



Development of a New Dental Hygiene Professional Practice Index by State, 2016



Center for Health Workforce Studies
School of Public Health
University at Albany, State University of New York

Development of a New Dental Hygiene Professional Practice Index by State, 2016

November 2016



Center for Health Workforce Studies
School of Public Health, University at Albany
State University of New York
1 University Place, Suite 220
Rensselaer, NY 12144-3445

Phone: (518) 402-0250
Web: www.oralhealthworkforce.org
Email: info@oralhealthworkforce.org

PREFACE

The Oral Health Workforce Research Center (OHWRC) at the Center for Health Workforce Studies (CHWS) at the University at Albany, New York, School of Public Health, completed a research project to create a new Dental Hygiene Professional Practice Index (DHPPI) for dental hygienists that accommodates emerging practice for the profession.

This project examined statutes and regulations governing the practice of dental hygiene in 2016. One goal of the study was to revise the existing DHPPI instrument which was created by CHWS in 2001 and rescored in 2014. The new index includes variables that account for emerging oral health workforce models and extended functions for dental hygienists in states utilizing weighted scores. The DHPPI is intended to measure the ability of a dental hygienist to directly provide preventive and educational services in public health settings.

This report was prepared for OHWRC by Margaret Langelier, Bridget Baker, and Tracey Continelli, with layout design by Leanne Keough and Rachel Carter. OHWRC is supported by the US Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) under grant number U81HP27843, a Cooperative Agreement for a Regional Center for Health Workforce Studies. This information or content and conclusions are those of the OHWRC and should not be constructed as the official position or policy of HRSA, HHS, or the US government, nor should any endorsements be inferred.

The mission of OHWRC is to provide accurate and policy-relevant research on the impact of the oral health workforce on oral health outcomes. The research conducted by OHWRC informs strategies designed to increase access to oral health services for vulnerable populations. OHWRC is based at CHWS at the School of Public Health, University at Albany, State University of New York (SUNY), and is the only HRSA-sponsored research center with a unique focus on the oral health workforce.

The views expressed in this report are those of OHWRC and do not necessarily represent positions or policies of the School of Public Health, University at Albany, SUNY, or other subcontractors.

November 2016

ACKNOWLEDGMENTS

The authors gratefully acknowledge Hannah Maxey, PhD, MPH, RDH, Director of the Bowen Center for Health Workforce Research in the Department of Family Medicine at Indiana University for her help in compiling the literature review for this project and Debra Krohl at CHWS for formatting the indices in the appendix of the technical report.

Suggested Citation:

Langelier M, Baker B, Continelli T. *Development of a New Dental Hygiene Professional Practice Index by State, 2016*. Rensselaer, NY: Oral Health Workforce Research Center, Center for Health Workforce Studies, School of Public Health, SUNY Albany; November 2016.

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	1
TECHNICAL REPORT.....	13
BACKGROUND.....	14
Project Summary.....	15
METHODS.....	18
New DHPPI.....	18
FINDINGS.....	20
Findings From the Literature Review.....	20
An Overview of the Changing Policies for Dental Hygiene Practice in States.....	20
Factor Analysis of the 2016 DHPPI to Ensure the Instrument Appropriately Measures Scope of Practice.....	25
CONCLUSIONS.....	33
APPENDIX A.....	35
APPENDIX B.....	145
REFERENCES.....	149

BACKGROUND

Dental hygienists (DHs) are licensed oral health clinicians who “assess, diagnose, plan, implement, evaluate, and document treatment for prevention, intervention, and control of oral diseases” in both public and private health care settings. The original role of DHs consisted largely of providing prophylactic services in private dental practices. The roles and functions of DHs and the settings in which they work have evolved over time to meet the needs of various populations, including Medicaid-insured patients, low-income children, and the elderly.

Professional licensing is a method of regulating professions and ensuring quality and competence among practicing clinicians. The scope of practice for DHs is defined by each state’s laws and regulations that describe the educational and certification qualifications for licensing, the range of allowable procedures and services, the settings in which services may be provided, and the required levels of professional supervision. Licensing and disciplinary oversight of DHs are variously managed in states by professional dental boards, dental hygiene committees, and/or state licensing agencies. Although conditions for licensure vary by state, most have common requirements for entry into the practice of dental hygiene, including graduation from an accredited education program and successful passage of national certification examinations and regional clinical examinations.

Project Description

In 2001, the Center for Health Workforce Studies (CHWS) at the School of Public Health, University at Albany, received funding from the US Health Resources and Services Administration (HRSA) to study the state-to-state variation in scopes of practice for DHs. Lack of access to oral health services for underserved populations was at the time (and continues to be) a prevailing concern of state and national advocates and policymakers. One research objective for the 2001 project was to describe the impact of legal scopes of practice for DHs on oral health services utilization and oral health outcomes in the population. One of the research questions was whether expanded scopes of practice in states where DHs were permitted to work under alternative supervision arrangements (ie, collaborative practice agreements, general supervision protocols, etc) in public health settings impacted access and outcomes for people living in those states. To aid in answering this and other questions, CHWS developed a scoring instrument, the Dental Hygiene Professional Practice Index (DHPPI), to numerically measure the legal scope of practice for DHs in each state.

The index comprised numerous variables that were thought to best represent, both individually and collectively, improved opportunity for DHs to provide preventive oral health services in public health settings in 2001. Each variable carried a weighted score reflecting its relative impact on the ability of the

DH to provide services within the professional scope of competence to patients in safety net settings. The optimal total DHPPI score was 100. A higher composite score was associated with a more permissive scope of practice for DHs to practice in public health settings in a state.

Once the DHPPI instrument was constructed, it was scored based on state-specific statutes and regulations effective as of December 2001. Findings from this research were released in a 2004 report issued by HRSA, *The Professional Practice Environment of Dental Hygienists in the Fifty States and the District of Columbia, 2001*. The statistical analysis for that study found that a more expansive scope of practice for DHs, as measured by the DHPPI score, in a state was positively correlated with higher utilization of oral health services by the population and negatively correlated with the number of people with any teeth removed due to decay or disease. These results suggested that the scope of practice for DHs impacted both utilization of services and oral health outcomes.

In 2014, CHWS was awarded a cooperative agreement from HRSA to establish an Oral Health Workforce Research Center (OHWRC). One of the first projects conducted under the agreement was to rescore the 2001 DHPPI to reflect legal conditions for dental hygiene practice in states in 2014. The scoring process used in 2001 was replicated for the 2014 update.

Comparison of scores by state between 2001 and 2014 revealed that scope of practice for the dental hygiene profession had evolved in the decade since the DHPPI was originally constructed. In 2014, DHs were generally allowed to practice under lower levels of requisite supervision in many states (and in some, independently) than in 2001 and in a broader array of public health settings, including schools, nursing homes, mental health facilities, correctional institutions, and the homes of patients. Statistical analysis in 2014 further confirmed the 2001 findings. The DHPPI in higher-scoring states in 2014 was positively and significantly correlated with utilization of oral health services and with better oral health outcomes for the populations in those states, again supporting the hypothesis that more permissive scopes of practice for DHs impact the oral health status of the population.

One conclusion from the 2014 review of statutes and regulations for DHs was that the variables contained in the DHPPI, which were selected in 2001, no longer reflected the full scope of dental hygiene practice in 2014. Evolving science reinforcing the linkages between oral and systemic disease, the identification of genetic biomarkers, and advancements in diagnostic and treatment technologies have altered the practice of dental hygiene. In some jurisdictions, DHs provide risk assessments, place glass ionomer sealants, apply silver diamine fluoride, or perform laser debridement of the gums. Some states now allow dental hygiene diagnosis, independent dental hygiene practice, ownership of dental hygiene practices, and dental hygiene therapy. These expansions in tasks and changes in required supervision were not reflected in the variables included in the original DHPPI scoring instrument. For this reason, concern emerged that the integrity of current and future evaluations of the impact of dental hygiene

scope of practice on population oral health outcomes would be compromised by the limitations of the DHPPI.

To ensure the currency of the DHPPI, the OHWRC sought and received approval from HRSA under its existing cooperative agreement to construct a “new” DHPPI scale in 2016. Researchers evaluated the continuing pertinence of existing variables within the original DHPPI instrument and eliminated or revised various measures on the index. In addition, new variables were added to the instrument that were thought to better describe the emerging practice of dental hygiene in public health settings in 2016 and to capture the new roles available in some states for dental hygiene professionals. This report describes the process of redesigning the DHPPI and provides the scores for each state on the new index.

METHODS

The 2016 DHPPI Scoring Instrument

To begin the process of constructing a “new” index, researchers conducted focus groups and key informant interviews with 37 DHs from 29 states to better understand emerging dental hygiene practice, including tasks permitted and required levels of supervision relative to each task. A primary focus of the group discussions was identification of observed facilitators and perceived barriers to the safe and effective practice of dental hygiene in public health settings. Researchers used the findings from the focus groups and those from a literature review to revise the index. The variables in the 2016 DHPPI were organized according to the same 4 categories used in the original 2001 DHPPI: regulation, supervision, tasks, and reimbursement. However, the individual variables and the scoring allocations within each category were altered.

Once researchers had built the new instrument and weighted the scores for each variable, the DHPPI was scored based on state statutes and regulations effective as of July 2016 that described the legal parameters for the practice of dental hygiene. Statutes and regulations addressing DHs’ eligibility for Medicaid reimbursement, those describing the parameters for use of teledentistry, regulations governing mobile and portable dental units, and board opinions and regulation of new technology (eg, lasers) also were consulted during the scoring process.

FINDINGS

The state scores on the 2016 DHPPI were subjected to statistical analysis, and a comparative analysis of the 2016 scores with the scores from 2001 and 2014 was performed. The findings of these analyses are presented below.

The 2016 DHPPI was statistically validated using both exploratory and confirmatory factor analyses. The 4 components (regulation, supervision, tasks, and reimbursement) and the variables within were found to represent, in sum, the construct of scope of practice for DHs. All 4 categorical variables were significant at or below the .01 probability level (Table 1).

Table 1. Results of the Confirmatory Factor Analysis of the 2016 DHPPI

Variable	Confirmatory Factor Analysis, 2016			
	Standardized Estimate	Unstandardized Estimate	Standard Error	Critical Ratio
Regulation	0.697	2.8	0.520	5.372 ^a
Supervision	0.748	5.184	0.882	5.877 ^a
Tasks	0.939	6.608	0.822	8.029 ^a
Reimbursement	0.630	3.208	0.676	4.735 ^a

^aSignificant at or below the .01 probability level.

Source: OHWRC, 2016

Comparative Analysis of Scope of Practice: 2001, 2014, and 2016

After the validity of the instrument for measuring scope of practice was established, the 2016 scores were compared across states and then with the scores from 2001 and 2014.

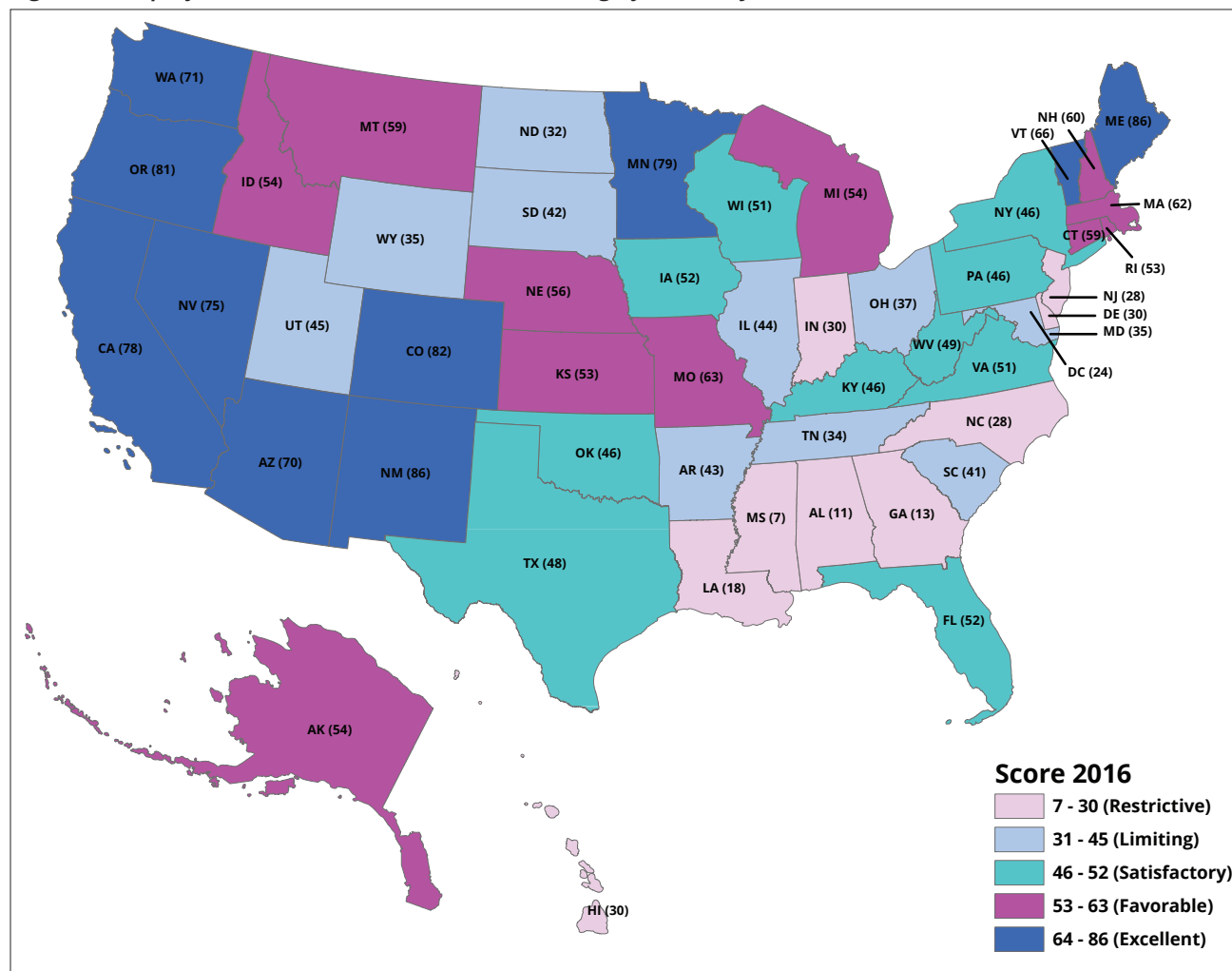
Scores on the 2016 DHPPI

Differences in permissions for DHs to practice in specific states were noted in the review of statutes and regulations. States' scores on the 2016 DHPPI ranged from a high of 86 in Maine to a low of 7 in Mississippi. Supervision requirements encompassed a broad range that included direct supervision, allowances for general supervision in both private and public settings, public health practice managed through protocols or written collaborative agreements, and independent practice, while allowable services ranged from screening and assessment to restorative functions for dental hygiene therapists. The wide variations in allowable practice by state were notable given that educational preparation, certification, and testing for professional competency in dental hygiene are standardized through

national and regional education program accreditation and competency testing boards.

In 2001, 2014, and again in 2016, scores were sorted into quintiles to describe the practice environment in which DHs provide services to patients in public health settings. The quintiles were labeled *excellent*, *favorable*, *satisfactory*, *limiting*, and *restrictive*. Figure 1 maps the individual states' scores on the 2016 DHPPI (in parentheses) and the quintile groupings (coded by color).

Figure 1. Map of the 2016 DHPPI Scores and Ranking of States by Quintiles Based on Scores



Source: OHWRC, 2016

Higher-scoring states in 2001 and 2014 (ie, ranked as excellent or favorable) generally also scored higher on the 2016 instrument. This consistency in ranking suggests that certain states are persistent innovators in workforce strategies to address the oral health care needs of their underserved populations. Examples of consistently high-scoring states include Maine, Oregon, Minnesota, California, Colorado, Washington, and New Mexico, all of which have permitted expanded scopes of practice including extended functions

for DHs, with Maine and Minnesota now enabling new workforce models that permit DHs with further didactic and clinical training to perform restorative functions.

Conversely, several low-scoring states in 2001 and 2014 (ie, ranked as limiting or restrictive) remained low scoring on the 2016 DHPPI, suggesting little change in legal scope of practice for DHs over the 15 years since the DHPPI was originally created. Examples of low-scoring states include North Carolina, Georgia, Mississippi, and Alabama. These states were appraised as restrictive in their allowances for dental hygiene practice, often requiring direct supervision of preventive services and permitting DHs to provide services only to patients of record of the supervising dentist, even in public health settings.

States with DHPPI scores in the middle range (ie, ranked as satisfactory) often allowed for expanded roles for DHs but continued to limit the tasks that could be performed in public health settings under lower levels of supervision, or maintained requirements that a dentist first see the patient to determine the need for preventive services. Changes in scopes of practice in states tend to be incremental, extending the process for improving direct access to preventive services from DHs. States will often require data on the impact of an innovation before proceeding further with more expansive permissions.

Louisiana, South Dakota, and Utah are examples of states with dental hygiene scopes of practice that were excellent or more favorable to direct access than other states in 2001. As a result of lack of change since that time, these states have declined in their relative rankings, moving from excellent or favorable in 2001 to satisfactory or limiting in 2014 and to limiting or restrictive in 2016. (See the Technical Report, Table 8, for a comparison by state of quintile rankings for 2001, 2014, and 2016.)

Changes in Score Range, Means, and Distribution Between 2001 and 2016

The 2016 DHPPI instrument was designed to capture both current and emerging roles and functions for DHs; thus, it was understood that scores on the 2016 index would vary from the scores for 2001 and 2014. While the original and revised DHPPI instruments were each intended to measure conditions for direct access to dental hygiene services in public health settings, each used different variables to arrive at the final state score. It was assumed that the insertion of emerging roles and tasks for DHs as measures in the 2016 instrument would result in lower scores overall on the revised index because of limited uptake by states of new workforce models that include basic restorative tasks or use of new technology. Inclusion of these variables in the new index was, however, purposeful to ensure that the 2016 instrument would be useful in future evaluations of impact of scope of practice on oral health outcomes and to appropriately anticipate the potential evolution of the roles of DHs in oral health services delivery. As a result of these differences in variables within and between instruments, the opportunity for comparative analyses was limited.

Nevertheless, researchers reviewed and compared scores from 2001, 2014, and 2016 to evaluate each state's standings on each of the instruments relative to itself and to others. As expected, state scores were lower on the 2016 DHPPI relative to those from 2001 and 2014. However, the range in scores across states varied only slightly by year (Table 2).

- The range of scores in 2016 was 79. Ranges were similar in the previous iterations of the DHPPI (87 in 2001 and 80 in 2014).
- The mean state score in 2016 was 48.9. This compares with a mean of 43.5 in 2001 and a mean of 57.6 in 2014. The lower mean score in 2016 is likely due to the inclusion of new and emerging roles and tasks for DHs that were not included in the original DHPPI.

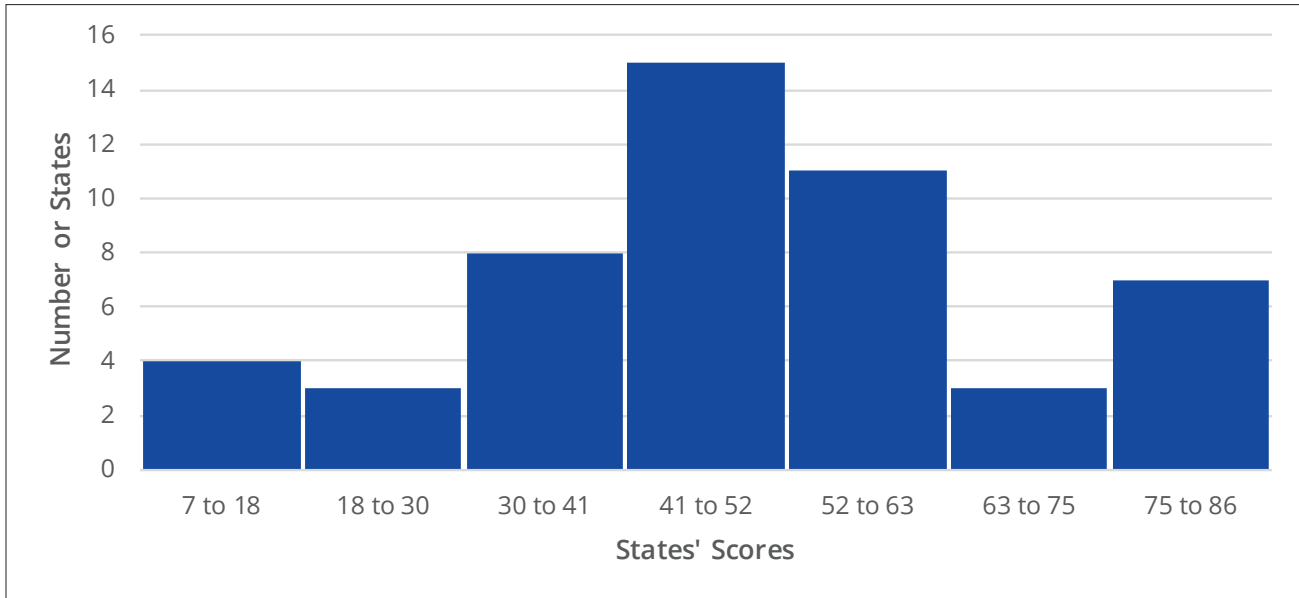
Table 2. Ranges and Mean Scores on the 2016, 2014, and 2001 DHPPIs

Range of State Scores	2016	2014	2001
Highest possible score	100	100	100
Lowest state score	7	18	10
Highest state score	86	98	97
DHPPI Category	2016 Mean Scores	2014 Mean Scores	2001 Mean Scores
Regulation	5.0	7.8	7.4
Supervision	23.9	27.3	19.1
Tasks	16.5	18.0	14.8
Reimbursement	3.6	4.4	2.2
Composite Score	48.9	57.6	43.5

Source: OHWRC, 2016

The 2016 scores were plotted on a histogram to visualize their distribution on a scale of 0 to 100. The histogram shows a relatively normal distribution, although the curve is somewhat skewed to the right by higher-scoring states (Figure 2).

Figure 2. Distribution of State Scores (including the District of Columbia) on the DHPPI in 2016



Source: OHWRC, 2016

The histograms showing score distributions in 2001 and 2014 may be found in Figures 5 and 6, respectively, in the technical report for this project.

CONCLUSIONS

Increasing recognition of the importance of prevention of oral disease, early intervention in oral disease processes, and management of oral health has resulted in changing roles and functions for DHs over recent years. Dental hygiene professionals are trained to provide oral health education and prophylactic services and are thus well positioned to impact oral health literacy, intervene early in disease processes, and prevent disease.

Increased utilization of preventive services is expected to improve oral health in all population groups, but especially among populations who encounter barriers to accessing services in traditional models of care delivery. These populations include children, especially those from low-income families; people with special needs; racially and ethnically diverse populations; the elderly, especially those not living in the community; and rural populations. Many persons in these groups are eligible for Medicaid by virtue of low income or are uninsured, which further compromises their ability to find available dental providers. Scopes of practice that allow DHs to provide services to patients in public health settings without burdensome supervision or prescriptive requirements appear to increase access to educational and preventive care.

Understanding the actual impact of the changing roles and functions of DHs is important for patients, clinicians, advocates, and policymakers as they attempt to identify effective strategies to improve access to services and, in turn, population oral health. The DHPPI, which was first developed in 2001, rescored in 2014, and revised in 2016, provides a comparative and quantitative tool that can be used to assess the impact of dental hygiene scope of practice on oral health outcomes in the population. Separate analyses of the 2001 and 2014 DHPPI data revealed that dental hygiene scope of practice was positively and significantly associated with the percentage of the population in a state who utilized dental services and was also positively and significantly correlated with the percentage of the state population with no teeth removed due to decay or disease.

The DHPPI scores for 2016 have not yet been used in statistical analyses to understand the impact of changing scope of practice on oral health outcomes in the population. However, the 2016 index accommodates emerging workforce models and newly permitted remediable and irremediable functions for DHs that were not included in the previous iterations of the DHPPI. The inclusion of these variables should enable more accurate future assessment in a variety of analytic studies of the impact of scope of practice on population oral health outcomes.

Technical Report

BACKGROUND

Dental hygienists (DHs) are licensed oral health clinicians who “assess, diagnose, plan, implement, evaluate, and document treatment for prevention, intervention, and control of oral diseases”¹ in both public and private health care settings. The original role of DHs consisted largely of providing prophylactic services in private dental practices. The roles and functions of DHs and the settings in which they work have evolved over time to meet the needs of various populations, including Medicaid-insured patients, low-income children, and the elderly.^{2,3,4}

Professional licensing is a method of regulating professions and ensuring quality and competence among practicing clinicians. The scope of practice for DHs is defined by each state’s laws and regulations that describe the educational and certification qualifications for licensing, the range of allowable procedures and services, the settings in which services may be provided, and the required levels of professional supervision. Licensing and disciplinary oversight of DHs are variously managed in states by professional dental boards, dental hygiene committees, and/or state licensing agencies. Although conditions for licensure vary by state, most have common requirements for entry into the practice of dental hygiene.

In every state except Alabama, DHs are required to be graduates of a dental hygiene education program accredited by the Commission on Dental Accreditation (CODA).¹ Alabama provides an additional pathway to dental hygiene practice, allowing dental assistants to be licensed as DHs after completing a state-defined preceptorship program under the tutelage of a dentist and after completing additional didactic education. Moreover, all states also require passage of a national or regional clinical examination and the National Board of Dental Hygiene Examination before granting a license to practice (again, with the exception of Alabama).¹

State-specific legal scopes of practice impact the ability of DHs to work with dental safety-net provider organizations^{4,5} that serve people in low-income communities and in rural areas where private dental practices are unavailable. Even when private dental practices are located in areas with low population density, dentists in those areas variously participate in care for the Medicaid-insured population. In addition, dentists are not generally found in community settings serving vulnerable patients. When legal scopes of practice permit DHs to provide services without direct dental supervision, DHs have the ability to provide oral health services even in the absence of a dentist in nursing homes, schools, residences of the homebound, and community health centers serving high-needs patients.

Project Summary

In 2001, the Center for Health Workforce Studies (CHWS) at the School of Public Health, University at Albany, received funding from the US Health Resources and Services Administration (HRSA) to study the state-to-state variation in scopes of practice for DHs. Lack of access to oral health services for underserved populations was at the time (and continues to be) a prevailing concern of state and national advocates and policymakers. One research objective for the 2001 project was to describe the impact of legal scopes of practice for DHs on oral health services utilization and oral health outcomes in the population. One of the research questions was whether expanded scopes of practice in states where DHs were permitted to work under alternative supervision arrangements (ie, collaborative practice agreements, general supervision protocols, etc) in public health settings impacted access and outcomes for people living in those states.

To aid in answering this and other questions, CHWS developed a scoring instrument, the Dental Hygiene Professional Practice Index (DHPPI), to numerically measure the legal scope of practice for DHs in each state. The index comprised numerous variables that were thought to best represent, both individually and collectively, improved opportunity for DHs to provide preventive oral health services in public health settings in 2001. Each variable carried a weighted score reflecting its relative impact on the ability of the DH to provide services within the professional scope of competence to patients in safety net settings.

For example, if a DH was permitted to provide prophylaxis for a patient under general supervision, which carries a requirement that the patient has seen a dentist prior to the visit with the DH, the assigned score was 2. If a DH was able to provide prophylaxis under a collaborative agreement that did not require the patient to be a patient of record of the supervising dentist, the score was 3.

The variables were grouped into 4 categories under the headings of regulation, supervision, tasks, and reimbursement. The maximum possible total score varied among the 4 categories, as the variables and weights differed across categories. For example, the maximum score for the regulation category was 10, while that for the supervision category was 47. Supervision requirements for DHs were thought to significantly impact whether or not a dental hygiene professional was permitted to provide preventive services without the prior direction or onsite supervision of a dentist, allowing for more direct access to preventive services. Category scores were then summed to arrive at a total unique DHPPI score for each state. The optimal total DHPPI score was 100. A higher composite score was associated with a more permissive scope of practice for DHs to practice in public health settings in a state.

The original index and its components were developed with the guidance of a national advisory committee that included dentists, DHs, and others. In addition, focus groups and individual interviews

were conducted with more than 100 DHs practicing in more than 30 states, who described optimal parameters for providing educational and preventive oral health services in the community under reasonable dental supervision that ensured patient safety while also enabling direct access to preventive care.

Once the DHPPI instrument was constructed, it was scored based on state-specific statutes and regulations effective as of December 2001. Two researchers accomplished the scoring through a detailed review of laws and administrative codes. When discrepancies arose between the reviewers' scores, other professional resources, including materials from professional associations and dental boards, were consulted to resolve the differences. Findings from this research were released in a 2004 report issued by HRSA, *The Professional Practice Environment of Dental Hygienists in the Fifty States and the District of Columbia, 2001*.⁶ The statistical analysis for that study found that a more expansive scope of practice for DHs, as measured by the DHPPI score, in a state was positively correlated with higher utilization of oral health services by the population and negatively correlated with the number of people in the state with any teeth removed due to decay or disease.⁶ These results suggested that the scope of practice for DHs in a state impacted both utilization of services and oral health outcomes.

In 2014, CHWS was awarded a cooperative agreement from HRSA to establish an Oral Health Workforce Research Center (OHWRC). One of the first projects conducted under the agreement was to update the 2001 DHPPI to reflect legal conditions for dental hygiene practice in the US in 2014. The scoring process used in 2001 was replicated for the 2014 update. Two reviewers again accessed pertinent statutes and regulations to score dental hygiene scopes of practice in each state; discrepancies were resolved through consultation with published opinions and literature addressing legal scopes of dental hygiene practice. One of the reviewers who participated in the 2014 update was an original author and reviewer of the 2001 study. The updated scores for 2014 were used to effect a comparative analysis with the 2001 scores to describe changes in legal scope of practice for the profession over time.

Comparison of scores by state between 2001 and 2014 revealed that scope of practice for the dental hygiene profession had evolved in the decade since the DHPPI was originally constructed. In 2014, DHs were generally allowed to practice under lower levels of requisite supervision in many states (and in some, independently) than in 2001 and in a broader array of public health settings, including schools, nursing homes, mental health facilities, correctional institutions, and the homes of patients. Statistical analysis in 2014 further confirmed the 2001 findings. The DHPPI in higher-scoring states in 2014 was positively and significantly correlated with utilization of oral health services and with better oral health outcomes for the populations in those states,⁷ again supporting the hypothesis that more permissive scopes of practice for DHs impact the oral health status of the population.

One conclusion from the 2014 review of statutes and regulations for DHs was that the variables contained in the DHPPI, which were selected in 2001, no longer reflected the full scope of dental hygiene practice in 2014. Evolving science reinforcing the linkages between oral and systemic disease, the identification of genetic biomarkers, and advancements in diagnostic and treatment technologies have altered the practice of dental hygiene. In some jurisdictions, DHs provide risk assessments, place glass ionomer sealants, apply silver diamine fluoride, or perform laser debridement of the gums. Some states now allow dental hygiene diagnosis, independent dental hygiene practice, ownership of dental hygiene practices, and dental hygiene therapy. These expansions in tasks and changes in required supervision were not reflected in the variables included in the original DHPPI scoring instrument. For this reason, concern emerged that the integrity of current and future evaluations of the impact of dental hygiene scope of practice on population oral health outcomes would be compromised by the limitations of the DHPPI.

The DHPPI and other scope-of-practice indices developed by CHWS for nurse practitioners, physician assistants, and certified nurse midwives have been used by researchers from a variety of disciplines as measures in analyses of the impact of scopes of practice on various outcomes, including labor and consumer markets, professional wages, and utilization of health and oral health services.^{6,8,9,10} It is therefore important that these scope-of-practice measures be accurate and comprehensive.

To ensure the currency of the DHPPI, the OHWRC sought and received approval from HRSA under its existing cooperative agreement to construct a “new” DHPPI scale in 2016. Researchers evaluated the continuing pertinence of existing variables within the original DHPPI instrument and eliminated or revised various measures on the index. In addition, new variables were added to the instrument that were thought to better describe the emerging practice of dental hygiene in public health settings in 2016 and to capture the new roles available in some states for dental hygiene professionals. This report describes the process of redesigning the DHPPI and provides the compiled state scores on the new index. The individual state scores for 2016, along with supportive documentation, are available in Appendix A of this report.

METHODS

New DHPPI

To begin the process of constructing a “new” index, researchers conducted focus groups and key informant interviews with 37 DHs from 29 states to better understand emerging dental hygiene practice, including tasks permitted and required levels of supervision relative to each task. A primary focus of the group discussions was identification of observed facilitators and perceived barriers to the safe and effective practice of dental hygiene in public health settings.

These focus groups were conducted coincidentally with a leadership seminar hosted by the American Dental Hygienists’ Association (ADHA) in Chicago, Illinois, in November 2015. Participants included currently practicing DHs who had been identified by their state associations and dental hygiene peers as leaders and innovators in professional practice in their states.

The DHs in the focus groups were provided with a protocol of questions to guide the discussion about scope of practice. However, the discussions were largely unstructured in order to permit DHs to offer their opinions about beneficial conditions for practice that enabled access to preventive services for the underserved in community settings. A copy of the formal protocol can be found in Appendix B of this report.

