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Ms. Maureen K. Ohlhausen
Chairwoman, Federal Trade Commission
600 Pennsylvania Avenue, NW
Washington, DC 20580

Dear Chairwoman Ohlhausen:

On behalf of the American Dental Hygienists' Association (ADHA), thank you for the opportunity to provide comments on the Federal Trade Commission (FTC)'s Economic Liberty Taskforce July 27, 2017 Roundtable, entitled "Streamlining Licensing Across State Lines: Initiatives to Enhance Occupational License Portability."

ADHA is the largest national organization representing the nearly 200,000 licensed dental hygienists in the United States. Dental hygienists are licensed health care providers in each of the 50 states and the District of Columbia. In order to become licensed as a dental hygienist, an individual must graduate from one of the nation's more than 300 accredited dental hygiene education programs and successfully complete both a national written examination and state or regional clinical examination. The average entry-level dental hygiene education program is 84 credits, or about three academic years, in duration.¹ Approximately 6,700 dental hygienists graduate annually from entry level programs that offer a certificate, or an Associate's or Bachelor's degree. There are currently 21 Master's degree dental hygiene education programs in 16 states. In 49 states and the District of Columbia, dental hygienists are required to undertake continuing education as part of the licensure renewal process to maintain and demonstrate continued professional competence.²

ADHA applauds the FTC for holding this workshop, which effectively highlighted on a national level vital issues relating to the portability of occupational licenses. License portability is an issue of extreme importance to ADHA and the dental hygiene profession. ADHA regularly hears from frustrated dental hygienists about license portability restrictions that impede qualified dental hygienists from practicing their profession when they move to a new state or seek to provide dental hygiene services across state lines.

ADHA appreciates the long history of leadership that the FTC has demonstrated in urging policymakers to reduce or eliminate unnecessary occupational licensing requirements imposed by state law or rules. ADHA also appreciates that the dental hygiene profession and the dental therapist profession are among the occupations listed on the Economic Liberty website, which enumerates occupations on which the FTC has commented with respect to licensing issues.

¹ American Dental Hygienists' Association. *Dental Hygiene Education: Curricula, Program Enrollment, and Graduate Information*. American Dental Hygienists' Association [Internet]. 2014 Oct 21 [cited 2014 Feb 2]. Available from: https://www.adha.org/resources-docs/72611_Dental_Hygiene_Education_Fact_Sheet.pdf

² American Dental Hygienists' Association, *States Requiring Continuing Education for Licensure Renewal*, Chicago, IL, 2009. https://www.adha.org/resources-docs/7512_CE_Requirements_by_State.pdf

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ADHA is grateful that the FTC has worked to promote competition in the oral health sector so that more and more Americans can access cost-effective oral health services, including those provided by dental hygienists.

Dental hygienists across the country have personally experienced the effects of undue occupational licensing restrictions, which are highlighted below:

- The current process for dental hygienists – all of whom are state-licensed – to obtain a dental hygiene license in a second state is often cumbersome, costly and just plain slow.
- Barriers to dental hygiene licensing are frequently overly restrictive, extending far beyond what is necessary to protect consumers from unqualified practitioners.
- Unlike some other health professions, dental hygienists are typically unable to swiftly obtain a temporary state license so that they may be able to work while their application for a “permanent” state license is pending. While 14 states do allow temporary licenses for dental hygienists new to the state, these temporary licenses are often accompanied by burdensome restrictions and limitations. For example:
 - Colorado’s temporary license is only for employment within the Colorado Department of Public Health;
 - Hawaii’s temporary license is only available for use in “qualifying institutions” viewed as “community service” locations such as federally qualified health centers and native health centers. Further, these licenses must be renewed annually;
 - Maryland’s temporary license is only available to those who possess a health certificate from a physician, undergo a personal interview and have practiced at least 150 hours in the preceding three years; and
 - Texas’s temporary license is only available to those who practice in a not-for-profit setting.
- Restrictions on occupational licensing are particularly problematic for dental hygienists in military families who frequently move from state to state. ADHA was pleased that the Department of Defense (DOD) participated in the FTC’s occupational licensing roundtable, and ADHA continues to urge the DOD to urge states to adopt legislation that enhances military spouse license portability for dental hygienists.
- Licensing restrictions governing out of state hygienists can be so unduly restrictive that some dental hygienists exit the profession when they move to a new state and confront onerous barriers to becoming licensed in their new state.
- Dental workforce demographics illustrate the importance to consumers and to competition of easing barriers to dental hygiene practice by out-of-state licensed dental hygienists. In February 2015, the Health Resources and Services Administration at the U.S. Department of Health and Human Services projected that all 50 states and the District of Columbia will experience a shortage of dentists by 2025. In contrast, there will be an excess supply of dental hygienists at the national level while only five states (MI, MT, ND, SD, and WV) will experience dental hygienist shortages from 21-93 FTEs.³ Accordingly, consumers of oral health services and dental hygienists alike will benefit from the reduced barriers to entry, enhanced competition and promotion of economic opportunity that will result if barriers to licensure for out-of-state dental hygienists are eased.

The FTC is a proven and significant positive force in combatting the substantial obstacles that millions of Americans face in obtaining oral health care, particularly poor children, the elderly, and members of racial

³ HRSA March 2015 “National and State-Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2025” <http://bhpr.hrsa.gov/healthworkforce/supplydemand/dentistry/nationalstatelevelprojectionsdentists.pdf>

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and ethnic minority groups. Indeed, the FTC's ongoing work to infuse the oral health marketplace with additional competition has facilitated greater access to cost-effective oral health services provided by dental hygienists and by dental therapists, an emerging profession that the FTC has buttressed. This improved access will - in turn - improve the nation's oral health, an essential element of overall health and general well-being.

ADHA urges the FTC to continue to draw attention to the important issues surrounding portability of occupational licenses, including those impacting licensed dental hygienists. Given the plethora of anti-competitive restrictions on the dental hygiene and dental therapist professions, ADHA urges the FTC to undertake a "Policy Perspectives" report on competition and regulation of dental hygienists and dental therapists.

ADHA is grateful for the opportunity to comment on this important matter and we welcome further dialogue with the FTC and the Economic Liberty Task Force. Please do not hesitate to contact me or Ann Lynch, ADHA Director of Education & Professional Advocacy (312-440-8942/annl@adha.net) with questions, or if we may be of assistance to FTC efforts to promote competition in the oral health sector. ADHA and dental hygienists across the country greatly value the FTC's sustained involvement in the oral health sector, and would be delighted to work collaboratively in states.

Sincerely,


Ann Battrell, MSDH
Chief Executive Officer

cc: Tara Koslov, Acting Director FTC Office of Policy Planning
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