughout one’s life. During my 45 years as a member, beginning as a student, I have seen individual contributions made in the grounding and swelling of the association. My tenure of membership has seen me active and leading others, supporting and lending insight, discussing and providing resources, debating and analyzing, conversing and questioning, and mentoring and receiving guidance. Acquaintances become friends and mentors, and trailblazers become honorable examples of what is possible. My association activity is an ebb and flow of endeavor related to other life commitments.

ADHA membership is the way I give back to my profession and pay forward to the leaders of today and tomorrow. I expect that my efforts as a member in any group assist in making decisions that contribute to furthering organization goals and supporting other members in their personal and organizational pursuits. My ADHA membership dollars and contributions in person or through the written word, in action on a committee, as a forum participant or in state meetings, will help professionals, students and the organization leaders in reaching desired higher education, self-improvement, career advancement and advanced work models as well as in fulfilling the ADHA National Dental Hygiene Research Agenda. I am an encourager of students and colleagues to pursue excellence in education, practice and personal ambition.

MAYA MASCARENAZ, RDH, BSDH
Vice President, New Mexico Dental Hygienists’ Association

I was first introduced to the American Dental Hygiene Association as a student of the University of New Mexico Dental Hygiene Program. I grew to understand that my membership created a network and a support system within our profession. After graduation, I transitioned my membership and haven’t looked back!

I became active in our local component and served as the trustee for the High Desert Dental Hygiene Association for four years. As the trustee, I was the liaison between the local and the state. I kept open communication between the two and was the voice of dental hygienists in my community. Throughout my time as trustee, I was mentored by hygienists that shared the same passion for advocacy, growth and service. After dedicating my time on the local level, I was asked to become an officer on the state level. I am currently serving a second term as the vice president of the New Mexico Dental Hygienists’ Association (NMDHA). This position has given me the opportunity to continue grow by creating life-long friendships, igniting a passion for public service volunteering and advocating to expand our scope of practice. New Mexico just passed legislation for dental therapy, after several years of working towards the goal. It was a collaborative effort of many consumer advocates and professional organizations, including NMDHA, with ADHA and many other states paving the way, that finally made it happen.

Throughout my eight-year career, I have had the opportunity to work in a variety of settings. I am currently the Young Innovations Clinical Representative for New Mexico and a private practice hygienist. I also volunteer for Delta Dental of New Mexico, which is the only not-for-profit dental insurance company in the state — creating and presenting oral health education programs for the military, pediatric and advanced age populations across the Land of Enchantment in collaboration with our state association. All of these diverse roles have presented themselves through the personal and professional relationships I have developed within the ADHA community on the national, state and local levels.

One of my many mentors just said, “The association is important because it is the vehicle by which we can advocate for our profession and the public we serve.” So let us move forward advocating for our profession, growing as individuals and continuing our commitment to serve the public, which is possible through our membership with the American Dental Hygienists’ Association.
LISA MORAVEC, RDH, BS
ADHA Vice President

My ADHA membership is valuable because there are numerous tangible and intangible benefits.

Some of the intangible benefits my membership has provided are the opportunities for connections and networking with incredible and inspiring hygienists from across the country. I have gained lifelong friends, mentors and a wealth of knowledge from dental hygienists I have met through my professional association.

ADHA helps you connect at the local, state and national levels to colleagues who will help support and empower you throughout your career. There is strength in numbers, which helps us advocate at the constituent and federal levels to advance the dental hygiene profession and promote oral health to the public. This is another reason why membership is so important.

My ADHA membership has also shown me the various career paths that dental hygienists are able to take and has great resources for each stage of your professional journey.

The tangible benefits that I value include access to numerous continuing education courses, webinar series and professional development sessions. I also receive subscriptions to publications like Access and the Journal of Dental Hygiene. Additional benefits that you can take advantage of are great group rates on disability, professional liability and auto insurance as well as member discounts for hotels and car rentals. Members can apply for scholarships, research grants, and community service grants and have access to a vast array of resources through the ADHA website and members-only portal. My ADHA membership is an investment in myself, the profession and our future.

This is why I love my ADHA membership and know the value of my membership is priceless!

CINDY VIGIL, RDH, BS
Immediate Past President, New Mexico Dental Hygienists’ Association

Forty-two years ago, I was drawn to the many benefits ADHA offered its members. I still appreciate member benefits such as various types of insurance coverage and discounts on travel, but these benefits are not the only reason I am a member of ADHA. The benefit I value most is the opportunity to serve my profession and my community through association work, thereby becoming a better, more well-rounded person. I started association work at the component level, learning the ropes, growing more proficient in multiple skills, such as budget planning, organization, development, implementation, strategic planning, diplomacy, management, communication, public relations and so much more.

Many of the skills I learned through association work have opened doors for me in other areas, such as serving on advisory boards for local dental hygiene programs. Through it all, I’ve gained confidence and felt the pride and respect of being a professional. It’s been very gratifying to be a part of such a hard-working association and to see the fruits of our labor pay off. As of this writing, the dental therapist bill has passed in the New Mexico legislature and is on the Governor’s desk awaiting her signature. Association work played a big part in getting the dental therapist bill this far in New Mexico!

ADHA has always been there for me, whether advocating for dental hygiene in New Mexico or on a national level, or simply answering a personal question. I want to be there for them so they can continue to keep dental hygiene strong and help other hygienists reach their full potential; this means supporting ADHA with my membership.