The information gathered from the focus group participants was considered during construction of the “new” index, in conjunction with material from a policy and literature review on the professional contributions of DHs to oral health service delivery. When deciding upon revisions to the variables within the index, researchers also relied on their observations of changes in governance and supervision for the profession that had been noted during their review of statutes and regulations for the 2014 update.⁷

The 2016 DHPPI Scoring Instrument

The variables in the 2016 DHPPI were organized according to the same 4 categories used in the original 2001 DHPPI: regulation, supervision, tasks, and reimbursement. However, the individual variables and the scoring allocations within each category were altered. For comparison purposes, both the 2014 and 2016 DHPPI instruments can be found in Appendix A of this report.

Once researchers had built the new instrument and weighted the scores for each variable, the proposed 2016 DHPPI was sent to all focus group participants and to key personnel at the ADHA (eg, the director of governmental affairs) for review and comment. Relevant suggestions were considered and appropriate

edits were made. The DHPPI was then scored based on state statutes and regulations effective as of July 2016 that described the legal parameters for the practice of dental hygiene. Statutes and regulations addressing DHs' eligibility for Medicaid reimbursement, those describing the parameters for use of teledentistry, regulations governing mobile and portable dental units, and dental board rulings on new technology (eg, lasers) were also consulted.

FINDINGS

Findings From the Literature Review

The purpose of the literature review for this project was to identify research that discussed the changing roles of DHs and the impact of these changes on oral health outcomes. Literature was identified in a variety of ways. PubMed® and MEDLINE® were used to systematically locate peer-reviewed articles pertinent to role changes for the dental hygiene profession since 2001 using the following key phrases and word strings: *dental hygienist role*, *dental hygienist role health outcomes*, *dental hygienist health outcomes*, *dental hygienist access*, *dental hygienist role health*, *dental hygienist access to care*, *dental hygienist outcomes*, *dental hygienist expanded*, *dental hygienist direct access*, *dental hygienist scope of practice*, and *dental hygienist access*. Separate searches were conducted using each search engine and results were compared. A manual abstract review was also performed to identify articles published in the *Journal of Dental Hygiene and Registered Dental Hygienist* magazine from the years 2001 to 2016 using the same keyword criteria. In total, 27 peer-reviewed articles and 1 white paper were identified and are included in this literature review.

An Overview of the Changing Policies for Dental Hygiene Practice in States

The literature review noted national trends in the legal scopes of practice for DHs that allow not only for expanded roles for dental hygiene professionals in the oral health care delivery system but also for new models of care delivery. New roles for DHs and permissions to perform expanded functions by states appear to be designed to address the critical issues of poor oral health outcomes and limited access to oral health services in some population groups.

In 2016, the positioning of dental hygiene in the oral health care delivery system seems to be evolving from a profession that was historically seen as a dental “extender”—providing preventive services under the close direction and leadership of dentists—to a new and more autonomous role as a provider of preventive oral health services. While dental hygiene practice is necessarily limited to the task competencies and skills training for the profession, these services are now often delivered in collaboration with and sometimes independently of dentists in more team-based models of service delivery.

The emergence of team-based approaches in oral health care is representative of an environmental shift from health care generally to more flexible use of health care professions’ competencies that enable patient-centered health services and improve value and efficiency in service delivery.¹¹ The distinct clinical professionals on health and oral health teams provide services within and up to the boundaries of their

professional competence while relying on both the overlapping and unique competencies of other members of the care delivery team. Team members practice interdependently to provide safe, high-quality, cost-effective, and comprehensive health and oral health services. The team-based approach to service delivery continues to gain ground because of the dynamic and resource-restricted environment in which health and oral health professionals now practice.

In many states, changes in the dental hygiene scope of practice over the last decade are reflected in the adoption of provisions in law and regulation which reduce professional supervision requirements for DHs and/or expand the tasks permitted to these professionals. Task expansion is often accompanied in regulation by requirements for further training and testing before the DH is permitted to provide the service.

In addition to expansion of their role as a provider of preventive care with less direct oversight, DHs also are assuming new roles as extenders of restorative care. In 3 states (Minnesota, Maine, and Vermont), the movement to broaden the participation of DHs in oral health service provision for underserved populations has resulted in the expansion of permitted clinical tasks to now include basic restorative procedures historically provided only by dentists in the US. DHs must meet specific criteria, including additional education and clinical training, to provide these services as advanced dental therapists, dental hygiene therapists, or dental therapists. Observers suggest that these new workforce models represent the emergence of a “mid-level dental provider” in oral health. Although data on the impact of the various transitional roles for DHs are quite limited, the existing data suggest that these new roles may be associated with improvement in oral health outcomes in some populations.^{12,13,14}

Expanded Permissions and Reduced Supervision

Role transitions for DHs are occurring through 2 paths. The first, and most-discussed in the literature, is a reduction in levels of required dental supervision, which allows dental hygiene professionals to initiate and provide services considered within the traditional “scope” of dental hygiene practice to restricted-access, low-income patients in public health settings. For example, in some states, DHs may place dental sealants on permanent molars without prior authorization from a dentist.

Since 2001, when the DHPPI was originally constructed, 45 states have decreased the required level of supervision for DHs in public health settings, and most have also allowed for these professionals to perform a broader range of tasks in those settings.¹⁵ The preventive tasks with the greatest reductions in supervision requirements over recent years are coronal polishing, sealant application, fluoride treatments/applications, taking of radiographs, and dental scaling and root planing.

Kansas is an example of a state that changed supervision requirements for DHs with successful outcomes. Kansas adopted a stepwise approach to permissions for DHs to provide patient services in public health settings by instituting an Extended Care Permit (ECP) program with 3 progressively permissive levels.¹⁶ Allowable tasks and the patients who could be served depended on the training and experience of the DH. DHs with an ECP I permit were qualified by experience to provide preventive care and diagnostic services to underserved populations, including children and adults, without direct supervision but with sponsorship of a dentist. DHs were able to qualify for an ECP II permit with more hours of experience and were allowed to serve more complex patients, including older adults in nursing homes and persons with developmental disabilities, among others.¹⁶ An ECP III permit allowed trained DHs to provide temporary restorations, adjust dentures, extract primary teeth with certain mobility, and apply local anesthetics. After the ECP program was enacted, patients in the state demonstrated statistically significant improvements in oral health outcomes as measured by decreases in dental decay, increases in restorations, and decreases in the level of treatment urgency.^{13,17}

South Carolina provides another example of change that affected outcomes. The state removed the requirement for a recent prior examination by a dentist before a DH could initiate any preventive services for a patient in a public health setting.¹⁸ The ability of a DH to provide services directly to patients positively impacted oral health outcomes for low-income children. Five years after South Carolina adopted this legislation, state data indicated that sealant use increased, the incidence of untreated cavities decreased, and treatment urgency rates declined among Medicaid-insured children.¹⁷

A pilot program utilizing DHs to provide sealants to children in public health settings in rural Wisconsin is another example in the literature of a successful intervention to provide preventive services by engaging DHs working under public health supervision (a status which allows the DH to work in the community without the prior authorization or presence of a dentist). DHs provided sealants for 1511 children over a period of 6 years¹⁹ and referred 804 children with dental caries to receive restorative treatment²⁰; 463 of the referred children completed follow-up examinations by a dentist. The program targeted children from low-income households; 30% to 35% of the children who received services were Medicaid recipients, while 45% were uninsured.¹⁹

In 2014, 36 states had regulations that allowed for some form of “direct access” to preventive services from DHs in public health settings. The ADHA defines direct access as allowing a DH to initiate treatment based on his or her assessment and the patient’s need without the specific authorization of the dentist, to treat the patient without the presence of a dentist, and to maintain a provider–patient relationship.²¹

A study of a pilot program in California in which DHs treated patients independent of a dentist’s supervision found these practice conditions conducive to favorable oral health outcomes.²² Direct access

to DHs in California was correlated with increased patient satisfaction and access to care, lower costs, and improved availability of services for Medicaid patients. Moreover, there was no increased risk for patients receiving services directly from DHs. In addition, the quality of care and outcomes from these services met or surpassed the level of care provided by dentists.

Actual practice for DHs may vary from that permitted in statutes and regulations, especially when it requires direct supervision, as a dentist may prefer not to delegate a service. As an example, in 2003, the Minnesota legislature signed a law allowing registered dental assistants (RDAs) and registered DHs (RDHs) to provide some basic restorative services after targeted training and competency assessment.²³ Qualified RDAs and RDHs were allowed to place restorative materials including amalgam, glass ionomer, and resin-based restorations (Class I and Class V restorations in the enamel) under direct dental supervision.²² However, a 2014 survey of certified RDAs and RDHs in Minnesota found that only 38% of respondents were providing these services in their practices.²²

New Workforce Models

The second strategic response to improving access to dental hygiene services noted in the literature is the introduction of new or advanced practice workforce models. These models generally build on the foundational competencies of dental hygiene but require further didactic education, clinical training, and competency testing. These models are designed to address unmet need for oral health services among specific population groups, including low-income and rural populations who experience barriers to accessing oral health services in traditional models of care delivery.^{24,25,26}

According to the ADHA, an advanced practice DH is a licensed DH who has graduated from an accredited dental hygiene program and provides primary oral health care directly to patients to promote and restore health through assessment, diagnosis, treatment, evaluation, and referral services.¹ Kansas, California, Colorado, Oregon, Minnesota, Maine, and Vermont are among the states that have enacted advanced practice dental hygiene models.

New or advanced practice workforce models for DHs have various labels depending on the state—for example, *extended care permit DH* (Kansas), *limited access permit DH* (Oregon), *public health DH* (Massachusetts, Nebraska, etc), *collaborative practice DH* (New Mexico, Minnesota), *registered DH in alternative practice* (California), *unsupervised practice DH* (Colorado), *independent practice DH* (Maine), *advanced dental therapist* (Minnesota), *dental therapist* (Vermont), and *dental hygiene therapist* (Maine). The range of allowable services within these models also varies and includes general preventive procedures such as prophylaxis, sealants, and scaling and root planing, as well as, in some cases, restorative services which may include placing temporary crowns, extracting primary teeth, placing a variety of restorative materials, or actually carving the tooth and completing the restoration.

Oregon's limited access permit program allows DHs to practice in rural and community settings, including nursing homes, health clinics, schools, and hospitals, without the supervision of a dentist.²⁷ Survey data collected from some DHs practicing with these permits found that most provided services in residential care settings or schools and that services including prophylaxis and fluoride varnishes were mainly provided to children.²⁶

Workforce models that permit DHs to provide basic restorative services are sometimes called “mid-level” provider models, with comparisons to nurse practitioners and physician assistants in health care. Currently, only 3 states permit mid-level models for DHs. In 2009, Minnesota enabled the advanced dental therapist (ADT) model, which requires the practitioner to also be a licensed DH.²⁸ The DH must obtain a master's degree to practice advanced dental therapy and perform such tasks as individualized treatment planning in collaboration with a dentist; nonsurgical extraction of periodontally involved permanent teeth with class III or IV mobility; and providing, dispensing, and administering analgesics, anti-inflammatory drugs, and antibiotics.²⁷

In 2014, the Maine legislature passed a statutory revision to allow the practice of dental hygiene therapists (DHT)—a DH with advanced education and training in basic restorative services.²⁹ DHTs in Maine will be allowed to complete restorative charting, perform root planning, take impressions for athletic mouth guards and custom fluoride trays, prepare and place space maintainers, place and remove rubber dams, place temporary crown restorations, and apply topical antimicrobials (excluding antibiotics), among other tasks.²⁸ In 2016, the Vermont legislature passed a dental therapy bill that requires training as a DH with further education in dental therapy to obtain competency in restorative services.

Several other states—including Connecticut, Kansas, Massachusetts, New Mexico, North Dakota, South Carolina, Texas, Washington, Ohio, and Michigan—have proposed or are considering legislation to create mid-level dental hygiene workforce models.³⁰ Because these models are in the early stages of implementation, data on the relationship of the models to improvements in oral health service delivery and oral health outcomes for the population are mostly lacking.

Theoretical research suggests that mid-level oral health providers have the potential to reduce health inequities.³¹ A 2009 study predicted that adding dental therapists to the dental team would increase access for children and rural populations with restricted access to oral health services, as dental therapists might provide basic restorative services at a lower cost.^{32,33} A study of dental treatment services in safety-net clinics concluded that 48% to 66% of all procedures performed by dental professionals in those centers could be performed by mid-level practitioners.²⁸

To allow for the future analysis of the impact of new workforce models for DHs on the oral health status of the population, the 2016 DHPPI instrument includes variables that account for these emerging workforce models (eg, placing stainless steel crowns) as well as the new technologies available for use in dental hygiene practice (eg, laser therapy, teledentistry, etc).

Factor Analysis of the 2016 DHPPI to Ensure the Instrument Appropriately Measures Scope of Practice

Once the 2016 DHPPI had been scored for each state, the instrument and each group of variables within were factor analyzed by category and in sum. Although it was theoretically assumed that each of the 4 categories conceptually represented different aspects of professional scope of practice, researchers found it important to quantitatively test this assumption with factor analysis. Both exploratory factor analysis and confirmatory factor analysis were used to ascertain whether the 4 separate scope-of-practice categories separately and together statistically reflected a cohesive construct of scope of practice.

Exploratory Factor Analysis

The first test used on states' scores on the 2016 DHPPI was exploratory factor analysis, using the most stringent standards according to the literature (Table 3). The exploratory factor analysis found a 1-factor model—that is to say, the 4 groupings or categories of variables in the DHPPI (regulation, supervision, tasks, and reimbursement) were dimensions of the single, overarching concept of scope of practice. Maximum likelihood was selected using promax rotation methods, and the results showed a 1-factor model with a good model fit. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was 0.769 for the 2016 index, which is greater than the accepted 0.60 cutoff level. Bartlett's test of sphericity was 82.378 and was statistically significant. Initial eigenvalues were 2.707, well above the standard accepted 1.0 cutoff, explaining 68% of the variance. The scree plot for these eigenvalues clearly indicates a 1-factor model.

Table 3. Results of the Exploratory Factor Analysis

Exploratory Factor Analysis	2015 Indices
Kaiser-Meyer-Olkin Measure of Sampling Adequacy	0.769
Bartlett's test of sphericity	82.378
<i>P</i> value for Bartlett's test of sphericity	.000
Initial eigenvalue/associated percent of explained variance	2.707/68%
Number of factors found	1

Source: OHWRC, 2016

The communalities (computed by summing squared factor loadings to identify variance and the correlation between the variable and the construct) after extraction ranged from 0.40 to 0.88 (Table 4), indicating that the 4 variables have a solid correlational structure; values less than 0.40 after extraction indicate a weak relationship between each variable and the overarching construct (scope of practice).

Table 4. Results of the Exploratory Factor Analysis by Category Within the DHPPI

Communalities	Initial	Extraction
Regulation	0.448	0.486
Supervision	0.509	0.559
Tasks	0.656	0.882
Reimbursement	0.374	0.400

Source: OHWRC, 2016

Confirmatory Factor Analysis

Results of the confirmatory factor analysis appear in Table 5. Both the unstandardized estimates and the standardized estimates are highly statistically significant. In the table, the critical ratio is comparable to a t value. All 4 categorical variables were significant at or below the .01 probability level.

Table 5. Results of the Confirmatory Factor Analysis of the 2016 DHPPI

Variable	Confirmatory Factor Analysis, 2016			
	Standardized Estimate	Unstandardized Estimate	Standard Error	Critical Ratio
Regulation	0.697	2.8	0.520	5.372 ^a
Supervision	0.748	5.184	0.882	5.877 ^a
Tasks	0.939	6.608	0.822	8.029 ^a
Reimbursement	0.630	3.208	0.676	4.735 ^a

^aSignificant at or below the .01 probability level.

Source: OHWRC, 2016

The fit indices—the normed fit index (NFI), relative fit index (RFI), comparative fit index (CFI), and goodness-of-fit index (GFI)—indicate the proportion of observed variation explained by the covariance implied by the model. A range from 0 to 1 and values of 0.90 or higher indicate a good model fit, and values of 0.95 or higher indicate an excellent model fit. All values in this confirmatory analysis exceed 0.95 for the 2016 DHPPI, indicating an excellent model fit (Table 6).

The root mean square error of approximation (RMSEA) measures the amount of discrepancy per degree of freedom. Values equal to or less than 0.06 indicate a good model fit. PCLOSE tests the null hypothesis that RMSEA is no greater than 0.05; accepting the null indicates a good model fit. The RMSEA value of 0,

with a PCLOSE value of 0.598, indicates an excellent model fit. The chi-square value is statistically nonsignificant, with an associated P value of .559 (Table 6). Therefore, the null hypothesis is accepted and the proposed model is statistically validated. The 4 components (regulation, supervision, tasks, and reimbursement) sum to create a single professional practice index for each state in 2016.

Table 6. Confirmatory Factor Analysis Fit Indices, 2016 DHPPI

Fit Indices	2016 Default Model
NFI	0.986
RFI	0.959
CFI	1.0000
GFI	0.988
RMSEA	0.0000
PCLOSE ^a	0.598
Chi-square	1.164
P value	0.559
^a PCLOSE tests the null hypothesis that RMSEA is no greater than 0.05; accepting the null indicates a good model fit. CFI, comparative fit index; GFI, goodness-of-fit index; NFI, normed fit index; RFI, relative fit index; RMSEA, root mean square error of approximation.	

Source: OHWRC, 2016

Once it had been established that the instrument was a valid measure of scope of practice, a comparative analysis was accomplished in order to understand differences in state scores on the 2016 DHPPI, followed by a comparison of 2016 scores with those from 2001 and 2014.

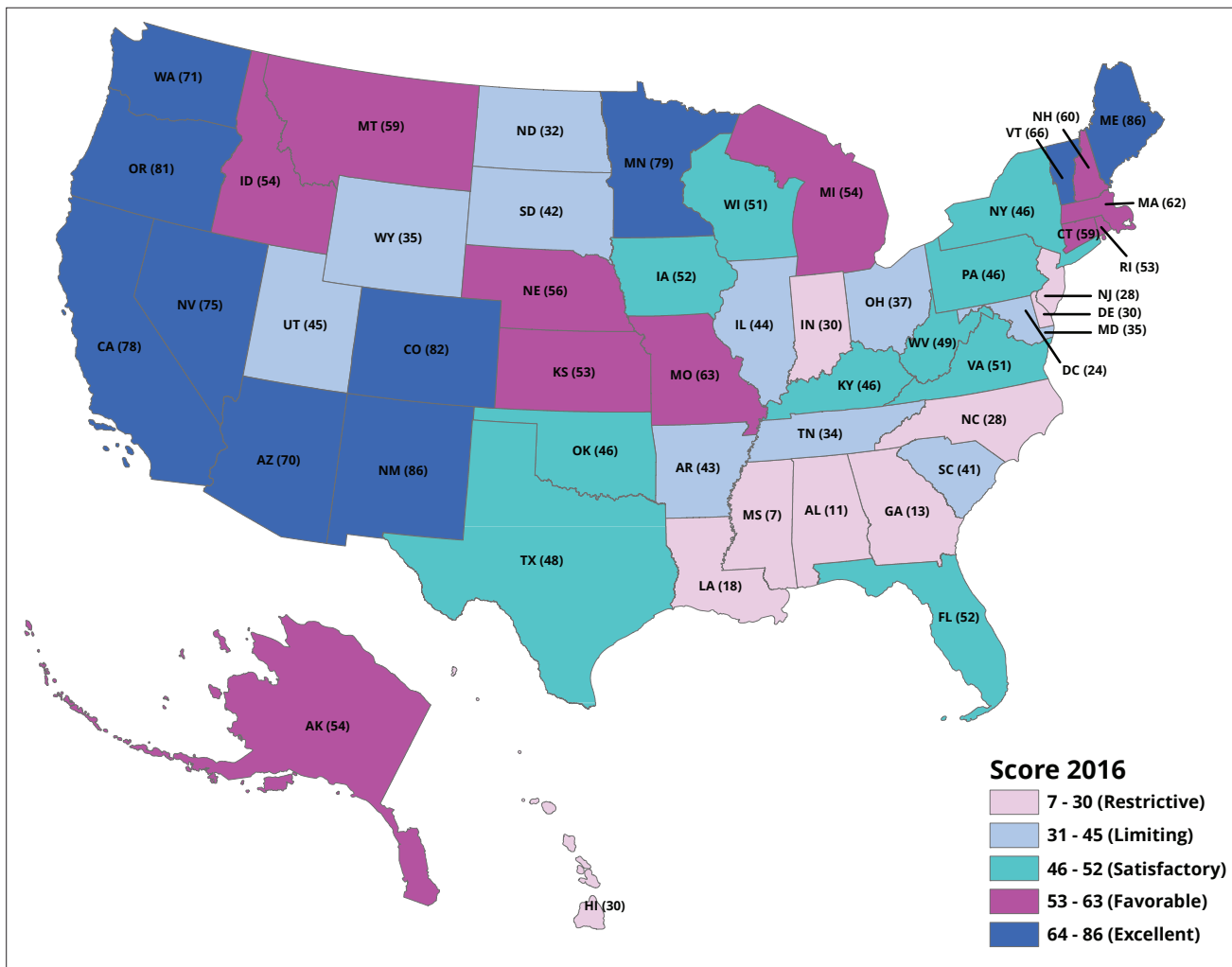
Scores on the 2016 DHPPI

Differences in permissions for DHs to practice in specific states were noted in the review of statutes and regulations. States’ scores on the 2016 DHPPI ranged from a high of 86 in Maine to a low of 7 in Mississippi. Supervision requirements encompassed a broad range that included direct supervision, allowances for general supervision in both private and public settings, public health practice managed through protocols or written collaborative agreements, and independent practice, while allowable services ranged from screening and assessment to restorative functions for dental hygiene therapists. The wide variations in allowable practice by state were notable given that educational preparation, certification, and testing for professional competency in dental hygiene are standardized through national and regional education program accreditation and competency testing boards.

In 2001, 2014, and again in 2016, scores were sorted into quintiles to describe the practice environment in which DHs provide services to patients in public health settings. The quintiles were labeled excellent,

favorable, satisfactory, limiting, and restrictive. Figure 3 maps the individual states' scores on the 2016 DHPPI (in parentheses) and the quintile groupings (coded by color).

Figure 3. Map of the 2016 DHPPI Scores and Ranking of States by Quintiles Based on Scores



Source: OHWRC, 2016

Comparative Analysis of Scope of Practice: 2001, 2014, and 2016

The 2016 DHPPI instrument was designed to capture both *current* and *emerging* roles and functions for DHs; thus, it was understood that scores on the 2016 index would vary from the scores from 2001 and 2014. While the original and revised DHPPI instruments were each intended to measure conditions for direct access to dental hygiene services in public health settings, each used different variables to arrive at the final state score. It was assumed that the insertion of emerging roles and tasks for DHs as measures in the 2016 instrument would result in lower scores overall on the revised index because of limited uptake by states of new workforce models that include basic restorative tasks or use of new technology.

Inclusion of these variables in the revised index was, however, purposeful to ensure that the 2016 instrument would be useful in future evaluations of impact of scope of practice on oral health outcomes and to appropriately anticipate the potential evolution of the roles of DHs in oral health services delivery.

The differences in variables between instruments limited comparability across time. Nevertheless, researchers reviewed and compared scores from 2001, 2014, and 2016 to evaluate each state’s standings on each of the instruments relative to itself and to others. As expected, state scores were lower on the 2016 DHPPI relative to the scores from 2001 and 2014. However, the range in scores across states varied only slightly by year. In 2016, the range was 79 points; in 2014, it was 70 points, while in 2001, it was 87 points (Table 7).

Mean scores in each of the 4 component categories—regulation, supervision, tasks, and reimbursement—as well as the mean composite score were lower for the 2016 DHPPI than for the 2014 DHPPI (Table 7). The differences are likely attributable to the differences in the variables and score allotments in each category between the original and 2016 indices.

Table 7. Ranges and Mean Scores on the 2016, 2014, and 2001 DHPPIs

Range of State Scores	2016	2014	2001
Highest possible score	100	100	100
Lowest state score	7	18	10
Highest state score	86	98	97
DHPPI Category	2016 Mean Scores	2014 Mean Scores	2001 Mean Scores
Regulation	5.0	7.8	7.4
Supervision	23.9	27.3	19.1
Tasks	16.5	18.0	14.8
Reimbursement	3.6	4.4	2.2
Composite Score	48.9	57.6	43.5

Source: OHWRC, 2016

Optimal category scores varied between instruments, as did the number of variables and the assigned scores within each category. The optimal score for regulation was 10 points (mean of 7.8) in 2014 and 22 points (mean of 5.0) in 2016. The optimal score for supervision was 47 points (mean of 27.3) in 2014 and 30 points (mean of 23.9) in 2016. The optimal score in the tasks category was 28 points (mean of 18.0) in 2014 and 36 points (mean of 16.5) in 2016. Finally, the optimal score for reimbursement was 15 points (mean of 4.4) in 2014 and 12 points (mean of 3.6) in 2016.

- The low mean score in the regulation category in 2016 (mean of 5.0, relative to a possible score of 22) was due to a number of factors, one of which was that most states enable only 1 or 2

categories of advanced or extended practice for DHs (these workforce models are scored separately in the instrument under regulation). Maine is an exception in that it allows for the practice of dental hygiene therapy, independent practice dental hygiene, public health supervision dental hygiene, and certification in extended functions. As a result, self-employment, practice ownership, and the ability to employ other DHs is permitted in Maine. These opportunities are each scored in the category. Thus, Maine achieved a higher score than most other states in regulation.

- The high mean score on the 2016 DHPPI in the supervision category (mean of 23.9, relative to a possible score of 30) is likely because many states have now extended permission for DHs to practice in a broad array of public health settings under protocols that do not require patients to be patients of record of collaborating dentists. Several states achieved near-optimal scores in this category. Note that the mean score in the supervision category in 2001 was 19.1 relative to a possible score of 47.
- The relatively low mean score in the tasks category in 2016 (mean of 16.5, relative to a possible score of 36) was probably related to the inclusion of permissible restorative tasks, prescriptive authority, and use of laser technology as variables on the new instrument; none of these were included as variables in the 2014 DHPPI. Selective permission by state legislatures resulted in lower scores overall in the category. One example of legislative caution is that while some states allow for the use of lasers in whitening procedures, they do not allow use of the technology by DHs for gum debridement, likely out of concern that lasers might result in irremediable alterations to the gum. In addition, while several states allow DHs to use and apply antimicrobials, they do not permit DHs to prescribe them.
- Although the variables within the reimbursement category were the same in both the original and the revised instruments, the total value assigned to those variables decreased from 15 points in the original DHPPI to 12 points in the 2016 DHPPI. The lower optimal score likely contributed to the lower mean score in the category in 2016 (3.6) versus 2014 (4.4).

The comparative tool that best showed the changes in scores over time was the ranking of states, which was completed in 2001, 2014, and 2016. In each of the DHPPI reports, a state's score was compared with those of other states in a ranking by quintile. The quintiles that were selected for use in 2001 and 2014 labeled scope of practice for DHs as *excellent*, *favorable*, *satisfactory*, *limiting*, or *restrictive*. Scores on the 2016 DHPPI also were categorized in this manner. Despite the differences in variables within the indices, there were some interesting consistencies in the distribution of states' scores by quintile noted in the comparative analysis conducted for this study (Table 8).

Higher-scoring states in 2001 and 2014 (ie, ranked as excellent or favorable) generally also scored higher on the 2016 instrument. This consistency in ranking suggests that certain states are persistent innovators in workforce strategies to address the oral health care needs of their underserved populations. Examples of consistently high-scoring states include Maine, Oregon, Minnesota, California, Colorado, Washington, and New Mexico, all of which have permitted expanded scopes of practice including extended functions for DHs, with Maine and Minnesota now enabling new workforce models that permit DHs with further didactic and clinical training to perform restorative functions.

Conversely, several low-scoring states in 2001 and 2014 (ie, ranked as limiting or restrictive) remained low scoring on the 2016 DHPPI, suggesting little change in legal scope of practice for DHs over the 15 years since the DHPPI was originally created. Examples of low-scoring states include North Carolina, Georgia, Mississippi, and Alabama. These states were appraised as restrictive in their allowances for dental hygiene practice, often requiring direct supervision of preventive services and permitting DHs to provide services only to patients of record of the supervising dentist, even in public health settings.

States with DHPPI scores in the middle range (ie, ranked as satisfactory) often allowed for expanded roles for DHs but continued to limit the tasks that could be performed in public health settings under lower levels of supervision, or maintained requirements that a dentist first see the patient to determine the need for preventive services. Changes in scopes of practice in states tend to be incremental, extending the process for improving direct access to preventive services from DHs. States will often require data on the impact of an innovation before proceeding further with more expansive permissions.

Louisiana, South Dakota, and Utah are examples of states with dental hygiene scopes of practice that were excellent or more favorable to direct access than other states in 2001. As a result of lack of change since that time, these states have declined in their relative rankings, moving from excellent or favorable in 2001 to satisfactory or limiting in 2014 and to limiting or restrictive in 2016.

Table 8 summarizes the scores for each state and their relative ranking by year. The arrows indicate the direction of change relative to the previous ranking on the DHPPI.

Table 8. Comparisons of Scores and Quintile Rankings: 2016, 2014, and 2001

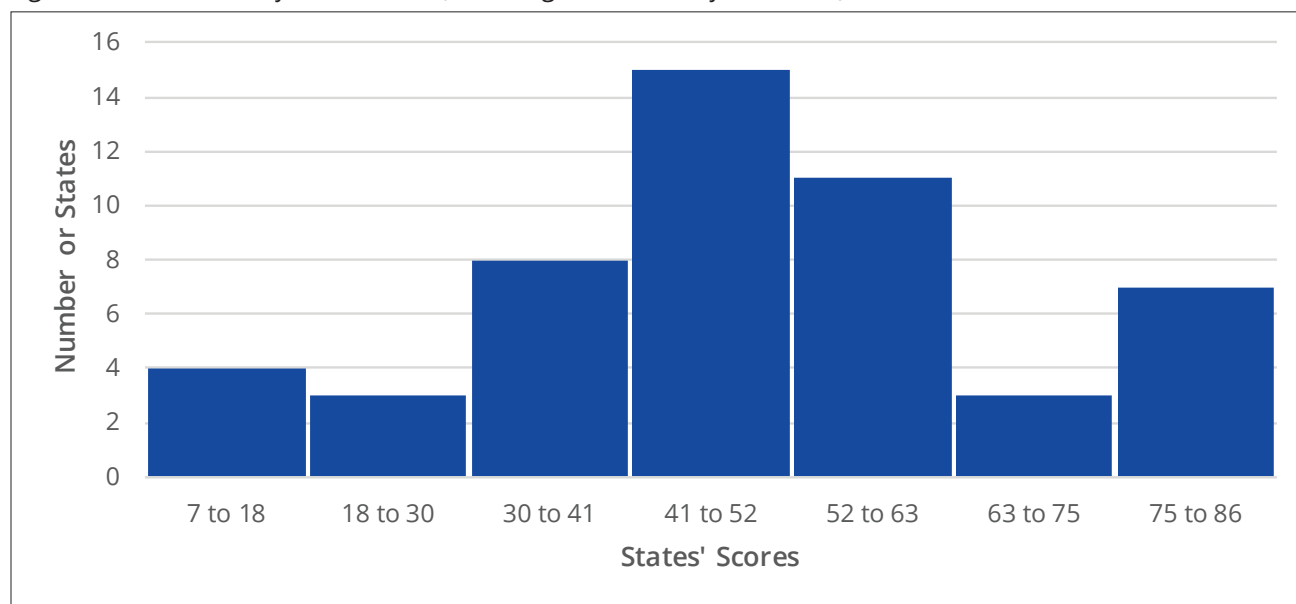
State	Composite Score, 2016 DHPPI	Quintile of Comparative Ranking, 2016	Direction of Change in Comparative Ranking, 2016 and 2014 ^a	Composite Score, 2014 DHPPI	Quintile of Comparative Ranking, 2016	Direction of Change in Comparative Ranking, 2014 and 2001 ^a	Composite Score, 2001 DHPPI	Quintile of Comparative Ranking, 2001
Alabama	11	Restrictive	↔	18	Restrictive	↔	18	Restrictive
Alaska	54	Favorable	↑	54	Satisfactory	↑	35	Limiting
Arizona	70	Excellent	↑	75	Favorable	↔	45	Favorable
Arkansas	43	Limiting	↓	60	Favorable	↑	27	Restrictive
California	78	Excellent	↔	95	Excellent	↔	86	Excellent
Colorado	82	Excellent	↔	97	Excellent	↔	97	Excellent
Connecticut	59	Favorable	↓	83	Excellent	↔	75	Excellent
Delaware	30	Restrictive	↔	36	Restrictive	↓	32	Limiting
District of Columbia	24	Restrictive	↓	41	Limiting	↔	32	Limiting
Florida	52	Satisfactory	↑	41	Limiting	↔	33	Limiting
Georgia	13	Restrictive	↔	24	Restrictive	↔	23	Restrictive
Hawaii	30	Restrictive	↔	39	Restrictive	↓	32	Limiting
Idaho	54	Favorable	↑	45	Limiting	↓	45	Favorable
Illinois	44	Limiting	↑	39	Restrictive	↓	36	Satisfactory
Indiana	30	Restrictive	↓	42	Limiting	↔	37	Limiting
Iowa	52	Satisfactory	↔	51	Satisfactory	↔	36	Satisfactory
Kansas	53	Favorable	↔	63	Favorable	↑	39	Satisfactory
Kentucky	46	Satisfactory	↔	53	Satisfactory	↑	18	Restrictive
Louisiana	18	Restrictive	↓	40	Limiting	↓	41	Favorable
Maine	86	Excellent	↔	98	Excellent	↔	56	Excellent
Maryland	35	Limiting	↓	49	Satisfactory	↑	36	Limiting
Massachusetts	62	Favorable	↓	82	Excellent	↑	34	Limiting
Michigan	54	Favorable	↑	54	Satisfactory	↑	35	Limiting
Minnesota	79	Excellent	↔	85	Excellent	↔	64	Excellent
Mississippi	7	Restrictive	↔	18	Restrictive	↔	15	Restrictive
Missouri	63	Favorable	↔	74	Favorable	↓	74	Excellent
Montana	59	Favorable	↓	89	Excellent	↑	41	Favorable
Nebraska	56	Favorable	↔	77	Favorable	↔	44	Favorable
Nevada	75	Excellent	↔	78	Excellent	↔	65	Excellent
New Hampshire	60	Favorable	↔	69	Favorable	↑	39	Satisfactory
New Jersey	28	Restrictive	↓	40	Limiting	↓	37	Satisfactory
New Mexico	86	Excellent	↔	87	Excellent	↔	86	Excellent
New York	46	Satisfactory	↓	57	Favorable	↔	50	Favorable
North Carolina	28	Restrictive	↔	33	Restrictive	↔	29	Restrictive
North Dakota	32	Limiting	↑	36	Restrictive	↓	32	Limiting
Ohio	37	Limiting	↔	43	Limiting	↓	38	Satisfactory
Oklahoma	46	Satisfactory	↔	49	Satisfactory	↑	31	Limiting
Oregon	81	Excellent	↔	96	Excellent	↔	88	Excellent
Pennsylvania	46	Satisfactory	↓	71	Favorable	↔	42	Favorable
Rhode Island	53	Favorable	↑	40	Limiting	↔	33	Limiting
South Carolina	41	Limiting	↓	51	Satisfactory	↓	45	Favorable
South Dakota	42	Limiting	↓	53	Satisfactory	↓	42	Favorable
Tennessee	34	Limiting	↔	43	Limiting	↓	39	Satisfactory
Texas	48	Satisfactory	↑	42	Limiting	↓	41	Favorable
Utah	45	Limiting	↓	48	Satisfactory	↓	53	Excellent
Vermont	66	Excellent	↑	47	Limiting	↓	39	Satisfactory
Virginia	51	Satisfactory	↓	68	Favorable	↑	17	Restrictive
Washington	71	Excellent	↔	94	Excellent	↔	96	Excellent
West Virginia	49	Satisfactory	↓	70	Favorable	↑	10	Restrictive
Wisconsin	51	Satisfactory	↓	58	Favorable	↔	44	Favorable
Wyoming	35	Limiting	↔	42	Limiting	↔	34	Limiting

^a ↔ = stayed the same over the time period, ↑ = increased over the time period, ↓ = decreased over the time period

Distribution of Scores on a Scale of 0 to 100

The scores for 2016, 2014, and 2001 were plotted on histograms in order to visualize the differences in their relative distribution. States' DHPPI scores were distributed slightly differently for each year in which they were analyzed. In 2016, the scores were more normally distributed than in the prior DHPPI scorings, although the curve was somewhat skewed to the right by higher-scoring states (Figure 4).

