OPEN Oral Health Progress and Equity Network

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To the American Association of Dental Boards Members and State Dental Directors:

It was a pleasure to attend your national gathering in North Carolina in October. I found the sessions on teledentistry particularly intriguing. The work you are doing is impressive and has a major impact on the state of oral health in America. The Oral Health Progress and Equity Network (OPEN) is proud to work with AADB in its efforts to improve oral health in the United States. Our nearly 3,000 members located in all 50 states and the District of Columbia are working to integrate oral health with overall health to make healthcare equitable, accessible, and affordable for all. Our mission is to ignite change and build collective power to transform individuals, communities, and systems.

It has come to my attention, however, that several states in an effort to "protect the public" have instituted regulatory rules that have negatively impacted several large socioeconomic communities by limiting access to teledentistry. These marginalized communities include those most underserved in oral health, Blacks, Latinx, Asians, rural residents, low-income families, older adults, people living with disabilities, and Medicaid patients.

The state dental boards commitment to protect the public is laudable, and an arduous endeavor, however, there are several key issues for your consideration. Teledentistry, as you well know, is an expanding portal for patients to access dental care. The technology has proven to be highly advantageous in numerous states and has impacted many facets of oral health care. This advancement is rapidly evolving, and more avenues of utilization are constantly emerging. The importance of teledentistry was highlighted during the pandemic when patients beyond the most marginalized were negatively impacted by lack of access to oral healthcare. As oral health professionals, it is essential that we learn from the lessons of that crisis, prepare for the likelihood of another pandemic, and utilize the emerging technologies to expand our ability to serve our most vulnerable now.

Teledentistry will continually expand and offer more and more avenues for diagnosis and treatment for patients. It creates a supplemental access portal that augments traditional bricks and mortar offices. A "side door apart from the front door" if you will. Please don't lock this new doorway to people who need access in non-traditional ways. The structure of traditional dental offices can be prohibitive to essential workers who cannot take time off work for dental visits, for those who have transportation issues, for those living with disabilities, or living in health professional shortage areas (HPSA). The use of teledentistry expands the reach and service area of dentists and improves the oral health of our more vulnerable communities.

Your efforts to protect the public by promulgating language to target certain areas of practice with rules that restrict access to care carries the potential for collateral damage that will negatively impact the most neglected segments of the population relative to healthcare access via teledentistry. Boards must consider what is good for the entire population and not what best protects certain groups within the profession.

As some states have ruled, licensing boards made up of members who are part of the profession their board represents have a conflict of interest due to the personal impact of their own decisions, and impact on the profession itself. In other words, their decisions have inherent bias. There are certain elitist groups within the dental profession that desire rules to restrict access to care to protect their financial interests. While boards must protect the public, they don't exist to protect the financial interest of the profession.

The primary purpose and advantage of teledentistry is to provide oral health services to underserved communities specifically those who are unable to easily get to a dental office during standard hours. This includes patients in HPSA's that may require patients to travel unreasonable distances and spend long hours awaiting service. For patients living with disabilities, this is even more important. The difficulty of travel and navigating the physical structure of dental offices and chairs can be a barrier to care. For low-income patients that cannot afford to take off several hours without pay to take multiple buses and spend hours in waiting rooms, teledentistry can mean the difference between losing a tooth, ending up in the emergency room at night, or suffering for weeks with infections.

Teledentistry extends the reach of dental offices, increases the ability of the dental professional to serve a wider range of patients with less cost, and promotes preventive care instead of intervention. This also increases the dental professional's income by freeing the dentist to work on the higher-end procedures while hygienists and assistants can perform routine services in the community and refer patients needing additional care back to the dentist. In short, this is a winning combination for everyone, but only if the regulations are developed with the end user in mind.

Over the past few years, participants serving on state dental boards supported by colleagues in the organized dental trade guilds have attempted to erect anticompetitive barriers on access to care through restrictive rulemaking on teledentistry under the pretext of protecting patient safety. The most common restriction in rulemaking on remote patient care is the imposition of a mandatory "in-person" office visit for a physical examination to establish a valid dentist-patient relationship before a dentist may diagnosis and treat a patient through remote technology. The current trend appears to use capricious definitions that require the creation of a "patient of record" or an "established patient" as a patient that has been seen and examined in person by a dentist. The dental board by rule would determine that it is unprofessional conduct for any licensed dentist to diagnose and treat anyone who is not a "patient of record" or an "established patient." These same rules would not permit a dentist to establish a valid dentist-patient relationship through remote technologies, even when the standard of care can be met through a remote encounter.

Telehealth of all types have been widely utilized and encouraged for the last three years to protect health professionals and increase access during the COVID-19 pandemic. The public will balk against a sudden reversal in the standards of remote care that require remote care to first be in-person before they can receive remote care. It is counterintuitive.

Another popular restriction on teledentistry being initiated by some dental boards is to require a radiograph (x-ray) on the patient prior to diagnosis and treatment of a patient for orthodontic services. This would require an "in-office" visit, regardless of whether a radiograph is indicated by the standard of care for the patient complaint. Other states have proposed placing a geographic limitation on

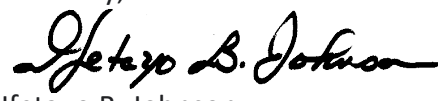
teledentistry by imposing a 75-mile distance limit between the dentist and patient during a remote visit or making teledentistry illegal in the state.

These and similar restrictions are designed to thwart the purpose of teledentistry to serve those most in need and least able to receive those services. If the aim is to make oral healthcare more accessible for those unable to come into a dental office, the requirement that they must first come to the dental office or banning teledentistry defeats that purpose.

It is our mission to improve the oral health and consequently the overall health of our communities by increasing access to and affordability of care. This means that we must be willing to advance with technologies that enhance that ability for all. It is no longer acceptable in an age where telemedicine, distance learning, and virtual communication are becoming not only more prevalent, but the standard in society, for oral health to lag behind. It is our duty in our role to protect the public, to provide emerging, safe, and effective methods of treatment for those traditionally underserved. The technology exists to help close that gap in service in significant ways, and it would be a dereliction of duty to ignore this opportunity.

For literally centuries, low income, rural residents, people living with disabilities, and people of various ethnicities and target groups have suffered disproportionately from lack of care. The technology and the resources to correct this injustice are within our grasp. Dr. Martin Luther King, Jr. once said, "Of all the forms of inequality, injustice in health is the most shocking and inhuman." This is the time in which we have the capacity and must exercise the will to rectify these disparities.

Sincerely,



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