I would not be the person I am today without my ADHA membership. Eternally grateful!
CAROLYNN WAHL, RDH  
Legislative Chair, Pennsylvania Dental Hygienists’ Association

The value of my ADHA membership transcends tangible benefits. I value most the intangible, invisible benefits of leadership growth, professional development and ownership of my personal commitment to my profession.

Leadership growth is committing to attainment of a goal attained through collaboration in committee work or volunteerism. Professional development involves networking on a national level with like-minded individuals committed to achieving common goals for our profession. And ownership of my personal commitment occurs through my involvement in legislative efforts to protect and expand our scope of practice. ADHA is my forum for experiencing and advancing these benefits.

ADHA helps me elevate my clinical practice through access to the latest science. It offers diverse volunteer opportunities for defining and giving back to my profession. ADHA unites professionals who frequently work alone in daily practice into a supportive, invigorating network. This network can be collaboration on a project or program; but it also happens when peers share information, fostering growth and confidence as we progress together in our careers. Professional information sharing helps us self-assess and self-improve.

Networking also grows our social connection as dental hygienists. We share frustrations and successes, offering help and encouragement during the former and celebrating the latter. We are stronger because of each other, and ADHA provides the connection.

With our education, the confidence our network gives us helps us demonstrate our professional pride when we collaborate with those outside dental hygiene who are also committed to the health of the public. ADHA gives us a voice before allied health organizations and government, and our increasing integration there enriches our careers as it advances the health of Americans.

The benefits of belonging more than repay the cost of dues. ADHA amplifies your voice and gives you a community of peers who will welcome you when you join and support you for a lifetime.

IVY ZELLMER, RDH, MS  
Associate Clinical Education Manager, Hu-Friedy and Clinical Professor, UCSF School of Dentistry

We all live extremely busy lives these days, perhaps even over-extended. So I am thankful for an organization like ADHA that supports the things that I care about and does so much for the dental hygiene profession! I’ve come to realize there are two overarching benefits of my membership, the tangible and intangible. Both have immeasurable value. The tangible benefits of ADHA are likely obvious but here are my top picks:

1. Research and content: ADHA produces two excellent publications, in magazine and journal form. I often share these resources with students, nonmember colleagues and faculty at schools where I educate. The Journal of Dental Hygiene, which published its first issue in 1927, publishes original research manuscripts that shape the profession and maintain the dental hygiene scholarly identity. Research and grant writing are a passion of mine, and it impresses me that ADHA has a dedicated division to advance the profession.

2. Advocacy: Legislative influence at the state and national levels sustains the profession of dental hygiene as visible and viable for both providers and patients.

3. Education: I take advantage of local and national continuing education, which is at the heart of all dental hygienists’ maintaining licensure. The online webinars are convenient.

The intangible benefits of ADHA are more difficult to describe, perhaps because they’re rooted in feeling. I feel a sense of belonging, enjoy networking and camaraderie and knowing there is a connection to others that share a common interest. This year, dental hygiene celebrates 106 years as a profession. I believe that ADHA is the foremost organization for dental hygienists that models the way for current and future colleagues to achieve clinical excellence, maintains a professional voice in the dental community, and continues to promote scholarly identity. Why do I value my ADHA membership? It supports the profession and I want to continue to see dental hygiene THRIVE. I feel it’s my responsibility as a dental hygienist to be a member. Thank you ADHA!
ADHA is your partner, creating and promoting opportunities for dental hygienists!

IN WASHINGTON, D.C.
ADHA brings the voice of dental hygiene to the table.

ALL ACROSS THE COUNTRY
ADHA is your partner, creating and promoting opportunities for dental hygienists!

WE ARE YOUR VOICE
We are the venue for sharing your ideas, developments and research through scholarship and dissemination of knowledge.
When educational standards are developed or changed, ADHA is your voice.

IN THE DIGITAL WORLD

INFORMED, CONNECTED, ENGAGED

ADHA keeps you informed, connected, and engaged across all social media platforms.

#ADHAProud

IN THE DIGITAL WORLD

AT THE WHITE HOUSE

ADHA was invited to a White House roundtable to discuss ways to increase choice and competition in health care markets. ADHA brought the voice of dental hygiene to the table.

AT CODA

WE ARE YOUR VOICE

American Dental Association

American Hygienists' Association
ADHA Is Your Voice: Surgeon General 2020 Report

In August 2018, the Office of the Surgeon General announced the commission of a new report on oral health. The first and only Surgeon General report on the subject was released in 2000. At the time, the U.S. Secretary of Health and Human Services, Donna E. Shalala, described the intent of the report “is to alert Americans to the full meaning of oral health and its importance to general health and well-being.” The new report will focus on the progress in oral health since the first report and the challenges that still exist. The official announcement of the new report commissioning identified some potential areas of focus that ADHA actively advocates on:

- Review of health promotion and disease prevention activities
- The state of oral health care access and coverage as it relates to prevention and treatment for dental diseases and related conditions
- Integration of oral health into primary care settings
- Organization and financing of the provision of dental care in the health care system

ADHA is excited about the opportunity to share the great progress that has been made in the profession of dental hygiene in the nearly 20 years that have passed since the first report. The oral health landscape has changed significantly with improvements in oral health treatment for some Americans but not all Americans. For example, direct access to care provided by dental hygienists has made huge strides over this time period, but there are still opportunities to improve access to care.