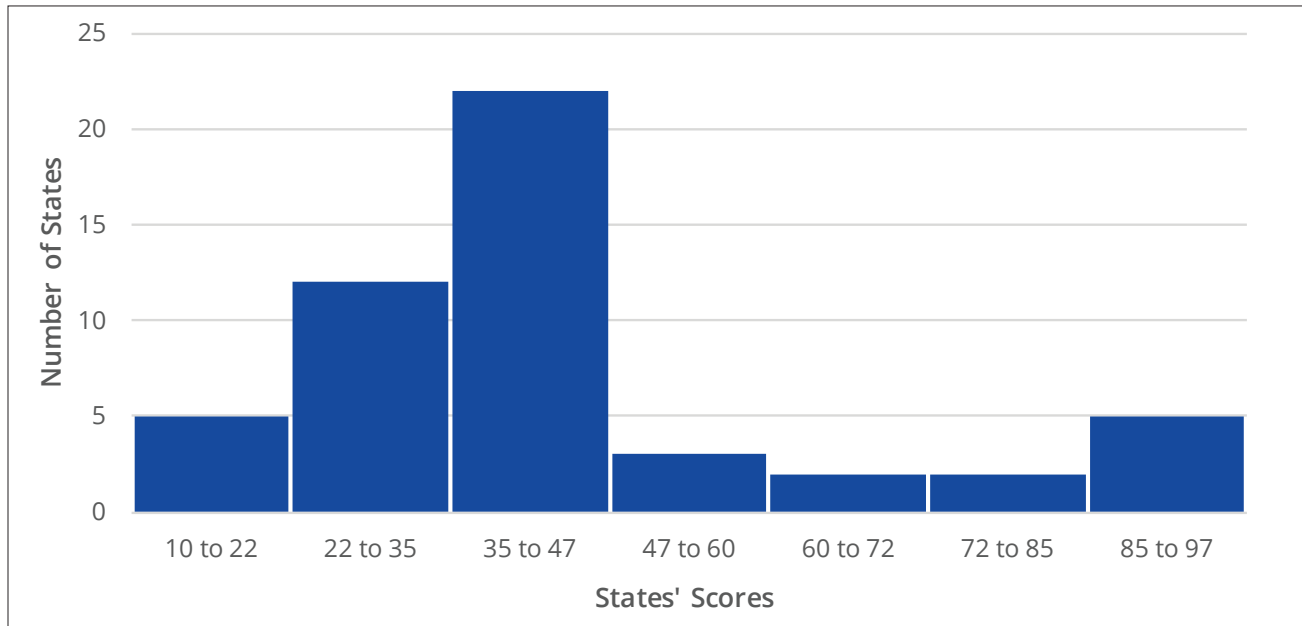
Figure 4. Distribution of State Scores (Including the District of Columbia) on the DHPPI in 2016



Source: OHWRC, 2016

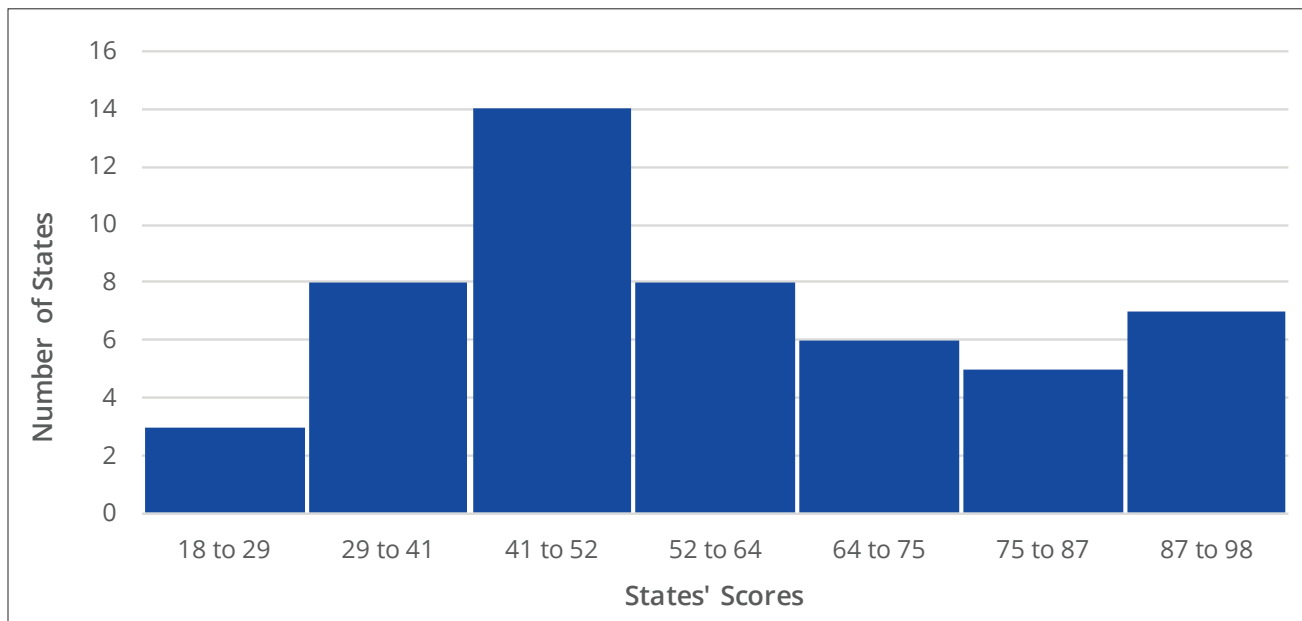
The following histograms showing states' scores in 2001 and 2014 (Figures 5 and 6) are of interest given that the scores were compiled using the same instrument (and thus, identical variables) to arrive at the DHPPI in the pertinent year. When contrasted with the distribution of scores in 2001, the distribution of scores in 2014 clearly shows an increase in scope of practice as assessed by the DHPPI that allowed for more direct access to DHs in public health settings over the period between the creation of the DHPPI in 2001 and the 2014 rescoring.

Figure 5. Distribution of State Scores (Including the District of Columbia) on the DHPPI in 2001



Source: OHWRC

Figure 6. Distribution of State Scores (Including the District of Columbia) on the DHPPI in 2014



Source: OHWRC

CONCLUSIONS

Increasing recognition of the importance of prevention of oral disease, early intervention in oral disease processes, and management of oral health has resulted in changing roles and functions for DHs over recent years. Dental hygiene professionals are trained to provide oral health education and prophylactic services and are thus well positioned to impact oral health literacy, intervene early in disease processes, and prevent disease.

Increased utilization of preventive services is expected to improve oral health in all population groups, but especially among populations who encounter barriers to accessing services in traditional models of care delivery. These populations include children, especially those from low-income families; people with special needs; racially and ethnically diverse populations; the elderly, especially those not living in the community; and rural populations. Many persons in these groups are eligible for Medicaid by virtue of low income or are uninsured, which further compromises their ability to find available dental providers. Scopes of practice that allow DHs to provide services to patients in public health settings without burdensome supervision or prescriptive requirements appear to increase access to educational and preventive care.

Understanding the actual impact of the changing roles and functions of DHs is important for patients, clinicians, advocates, and policymakers as they attempt to identify effective strategies to improve access to services and, in turn, population oral health. The DHPPI, which was first developed in 2001, rescored in 2014, and revised in 2016, provides a comparative and quantitative tool that can be used to assess the impact of dental hygiene scope of practice on oral health outcomes in the population. Separate analyses of the 2001 and 2014 DHPPI data revealed that dental hygiene scope of practice was positively and significantly associated with the percentage of the population in a state who utilized dental services and was also positively and significantly correlated with the percentage of the state population with no teeth removed due to decay or disease.

The DHPPI scores for 2016 have not yet been used in statistical analyses to understand the impact of changing scope of practice on oral health outcomes in the population. However, the 2016 index accommodates emerging workforce models and newly permitted remediable and irremediable functions for DHs that were not included in the previous iterations of the DHPPI. The inclusion of these variables should enable more accurate future assessment in a variety of analytic studies of the impact of scope of practice on population oral health outcomes.

Appendix A

APPENDIX A

This appendix contains the DHPPI instrument and the worksheets for each state with explanatory policy notes.

2014 SCORE SHEET

SCORING CATEGORY	Points	Max Score	Pn	State Score	Pn
REGULATED BY:					
Board of Dental Hygiene/Independent Dental Hygiene Committee	4	4	a		
Board of Dentistry/Dental Examiners with Dental Hygiene Advisory Committee	4				
Board of Dentistry/Dental Examiners with Dental Hygienist as a Voting Member (2+)	3				
Board of Dentistry/Dental Examiners with Dental Hygienist as a Voting Member	2				
Board of Dentistry/Dental Examiners with Dental Hygienist as a Non-Voting Member	1				
Other State Boards or Departments	3				
<i>Other Regulatory:</i>					
Licensure by Credential/Endorsement with no new clinical exam required	2	2	b		
Scope of Practice Defined in Law or Regulations	2	2	c		
Hygienist not restricted to patient of record of primary employing dentist	2	2	d		
Total Regulation Score		10			
SUPERVISION					
<i>Dental Hygiene Practice: Highest level of supervision in state laws and regs:</i>					
Unsupervised	4	4	e		
Collaborative Practice Arrangements	3				
General	2				
Direct	1				
<i>Supervision Requirements In:</i>					
Dentists Office					
Unsupervised	4	4	f		
Collaborative Practice Arrangements	3				
General	2				
Direct	1				
No requirement for prior examination by a dentist	1	1			
Long Term Care Facilities - Skilled Nursing Facilities					
Unsupervised	4	4	g		
Collaborative Practice Arrangements	3				
General	2				
Direct	1				
No requirement for prior examination by a dentist	1	1			
Schools-Private or Public					
Unsupervised	4	4	h		
Collaborative Practice Arrangements	3				
General	2				
Direct	1				
No requirement for prior examination by a dentist	1	1			
Public Health Agencies- Federally Qualified Health Centers					
Unsupervised	4	4	i		
Collaborative Practice Arrangements	3				
General	2				
Direct	1				
No requirement for prior examination by a dentist	1	1			
Correctional Facilities					
Unsupervised	4	4	j		
Collaborative Practice Arrangements	3				
General	2				
Direct	1				
No requirement for prior examination by a dentist	1	1			
Public Institutions- Mental Health Facilities					
Unsupervised	4	4	k		
Collaborative Practice Arrangements	3				
General	2				
Direct	1				
No requirement for prior examination by a dentist	1	1			
Hospitals/Rehabilitation Hospitals or Convalescent settings					
Unsupervised	4	4	l		
Collaborative Practice Arrangements	3				
General	2				
Direct	1				
No requirement for prior examination by a dentist	1	1			
Home Settings- Personal Residences					
Unsupervised	4	4	m		
Collaborative Practice Arrangements	3				
General	2				
Direct	1				
No requirement for prior examination by a dentist	1	1			
No Limits on Settings Allowed for Practice by Dental Hygienists	3	3	n		
Total Supervision Score		47			

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	State Score	Pn
Prophylaxis - Physical Presence of Dentist Not Required	2	2	<i>o</i>		
Fluoride Treatment - Physical Presence of Dentist Not Required	2	2	<i>p</i>		
Sealant Application - Physical Presence of Dentist Not Required	2	2	<i>q</i>		
X-Rays - Physical Presence of Dentist Not Required	2	2	<i>r</i>		
Place Amalgam Restorations	2	2	<i>s</i>		
Administer Local Anesthesia	2	2	<i>t</i>		
Administer Nitrous Oxide	2	2	<i>u</i>		
Hygienist allowed to perform initial screening or assessment	2	2	<i>v</i>		
Hygienist allowed to refer patient	2	2	<i>w</i>		
Hygienist may be self employed	2	2	<i>x</i>		
Hygienist may supervise a dental assistant	2	2	<i>y</i>		
Hygienist may be supervised by a medical provider	2	2	<i>z</i>		
Expanded functions available in the state	4	4	<i>aa</i>		
Total Tasks Score		28			

REIMBURSEMENT					
Medicaid Reimbursement Directly to Hygienists	10	10	<i>bb</i>		
Dental Hygienist may be paid directly for services provided	5	5	<i>cc</i>		
Total Reimbursement Score		15			

TOTAL SCORE		100			
--------------------	--	------------	--	--	--

2016 SCORE SHEET

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a		
with power to make regulatory recommendations		2			
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		
Advanced dental therapy or advanced dental hygiene practitioner		2			
Independent practice		2			
Collaborative practice		2			
Public health dental hygiene		2			
Expanded restorative functions		2			
Teledentistry services permitted		1	c		
Self-employment allowed		2	d		
Practice ownership allowed		2	e		
May employ other DHs or DAs		2	f		
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g		
Total Regulation Score	22				
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h		
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i		
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j		
Nursing Homes		2	k		
Correctional Facilities		2	l		
Mental Health Settings		2	m		
Personal Care Homes/ Patient Homes		2	n		
WIC Programs		2	o		
Mobile Dental Vans		2	p		
Free Clinics		2	q		
Programs for the Homeless		2	r		
Primary Care Health Clinics or Practices		2	s		
Able to supervise a dental assistant		2	t		
Total Supervision Score	30				
TASKS					
Dental hygiene diagnosis		4	u		
Dental hygiene treatment planning/plan of care		2	v		
Patient assessment, evaluation, and documentation		1	w		
Place sealants		2	x		
Place atraumatic/interim therapeutic restorations		2	y		
Perform basic/primary restorations with training and credential		2	z		
Place and carve amalgam		1	aa		
Simple extractions of primary teeth with training and credential		1	bb		
Fabricate provisional crowns		1	cc		
Place stainless steel crowns with training and credential		1	dd		
Able to provide local anesthesia w/o direct supervision		4	ee		
Able to perform scaling and root planing w/o direct supervision		4	ff		
Able to provide X-rays under general supervision		1	gg		
Permitted to use lasers for debridement		2	hh		
Identify and manage medical emergencies		1	ii		
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj		
Provide care of patients across the age continuum		1	kk		
Initiate consultations and referrals		3	ll		
Total Tasks Score	36				
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm		
May contract with commercial insurers for reimbursement		2	nn		
Total Reimbursement Score	12				
TOTAL SCORE	100				

ALABAMA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b	0	b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		0	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			2	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	0	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>				0	
Schools		2	j	0	j
Nursing Homes		2	k	0	k
Correctional Facilities		2	l	0	l
Mental Health Settings		2	m	0	m
Personal Care Homes/ Patient Homes		2	n	0	n
WIC Programs		2	o	0	o
Mobile Dental Vans		2	p	0	p
Free Clinics		2	q	0	q
Programs for the Homeless		2	r	0	r
Primary Care Health Clinics or Practices		2	s	0	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			0	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	1	cc
Place stainless steel crowns with training and credential		1	dd	1	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	0	ff
Able to provide X-rays under general supervision		1	gg	0	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	0	
Total Tasks Score	36			9	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			11	

Regulation

- a) § 34-9-40. The dental board consists of 6 members including 1 DH. DHs are only allowed to vote on matters of dental hygiene.
- b) 270-X-3 .10(3)(2). The list of services that might be provided by a DH under direct supervision include expanded restorative and orthodontic functions. See footnote w, etc.
- c) Alabama is one of 9 states that requires telemedicine licensure for physicians but the regulations do not discuss teledentistry services. Refer to Rules of the Alabama Board of Medical Examiners, CH 540-X-15.02 Telehealth Medical Services by Physicians According to Licensure Status.

Supervision

- h, i) § 34-9-27. DHs shall work only under the direct supervision of a dentist. Refer to 270-x-3.06.
- j, k, l, m, n, o, p, q, r, s) 270-X-3 .10(3). DHs may only work under the direct supervision of a licensed dentist.

Tasks

- u, v, jj, bb, ee) § 34-9-6 (5) or (6). Any person shall be deemed to be practicing dentistry who diagnoses, prescribes, treats diseases, deformities, etc. of the teeth or adjacent structures, who extracts or attempts to extract human teeth, who administers local or general anesthetics, who repairs or fills cavities, etc.
- w, x, y, cc, dd). 270-X-3 .10(3)(2). Intra-oral procedures cannot be performed unless under the direct supervision of a licensed dentist. A DH may perform preliminary charting and inspection of the oral cavity, apply topical agents under direct supervision, construct and remove interim restorations, construct and place temporary crowns, contour but not cement stainless steel crowns, make dental radiographs, give instructions, assist in administering nitrous oxide, use laser technology for preliminary diagnostic purposes only, remove stains, etc. from teeth, perform gingival curettage, perform root planing, polish restorations, place pit and fissure sealants, etc.

ALASKA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		2	
Public health dental hygiene		2		0	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			4	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	2	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	2	z
Place and carve amalgam		1	aa	1	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			22	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			54	

Regulation

- a) AS 08.36.010. The Board of Dental Examiners is a 9-member board including 6 dentists, 2 DHs, and 1 public member with no interest in the health care industry.
- b) A.S. 08.32.115. A DH may practice under a collaborative if the collaborative agreement if the DH meets board requirements and is approved by the board.
- d, e) AS 08.36.367. Only a licensed dentist may own, operate or maintain a dental practice, office, or clinic with the exception of institutions and organizations listed in this section of statute. Dental hygienists are not among the exceptions.

**The Dental Health Aide Therapist model is a workforce model used only in IHS and tribal clinics in Alaska. The DHAT serves native American populations and is not available outside of native communities in the state.

Supervision

- h, i,) AS 08.32.115 (a) (2) and (b). A DH may provide prophylaxis under a collaborative agreement without the presence of the licensed dentist in a setting other than the usual place of practice of the licensed dentist and without the dentist's diagnosis and treatment plan unless otherwise specified in the collaborative agreement.
- j, k, l, m, n, o, p, q, r, s,) AS 08.32.115 (b) (2). A DH may perform services allowed under the collaborative agreement in a setting other than the usual place of practice of the dentist.

Tasks

- u, bb, jj) AS 08.32.110(2)(c). A DH is not authorized to perform dental diagnosis, writing prescriptions, operate or surgical procedures, etc. AS 08.36.360. The practice of dentistry includes diagnoses, extraction of human teeth, etc.
- v, w, x, ee, ff, gg) A.S. 08.32.110(2)(c). Under a collaborative agreement, a DH may provide prophylaxis, application of pit and fissure sealants and fluoride, charting and triage to formulate a dental hygiene assessment and treatment plan, expose and develop x-rays, perform non-surgical periodontal therapy with or without the administration of nitrous oxide, etc. without a dentist's diagnosis and treatment plan unless otherwise specified in the collaborative agreement. A.S. 08.32.110(1)(A). Under the general supervision of a dentist, a DH may perform preliminary charting and triage to formulate a dental hygiene assessment and dental hygiene treatment plan, remove calcareous deposits, etc., perform nonsurgical periodontal therapy, and if certified administer local anesthetic agents, and perform other services delegated by a dentist that are permitted under law.
- z) A.S. 08.32.085 and 12 AAC 28.750. A DH may be issued a restorative function endorsement to place restorations under the direct supervision of a dentist into a cavity prepared by the dentist and carve, contour, and adjust contacts and occlusion of the restoration.
- ii) 12 AAC 28.400. CPR certification is required for renewal of a DH license. 12 AAC 28.340 (4) (F) (i). One requirement for certification of a DH in local anesthesia is a valid cardiopulmonary resuscitation certification.
- ll) 12 AAC 28.956. One of the requirements for a collaborative agreement between a DH and a dentist is that a DH refer to the affiliated dentist all patients who have been assessed as needing treatment or planning outside of the DH's scope of practice.

ARIZONA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	2	a
with power to make regulatory recommendations		2		2	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		2	
Public health dental hygiene		2	b	0	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	1	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			9	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	1	aa
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	1	dd
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			23	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	10	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			10	
TOTAL SCORE	100			70	

Regulation

- a) A.R.S. § 32-1203. The state board has 11 members including 6 dentists, 2 DHs, 2 public members and 1 business entity member. R4-11-605. The board shall appoint a 7-member Dental Hygiene Committee that includes 1 dentist who is a board member, 1 DH who is a board member, 4 DHs who meet board requirements, and 1 lay member. R4-11-607. The Dental Hygiene Committee shall advise the board on all matters relating to the regulation of DHs and may make recommendations to the Board concerning statute and rule development which affect DHs' education, licensure, regulation or practice.
- b) A.R.S. § 32-1289.01. A DH who meets the requirements may practice under an affiliated practice agreement between a supervising dentist and the DH that lists the practice settings, services that may be provided, and any procedures and standing orders.
- c) A.R.S. § 32-1201 (12). Teledentistry is defined as the use of data transmitted through interactive audio, video or data communications for the purposes of diagnosis, treatment planning, consultation and directing the delivery of treatment by dentists and dental providers in settings permissible under title 32, chapter 11 or specified in rules adopted by the board. The statute defines a "dental provider" as a DH, an affiliated practice dental hygienist, or dental assistant who is licensed pursuant to Title 32, Chapter 11. Refer to A.R.S. § 36-3611.

Supervision

- h, i) A.R.S. § 32-1289.01. A DH who meets the requirements may practice under an affiliated practice agreement between a supervising dentist and the DH that lists the practice settings, services that may be provided, and any procedures and standing orders. Standing orders include the circumstances in which the patient may be seen by the DH. The affiliated practice DH must consult with the affiliated practice dentist before initiating further treatment on patients who have not been seen by a dentist within 12 months of the initial treatment by the dental hygienist. DHs may enter into affiliated practice relationships with dentists and perform dental hygiene procedures within the dental hygiene scope of practice.
- j, k, l, m, n, o, q, r, s) A.R.S. § 32-1281 (F). A DH may perform services on a patient of record in a dentist's office or in a health care facility, long term care facility, public health agency or institution, public or private school, or homebound setting on patients who have been examined by a dentist within the previous year except as further provided relative to affiliated practice. A.R.S. § 32-1289.01 (E). A health care organization, a long-term care facility, a public health agency or institution, a public or private school authority, a government sponsored program, a private nonprofit or charitable organization, a social service organization or program may contract for DH service with licensees with an affiliated practice relationship. R4-11-602. A DH treating a homebound patient shall only provide treatment prescribed by the dentist of record in the diagnosis and treatment plan which shall be dated no more than 12 months before the dental hygiene treatment.

Tasks

- w, x, ff, gg, hh) A.R.S. § 32-1281 (A) (B) (C) (D). A person is practicing dental hygiene who performs prophylaxis, scaling, subgingival curettage, root planing, periodontal screening or assessments, inspecting the oral cavity and gathering and recording data, completing case histories, exposing and processing radiographs, performs the function of dental assistants, and if qualified, the functions of expanded function dental assistants, or other procedures. The board shall prescribe the circumstances under which a licensed DH may apply preventative and therapeutic agents and use or operate emerging scientific technology. Except as otherwise provided in law and regulation a DH may practice under the general supervision of a dentist.
- y, aa, dd) A.R.S. § 32-1291.01. Expanded functions which may be performed if the DH is qualified include placement, contouring, and finishing of direct restorations, placement and cementation of prefabricated crowns, placing interim therapeutic restorations, etc.
- ee) A.R.S. § 32-1281 (E). A DH who has qualified according to board rules may administer local anesthesia under general supervision to persons over 18 years of age who have been examined by a dentist within the prior 12 months and with approval of the supervising dentist.
- hh) A.R.S. § 32-1281 (C)(D) and R4-11-60(H). A DH may use emerging technology with training and supervision.
- ii) R4-11-301 (6). An applicant for licensure must present a current cardiopulmonary resuscitation healthcare provider level certificate. R4-11-12-04. For license renewal a DH must complete the required hours of continuing education including at least three hours in CPR healthcare provider, ACLS and PALS.
- ll) A.R.S. § 32-1289.01. Under an affiliated practice agreement, a DH may refer a patient to the supervising dentist for examination and treatment planning. The supervising dentist may then refer the patient to another dentist for examination and treatment planning.

ARKANSAS

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		2	
Public health dental hygiene		2		0	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			2	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	0	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	2	
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	2	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	cc
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	
Able to perform scaling and root planing w/o direct supervision		4	ff	0	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			13	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	mm
May contract with commercial insurers for reimbursement		2	nn	0	nn
Total Reimbursement Score	12			0	
TOTAL SCORE	100			43	

Regulation

- a) § 17-82-201 (a). The board consists of 9 members including 6 dentists, 1 DH, and 1 public member.
- b) § 17-82-701. A DH working under a collaborative agreement with a dentist may provide prophylaxis, fluoride treatment, and sealant application for children, senior citizens, and persons with developmental disabilities without the supervision and presence of a dentist and without prior examination of the persons by the dentist.
- c) Act 887 refers only to medical not to dental providers. (Act 887, April 2014 Board Decision, Arkansas State Medical Board Regulation 2.8, Arkansas State Medical Board Physician Licensure Packet.)
- d, e) Regulation Article XI (3) (e). DHs must practice under the supervision of a licensed dentist and may not practice independently or establish an office devoted primarily to dental hygiene services.

Supervision

- h, i) § 17-82-701. A collaborative agreement is defined as a written agreement between a dentist and DH which allows the DH to provide prophylaxis, fluoride treatments, sealants, dental hygiene instruction, and to assess a patient's need for further treatment by a dentist. If permitted by the collaborating dentist, other services are allowable for persons with developmental disabilities, seniors, and children in a public setting without the supervision and presence of a dentist, and without a prior examination of the person(s) by a dentist. § 17-82-703. Describes the conditions for practice for a collaborative DH with a Collaborative Care Permit I or a Collaborative Care Permit II may provide prophylaxis to children, or to children, senior citizens, and persons with developmental disabilities in a public health setting.
- j, l, m, n, o, q, r, s) § 17-82-701 (5). Public health settings include adult long-term care facilities; charitable health clinics that provide free or reduced-fee services to low-income patients; county incarceration facilities; facilities that primarily serve developmentally disabled persons; Head Start programs; homes of homebound patients who qualify for in-home medical assistance; hospital long-term care units; local health units; schools; community health centers; and state correctional institutions.
- k) § 17-82-104 (d)(1). A DH working in an Arkansas Dept. of Correction or Dept. of Community Correction facility may supply services only to inmates working under the general supervision of a licensed dentist. General supervision uses a written protocol but requires that the dentist has examined the patient.
- p) § 17-82-603 (i). Services may be provided in a mobile dental facility only when a licensed dentist is physically present in the facility.
- t) Regulations Article XI (C). A DH may not delegate functions to a dental assistant if the treating dentist is not in the facility.

Tasks

- u, bb, cc, jj) Regulations Article III. A person is practicing dentistry who undertakes to diagnose, treat, operate or prescribe for disease, pain, deformity, etc. of the oral cavity, who makes an impression for construction of a dental appliance, bridge, etc., who fits, adjusts, repairs, dental appliances and prosthesis, who fabricates corrective devices or appliances for the mouth, who dispenses drugs, etc. Regulations. Article XI (B). A dentist may not delegate prescription, placement, seating or removal of any permanent restorations, et.
- v, w, x, hh) §17-82-701. A DH with a Collaborative Care Permit I or II and who has entered into a collaborative agreement with a dentist may provide prophylaxis, sealants, fluoride treatments, assessment of a patient's need for further treatment by a dentist, and dental hygiene instruction to children under Permit I or to children, senior citizens, and persons with developmental disabilities under Permit 2 in a public setting without a prior examination of the patient by a dentist and without the supervision and presence of a dentist. Regulations Article XI (A). Exclusive functions to be performed by a DH when delegated by a dentist include oral examination, charting, assessment, treatment planning for dental hygiene services, oral prophylaxis, scaling, root planing and curettage, placing medicament into the sulcus for periodontal disease, etc. If a laser instrument is used, the DH and dentist must have completed an approved education course.
- ee) § 17-82-103 (c) (1) and (2). No DH shall administer any anesthetic other than the administration under the supervision of a licensed dentist of a local anesthetic using topical application or regional injection and only if certified by the board. Regulations. Article XI (C). The DH may administer certain local anesthesia injections under the operative supervision of a dentist which requires the authorization and presence in the operatory of a dentist.
- ff) Regulations Article XI, (A) (2) (b and (C) (i). A DH may only perform scaling and root planing under direct supervision.
- gg) Regulations Article XIX (D) (1) (h). The Collaborative Practice Agreement Protocol for collaborative care DHs includes criteria for performing services including prophylaxis, sealants, fluoride therapies, radiographs, and other services within the scope of dental hygiene services.
- ii) Regulations Article XIV (I). Continuing education requirements for dentists and DH require current certification in cardiopulmonary resuscitation at the healthcare provider level.
- ll) Regulations. Article XIX (D) (3) (c). A DH practicing under a collaborative care permit must provide to the patient, parent, or guardian a written plan for referral to a dentist for assessment of further dental treatment needs.

Reimbursement

- mm, nn) § 17-82-704. A health insurance company, Medicaid, or other person that pays a fee for services performed by a collaborative DH shall submit the payment directly to the collaborating dentist.

CALIFORNIA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	2	a
with power to make regulatory recommendations		2		2	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		2	
Collaborative practice		2		0	
Public health dental hygiene		2		0	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	1	c
Self-employment allowed		2	d	2	d
Practice ownership allowed		2	e	2	e
May employ other DHs or DAs		2	f	2	f
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	1	
Total Regulation Score	22			15	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	
Programs for the Homeless		2	r	2	
Primary Care Health Clinics or Practices		2	s	2	
Able to supervise a dental assistant		2	t	2	t
Total Supervision Score	30			30	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	2	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	1	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	1	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			21	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		2	nn	2	nn
Total Reimbursement Score	12			12	
TOTAL SCORE	100			78	

Regulation

- a) Sec. 1601.1(a). The Dental Board of California and consists of 15 members including 8 dentists, 1 DH, 1 registered dental assistant, and 5 public members. Sec. 1601.3 (a). All committees of the board have the authority to evaluate all suggestions or requests for regulatory changes related to their committee. Sec. 1901 (a). There is a Dental Hygiene Committee within the jurisdiction of the dental board. Sec. 1903(a). The committee consists of 9 members including 4 public members, 1 practicing dentist, and 4 DHs, 1 of whom is licensed in alternative practice or extended functions. Sec. 1905. The DHCC's responsibilities include issuing, reviewing, and revoking licenses as well as developing and administering examinations. Additional functions include making recommendations to the board about DH scope of practice, adopting, amending and revoking rules and regulations relative to DH practice, and determining fees and continuing education requirements for all hygiene licensure categories.
- b) Sec. 1925. A DH may qualify to be a registered DH in alternative practice (RDHAP) to provide services to patients in various public health settings without the prior authorization of a dentist. Sec. 1918. An RDH is permitted to perform extended functions if they meet a list of qualifications that include requirements for training and competency testing.
- c) In 2014, Governor Brown signed into law a bill that requires Medi-Cal, the state insurance program for the economically underserved, to pay for dental services delivered by dentists and DHs through teledentistry. The legislation was effective January 1, 2015. The legislation also expanded the procedures permitted to DHs without onsite supervision. Refer to AB 1174. Sec. 1910.5 (1) (B). The DH is authorized to use radiographs in a public health setting using telehealth to communicate with the supervising dentist.
- d, e) Sec. 1925. RDHAPs may be an employee of a dentist or of another RDHAP, an independent contractor, the sole proprietor of an alternative dental hygiene practice, an employee of a primary care clinic, a specialty clinic, etc.
- f) Sec. 1925. AN RDHAP may be an employee of another RDHAP.

