



UNITED STATES OF AMERICA
FEDERAL TRADE COMMISSION
WASHINGTON, D.C. 20580

Office of Policy Planning
Bureau of Competition
Bureau of Economics

November 21, 2014

Sherin Tooks, Ed.D., M.S.
Director, Commission on Dental Accreditation
211 East Chicago Avenue, 19th Floor
Chicago, IL 60611

Dear Dr. Tooks:

The staffs of the Federal Trade Commission Office of Policy Planning, Bureau of Economics, and Bureau of Competition (collectively, “FTC staff”)¹ appreciate the opportunity to respond to a request for public comments on the Commission on Dental Accreditation’s (“CODA”) proposed ACCREDITATION STANDARDS FOR DENTAL THERAPY EDUCATION PROGRAMS.² The current version of the draft standards includes modifications based on comments from communities of interest, including FTC staff, submitted in response to the version circulated by CODA in 2013.³

As the December 2013 FTC Staff Comment explained, FTC staff support CODA’s efforts to facilitate the creation of new dental therapy education programs and to expand the supply of dental therapists because these initiatives are likely to increase the output of basic dental services, enhance competition, reduce costs, and expand access to dental care. The FTC Staff Comment commended CODA’s proposed accreditation standards as an important first step in encouraging the development of a nationwide dental therapy profession, but also recommended several revisions to address portions of the standards that could have been interpreted to impede competition.⁴ With many of those concerns now addressed, we write to urge CODA to finalize and adopt proposed standards without unnecessary delay, so that the development of this emerging service model can proceed, and consumers may reap the likely benefits of increased competition.

As the FTC Staff Comment explained, categorical statements regarding a supervising dentist’s responsibility for diagnosis and treatment planning could limit the competitive benefits of an expansion of the supply of providers of basic dental services. In particular, these statements might discourage state-level legislation allowing dental therapists to conduct evaluations and formulate treatment plans in the absence of an on-site dentist, and also might hinder the development of education programs that would train dental therapists to perform those functions.⁵ The 2014 ACCREDITATION STANDARDS appear to have addressed this issue by deleting statements about supervision of dental therapists by dentists and a dentist’s

responsibility for diagnosis and treatment planning,⁶ and by acknowledging that a “dental therapist provides care with supervision at a level specified by the state dental practice act.”⁷

The FTC Staff Comment also recommended that CODA consider developing accreditation standards for master’s or graduate level programs that train dental therapists to conduct oral evaluations and develop treatment plans with supervision consistent with state requirements.⁸ The proposed 2014 ACCREDITATION STANDARDS have the potential to support such graduate programs because they no longer specify that “graduates [will be] awarded a baccalaureate degree,”⁹ and because they require that an “educational program curriculum **must** include content at the level, depth, and scope required by the state[’s]” dental board.¹⁰ In addition, by encouraging institutions to provide advanced standing and career laddering for students licensed in other dental professions such as dental hygiene or dental assisting,¹¹ the proposed standards could enhance competition by increasing the number of dental therapists entering the field.

By moving forward expeditiously to adopt its proposed ACCREDITATION STANDARDS, CODA would be taking an important step to address the growing interest in training and licensing dental therapists to meet dental care needs. In addition to Minnesota’s legislation creating a licensure scheme for dental therapists and advanced dental therapists, Maine recently authorized the licensing of dental hygiene therapists.¹² Like Minnesota’s legislation, Maine’s legislation anticipates that licensure of dental hygiene therapists will be based on an applicant’s completion of a CODA-accredited program, but provides for approval of education programs by the state’s Board of Dental Examiners in the interim.¹³ It is likely that more states will pass similar legislation; recently introduced bills in Kansas, Massachusetts, New Hampshire, New Mexico, Vermont, and Washington would provide for licensing dental therapists.¹⁴

The timely adoption of accreditation standards by CODA has the potential to enhance competition by supporting state legislation for the licensure of dental therapists, and also to encourage the development of dental therapy education programs consistent with a nationwide standard, which would facilitate the mobility of dental therapists from state to state to meet consumer demand for dental services. Conversely, any further delay in the adoption of accreditation standards could discourage and delay the development of education programs, reduce the availability of these new professionals, and hinder their ability to practice in different states. For these reasons, FTC staff urges CODA to move forward expeditiously to finalize and adopt ACCREDITATION STANDARDS for dental therapy education programs.

We appreciate your consideration of these issues.

Respectfully submitted,

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Office of Policy Planning

Francine Lafontaine, Director
Bureau of Economics

Deborah Feinstein, Director
Bureau of Competition

¹ This letter expresses the views of the Federal Trade Commission's Office of Policy Planning, Bureau of Economics, and Bureau of Competition. The letter does not necessarily represent the views of the Federal Trade Commission ("Commission" or "FTC") or of any individual Commissioner. The Commission has, however, voted to authorize us to submit these comments.

² COMM'N ON DENTAL ACCREDITATION ("CODA"), ACCREDITATION STANDARDS FOR DENTAL THERAPY EDUCATION PROGRAMS (2014) (showing revisions from 2013 version in red), http://www.ada.org/~media/CODA/apx7_proposed_dentaltherapy.ashx [hereinafter ACCREDITATION STANDARDS].

³ See Comment from FTC Staff to the Comm'n on Dental Accreditation (Dec. 2, 2013), <http://www.ftc.gov/policy/policy-actions/advocacy-filings/2013/12/ftc-staff-comment-commission-dental-accreditation> [hereinafter FTC Staff Comment].

⁴ See *id.* at 1-2.

⁵ See FTC Staff Comment at 2, 7, 9.

⁶ See ACCREDITATION STANDARDS at 12, 14, 15, 25, 30.

⁷ See ACCREDITATION STANDARDS at 30.

⁸ See FTC Staff Comment at 2, 7, 9.

⁹ ACCREDITATION STANDARDS at ¶ 2-1.

¹⁰ ACCREDITATION STANDARDS at ¶ 2-21 (emphasis in original).

¹¹ See ACCREDITATION STANDARDS at 15-16, ¶ 2-9.

¹² See MINN. STAT. §§ 150A.105, 150A.106 (2013). See also An Act to Improve Access to Oral Health Care, ch. 575, 2013 Me. Laws 1485 (to be codified at ME. REV. STAT. ANN. TIT. 32, §§ 1094-AA to 1094-KK).

¹³ See MINN. STAT. § 150A.06, subdiv. 1d (2013) (requiring graduation from "a dental therapy education program that has been approved by the board or accredited by the American Dental Association Commission on Dental Accreditation or another board-approved national accreditation organization"). See also An Act to Improve Access to Oral Health Care § 1094-AA(2)(A) (licensure requires successful completion of a dental hygiene therapy education program that "[i]s accredited by the American Dental Association Commission on Dental Accreditation") and § 1094-KK ("Notwithstanding Title 32, section 1094-AA, subsection 2, paragraph A, until a dental hygiene therapy education program has been accredited by the American Dental Association Commission on Dental Accreditation or a successor organization, the Board of Dental Examiners may approve the dental hygiene therapy education program.").

¹⁴ See FTC Staff Comment at note 35 and accompanying text. The status of these bills varies. See American Dental Hygienists' Association, Legislation by Type, Workforce, at <http://www.adha.org/legislation-by-type> (last visited Nov. 3, 2014).