

Brett H. Kessler, D.D.S.
President

November 14, 2024

Ms. Erin Haley-Hitz
President
American Dental Hygienists' Association
444 Michigan Avenue, Suite 400
Chicago, Illinois 60611

Dear Ms. Haley-Hitz,

Thank you for sharing the American Dental Hygienists' Association's (ADHA) concerns regarding Resolutions 401H-2024, 513H-2024, and 514H-2024, passed by the American Dental Association's (ADA) House of Delegates. I appreciate the opportunity to address ADHA's perspectives on the topic of workforce shortages, patient safety, educational standards, and professional integrity.

The ADA remains committed to the highest standards of education and patient safety within our profession. These resolutions were developed with a careful eye toward addressing the workforce shortages that are impacting patient access to care, while also maintaining licensure and practice standards. In short, our goal is to find practical and responsible solutions to fill critical staffing gaps with qualified, well-trained individuals—without compromising on the standards that our patients expect and deserve.

We believe workforce issues are too important to the oral health of our patients to remain on the sidelines of the policy debate, especially when that debate explicitly involves the dental workforce. These resolutions will allow dental professionals to have the voice they need to work towards better access to oral health care.

Each resolution upholds stringent licensure and training standards, ensuring that only qualified individuals practice in roles that match their training and experience. For instance, under Resolution 514H-2024, in states where internationally trained dentists are allowed to work as dental hygienists, applicants for dental hygiene licenses would still need to pass board examinations that demonstrate their competency in a U.S. dental practice before ADA would encourage states to support their licensure. This approach allows us to respond to workforce needs while ensuring patient care remains safe, effective, and consistent with our high standards.

Similarly, under Resolution 513H-2024, dental students and residents who have completed all required hygiene competencies must meet state licensure requirements to practice dental hygiene or serve in other supervised roles on the dental team before ADA would work with states to advocate for the policy. This policy would not only help to expand access to care but would also foster an appreciation for the dental team and the important role of dental hygienists.

We value and respect the essential role of dental hygienists in providing quality care, and we see these new policies as ways to complement—not replace—the vital role of hygienists on the dental team. In developing these resolutions, the ADA was intentional about respecting the unique skills and training each role brings to patient care. Our goal is to expand access while

supporting the professional integrity of the dental hygiene profession and the specialized knowledge it requires.

To be clear: the ADA would not support, or encourage states to support and adopt, any legislation that compromises patient safety or undermines professional standards. These resolutions do not advocate for unlicensed practice; rather, they aim to address critical staffing gaps with appropriately vetted professionals who meet high competency standards. Additionally, these resolutions are non-binding for state dental associations: they provide flexibility for ADA to support states as they consider policies that best fit their workforce needs, including in some states where legislation to allow internationally trained dentists to practice as dental hygienists is already under consideration.

Regarding Resolution 401H-2024, the resolution encourages the Commission on Dental Accreditation (CODA) to consider updating faculty-student ratios to align more closely with predoctoral standards. As it stands, the current ratios can restrict the ability to expand class sizes due to the need to hire additional faculty. With a shortage of educators and the increased costs associated with hiring, these fixed ratios can disincentive expanding enrollment, even as many practices report the need for more allied dental staff. Updating this standard would allow allied dental training programs more flexibility to increase class sizes.

The ADA also shares ADHA's commitment to enhancing workplace culture, professional development, and support for all members of the dental workforce. These resolutions are intended not only to help address the staffing shortage, but also to reduce the strain on current dental teams. A key priority for me this year is to promote wellness throughout our entire profession, recognizing that when our workforce feels healthy and valued, we can deliver our very best to the communities we serve. When our dental teams thrive, our patients thrive—and I'm committed to supporting the wellness and success of each person who contributes to this vital work.

I would welcome the chance to discuss these topics with you and your team and to explore how the ADA and ADHA might work together to address workforce challenges while preserving the standards and integrity of the dental profession. Let's align our efforts to strengthen the dental community and improve public health outcomes together.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett H. Kessler, D.D.S.", with a stylized flourish at the end.

Brett H. Kessler, D.D.S.
President

cc: Ms. Lancette Vanguilder, ADHA President-Elect
Ms. Jessica August, ADHA Vice President
Ms. Jennifer Hill, ADHA Interim Chief Executive Officer
Dr. Richard J. Rosato, ADA President-Elect
Dr. Raymond A. Cohlmiya, ADA Executive Director
Ms. Sarah Ostrander, Director, Council on Dental Education and Licensure and Coalition
for Modernizing Dental Licensure