Supervision

- h, i) Sec. 1911 (c). In any public health program created by federal, state or local law or administered by a governmental entity, in addition to oral screenings, a DH may provide without supervision, dental hygiene preventive services including but not limited to application of fluoride and pit and fissure sealants. Sec. 1930. A RDHAP must provide documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services. Sec. 1931. An RDHAP may provide services to a patient without obtaining written verification that the patient has been examined by a dentist or physician or surgeon licensed to practice in this state. To further provide services to a patient 18 months or more after the initial services by the RDHAP, the RDHAP must have written verification that the patient was examined by a dentist or physician and surgeon licensed to practice in this state.
- j, k, l, m, n) Sec. 1926. RDHAPs may provide dental hygiene services in residences of the homebound, schools, residential facilities and other institutions, and dental health professional shortage areas as certified by the Office of the Statewide Health Plan. Sec. 1925. An RDHAP may work in a primary care or specialty care clinic, in a hospital or health system, for county governments, etc. Sec. 1926.2. An RDHAP may operate a mobile dental hygiene clinic or mobile service unit. Sec. 1910.5 A DH may provide services in a public health setting including but not limited to schools, head start, and preschool programs, and community clinics.
- t) Sec. 1929. A RDHAP may hire and supervise dental assistants performing intraoral retraction and suctioning. Sec. 1777. A dental assistant, registered dental assistant, or registered dental assistant in extended functions may perform any extraoral duty under the direct supervision of a DH or RDHAP and intraoral services including coronal polishing, application of topical fluoride, and application of sealants.

Tasks

- u, bb, jj) Sec. 1908 (b). The practice of dental hygiene does not include diagnosis and comprehensive treatment planning, surgery or cutting on hard and soft tissue including the removal of teeth, prescribing medication, etc.
- v, w) Sec. 1908 (a). The practice of dental hygiene includes dental hygiene assessment and development, planning, and implementation of a dental hygiene care plan. Sec. 1910. A DH is authorized to provide preventive and therapeutic interventions including oral prophylaxis, scaling, and root planing, application of topical, therapeutic, and subgingival agents for the control of caries and periodontal disease, the taking of impressions, etc.
- x) Secs. 1911 and 1921. A RDH, RDHEF, or RDHAP may apply sealants in a public health program created by a federal, state, or local law or administered by a federal, state, county, or local government entity without supervision.
- y) Sec. 1910.5 (2). If qualified by training and board approval, a DH may place protective restorations (interim therapeutic restorations) after use of hand instrumentation to remove soft material from the tooth.
- aa, dd) Sec. 1907 (a). A DH may perform all functions of a registered dental assistant. Sec. 1752.4. A registered dental assistant may place, adjust, and finish direct provisional restorations, fabricate, adjust, cement, and remove indirect provisional restorations including stainless steel crowns when used provisionally, etc. Sec. 1907. A DH shall qualify for and received a registered dental assistant license prior to performance of dental assistant duties. Sec. 1753. 5. Extended functions that may be performed if qualified include place, contour, finish and adjust direct restorations. Sec. 1753.4. Extended functions for dental assistants and dental hygienists who qualify by education and training include, placing, condensing and carving an amalgam restoration.
- ee) Sec. 1909. If qualified in accordance with board regulation, a DH is authorized to perform soft tissue curettage, administration of local anesthesia and/or administration of nitrous oxide under the direct supervision of a dentist. Sec. 1912. Any procedure performed or service provided by a DH that does not specifically require direct supervision shall require general supervision.
- ff) Sec. 1910a. RDHs are authorized to perform scaling and root planing under general supervision.
- gg) Sec. 1910.5. A RDH may determine which radiographs to perform on a patient who has not had an initial exam by the supervising dentist but according to established protocols in a dental office or public health setting, in a public health setting including but not limited to schools, head start, and preschool programs and community clinics.
- hh) Sec. 1914. A RDH may use any material or device approved for use in the performance of a service or procedure that is within the DH scope of practice if the DH has appropriate education, training, and supervision.
- ll) Sec. 1911 (b). A DH shall refer any screened patient with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan.

Reimbursement

- mm, nn) Sec. 1911 (c). A DH employed in a public health program or government entity may submit any insurance or third-party claims for patient services performed as authorized by law. Sec. 1928. An RDHAP may submit or allow to be submitted any insurance or third-party claims for patient services performed as authorized.

COLORADO

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		2	
Collaborative practice		2		0	
Public health dental hygiene		2		0	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	1	c
Self-employment allowed		2	d	2	d
Practice ownership allowed		2	e	2	e
May employ other DHs or DAs		2	f	2	f
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	1	g
Total Regulation Score	22			10	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	
Able to supervise a dental assistant		2	t	2	
Total Supervision Score	30			30	
TASKS					
Dental hygiene diagnosis		4	u	4	u
Dental hygiene treatment planning/plan of care		2	v	2	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	82
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	3	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			30	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		2	nn	2	nn
Total Reimbursement Score	12			12	
TOTAL SCORE	100			82	

Regulation

- a) C.R.S. §12-35-104 (II). The Colorado Dental Board operates under the auspices of the state's Division of Professions and Occupations. The board is a 13-member board including 7 dentists, 3 DHs and 3 public members.
- b) C.R.S. § 12-35-124. This provision describes the practice of unsupervised dental hygiene. C.R.S. § 12-35-124 (C) (2) Unsupervised dental hygiene may be performed by licensed DHs without the supervision of a dentist.
- c) C.R.S. § 12-35-103. (16) Telehealth by store-and-forward transfer means an asynchronous transmission of medical or dental information to be reviewed by a dentist at a later time at a distant site without the patient present in real time. (17) Telehealth supervision means indirect supervision by a dentist of a dental hygienist placing an ITR using telecommunications systems.
- d, e, f) C.R.S. § 12-35-124(2)(3). A DH proprietor may be the proprietor of a place where unsupervised and supervised DH services are performed. C.R.S. § 12-35-116 (2) The group practice of dentistry or dental hygiene is permitted. C.R.S. § 12-35-124 (3) The practice of dentistry or dental hygiene by a limited liability company of licensees is permitted. C.R.S. § 12-35-116.5 Only a licensed dentist or a licensed DH may be the proprietor of a dental hygiene practice in Colorado (with exceptions described in statute). C.R.S. § 12-25-124. (C) (3) (a) A DH may be the proprietor of a place where supervised or unsupervised dental hygiene is performed.
- g) 3 CCR 709-1, Rule 1(C) 12-35-128(3)(d)(II) which allow practice in health care facilities such as hospitals, nursing homes and other facilities under the jurisdiction of the Colorado Dept. of Public Health and Environment.

Supervision

- h, i) C.R.S. §12-35-124 (g). The practice of unsupervised dental hygiene includes providing prophylactic services.
- j, k, l, m, n, o, p, q, r, s) There are no limitations in statute or regulation on where DHs may provide services. 3 CCR 709-1. Regulations indicate that a DH must provide the board with a "regularly announced office location" in which the DH regularly practices with allowances for occasional practice in other health care facilities such as hospitals, nursing homes or other facilities under the jurisdiction of the Colorado Department of Health.

Tasks

- u, v, w) C.R.S. § 12-35-103. (4.5) Dental hygiene diagnosis means the identification of existing oral health problem that a DH is qualified and licensed to treat within the dental hygiene scope of practice. C.R.S. § 12-35-124(f). The practice of unsupervised dental hygiene includes performing dental hygiene assessment, dental hygiene diagnosis, and dental hygiene treatment planning for dental hygiene services as described and identifies dental abnormalities for immediate referral to a dentist. The dental hygiene diagnosis is to focus on the behavioral risks and physical conditions related to oral health. A dentist is to confirm any dental hygiene diagnosis that requires treatment that is outside the scope of dental hygiene practice pursuant to C.R.S. § 12-35-124, § 12-35-125, and § 12-35-28.
- y) C.R.S. § 12-35-128.5. and 3 CCR 709.1 Rule XXV. A permit is available to place interim therapeutic restorations if the applicant has a license in good standing, has liability insurance, and meets the experience, education and training requirements to perform the service. The service may be provided under direct or indirect supervision or through telehealth supervision.
- aa) C.R.S. § 12-25-113(c) and (k). Acts which constitute practicing dentistry include repairs and filling cavities in teeth.
- ee) C.R.S. § 12-35-140, C.R.S. § 12-35-125(f) and 3 CCR 709.1 Rule XIV (H). A DH may administer local anesthesia under the indirect supervision of a licensed dentist pursuant to rules of the board, including minimum education requirements and procedures for local anesthesia administration. C.R.S. § 12-35-103. (10.5). Indirect supervision in Colorado does not require the presence of the dentist in the office or on the premises at the time a task or procedure is performed but it does require that the dentist has prior knowledge of the task and has provided consent.
- ff) C.R.S. § 12-35-124 (1)(a). An unsupervised DH may remove deposits, accretions, and stains by scaling with hand, ultrasonic, or other devices from all surfaces of the tooth and smoothing and polishing natural and restored tooth surfaces including root planing.
- gg, ll) C.R.S. § 12-35-124(d)(V). An unsupervised DH may gather and assemble information including radiographs and x-ray for the purpose of assessing and diagnosing dental-hygiene related conditions for treatment planning for dental hygiene services and for identifying dental abnormalities for immediate referral to a dentist.
- hh) 3 CCR 709-1 Rule XXIV Subsection H. Laser use by a DH can only be performed under indirect or direct supervision of a dentist, and must be limited to pocket disinfection at settings that preclude hard and soft tissue removal. Effective June 30, 2015, a licensee who is a first time laser user must successfully complete training that covers, at a minimum, laser physics, safety, and appropriate use. Also refer to 12-35-107(l) of the Colorado Dental Practice Act.
- ii) C.R. S. § 12-35-139, 3 CCR 709.1 Rule III Subsection G (7). All licensees are required to complete continuing education in basic life support for healthcare providers.
- jj) C.R.S. § 12-35-124. (V) (g) (I) and 3 CCR 709-1 Rule XIII. Unsupervised DHs may prescribe, administer, and dispense fluoride, fluoride varnish, and antimicrobial solutions for mouth rinsing and other non-systemic antimicrobial agents in collaboration with a licensed dentist. DHs shall maintain clear documentation in the patient record of the agent prescribed, administered, or dispensed; the date of the action; and the rationale for prescribing, administering, or dispensing the agent. Rule XIII 3 CCR 709-1. Limited Prescriptive Authority for Dental Hygienists.
- ll) Unsupervised and supervised DHs must refer patients with any condition outside the normal scope of dental hygiene practice. See 12-35-124 and 12-35-125 of the Colorado Dental Practice Act.

Reimbursement

- mm, nn) C.R.S. § 25-5-4-411(1). When dental hygiene services are provided to children by a DH without the supervision of a licensed dentist payment for such services shall be made directly to the DH.

CONNECTICUT

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			2	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene planning/plan of care		2	v	2	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			19	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		2	nn	0	nn
Total Reimbursement Score	12			10	
TOTAL SCORE	100			59	

Regulation

- a) Chapter 379, Dentistry, Sec. 20-103a. DHs are regulated by the Connecticut State Dental Commission within the Department of Public Health. Nine members (no DHs) are on the dental commission: 6 dentists and 3 public members.
- b) Chapter 379a, Dental Hygienists, Sec. 20-1261. DHs working in a public health setting must have 2 prior years of practice experience. Public health settings are defined as institutions, public health facilities, schools, and group homes.
- c) CT is currently engaged in a study on telehealth and applications for tele dentistry (refer to the Public Health Committee's CT Oral Health Initiative). The Commission made recommendations to add dentists and DHs to the list of telehealth providers in Section 1, Subdivision 11 of subsection (a) of section 19a-906 (Bill No. 70: An Act Concerning Telehealth Providers, introduced in the February Session, 2016 and referred to the Public Health Committee.) This recommendation was made February 16, 2016.

Supervision

- h, i) Chapter 379a. Sec. 20-1261 (a) (b). Dental hygienists in Connecticut practice under the general supervision of a dentist or with two years' experience may practice in a public health facility without that supervision. Allowable services are limited to those within the scope of dental hygiene practice including complete prophylaxis, scaling and root planing, application of pit and fissure sealants and topical solutions, dental hygiene examination, charting of oral conditions, dental hygiene assessment, treatment planning, and evaluation, and collaboration in the implementation of the oral health regimen.
- j, k, l, m, n, o, p, q, r, s) Chapter 379a. Sec. 20-1261 (a) (2) A public health setting is defined as a community health center, a group home or a school, a school, a preschool operated by a local or regional board of education or a head start program. Refer to Sec. 20-1261(a)(1)(2), Chapter 379a, Sec. 19a-490 defines an institution as a hospital, residential care home, health care facility for the handicapped, nursing home, rest home, home health care agency, homemaker-home health aide agency, mental health facility, substance abuse treatment facility, outpatient surgical facility, an infirmary operated by an educational institution, a facility providing health services including those operated by any state agency with some exceptions.

Tasks

- u, z, dd) Chapter 379a. Sec. 20-1261(e). A licensed dental hygienist may not in any event perform diagnosis, the prescribing of drugs or medication, the placing, finishing, and adjustment of temporary or final restorations, capping materials, and cement bases.
- v, w, x,) Chapter 379a. Sec. 20-1261 (a) (2) (a). The practice of dental hygiene includes complete prophylaxis, scaling and root planing, application of pit and fissure sealants and topical solutions, examination and charting, dental hygiene assessment treatment planning and evaluation, and collaboration in the implementation of the oral health regimen. These services can be performed under general supervision or in a public health setting without supervision.
- ee) Chapter 379a. Sec. 20-1261 (d) A licensed dental hygienist may administer local anesthesia, limited to infiltration and mandibular blocks, under the indirect supervision of a licensed dentist, provided the dental hygienist can demonstrate successful completion of a board-approved course in a CODA accredited program.
- ff) Chapter 379a. Sec. 20-1261(a). The dental hygienist may provide root planing and scaling under general supervision or in a public health setting.
- ll) Chapter 379a. Sec. 20-1261 (f). A DH practicing in a public health facility will refer a patient for treatment if the patient has needs outside of the DH scope of practice, and will coordinate such referral for treatment to a licensed dentist.

Reimbursement

- mm) Chapter 379a. Sec. 20-126s. Payment for services by DHs in chronic and convalescent hospitals or convalescent homes shall be made directly to the DHs rendering such care; DHs may participate in Medicaid.

DELAWARE

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	2	a
with power to make regulatory recommendations		2		2	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene				2	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	2	
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			8	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	0	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	0	
Mobile Dental Vans		2	p	0	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			14	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	
Place sealants		2	x	0	
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	cc
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	
Able to provide X-rays under general supervision		1	gg	1	
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	0	
Total Tasks Score	36			8	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			30	

Regulation

- a) Title 24, Chapter 11, Subchapter 1, § 1102 and § 1105. The State Board of Dentistry and Dental Hygiene has nine members, one of whom is a voting DH. The Dental Hygiene Advisory Committee includes 3 licensed DHs and serves the board on matters pertaining to the policy and practice of dental hygiene. The committee may vote on matters involving the policy and practice of dental hygiene but not on matters that involve changes in scope of practice.
- b) Title 24, Chapter 11, Subchapter 1, § 1121 (c). A DH may practice under the general supervision of the State Dental Director or dentist designee in schools and state institution, in FQHCs, nonprofit organizations and other designated locations under protocols established by the State Dental Director of dentist designee. Also refer to 15 DE Reg. 1621.
- c) Title 24, Chapter 11, Subchapter 1, § 1101(8) Distant site mean a site at which a health care provider legally allowed to practice in the State is located while providing health care services by means of telemedicine or telehealth. 1101(11). Originating site means a site in Delaware at which a patient is located at the time health care services are provided by means of telemedicine or telehealth. § 1101(16) Store and forward transfer means the transmission of a patient's medical information either to or from an originating site or to or from the provider at the distant site but does not require the presence of the patient in real time. 1101(18). Telehealth means the use of information and communication technologies including telephones, remote monitoring devices or other means which support clinical health care, provider consultation, patient and professional health related education, etc. § 1101(19) includes a definition of telemedicine. It is assumed that these are included in the regulations governing dentists and dental hygienists because teledentistry is permitted in the state.

Supervision

- h, i) Title 24, Chapter 11, Subchapter 1, § 1100 1.3. General supervision requires the dentist to authorize the work to be performed. 15 DE Reg. 1621 5.0. A DH may operate under the general direction of a dentist in an institution provided that all conditions of general supervision are met. Those requirements include that the dentist must perform at least one clinical examination on the patient within a 12-month period. Prior review of the patient record is also required which suggests that the dentist must have seen the patient before the dental hygienist. Patients who are medically or dentally contraindicated, will not be scheduled when the dentist is not present.
- j, k, l, m, p, q, r, s) Title 24, Chapter 11, Subchapter 1, § 1121 (c) A DH may practice under the general supervision of the State Dental Director or dentist designee in schools and state institution, in FQHCs, nonprofit organizations and other designated locations under protocols established by the State Dental Director of dentist designee. Also refer to 15 DE Reg. 1621.

Tasks

- z, aa, bb, cc, dd) Title 24, Chapter 11, Subchapter 1, §1100, 2.1.1 A dentist may not delegate to dental auxiliaries procedures which require professional judgement and skill, such as diagnosis and treatment planning, and the cutting of hard and/or soft tissues, or any intra-oral procedure which would lead to the fabrication of an appliance and/or restoration which, when received by the patient, would come in direct contact with hard or soft tissue and which could result in tissue irritation or injury.
- ii) Title 24, Section 6.9. A DH must provide evidence of successful completion of a current course in cardiopulmonary resuscitation every two years.

DISTRICT OF COLUMBIA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		0	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			0	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	0	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	0	
Mobile Dental Vans		2	p	0	
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			14	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	0	
Total Tasks Score	36			10	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
				0	
TOTAL SCORE	100			24	

Regulation

- a) § 3-1202.01 (c). The DC Board of Dentistry is under the auspices of the Department of Health. The board consists of 7 members, 5 of whom are dentists, 1 of whom is a DH, and 1 of whom is a consumer member.
- c) Sec. 31-3861- DC has a written policy on the use of telehealth applications but does not specifically discuss application in re dentistry and dental hygiene.

Supervision

- j, k, l, m) Refer to 4310.1. A DH may perform permissible functions in a dentist's office, a public school or institution rendering dental services under general supervision.

Tasks

- w, x, ff, gg) 4310.1. Under general supervision of a dentist, DHs may provide complete prophylaxis, the charting of cavities, the application of a medication or therapeutic agent, take dental x-rays, instruction, application of pit and fissure sealants, and screening for malocclusion under general supervision.
- aa) 4310.3(c)(d)(e). A DH may not place, carve, or finish amalgam or composite restorations.
- ee) 4310.2. A DH may perform administration of local anesthesia or nitrous oxide, placement or removal of temporary restorations, placement of periodontal dressings, etc. under direct dental supervision.
- ii) Title 17, 4306.5. An applicant for renewal of a license must submit proof of have current CPR certification for healthcare providers at the basic level.

FLORIDA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	2	a
with power to make regulatory recommendations		2		2	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			8	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	1	cc
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride, topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			16	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			52	

Regulation

- a) 466.024 (a). The Florida Dental Board operates under the auspices of the Florida Department of Health. The board includes 11 members including 7 licensed dentists, 2 licensed DHs, and 2 lay persons. 466.024 (2) (a). The Council on Dental Hygiene is appointed by the board chair to assist the board and is comprised of 1 DH as council chair, 1 dental member of the board, and 3 DHs active in the state. The council is charged with developing rules and policies for recommendation to the board, which the board shall consider, on matters pertaining to educational, preventive, or therapeutic dental hygiene services; dental hygiene licensure, discipline, or regulation; and dental hygiene education. Rule and policy recommendations of the council shall be considered by the board at its next regularly scheduled meeting.
- b) 466.024 (2) (f). A DH may provide certain preventive or prophylactic services in a public health access setting without the physical presence, prior examination or authorization of a dentist. 64B5-16.006(4)(a). In addition, a dentist may delegate to a DH with training a number of restorative and orthodontic extended functions.
- c) FL Admin. Code 64B8-9.0141 describes the standards for telemedicine practice. Statute and rules do not refer to nor include applications for dentistry and dental hygiene. During the 2016 legislative session, a bill was passed to create an advisory committee to conduct research on the use of telehealth and to make recommendations to increase its use and accessibility in Florida.
- d, e) 645B-17.013. No corporation, lay body, organization, or individual other than a licensed dentist or corporation or company composed of dentists shall engage in the practice of dentistry (with exception of settings named in statute).

Supervision

- h, i) 466.024, (2) (f). A DH may provide preventive or prophylactic services in a public health access setting without the physical presence, prior examination or authorization of a dentist. A dentist shall conduct a dental examination of a patient within 13 months after a dental hygienist removes the patient's calculus deposits, accretions, and stains from exposed surfaces of the teeth or from tooth surfaces within the gingival sulcus. Additional oral hygiene services may not be performed without a clinical examination by a dentist.
- j, k, l, m, n, o, p, q, r, s) 466.023 (14). Health access settings include a program or an institution of the Department of Children and Families, the Department of Health, the Department of Juvenile Justice, a nonprofit community health center, a Head Start center, a federally qualified health center or look-alike as defined by federal law, a school-based prevention program, a clinic operated by an accredited college of dentistry, or an accredited dental hygiene program in this state. 466.023 (2). DHs may perform their duties in the office of a licensed dentist, in public health programs and institutions of the Department of Children and Families, Department of Health, and Department of Juvenile Justice, in a health access setting, on a patient of record of a dentist who issued a prescription for the services of a DH in licensed public and private health facilities, other public institutions of the state and federal government, public and private educational institutions, the home of a non-ambulatory patient, and other places in accordance with the rules of the board.

Tasks

- u, v) 466.003 (3). The practice of dentistry includes diagnosis and treatment planning, prescribing, repairing cavities in the teeth, furnish, constructing, etc. prosthetic devices. 466.024 (3) (a). The diagnosis of caries, etc. will be completed only by a dentist in the context of delivering a comprehensive exam.
- w) 466.0235 A dental hygienist may without supervision within the scope of DH duties perform dental charting (visual observations of clinical conditions) of hard and soft tissues in public and private education institutions of the state and federal government, nursing homes, assisted living and long term care facilities, community health centers, county health departments, mobile dental or health units and health access setting or on a volunteer basis at health fairs.
- x, gg) 466.023. DHs may perform prophylaxis, scaling and root planing, expose dental x-ray films, apply topical preventive or prophylactic agents under the direct, indirect or general supervision of the dentist. 466.024 (A) A DH may perform dental charting, recording and taking of health history, apply topical fluorides or dental sealants, remove calculus from exposed surfaces only without the physical presence, prior examination or authorization of the dentist in a public health setting. A dentist must conduct a dental examination on a patient within 13 months after a DH removes calculus. 645B-16.007. A DH may lace and expose dental and carpal radiographic film and sensors under general supervision.
- y, ee) 466.024 (1) (g) and (l). The board by rule designates several restorative tasks as remediable and therefore delegable including placing or removing temporary restorations and administering local anesthesia.
- cc) 64B5-16.006(4)(a). A DH may fabricate temporary crowns and bridges under direct supervision if he or she has received training. In addition, a dentist may delegate to a DH with training a number of restorative and orthodontic extended functions.
- ee) 466.023 (7). A DH may administer local anesthesia. 64B5-16.006(6). A DH may administer local anesthesia to an adult under direct supervision if appropriately trained and certified by the Department of Health. Upon issuance of the certificate, the DH will be referred to as a Certified Registered DH.
- ff) 64B5-16.007(a). A DH may provide scaling and root planing under indirect supervision. 466.024 (2) While a DH is permitted to provide certain prophylactic services if the patient has not had a recent prior dental examination, the DH is not permitted to perform root planing and gingival curettage without supervision by a dentist.
- ii) 645B-12.013 (2). During each license renewal biennium licensed DHs shall complete training in cardiopulmonary resuscitation at the basic support level.
- jj) 466.024 (8). A dentist may not delegate to anyone other than another licensed dentist prescription of any drugs or medications.
- ll) 466.024 (5). A dental hygienist who performs, without supervision, the remediable tasks listed as allowable shall provide a dental referral in strict compliance with federal and state patient referral, anti-kickback, and patient brokering laws, etc.

GEORGIA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		0	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	1	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			1	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	0	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	0	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	0	
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	0	
Programs for the Homeless		2	r	0	
Primary Care Health Clinics or Practices		2	s	0	
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			8	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	1	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	cc
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	
Able to perform scaling and root planing w/o direct supervision		4	ff	0	ff
Able to provide X-rays under general supervision		1	gg	0	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
DH can refer patients		3	ll	0	
Total Tasks Score	36			4	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			13	

Regulation

- a) O.C.GA. § 43-11-2 and Rule 150-1-.01. The dental board consists of 11 members including 9 dentists, 1 DH and 1 lay person. The DH may only vote on matters related to dental hygiene, DH administration and DH policy.
- c) Rule 150-5-.03 (3). GA DH who meet board requirements may provide services under written standing orders of a dentist or through video conferencing with a dentist at approved facilities of the Department of Health, county boards of health, or the Department of Corrections. Teledentistry services are provided through initiatives such as the Dental College of Georgia at Augusta University and Southeast Health District teledentistry project as part of school-based programs but teledentistry is not specifically defined in the legislation (O.C.GA. Secs. 324-56.4, 360-3.07, O.C.GA § 43-34-31,

Supervision

- h, i) O.C.GA § 43-11-74 (a). A DH shall perform their duties only under the direct supervision of a dentist. A DH is permitted to provide a visual screening of the oral cavity without direct supervision. O.C.GA § 43-11-74 (d) The requirement for direct supervision shall not apply to the performance of dental hygiene services at approved dental facilities of the Department of Public Health, county boards of health, or the Department of Corrections. 150-5-.03 (3) (b). A supervising dentist shall assume responsibility for authorizing services that may be performed by dental hygienists at such locations, either in person, through video conferencing or by written standing orders or Department of Public Health, county boards of health, or the Department of Corrections protocols.
- j, k, l, m, p) Rule 150-5-.03 (3) (d). The requirement of direct supervision shall not apply to the performance of dental hygienists providing dental screenings in settings which include schools, hospitals, and clinics and state, county, local, and federal public health programs. Other health fair settings must be pre-approved by the board. Approved dental facilities of the Department of Public Health, county boards of health and Department of Corrections shall submit to the Board of Dentistry for approval the written protocol which identifies how duties are delegated to dental hygienists. Changes to such approved protocol must be resubmitted to the Board of Dentistry for review and approval.

Tasks

- u, aa, bb, cc, dd) O.C.GA. § 43-11-17. Acts which constitute the practice of dentistry include extraction of teeth, filling of cavities, diagnosis, supplying, making, fitting, repairing, etc. crowns and other appliances, etc.
- w, x, ff, gg) Rule 150-5-.03 (5) In addition to routine duties and procedures, DHs working under the direct supervision of a dentist may take and mount oral x-rays, remove calcareous deposits, etc. from teeth, perform root planing and curettage, apply sealants, etc.
- ii) Rule 150-50.02 (5). An applicant for licensure as a DH must submit proof of current CPR certification. O.C.GA. § 43-11-73 (c). A condition for license renewal for every person licensed to practice dental hygiene in the state is satisfactory evidence of current certification in cardiopulmonary resuscitation.

HAWAII

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		0	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			0	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	0	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	1	t
Total Supervision Score	30			21	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	2	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	cc
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	0	ff
Able to provide X-rays under general supervision		1	gg	0	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	0	
Total Tasks Score	36			9	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	mm
May contract with commercial insurers for reimbursement		2	nn	0	nn
Total Reimbursement Score	12			0	
TOTAL SCORE	100			30	

Regulation

- a) HRS §448-5. The Board of Dental Examiners consists of 12 members including 8 dentists, 2 DHs, and 2 public members.
- b) §447-3.3 (d). A licensed DH may operate under the general or direct supervision of a licensed dentist in a public health setting. Services in a public health setting are limited to education, screening, and fluoride varnish. Other permissible duties must be pre-screened and authorized by a supervising dentist who must determine that the equipment and facilities are appropriate to carry out the recommended treatment plan.
- d, e) HRS §448-1. A person practices dentistry who owns, maintains, or operates an office for the practice of dentistry. HRS §447-3 (c). No DH may establish or operate any separate care facility which exclusively renders dental hygiene services.

Supervision

- h, i) §447-3.3 (d). A licensed DH may operate under the general or direct supervision of any licensed dentist in a public health setting. Services in a public health setting are limited to education, screening, and fluoride varnish. Other permissible duties must be pre-screened and authorized by a supervising dentist who must determine that the equipment and facilities are appropriated to carry out the recommended treatment plan.
- HAR § 16-79-2 (2). In the case of programs under the supervision of the Department of Health or in any facility specified in statute, the foregoing does not apply except that the supervising dentist must be available for consultation and responsible for all delegated acts and procedures performed by the DH. HAR §16-79-69.10. In a public health setting, a DH can perform DH services (see footnote v, etc.) under the general supervision of a dentist.
- j, k, l, m, o, p, q, r, s) HRS §447-3 (c). A licensed DH may operate under the general or direct supervision of any licensed dentist in a public health setting, including in a legally incorporated eleemosynary dental dispensary or infirmary, private school, welfare center, hospital, nursing home, adult day care center, assisted living facility, mental institution, nonprofit health clinic, or the state or county. HRS §447-3-1.5. A community service license is available to practice dental hygiene in the employment of a federally qualified health center, the Native Hawaiian health care system or in a post-secondary dental auxiliary training program. Licensees must abide by the conditions placed upon all dental hygienists licensed in the state.
 - t) HAR §16-79-69.1 (2). A dental assistant may assist a DH in the performance of the allowable DH's duties (except local anesthesia).

Tasks

- v, w, x, ee, ff,) HRS §447-3 (b) HAR §16-79-69.10. Allowable duties for DHs which may be performed under the direct supervision of a dentist include collecting, documenting, and assessing comprehensive patient data including screenings, charting, and risk assessments, establishing the dental hygiene care plan that reflects dental hygiene goals and strategies, applying pit and fissure sealants, performing dental prophylaxis, performing non-surgical periodontal scaling and root planing and periodontal maintenance, administering local anesthesia.
- aa, bb cc, dd, jj) HAR §16-79-69.10. DHs may perform allowable duties of a dental assistant. HAR§16-79-69.15. No dentist shall allow a DH to perform any of the procedures disallowed for dental assistants except those specifically allowed to DHs. HAR §16-79-69.5 Dental assistants are prohibited from placing, condensing, carving, finishing or adjusting final restorations, prescribing medications, performing any surgical or cutting procedure on teeth, cementing, bonding, or adjusting any prosthesis or appliance in the mouth.
- ee) HRS §447-3 (b) and HAR §16-79-76 (b). DHs may administer local anesthesia under direct supervision pursuant to receiving board certification after completing required education and training in a program approved by the board. HAR §16-79-9 (b) A person applying for a license to practice dental hygiene must be certified in the administration of intra-oral infiltration local anesthesia.
- gg) HAR §16-79-69.10. Dental hygienists may perform allowable duties of a dental assistant which includes exposing, processing, mounting, and labeling radiographs HAR §16-79-69.10. Taking radiographs is not among the allowable function that can be provided under general supervision (see footnote b).
- hh) DH are not prohibited from using lasers to treat periodontal pockets. Refer to board meeting minutes 5/21/12. http://files.hawaii.gov/dcca/pvl/boards/dentist/board-meeting-minutes/2012-dental-meeting-minutes/dental_120521.pdf
- ii) HAR §16-79-141. Credits in basic life support for health care providers are necessary to meet the continuing education requirements. HRS §447-3.5. A DH must have certification in CPR to administer local anesthesia.

Reimbursement

- mm, nn) HRS § 447-3 (d). No direct reimbursements shall be provided to licensed dental hygienists.

IDAHO

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	g
Total Regulation Score	22			4	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	2	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	1	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			22	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			54	

Regulation

- a) 54-907. The state board of dentistry consists of 8 members including 5 dentists, 2 voting DHs, and 1 public member who is familiar with health care occupations.
 - b) 54-903(9)(a)(b) and 54-904(1)(2). A DH may provide oral health services through the extended access oral health program in specified settings (see footnote j, etc.) under general supervision to persons who, due to age, infirmity, indigence, disability or other similar reason, may be unable to receive regular dental and dental hygiene treatment. IDAPA 19.01.01.029.01. A DH with the required experience requirements may be issued an extended access dental hygiene endorsement by the board.
- IDAPA 19.01.01.029.02. In addition, a DH may qualify for an expanded access dental hygiene restorative endorsement to place, carve, contour, and adjust a restoration under the direct supervision of a dentist.
- c) HRC (House Concurrent resolution) 46 to direct the Idaho Department of Health and Welfare to convene a council to coordinate and develop a comprehensive set of standards, policies, rules and procedures for the use of telehealth and telemedicine in the state. Idaho Session Law Chapter 121 defines and permits the use of telehealth, especially as a means to connect to underserved populations and improve access to care. The language does not currently directly address teledentistry.