Following the announcement of the new report, in November, ADHA CEO Ann Battrell, MSDH, and ADHA Director of Advocacy & Education Ann Lynch, attended the invitation-only meeting, “Surgeon General’s Listening Session on Oral Health” with a diverse group of oral and public health experts. During the meeting, they focused their comments on dental hygiene, dental therapy, direct access, interprofessional education and practicing to the top of scope.

Since then, the federal government solicited comments from stakeholders, like ADHA, on the importance of oral health as a public health issue, contemporary issues affecting oral health, new knowledge that may transform oral health in America, and future directions. In a comment letter, ADHA made the following recommendations for the report’s content:

- Recommend that states remove archaic laws and regulations that are not evidence based.
- Recommend all health care providers be able to practice to the fullest extent of their education.
- Recommend that dental hygienists can and should be fully integrated into the health care delivery system.
- Recommend that states strengthen their oral health delivery team and authorize dental therapy.
- Recommend that minimum criteria be established to provide for state license portability for dental hygienists and dental therapists.

ADHA is pleased to share that ADHA’s Battrell has been named a reviewer for the report’s section, “Oral Health across the Lifespan – Adults and Older Adults.” This is a unique opportunity for ADHA to be involved in a public report that has potential to have lasting impact. Dental hygienists can be sure that the voice of dental hygiene is being heard!

For more ways ADHA is your voice, see the infographic on pages 14-15.
Dental Hygienist Liaisons Improve Oral Health for Pregnant Women and Children

In 2012, the National Center on Early Childhood Health and Wellness (NCECHW) in collaboration with ADHA and the Association of State and Territorial Dental Directors initiated the dental hygienist liaison (DHL) project. The project includes one DHL in every state and the District of Columbia that voluntarily serves as an early childhood oral health leader and advocate. Oral health is a priority for NCECHW, and the DHLs play an integral role at the state and local levels in promoting oral health for pregnant women and children enrolled in Head Start and children enrolled in child care.

DHLs perform the following duties to address oral health promotion, disease prevention and access to care:

- Serve as communication links between NCECHW and Head Start and child care agencies on topics related to improving the oral health of pregnant women and children
- Collaborate with state organizations such as state oral health programs, state Head Start collaboration offices and associations, and child care agencies
- Promote and share evidence-informed oral health information and resources with Head Start and child care program staff
- Offer strategies to improve access to oral health care for pregnant women and children
- Work with oral health professionals to establish partnerships with local Head Start and child care programs to provide staff education and training

In addition to the state DHLs, nine DHL regional coordinators support and mentor DHLs in their assigned region.

Michelle Landrum, RDH, MEd, NCECHW DHL project lead, said, “DHLs are invaluable community partners. Each DHL gives personal and professional time and talents to promote health equity in communities. It has been an honor to work alongside this gifted group of dental hygienists to collectively advance the health outcomes of children and families.”

When DHLs are asked about the most rewarding aspect of the project, they have said, “It is most rewarding when a child with untreated decay receives treatment because of our efforts,” and “I’m able to expand my experience beyond individual patients to state and community partners, which allows me to use my expertise on a whole different level.”

If you are interested in getting involved in Head Start and child care programs in your local area, contact your state DHL. ADHA members can access the DHL roster through the digital edition of this issue of Access. It’s part of a four-color handout with much more information about the DHL project. Logon at https://mymembership.adha.org.
In March, the Montana Board of Dentistry voted to approve the application of 38% silver diamine fluoride (SDF) by limited access permit (LAP) dental hygienists. This decision by the board was the successful end to a months-long effort led by Montana Dental Hygienists’ Association (MDHA) to ensure dental hygienists practicing in public health settings have access to this important treatment modality.

To understand what led to this advocacy initiative, it is important to understand what SDF is and the state specific scope of practice requirements. SDF is a topical treatment that is used to prevent tooth decay and arrest carious lesions. It has been used in other countries for over 80 years and has been proven to be safe and effective. According to the Association of State & Territorial Dental Directors, “In August 2014, SDF was cleared by the Food and Drug Administration (FDA) as a desensitizing agent, similar to fluoride varnish 20 years ago. As of early 2017, there is only one SDF product on the U.S. market. The FDA granted the manufacturer ‘breakthrough therapy status,’ facilitating clinical trials of SDF for caries arrest.”

Before the board’s vote in March, 38% SDF was not included in the list of allowable percentages for fluoride agents under the board’s rules. Beginning last November, SDF was considered, debated and subject to public testimony at board meetings. At the meeting in November, a board member proposed SDF be limited to dental hygienists practicing under direct supervision of a dentist following a full examination by the dentist. Fortunately, this motion failed. At the same meeting, board member Diedri Durocher, RDH, proposed adding 38% SDF as an allowable agent for LAP dental hygienists. At this time the motion failed, but it kicked off a flurry of advocacy efforts.

MDHA members attended subsequent board meetings, submitted letters and provided expert testimony. They also hired an attorney who attended a meeting with the legal counsel for the Montana Board of Dentistry, and several MDHA members called board members to share their perspective on SDF. MDHA President Clancy Casey, RDH, BS, said one member went above and beyond to advocate for the use of SDF by LAP dental hygienists.

“Heidi Halverson is a rock star and was incredibly instrumental in advocating for SDF,” Clancy said. “She is one of those women that crashes through glass ceilings because she wants the best treatments available for all patients. She probably did...”

References
not even realize she was paving the way for dental hygienists, especially in Mont-
tana, because she was focused on patient outcomes. She’s an inspiration!”

