

Improve SC's Health and Economy through Access to Dental Hygiene Services

- **Federal Trade Commission Action (September 7, 2007)** -- South Carolina Board of Dentistry Settles Charges That it Restrained Competition in the Provision of Preventive Care by Dental Hygienists.*
 - FTC Complaint Alleged Conduct Limited Needy Children's Access to Care.
- 1987 and 1993 the SC State Reorganization Commission recommended a separate board of dental hygiene. "A conflict of interest is created when dental hygienists are regulated by dentists who are also their primary employers. Dentist representatives on dental regulatory boards have a vested economic interest in defining, regulating, and controlling the practice of dental hygiene and otherwise influencing its development. The policy of regulating dental hygiene practice through regulatory boards dominated by dentists raises concerns about market competition, education, licensure, practice, and civil rights." (*See FTC Action cited above.)
- For the last ten years the rate of licensing for dental hygienists in SC has been over twice that of licensing for dentists. There is a crisis shortage of dentists to provide restorative care. The state must capitalize on prevention through the utilization of registered dental hygienists. *SC State Board of Dentistry and Dental Workforce Needs, DHEC Office of Primary Care.*
 - Registered Dental Hygienists prevent disease. SC ranks 47th in the nation for overall health. Optimal utilization of dental hygienists will improve these statistics.
 - "The dental hygiene profession has progressed less quickly than most other health professions. This is largely due to the regulation of the profession by dentistry." US Department of Health and Human Services Bureau of Health Professions, *The Professional Practice Environment of Dental Hygienists in the Fifty States and the District of Columbia*, 2001, Published April 2004.
 - "Given the arduous task of implementing an alternative oral health care model, preventive oral health care providers operating within the model must have the ability to self regulate." The George Washington University Center for Health Services Research and Policy, *The Effects of State Dental Practice Laws Allowing Alternative Models of Preventive Oral Health Care Delivery to Low-Income Children*, January 17, 2003

"Previously unreleased figures from the Centers for Disease Control and Prevention show that in 2003 and 2004, the most recent years with data available, 27 percent of children and 29 percent of adults had cavities going untreated. The level of untreated decay was the highest since the late 1980s and significantly higher than that found in a survey from 1999 to 2002." Dr. Caswell A. Evans, a dentist and associate dean at the University of Illinois-Chicago, said dentists must stop fighting efforts to expand care to patients they are not currently treating. The system is failing many patients, he said. "Right now we have a double standard of care," Dr. Evans said. "Some people can get it and some people can't." *Boom Time for Dentists, But Not for Teeth*, New York Times, October 21, 2007.

Current re-registration fees will support a board of dental hygiene.