Supervision

- h, i) IDAPA 19.01.01.028.02. The dental hygiene services that may be performed by a dental hygienist in an extended access setting include screening and assessment, education, preparation and review of health history, oral prophylaxis, non-surgical periodontal treatment, application of caries preventive agents including fluoride, and pit and fissure sealants with a recommendation that the patient be examined by a dentist. This latter provision suggests that no prior order is needed for these services.
- j, k, l, m, n, o, p, q, r, s) 54-903 (9) (a) (b). A DH with an extended access endorsement may provide services in a program conducted by or through a school district, by a county, state, or federal agency, a hospital, a long-term care facility, a public health district, dental or dental hygiene school, tribal clinic or migrant health center, a federally qualified health center or a program conducted by a public or private entity recognized as a charity under section 501(c)(3) of the Internal Revenue Code that provides free or reduced fee dental and DH treatment to persons who because of age, infirmity, handicap, indigence, or disability are unable to receive regular dental and DH treatment in a private office.

Tasks

- u, z, bb, dd) IDAPA 19.01.01.31 DHs are prohibited from performing definitive diagnosis and dental treatment planning, final placement of any fixed or removable appliance, cutting procedures, final impressions, final placement of prefabricated or cast restorations or crowns, etc.
- v, w, x, ee, ff, gg, ll) IDAPA 19.01.01.30.01. Under general supervision a DH may develop patient care plans, provide prophylaxis, non-surgical periodontal therapy, root planing, and subgingival curettage, administer local anesthesia, apply topical antibiotics or antimicrobials, place antibiotic treated materials, provide patient education, perform all duties of a dental assistant, etc. IDAPA 19.01.01.35 A dental assistant is permitted to expose and process radiographs, make impressions for fabrication of temporary crowns or bridges, apply topical fluoride, etc. IDAPA 19.01.01.028.02. The dental hygiene services that may be performed by a dental hygienist in an extended access setting include screening and assessment, education, preparation and review of health history, oral prophylaxis, non-surgical periodontal treatment, application of caries preventive agents including fluoride, and pit and fissure sealants with a recommendation that the patient be examined by a dentist. This latter provision suggests that no prior order is needed for these services.
- aa) IDAPA 19.01.01.029.02. A DH may qualify for an expanded access dental hygiene restorative endorsement to place, carve, contour, and adjust a restoration under the direct supervision of a dentist.
- hh) IDAPA 19.01.01.30.03 (a). DH may use lasers for gingival curettage and bleaching under direct supervision.
- ii) IDAPA 19.01.018. Applicants for initial or renewal licensure as a dentist, dental specialist, or DH shall provide written verification of current cardiopulmonary resuscitation certification.

ILLINOIS

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			4	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			26	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	1	aa
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			14	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			44	

Regulation

- a) 225 ILCS 25. Sec. 6. The Illinois Dental Board is under the auspices of the Illinois Department of Professional Regulation. The 11-member board includes 8 dentists, 2 DHs and 1 public member.
- b) 225 ILCS 25. Sec.18.1 (h) A DH who is certified as a public health DH may provide oral health assessments, perform screenings, and provide educational and preventive services including oral prophylaxis, application of fluoride, and placement of sealants for Medicaid eligible, low income, or uninsured people under guidelines of a public health supervision agreement with a dentist. Title 68. Subchapter. B. 1220.240 (h). A DH may place, carve, and finish amalgam under the direct supervision of a dentist if the DH has the appropriate training and is certified.
- d, e) 225 ILCS 25. Sec. 17. Acts constituting the practice of dentistry include managing, owning, operating or conducting a business where dental operations are performed. 225 ILCS 25. Sec. 18 (a). A DH may be employed or engaged only by a dentist, by a federal, state, county, municipal, or other public agency or institution, by a public or private school, or by a public clinic operating under the direction of a hospital or federal, state, county, municipal or other public agency or institution.

Supervision

- h, i) 225 ILCS 25/ 4. A public health supervision agreement allows the public health DH to treat patients who are eligible for Medicaid, are uninsured or whose household income is not greater than 200% FPL without a dentist first examining the patient and without the dentist being in the facility. 225 ILCS 25/18.1. A public health DH may provide assessments, prophylaxis, and sealants without the dentist having first seen the patient.
- j, k, l, m, o, q, r, s) 225 ILCS 25. Sec. 4. A public health setting means a federally qualified health center, a federal, state, or local public health facility, Head Start, A WIC program facility, or a certified school based health center or oral health program. 225 ILCS 25. Sec. 4. Mobile dental van or portable dental unit is defined.

Tasks

- u, ll) 225 ILCS 25. Sec. 17. Acts constituting the practice of dentistry include diagnosing, treating, prescribing or operating for any disease, deformity, injury, condition, etc. of the mouth and surrounding structures.
- w, x, ff, gg) 225 ILCS 25. Sec. 18 (a). A person practices dental hygiene who performs oral prophylactic procedures, exposes and processes x-rays, apply to the surfaces of the teeth or gums compounds that are desensitizing agents or effective agents in the prevention of caries or periodontal disease, administers local anesthesia, etc. under the supervision of a dentist. 225 ILCS 25. Sec. 18 (h). A public health DH may perform oral assessments and screenings, provide education, and perform preventative services but may not administer local anesthesia or nitrous oxide, place, care, or finish amalgam restorations or provide periodontal therapy under this public health exception. The DH must gain patient permission for services and must provide the patient or guardian a written referral to a dentist for assessment of the need for further dental care. 225 ILCS 25. Sec. 18.1 (b) A public health DH providing services under public health supervision may perform only those duties within the accepted scope of practice including oral prophylactic procedures (cleaning, application of fluoride and placement of sealants), exposure and processing of x-ray films and any other procedures prescribed by rule of the department.
- aa) 225 ILCS 25/ 18 (a) (iv) A dental hygienist may engage in the placing, carving, and finishing of amalgam restorations only after obtaining formal education and certification. Title 68. Subchapter. B. 1220.240 (h). A DH may place, carve, and finish amalgam under the direct supervision of a dentist if the DH has the appropriate training and is certified.
- ee) 225 ILCS 25/ 18 (a) (vi), DHs are allowed to administer local anesthesia under direct dental supervision after completing required education approved by the Department of Financial and Professional Regulation. Title 68. Subchapter. B. 1220.240 (g) and (i). D H may administer local anesthesia if the dentist is in the facility. The administration of injectable local anesthetics must be done under the direct supervision of a dentist.
- hh) 225 ICLS 25/ 7.5. The board may review emerging scientific technology and recommend that the department adopt rules to govern the appropriate use and training needed for use of the technology by DHs and dental assistants. Emerging scientific technology may include laser treatments and other treatments. Title 68. Subchapter. B. 1220.240 (d) (7). A DH shall not use a laser to remove tissue.
- ii) 225 ICLS 25/13 (4). An applicant for licensure as a DH must submit evidence of a currently valid certification in cardiopulmonary resuscitation. 225 ICLS 25. Sec. 16. A dentist or DH applying for licensure renewal must provide evidence of current basic life support certification intended for health care providers. Title 68. Subchapter. B. 1220.240 (e) (5). DHs must maintain BLS certification to maintain certification in administration of nitrous oxide.
- ll) Refer to 225 ILCS 25/18.1(c). Public health DHs must provide to the patient, parent, or guardian a written plan for referral or an agreement for follow-up that records all conditions observed that should be called to the attention of a dentist for proper diagnosis.

Reimbursement

- mm, nn) 225 ILCS 25/18.1 e. Public health DHs providing services under public health supervision may be compensated by salary, honoraria and other mechanisms by the employing or sponsoring entity. Nothing precludes the entity that employs or sponsors the public health DH from seeking reimbursement for the services.

INDIANA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			2	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	0
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			22	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	0	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	0	
Total Tasks Score	36			6	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			30	

Regulation

- a) IC 25-14-1-2. The Indiana Dental Board is under the auspices of the Indiana Health Professions Bureau. The 11-member board consists of 9 dentists, 1 voting DH, and 1 public member.
- b) IC 25-13-1-2 (j) (2) (B) (i) (ii). Prescriptive supervision of a DH in a clinical setting or health facility requires that a dentist provide the patient with a comprehensive oral examination and subsequently issues a written order for the care to be provided by the DH that is valid for no more than 45 days.
- c) Telemedicine policies currently only refer to physician. Refer to 844 Ind. Admin. Code 5-3-2 and 844 Ind. Admin. Code 5-3-3.

Supervision

- h, i) IC 25-13-1-2 (j) (2) (B) (i) (ii). Prescriptive supervision of a DH requires that a dentist provides the patient with a comprehensive oral examination and subsequently issues a written order for the care to be provided by the DH that is valid for no more than 45 days. IC-25-13-1-2(j)(A)(B). However, the regulation contains a provision indicating that nothing in the relevant subdivisions prohibits a DH from providing patient care before the licensed dentist provides the comprehensive oral exam if the dentist's exam is provided on the same day that a DH provides services. Thus, the dental exam could be subsequent to DH services.
- j, k, l, m, o, p, q, r, s) IC 25-13-1-2 (l). Public health setting means a location, including a mobile health care vehicle where the public is invited for health care, information, and services by a program sponsored or endorsed by a governmental organization or charitable organization. IC25-3-1-10 (a) (3), (4), (5). A licensed DH may practice in the dental clinic of any public, parochial, or private school, in the dental clinic of a bona fide hospital or sanitarium or charitable institution, in a fixed charitable dental care clinic, public health setting, correctional institution or a location other than these that has been approved by the board provide the DH is under the direct or prescriptive supervision of a licensed dentist.
- p) 828 IAC 4-1-2. Sec. 2 (d). DHs may provide dental hygiene services, instruction, and in-service training in a mobile dental facility or portable dental operation.

Tasks

- u, z) IC 25-14-1-23-13 (d) (1). Procedures delegated by a dentist may not include diagnosis, treatment planning, the cutting of hard and soft tissues, or any intraoral impression for fabrication of a final prosthetic appliance.
- w, x, gg) IC 25-13-1-10 (b) (1) (2) Without supervision, a DH may provide dental hygiene instruction and in-service training without restriction on location and screenings and referrals for any person in a public health setting. IC 25-13-1-11. A person is deemed to practice dental hygiene who removes calcific deposits or accretions from the surfaces of the teeth, applies antiseptic sprays and washes or medicament for the control or prevention of dental caries, treats gum disease, uses impressions or x-rays for treatment purposes, or administers local dental anesthetics.
- ee) IC 25-13-1-10.6. A licensed DH may administer local anesthetics under the direct supervision of a dentist if the DH has completed the required training and if the board has issued the DH a permit.
- hh) IC 25-13-1-10 (c). A DH may not use a laser to cut, ablate or cauterize hard or soft tissue to provide treatment for a patient.
- ii) Refer to IC 25-13-1-8(b)(3). To renew a license a DH must be currently certified or successfully complete a course in basic life support.

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	2	a
with power to make regulatory recommendations		2		2	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2			
Public health dental hygiene		2		2	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			8	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			26	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	1	aa
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	1	cc
Place stainless steel crowns with training and credential		1	dd	1	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			18	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	mm
May contract with commercial insurers for reimbursement		2	nn	0	nn
Total Reimbursement Score	12			0	
TOTAL SCORE	100			52	

Regulation

- a) §147.14 (d). The board of dentistry consists of 9 members including 5 dentists, 2 DHs, and 2 public members. §153.33A. (1) (2). A three-member dental hygiene committee of the board is created, consisting of the two DH members and one dentist member of the board. The committee shall have the authority to adopt recommendations regarding the practice, discipline, education, examination, and licensure of dental hygienists and shall carry out duties as assigned by the board. The committee shall have no regulatory or disciplinary authority with regard to dentists, dental assistants, dental lab technicians, or any other auxiliary dental personnel. The board shall ratify recommendations or decline to ratify committee recommendations only if the board makes a specific finding that a recommendation exceeds the jurisdiction or expands the scope of the committee beyond the authority granted or if it creates an undue financial impact on the board, or is not supported by the record.
- b) 650-10.5(153) (2). Public health supervision means that a dentist and DH have a written supervision agreement, the dentist authorizes and delegates the services provided to a patient in a public health setting but the hygiene services can be rendered without the patient's first being examined by the dentist; the dentist is not required to provide future dental treatments to a patient served under public health supervision. 650-10.3(153) (8) (a) (1) and (2) A DH may qualify to perform expanded functions after required education and training at two progressive levels.
- d, e) §153.33A (4). This section shall not be construed as authorizing the independent practice of dental hygiene. 650-10.4 (153) (3). A DH shall not practice independent from the supervision of a dentists nor shall a DH establish or maintain an office or other workplace separate or independent from the office or other workplace in which the supervision of a dentist is provided.

Supervision

- h, i) 650-10.5(153) (2) (a) and (3) (b). Public health supervision means that a dentist authorizes and delegates the services provided by a DH in a public health setting with the exception that the services may be rendered without the patient's first being examined by a dentist and the dentist is not required to provide future dental treatment to patients served under public health supervision. The dentist and DH have a written supervision agreement. A DH providing services under the public health supervision of a dentist may provide assessment, screening, or data collection services and educational, therapeutic, preventive, and diagnostic services defined in regulation except for the administration of local anesthesia.
- j, k, l, m, o, p, q, r, s) §153.15 A DH may provide services in a dental office, a public or private school, public health agencies, hospitals and the armed forces. 650-10.5(153) (1) Public health settings in which public health supervision is permitted are limited to schools, Head Start programs, programs affiliated with the early childhood Iowa (ECI) initiative, child care centers (excluding home-based), federally qualified health centers, public health dental vans, free clinics, nonprofit community health centers, nursing facilities, and federal, state, or local public health programs.

Tasks

- w, x, y, ff, gg) 650-10.3 (153) (1) and (2). The practice of dental hygiene includes educational, therapeutic, preventive, and diagnostic dental hygiene services. Allowable services include patient evaluation, performing oral inspections, preliminary charting, oral prophylaxis, periodontal scaling and root planing, administering local anesthesia with a permit, administering nitrous oxide inhalation according to rules, applying or administering medicaments or therapies for the treatment of periodontal disease, applying pit and fissure sealants and other medications or methods for caries control, administering fluoride rinses, etc. All services shall be performed under the general, direct or public health supervision of a dentist.
- aa, cc, dd) 650-10.3(153) (8) (a) (1) and (2) Expanded functions include taking occlusal registrations for mounting study casts, fabrication and removal of provisional restorations, taking final impressions, placing and shaping amalgam and composite restorations, forming and placement of stainless steel crowns, and other restorative functions.
- ee) 650-10.3(15.3). (1)(b). Administering local anesthesia is among the allowed therapeutic services for DHs. 650-10.3(15.3). (1)(e). A dentist must delegate administration of local anesthesia. 650-10.3(15.3) (4) Local anesthesia may only be administered by a DH under the direct supervision of a dentist.
- jj) 650-16.2(153) (1). A license to practice dentistry permits the licensee to prescribe, administer or dispense prescription drugs, etc. 650-25.2 (153) (10) Licensees must furnish evidence of valid certification for cardiopulmonary resuscitation as part of continuing education requirements for license renewal.
- ii) 650-11.5 (h) Applicants for licensure to practice dental hygiene must submit current CPR certification.
- ll) 650-10.5 (153) (3) (b) (3). A DH providing services under public health supervision status must provide to the patient, parent, or guardian a written plan for referral to a dentist and assessment of further dental treatment needs.

KANSAS

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	1	g
Total Regulation Score	22			5	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	1	bb
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	
Permitted to use lasers for debridement		2	hh	0	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			20	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	mm
May contract with commercial insurers for reimbursement		2	nn	0	nn
Total Reimbursement Score	12			0	
TOTAL SCORE	100			53	

Regulation

- a) K.A.R. 71-1404. The dental board consists of 9 members including 6 dentists, 2 licensed DHs, and 1 member of the public.
- b) K.S.A. 65-1456 Dental hygienists with extended care permits level I, II, or III must have a sponsoring dentist. Duties are delegated verbally or in writing consistent with the Kansas Dental Practice Act. Extended functions include local anesthesia and/or nitrous oxide certifications and extended care permits I, II, III.
- g) K.S.A. 65-1456 (f) DHs with extended care permits are required to provide patient treatment records to the sponsoring dentist and to any other dental or medical supervisor at a participating organization.

Supervision

- h, i) K.S.A. 65-1456 (f) A DH with an extended care permit may provide some services to a patient without a prior dental visit. The tasks and procedures are limited at level I to assessment of the patient's need for further evaluation by a dentist to diagnose caries and other abnormalities, prophylaxis, the application of topical anesthetic, application of fluoride, dental hygiene instruction and other duties delegated verbally or in writing by the sponsoring dentists.
- J, k, l, m, n, o, p, q, r, s) K.S.A. 65-1456 (e) The practice of dental hygiene may be performed at an adult care home, hospital long-term care unit, state institutions, local health department or indigent health care clinic on resident, client, or patient thereof. K.S.A. 65-146 (f)(h). Under conditions described in regulation, a DH with an extended care permit may provide services in public and private settings, in residential and nonresidential centers for therapeutic services, for children in foster homes, runaway youth programs and homeless shelters, in FQHCs and look-alikes, in community health centers, and in correctional institutions. Services may be provided to persons with developmental disability or those who are 65 years and older in a community senior service center, elderly nutrition program or at the home of a homebound person who qualifies under a federal home and community based waiver program.

Tasks

- u, z, jj) K.S.A. 65-1522 (f), (g), (h). A person is deemed to be practicing dentistry who diagnoses or prescribes for conditions of the mouth, jaw, or adjacent structures, who extracts teeth, who repairs or fills cavities, etc.
- w, x, ff, gg) K.S.A. 65-1456(b). The practice of dental hygiene shall include educational, preventive, and therapeutic procedures which result in the removal of deposits, etc. form teeth, instruction of the patient, protecting the teeth from dental caries, the scaling and polishing of crown surfaces and the planing of root surfaces, curettage of soft tissue, and additional procedures approved by the board. Services may be performed under direct or general supervision.
- y, bb, ee) K.S.A.. 65-1456 (f) (4) In addition to the other duties permitted to a DH with an extended care permit, a DH who has qualified for an extended care permit III may identify and remove decay using hand instrumentation and place a temporary filling, including glass ionomer and other palliative materials, adjust dentures, place soft relines, smooth a sharp tooth with a slow speed dental handpiece, use local anesthesia including block and infiltration anesthesia where appropriate to assist with procedures where medical services are available in a nursing home, health clinic or other setting (with training), and to extract deciduous teeth that are partially exfoliated with class 4 mobility.
- ii) K.A.R. 71-4-1(c). Renewal of a dental or dental hygiene license requires the applicant to have a current basic cardiac life support for the health care provider certification.
- ll) K.S.A. 65-1456 – One of the duties of DHs with extended care permits is to assess patients need for further evaluation by a dentist for diagnosis and treatment for dental caries and other abnormalities.

Reimbursement

- mm, nn) K.S.A. 65-1456 (f) (7) Any payment to the DH for dental hygiene services provided under an extended care permit is received from the sponsoring dentist or the participating organization.

KENTUCKY

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	1	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			5	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			26	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	
Total Tasks Score	36			15	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			46	

Regulation

- a) KRS 313.020. The Board of Dentistry consists of 10 members. Seven members of the board are licensed dentists and 2 members are licensed DHs. One member is a citizen at large who is not associated with or financially interested in the practice or business regulated.
- b) KRS 313.040(8) A DH may practice as a public health DH and provide dental hygiene services in a program operated through the Department for Public Health or a governing board of health under accepted standardized protocols. Services are limited to preventative services.
- c) KRS 313.060 (9). A treating dentist who provides or facilitates the use of telehealth shall ensure that the informed consent of the patient, or another appropriate person with authority to make the health care treatment decision for the patient, is obtained before services are provided through telehealth; and that the confidentiality of the patient's medical information is maintained.
- d) KRS 313.040 (3) and (4). A DH shall practice under the supervision, order, control, and full responsibility of a dentist. It shall be unlawful for a person or corporation to practice dental hygiene in a manner that is separate or independent from the dental practice of a supervising dentist or to establish or maintain an office or practice that is primarily devoted to the provision of dental hygiene services.

Supervision

- h, i) 201 KAR 8:562, Section 15 (5) A public health DH provides dental hygiene services under the supervision of the governing board of health (KRS 313.040 (3)(B) and (8)). 201 KAR 8:562, Section 15 (5) (c) (3). The DH must provide the patient with a statement that services are provided by the DH without the direct supervision of a dentist. Public health dental hygienists work under standardized protocols. A prior dental visit is not required for the public health DH to provide preventative services.
- j, k, l, m, o, p, q, r, s) KRS 313.040. Licensed DHs shall practice under the supervision of a dentist in a dental office, public or private school, health care facility, or government institution with a dentist on staff. KRS 313.040(8)(c). 201 KAR 8:562. Section 15 (4). Public health dental hygienists may practice in a government-created public health program at local health departments, public or private educational institutions that provide Head Start, preschool, elementary and secondary instruction to school-aged children under the jurisdiction of the State Board of Education, and that have an affiliation agreement with the health department of jurisdiction, mobile and portable dental health programs under contract with a governing board of health, and public or private institutions under the jurisdiction of a federal, state, or local agency. 201 KAR 8:562. Section 15 (4) (a). Services are limited to preventative services.

Tasks

- w x, ff, gg) KRS 313.010 (5). Dental hygiene means treatment of the oral cavity, including but not limited to dental hygiene assessment or screening, scaling and root planing, nonsurgical therapy, removing calcareous deposits and accumulated accretions, cavity preventive procedures, periodontal procedures that require administering antimicrobial agents and other dentistry activities in the treatment care plan that are not prohibited to DHs in statute or regulation. KRS 313.040 (7) (a). A DH may work under the general supervision of a dentist for up to 15 consecutive full days. KRS 313.040 (6). A DH may provide the following services in a volunteer community health setting without the supervision of a dentist: dental health education, nutritional counseling, preparing a generalized oral health screening with subsequent referral to a dentist, applying fluoride or sealants on patients, and demonstration of oral hygiene techniques.
- ee) 201 KAR 8:562, Section 11. A DH may qualify to administer local anesthesia by completing approved training and education. Once the Board's qualifications are met, the DH is issued a license indicating registration from the board. KRS 313.060 (10). A licensed dentist may delegate administration of block and infiltration anesthesia to a qualified DH under direct supervision.
- hh) 201 KAR 8:562, Section 14. A DH must be trained in a board approved course in laser debridement, registered with the board, and provide the service only under direct supervision of a dentist.
- ii) 201 KAR 8:562 Section 1(7). An applicant for licensure must provide proof of having current certification in cardiopulmonary resuscitation.

LOUISIANA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		0	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			0	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	0	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	0	
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	0	
Programs for the Homeless		2	r	0	
Primary Care Health Clinics or Practices		2	s	2	
Able to supervise a dental assistant		2	t	0	t
Total Supervision Score	30			12	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	0	ff
Able to provide X-rays under general supervision		1	gg	1	
Permitted to use lasers for debridement		2	hh	0	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	0	
Total Tasks Score	36			6	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			18	

Regulation

- a) LRS 9.37 §753. The dental board consists of 14 members, including 13 dentists and 1 DH.
- b) LAC 46.33.7 §701 (B) A DH may perform authorized duties in any public institution or school (but not administration of nitrous oxide or local anesthesia or root planing) under the general supervision of a dentist.
- c) Telehealth act does not discuss teledentistry. Refer to Act. No. 442.
- d, e) LAC 46.33.7 §701 (G) (6). No person shall practice DH separate or independent from a supervising dentist or establish or maintain an office or a practice that is primarily devoted to providing dental hygiene services.

Supervision

- h, i) LAC 46.33.7 §701 (F). A DH is permitted to provide certain preventive services under general supervision for not more than 5 consecutive days provided that the supervising dentist examined the patient of record not more than 9 months prior to the date of provision of dental hygiene services, etc.
- j, k, l, m, p, s) LAC 46.33.7 §701 (G). No entity other than a public institution or school supervised by a Louisiana licensed dentist or an office owned by a dentist or group of dentists licenses in Louisiana may employ DHs to provide treatment for patients of record under general supervision. LAC 46.33.7 §313. Federal, state, or local government agencies operating mobile or portable dental units are exempt from certain provisions of the regulations. The services that may be provided in a mobile facility or with a portable dental unit of these organizations are limited to dental sealants, screenings, cleanings, radiographs, and fluoride that are performed at no charge.
- t) LAC 46.33.7 §701 (F) (6). No DH working under general supervision may delegate or supervise any DH duties for an expanded duty DA.

Tasks

- w, x, y, gg) LAC 46.33.7 §701 (F). Under general supervision, a dental hygienist may provide to patients of record, for not more than five consecutive business days, all dental hygiene services (except the administration of nitrous oxide inhalation or local anesthesia, and root planing which must be under direct supervision).
- aa) LAC 46.33.7 §701 (B) (9). A dentist may not delegate to a DH the placement or finishing of any final restoration.
- ee, ff) LAC 46.33.7 §701 (B). Administration of local anesthesia and scaling and root planing is permitted only under direct supervision.
- hh) LAC 46.33.16 §1301(A). A laser may be employed in the treatment of a dental patient only by a licensed dentist.
- ii) LRS 9.37 §764. An applicant for a dental hygiene license in the state must possess a current certification in a cardiopulmonary resuscitation health care provider course. LAC 46.33.16 §1613 (I). DHs must complete a continuing education course in CPR each year.
- jj) LAC 46.33.7 §701 (B) (3). A dentist may not delegate to a DH the prescription of a drug, medication, or work authorization.

MAINE

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	2	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		2	
Independent practice		2		2	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	1	c
Self-employment allowed		2	d	2	d
Practice ownership allowed		2	e	2	e
May employ other DHs or DAs		2	f	2	f
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	1	
Total Regulation Score	22			18	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	2	t
Total Supervision Score	30			30	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	2	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	2	z
Place and carve amalgam		1	aa	1	aa
Simple extractions of primary teeth with training and credential		1	bb	1	bb
Fabricate provisional crowns		1	cc	1	cc
Place stainless steel crowns with training and credential		1	dd	1	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	3	jj
Provide care of patients across the age continuum		1	kk	1	
DH can refer patients		3	ll	3	ll
Total Tasks Score	36			26	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		2	nn	2	nn
Total Reimbursement Score	12			12	
TOTAL SCORE	100			86	

Regulation

- a) Sec.21.32 MRSac.143 §18322. The board consists of 9 members including 5 dentists, 2 DHs, 1 dentist, and 1 public member. Sec.21.32 MRSac.143 §18327.1 and §18327.3. The subcommittee on DHs consists of 5 members, 3 DHs and 2 dentists. Title 32.16.1079 3(A) (B) The subcommittee is limited to review of complaints and review of applications and recommendation for licensure.
- b) Sec.21.32 MRSac.143 §18302.7 and §18302.8. Dental hygiene therapist means a licensed DH authorized to practice dental hygiene therapy. Dental hygiene therapy means the delivery of delivery of dental hygiene services including performance of certain dental procedures. Sec.21.32 MRSac.143 §18302.23. Independent practice DH means a person licensed as a DH who is authorized to practice independent dental hygiene. Sec.21.32 MRSac.143 §18302.30 and §18302.31. Public health DH means a licensed DH who is authorized to practice dental hygiene under a written supervision agreement with a dentist to provide services in a public health setting.
- c) 02- 313, Chapter 1, (38) (A): the practice of teledentistry is defined as the practice of dentistry at a distance through the use of any electronic means through i) consultation or ii) distance dentistry.
- d, e ,f) MRS 32.16 Subchapter 3-B, §1094-1. An independent practice DH may be the proprietor of a place where independent practice dental hygiene is performed and may purchase, own or lease equipment necessary for the performance of independent practice dental hygiene. An independent practice DH may employ another independent practice DH.

Supervision

- h, i) Sec.21.32 MRSac.143 § 18375. Without supervision by a dentist, an independent practice DH may perform oral inspections and record all conditions that need the attention of a dentist, perform complete periodontal and dental restorative charting, perform complete prophylaxis including root planing, apply cavity varnish, apply fluoride, apply sealants, place temporary restorations, expose and process radiographs, prescribe, dispense or administer anti-cavity toothpastes or topical gels as well as chlorhexidine gluconate oral rinse, etc.
- j, k, l, m, n, o, p, q, r, s) Sec.21.32 MRSac.143 §18301.32. Public health setting means a place where the practice of public health dental hygiene occurs and includes, but is not limited to, public and private schools, medical facilities, nursing homes, residential care facilities, mobile units, nonprofit organizations, and community health centers. MRS 32.16 Subchapter 3-B, §1094-FF. A dental hygiene therapist may provide services within the scope of practice in a hospital, a public school, a nursing facility, a residential care facility, a clinic, a health center reimbursed as a federally qualified health center, a federally qualified health center, a public health setting that serves underserved populations, or a private dental practice in which at least 50% of the patients are covered by the MaineCare program if are underserved adults.
- t) Sec.21.32 MRSac.143 § 18376.2. A dental hygiene therapist may if so delegated by a dentist in the written practice protocol, supervise no more than 3 dental assistants and 2 dental hygienists in any one practice setting.

Tasks

- w, x, cc, ff, gg, jj) Sec.21.32 MRSac.143 § 18374.2. Under general supervision, a DH may prescribe, dispense, or administer anti-cavity toothpastes or topical gels as well as chlorhexidine gluconate oral rinse, apply cavity varnish, apply fluoride, apply sealants, expose and process radiographs, fabricate temporary crowns, perform complete prophylaxis including root planing, perform oral inspections, perform complete periodontal and dental restorative charting, etc.
- v, w, x, y, ff, gg, jj) Sec.21.32 MRSac.143 § 18375. Without supervision by a dentist, an independent practice DH may perform oral inspections and record all conditions that need the attention of a dentist, perform complete periodontal and dental restorative charting, perform complete prophylaxis including root planing, apply cavity varnish, apply fluoride, apply sealants, place temporary restorations, expose and process radiographs, prescribe, dispense or administer anti-cavity toothpastes or topical gels as well as chlorhexidine gluconate oral rinse, etc.
- v, w, x, y, ff, gg, jj) Sec.21.32 MRSac.143 § 18376. Under a supervision agreement with a dentist, a public health DH may perform oral inspections and record all conditions that need the attention of a dentist, perform complete periodontal and dental restorative charting, perform complete prophylaxis including root planing, apply fluoride, apply sealants, place temporary restorations, expose and process radiographs, prescribe, dispense or administer anti-cavity toothpastes or topical gels as well as chlorhexidine gluconate oral rinse, etc.
- z, aa, bb, cc, dd) Sec.21.32 MRSac.143 § 18376. A dental hygiene therapist may perform the following procedures in limited practice settings if authorized by a written practice agreement under direct supervision including, oral health assessments, simple cavity preparations and restorations, simple extractions, preparation and placement of stainless steel crowns, provide referrals, administer local anesthesia and nitrous oxide analgesia, perform preventive services, urgent management of dental trauma, administer radiographs, etc.
- ee) Sec.21.32 MRSac.143 §18348.4, A DH may administer local anesthesia or nitrous oxide analgesia under direct supervision.
- ll) MRS 32.16 Subchapter 3-B, §1094-1 An independent practice DH shall provide to a patient or a parent or guardian of a minor patient a written plan for referral to a dentist for any necessary dental care.

Reimbursement

- mm) Sec. 4.22 MRSA §3174-RR, sub-§1 (1). The department shall provide for the reimbursement under the MaineCare program of independent practice DHs providing prophylaxis, application of fluoride or sealants, oral hygiene instruction, temporary fillings, and x-rays. Sec. 5.22 MRSA §3174-XX, sub-§1 (1). The department shall provide for the reimbursement under the MaineCare program of dental hygiene therapists for the procedures identified in their scope of practice.
- nn) Sec. 10. 24-A MRSA §2765, sub-§1 (1). An insurer that issues individual dental insurance or health insurance that includes coverage for dental services performed by an independent practice DH shall provide coverage when those services are covered within the contract and are within the scope of practice of the professional. Sec. 12. 24-A MRSA §2765-A, sub-§1 (1) An insurer that issues individual dental insurance or health insurance that includes coverage for dental services performed by a dental hygiene therapist shall provide coverage when those services are covered within the contract and are within the scope of practice of the professional.

MARYLAND

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	2	a
with power to make regulatory recommendations		2		2	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2	b	0	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			4	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	0	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			18	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	y
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			13	
REIMBURSEMENTS					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			35	

Regulation

- a) §4-202. There are 16 members of the Board including 9 dentists, 4 DHs, 3 and 3 consumer members. §4-205 (7) (iii) A committee on dental hygiene is composed of 3 DHs, 1 dentist, and 1 consumer to which the Board refers matters affecting the practice of dental hygiene for the committee's evaluation, review, and recommendation.
- b) § 4-308. A DH, under general supervision, may work in public health settings as defined by the dental board.
- d, e) § 4-605. A DH may not own or operate a dental practice or a dental hygiene practice.