Heidi Halverson, RDH, BSDH, LAP, is a LAP dental hygienist in Montana, and to help the SDF advocacy efforts, she reached out to some experts and dentists throughout the US and urged them to send in letters to the Board of Dentistry in support of dental hygienists applying SDF in all settings. Clancy said this was a turning point in the discussions with the board and really helped open the eyes of some board members. Many of these experts are willing to help in other states if needed. Contact Gov.Affairs@adha.net for more information.

Clancy also reached out to a journalist in the state who was interested in access to care issues. The journalist went on to write a detailed account of the SDF issue in front of the board to help educate the public. In the newspaper article published by the Independent Record, Halverson highlighted the important role LAP dental hygienists play in providing access to care and commented on SDF’s usefulness, adding, “If they have the start of a cavity, it’s really nice to be able to apply the SDF to that area. Research has proven that it’s better than doing fluoride varnish to the teeth.”

At the January 30, 2019 Board of Den-
tistry meeting, Clancy and other mem-
bers provided these letters along with testimony. In written comments to the board, Clancy pointed to ADHA advocacy materials like a new federal agency report titled “Reforming America’s Healthcare System through Choice and Competition” and a U.S. Federal Trade Commission comment letter on workforce competition. In her comments to the board, Clancy said:

“LAP hygienists were created to help with the access to care issues in Montana. These patients, due to a multitude of reasons, are not able to be seen in a traditional dental office. Whether a patient can physically get into a dental of-

With the understanding that SDF is a fluoride agent, nearly all states have laws, regulations or guidance that allow dental hygienists to apply silver diamine fluo-

Additional Resource
NEW PRODUCTS

**PINEYRO ARCH™ KIT**
Paradise Dental Technologies (PDT Inc.) announces the Pineyro Arch™ Kit, which allows hygienists to treat and maintain patients with full fixed hybrid implant restorations. Designed by Alfonso Piñeyro, DDS, it is the first instrument set of its kind specifically designed for the implant debridement of full fixed implant restorations. It allows hygienists to treat these patients without removing the prosthesis. Pineyro Arch Instruments numbers 1-3 have a unique crescent shape and are anatomically designed to fit around locator abutments for removable prosthetic hygiene applications. The Pineyro crescent shape also anatomically fits around standard single-unit implant abutments, and other cylindrical prosthetic designs. The kit contains four instruments for the anterior, posterior and mesial-distal as well as a specialty arch for all implants prior to taking impressions and for single to hybrid cases prior to cementation. For more information, visit https://www.pdtdental.com/pineyro/.

**TWICE**
Twice launches Twice toothpastes, inspired by twice-a-day use. Co-founded by brothers Julian and Cody Levine (sons of Jonathan P. Levine, DMD) and music icon Lenny Kravitz, the company’s creation was inspired during a volunteer dental trip with Glo Good Foundation that awakened the founders to the global oral health crisis. The company donates 10% of proceeds to the foundation, bringing healthy smiles and lives to communities in need. The toothpaste duo offers refreshing flavors inspired by morning and night. Early Bird offers an energizing mint blast of wintergreen and peppermint, while. Twilight is a calming blend of refreshing peppermint, smooth vanilla and a touch of lavender. The morning-and-night experience is designed to encourage brushing twice daily. The all-in-one whitening toothpastes contain fluoride, potassium nitrate and antioxidant vitamins A, C and E as well as aloe vera. The are free of SLS, triclosan, parabens, phthalates and synthetic dyes and are non-GMO, vegan, gluten-free, cruelty free and made in the USA from globally sourced ingredients. For more information, visit www.smiletwice.com.

**PRONAMEL® INTENSIVE ENAMEL REPAIR**
GSK Consumer Healthcare announces Pronamel® Intensive Enamel Repair toothpaste, designed to help actively repair acid-weakened enamel and protect teeth from future effects of acid erosion with twice daily brushing. According to GSK, the formula provides both enamel repair and cavity protection by locking in vital minerals that absorb deep into the enamel to help repair microdamage and rebuild enamel strength while also inhibiting the demineralization of enamel. It is SLS-free, made without phosphates and available online and in retail stores. For more information, visit www.pronamel.us.

**AEROPRO™**
Premier® Dental announces AeroPro™, a new cordless handpiece developed based on extensive input from consumers. The AeroPro is light-weight, well-balanced, ergonomic, cordless and pedal-less. Other consumer-friendly features include longer battery, compatibility with most prophy angle brands and convenient infection prevention protocol. The innovative design helps reduce hand and wrist stress by allowing hygienists to rotate the prophy angle a full 360° for improved intraoral access and comfort. It has a quick-touch button for easy switching between low and high speeds. For more information, visit https://www.premierdentalco.com/.

**VAC ATTAK™ GREEN**
Premier® Dental announces Vac Attak™ GREEN, a new high-performance evacuation system cleaner that’s safe, effective and compliant with the EPA’s new 2020 regulations in support of the U.S. Clean Water Act. The powder uses a combination of powerful enzymes and innovative surfactant chemistry to effectively clean evacuation systems with even the most challenging bio-burden, prophylactic paste and fluoride gels. Its neutral pH, non-foaming and non-corrosive formula — without chlorine or oxidizing agents — makes it safe and gentle for everyday use with all amalgam separators. For more information, visit https://www.premierdentalco.com/.

