



WHAT IS AN RDHAP?

Registered Dental Hygienist in Alternative Practice (RDHAP)

The RDHAP licensure category has direct access to defined types of populations, primarily the most vulnerable and underserved. These oral healthcare providers are well educated and trained to initiate preventive and therapeutic oral hygiene treatment based on their assessment of the individual's needs without the specific authorization or presence of a dentist.

The RDHAP is the independent hygienist in California.

- There are now 48 states allowing some sort of direct access to a dental hygienist. Washington State, 1984, and Colorado, 1987, Oregon in 1997 were the first to allow independent dental hygiene practice. California soon followed and has remained a leader in the movement.
- Established in 1998 (AB 560, Perata, Ch. 753), RDHAPs are Registered Dental Hygienists (RDH) who receive additional specialized education and training to provide dental hygiene care, care coordination and dental referrals to children, pregnant women, elderly, special needs and disabled populations independently outside the traditional dental office in order to reach underserved.



- To become an RDHAP, one be a Registered Dental Hygienist (RDH) and obtain a bachelor's degree or its equivalent. After practicing for 2000 hours as an RDH in a dental office or a public health setting, they take an additional 150 hours of education and training. After testing they may apply for the RDHAP license.
- RDHAPs may work as contractor, collaborate with a dentist or have their own office in a Dental Health Professional Shortage Area. Ninety percent are women owned practices that have portable equipment serving patients where they live, go to school, or visit. They are billable providers with NPI numbers and may contract directly with insurance plans and entities such as the Medi-Cal Dental Program.
- Many Californians have difficulty accessing care through a traditional dental office. Whole communities no longer have a dentist taking new patients. An office may not be able to treat a person due to the patient's physical, behavioral or cognitive limitations. Many offices will not treat Medi-Cal Dental beneficiaries. Still, situations may require care to be delivered differently, sometimes at the bedside, in order to meet the special needs of the patient. RDHAPs make this treatment possible.

A Quick History

- An Office of Statewide Health Planning & Development (OSHPD, now HCAI) workforce study, conducted by CSU Northridge and UCLA, was the precipitating factor in creating the RDHAP as a way to reach the underserved. The study provided the feasibility and safety data that was the basis for the legislature creating the RDHAP provider category many years later. A report stated: **For over 20 years RDAHPs have safely provided dental hygiene care to their patients, who without it would not receive any dental care or critical referrals.**
- The law originally required the provider to obtain a prescription for dental hygiene care from a physician or a dentist *prior* to seeing the RDHAP. After years of data, the prescription requirement was shown to delay care rather than provide any patient protection. The legislature changed the mandate to allow an RDHAP to see a patient then require a prescription for further care after eighteen months with the assurance that the patient had been seen by a physician or dentist. Since the RDHAP is responsible for connecting the patient to needed care, even this requirement seems an unnecessary obstacle.
- The primary role of all dental hygienists is disease **prevention**. Laws need to be updated to facilitate increased access to prevention and early treatment for those at greatest risk.