Supervision

- h, i) § 4-308 (k) (2) (i) A DH may perform authorized dental hygiene services without the dentist on the premises only if treatments that are rendered by the DH were authorized by the supervising dentist no later than 7 months from the date the patient was examined and evaluated by the supervising dentist. § 4-308 (m) (5) (v). A DH may work under general supervision in a long term care facility but services are limited to toothbrush prophylaxis, application of fluoride, and dental hygiene instruction.
- j, k, l, m, o, p, q, r, s) § 4-308 (k) (3) (i) A DH with a general license is authorized to practice under general supervision in a dental facility owned and operated by the federal, state or local government, a public health department or public school of the state or a county, a facility in which a program licensed by the Department is operating, a facility owned and operated by the Department of Juvenile Services, a facility owned and operated by the state or local government providing medical care to the poor, the elderly, or handicapped, a facility in which a federally qualified health center or a federally qualified health center look alike is located, or a facility in which a state licensed Head Start or Early Head Start program is located.

Tasks

- u, y, z, aa) § 4-206(a) The Board may not authorize a DH to perform a diagnosis, perform an extraction, repair a cavity, etc.
- w, x, ff, gg) § 4-101. Practice of dental hygiene means to perform a preliminary dental examination, perform a complete prophylaxis, chart cavities, restorations, missing teeth, periodontal condition and other features observed during preliminary examination, apply a medicinal agent to a tooth, take a dental x-ray, perform manual curettage (if qualified) in conjunction with scaling and root planing, administer local anesthesia, perform other allowable functions authorized by Board rule. 10.44.04.03 The practice of dental hygiene includes performing a preliminary dental examination, dental prophylaxis including scaling and root planing, placing sealants, exposing dental x-rays, etc. § 4-308 (f). A licensed DH with a general license may apply sealants or fluoride agents under general supervision in dental offices and certain facilities. § 4-308 (f) 2 (i). The Board may waive on a case by case basis the supervision requirements in a dental facility owned and operated by the federal, state or local government, a health facility licensed by the Dept. of Health and Mental Hygiene, a facility providing medical care to the poor, the elderly, or handicapped that is owned or operated by the state or federal government or a bona fide charitable organization or another setting authorized by the board.
- ee) § 4-106.1 A DH who meets Board requirements may administer local anesthesia by infiltration under the supervision of a dentist who is physically present on the premises and prescribes the procedure.
- ii) Refer to Code of Maryland Regulations 10.44.22.
- ll) § 4-308.1 (b) (4). A licensed DH without the supervision of a dentist may provide without compensation at a community based health fair referrals to a dental home including providing a patient with a list of clinical public health facilities.

MASSACHUSETTS

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		2	
Public health dental hygiene		2		0	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			2	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	2	aa
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	2	cc
Place stainless steel crowns with training and credential		1	dd	2	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	1	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			22	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		2	nn	0	nn
Total Reimbursement Score	12			10	
TOTAL SCORE	100			62	

Regulation

- a) MGL, Part 1. c 13. §19. The board of registration in dentistry consists of 11 members including 6 dentists, 2 DHs, 1 dental assistant, and 2 public members.
- b) MGL. Part 1. c. 112 §43A, §45, §51.; 234 CMR 2.03. A public health dental hygienist must have at least 3 years of experience, may practice full or part-time in a public health setting, must have completed appropriate training determined by the department of health and a written collaborative agreement with a local or state government agency or institution or a licensed dentist. 234 CMR 5.08 (3) The written collaborative agreement shall specify the dental hygiene procedures to be provided and the populations to be served.
- d, e) 234 CMR 5.02 (2) A dental practice not wholly owned by a dentist or dentists licensed in the Commonwealth shall be licensed as a dental clinic or hospital.

Supervision

- h, i, x) MGL. Part 1. c 112, §51. A DH practicing as a public health DH may perform in a public health setting without the supervision or direction of a dentist any procedure or service that is within the scope of practice and that has been authorized by the board as a delegable procedure to a DH in private practice under general supervision and may conduct emergency denture adjustments in long term care facilities under general supervision.
- j, k, l, m, n, o, p, q, r, s,) MGL. Part 1. Chapter 112, Section 51. Public health settings shall include but not be limited to residences of the homebound, schools, nursing homes and long-term care facilities clinics, hospitals, medical facilities, community health centers licensed or certified by the department of public health, mobile and portable dental health programs licensed or certified by the department of public health and operated by a local or state agency, Head Start programs and any other facilities or programs deemed appropriate by the department of public health.

Tasks

- u, jj) MGL. Part 1. Chapter 112, Section 51. A DH may perform all acts of a dental assistant and, under appropriate supervision perform services that are educational, therapeutic (gingival curettage and root planing and administration of local anesthesia), prophylactic and preventive in nature but may not perform acts of services of a dentist including diagnosis, treatment planning, surgical or cutting procedures on hard or soft tissue, and prescription of medications.
- w, x, y, cc, ff, gg, ll) 234 CMR. 5.09 (1) A DH or a Public Health DH, etc. may take dental radiographs only under the supervision of a dentist and only if the auxiliary has been trained. 234 CMR. 5.11 A dentist may delegate the review of medical and dental history and consultation with a medical practitioner as needed, the preliminary evaluation to determine the need for dental hygiene services, referrals to dentists, physicians and other practitioners in consultation with the dentist, oral health instruction, dietary screening, dental screenings and recording of dental screenings, the exposure of radiographs, and the evaluation of radiographs for provision of dental hygiene procedures under general supervision or in the written collaborative agreement.

In addition, under the written collaborative agreement, the Public Health DH may take intra-oral photographs, chart the oral cavity and structures, take and record vital signs, perform minor emergency denture adjustments, apply anti-cariogenic agents including fluoride, apply and adjust dental sealants, take impressions, cement, recement and adjust temporary restorations, place temporary restorations to provide palliative treatment, apply desensitizing agents, performs gingival scaling, perform scaling and root planing, fabricate provisional restorations, etc.

- x) 234 CMR. 5.07 (4) A DH practicing in a public health setting may provide dental hygiene services including placement of sealants without first having a dentist examine the patient.
- aa, dd, hh, ee) 234 CMR. 5.11 Under direct supervision a DH may place, condense, carve, contour and adjust amalgam restorations, place stainless steel crowns, use diagnostic and periodontic non-cutting lasers, and administer local anesthesia.
- ii) 234 CMR. 5.15 All dental practices shall ensure that all staff are trained to implement emergency protocols.
- jj) 234 CMR. 5.12 Only licensed dentists shall prescribe or parenterally administer drugs or medicaments.
- ll) 234 CMR. 5.08 (1) (f) (5). A DH practicing in a public health setting shall if necessary, provide a referral for emergency assessment by a dentist. A referral may be to the patient's dentist of record or the DH must provide the names of dentist(s), community health center(s) or dental school clinic(s) located within a reasonable geographic distance from the patient's home and with whom the DH has communicated with regard to accepting referrals.

Reimbursement

- mm, nn) MGL. Part 1. Chapter 112, Section 51. A public health DH shall be directly reimbursed by Medicaid for services administered in a public health setting, but except as required by federal Medicaid law, shall not seek reimbursement from any other insurance or third party payer. In such cases, the local or state government agency or institution or mobile or portable prevention program may seek reimbursement from any insurance or third party payer.

MICHIGAN

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		2	
Public health dental hygiene		2		0	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			2	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	t
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	1	aa
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			14	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		5	nn	0	
Total Reimbursement Score	12			10	
TOTAL SCORE	100			54	

Regulation

- a) M.C.L. Act 368, 333.16621. The Michigan Board of Dentistry operates under the auspices of the Department of Consumer/Industry Services and has 19 members including 8 dentists, 4 DHs, 2 dental assistants, and 3 public members.
- b) Act 161, Sec. 16625. PA 161 Public Dental Prevention Program. This program allows a collaborative practice between DHs and dentists to allow preventive oral health services for unassigned and underserved population. Approved nonprofit agencies can use dental hygienists to provide preventive services. Act 161. Sec. 16625 (c) (i) (ii) (iii) Supervision means overseeing or participation in the work, continuous availability of direct communication in person, by radio, telephone, or telecommunication, and review on a regular basis of the practice of the supervised individual and the provision by the licensed supervising professional of predetermined procedures and a drug protocol.
- b) M.C.L. Act 368. 333.16625 (2) A DH may perform dental hygiene services under the supervision of a dentist as part of a program for the dentally underserved populations conducted by a local, state, or federal grantee health agency for patients who are not assigned to a dentist. This includes a public or nonprofit entity, school or nursing home with a program of dental care that employs at least one dentist or DH. Act 368.333.16625 (5) (c) (i), (ii), (iii) Supervision means overseeing or participation in the work, continuous availability of direct communication in person, by radio, telephone, or telecommunication, and review on a regular basis of the practice of the supervised individual and the provision by the licensed supervising professional of predetermined procedures and a drug protocol.

Supervision

- h, l, ll) Act 161. Sec. 16625. The PA 161 programs allows the DH to perform dental hygiene services as part of a program for the dentally underserved under the supervision of dentist for patients who are not assigned by a dentist. Act 161. Sec. 16625. Allowable services include a screening which is a clinical evaluation by the DH to identify signs of oral or systemic disease that need referral for examination, diagnosis, and treatment, prophylaxis, sealants, fluoride varnish and other approved preventive services. X-rays are not considered preventive. A specific referral protocol must be in place for all patients seen by the DH through the PA 161 program.
- Act 161. Sec. 16625 (c) (i) (ii) (iii) Supervision means overseeing or participation in the work, continuous availability of direct communication in person, by radio, telephone, or telecommunication, and review on a regular basis of the practice of the supervised individual and the provision by the licensed supervising professional of predetermined procedures and a drug protocol.
- J, k, l, m, n, o, p, q, r, s) Act 161. Sec. 16625 (a) and (4). A program conducted by a local, state, or federal grantee health agency, a public or nonprofit entity, or a school, or a nursing home may be approved as PA 161 program providers. PA 161 programs may be mobile, meaning services are provided outside a traditional dental setting such as in a school, a Head Start program, a patient's home, etc. (directive Michigan Department of Health and Human Services.

Tasks

- w, x, aa, ff, gg) M.A.C. R388.11408 A DH may only perform complete prophylaxis, root planing or debridement, polishing and contouring restorations, apply anticariogenic and desensitizing agents including fluoride, charting, examining of soft tissue, preliminary examination, applying topical anesthetic, applying commonly accepted emergency procedures, taking impressions, operating dental radiographic equipment, etc. under the assignment of a dentist.
- Act 368. 333.16611 (2) Deep scaling root planing and the removal of calcareous deposits may only be performed by a licensed DH or dentist. R388.11409 Soft tissue curettage may only be performed by a DH if the procedure is assigned by a dentist and is performed under direct supervision.
- ee) R388.11410 and Act 368. 333.16611(4). A dentist may delegate administering intra-oral block or infiltration anesthesia or nitrous oxide analgesia or both to a DH under direct supervision to a patient 18 years of age or older and only if requirements are met.

Reimbursement

- mm) Refer to the Michigan Department of Community Health; Medicaid policy which allows a dental hygienist, including a dental hygienist working within PA 161 programs, to enroll as a provider in the Michigan Medicaid Program. This enrollment process is through the Community Health Automated Medicaid Processing System (CHAMPS). This is a Medicaid program decision that does not require legislation. A registered dental hygienist is required to have a Type 1 (Individual) NPI number to enroll and the dental hygienist is considered a rendering or service-only provider, which means that the Type 1 NPI renders services strictly on behalf of an organization, clinic or group practice. They are required to affiliate themselves with a Type 2 (Group) NPI such as a Federally Qualified Health Center (FQHC), Local Health Department, clinic, sole dentist or dental group in CHAMPS (see American Dental Hygienists' Association. Reimbursement).

MINNESOTA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		2	
Independent practice		2		0	
Collaborative practice		2		2	
Public health dental hygiene		2		0	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	1	c
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			7	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	
Able to supervise a dental assistant		2	t	2	t
Total Supervision Score	30			30	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	2	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	2	z
Place and carve amalgam		1	aa	1	aa
Simple extractions of primary teeth with training and credential		1	bb	1	bb
Fabricate provisional crowns		1	cc	1	
Place stainless steel crowns with training and credential		1	dd	1	dd
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	3	jj
Provide care of patients across the age continuum		1	kk	1	kk
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			32	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			10	
TOTAL SCORE	100			79	

Regulation

- a) 150A.02 Subdivision 1. The board of dentistry consists of nine members including 5 dentists, 1 dental assistant, 1 DH, and 2 public members One voting dental therapist is on the 9-member board.
- b) 150A.105 and 150A.106. Minnesota licenses both dental therapists (DTs) and advanced dental therapists (ADTs, who must also be licensed as DHs) who perform services under collaborative agreements. 150A.010 DHs may also work under collaborative practice agreements in public health settings (see footnote h, i for details).
- c) 256B.0625, Subdivision 9. Effective Jan. 1, 2016, the Minnesota health care plan will cover teledentistry claims for diagnostic services. Coverage is limited to children, pregnant women, and some adults as specified in Minnesota Statutes (covered services). However, the Department of Human Services is still working with the Administrative Uniformity Committee (AUC) to establish teledentistry claim modifiers and implement the necessary system changes for billing and payment. Refer to the Minnesota Department of Human Services.
- d, e) 3100.8200. A dental hygienist may only practice as an employee or independent contractor for an employing dentist.

Supervision

- h, i) 150A.10, Subdivision 1a (1) (2) (3) (4). A DH may be employed or retained by a health care facility, program or nonprofit organization to perform dental hygiene services without the patient first being examined by a dentist if the DH meets experience and training requirements detailed in statute and if the DH has a collaborative agreement with a dentist that designates authorization for the services provided by the DH. Allowable services include, oral health promotion and disease prevention activities, prophylaxis, application of fluoride varnishes and pit and fissure sealants, polishing and smoothing restorations, preliminary charting, taking of radiographs, scaling and root planing, etc. and administer local anesthesia or nitrous oxide (if delegated in the agreement.)
- j, k, l, m, n, o, p, q, r, s) 150A.10, Subdivision 1a. A health care facility, program or nonprofit organization is limited to a hospital, nursing home, home health agency, group home serving the elderly, the disabled, or juveniles, state operated facilities licensed by the commissioner of human services or the commissioner of corrections, federal, state, or local public health facilities, community clinics, tribal clinics, school authorities, Head Start programs, or nonprofit health care organizations that services the uninsured Minnesota health care public program recipients.
- 150A.105, Subdivision 8 (b) (1) to (6). DTs and ADTs are limited to practice settings that service low income and underserved populations including critical access dental provider settings designated by the commissioner of human services, setting permitted for dental hygiene collaborative practice (see above), medical facilities, assisted living facilities, federally qualified health centers, organizations eligible for community clinic grants, military and veterans administration hospitals, clinics, and care settings, a patient's residence or home when the patient is homebound or receiving home health or community based waiver services, oral health educational institutions, or any clinic or practice setting including mobile dental units in which at least 50 percent of the patient base of the DT or ADT is disabled or has a chronic condition that creates significant barriers to receiving dental care, is eligible for a Minnesota health care program, or does not have dental insurance coverage and is low income (below 200% of FPL).
- t) 150A.091, Subpart 2. And 150A.105, Subdivision 7. An ADT or DT may supervise dental assistants to the extent permitted in the collaborative agreement but may only delegate to the dental assistant duties that are permitted to be delegated.

Tasks

- u) 150A.10, Subdivision 1. Any licensed dentist, licensed dental therapist, public institution or school authority may obtain services from a licensed DH. The services shall not include establishment of a final diagnosis or treatment plan for a dental patient.
- v, w, x, ee, ff, gg) 3100.8700. Subpart 1. Under general supervision (defined as a dentist not present in the office or on the premises but procedures performed are done so with prior knowledge and consent of the dentist), a DH may provide complete prophylaxis including scaling and root planing, polishing of restorations, preliminary charting of the oral cavity and surrounding structures including formulating a dental hygiene treatment plan, application of sealants, replacement, cementation, and adjustment of intact temporary restorations, make referral to dentists, physicians, and other practitioners in consultation with a dentist, and if qualified administer local anesthesia or nitrous oxide, etc. 3100.8700, Subpart 2a Under direct supervision, a DH may fabricate, cement, and adjust temporary restorations and numerous orthodontic functions.
- y, aa, dd) 150A.091, Subpart 4. A licensed DH may place, contour, and adjust amalgam restorations and certain composite restorations, place, contour and adjust glass ionomer, adapt and cement stainless steel crowns if appropriately trained according to board requirements. The task must be authorized by a dentist or DT or ADT and the DH must provide the services under indirect supervision.
- z, bb, cc, dd, ee) 150A.105, Subdivision 4 (c) (1) to (14) and 150A.106 Subdivision 2. Licensed DTs or ADTs (an ADT must also be a DH) may perform a range of educational, preventive, diagnostic, palliative, therapeutic, and restorative services as defined in the written collaborative agreement with the dentist. The services include placement of temporary restorations, cavity preparation, restoration of primary and permanent teeth placement of temporary crowns, extractions of primary teeth, administration of local anesthesia or nitrous oxide.
- hh) 150A.105, Subdivision 5. A DT or ADT may dispense and administer certain categories of drugs (analgesics, anti-inflammatories, and antibiotics) with exclusions for narcotic drugs. 150A.106, Subdivision 4 (a). An ADT may also "provide" (i.e. prescribe) drugs within the designated categories.
- ii) The Minnesota Board of Dentistry regulations are silent on the use of lasers by dental professionals. The board would allow a dental hygienist to use a laser if the particular procedure with the laser is one that law and rules currently allow the DH to perform. See p. 13 - https://mn.gov/boards/assets/2015%20SA%20FINAL-5-2015%20UPDATE_tcm21-45948.pdf
- ll) 150A.106, Subdivision 4. ADTs practicing under a collaborative arrangement must refer to a dentist for treatment of conditions outside the scope of practice.

Reimbursement

- mm) ADTs may apply for a Medicaid provider number to be reimbursed directly. The provider must comply with rules relating to the delivery of services to individuals and to the submission of claims for such services.

MISSISSIPPI

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		0	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			0	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	0	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	0	
Correctional Facilities		2	l	0	
Mental Health Settings		2	m	0	
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	0	
Free Clinics		2	q	0	
Programs for the Homeless		2	r	0	
Primary Care Health Clinics or Practices		2	s	0	
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			4	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	
Place sealants		2	x	0	
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	
Able to perform scaling and root planing w/o direct supervision		4	ff	0	
Able to provide X-rays under general supervision		1	gg	0	
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	0	
Total Tasks Score	36			3	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			7	

Regulation

- a) § 73-9-7. The dental board includes 7 licensed dentists and 1 DH.
- b) § 73-9-5- DH in the employ of the State Board of Health or public school boards are limited to providing oral health instruction and screening under the general supervision and direction of licensed and registered dentists.
- c) MS Code Sec. 83-9-351. Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of interactive audio, video or other electronic media. Telemedicine must be a “real-time” consultation, and does not include the use of audio-only telephone, e-mail or facsimile. Currently MS Medicaid and private payers are required to provide coverage for live video consultations. MS Medicaid is also required to cover store and forward services to the same level as in-person services. Store and forward is defined as the electronic transmission of medical information, such as digital images, documents, and pre-recorded videos. Asynchronous transmissions typically do not occur in real time, and take place primarily among medical professionals, to aid in diagnoses and medical consults, when live video or face-to-face patient contact is not necessary. Statutes and regulations do not discuss teledentistry.

Supervision

- h) §73-9-5(2). DHs employed by the Mississippi State Board of Health or public school boards who may perform oral hygiene instruction, screening, or public demonstrations of dental hygiene for educational purposes. DHs employed by the Mississippi Board of Health may apply fluoride varnishes as part of oral hygiene instruction and screening while under the general supervision of a state-licensed dentist.

MISSOURI

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	2	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			6	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			26	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	1	aa
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	1	dd
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			19	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		2	nn	2	nn
Total Reimbursement Score	12			12	
TOTAL SCORE	100			63	

Regulation

- a) 332.021.1 The dental board consists of 7 members include 5 dentists, 1 DH, and on public member.
332.086.1 This section of Missouri statute establishes an advisory commission for dental hygienists constituted of 5 members who are all DHs. The commission “shall guide, advise, and make recommendations” about educational requirements for the profession, review the dental hygiene practice act, and make recommendations to the board about the practice, licensure, examination and discipline of DHs.
- b) 332.098.1 Expanded function duties may be delegated to dental hygienists who have qualified to perform them. 332.011(7) Expanded functions duties may be delegated to a dental hygienist who possesses and expanded function permit. 332.311.2 A DH with the required clinical experience who is practicing in a public health setting may provide fluoride treatments, teeth cleaning, and sealants to children who are eligible for medical assistance without the supervision of a dentist.
- d, e) 20 CSR 2110-2.130 (1). A DH may be employed by any person or entity so long as the hygienist is working under the supervision of a dentist.

Supervision

- h, i) 332.311.2 A DH with the required clinical experience who is practicing in a public health setting may provide fluoride treatments, teeth cleaning, and sealants to children who are eligible for medical assistance without the supervision of a dentist.
- J, k, l, m, o, p, q, r, s) 20 CSR 2110-2.131 (1). A public health setting shall be defined as a location where dental services are sponsored by a governmental health entity including the Department of Health and Senior Services, a county health department, a city health department, a combined city/county health department, a nonprofit community health center funded under Sections 329, 330, or 330 of the U.S. Public Health Services Act or one that is exempt from federal taxation under section 501 (c) (3) of the IRS Code.

Tasks

- w, x, ff, gg) 20 CSR 2110-2.130 (3). A DH may perform scaling and polishing teeth (prophylaxis), dental sealants, periodontal root planing, debridement, and curettage, non-surgical periodontal procedures under general supervision.
- ee) 20 CSR 2110-2.130 (4). A DH may administer nitrous oxide or local anesthesia under the indirect supervision of a dentist.
- aa, dd) 20 CSR 2110-2.130 (5). Under direct supervision, a DH with an expanded function permit may provide expanded duties including (see 20 CSR 2110-2.120 (5)) sizing and cemented prefabricated crowns, placing, condensing, and carving amalgam and some composite restorations, and making impressions for the fabrication of any removable or fixed prosthesis/ appliance.
- hh) 332.071(1). The use of lasers is defined as being part of the practice of dentistry. A person who undertakes to perform dental work by any means or method including the use of lasers is practicing dentistry.
- jj) 20 CSR 2110-2.130 (6). A DH may not perform procedures considered the practice of dentistry including prescription of drugs.
- ll) 20 CSR 2110-2.130 (7). A DH may provide oral hygiene instruction, conduct oral screenings and apply fluoride without the presence of a dentist. The DH shall refer the individual screened to a dentist for diagnosis.

Reimbursement

- mm) 332.311.2 Medicaid shall reimburse any eligible provider who provides fluoride treatments, teeth cleaning and sealants to eligible children.
- nn) 354.715.1 Any provider of dental health care services can have a written contract with a prepaid dental plan corporation. 322.122.1 and section 5.4 on commercial managed health care plans from the State of Missouri MOHealth Net Dental Manual (current as of 5/19/2016): http://manuals.momed.com/collections/collection_den/print.pdf.

MONTANA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	2	a
with power to make regulatory recommendations		2		2	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			6	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	cc
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care across the age continuum		1	kk	1	kk
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			15	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			10	
TOTAL SCORE	100			59	

Regulation

- a) 2-14-1732 (2). The Board consists of five dentists, one denturist, two DHs, and two public members.
24-138.206. The Dental Hygienist Committee consists of 2 DH board members and 1 dentist board member who either employs a DH or who is employed by a Federally Qualified Health Center that also employs a DH. The reviews issues pertaining to dental hygiene and makes recommendations to the board.
- b) 37-4-405 (5) (a). A DH practicing under public health supervision status shall obtain a limited access permit. Provision of services under a limited access permit is limited to patient or residents of facilities or programs who due to age, infirmity, disability, or financial constraints are unable to receive regular dental care.

Supervision

- h, i) 37-4-405 (3) (d). Public health supervision means the provision of limited dental hygiene preventative services without the prior authorization or presence of a licensed dentist in a public health facility.
- j, k, l, m, n, o, p, q, r, s) 37-4- 405. A DH may provide preventative services in a public health facility under the general supervision of a dentist in a public or private institution or hospital or extended care facility or under a board of health or in a public clinic. 37-4-405 (c) A public health facility means federally qualified health centers, federally funded community health centers, migrant health care centers, or programs for health services for the homeless, nursing homes, extended care facilities, home health agencies, group homes for the elderly, disabled, and youth, head start programs, migrant worker facilities, local public health clinics and facilities, public institutions under the department of public health and human services and mobile public health clinics and other public health facilities and programs identified by the board. See 24.1238.509 where the board identifies several schools as public health facilities.

Tasks

- w) 24.138.425 The DH working under a limited access permit shall document the patient dental history and conduct a screening appraisal prior to providing DH preventative services.
- x, ff, gg) 37-4-405 (4) (a). A DH practicing under public health supervision may provide dental hygiene preventative services that include removal of deposits and stains from the surfaces of teeth, application of topical fluoride, polishing restorations, root planing, placement of sealants, oral cancer screening, exposing radiographs, and charting of services. 24.138.407 (2). Under general supervision, a DH may take x-rays, take impressions, remove sutures, apply topical anesthetic agents, collect patient data, place pit and fissure sealants, etc.
- y) 24.138.406 (2) (m). A dental auxiliary may place and remove temporary restorations with hand instruments only under the direct supervision of a dentist. 24.138.407. A DH may function in the capacity of a dental auxiliary.
- z, aa, bb, cc, ee) 37-4-401 (1) (2) (3) (4). The practice of dental hygiene is services that are educational, therapeutic, prophylactic, or preventive procedures that may be performed under general supervision. A licensed dentist may not delegate diagnosis, treatment planning, surgical procedures other than root planing and subgingival curettage, restorative, prosthetic or orthodontic procedures which require the skill of the dentist or prescription of drugs or medications. does not allow the board or a licensed dentist to delegate diagnosis, treatment planning and prescription. 24.138.407 (3) A DH may not perform diagnosis and treatment planning, extracting teeth, prescribing any drug, placing, carving, or condensing any permanent restorations, taking final impressions, etc.
- gg) 24.138.508 (1) A DH must have a local anesthetic permit to administer a local anesthetic agent during a dental procedure. 37-4-401. The administration of local anesthetic agents by a DH certified by the board is under the direct supervision and authorization of a dentist.
- ii) Refer to 24.138.403. All DHs shall possess a current CPR, ACLS, or PALS card.
- ll) 37-4-405 (4) (c) (i). A DH practicing under public health supervision shall provide for the referral to a licensed dentist of any patient needing treatment outside of scope of practice for a DH. 24.138.425. If a patient has one or more severe systemic diseases, A DH practicing under a LAP shall consult with a physician, dentist, nurse practitioner, or physician assistant responsible for the patient's care regarding the appropriateness of treatment and the conditions under with to provide DH preventative services.

Reimbursement

- mm) Refer to Rule 37.86.1001.

NEBRASKA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	1	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			3	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			26	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	cc
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultation and referrals		3	ll	3	ll
Total Tasks Score	36			17	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			10	
TOTAL SCORE	100			56	

Regulation

- a) 38-1114. The board consists of 10 members including 6 dentists, 2 DHs, and 2 public members.
- b) 38-1130. The Department of Health and Human Services may authorize a DH to provide public health related preventive services to children and if the DH has the required experience, to adults in public health settings.
- c) The University of Nebraska Medical Center, College of Dentistry developed Nebraska Teledentistry which is designed to provide access to oral health care for rural and underserved populations. Teledentistry services for Medicaid-eligible patients are covered under the NE Medicaid program. Refer to <http://www.unmc.edu/dentistry/outreach/teledentistry/>.

Supervision

- h, i) 38-1130. Authorization to provide certain preventive service in a public health setting or in a health care or related facility is provided by the Department of Health and Human Services not by a supervising dentist. The DH is required to meet requirements to practice under these circumstances. 38.1130 (2) and (3a). The department may authorize a DH to perform preliminary charting and screening examinations, oral health education, any duties of a dental assistant, oral prophylaxis for health children, pulp vitality testing, application of fluorides, sealants, and other recognized topical agents for the prevention of oral disease in the conduct of public health related services for children in a public health setting. 38.1130 (4) (a). If the DH meets the requisite practical experience rule, the DH may provide public health related services to adults in public health settings including oral prophylaxis, pulp vitality testing and application of fluoride, sealants, and other topical agents for the prevention of oral disease.
- j, k, l, m, o, p, q, r, s) The settings in which a DH may be authorized to work by the department include a health care or related facility including a hospital, a nursing facility, an assisted living facility, a correctional facility, a tribal clinic or a school based preventive health program; public health settings include a federal, state, or local public health department or clinic, community health center, rural health clinic, or other similar program or agency that serves primarily public health care program recipients. The NE Health Department(s) also lists homeless programs, free dental clinics and mobile dental units providing free and low cost hygiene and dental services to state residents as permissible settings. Refer to <http://www.nedental.org/for-the-public/public-health-departments>.

Tasks

- u, bb) 172 NAC 53 002.02. A DH is under no circumstances to perform diagnosis and treatment planning, surgery on hard or soft tissues, etc.
- w, x, y, ff, gg) 38-1131 and. A DH may perform preventive services under the general supervision of a dentist including oral prophylaxis, periodontal scaling and root planing, polishing restorations, preliminary charting and screening examination and indexing of dental and periodontal disease, referral when appropriate for a dental diagnosis by a dentist, pulp vitality testing, gingival curettage, suture removal, application of fluoride, sealants, and other recognized topical agents for prevention of oral disease, radiographic exposures, oral health education, etc.
- aa, cc) 172 NAC 53 002.03. DHs are prohibited from performing any intra-oral procedure which would lead to fabrication of any prosthesis or placing or contouring of a final restoration.
- ee) 38-1132 and 172 NAC 57 005.01 and 005.02. A qualified DH may be approved by the department to administer local anesthesia under the indirect supervision of a dentist.
- hh) In 2010, the NE Board of Dentistry released a statement that dental hygienists are authorized to use lasers pursuant to the appropriate certification and only for those procedures authorized by their scope of practice statutes. Refer to <http://dhhs.ne.gov/publichealth/Documents/Dentistrynl2010.pdf>. See page 2.
- ii) 172 NAC 56-005.02(8). A DH is required to have a CPR certification and to periodically recertify.
- mm) Rule 6.007. A DH authorized by the Department of Health and Human Services to work in a public health setting may apply for a Medicaid provider number for reimbursement.

NEVADA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	2	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	2	
Practice ownership allowed		2	e	2	
May employ other DHs or DAs		2	f	2	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	1	g
Total Regulation Score	22			13	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	2	t
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	2	v
Patient assessment evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	1	cc
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			24	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			10	
TOTAL SCORE	100			75	

Regulation

- a) NRS 631.130. The board is composed of 11 members including 6 dentists, 1 healthcare provider, 3 DHs, and 1 public member.
- NRS 631.205. The Committee on Dental Hygiene includes the 3 DH board members and 1 dentist member of the board. The committee may make recommendations to the Board concerning the practice of dental hygiene and licensing of DHs in addition to other duties assigned by the Board.
- b) NRS 631.287 and NRS 631.145. A qualified DH maybe be issued a special endorsement to practice public health dental hygiene to provide services without the authorization of or supervision by a dentist as specified in regulation.
- NAC 631.210. A DH may perform a number of expanded restorative functions if so delegated by the supervising dentist including placement of temporary restorations and fabrication and placement of temporary crowns and bridges.
- d, e) NRS 631.3454. The provisions requiring the designation of a dentist as a dental director do not apply to a program for the provision of public health dental hygiene if the program is owned or operated by a DH with a special endorsement to practice public health dental hygiene.
- f) NAC 631. 220 (3). A DH who is authorized to perform services under a special endorsement may authorize a DH under his or her supervision to assist in the performance of services.
- g) NRS 631.313 and NAC 631.210 (4). A DH may administer local anesthesia or nitrous oxide in a health care facility if a dentist has authorized the service for the patient and if the health care facility has licensed medical personnel and necessary emergency supplies available.

Supervision

- h, i) NAC 631.201 (5). The Board may authorize a DH with a special endorsement to perform the services set forth in NAC 631.201 (1) (a) to (n) (see footnote w below for list of services) without supervision by a dentist and without authorization by a dentist for the patient on whom services are to be performed at a health facility, a school, or other place approved by the Board and if the Board approves the treatment protocol which includes an explanation of the methods used to treat and refer patients to a dentist for follow-up care.
- j, k, l, m, o, p, q, r, s) NRS 631.310. Dental hygienists may practice in the office of a dentist, in a clinic in a public school as an employee of the Division of Public and Behavioral Health, in a clinic in a state institution as an employee of the institution, in a clinic in a hospital approved by the Board as an employee of the hospital, in a clinic in an accredited school of dental hygiene, and in other places if specified by the Board. NRS. 449.01515 defines mobile units which are permitted to provide medical services and includes those operated by health centers funded under Section 30 of the Public Health Service Act, 2 U.S.C. § 254b, as amended.
- t) NAC 631.220 (2) and (3). A dentist may authorize a DH to supervise a dental assistant in the assistance of the DH's performance of services. A DH who is authorized by the Board to perform services may authorize a dental assistant under his or her supervision to assist the DH in performance of allowable services.

