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**REGISTER**

## **It's getting harder to see a dentist. Here's how state lawmakers can help.**

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A recent news report quoted a New Jersey Dental Association spokesman who warned, “Your routine dental treatment could be delayed for weeks or months because of our dental workforce shortages.”

The mass exodus of dental hygienists and dental assistants began during the COVID-19 pandemic, leaving dentists short-staffed, overworked, and having to perform services usually accomplished by dental hygienists and midlevel dental professionals. Their absence is not likely to end soon. Without action from state policymakers, expect scheduling bottlenecks that make people wait weeks to months for routine appointments to continue. This is not just a New Jersey problem. It's a national problem.

The COVID-19 pandemic caused a dental employment shortage in California, and one of us, a California dentist, experienced this problem in real time. When pandemic lockdowns began, I had four part-time hygienists. Only one returned to work. Of the remaining three, one found other dental employment, another now works at the post office, and the other took early retirement.

I asked the Dental Board to grant a temporary hygiene license to my office manager, a retired out-of-state hygienist with 32 years experience, to work under my supervision. California law wouldn't allow it. This forced me to reduce dental treatment appointments to make room to perform hygiene services, which made for long waits for dental appointments along with an exhausting work schedule.

There is no sign that this problem will go away any time soon. But there are steps that state lawmakers can take to ease the situation.

In 2019 Arizona became the first state to enact a universal occupational licensing law. This automatically grants licenses to people who are licensed by other states. Today, 20 states have enacted universal licensing. If all states enacted universal licensing laws, it would make it easier for dental hygienists and dentists to relocate their practices and meet patients' needs.

States can also expand access to dental care by allowing dental therapists, a midlevel dental profession akin to physician assistants, to practice primary dentistry, usually in a collaborative arrangement with licensed dentists. Thirteen states currently enable their residents to access dental health services from these professionals.

States can also make use of foreign dentists, who were licensed and practicing in their home countries, but whose skills and experience are going to waste in the U.S.

But state dental licensing laws place obstacles in the path of foreign dentists who wish to care for their residents. Most states require foreign dentists who did not graduate from Commission on Dental Accreditation (CODA) schools in the U.S. or Canada, regardless of their years of experience in their home country, to attend a CODA-accredited “Advanced Standing” program in the U.S. before they can practice.

This amounts to repeating dental school in an accelerated fashion, usually taking two to three years. Further, only 36 US dental schools offer these programs.

Still, taking this path can be too big of a sacrifice for many immigrant dentists who have families to support. They end up working in dental-adjacent fields for which they are overqualified or in other fields altogether.

In fact, three foreign dentists have held dental assisting positions in my dental office. One completed an Advanced Standing dental program and now has his own dental practice. Sadly, the other two could not afford the time and money. Instead, they now work as Registered Dental Assistants, while Californians are deprived of their greater expertise.

During the COVID emergency, New Jersey temporarily allowed foreign medical doctors, licensed and experienced in other countries, to provide health care services to New Jerseyans if they collaborative arrangements with New Jersey doctors. This measure was based on years of experience in Canada, Australia, and Europe. In most developed countries, foreign doctors receive provisional medical licenses. After they pass all the standardized tests that domestic graduates must pass, plus two or more years of being supervised by a licensed domestic physician, they receive full licenses to practice.

Though New Jersey’s policy expired, other state lawmakers learned from the emergency. In 2021, Washington State began allowing foreign doctors to work as “assistant physicians,” if they have collaborative practice agreements with licensed physicians. One drawback is that foreign doctors can work this way for only four years. However, in May, Tennessee became the first state to enact a law granting provisional licenses to foreign doctors. After they work two years in a collaborative arrangement with licensed physicians and pass all the standardized tests that Tennessee doctors must pass, they receive unrestricted licenses.

As with foreign doctors, states should embrace changes enabling experienced foreign dentists to provide dental care. This will reduce the workload of overburdened dentists and increase access to care.

To date, Minnesota is the only state that has done this. Since 2001, Minnesota grants “limited general dental licenses” (LGLs) to foreign dentists who didn’t graduate from CODA-accredited dental schools. After licensed dentists supervise them for three years, the licenses become unrestricted. Other states should follow Minnesota’s lead.

Amid a perfect storm of an aging population and retiring or departing dental health practitioners, it's time for lawmakers to reform outdated and obstructive professional licensing laws.

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