New Products is compiled by ADHA staff. Inclusion of product information in this column does not constitute an endorsement or guarantee by ADHA of the quality or value of the products described. Send product releases to jeanb@adha.net.
LEND A HAND
ADVANCE YOUR PROFESSION
GET INVOLVED TODAY!

You want to advance your profession. Build your leadership skills. Maximize your membership. Support your professional organization.

CHOOSE A PROJECT THAT FITS YOUR INTEREST

Fortunately, you don’t have to turn your schedule upside down to get more out of your ADHA membership. Now, you have a wide selection of new volunteer opportunities that you can tailor to your available time and areas of interest and expertise.

NEW OPTIONS ARE BEING ADDED ALL THE TIME:

• Dental Hygiene Liaison
• Technical Review Ad Hoc Group
• CE Review Ad Hoc Group
• ADHA Squad
• Coding Ad Hoc Group

Check out the details at http://www.adha.org/involvement-opportunities

You just may find your comfort zone expanding.
Because complications increase dramatically with age, all third molars should be evaluated each year for potential problems. When warranted, they can be removed in the OMS office using safe and appropriate anesthesia. Visit MyOMS.org for more information.
January 25, 2019

The Honorable Jerome M. Adams, M.D., M.P.H. c/o SGR Team, NIH/NIDCR
31 Center Drive, Room 5B55 Bethesda, MD 20892

Dear Surgeon General Adams,

On behalf of the over 185,000 dental hygienists in the United States, thank you for your leadership and commitment to improve the nation’s oral and overall health! The nation’s dental hygiene workforce, as the prevention experts, stands ready to contribute to and be an integral part of improving the nation’s oral and overall health.

To document progress in oral health since publication in 2000 of the first Surgeon General’s report on oral health, please note that today there are 42 states allowing dental hygienists to see patients without prior authorization or the presence of a dentist, in some settings. Indiana and Wisconsin are premiere examples to consider, as licensed dental hygienists can practice in virtually any setting, delivering much needed care to the state’s residents. We implore the 2020 Surgeon General’s Report on Oral Health to recognize the evolution of the dental hygiene profession and recommend that states remove archaic laws and regulations, that are not evidence based. These barriers impede a well-educated, ready dental hygiene workforce from being able to deliver much needed oral health services to so many Americans in need. We need a delivery system that fully allows all health care providers to be able to practice to the fullest extent of their education.

By way of example, there is an effort underway in Colorado that has placed licensed dental hygienists in pediatricians’ offices. This provides a seamless delivery system and provides the oral health care prevention that has been proven to work. There are countless ways that dental hygienists can and should be fully integrated into the healthcare delivery system. Indeed, states like Colorado, Washington, and Arizona have been pioneers in these efforts.

Today, there are 92 dental therapists delivering preventive and specified restorative services to people across Minnesota. Of note, this represents a new oral health provider not in existence in the United States in 2000. Indeed, in 2015 the Commission on Dental Accreditation, the single accrediting body for oral health education programs in the United States, developed and implemented national accreditation standards for dental therapy education programs. Maine, Vermont, Arizona, Michigan and Washington state (exclusive to tribal lands) have all authorized dental therapy, with several others pursuing such action.

Dental therapists are a new member of the oral health care delivery team. It will be prudent to include dental therapists among the advances in the oral health workforce. Please recommend that states strengthen their oral health delivery team and authorize dental therapy. Notably, many dental therapists are and will be dually licensed as dental hygienists and dental therapists. This affords a provider that is both well-educated and versatile.

An area that the Administration has expressed interest and commitment to is license portability. For oral health care providers, including dental hygienists and dental therapists, this is indeed a problem in need of a solution. Nursing and physical therapists have made great strides in license portability. Streamlining and eliminating extraneous hurdles to licensure across state lines must happen. We ask for your leadership in recommending that minimum criteria be established to provide for state license portability for dental hygienists and dental therapists.

In summary, please:

- Recommend that states remove archaic laws and regulations, that are not evidence based.
- Recommend all health care providers to be able to practice to the fullest extent of their education.
- Recommend that dental hygienists can and should be fully integrated into the healthcare delivery system.
- Recommend that states strengthen their oral health delivery team and authorize dental therapy.
- Recommend that minimum criteria be established to provide for state license portability for dental hygienists and dental therapists.

Thank you for your consideration of our comments. We want to partner with you, as you move forward to improve the nation’s oral and overall health. Please feel free to contact ADHA Washington Counsel, Karen Sealsander at ksealander@mwe.com or 202.756.8024 or ADHA Director of Advocacy & Education, Ann Lynch at annl@adha.org or 312.440.8942, should you desire further information.

Ann Battrell, MSDH

Cc: Michele Braerman, RDH, BSDH
    Matt Crespin, MPH, RDH
    Karen Sealsander, ADHA Washington Counsel
    Ann Lynch, ADHA Director of Advocacy & Education
LECIEL BONO, RDH, MS

Congratulations to Leciel Bono, RDH, MS, recipient of the Olav Alvares Award for Early Career Scholars Who Published Outstanding Articles in 2018. The award, presented by the Journal of Dental Education (JDE) at the March meeting of its publisher, the American Dental Education Association (ADEA), recognized Bono for her article, “Post-Graduation Effects of an Advocacy Engagement Project on Alumni of a Dental Hygiene Program.” Speaking to the Idaho State Journal, Bono characterized her thesis as a “labor of love.”

