

Consumer Protection in Dental Services

1. Definitions

Consumer protection in dental services means protecting consumers so that they will receive quality dental services that are of acceptable standards and safe, and have equal and fair access to dental services, including access to accurate and appropriate news and information on oral health.

Having equal and fair access to dental services means that people in the Universal Health Coverage Scheme, Social Security Scheme, and the Civil Servant Medical Scheme, as well as those who are not entitled to any welfare benefits, can have access to dental services of acceptable standards under the same fundamental dental benefit package.

Illegal denture services means denture services provided to the public by non-dental professionals without using accurate dental knowledge.

Fashionable Orthodontics means providing orthodontic devices to imitate orthodontic treatment by a service provider who is not a dental professional, including advertising or selling devices, equipment and materials to be hooked or attached to areas in the oral cavity or on a tooth, or any other similar act, for a cosmetic purpose, with no intention to achieve effective treatment results.

Dental Laboratory means a dental laboratory that manufactures dental devices for dentists.

2. Situation and problems

2.1 Current situation of dental service access

Thailand has successfully provided the Universal Health Coverage program for all Thais since 2001. This success was achieved through the public sector's three main schemes: the Universal Health Coverage scheme, the Civil Servant Health Benefit Scheme, and the Social Security Scheme, covering 99.15 % of the entire population (at 75.3, 7.5, and 16.4 percent respectively). All three schemes include dental services as part of the benefit package, thus according fundamental dental service benefits to Thai citizens. Nevertheless, the differences in payment mechanisms, benefit packages, and service usage requirements have impact on the motivation to provide services, resulting in service users in the three schemes receiving limited and unequal responses to their requirements for dental treatments.

1 According to findings from the Health and Welfare Survey conducted by the National
2 Statistics Office in 2015, approximately 5.4 million Thais, or only 8.1 percent, received dental
3 services during the 12 months prior to their interviews. When dental services were classified by
4 the patients' welfare benefits, those using benefits under the Civil Servant Health Benefit Scheme
5 received the most services, followed by insured persons in the Social Security Scheme and those
6 under the Universal Health Coverage Scheme, at 13.1, 10.2, and 7.0 percent respectively.
7 Approximately 60 percent of those having access to the services exercised their welfare rights.
8 Apparently, Thai people's dental service access rate is very low (only 8.1 percent, when
9 compared to the 31-71 percent access rate of people in OECD countries. Also, there is evident
10 disparity in service accessibility among people in the three welfare schemes.

11 With regard to causes of people's inaccessibility to dental services, findings from the
12 survey show that the main causes of their failure to get dental services they were entitled to, in all
13 categories, were no time to get services, long lines and long waiting time, travel inconvenience,
14 and unaffordable service costs. These findings are consistent with service usage data that over 40
15 percent of the people opted for services offered by private hospitals and were willing to pay their
16 own dental bills. Such findings reflect the fact that current welfare benefits available mainly at
17 public hospitals cannot respond to people's requirements, and also that because of limitations in
18 some schemes, welfare benefits in such schemes do not cover people's needs to use the services.

