

# DIY ORTHODONTICS LEGISLATOR FAQ



Things to consider when making policy decisions related to direct-to-consumer orthodontics

## ACCESS TO CARE | COST OF TREATMENT

Q: DTC companies claim that they've helped patients save thousands of dollars. They say their service is about \$2,000. Is their service cheaper than going to an orthodontist?

A: The direct-to-consumer models do not account for the range of treatment plans and options offered by traditional orthodontists. Their cost claims appear to be made using a "standard cost" for orthodontic treatment, however in reality treatment costs vary based on the unique needs of each patient. For simple cases like the ones DIY aligner treatment is designed to address, the cost of treatment from an orthodontist may be only marginally more, be covered by insurance and includes the oversight of an orthodontist who monitors treatment to ensure treatment progresses as intended.

Consider:

- The direct-to-consumer models do not offer access to care, so much as access to a product.
- DTC companies often charge exorbitant interest rates (up to 22.92% in CA) to finance treatment.
- Aligners are very common in an orthodontic office and offered as a treatment option to patients for whom such treatment is deemed safe and effective.
- Many orthodontists also utilize degrees of remote monitoring where they feel it is appropriate.
- Often the mild to moderate cases that can be treated with direct-to-consumer models would be a comparable cost at a traditional orthodontist.
- If someone has insurance, they can use that with an orthodontist.

## PATIENT SAFETY | IN-PERSON VISITS

Q: DTC companies say that patients can go to one of their stores to get scans or do them at home with an impression kit to get a 3D image of their teeth. Isn't getting an in-person scan sufficient to ensure treatment is safe and effective?

A: Photos and a scan do not replace radiographs, a physical examination and probing depths completed by the orthodontist needed to safely diagnose the proper use of an aligner. Many direct-to-consumer orthodontic treatments are initiated using at-home impressions, taken by the customer. There is no value placed on pre-treatment X-rays, or diagnosis of gum disease, cavities and other factors that may make treatment unsafe for a patient.

Consider:

- Who are the people taking scans? Are they under the supervision of licensed orthodontist?
- Who is the dentist/orthodontist overseeing treatment? Are they licensed in California?
- Does the patient have a way to contact the doctor if they have questions or problems?
- An orthodontist completes 2-3 years of specialized training after completing dental school to fully understand the complexities involved with safely moving teeth.

## COMPLAINTS

Q: If there are so many issues with this service, why do we not see complaints with the Dental Board?

A: Because direct-to-consumer orthodontic treatment is marketed as an aligner to address cosmetic concerns rather than a medical device that will affect not only tooth position but also facial structure, jaw position and bite composition, consumers often view their treatment as a commodity/product rather than a healthcare service. As a result, it is not commonly understood that complaints should be made to the Dental Board of California.

Consider:

- Aligners are a medical device requiring proper diagnosis to ensure safe use.
- There is no contact between the patient and the clinician who approved the case.
- Unlike orthodontists, who are required by law to make clear the process for filing a complaint if a patient is dissatisfied with their results, these emerging business models do not clearly disclose the process for making a complaint. Thousands of patients have filed complaints with the Better Business Bureau rather than the Dental Board.
- Unhappy customers are instead often required to sign nondisclosure agreements as a condition of receiving a refund.
- Patients seeking retreatment at a CAO member office are encouraged to file complaints with the Dental Board of California, however they may not follow through.
- While AB 1519 does provide basic patient safety parameters for companies utilizing telehealth models to provide orthodontic treatment, the language is not specific enough to hold companies accountable for failure to comply.

## REFUNDS & RETREATMENT

Q: DTC orthodontics is a business. Can't customers contact them to have problems resolved or just get their money back if there's an issue?

A: If the patient is able to determine who the treating orthodontist is on their case, they generally do not have a way to contact them directly if they experience problems or have questions during treatment. There is not an orthodontist present in the physical locations that patients visit, and the person listed as the treating orthodontist may not even reside in the state. In some instances patients can get their money back, but there can be lasting damage to the teeth that results from improper diagnosis and/or unsupervised treatment.

Consider:

- Improper diagnosis/oversight can result in problems that are worse than the condition a patient sought treatment for in the first place.
- While a patient may be able to see a licensed orthodontist for retreatment to correct problems caused by direct-to-consumer providers, they can experience lasting/irreparable harm.

## ABOUT CAO

The California Association of Orthodontists (CAO) is the Californian component of the American Association of Orthodontists (AAO). The CAO represents nearly 1,500 member orthodontists who practice in California. CAO members are specialists who have completed dental school and then successfully completed 2–3 years of additional training at an accredited orthodontic residency program to fully understand the complexities involved with the safe movement of teeth. CAO is engaged in legislative advocacy to protect patient health and improve access to care.