“The mentoring of the faculty during this process is a demonstration of their commitment to student success,” she said. “I am humbled to be considered for the Olav Alvares Award, but I cannot take full credit as it was truly a team effort by my thesis committee, the dental hygiene master’s program and Idaho State University.”

The award includes a certificate, a monetary award and recognition by ADEA and the JDE.

Sources: Idaho State Journal, American Dental Education Association

BRIAN PARTIDO, MSDH, BSDH

Congratulations to Brian Partido, MSDH, BSDH, recipient of this year’s Colgate Award for Research Excellence (C.A.R.E.). Partido, assistant professor in dental hygiene at The Ohio State University, College of Dentistry in Columbus, Ohio, received the award for his research project, “Impact of Peri-Implant Treatment Using Glycine Powder Air-Abrasive Debridement on the Oral Microbiome.” A grant accompanies the award.

“I am honored to represent the dental hygiene profession as one of the four Colgate Award for Research Excellence (CARE) grant recipients this year,” Partido said. “The funding will help my ongoing research project to investigate the impact of treating peri-implant mucositis using glycine powder air-abrasive debridement on the oral microbiome. I truly appreciate my research mentor Dr. Purnima Kumar and Colgate-Palmolive for their support of my research endeavors.”

The C.A.R.E. Program recognizes a new generation of academic researchers by providing up to $30,000 USD (per project) to support oral health research projects across multiple disciplines. An independent, esteemed group of senior academic dental researchers reviewed the proposals. Winners were selected based on Program criteria such as innovation, clinical significance, originality and scientific quality determined the winners. C.A.R.E. grants are typically offered for periods of 12 months.

Source: Colgate
Do you follow ADHA on Facebook? Then these are familiar faces. Every Monday, we highlight a different member. Interested in participating? Visit https://www.surveymonkey.com/r/SX2K5FN

**Keri Adams, RDH, Tennessee:** I have been an ADHA member since my first year as a dental hygiene student. My membership gives me confidence in and has advanced my career over the years. I would hate to see where we would be without ADHA!

**Deb Beres, RDH, BSDH, Wisconsin:** I hold membership in my professional association in the highest regard. I would not be able to do what I do without my professional association advocating for me. I can say with certainty that I am who I am and do what I do, as a dental hygienist, because of my membership in ADHA, and I am very grateful for the role it plays in my career.

**Emily Boge, RDH, CDA, MPA, Iowa:** ADHA has allowed me to meet many wonderful people throughout the country, and I know if I ever need a friend who understands, there are other members who are only a phone call away. There is peace of mind in having friends who understand my excitement and challenges that occur throughout each day.

**Emilie Bonovitch, RDH, BSDH, Virginia:** I think of each member as a ripple in a pond — it stretches out beyond what we can see and can affect so much more than we expect.

**Jaime Brooks, RDH, Maine:** I hope to continue working with my association to bring positive change state and nationwide!

**Vivian Enechukwu, Texas:** I want to learn more because am a student in the program.

**Emilie Bonovitch, RDH, BSDH, Virginia:** I think of each member as a ripple in a pond — it stretches out beyond what we can see and can affect so much more than we expect.

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**Erin Haley-Hitz, RDH, MS, PhRDH, Om, Nebraska:** I look forward to the collaboration and energy from fellow members. They empower me to be a better version of myself in my professional life and my personal life. I look forward to the educational resources made available to me, and I know they are top-notch and relevant to my daily clinical practice.

**Rhoda Kublickis, MHS, CRDH, FAADH, Florida:** Without my Broward component, I would not have developed leadership skills in meeting planning, finding sponsorships, speakers, fundraising and budgets! ADHA recognizes the many facets of dental hygienists and the future for diversified practice settings to leave our world a better place.
Advancing Dental Therapy in Washington State
Washington State House Bill 1317 was introduced in January 2019 to expand access to oral health care through an evidence-based mid-level dental provider called a dental therapist. We checked in with Washington Dental Hygienists’ Association (WDHA) President Jennifer Zbaraschuk, RDH, BSDH, EFDA, and lobbyist Melissa Johnson to find out about the bill’s progress and the ways in which ADHA is helping it along.

“HB 1317 was designated ‘necessary to implement the budget,’ or what we call NTIB,” Johnson explained. “What that means is that, because of the savings to the House budget it implies, it’s not subject to any of the cut-off deadlines for legislative session. A typical bill would have had to have passed the House about a week-and-a-half ago [late in the second week of March]. But our bill didn’t.”

As we began preparing this article, HB 1317 was in the House Rules Committee, and its proponents were working with legislators to craft an amendment to help it move to the Senate. The amendment, which would have limited the settings in which a dental therapist could practice, was a political expedient to keep the bill alive. Unfortunately, before the completion of this article, the bill died in the House.

“After further consideration, House leaders working on the issue concluded that the projected House budgetary savings were not guaranteed,” said Johnson. “This, in addition to competitive policy landscape with many other high-profile proposals, resulted in the bill not moving any further this year.”

Washington State currently has dental health aide therapists (DHATs), Zbaraschuk said. “Their bill passed last year, and that was able to be tribal lands,” she explained. “So now we would like to see therapy about 10 years ago. ‘Our legislation provides new career opportunities for dental hygienists,’ said Zbaraschuk. “The scope of practice and education requirements for dental therapy are complementary to dental hygiene. In fact, dental hygienists may receive advanced standing from dental therapy education programs for their previous coursework based on CODA’s accreditation standards.”