19 The 20-year strategy of the Ministry of Public Health, aiming at revising the benefit
20 packages to reduce the disparity among the three health insurance funds, indicate that the benefits
21 with notable inequality are dental benefits. Although the three main health insurance schemes
22 include essential dental benefits, in practice there is still disparity in terms of concept, system
23 design, benefits, management, and mechanisms for paying the costs of the entitled services. The
24 Civil Servant Medical Benefit Scheme provides the most benefits that cover fixed partial
25 dentures, endodontics, and removable dentures without the minimum 5-year usage requirement
26 for each disbursement, while the Universal Health Coverage Scheme and the Social Security
27 Scheme require more than five years of usage for each time the denture service is used. The
28 Universal Health Coverage Scheme and the Social Security Scheme provide similar fundamental
29 dental benefits comprising tooth extraction, surgical extraction of impacted teeth, all kinds of
30 fillings, scaling, removable partial dentures and acrylic full dentures. However, there is a ceiling
31 of service costs each insured person is entitled to, i.e. at cost medical service fees not exceeding
32 900 Baht/treatment/year and the cost of a removable dentures not exceeding 1,500 Baht. The
33 amount covers only one set of denture and in the case that two sets are required for upper and
34 lower jaws, the insured person will have to absorb the extra amount. All in all, in practice dental
35 benefits accorded to insured persons under the Social Security Scheme are the lowest. However
36 there is one outstanding benefit not offered in the other two schemes. That is, only service users
37 in this group can use services at private dental service establishments. The fact that private dental
38 professionals cannot take part in providing services for users in the Universal Health Coverage
39 Scheme and the Civil Servant Medical Benefit Scheme, which cover over 80 percent of the

1 population of Thailand, becomes the most important shortcoming despite the fact that private
 2 dental professionals have higher capacity for service provision than the public sector.

3

4 Table 1: Comparison of dental benefits under three main health security schemes of the public sector

5

| Service Category | Universal Health Coverage | Social Security | Civil Servant Medical Benefits |
|---|---|---|--|
| Dental health checkup | √ | √ | √ |
| Calculus removal | √ | √ | √ |
| Tooth extraction | √ | √ | √ |
| Denture | √ Only plastic based dentures | √ Cost cap as determined by Social Security Office; one- time benefit within 5 years | √ Covering both fixed and removable dentures, with cost cap as determined by Comptroller General's Department |
| Endodontics | X | X | √ |
| Preventive dentistry (such as veneer treatment for teeth with small holes, fluoride treatment) (under all inclusive preventive benefits) | √ | √ | √ |
| Limitations in service usage | Service available as necessary from contracted service providers of NHSO (Nearly all are state-owned establishments) | <ul style="list-style-type: none"> • Services available at both public and private establishments, but with cost cap • 900 Baht per year for fillings, extractions, and calculus removal • 1,300 – 1,500 Baht for plastic based removable denture (one-time benefit within five years) • 2,400 – 4,400 Baht for | Services available only at public establishments |

| Service Category | Universal Health Coverage | Social Security | Civil Servant Medical Benefits |
|------------------|---------------------------|---|--------------------------------|
| | | removable full denture (one-time benefit within five years) | |

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2 **2.2 Situation and problems of illegal denture services**

3 Findings from interviews with users of illegal denture services show that their main reason
4 in using such services is that there is no gap between service providers and service users. Service
5 users can bargain for prices and preferred denture designs in terms of size, configuration, and
6 choices of hooks or attachments (which means that services are not based on accurate academic
7 principles of dental practice). Most dentures are made within one visit. Moreover, in the case of
8 home service, service users like the convenience of doing without travel expenses and travelling
9 time. Shops providing illegal denture services are operated by Thais. Short training courses in
10 providing illegal dentures services are offered, and the training fee including the cost of dental
11 devices starts at Baht 20,000. After attending such courses, attendees can provide illegal denture
12 services. In the case of home service, service providers tend to be foreigners who cannot speak
13 Thai. They will contact brokers who will accompany them to housing estates and get clients for
14 them. When competent officers are notified to make arrests, they tend to be able to get away.
15 There have been reports on patients who wear illegal dentures and suffer from toothaches, gum
16 abscesses, and food stuck and accumulated under the denture, causing foul odors and cannot be
17 removed. A removable denture affixed to natural teeth can cause the teeth to become loose and
18 fall out. The rubber base for suction of the upper denture continuously put pressure on the upper
19 palate for a long period of time, causing bone melting and creating a hole into the sinuses.
20 Wearing a denture with too short edges can result in lack of distributed force and too much
21 pressure on the jaw bones, causing substantial melting of the bones and resulting in quick
22 loosening of the denture. This makes it difficult for dental professionals to fix the problems when
23 patients come for denture services, as a lot of bones have already melted. Another important
24 consequence of wearing illegal dentures without proper fitting is that it tends to cause chronic
25 inner cheek ulcers that can lead to oral cancer.

