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Oral Health Access in Washington, D.C.

New Opportunities for Equity

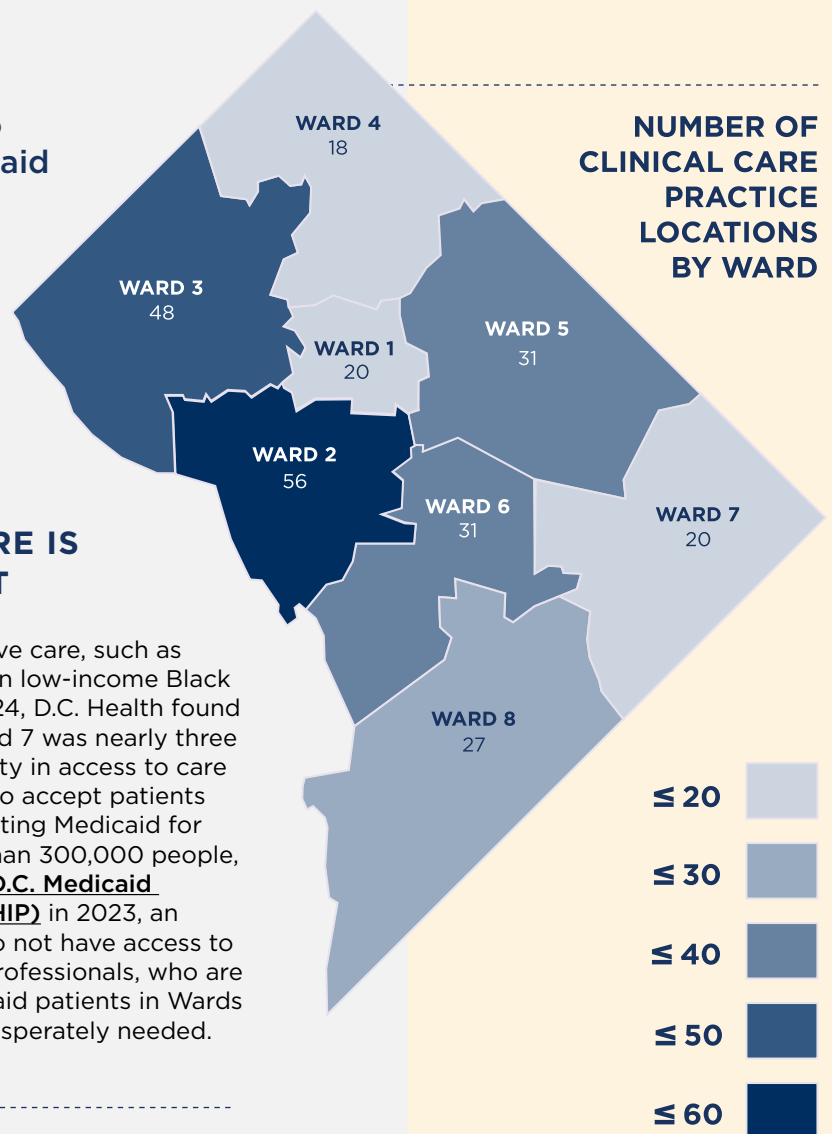
Despite the importance of oral health to overall health and well-being, many D.C. residents have long faced barriers to care due to restrictive laws and limited Medicaid participation among dentists. Recent changes in law enable dental hygienists to close these gaps, but more action is needed to ensure success.

ACCESS TO ORAL HEALTH CARE IS INEQUITABLE IN THE DISTRICT

Access to oral health care, including preventive care, such as screenings and cleanings, is severely limited in low-income Black and brown communities in the District. In 2024, D.C. Health found that the number of people per dentist in Ward 7 was nearly three times higher than that of Ward 2. This disparity in access to care is exacerbated by some dentists' reluctance to accept patients on Medicaid, with **only 39%** of dentists accepting Medicaid for child dental services as of 2016. With more than 300,000 people, including over 100,000 children, **enrolled in D.C. Medicaid and Children's Health Insurance Program (CHIP)** in 2023, an overwhelming number of D.C.'s population do not have access to care provided by dentists. More oral health professionals, who are willing and able to provide services to Medicaid patients in Wards 7 and 8 and other parts of the District, are desperately needed.

LACK OF ACCESS TO ORAL HEALTH CAUSES BOTH PHYSICAL AND SOCIOECONOMIC HARMS

Oral health is fundamental to overall well-being, affecting essential functions, such as eating, breathing, and speaking. A lack of access to care not only contributes to poor oral health outcomes among underserved populations, but is also linked to broader physical health issues, such as diabetes, kidney and cardiovascular disease, and perinatal outcomes, including low birth weight.



These impacts can, in turn, seriously impact the quality of life and economic potential for residents of those communities: **children** with toothaches have been found to be six times more likely to miss school, and their parents four times more likely to miss work; severe dental caries have been **associated** with embarrassment, anxiety, and inability to concentrate in school. Poor oral health has also been linked to stigmas in employment, with studies showing that receiving dental care and improving dental appearance can **significantly improve** job prospects.

NEW OPPORTUNITY TO PROVIDE CARE

The limited access to oral health care in D.C.'s Black and brown communities has been exacerbated by local laws. Until 2024, dental hygienists in D.C. were operating under one of the most restrictive laws in the country. Dental hygienists were prohibited from seeing patients independently or providing services in community settings like clinics or schools to patients who had not received care recently — despite being trained and qualified to provide that care. While many other states permit dental hygienists to see patients directly, and evidence shows that access is safe and effective, D.C. still lagged behind 43 other states — some of which have permitted direct access since the 1980s. For decades, these restrictive laws resulted in very few services being available to residents living in D.C.'s most underinvested and underrepresented communities, contributing to poor oral and physical health and socioeconomic outcomes.

For the first time in 40 years, in 2024, the D.C. Council **brought dental hygienists' scope of practice in line** with 43 states, allowing dental hygienists and dentists to create Collaborative Practice Agreements (CPAs). Dental hygienists relied on the Center for Community Health Innovation's legal and policy research and analysis to advocate directly to D.C. council members and committees, convincing them that this change was safe, effective, and necessary. CPAs will enable dental hygienists to see patients directly in D.C. mobile clinics and other settings, such as community clinics and long-term care facilities. For the first time, dental hygienists are able to directly serve patients in underinvested and underrepresented areas of the District, even if they do not choose to open a practice in that location.

This new arrangement will open up new possibilities for all Washingtonians to be able to receive quality preventive oral health care.

MAKING CPAS A REALITY



Many dental hygienists have been ready and willing to serve underinvested and underrepresented residents, but the restricted scope of practice has made it difficult for them to practice with autonomy and provide the quality care that these communities need.

In 2025, D.C. Health must write regulations giving guidance and boundaries to the new law, a process that must center the voices of hygienists to ensure that the full potential of the legislation is realized. As soon as this happens, registered dental hygienists will be able to create CPAs with mission-driven dentists, enabling dental hygienists to provide preventive oral health care in the community and refer residents to partner dentists for further dental services. Washingtonians in long-neglected wards will have access to quality oral health care in their communities, and dental hygienists will have the opportunity to practice the full scope of their skills.

With CPAs, both dental hygienists and the communities they will serve can thrive and grow.



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FURTHER READING

[ADHA Direct Access maps](#)

[WHO on oral health importance and disparities](#)