In the 10 years since the start of the campaign, ADHA has been involved, ADHA Director of Advocacy and Education Ann Lynch in particular.

“Ann Lynch came out and met with legislators,” Zbaraschuk said. “She helped us get the bill in shape before it was introduced. She looked at the language specifically, and then, once the bill was introduced, she and JT [Mackey, ADHA governmental affairs manager] have been instrumental in helping us with messaging.”

“Ann, being the senator who passed dental therapy in Minnesota, has been critical in helping us frame the conversation,” Johnson said. “As we were moving through these different iterations of the bill and strategies, ADHA helped us message about how to get other groups to join us — so that it’s not just a dental hygiene message that legislators are hearing.

“Whenever we need a call to action, they help us write it and get it out during the legislative session when we need our members to email their legislators. Ann has come out many times over the years to meet with legislators and to meet with members.”

“She came and spoke to one of our joint component meetings,” Zbaraschuk said. “She went over all of the things that they’ve been doing and helped us with our presentation so that our members know exactly what this dental therapy bill looked like and what it will do.”

“So she’s a presence here, and in Washington as well, as a key champion,” said Johnson. “They know her very well in the legislature. So ADHA has been a huge part of our advancing this bill and helping us strategize and being a good sounding board, advising us from the national perspective on what other states are grappling with.”

Mobilization of the campaign for dental therapy in Washington State continues, supported by funds from the Kellogg Foundation and, recently, Community Catalyst. “Those funds have been instrumental in supporting grassroots and social media messaging and letters to the editor that get the message out, outside the legislative process and getting more organizations and individuals excited and putting dental therapy on their agenda,” Johnson said.
**DENTAL HYGIENE IN MEDICAL SETTINGS AND HEALTH CLINICS**

This chart highlights states where dental hygienists may provide services in medical settings such as hospitals and medical offices as well as public health clinics. The relevant statute or rule is linked, and a description of the provision is listed below.