26 **2.3 Situation and problems of fashionable orthodontics**

27 Fashionable orthodontics has been a problem in Thailand since 2004. It started with
28 ‘beads stringing wires’ bought by teenagers. The ends of the wire were inserted in space between
29 canine and premolar teeth and folded towards the upper palate. From then on fashionable
30 orthodontics has undergone development in terms of styles, techniques and materials, by means
31 of copying orthodontic works of dental professionals. During 2005-2009, fashionable
32 orthodontic trends were “retainer with attached brackets” or “fixed brackets” only on 6-8 front
33 teeth. Fashionable orthodontic services were usually provided at shop houses, at temporary
34 weekday/weekend markets, in department stores, or as extra service at beauty salons. It was not

1 until 2009 that Health Consumer Protection Program (HCCP), Chulalongkorn University,
2 together with the Office of the Consumer Protection Board (OCPB), the Dental Council, the
3 provincial Public Health Pharmacy Club, the Department of Local Administration, and Local
4 Administration Organizations made collaborate efforts to implement a prevention program to
5 educate students in schools and make arrests at shops providing illegal services. This program
6 alleviated fashionable orthodontic problems during that period. Then came a new form of
7 fashionable orthodontic trend in 2013. Various social media including Facebook and Instagram
8 are used to advertise fashionable orthodontic products that can be used to open small shops or
9 sold to individuals. The sellers claimed that they were dental laboratories, or that their materials
10 and devices were of the same standard as those used at dental clinics. The products were further
11 developed to become DIY products for home delivery. LINE was used for the payment process,
12 conveying shops' location information, or making appointments for home service.

13 With information gathered from tipoffs on illegal fashionable orthodontic shops from
14 illegal orthodontist busters on the Facebook page of the Dental Council, from April to December
15 2017, 252 cases of fashionable orthodontic services were found scattered in 54 provinces in every
16 region of Thailand, with the top five highest numbers being 53 cases Bangkok, 10 cases each in
17 Ratchaburi and Chonburi provinces, and 9 cases each in Nakhon Ratchasima and Songkhla
18 provinces. Several online shops could not be located, making it difficult to make arrests.
19 Moreover, such information was based on tipoffs on fashionable orthodontic shops provided by
20 the public.

21 Information on fashionable orthodontics found in online media came in various forms.
22 On Facebook, there were 30 shops in closed groups and 83 shops with fashionable orthodontics
23 advertisements. These shops had approximately 140,000 – 200,000 followers who placed orders.
24 For example, one major distributor of fashionable orthodontic products, having had a web page to
25 offers services for four years, had 1.06 million hits, with more than 500,000 viewings. This
26 testifies to the interest of young people who explore fashionable orthodontic products online.
27 When Google's search engine was used to search for "Dangers of fashionable orthodontics",
28 566,000 related websites were found. When the key word for searching was "cheap fashionable
29 orthodontics", 8,820,000 related websites were found. Such findings reflect the fact that the
30 number of fashionable orthodontic advertising websites outnumbered websites providing
31 knowledge or warning of dangers by 14.6 times.

32 Young people's interest in and their use of orthodontic services reflect youth's value and
33 their self-esteem pertinent to pride in their appearance. Data were collected from a survey
34 conducted by the Health Consumer Protection Program, Chulalongkorn University and dental
35 professionals and pharmacists in 10 provinces covering all regions during the month of February
36 2017. The average age of respondents was 15 years and 67.95 percent were female. It was found
37 that a large number of teenagers had not yet sought after orthodontic services. A large number of
38 them, both those already having and not having orthodontic treatments, wanted to have braces.
39 Some of those having previously used orthodontic products bought them at weekday/weekend
40 markets. Choices of service providers were influenced by friends' advice and close proximity to
41 their houses or schools. They preferred fixed braces and brackets with stringing wires and O-
42 rings or rubber bands. The purposes in wearing braces were to look good and to increase self-
43 confidence. Some were advised by dental professionals, but most of them received information
44 on fashionable orthodontics from friends and on-line media such as the Internet. Some teenagers
45 thought that they could give it a try because they caused no harm and were not expensive.

