

February 7, 2025

Sen. Pam Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401

RE: Informational Testimony on SB492, Establishing the Maryland Commission to Study the Dental Hygienist Shortage

Dear Chair Beidle and Committee Members:

Thank you for inviting the American Dental Association to provide testimony on SB492, which would establish a state commission to identify ways Maryland can ease its shortage of dental hygienists.

Although it is likely of cold comfort, your colleagues in virtually every other state are in pursuit of solutions to the same question. These workforce challenges did not arise overnight, nor will they disappear with the flip of a switch. The causes of the dental hygienist shortage are varied, and the ADA Health Policy Institute has conducted significant research and polling over the last several years to help identify these causes and determine what steps are necessary to combat them.

From 2022 to 2023, there was a **6.3% drop** in the number of hygienists working in Maryland, leaving the total number at 3,590. That number is below 2020, and represents a decline of 530 from your peak number of hygienists in 2021. The median hourly wage for a hygienist is approximately **\$49/hour**, down from a peak of \$54/hour in 2021. These are highly skilled, highly sought after, well-paid jobs, particularly in a state like Maryland whose proximity to the nation's capital and large number of federal employees with benefit coverage make the practice of dentistry attractive.

Despite this, data continues to indicate that dentists have difficulty recruiting hygienists. Results from HPI's Q4 2024 Economic Outlook Survey showed that 90.1% of dentist respondents found recruiting a hygienist to be "very" or "extremely" challenging. Nonetheless, they are looking, and actively adding staff. Over half of those surveyed indicated that they added staff to their practices in 2024. 62% cited staffing shortages, recruitment, and retention as a top concern heading in to 2025.

A 2022 survey¹ conducted by HPI along with partners at the American Dental Hygienists Association, the Dental Assisting National Board, and others, came to the following conclusions on the origins of the shortage:

¹ ADA Health Policy Institute in collaboration with American Dental Assistants Association, American Dental Hygienists' Association, Dental Assisting National Board, and IgniteDA. Dental workforce shortages: Data to navigate today's labor

“Greater outflows: Due to a multi-year partnership between the ADA and ADHA, we know that fewer than half of dental hygienists who left employment early in the COVID-19 pandemic returned to the workforce in 2021. Further, an estimated 3.75% of dental hygienists voluntarily left the workforce in 2021, including 1.6% who permanently left due to retirement or a career change. The most common reasons cited for not returning to work – aside from “waiting until the COVID-19 pandemic is under control” – included concerns about workplace safety and insufficient childcare.

Slower inflows: Enrollment in dental hygiene and dental assisting programs declined from pre-pandemic levels in 2021-22, with a downward trend in accredited dental assisting programs that started prior to the pandemic. There was about a 7% drop in first-year enrollment in dental hygiene programs nationwide in the 2020-21 academic year, which was the first cohort to enroll since the start of the pandemic. That drop is due in part to more programs not enrolling first year classes that year because of the pandemic. There was about a 4% drop in the number of graduates in 2020 compared to 2019. The most recent data indicate that both first-year enrollment and graduates are rebounding in dental hygiene. However, enrollment declines in dental assisting seem to be part of a long-term downward trend, as is the number of accredited dental assisting programs in operation.”

As in any job, satisfaction levels are a large determinant of how long an employee stays with a particular employer. A survey² released in January of this year by SUNY-Albany and HPI finds that over 80% of hygienists and assistants were satisfied with their jobs overall.

The top factors for job satisfaction were positive work-life balance, positive workplace culture, ability to improve patient oral health, and fair pay. By contrast, those dissatisfied listed negative workplace culture, insufficient pay, overwork, and inadequate benefits as their chief complaints.

This and other data we provide is designed to provide insight into why current conditions exist. While some of this is addressable only by employers, there are other steps that policymakers can take to better utilize the existing workforce, and the ADA is leading that charge.

This past October, the ADA House of Delegates adopted three new policies on workforce, designed to encourage states to pursue solutions that better utilize existing providers.

- **Resolution 401H-2024—Increasing Allied Personnel in the Workforce:**

Encourages the Commission on Dental Accreditation (CODA) to align faculty-student ratios in allied dental programs with predoctoral dental education standards. This aims to address

market. October 2022. Available from: https://www.ada.org/-/media/project/adaorganization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf

² Nozomi Sasaki, Jinman Pang, Simona Surdu, Rachel W Morrissey, Marko Vujicic, Jean Moore, Workplace factors associated with job satisfaction among dental hygienists and assistants in the United States, *Health Affairs Scholar*, Volume 3, Issue 1, January 2025, qxae147, <https://doi.org/10.1093/haschl/qxae147>

educator and hygienist shortages, reduce financial barriers, and ensure quality education for future dental professionals using language consistent with dental schools.

- **Resolution 513H-2024—Dental Students and Residents as Dental Hygienists:**
Encourages states to adopt policies that would allow dental students, who have completed hygiene competencies and met state licensure requirements, to practice in supervised roles. This approach fosters greater access to care while reinforcing the critical contributions of hygienists.

- **Resolution 514H-2024—Internationally Trained Dentists as Dental Hygienists:**
Encourages states to adopt policies allowing internationally trained dentists to practice as dental hygienists. Internationally trained dentists would need to pass U.S. board examinations to demonstrate competency before ADA would encourage states to support their licensure. This ensures patient care meets safety and quality standards.

Resolution 514 is particularly pertinent, as allowance of internationally trained dentists to perform hygiene services has gained momentum. Massachusetts recently enacted this legislation, and it is currently pending in Connecticut and Washington. So long as providers can prove that they have been in practice in their home country, and can pass the same hygiene licensing exams as everyone else, we believe that they should be allowed to perform hygiene services. Traditionally, internationally trained dentists must undergo US-based training on top of the education from their home country, as establishing curriculum equivalency is virtually impossible and dental education can vary wildly between countries. This is a long and expensive process. However, we believe their talents should be put to use, as many of them are already instructors in dental schools, but are otherwise unable to practice their trade. This helps bring additional providers into the workforce without compromising public safety.

Finally, other policies include steps that Maryland has already taken, including authorization of Expanded Function Dental Assistants (EFDA's). Several states have begun considering adding what are referred to as Oral Preventive Assistants, or OPA's, to their dental team. This person is an EFDA trained and certified specifically in supragingival scaling, which can help make an office more efficient, and free the other providers in the office to practice at the top of their scope.

There is no one step to solving this issue. It will take time, and the right combination of policies, to get the market back to where it needs to be. In the meantime, the ADA stands ready to assist this body and, if approved, this commission, with any requests it may have.

Marko Vujicic, Chief Economist for the Health Policy Institute (vujicicm@ada.org) can provide further assistance should the commission require it.

Sen. Pam Beidle
SB492
Page 4

Sincerely,

Matt Rossetto
Legislative Liaison, Federal & State Affairs
rossettom@ada.org

MDR:ha:coo

cc: Marko Vujicic, PhD, Chief Economist, Health Policy Institute
Krishna Aravamudhan, BDS, MS, Sr. Vice President, Practice Institute
Dr. Hana Alberti, Vice President, Dental Practice
Chad Olson, Senior Director, State Government Affairs