Tasks

- u, ee, jj) NRS. 631.215. Any person who evaluates or diagnoses, who extracts teeth, administers or prescribes remedies needed, etc. is deemed to be practicing dentistry.
- v, w, x, y, ff, gg) NAC 631.210 (1). A dentist may authorize a DH to remove stains, deposits and accretions, smooth restorations, assess the oral health of patients through medical and dental histories, radiographs, risk assessments, etc., develop and implement a dental hygiene care plan, take impressions for diagnostic models or for fabrication of temporary crowns or bridges, or removable appliances, perform subgingival curettage, expose radiographs, train and instruct persons, recement and repair temporary crowns and bridges, recement permanent crowns and bridges, place a temporary restoration, administer local intraoral chemotherapeutics, apply fluoride preparations, topical anesthetics, pit and fissure sealants, etc. The dentist must authorize the services for patient and the patient must have been examined by the dentist in the 18 months prior to the DH service. NRS. 631.311. A dentist is not required to be present when a DH provides services authorized by the dentist.
- cc) NAC 631.210 (2) (c). A licensed dentist may authorize a dental hygienist in his or her employ and supervision to fabricate and place temporary crowns and bridges.
- ee) NRS 631.313 and NAC 631.210 (4). A DH may administer local anesthesia or nitrous oxide in a health care facility if a dentist has authorized the service for the patient and if the health care facility has licensed medical personnel and necessary emergency supplies available.
- hh) NAC 631.033. Licensees who use laser radiation in the practice of dentistry or dental hygiene must have documentation of proof of course completion in laser proficiency and a statement certifying that lasers used by the licensee have been cleared by the FDA. NAC 631.210 (2) (g). A licensed dentist may authorize a dental hygienist in his or her employ and supervision to use a laser if the DH is appropriately trained.
- ii) NRS 631. 342 (3) (a). Continuing education for dentists and DHs must include a course in basic disaster life support or core disaster life support.
- ll) NAC 631.210 (1). A DH must refer a patient to the authorizing dentist for follow-up care for any necessary procedures that the DH is not authorized to perform.

Reimbursement

- mm) Refer to the Nevada Medicaid Services Manual (MSM), Chapter 1000 (1003.20) concerning reimbursement for dental hygiene services.

NEW HAMPSHIRE

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	2	a
with power to make regulatory recommendations		2		2	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		2	
Public health dental hygiene		2		2	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			10	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	2	t
Total Supervision Score	30			30	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	2	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	2	aa
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	1	cc
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			20	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			60	

Regulation

- a) RSA 317-A:2 (1). The dental board consists of 9 members, 6 dentists, 2 DHs, and 1 public member. RSA 317-A:2 -a. The dental hygienists committee consists of 1 DH who is a member of the board, 3 additional DHs, and 1 dentist who is also a member of the board. RSA 317-A:2-a (II). The committee shall develop and propose the administrative rules regarding the practice, discipline, education, examination and licensure of DHS for the board's consideration which may be accepted by the board or rejected if the board finds the committee's recommendations exceed the jurisdiction or expand the scope of the committed. The committee has no independent regulatory or disciplinary authority.
- b) 317-A: 21-e. A DH may obtain a certification to practice as a certified public health DH if the DH meets the educational and training requirements and has submitted an application to the board. DEN 302.07. The requirements for certification to practice as a certified public health DH include extensive education and practice experience and courses in caries stabilization and dental sealants, infection control, medical management, etc. DEN 302.07 (4) DHs who qualify for certified public health practice must have a written collaborative agreement with a dentist to practice under the dentist's supervision.

DEN 101.20. Public health supervision means a dentist authorizes procedures to be carried out by a DH who has qualified to practice under public health supervision and who is practicing in a school, hospital or other institution or for a homebound patient without the dentist being present provided the dentist reviews the records once in a 12-month period.

DEN 302.05 (b). Any DH or dental assistant may petition the board for approval of an expanded duty course. DEN 302.05 (k) and (n). Any DH or dental assistant shall be qualified in provisional crown and bridge restorations or in orthodontic duties if the person meets the board's requirements for education and certification.

317-A:21-d. Nothing in this chapter shall be construed to permit the independent practice of dental hygiene.

- c) Refer to NH Rev. Stat. 415-J (NH Telemedicine Act) does not discuss or include applications for teledentistry or oral health.

Supervision

h, i) 317-A:21-e (II) Certified public health dental hygienists work under public health supervision (defined as collaborative practice) with a licensed dentist. Services may be provided without the dentist being present provided the dentist reviews the records once in a 12-month period. 317-A:21-e (I) (a) to (k) A Certified public health DH may collect and assess histories including preliminary inspection of the oral cavity, instruct in oral hygiene, prepare a treatment plan within the public health DH scope of practice, perform complete prophylaxis including scaling and root planing, apply topical fluoride, place sealants, place temporary restorations without excavation, perform radiographic imaging limited to bite wing, occlusal, and periapical imaging, provide nutritional counseling, provide referrals, and perform any procedure authorized under public health supervision within the scope of practice. DEN 402.01

j, k, l, m, n, o, p, q, r, s) RSA 317-a:21-c (IV) Dental hygiene practice may be conducted under the authority of a health care charitable trust. RSA 317-a:20 (c). A health care charitable trust is a not for profit corporation. DEN 101.20 A certified public health DH or a DH under public health supervision status may practice in a school, hospital, or other institution or for a homebound person without the dentist being present.

t) DEN 401.01 (d) A dental assistant may perform duties under public health supervision to assist a certified public health DH including sterilizing instruments, arranging instruments, seating patient, processing dental radiographs retracting a patient's cheek, tongue or other oral tissue during a dental hygiene procedure, assisting with the placement or removal of a rubber dam, etc. as directed by an operating certified public health DH during a dental hygiene procedure.

Tasks

v, w, x, y, ff, gg, ll) 317-A:21-e (I) (a) to (k) A certified public health DH may collect and assess histories including preliminary inspection of the oral cavity, instruct in oral hygiene, prepare a treatment plan within the public health DH scope of practice, perform complete prophylaxis including scaling and root planing, apply topical fluoride, place sealants, place temporary restorations without excavation, perform radiographic imaging limited to bite wing, occlusal, and periapical imaging, provide nutritional counseling, provide referrals, and perform any procedure authorized under public health supervision within the scope of practice.

DEN 402.01 (d). A DH working under public health supervision status may assess the patient, provide complete prophylaxis including scaling and root planing, apply topical fluoride, instruct the patient, place sealants, and make impressions, fabricate and deliver mouthguards, etc.

317-A:21-c (II)(a). Dental hygiene services include assessment of medical and dental histories including preliminary inspection of the oral cavity, performance of complete prophylaxis including scaling and root planing, assessment to collect and evaluate data to identify dental hygiene care needs (x-rays), administration of local anesthesia, administration of nitrous oxide analgesia, and the performance of procedures requiring additional education and any other procedures authorized by the board. DH services shall be provided under the supervision of a licensed dentist. DEN 402.01 (a) (1) to (8). A DH may provide complete prophylaxis including scaling and root planing, assess the oral cavity, place and remove periodontal topical anesthetics and therapeutic agents, apply topical preventive or prophylactic agents, perform dental radiography and place dental sealants under general supervision. DEN 302.05 (r). A DH qualified in sealants shall perform this service under the general supervision or public health supervision of a dentist.

aa, cc, ee) DEN 402.01 (c). A qualified DH may fabricate provisional crowns, administer local anesthesia, place amalgam, etc. only under direct supervision.

aa) DEN 302.06 (a). Any DH may be considered qualified to place, contour and adjust direct restorative materials after successfully completing an expanded function dental auxiliary course in dental restorations.

ee) DEN 302.05 (v) and (w) (1) (a). A DH may qualify to provide local anesthesia only under the direct supervision of a dentist after meeting board requirements for education and training.

NEW JERSEY

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b	0	b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		0	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			2	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	0	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	0	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			16	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	0	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	1	cc
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	0	
DH can refer patients		3	ll	0	
Total Tasks Score	36			10	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	mm
May contract with commercial insurers for reimbursement		2	nn	0	nn
Total Reimbursement Score	12			0	
TOTAL SCORE	100			28	

Regulation

- a) N.J.S.A. 45:6-1 and 45:6-1a (additional board member). The State Board of Registration and Examination in Dentistry consists of 12 members, 9 dentists 1 DH, and 2 public members.
- b) N.J.A.C. 13:30-1A.2. Supervision is defined as a licensed dentist providing a written order and maintaining control and full professional responsibility for the performance of any act whether or not the licensed dentist is present. N.J.A.C.13:30-1A.3 (28). Under direct supervision, A DH may fabricate and cement temporary crowns and bridges after preparation of the tooth by a dentist. N.J.A.C.13:30-1A.3 (30). Under direct supervision, A DH may place amalgam for condensation by a dentist.
- d, e) N.J.S.A. 45:6-64 (17) and N.J.A.C. 13:30-1A.6 (b). Nothing in this act shall be construed as permitting a DH to establish an independent office or engage in independent practice in connection with the performance of dental hygiene services regardless of whether or not there is supervision of a dentist.

Supervision

- h, i) N.J.S.A. 45:6-62 (b). A DH acting under supervision in a dental office or dental clinic may treat only patients who are existing patients of record. N.J.S.A. 45:6-49 (f) Supervision is defined as acts performed pursuant to a dentist's a written order, control and responsibility regardless if the dentist is physically present.
- J, k, l, m, o, p, q, r, s) N.J.S.A. 45:6-49 (d) A DH perform educational, preventive, and therapeutic services which DHs are trained to perform and are allowed by the board, in a dental office or in any appropriately equipped school, dental clinic, or institution under the supervision of a dentist. N.J.S.A. 45:6-49 (i) Institution means any nursing home, veterans' home, hospital or prison, or any State or county facility providing inpatient care, supervision and treatment for persons with developmental disabilities. N.J.A.C.13:30-1A.1. Institutions are defined as any nursing home, veterans home, hospital or prison, or any State or county facility providing inpatient care, supervision and treatment for the mentally disabled. School setting means any public or private school including any grades from kindergarten to grade 12. N.J.S.A. 45:6-15:1 and N.J.A.C.13:30-1A.1. Dental clinic shall mean any clinic, infirmary, hospital, institution or other place of any kind in which the science of dentistry is practiced, demonstrated, or taught.

Tasks

- u, v) N.J.S.A.45:6-73 (6) (a). No person other than a duly licensed dentist shall make any diagnosis or develop any treatment plan with respect to the dental condition or treatment of any person on the state.
- w, x, ff, gg) N.J.A.C.13:30-1a.4 (a) and (b). A DH practicing under general supervision in a dental office, a dental clinic, or an institution may perform a complete prophylaxis, perform root planing, application of fluorides and pit and fissure sealants and other topical agents, assess the head, neck, and oral cavity, fabricate mouth guards, remove sutures, make radiographic exposures, provide oral health education, etc. N.J.S.A. 13:30-1a.4 (e) Except in school settings, where only application of fluorides and sealants are permitted pursuant to parental permission, the DH is limited to treating only existing patients of record of the supervising dentist.
- N.J.A.C.13:30-1A.1 General supervision means that a dentist has provided a written order or protocol and maintains control and full professional responsibility for the performance of any act regardless of whether the dentist is physically present at the setting.
- N.J.S.A.45:6-692.2. A DH shall not perform any intra-oral service other than application of fluorides, pit and fissure sealants or other topical applications in a school setting on any person the DH believes has not been examined by a licensed dentist within the immediately preceding 365-day period. The DH shall inform the supervising dentist in writing that such person has dental caries or another medical or dental condition requiring diagnosis or treatment by a dentist. If emergent care is needed the DH shall immediately notify the supervising dentist.
- y) N.J.A.C.13:30-1A.3 (26) A DH may place temporary restorations under the direct supervision of a dentist.
- aa) N.J.A.C.13:30-1A.3 (30) Under direct supervision, A DH may place amalgam for condensation by a dentist.
- cc) N.J.A.C.13:30-1A.3 (28). Under direct supervision, A DH may fabricate and cement temporary crowns and bridges after preparation of the tooth by a dentist.
- ee) N.J.S.A.45:6-69.1 and N.J.A.C.13:30-1a.5. The administration of local anesthesia shall be performed by a DH only under direct supervision.
- hh) N.J.A.C.13:30-1A.3(22). A DH is not allowed to use a laser capable of altering, cutting, burning, or damaging hard or soft tissue.
- ii) N.J.A.C.13:30-1A.3 (b). A DH may monitor a patient to whom the supervising dentist has administered nitrous oxide provided that the DH has been trained and certified and also holds current certification in Basis or Advanced Cardiac Life Support.

Reimbursement

- mm, nn) N.J.S.A.45:6-73 (6) (c), (d). No person other than a person licensed to practice dentistry shall either bill or submit a claim for any serviced rendered involved the practice of dentistry or dental hygiene or receive payment for the performance of dental or dental hygienist services from any source other than an employer authorized to practice dentistry or any dental clinic, institution, or employment agency that employs DHs to provide temporary DH services.

NEW MEXICO

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	2	a
with power to make regulatory recommendations		2		2	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		2	
Public health dental hygiene		2		0	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	1	c
Self-employment allowed		2	d	2	d
Practice ownership allowed		2	e	2	e
May employ other DHs or DAs		2	f	2	f
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			15	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	2	t
Total Supervision Score	30			30	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	2	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	1	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	1	cc
Place stainless steel crowns with training and credential		1	dd	1	dd
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	3	jj
Provide care across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			29	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		2	nn	2	
Total Reimbursement Score	12			12	
TOTAL SCORE	100			86	

Regulation

- a) N.M.S.A. 61-5A-8. The New Mexico board of dental health care consists of 9 members including 5 dentists, 2 DHs, and 2 public members. N.M.S.A. 61-5A-9. The New Mexico dental hygienists committee consists of 9 members including 5 DHs, 2 dentists, and two public members. N.M.S.A. 61-5A-10. The board and the committee are empowered to enforce provisions of the Dental Health Care Act, adopt, publish, file and revise rules governing the professions, regulate examination and licensure of dentists and DHs and certification of dental assistants, etc. N.M.S.A. 61-5A-11. The board shall ratify recommendations of the committee unless the recommendation is beyond committee jurisdiction, would create an under financial impact on the board, or it is not supported by the record.
- b) N.M.S.A. 61-5A-4(G). A New Mexico licensed DH may be certified for collaborative dental hygiene practice. N.M.S.A. 61-5A-4(K). Collaborative dental hygiene practice means prevention and treatment of oral disease through provision of services in a cooperative working relationship with a consulting dentist but without general supervision. N.M.A.C. 16.5.17.7 (F) A DH works under a standard collaborative practice protocol to treat a patient. N.M.S.A. 61-5A-6.1. DHs may be certified as expanded function dental auxiliaries. N.M.A.C. A DH may qualify as an expanded function dental auxiliary if the DH completes the required education and competency testing. N.M.A.C. 16.5.50.7 (C). A DH may also qualify to be certified by the board as a community dental health coordinator to provide educational, preventive and limited palliative care and assessment services working collaboratively under the general supervision of a New Mexico dentist.
- c) N.M.S.A. 16-5A-4 (A) (j). Scope of practice of dentistry includes the provision of limited diagnostic and treatment planning via teledentistry. N.M.A.C. 16.5.1.7 (DD) Teledentistry means a dentist's use of health information technology in real time to provide limited treatment planning services in cooperation with another dentist, a dental hygienist, a community health coordinator or a student enrolled in a program of study to become a dental assistant, dental hygienist or dentist. N.M.A.C 16.5.17.12 (D). The collaborative practice DH may own and manage a dental hygiene practice or enter into a contractual arrangement in any location or setting in New Mexico.
- d, e, f) N.M.S.A. 61-5A-5.1 and 61-5A-5 (H) (5). A DH may apply to the board to be a non-dentist owner to employ or contract with dentists or DHs to provide services. N.M.A.C. 16.5.1.7 (U). A non-dentist owner means a registered individual or entity (not a dentist) that employs or contracts with a dentist or DH to provide dental or dental hygiene services. N.M.A.C. 16.5.29.8 (H). A DH who owns a dental practice must register as a non-dentist owner and notify the board if the practice is sold or closed.

Supervision

- h, i) N.M.S.A. 61-5A-4 (B). A DH in collaborative practice may perform prophylaxis, removal of crevicular tissue and related nonsurgical procedures, apply pit and fissure sealants, fluorides and other topical therapeutic and preventive agents, expose radiographs, screen for oral abnormalities and assess for periodontal conditions without general supervision.
- j, k, l, m, n, o, p, q, r, s) N.M.A.C 16.5.17.12 (D). The collaborative practice DH may own and manage a dental hygiene practice or enter into a contractual arrangement in any location or setting in New Mexico. N.M.S.A. 61-5A-4(C) A DH may apply topical fluorides and remineralization agents without supervision in public and community medical facilities, schools, hospitals, long-term care facilities and such other settings as the committee may determine by rule ratified by the board, so long as the dental hygienist's license is not restricted pursuant to the Impaired Dentists and Dental Hygienists Act [61-5B-1 N.M.S.A. 1978].
- t) N.M.A.C. 16.5.17.4. Collaborative practice DHs may work with and supervise dental assistants including dental assistants certified to perform certain functions.

Tasks

- v, w) N.M.R.S. 61-5A-3 and N.M.A.C. 16.5.1.7 (I). Dental hygiene focused assessment means the documentation of existing oral and relevant systemic conditions and the identification of potential oral disease to develop, communicate, implement, and evaluate a plan of oral hygiene care and treatment.
- x, y, ff, gg) N.M.S.A. 61-5A-4 (B). A DH in collaborative practice may perform prophylaxis, removal of crevicular tissue and related nonsurgical procedures, apply pit and fissure sealants, fluorides and other topical therapeutic and preventive agents, expose radiographs, screen for oral abnormalities and assess for periodontal conditions without general supervision.
- y, aa, cc, dd) N.M.R.S 61-5A-6.1 (A). The board shall establish standards for certifying DHs to practice as expanded function dental auxiliaries. N.M.R.S 61.5A-4 (H) (1) to (7) and N.M.A.C. 16.5.46.8 and 16.5.46.9. An expanded function dental auxiliary may place and shape direct restorations, take final impressions for fixed or removable prosthetics (including single crowns), cement indirect and provisional restorations, place temporary and sedative restorative materials in hand-excavated carious lesions and unprepared tooth fractures, fit and shape stainless steel crowns., etc.
- bb) N.M.S.A. 61-5A-4(A)(1)(b). The practice of dentistry includes performing surgery, an extraction, or any other operation.
- ee) N.M.S.A. 61.5A-4 (E). DHs who have met the education and experience requirements of the board may administer local anesthesia under the general supervision of a dentist. N.M.A.C. 16.5.17.12 (F). A collaborative practice DH can administer local anesthesia under general supervision.
- hh) N.M.A.C. 16.5.29.12. A DH may use laser devices approved by the USFDA under the indirect supervision of a dentist if the DH has the required education and certification.
- ii) N.M.A.C. 16.5.17.8 (C) (2) (a) Each DH certified for collaborative practice shall complete continuing education to include basic life support or cardiac pulmonary resuscitation. N.M.A.C 16.5.23.9. Continuing education requirements for DHs should include basic life support or cardiac pulmonary resuscitation.
- jj) N.M.S.A. 61.5A-4 (F). A DH may prescribe, administer, and dispense a fluoride supplement, topically applied fluoride, or topically applied antimicrobial under the supervision of a dentist pursuant to board and committee rules within the parameters of guidelines and the board established drug formulary and in compliance with state laws.
- ll) N.M.A.C. 16.5.17.11 A collaborative practice DH shall refer each patient for a dental examination every 12 months or anyone who may require further dental services to the patient's consulting dentist or to a dental specialist in the case of an emergency. 16.5.29.11. A DH may prescribe, administer, and dispense a fluoride supplement, topically applied fluoride and topically applied antimicrobials as stipulated in the regulations.

Reimbursement

- mm) N.M.A.C. 8.310.7. Licensed DHs who are certified for collaborative practice may qualify for reimbursement of certain services from the New Mexico Medicaid program including oral prophylaxis, sealants, and fluoride treatments.
- nn) 61-5A-5 (G) (2). Registered dentist or non-dentist owners are permitted to enter into a managed care or other agreement to provide dental or dental hygiene services in the state.

NEW YORK

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		2	
Public health dental hygiene		2		0	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	1	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			5	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			26	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			15	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	mm
May contract with commercial insurers for reimbursement		2	nn	0	nn
Total Reimbursement Score	12			0	
TOTAL SCORE	100			46	

Regulation

- a) Article 133 § 6603. The board of dentistry is composed of not less than 13 dentists, 3 DHs, and 1 dental assistant.
- b) Regulation § 61.9 (f). Collaborative arrangement means an agreement between a DH working for a hospital and a dentist who has a formal relationship with the same hospital. A DH providing services pursuant to a collaborative agreement may provide services that do not require the presence of the dentist under general supervision.

Regulations §61.9 (c). The DH may perform some restorative functions. The DH may place or remove rubber dams, remove sutures, place matrix bands, select and prefit provisional crowns, etc. under the personal supervision of a dentist.

- c) Teledentistry bill S4182A signed into law in 2015.

Supervision

- h, i) Regulation § 61.9 (a) (1). General supervision means that a supervising dentist is available for consultation, diagnosis, and evaluation and has authorized the DH to perform the services. It does not require that the dentist personally diagnose the patient to be treated (described as personal supervision in NY regulation).
- j, k, l, m, o, p, q, r, s) Article 33 § 6606 (1). DH services may be provided in the office of any licensed dentist or in any appropriately equipped school or public institution, but must be done under the supervision of a licensed dentist (unless the DH is working for a hospital (defined in Article 28 of the public health law, which does not include mental institutions, correctional facilities, or public and private schools) pursuant to a collaborative agreement.

Tasks

- w, x, y, ff, gg) Article 33 § 6606 (1) and Regulations §61.9 (b). The practice of dental hygiene includes complete dental prophylaxis including scaling and root planing, removing cement, providing patient education, applying topical medication, fluoride, and topical anesthetics, placing and exposing dental x-rays, polishing teeth, taking medical histories and charting, performing periodontal assessments, placing and removing temporary restorations, applying pit and fissure sealants, taking impressions for study casts, case management and care coordination services, etc. These services may be performed under the general supervision of a dentist.
- ee) Article 33 § 6605-b and Regulations § 52.9 (1) (xi). A DH may only administer local anesthesia if certified to do so and then only under the personal supervision of a dentist. The dentist must be present and remain in the dental office, personally authorize and prescribe the service, and examine the patient after administration.
- ii) Article 33 § 6611 (10). Each dentist and DH working for a hospital under a collaborative arrangement must be certified in cardiopulmonary resuscitation. Regulations § 52.9 (2) (i) (q). To qualify to administer local anesthesia, the DH must complete a course in basic life support.
- ll) Regulation § 61.9 (2) (iv). The written collaborative agreement between a DH and a dentist must make provisions for referral and consultation.

Reimbursement

- mm, nn) Article 33 § 6611(4). A not-for-profit dental or medical expense indemnity corporation or hospital service corporation organized under the insurance law or pursuant to special legislation may enter into contracts with a dentist or partnerships of dentists to provide dental care on its behalf for persons insured under its contracts or policies.

NORTH CAROLINA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			2	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	0	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			18	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	0	x
Place atraumatic/interim therapeutic restorations		2	y	0	y
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	cc
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	
Able to provide X-rays under general supervision		1	gg	1	
Permitted to use lasers for debridement		2	hh	0	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	0	
Total Tasks Score	36			8	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			28	

Regulation

- a) G.S. Article 2. § 90-22 (b). The Board of Dental Examiners consists of 6 dentists, 1 DH, and 1 person who is a citizen and resident of North Carolina and who is not licensed to practice either dentistry or dental hygiene. The DH member and the consumer member may not vote on matters that involve the issuance, renewal, or revocation of a license to practice dentistry in the state.
- b) G.S. Article 2. § 90-233(a) and (a) (1)(2)(3)(4). DHs may be employed by or under contract with a local health department or State government dental public health program if especially trained by the Dental Health Section of the Department of Health and Human Services as public health hygienists, and perform their duties for the persons officially served by the local health department or State government program under the direction of a duly licensed dentist employed by that program or by the Dental Health Section of the Department of Health and Human Services.
- d, e) G.S. Article 2. § 90-233(a2). A DH shall not establish or operate a separate care facility that exclusively renders dental hygiene services.

Supervision

- h, i) G.S. Article 2. § 90-233(a) and (a) (1)(2)(3)(4). DHs may be employed by or under contract with a local health department or State government dental public health program if especially trained by the Dental Health Section of the Department of Health and Human Services as public health hygienists, and perform their duties for the persons officially served by the local health department or State government program under the direction of a duly licensed dentist employed by that program or by the Dental Health Section of the Department of Health and Human Services. The DH must have the required experience, education, and training and may perform clinical hygiene services without the direct supervision of a dentist if the dentist so directs the DH to perform the functions in writing, has conducted an evaluation of the patient, diagnosed the patient's condition, and developed a treatment plan. The dental hygiene services must be provided within 120 days of the dentist's evaluation. 21 NCAC 16Z.0101 and .0102. A DH may work without the direct supervision of a dentist if the DH meets the appropriate experience requirements and if the dentist maintains appropriate records of the facilities at which the DH provided services without direct supervision and records reflecting the personal examination of the patient and the procedures directed by the dentist (i.e. requires a prior exam by the dentist).
- J, k, l, m, o, p, q, r, s) G.S. Article 2. § 90-233(a1) (4). The services of public health DHs may be performed in nursing homes, rest homes, long-term care facilities, rural and community clinics operated by Board approved not for profits, rural and community clinics operated by federal, state, county or local governments, and any other facilities identified by the Office of Rural Health and approved by the board as serving dental access shortage areas.

Tasks

- w) G.S. Article 2. § 90-221(a). Dental hygiene means the performance of complete oral prophylaxis, application of preventive agents to oral structures, exposure and processing of radiographs, administration of medicaments, preparation of diagnostic aids, and written records, and other function permitted by rules and regulations of the Board. G.S. Article 2. § 90-233. A DH may only practice under the supervision of one or more licensed dentists.
- x, y) 12 NCAC 16G.0101(2). A DH may apply sealants to teeth that do not require mechanical alternation prior to the application of sealants if the dentist examined the patient and prescribed the procedure.
- u, z, bb, cc, dd) G.S. Article 2. § 90-29. The practice of dentistry includes diagnoses, extraction of teeth, making, building, constructing, furnishing, processing, reproducing, repairing, adjusting, supplying or placing any prosthetic bridge, appliance, or corrective device or other structure in the mouth, etc.
- ee) 21 NCAC 16G .0103(12). A dentist may not delegate to a DH administration of any anesthetic by any route except the administration of topically-applied agents intended to anesthetize only cutaneous tissue. Article 2. § 90-29 (13) A DH who has been trained may aid and assist a dentist in that administration of nitrous oxide.
- hh) 21 NCAC 16G .0103(2). Among the procedures that may not be delegated to a DH by a dentist is surgical or cutting procedures on hard or soft tissues including laser, air abrasion, or micro-abrasion procedures.
- ii) 21 NCAC 16C .0101(c). All DHs shall maintain current CPR certification. G.S. § 90-225.1 and 21 NCAC 16Z.0101. To qualify to perform clinical hygiene procedures without the direct supervision of a dentist, a DH must maintain current CPR certification, etc. 21 NCAC 16W.0102. To qualify as a public health hygienist, the DH must have current CPR certification, etc.

NORTH DAKOTA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		0	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			2	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	0	
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			18	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene planning/plan of care		2	v	2	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	0	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	1	aa
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	1	cc
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	0	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	0	
Total Tasks Score	36			12	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			32	

Regulation

- a) 43-28-03. The board consists of 7 members including 5 dentists, one DH, and one consumer member.
- d, e) 43-20-11. The practice of dental hygiene is supplemental and auxiliary to the practice of dentistry in North Dakota. 43-28-25 (3). It is unlawful for any person except a dentist to own more than 49% of an office practice or business at which the practice of dentistry is performed. The statute contains exceptions for medical clinics, hospital, public health settings, or nonprofit organizations created to serve the dental needs of an underserved population.

Supervision

- h, i) 43-20-03. The practice of dental hygiene means the removal of accumulated matter for the teeth and mouth, the polishing of surfaces, and the topical application of drugs to surface tissues and teeth performed under the direct, indirect, or general supervision of a dentist. General supervision requires that the procedures are authorized in advance by the supervising dentist with the exception of procedures that require direct supervision.
- j, k, l, m, o, p, q, r, s) 43-28-25 (3). Statutes and regulations in North Dakota are silent on permitted settings for dental hygiene practice. Statute and regulation require only that a DH is supervised by a dentist. Ownership exceptions listed in statute suggest that dentistry and dental hygiene services may be provided in medical clinics, hospitals, public health settings or in non-profit organizations created to serve the dental needs of the underserved.

Tasks

- v, w, x, cc, gg) 20-04-01-01. (1) to (36). A DH may perform complete prophylaxis, apply topical drugs, anticariogenic agents, and desensitizing solutions, take impressions for study casts, take and record medical histories and vital signs, provide oral hygiene treatment planning after an oral assessment of dentist's diagnosis, take dental radiographs, apply pit and fissure sealants, perform various restorative or orthodontic related services, fabricate, adjust, place, recement or remove a temporary crown, bridge, onlay or temporary material, etc. under the direct, indirect or general supervision of a dentist.
- y, aa) 20-04-01-01. (37) (a) (b) and (c). A DH may place, contour, and adjust amalgam, glass ionomer, or composite restorations within certain parameters under direct supervision of a dentist. A DH may adapt and cement stainless steel crowns under the direct supervision of a dentist.
- ee) 43-20-12.3. and 20-04-01-03. (1). A dentist may delegate the administration of block and infiltration anesthesia to a qualified DH under direct supervision. The patient must be an adult and the DH must have completed the required education and training.
- ff) 20-04-01.01.(1). A DH may do root planing and soft tissue curettage only under the direct order of a dentist.
- hh) The dental board has posted guidance about the use of lasers indicating that the professional must be trained to use them and may only use laser technology within the scope of allowable services for the profession. The dentist is ultimately responsible for the use of lasers and must have greater proficiency and training in use of the technology than those he is supervising.
- ii) 20-04-01-08. (3) (c). CE requirements for DHs include a course in cardiopulmonary resuscitation.

OHIO

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	1	g
Total Regulation Score	22			5	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			22	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	1	cc
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	0	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	
Total Tasks Score	36			10	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			37	

Regulation

- a) O.R.S. 4715.02. The board consists of 13 members, 9 of whom are dentists, 3 DHs, and 1 public member who is not associated with the practice of dentistry.
- b) O.R.S. 4715.363. A DH may participate in the Oral Health Access Supervision Program (OHASP) to practice under oral health access supervision of a dentist if the DH meets experience and education requirements of the board. The program permits a DH to provide dental hygiene services in a public health setting without the presence of a supervising dentist under a protocol established with supervising dentists.

See footnote cc, etc. A DH is permitted to provide expanded restorative and orthodontic services under the direct supervision of a dentist.
- d, e) O.R.S. 4715.01. Any person shall be regarded as practicing dentistry who is a manager, proprietor, operator, or conductor of a place for performing dental operations., etc. O.R.S. 4715.22 (11) (F). No person shall practice dental hygiene in a manner that is separate or otherwise independent from the dental practice of a supervising dentist or establish or maintain an office or practice that is primarily devoted to the provision of dental hygiene services.
- g) O.R.S. 4715.22 (9). If dental hygiene services are provided in a health care facility, a doctor of medicine and surgery or osteopathic medicine and surgery or a registered nurse must be present in the facility when the services are provided.

Supervision

- h, i) 4715-3-01 (O). Supervision is defined as being under the supervision of a dentist in a dental facility where a licensed dentist is present at all times during the performance of services which are under the order, control, and full responsibility of the dentist. The services may only be performed after examination and diagnosis by the dentist. The statute provides an exception to direct supervision in O.A.C. 4715.22 (C) allowing a DH to practice for not more than 15 consecutive days when the supervising dentist is not physically present at the location where the services are provided if the DH meets the experience and education requirements set forth by the board. The DH is permitted to perform prophylactic services (but not scaling and root planing) in compliance with written protocols established by the dentist and only if the dentist had examined the patient not more than one year prior to the DH services.
- O.R.S. 4715.365. A DH working under oral health access supervision may only provide services to a patient if the authorizing dentist has reviewed the patient's medical and dental history and ascertained that the patient may safely receive dental hygiene services. O.A.C. 4715-9-06 (C) (2). A DH practicing in an oral health access supervision program may not provide any dental hygiene services to a patient on a subsequent visit until the patient has received a clinical evaluation by a dentist with an exception for patients who require multiple visits to complete one or more procedures commenced in the initial dental hygiene visit. These multiple visits must occur within 8 weeks of commencement.
- j, k, l, m, o, p, q, r, s) O.R.S. 4715.22 (2). Health care facility means a hospital, a nursing home or residential care facility. O.R.S. 4715.22 (2) (B). A DH may practice under the supervision, order, control, and full responsibility of a dentist in a dental office, public or private school, a health care facility, dispensary or public institution. O.R.S. 4715.22 (11) (D). A DH may provide services to a patient when the supervising dentist is not present as part of a dental hygiene program that is approved by the state dental board, if the program is operated through a school district board of education or the board of an educational service center, by the board of health of a city or general health districts, by a national, state, district, or local dental association or any other public or private entity recognized by the state dental board.

4715-22-01. Retired dentists and DH may be issued a volunteer's certificate to provide free services to indigent and uninsured persons at a health care facility or location defined as a "hospital, clinic, ambulatory surgical facility, nonprofit, office of a health care professional or associated group of health care professionals, training institution for health care professionals, or any other place where medical, dental or other health-related diagnosis, care, or treatment is provided to a person.