1 The negative outcomes of fashionable orthodontics include the cleaning difficulty, higher
2 risks of having tooth decay and gingivitis than other people, toothaches and gingivitis resulting
3 from the braces' pressure on the gum. Moreover, dental impression trays used for these teenagers
4 were reused several times. Although there was no evidence in terms of cleanliness, there was a
5 risk of the germs being passed on from one person to another. There have been cases of patients
6 using illegal fashionable orthodontic services that resulted in dislocation of individual teeth, as
7 well as reports on patients who came to seek corrective treatments from dental professionals.

8 Although advertisements from online shops that their products/services have the same
9 safety standards as those of dental laboratories, facts derived from random sampling of
10 orthodontic rubber bands, colored tubes, wires, and brackets, received with cooperation of the
11 Dental Council of Thailand, the Academic Development and Reinforcement of Mechanisms for
12 Health Consumer Protection Work Plan (Chulalongkorn University – Thaihealth), the Health
13 Consumer Protection Program (HCCP), Chulalongkorn University, and the Foundation for
14 Consumers in February 2017. Two samples, a black tube and a pink tube from a total of 42
15 samples used in this survey were found to have a high level of cadmium, i.e. 695
16 milligram/kilogram in the case of the black tube and 692 milligram/kilogram in the case of the
17 pink tube. With cadmium contained in colored tubes in their mouth for a long time, wearers
18 could be exposed to heavy metal toxicity, which would eventually affect their health. Moreover,
19 low quality imitations of medical devices were found, as well as fashionable orthodontic devices
20 that were the same as those used by dental professionals.

21 22 **3. Current policy and measures**

23 24 **3.1 Problem of unfair and inequitable access to dental services**

25 Up to now the government of Thailand has continuously given importance to the
26 development of the oral health system in order to increase accessibility to dental health services.
27 Accomplishments include an effort to increase in the number of dental professionals through a
28 program to produce more dental practitioners implemented by the Office of the Higher Education
29 Commission as required by the Ministry of Public Health, and an effort to motivate and retain
30 dental professionals in government agencies. These projects focus on having public sector
31 services as the core implementation component. Yet in the context of dental health service
32 system, private establishments are considered as an important component with high service
33 provision capacity. There are altogether 4,171 private clinics in the country, with working hours
34 that are more convenient to service users than government medical facilities. However, service
35 users entitled to benefits under the Universal Health Coverage Scheme and the Public Servant
36 Medical Service Scheme that cover over 90 percent of the population still cannot receive such
37 benefits at private dental clinics.

38 As for provision of dental health services in Thailand, a public-private cooperation
39 project has been implemented to provide dental services in two welfare systems, i.e. the Social
40 Security System that allows insured persons to exercise their rights at public and private service
41 facilities, and the Universal Health Coverage scheme that has implemented a public-private
42 cooperation project to provide dental services in several provinces that are ready, based on
43 creation of networks of private dental professionals and government agencies. The project
44 evaluation results proved to be positive in terms of increased service accessibility and the
45 satisfaction of the general public. In Nakhon Ratchasima province, for example, the rate of
46 dental service usage has increased by 18-143 percent and the service user satisfaction rate was as
47 high as 91 percent.

