

May 7, 2024

The Honorable Christina Henderson  
Chair, Committee on Health  
1350 Pennsylvania Avenue, Suite 402, NW  
Washington, DC 20004

**RE: Opposition to B25-0632, the Dental Specialties Licensure and Scope of Practice Amendment Act**

Dear Chair Henderson,

On behalf of the American Association of Endodontists (AAE), I am writing in strong opposition to B25-0632, the Dental Specialties Licensure and Scope of Practice Amendment Act. **If passed, this bill would significantly diminish patients' access to dental care and endanger patient safety in the District of Columbia.** The AAE is the largest global association of endodontists, representing more than 8,000 members that are committed to delivering the highest standards of oral health care to their patients. Endodontists are dental specialists with distinctive expertise in the diagnosis and management of dental pain. Our specialty extends to preserving patients' natural teeth through root canal therapy and related surgical procedures, thereby contributing to the overall well-being and oral health of individuals under their care.

**Dental Specialty Licenses**

B25-0632 if enacted would lead to a severe dental provider shortage in the District causing dentists to permanently close their practices or a mass exodus of dentists moving their businesses to neighboring states due to the burdensome specialty licensure requirements. Section 508c of the bill would require dental specialists to obtain licensure for specialized dental practice and requires that they are a diplomate of one of the twelve dental specialty certifying boards to be eligible for the licensure. This provision will devastate the current and future DC dental workforce because the majority of dental specialists – including endodontists - and general dentists are not board-certified. Therefore, this misguided specialty license would force most dental specialists out of practice in the District. This legislation would be a significant regression in addressing patients' access to care by forcing patients to travel farther and wait longer to see a licensed dentist specialist, potentially resulting in them having poor health outcomes or forgoing dental care all together.

Additionally, this legislation will add additional administrative burden on the few dental specialists that are board-certified, requiring them to acquire an extra license within the District. It's important to note that that this proposal diverges from licensure norms observed nationwide for both dental and physician specialties. Notably, physician specialists in the District, who undertake procedures with higher risks to life compared to dental specialists, are not subjected to these excessively cumbersome licensure demands.

**Practice of Oral and Maxillofacial Surgery**

The AAE opposes defining any specialty scope of practice, including the definition of the practice of oral and maxillofacial surgery in B25-0632. We firmly reject the idea of defining specific scopes of practice for dental specialties, as this would create ambiguity regarding the legal boundaries of dental practitioners outside the realm of oral and maxillofacial surgery, potentially exposing them to licensure complications or legal repercussions. As demonstrated with the side-by-side definitions below, dental specialty definitions, such as oral and maxillofacial surgery, closely mirror the scope of practice for dentistry in general. Enforcing specific scopes of practice for dental

specialties would only serve to heighten confusion and pose potential risks for all dentists practicing within the District.

Similar to physicians, dentists are afforded the ability to practice all fields of dentistry upon receiving their dental licensure. However, such practice should be undertaken judiciously, considering the dentist's training and experience. The legislation's proposed scope of practice definition for just oral and maxillofacial surgery strays from established norms nationwide, and we strongly encourage the Council to refrain from defining certain dental specialties all together.

**Side-by-Side Comparisons of the Scope of Practice Definitions:**

| <b>B25-0632 Definition of the Practice of Oral and Maxillofacial Surgery</b>   | <b>ADA Definition of the Practice of Dentistry</b>  |
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| "Practice of oral and maxillofacial surgery means a specialty of the practice of dentistry that includes the diagnosis, surgical, and adjunctive treatment of disease, injuries and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial region, including cosmetic and aesthetic procedures." | "The evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law."<br><br><i>*Supported by the American Association of Oral and Maxillofacial Surgeons</i> |

For these aforementioned reasons, we strongly oppose the proposed legislation because it will jeopardize the DC dental workforce and drastically limit patients' access to critical oral health treatment and procedures. We are dismayed by the lack of consultation with the broader dental community by the Mayor's Office during the drafting process and stand ready to work with the Council on licensure solutions that safeguard patients and dental providers in the District. Please contact Catherine French, AAE's Assistant Executive Director for Advocacy and Professional Relations, at [cfrench@aae.org](mailto:cfrench@aae.org) or (312) 872-0474 for additional information.

Sincerely,



Natasha M. Flake, DDS, PhD, MSD  
President, American Association of Endodontists

CC: Chairman Phil Mendelson  
Councilmembers of the Committee on Health