<table>
<thead>
<tr>
<th>State</th>
<th>Section/Rule</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>§08.32.115(b)(2)</td>
<td>Under collaborative agreement, dental hygienist may practice in a “setting other than the usual place of practice of a licensed dentist.” Agreement must identify settings.</td>
</tr>
<tr>
<td>Arizona</td>
<td>§ 32-1281, 32-1289.01</td>
<td>Dental hygienist may perform services in health care facilities and under an affiliated practice agreement in a health care organization or facility.</td>
</tr>
<tr>
<td>Arkansas</td>
<td>§ 17-82-701</td>
<td>Under Collaborative Care Permit I or II a dental hygienist may provide care in hospital long term care units, local health units, community health centers, and free clinics.</td>
</tr>
<tr>
<td>California</td>
<td>§1913 and 1925</td>
<td>Dental hygienists may practice within any setting with appropriate supervision. RDHAP may be employed by primary care clinic or specialty clinic, public hospital, or health system.</td>
</tr>
<tr>
<td>Colorado</td>
<td>§12-35-124 &amp; Rule I</td>
<td>Dental hygienists may provide unsupervised dental hygiene services. Practice settings not specified. Rule includes hospitals as location for occasional practice.</td>
</tr>
<tr>
<td>Connecticut</td>
<td>§20-126L</td>
<td>Dental hygienist with 2 years of experience may practice without supervision in institutions, including: hospitals and outpatient clinics.</td>
</tr>
<tr>
<td>Florida</td>
<td>§466.003</td>
<td>Dental hygienist may provide services in “health access settings.” Health access settings include: nonprofit community health centers and federally qualified health centers.</td>
</tr>
<tr>
<td>Georgia</td>
<td>§43-11-74</td>
<td>The requirement of direct supervision shall not apply to the performance of licensed dental hygienists providing dental screenings in settings which include hospitals and clinics, public health programs, and federally qualified health centers.</td>
</tr>
<tr>
<td>Idaho</td>
<td>§54-903</td>
<td>Dental hygienists can provide services in an extended access oral health care setting including a hospital, medical office, public health district, tribal clinic, and federally qualified health centers.</td>
</tr>
<tr>
<td>Illinois</td>
<td>225 LLCS 25/4</td>
<td>Public Health Dental Hygienist can provide services in public health settings including federally qualified health centers and public health facilities.</td>
</tr>
<tr>
<td>Indiana</td>
<td>IC 25-13-1-10</td>
<td>A dental hygienist may practice in any setting or facility that is documented in the dental hygienist’s access practice agreement.</td>
</tr>
<tr>
<td>Iowa</td>
<td>IAC 650-10.5 (153)</td>
<td>Services can be administered in settings including federally qualified health centers, public health vans, free clinics, community centers and public health programs.</td>
</tr>
<tr>
<td>Kansas</td>
<td>§65-1456</td>
<td>The practice of dental hygiene may be performed at a hospital long-term care unit, local health department or indigent health care clinic on a resident of a facility, client or patient thereof.</td>
</tr>
<tr>
<td>Maine</td>
<td>02-313c002</td>
<td>Dental hygienists may provide services in nontraditional practice setting under public health supervision status.</td>
</tr>
<tr>
<td>Maryland</td>
<td>Md. HEALTH OCCUPATIONS Code Ann., § 4-308</td>
<td>Dental hygiene may be practiced in settings including a hospital and health maintenance organization.</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Part I, Title XVI, Chapter 112, Section 51</td>
<td>Dental hygienist may provide services without the supervision of a dentist in public health settings including, and not limited to, hospitals, medical facilities, and community clinics.</td>
</tr>
<tr>
<td>Minnesota</td>
<td>§150A.10</td>
<td>Collaborative practice dental hygiene settings include a hospital, public health facility, community clinic, or tribal clinic.</td>
</tr>
<tr>
<td>State</td>
<td>Section</td>
<td>Description</td>
</tr>
<tr>
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</tr>
<tr>
<td>Missouri</td>
<td>§332.311.2</td>
<td>Public health settings include locations where services are sponsored by a county Health department, city health department, and nonprofit community health centers.</td>
</tr>
<tr>
<td>Montana</td>
<td>§37-4-405</td>
<td>Dental hygiene preventive services can be provided in public health facilities such as: federally qualified health centers; federally funded community health centers; migrant health care centers; extended care facilities; local public health clinics facilities; public institutions under the department of public health and human services; and mobile public health clinics.</td>
</tr>
<tr>
<td>Nebraska</td>
<td>§38-1130</td>
<td>The department of health may authorize an unsupervised dental hygienist to provide services in a public health setting or a health care or related facility such as a hospital, public health department or clinic, and community health centers.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§317-A:21-a</td>
<td>Under public health supervision, dental hygienist may practice in a hospital or other institution.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§16.5.17.12</td>
<td>Dental hygienist can practice in any setting with collaborative agreement.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§61.9</td>
<td>Under a collaborative arrangement, a dental hygienist may provide services in a hospital.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§631.210 &amp; §631.310</td>
<td>Public Health Dental Hygienists may practice at a health facility and dental hygienists may practice in a clinic established by a hospital approved by the board.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§4715.22 &amp; §4715.36</td>
<td>Under supervision of a dentist, dental hygienists may practice in a hospital. Additionally, under oral health access supervision, a dental hygienist may provide dental hygiene services at settings including a health care facility, non-profit clinic, and mobile dental clinic.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§328.34</td>
<td>Under supervision of a dentist or authorized in writing, a dental hygienist may practice scope of practice in treatment facilities including a hospital, private health facility, public health facility, and federally qualified health centers.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§680.205</td>
<td>Expanded Function Dental Hygienists can provide unsupervised services to patients in hospitals, medical clinics, medical offices or offices operated or staffed by naturopathic physicians, nurse practitioners, physician assistants or midwives.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§11.9</td>
<td>Under a dentist's supervision or as a public health dental hygiene practitioner, dental hygienists may provide services in hospitals and health care facilities.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>216-RICR-40-05-2</td>
<td>Public health dental hygienists may perform services in hospitals, clinics, and medical Facilities.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§40-15-110</td>
<td>If working in a public health setting with the Dept. of Health and Environmental Control, dental hygienists can provide services in hospitals, rural and community clinics, and public health facilities.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§20:43:10:01</td>
<td>Dental hygienist may provide services under collaborative supervision in a community health center.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§63-5-115</td>
<td>Under general supervision, dental hygienists may provide preventive dental care through written protocol in settings including nonprofit clinics and public health programs.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§262.1515</td>
<td>Dental hygienists may perform services in settings including a community health center.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§58-69-801</td>
<td>Under general supervision, a dental hygienist may perform services in a hospital on a dentist's patient of record.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§18.29.056</td>
<td>Dental hygienists may practice without dental supervision if employed, retained or contracted by a hospital.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§30-4-3</td>
<td>Dental hygienists may provide dental hygiene services to patients in public health settings, including hospitals and community clinics.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>§447.06</td>
<td>Dental hygienists may practice in a hospital, outpatient medical facility, and local health department.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>Rules chapter 7, section 5(c)</td>
<td>Dental hygienists may provide public health services at federally funded health centers and clinics, public health offices, free clinics.</td>
</tr>
</tbody>
</table>

This document is intended for informational purposes only and does not constitute a legal opinion regarding dental practice in any state. To verify any information, please contact your state's dental board.
Dental Hygienist Liaison Project

Promoting oral health and preventing oral disease are essential to oral health and overall health. Because of the importance of oral health during pregnancy and early childhood, the National Center on Early Childhood Health and Wellness (NCECHW), working in partnership with the American Dental Hygienists’ Association, created the Dental Hygienist Liaison (DHL) project. Under the DHL project, one dental hygienist from each state volunteers to help promote oral health for pregnant women and children enrolled in Head Start and children enrolled in child care.

Role of the Dental Hygienist Liaison

DHLs promote oral health in Head Start and child care by

- Providing a communication link between NCECHW and Head Start and child care agencies in their states.
- Collaborating with state organizations such as oral health programs, Head Start state collaboration offices, and child care agencies.
- Providing oral health presentations at state conferences and meetings.
- Offering strategies to improve access to oral health care for pregnant women and children.
- Working with oral health professionals to establish partnerships with local Head Start and child care programs to provide staff education and training.
- Sharing information about the importance of oral health and regular oral health visits, good nutrition and oral hygiene practices, and oral-injury-prevention strategies with Head Start and child care program staff.
- Serving on Head Start committees (e.g., Head Start health manager networks, Head Start health services advisory committees) and oral health advisory boards and coalitions to promote the oral health of Head Start and child care participants.

To contact the DHL in your state, check the DHL roster at https://www.astdd.org/docs/dhl-contact-list-by-state.pdf or send a message to health@ecetta.info.