1 Concerning initial assistance given to damaged parties as a consequence of receiving
2 dental services, the damaged parties under the Universal Health Coverage Scheme receive initial
3 assistance in accordance with Section 41 of the Universal Health Coverage Act, B.E. 2545
4 (2002), and service users in the Social Security System are entitled to initial assistance as
5 stipulated in Section 63(7) of the Social Security Act (No. 4), B.E. 2558 (2015). However, at
6 present when there are cases of damage as a result of fashionable orthodontics, the damage tends
7 to be about tooth alignment and related organs that are beyond the remedies that can be provided
8 by dental professionals. So far the Dental Council had to seek cooperation with the schools of
9 dentistry at various universities to admit patients, and the patients have to pay for their own
10 medical expenses.

11 Although cooperation between the public and private sectors in providing dental services
12 has resulted in the capacity to increase public access to services, this applies only to areas where
13 it is possible to provide services in this manner. Due to limitations in several aspects, such as
14 benefit package, budget management, and management of three different systems, and the lack of
15 clear cut policy from the service level of the central administration, this arrangement still has not
16 been in effect nationwide.

17

18 **3.2 Policy on legal action and making arrests and prosecuting illegal denture cases and** 19 **fashionable orthodontic cases**

20 Solving the problems of fashionable orthodontics and illegal dentures entails several
21 laws and different competent officers as defined by laws. For example, an offender in the case of
22 performing fashionable orthodontic treatment in a shop commits an offence under the Medical
23 Facility Act B.E. 2541 (1998), the Consumer Protection Act, B.E. 2522 (1979), and the Dental
24 Profession Act B.E. 2537 (1994). Up to now action taken has been within the discretion of the
25 competent officer concerned under each law. A person selling fashionable orthodontic
26 equipment commits an offence under the Consumer Protection Act, B.E. 2522 (1979). In the case
27 of a person selling fashionable orthodontic equipment online commits an offence under the
28 Computer-related Crime Act, B.E. 2550 (2007), the Direct Sales and Direct Marketing Act, B.E.
29 2545 (2002). In addition, the fashionable orthodontic equipment may be controlled under the
30 Medical Device Act, B.E. 2551 (2008). Because of this, solving the problems in terms of control
31 and arrests becomes difficult. In a situation like this, law enforcement for dental consumer
32 protection is not effective as it should be.

33 Up to now action taken includes arrests made at big fashionable orthodontic shops such as
34 Judfunsmiley, Cheerfully Retainer, and shops in Talingchan District. Cheerfully Retainer is an
35 online shop that uses net idols for advertising. The shop provides fashionable retainer services to
36 well-known actors and singers and used them for advertisement online to lure youths to use their
37 services. Despite legal action taken, the said web page is back to offer services as usual, with
38 almost as high as two hundred thousand followers. As a result of the arrest, they were sentenced
39 with a fine of 30,000 Baht, which is no comparison to their average monthly income of 1,500,000
40 Baht

41 Action taken **by** the Consumer Health Protection and Public Health Pharmaceutical
42 Group, Provincial Public Health Offices led to prosecutions of 103 fashionable orthodontic cases.
43 In most cases, the following laws were enforced: the Medical Facility Act, B.E. 2541 (1998), at
44 96.1 percent; the Dental Profession Act, B.E. 2537 (1994), at 92.2 percent, and the Consumer
45 Protection Act, B.E. 2522 (1979), at 57.3 percent. The offenders found guilty of engaging in

1 business without permission (Section 16 of the Health Facility Act, B.E. 2541 (1998) accounted
2 for 92.2 percent. This was followed by the offence of operating business without permission
3 [(Section 24 of the Medical Facility Act, B.E. 2542 (1999)], at 86.4 percent; engaging in dental
4 profession without permission (Section 28 of the Dental Profession Act, B.E. 2537 (1994), at
5 85.4 percent; selling prohibited products (Section 56 of the Consumer Protection Act, B.E. 2522
6 (1979), at 55.3 percent. However, when these cases were brought to court, the offenders tended
7 to be fined 20,000 – 30,000 Baht. Thus the services were offered again repeatedly.

8 9 **3.3 Measures to educate the public on the use of dental equipment**

10 A study conducted by Nida Phodee et al. shows that lower secondary school children in
11 the northern region embraced fashionable orthodontics because it is a value already accepted by
12 their peers, despite their knowledge that they are imitations of real orthodontics. They were
13 informed that they could suffer physical harm as a result. Their service providers were their
14 classmates or upper classmen from the same school. Therefore, it is difficult to use social media
15 to convey the message to teenagers to raise their awareness on dangers of fashionable orthodontics
16 and to see through online advertising and propaganda of the business that make lucrative profits
17 from selling fashionable orthodontic products and services, as well as to manage their needs, and
18 help them develop their self-esteem to be wise enough to see through such advertisements and
19 decide not to have fashionable orthodontics, because it calls for the change in attitude and values
20 of Thai teenagers.

21 22 **Analysis of the problems and the roles of key stakeholders**

23 24 **4.1 Access to equitable and fair dental services**

25 At present there are problems of the public health system that result in unequitable and
26 unfair dental treatment. There are disparities among main dental benefit packages and the dental
27 service systems are still not comprehensive enough to include all aspects. So far the service
28 system with earnest cooperation between the public and private sectors has not yet materialized
29 and dental service fees are still inappropriate and unfair as mentioned above. These problems can
30 be solved through joint efforts of the following agencies involved:

31 1) The National Health Security Office (NHSO) plays a role of a service buyer in the
32 health care service system on behalf of the people. In most cases, government hospitals will
33 perform their service provision duty by offering services specified in the list agreed upon with the
34 NHSO. So far there has been no system to address the problem of very long queuing time for
35 dental treatments in government hospitals.

36 2) The Social Security Office plays a role of a service buyer for insured persons. At
37 present the cap on the amount of the dental benefit package of insured persons in the Social
38 Security Scheme contributes to limited accessibility of insured persons, particularly in the group
39 of low income workers.

40 3) The Comptroller General's Department plays a role of a service buyer for those under
41 the Civil Servant Medical Benefit Scheme, which is an important element in creating consistency
42 among the three health security systems. Still, there is no system to address the problem of very
43 long queuing time for dental treatments in government hospitals, and no remedial system for
44 dental patients.

1 4) The Ministry of Public Health plays a role of the country's main dental service
2 provider. The Ministry provides services at all levels, from primary dental services carried out by
3 family dentists to promote good health, to complex dental services at the tertiary level. If it
4 succeeds in creating productivity in dental service provision, unfairness in terms of accessibility
5 to dental services will be reduced. It can also serve as a reference unit concerning appropriate
6 dental service fees.

7 5) The Dental Council has the duty to make sure that dental professionals carry out their
8 dental practice by adhering to professional ethics, and prevent those who are not dental
9 professionals from engaging in this profession, in accordance with the Dental Profession Act,
10 B.E. 2537 (1994). No competent officer under this law has been designated yet.

11 6) The Department of Health Service Support plays a role in overseeing medical facilities
12 or dental clinics under the Medical Facility Act, B.E. 2541 (1998) to ensure that they are
13 registered to be licensed establishments, and to control dental professionals to perform their
14 works throughout working hours. However, with limited human resources, it cannot
15 comprehensively control the operations of fashionable orthodontic and denture businesses.

16 7) The Department of Internal Trade plays a role in regulating prices of goods and
17 services. At present no control/regulation concerning appropriate and fair service fees has been
18 established yet.

19 20 **4.2 System to ensure safe dental services with regard to fashionable orthodontics and** 21 **illegal dentures**

22 The situation described in 3.2 shows that dental consumer protection laws have not been
23 effectively enforced by public agencies as it should have been because there are many laws and
24 competent officers involved. At the same time, there are not many agencies from the private
25 sector, civil society, and local administration organizations that play a problem solving role, such
26 as raising awareness on dental and oral health, monitoring, involving community and local
27 groups to deal with problems, as well as integrating primary service systems. Problems can be
28 addressed through collaboration of the following relevant agencies:

29 1) The Food and Drug Administration to play a role in supervising and controlling
30 medical devices under the Medical Device Act, B.E. 2551 (2008), defining control measures for
31 manufacturing, import, and distribution of such devices without permission, ensuring that such
32 devices are sold to dental professionals or licensed dental service facilities, and playing a part in
33 registering dental laboratories.

34 2) Private dental laboratories and the Dental Technician Association to play a role in
35 producing dental devices such as dentures and retainers. Dental laboratories are required to
36 register with the Food and Drug Administration (FAO). Criteria will be established for facility
37 inspections to make sure that they are suitable. The situations found include small sized
38 laboratories that were not registered with the Food and Drug Administration and lacked physical
39 readiness, with most technicians being trained by the owners. There were 398 dental technicians
40 who graduated from Mahidol University School of Dental Technology. During several raids of
41 fashionable orthodontic shops, dental laboratories not registered with the FAO were found to
42 have produced retainers for online fashionable orthodontic shops.

1 3) Dental Traders Association of Thailand (DTAT), which imports and distributes dental
2 devices, to play a role in product distribution. At present some dental device vendors are selling
3 cheap wholesale dental devices to illegal online shops.

4 4) The Dental Council, playing a role in its capacity as the representative of dental
5 professionals, to have the duty to oversee dental professionals and protect consumers from harm
6 arising from non-dental professionals providing fashionable orthodontic services or illegal denture
7 services. It also communicates with the public to keep people well informed.

8 5) Pharmacists or pharmaceutical professionals or dental professionals in Provincial
9 Public Health Offices to play a role of competent officers under the Medical Facility Act, B.E.
10 2541 (1998), who will monitor and take legal action against providers of fashionable orthodontic
11 services and illegal denture services.

12 6) The Office of the Consumer Protection Board (OCPB) to play a role in dealing
13 with unsafe products used for fashionable orthodontics in accordance with the order of the
14 Consumer Protection Board No.1/2561 on Prohibition of Sales of Fashionable Orthodontic
15 Equipment and the Consumer Protection Act, B.E. 2522 (1979), as well as serving as a channel
16 for consumers to lodge complaints regarding offences committed.

17 7) The Department of Health Support Service (DHSP) to play a role in controlling
18 medical facilities under the Medical Facility Act, B.E. 2541 (1998) whereby shops providing
19 fashionable orthodontic and illegal denture services are considered having committed an offence
20 of operating/running medical facilities without a permit.

21 8) Consumer Protection Police Division (CPPD) to play a role of the competent officer
22 under the laws governing consumer protection that will participate in arresting providers of
23 fashionable orthodontic and illegal denture services in various areas.

24 9) The Department of Digital Economy and Society, the Office of The National
25 Broadcasting and Telecommunications Commission (NBTC) and the Technology Crime
26 Suppression Division (TCSD) to play a role in keeping control of online advertising and selling
27 of goods. At present not so much action has been taken against those advertising or selling of
28 dental goods and there is no warning system about unsafe goods for consumers.

29 At any rate, there should be a feasibility study on the establishment of a Dental Fund for
30 the development of a service system and provision of initial assistance to damaged parties as a
31 result of getting services in all schemes, and revision of the rates of dental service fees to be
32 appropriate and fair. The fund can also be used to increase law enforcement efficiency in dental
33 service consumer protection and for development of dental professionals by educational
34 institutions or other agencies involved. It can also be used to support various local agencies such
35 as the District Health Board, Local Administration Organizations, consumer protection networks,
36 Provincial Health Assembly networks, and public health volunteers to work together for
37 protection and safety of people in the community.

38
39 **5. Issue for consideration of the National Health Assembly**

1 The National Health Assembly is requested to consider Document NHA 11/Draft Resolution
2 4: Consumer Protection in Dental Services.

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