Tasks

- u, z, aa, bb, jj) O.R.S. 4715.23. A dentist may not assign diagnosis or treatment planning or prescription, or any intraoral procedure that results in irremediable alteration of the oral anatomy, or the making of final impressions to construct any dental restoration, etc.
- w, x, ff, gg) O.R.S. 4715.22 (11) (D)(b) and (E). A DH may place pit and fissure sealants, apply fluoride varnish, apply desensitizing agents, and discuss general nonmedical nutrition information regardless of whether the dentist has examined the patient. O.A.C. 4715-9-01 (E). A DH may provide certain services when the dentist is not physically present including charting, taking impressions for mouthguards, patient education, application of topical anesthetics, fluoride, and desensitizing agents, recementation of temporary crowns, compilation of radiographic data, etc. O.A.C. 4715-9-01 (B) and (C). Under the supervision of a dentist, a DH may perform removal of deposits and accretions, periodontal scaling, root planing, and soft tissue curettage, suture placement of prescribed materials, polishing of crowns and restorations, application of pit and fissure sealants, and standard diagnostic, radiologic procedures.
- ee) O.R.S. 4715.231 (B) and O.A.C. 4715-9 -01 (A) (1). A DH may administer local anesthesia under direct supervision of a licensed dentist if the DH meets the requirements set forth by the board.
- cc, dd, ee, ff) O.A.C. 4715-9-05 (F) (1) to (22). A DH may only perform the following procedures when the supervising dentist is physically present including administration of local anesthesia, definitive subgingival curettage and definitive root planing, suture removal, various orthodontic and restorative related services, impression, fabrication, cementation and removal of any provisional restorations, selection of sizing of stainless steel crowns (not placement), etc. O.R.S. 4715.22 (4). A DH may not perform definitive root planing and definitive subgingival curettage while the supervising dentist is absent from the location where the procedure is performed.
- hh) O.A.C. 4715-9 -01(B) (4). A DH may bleach teeth under the supervision of a dentist but may not do so using procedures that utilize light amplification by stimulated emission of radiation (LASER) technologies.
- ii) O.R.S. 4715.25. A DH must be currently certified to perform basic life support procedures to be licensed and to re-register as a DH.

OKLAHOMA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	2	a
with power to make regulatory recommendations		2		2	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		0	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			4	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	2	t
Total Supervision Score	30			26	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	1	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	cc
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	
Total Tasks Score	36			16	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			46	

Regulation

- a) 59 O.S. 328.7 (B). The board consists of 11 members including 8 dentists, 1 DH, and 2 members who represent the public. 59 O.S. 328.17 (B) There shall be a Dental Hygiene Advisory Committee consisting of 5 DHs, one of whom is the current member of the board to develop and propose recommendations to the Board regarding the education, examination, licensure, and regulation of DHs and to advise the Board in rulemaking regarding dental hygiene.
- c) The OK Telemedicine Act of 1997 refers to telemedicine and not to teledentistry applications. Private payers are required by law to reimburse for telemedicine services and the OK Medicaid program recognizes and reimburses for store-and-forward telemedicine applications.
- d, e) 59 O.S. 328.19 (A) (18). Owning, maintaining, or operating an office or offices by holding a financial interest in the same for the practice of dentistry is considered the practice of dentistry. 59 O.S. 328.29. (12). It is unlawful for a DH to conduct a practice of dental hygiene in any place or in any manner other than as authorized in statute. 59 O.S. 328.34. (A). A DH may practice dental hygiene under the supervision of a dentist in a dental office or treatment facility (see footnote j below for definition of treatment facility). 59 O.S. 328.34 (F) and 195:15-1-6 (e). A DH shall not own or operate an independent practice of dental hygiene.

Supervision

- h, i) 59 O.S.328. 3 (20). General supervision means that the supervising dentist has diagnosed any conditions to be treated within the past 13 months, has personally authorized the procedures to be performed by a DH, and evaluates the results of the treatment within a reasonable time. 59 O.S. 328.34 (B) and (C). If the DH has the required experience, the dentist may authorize procedures in writing without complying with the foregoing requirements for supervision and the DH can perform the procedures in an initial visit for a person in a treatment facility. The DH must refer the person to a dentist when the procedures are complete and is prohibited from providing subsequent services until the person has been examined and accepted for care by a dentist.
- j, k, l, m, n, o, p, q, r, s) 59 O.S. Section 328. 3 (31) Treatment facility means a federal, tribal, state or local public health facility, a federally qualified health care facility, a private health facility, a group home or residential care facility serving the elderly, handicapped or juveniles, a hospital or dental ambulatory surer center, a nursing home, a penal institution operated by or under contract with the federal or state government, in a public or private school, a patient of record's private residence, a mobile dental unit, a dental college, dental program, dental hygiene programs, or dental assisting program accredited by CODA and other such places as authorized by the board.
- t) 195:13-1-4 (4) (A). A dental assistant holding an expanded duty permit may assist a dentist or a DH who holds an advanced procedure permit in the administration of nitrous oxide.

Tasks

- u, z, aa, bb, cc, dd) 59 O.S. 328.19 (A). Acts regarded as the practice of dentistry include removing human teeth, repairing or filling cavities, administering local or general anesthetics, diagnosing, making, and adjusting appliances for the human mouth, etc.
- w, x, y, ff, gg) 59 O.S. 328.34 (B) and (C) and 195:15-1-6. A dentist may delegate to a DH the duties and expanded duties for dental assistants (which include exposing radiographs, application of topical fluoride, placement of pit and fissure sealants see 195:15-1-3), health history assessment pertaining to dental hygiene, dental hygiene examination and charting, dental hygiene assessment and treatment planning, prophylaxis from supragingival and subgingival surface, periodontal scaling and root planing, soft tissue curettage, placement of temporary fillings, etc. The level of supervision, whether direct, indirect, or general is at the discretion of the dentist. If general supervision is authorized the dentist must have examined the patient within the prior 13 months. If the DH has the required experience, the dentist may authorize procedures without complying with the foregoing requirements in writing and the DH can perform the procedures in an initial visit by a person in a treatment facility. The DH must refer the person to a dentist when the procedures are complete and is prohibited from providing further subsequent services until the person has been examined and accepted for care by a dentist.
- ee) 59 O.S. 328.21 (I) There shall be two types of advanced procedures available for DHs upon completion of a CODA approved course or program including administration of nitrous oxide and administration of local anesthesia. 195:15-1-6.1(2)(c). DHs that meet board requirements may administer local anesthesia under the direct or indirect supervision of a licensed dentist.
- ii) 195:25-1-2 (c) A DH must maintain proof of having completed a CPR course once in each 3 year CEU reporting cycle.
- ll) 59 O.S. 328.34 (B) and (C). A DH working under the written protocol supplied by the supervising dentist in a treatment facility must refer the person to a dentist when the initial procedures are completed. The DH is prohibited from providing further subsequent services until the person has been examined and accepted for care by a dentist

OREGON

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		2	
Public health dental hygiene		2		2	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	1	c
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	2	f
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			9	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	2	t
Total Supervision Score	30			30	
TASKS					
Dental hygiene diagnosis		4	u	4	u
Dental hygiene treatment planning/plan of care		2	v	2	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	1	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	1	cc
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	3	jj
Provide care of patients across the age continuum		1	kk	1	kk
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			32	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			10	
TOTAL SCORE	100			81	

Regulation

- a) ORS 679.230. The board consists of 10 members including 6 dentists, 2 DHs and 2 public members.
- b) ORS 680.200. The board shall grant a permit to practice expanded practice dental hygiene to a DH who meets the board requirements for education, experience, and training. 680.205 The expanded practice DH may render all services within the scope of DH practice without the supervision of a dentist.
- c) Note: Section 1, 2, and 15 to 17, chapter 716 and note following ORS 680.210 provides the Oregon Health Authority with the power to approve pilot projects to encourage the development of innovative practice in oral health care delivery. A teledentistry pilot program in Polk County, OR is funded by the Oregon Health Authority and administered by the Oregon Office of Rural Health under pilot authority in statute. The program utilizes an expanded practice dental hygienist.
- d, e) ORS. 679.020 (2). Only a person licensed as a dentist in the state may own, operate, conduct, or maintain a dental practice, office, or clinic except public universities, local governments, CODA accredited education programs, nonprofit charitable organizations, etc.
- f) OAR 818-042-0020. An expanded practice DH may hire and supervise a dental assistant to assist the DH in providing dental hygiene services.

Supervision

- h, i) ORS. 680.205. An expanded practice DH may render all services within the scope of practice of DH without the supervision of a dentist. The dentist need not be present, review a patient's records or provide an evaluation prior to the dental hygiene visit.
- j, k, l, m, n, o, p, q, r, s) ORS. 680.205. An expanded practice DH may render all services within the scope of dental hygiene practice without supervision by a dentist to patients or residents of the following facilities who due to age, infirmity, or disability are unable to receive regular DH treatment. The facilities include nursing homes, adult foster homes, residential care facilities, adult congregate living facilities, mental health residential programs, facilities for persons with mental illness, facilities for persons with developmental disabilities, local correctional facilities and juvenile detention centers, regional correctional facilities, youth correctional facilities, youth care center, Department of Corrections institutions, public and nonprofit community health clinics, adults who are homebound, students or enrollees of nursery schools, day care programs, and sibling, Job Corps and similar employment training facilities, primary and secondary schools, patients in hospitals, medical clinics, medical offices or offices operated by nurse practitioners, midwives, or physician assistants, patients whose income is less than FPL or who are underserved or lack access to dental hygiene services. ORS 680.150. Any dentist may employ a DH for the practice of dental hygiene in the offices of the dentist under general supervision; any public institution, health care facility or health care maintenance organization may employ a dental hygienist under the general supervision of a dentist; A DH under the general supervision of a dentist may practice dental hygiene in any place where limited access patients are located.
- t) OAR 818-042-0020. A DH working under general supervision may supervise a dental assistant when the supervising dentist is not in the dental office. An expanded practice DH may hire and supervise a dental assistant to assist the DH in providing dental hygiene services. OAR 818-035-0030 A DH may direct a dental assistant to remove periodontal dressings.

Tasks

- u, v, w) OAR 818-035-0040 (4) Prior to performing any services an expanded practice DH shall examine the patient, gather data, interpret the data to determine the patient's dental hygiene treatment needs and formulate a patient care plan. OAR 818-035-0025 (a). A DH may not diagnose and treatment plan other than for dental hygiene services. ORS.680.205 and OAR 818-035-0066. An expanded practice DH may render all services within the scope of practice of DH without the supervision of a dentist at locations and on persons who are limited access patients or low income or other population groups that lack access to care and are underserved.
- x, ff, gg) OAR 818-035-0020. A DH may perform services under general supervision upon authorization of the supervising dentist. When services are provided for a limited access patient, the DH may provide certain services without the dentist first examining the patient but the patient must be scheduled to see the dentist within 15 days of the DH services. Allowable services include taking dental radiographs, gathering data to diagnose, treatment plan, and provide DH services.
- y, aa, cc) OAR 818-035-0072 The board may issue a restorative functions endorsement to a DH who meets education and experience requirements to place and finish direct alloy and composite restorations under the indirect supervision of a dentist after the tooth has been prepared for the restoration by the dentist. OAR 818-042-0070 Duties that are considered expanded functions permitted to qualified DHs and dental assistants include fabricating and cementing temporary crowns and placing temporary restorative materials. OAR 818-042-0090. Additional restorative functions permitted to expanded function personnel include placement and finishing of alloy or composite restorations.
- bb, dd) OAR 818-035-0025 (a) A DH may not cut hard or soft tissue with the exception of root planing, extract any tooth, fit or adjust any correctional or prosthetic appliance, etc.
- y, ee, jj) ORS.680.205 (3 (5) and (6) and OAR 818-035-0040 (5). An expanded practice DH may administer local anesthesia (if so qualified), administer temporary restorations without excavation, prescribe prophylactic antibiotics and nonsteroidal anti-inflammatory drugs, refer patients, assess the need for and appropriateness of sealants, apply sealants and write prescriptions for fluoride applications if the DH has entered into an agreement with a dentist that sets for the parameters for this practice. OAR 818-035-0030 Under general supervision a DH may make preliminary examinations and record findings, place or remove periodontal dressings, perform all function delegable to dental assistants and if appropriately trained, the functions of expanded function dental assistants, prescribe, administer, and dispense fluoride and antimicrobial solutions, polish restorations, etc.
- ii) ii) 680.200 (c) A DH must present documentation of successful completion of an emergency life support course before receiving an expanded practice permit. OAR 818-021-0070 (4). At least three hours of continuing education must be related to medical emergencies in a dental office.
- ll) 680.205 (2). At least once each year, expanded practice DHs must refer each patient to a dentist who is available to treat the patient.

Reimbursement

- mm) ORS.680.210 (2) (a). The Department shall adopt rules requiring health insurers to report on the reimbursement of services provided by expanded practice DHs. ORS. 680.210 (3). The board shall report to an interim legislative committee related to dental health on the reimbursement of services provided by expanded practice DHs every two years.

PENNSYLVANIA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			4	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	1	aa
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	cc
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			14	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			46	

Regulation

- a) P.L. 216, No. 76, CL. 63 Section 2.1. The Pennsylvania State Board of Dentistry is constituted of 15 members including the Secretary of Health (or designee), the Director of the Bureau of Consumer Protection (or designee), the Commissioner of Professional and Occupational Affairs, 8 dentists, 2 public members, 1 DH and 1 expanded function dental assistant.
- b) Pa. Code Subchapter C § 33.205b. A public health dental hygiene practitioner may provide periodontal scaling and root planing and prophylaxis and application of sealants and fluorides and collect patient data without the assignment, authorization, or examination by a dentist.
- d, e) Pa. Code Subchapter C § 33.205 (2) (b) A DH is prohibited from establishing or maintaining an office or other workplace for the provision of dental hygiene services separate or independent from the office or other workplace in which the supervision of a dentist is provided.

Supervision

- h, i) PL. 216, No. 76, Cl. 63. and Pa. Code Subchapter C § 33.205b. A public health dental hygiene practitioner may provide periodontal scaling and root planing and prophylaxis and application of sealants and fluorides and collect patient data without the assignment, authorization, or examination by a dentist.
- j, k l, m, n, o, p, q, r, s) P.L. 216, No. 76, CL.63 Section 11.9 (b) and Pa. Code Subchapter C § 33.205 and § 33.205b (c). A public health dental hygiene practitioner may practice in schools including public and private educational institutions that provide elementary and secondary instruction, correctional facilities, health care facilities, personal care homes, domiciliary care facilities, an older adult daily living center, free and reduced fee nonprofit health clinics, a federally qualified health center, a public or private institution under the jurisdiction of a federal, state, or local agency, and other locations approved by the board. Pa. Code Subchapter C § 33.205 (2) (c). A DH may engage in professional practice in dental facilities, public or private institutions such as schools, hospitals, public health care agencies, nursing homes, mobile health units and homes for juveniles, the elderly, and the handicapped, and in institutions under the jurisdiction of federal, state, or local health agencies. P.L. 216, No. 76, CL.63 Section 2 (A) Community based clinic includes a state health center, a nonprofit community based clinic and a federally qualified health center.

Tasks

- u, v, jj) P.L. 216, No. 76, CL.63 Section 2 (A). Licensed dentists may assign to DHs intraoral procedures that they are educated to perform but do not require the skills and competencies of a dentist. DHs certified as public health dental hygiene practitioners may perform intra-oral procedures without the assignment of a dentist pursuant to law. However, this shall not be construed as authorizing the assignment of diagnosing, treatment planning, and writing prescriptions, etc.
- w, x, ff, gg) Pa. Code Subchapter C § 33.205 (a). The scope of professional practice for DHs includes placement of subgingival agents, periodontal probing, scaling, root planing, polishing, etc., evaluation of the patient to collect data to identify dental hygiene care needs, the application of fluorides and other topical agents, application of sealants, taking of impressions for athletic appliances, administration of local anesthesia with a permit. Pa. Code Subchapter C § 33.205 (d) (ii). A DH may provide prophylaxis including scaling and root planing under general supervision if the patient is free of systemic disease or has only mild systemic disease as determined by the dentist with input from the DH. Pa. Code Subchapter C § 33.205b. A public health dental hygiene practitioner may provide periodontal scaling and root planing and prophylaxis and application of sealants and fluorides and collect patient data without the assignment, authorization, or examination by a dentist.
- aa. cc, dd) Pa. Code Subchapter B. § 33.102 (c) (1) (ii). A dental hygienist may qualify as an expanded function dental assistant. Pa. Code Subchapter C § 33.205a. DHs who qualify as expanded function dental assistants may place, condense, carve, and contour amalgam restorations but may not take impressions other than for study models, casts, or athletic appliances and may not place or adjust fixed or removable prosthetic appliances.
- ee) Pa. Code Subchapter C § 33.205 (2) (iii). A DH may provide local anesthesia services only under the direct supervision of a dentist. Pa. Code Subchapter B. § 33.115 (a). A DH must possess a current permit from the Board before administering local anesthesia to a patient in a dental office.
- gg) P.L. 216, No. 76, CL. 63 Section 11.4. No auxiliary personnel other than DHs and public health dental hygiene practitioners shall perform radiologic procedures on the premises of a dentist unless under the direct supervision of a dentist. P.L. 216, No. 76, CL.63 Section 11.4 (e) and (f). A public health dental hygiene practitioner may perform radiological procedures in any setting without supervision of a dentist. A DH may perform radiologic procedures in any setting under the general supervision of a dentist. Pa. Code Subchapter B. § 33.302 (a). A public health DH may perform radiologic procedures in allowed settings without the supervision of a dentist. Pa. Code Subchapter B. § 33.302 (b). DHs may perform radiologic procedures in any setting under the general supervision of a dentist.
- hh) Pa. Code Subchapter B. § 33.215 (b). The guidelines of the board regarding use of lasers in dental offices address the use of lasers by dentists only.
- ii) Pa. Code Subchapter B. § 33.105. A condition of biennial licensure renewal is current certification in infant, child and adult cardiopulmonary resuscitation.
- ll) P.L. 216, No. 76, CL. 63 Section 11.9 (c) and 33.205(b) Pa. Code Subchapter C § 33.205b (b). A public health dental hygiene practitioner shall refer each patient to a licensed dentist on an annual basis. Documentation of the referral is to be maintained in the patient's dental record. The failure of the patient to see a dentist as referred will not prevent the public health dental hygiene practitioner from continuing to provide dental hygiene services to the patient within the scope of professional practice.

RHODE ISLAND

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		2	
Public health dental hygiene		2		0	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			2	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	0	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	cc
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	
Total Tasks Score	36			13	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			10	
TOTAL SCORE	100			53	

Regulation

- a) § 5-31.1-2. The Rhode Island Board of Examiners in Dentistry is composed of 16 members including 8 dentists, 4 public members, 2 DHs, 1 certified dental assistant and the chief of the office of dental public health who services as an ex-officio member.
- b) § 5-31.1-39 (a). A public health DH means any practicing registered DH who may perform dental hygiene procedures in a public health setting subject to conditions adopted by the board of examiners in dentistry, without the immediate or direct supervision or direction of a dentist. The public health DH may perform any procedure or provide any service that is within the dental hygiene scope of practice that has been authorized and adopted by the board as a delegable procedure for a DH under general supervision in a private practice setting.
- § 5-31.1-39 (c). A public health DH shall enter into a written, collaborative agreement with a local or state government agency or institution or with a licensed dentist who states the ability to provide the appropriate level of communication and consultation with the DH to ensure patient health and safety. The collaborative agreement must be in place prior to performing any procedure or providing any service under this section. The written, collaborative agreement will follow the appropriate guidelines as determined and established by the board of examiners in dentistry.
- c) § 5-37-15, and the RI Medical Board Policy (2014): <http://www.health.ri.gov/publications/guidelines/provider/ AppropriateUseOfTelemedicineAndTheInternetInMedicalPractice.pdf>
- d, e) § 5-31.1-1 (16) (i) (A) (II). A person is practicing dentistry who owns, leases, maintains, operates a dental business where dental operations are performed. § 5-31.1-39 (e). A public health DH shall not operate independently of a dentist except for a DH working for a local or state government agency or institution or practicing in a mobile or portable prevention program licensed or certified by the department of health. R5-31.1-DHA, Part IV. Section 12.1 Any licensed dentist, public institution or school authority may employ a DH whose activities shall be confined to dental services procedures/duties that the DH has been educated to perform, which are authorized by the Board and under the type of required supervision.

Supervision

- h, i) § 5-31.1-6.1. Dentists may supervise and delegate to a DH working under the dentist's general supervision any procedures deemed advisable including initial oral health screening assessments and other procedures consistent with the rules and regulations of the board. DHs may engage in practice of dental hygiene under a supervising dentist without the onsite direct supervision of the dentist for residents of nursing homes regardless of whether the residents are patients of record of the supervising dentist and may perform services that the DH has been educated to perform and authorized by the board under general supervision. The DH must provide documentation of initial oral health screening to the supervising dentist and to the licensed nursing facility for appropriate follow up assessment and treatment.
- R5-31.1-DHA, Part IV. Section 13.2 DHs may engage in the practice of dental hygiene outside of a dentist's office in order to render services and procedures that the DH has been trained to performed to residents of nursing facilities without the onsite direct supervision of a dentist.
- j, k, l, m, n, o, p, q, r, s) § 5-31.1-39 (b). Public health settings in which a public health DH may work included but are not limited to residences of the homebound, schools, nursing home and long-term care facilities, clinics, hospitals, medical facilities, community health centers licensed or certified by the department of health, mobile and portable dental health programs licensed or certified by the department of health and operated by a local or state agency, head start programs, and any other facilities or programs deemed appropriate by the department of health. § 5-31.1-33 DHs may be employed by dentists, public institutions, or schools. § 5-31.1-33 of the Dental Practice Act. Also refer to § 5-31.1-6.1 in which DH may provide services to residents of nursing facilities whether or not patients are patients of record of the supervising dentist and without on-site direct supervision.

Tasks

- w, x, ff, gg) R5-31.1-DHA, Part IV. Section 13.1.1. A DH may remove calculus from both the supragingival and subgingival tooth surfaces by scaling and root planing and may perform any duties of a dental assistant or certified dental assistant under general supervision of a dentist in a dental office. R5-31.1-DHA, Part IV. Section 13.1.2. A certified dental assistant may apply pit and fissure sealants and fluoride treatments with appropriate training.
- u, v, y, dd, jj) R5-31.1-DHA, Part IV. Section 14.1. A dentist may not authorize a DH or dental assistant to perform diagnosis and treatment planning, surgical procedures on hard or soft tissue, prescribe medications, take impressions for dentures or permanent appliances, cementation of permanent crowns, condensation or carving of restorative materials except temporary restoratives, pulp capping, etc. § 5-31.1-33. DHs are not authorized to perform diagnosis and treatment planning, surgical procedures on hard or soft tissue, prescribe medication, or administer anesthesia or injectables other than oral local anesthesia.
- bb, cc) § 5-31.1-1 (16) (i) (A) (V) and (VII). A person is practicing dentistry who extracts human teeth, places or adjusts prosthetic dentures, appliances, bridges, etc. in the mouth, etc.
- ee) R5-31.1-DHA, Part IV. Section 22.1. A DH may qualify to administer local anesthesia with required training and competency testing under the indirect supervision of a dentist.
- ii) R5-31.1-DHA, Part IV. Section 22.1 (e). Current certification in basic life and cardiopulmonary resuscitation at the health care provider level by a nationally recognized organization is required for the DH to be permitted to provide local anesthesia.
- ll) § 5-31.1-39 (d) A public health DH must obtain a consent form from the patient or guardian which informs the patient to obtain a dental examination within 90 after undergoing a procedure by the DH. The patient or guardian shall also obtain a written referral to a dentist and an assessment of further dental needs.

Reimbursement

- mm) § 5-31.1-39 (e). A public health DH shall be directly reimbursed for services administered in a public health setting by Medicaid or the state health care insurance program except as required by federal Medicaid law, but shall not seek reimbursement from any other insurance or third-party payer.

SOUTH CAROLINA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			2	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	2
Able to supervise a dental assistant		2	t	2	t
Total Supervision Score	30			26	
TASKS					
Dental hygiene diagnosis		4	u	0	
Dental hygiene treatment planning/plan of care		2	v	0	
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	1	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	cc
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	0	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
DH can refer patients		3	ll	3	ll
Total Tasks Score	36			13	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			41	

Regulation

- a) S.C. Code of Laws, Section 40-15-20. The State Board of Dentistry is composed of 11 members; 1 is a lay member from the state at large; 1 is a dentist from the state at large; 1 is a DH from the state at large; and 7 are dentists representing each congressional district.
- b) S.C. Code of Laws, Section 40-15-110 (A) (10). Nothing in this chapter may be construed to prevent a licensed dental hygienist employed within or contracted through the public health system from providing education and primary preventive care that is reversible. Primary preventive care and education are defined as promotion and protection of health to avoid the occurrence of disease. These services are to be performed under the direction of the Department of Health and Environmental Control State Dental Coordinator or the department's designee but do not require that the director or a licensed dentist be present when any public health dental program services are provided.
- d, e) S.C. Code of Laws, Section 40-15-80 (F). Nothing in this section about practicing dental hygiene is intended to establish independent dental hygiene practice. S.C. Code of Regulations, 39-18 (L). A mobile dental facility or portable dental operation shall at all times be in the charge of a dentist licensed in South Carolina who is responsible for services performed.

Supervision

- h, i) S.C. Code of Laws, Section 40-15-110 (A) (10). Nothing in this chapter may be construed to prevent a licensed dental hygienist employed within or contracted through the public health system from providing education and primary preventive care that is reversible. These services are to be performed under the direction of the Department of Health and Environmental Control State Dental Coordinator or the department's designee but do not require that the director or a licensed dentist be present when any public health dental program services are provided. S.C. Code of Laws, Section 40-15-80. The practice of dental hygiene is the performance of preventive dental services including removing all hard and soft deposits and stains from the surfaces of human teeth, root planing performing clinical examination of teeth and surrounding tissues, and charting or oral conditions for diagnosis by a dentist and performing such other procedures as may be delegate by regulations of the board. In school settings and with parental permission, DHs may apply sealants, topical fluorides and oral prophylaxis under general supervision. Only oral hygiene instruction and counseling, oral screenings, and nutrition and dietary counseling may be provided without prior authorization.
- j, k, l, m, n, o, p, q, r, s). S.C. Code of Laws, Section 40-15-80 (C). DHs may provide prophylaxis, and apply sealants and fluorides in school settings, in hospitals, in nursing homes, long term care facilities, rural and community clinics, health facilities operated by federal, state, county, or local governments, hospices, CODA accredited education institutions, under general supervision if medical emergency care is available within the facility. S.C. Code of Laws, Section 40-15-110 (10) (E). The Department of Health and Environmental Control shall target services in a public health setting to under-served populations. A public health setting is defined as those settings listed above and also a bona fide charitable institution or a mobile delivery program operated in one of the enumerated settings under the direction of the department. Mobile delivery programs are those that are not confined to a single building and can be transported from place to place. S.C. Code of Regulations, 39-18. DHs may provide DH services in a mobile dental facility or in a portable dental operation in settings such as other dental offices, patients' homes, schools, nursing homes, or other institutions in accord with the regulations set forth by the board.
- t) S.C. Code of Laws, Section 40-15-110 (10) (E). Dental assistants employed with or contracted through the public health system may assist in the delivery of public health dental program services under the direction of the department's designee who does not have to be present when services are delivered.

Tasks

- u, v, aa, dd, jj) S.C. Code of Laws, Section 40-15-782. A dentist is prohibited from delegating to a DH dental diagnosis and dental treatment planning, restorative, prosthetic, and orthodontic procedures reserved for a dentist, placing and carving permanent restorations, making impressions other than study casts, writing prescriptions, etc.
- w, x, ff) S.C. Code of Laws, Section 40-15-80. The practice of dental hygiene is the performance of preventive dental services including removing all hard and soft deposits and stains from the surfaces of human teeth, root planing performing clinical examination of teeth and surrounding tissues, and charting or oral conditions for diagnosis by a dentist and performing such other procedures as may be delegate by regulations of the board. In school settings and with parental permission, DHs may apply sealants, topical fluorides and oral prophylaxis under general supervision. Only oral hygiene instruction and counseling, oral screenings, and nutrition and dietary counseling may be provided without prior authorization. S.C. Code of Laws, Section 40-15-110 (A) (10). Public health dental program services include oral screenings using a Department of Health and Environmental Control approved screening system, oral prophylaxis, application of topical fluoride including varnish, and the application of dental sealants.
- y, gg) S.C. Code of Laws, Section 40-15-90 and 39-14. DHs may perform all procedures listed for dental assistants and expanded duty dental assistants. S.C. Code of Regulations, 39-12. Dental assistants may expose radiographs if qualified under direct supervision. S.C. Code of Regulations, 39-13. Expanded Duty Dental Assistants may place temporary restorations, cement temporary crowns or bridges, apply pit and fissure sealants, etc. under direct supervision.
- bb, cc, jj) S.C. Code of Laws, Section 40-15-70. A person is practicing dentistry who extracts teeth, takes impressions or constructs, supplies, repairs, refines, or duplicates artificial teeth or substitutes, administers or prescribes drugs or therapies, etc.
- ee) S.C. Code of Laws, Section 40-15-80 (E). Upon certification by the board and under the direct supervision of a dentist, a DH may administer local infiltration anesthesia.
- ii) S.C. Code of Regulations, 39-5 (F) (3) All dentists and DHs must have completed an approved CPR course within three (3) years of licensure or renewal. Recertification is required every 3 years.
- ll) S.C. Code of Regulations, 39-18 (H). Referral is mandatory. A mobile dental facility that provides preventive treatment including prophylaxis, radiographs, and fluoride but does not provide follow-up treatment or referral for treatment when such treatment is clearly indicated is considered to be abandoning the patient. Appropriate and accessible arrangements must be made for these services.

Reimbursement

- mm, nn) S.C. Code of Laws, Section 40-15-102. A dentist billing for services provided by a DH in a public health setting is considered the provider of services and is clinically responsible for the care and treatment of the patient.

SOUTH DAKOTA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		2	
Public health dental hygiene		2		0	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	1	c
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			5	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	2	t
Total Supervision Score	30			24	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	cc
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			13	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			42	

Regulation

- a) SDCL § 36-6A-1.1 The State Board of Dentistry consists of seven members including 5 dentists, 1 DH, and 1 lay person.
- b) SDCL § 36-6A-40.2. A DH who meets board requirements may provide preventative and therapeutic services under collaborative supervision under a written collaborative agreement with a dentist.
- c) SDCL § 36-6A-1(31) Teledentistry is the practice of dentistry where the patient and the dentist are not in the same physical location with the exchange of clinical information and images over remote distances. SDCL § 36-6A-49.3 and SDCL § 36-6A-49.4. Teledentistry is the practice of dentistry and services provided must comply with the provisions of law as if the services were provided in person.
- d, e) SDCL § 36-6A-31 (9). Dentists have the exclusive responsibility for management, ownership, or operation of a business, corporation, organization, or entity through which dentistry is offered or provided to the public. SDCL § 47-12-3. No person who is not licensed pursuant to the Dental Practice Act shall have any part in ownership or control of a dental corporation.

Supervision

- h, i) SDCL § 36-6A-40.2 A DH may perform preventive and therapeutic services under collaborative supervision for no more than 13 months for any person who has not had a complete evaluation or oral health review by a dentist. ARSD 20:43:10:04. The collaborative agreement must contain age and procedure specific standing orders for the performance of DH services. A DH under a collaborative agreement may provide all allowable preventive and therapeutic services except for the administration of local anesthesia or nitrous oxide analgesia. ARSD 20:43:04:04. A DH may perform preliminary examination of the oral cavity and surrounding structures, periodontal screenings, complete prophylaxis, placement of sealants, and polishing of restorations.
- j, k, l, m, n, o, p, q, r) ARSD 20:43:10:01. A dentist may provide collaborative supervision to a DH pursuant to a collaborative agreement if the services are provided in a school, in a nursing facility, under the auspices of a Head Start or Early Head Start program, under the auspices of a community based primary health care delivery organization which is operating as a community health center or migrant health center, under the auspices of a mobile or portable dental unit operated by a nonprofit organization or nonprofit dental service organization, through a program administered by the South Dakota Department of Health, the South Dakota Department of Human Services, the South Dakota Department of Social Services, or the South Dakota Department of Corrections. ARSD 20:43:04:04. A DH may perform duties in a public or private institution under the general supervision of a dentist.
- t) 20:43:08:10. A dental assistant may perform duties and procedures incidental to patient treatment while under personal supervision of a licensed DH.

Tasks

- u, v, w, ff, gg) SDCL § 36-6A-40.1. A DH may perform those services which are diagnostic, therapeutic or preventive and are authorized by the board and any educational services pursuant to clinical services. Services may not include establishment of a final diagnosis or treatment plan and must be performed under the supervision of a dentist. A DH may perform preventive and therapeutic services under general supervision if the patient is a patient of record. A DH may also perform preventive and therapeutic services under collaborative supervision if requirements are met. ARSD 20:43:04:04. A DH may perform preliminary examination of the oral cavity and surrounding structures, periodontal screenings, complete prophylaxis, placement of sealants, and polishing of restorations.
- u, v, jj) 36-6A-31 (1) and 3). Only a licensed dentist may provide diagnosis and treatment planning, prescribing of drugs, etc.
- z, aa, bb, cc, dd) 20:43:04:06. A DH working under direct supervision may perform all services permitted to registered dental assistants and dental assistants. 20:43:08:11. A dentist may not delegate to a DH or dental assistant or registered dental assistant the cutting or hard or soft tissue, intraoral procedures that will be used in fabrication of a dental prosthesis, irreversible procedures, placing, finishing, and adjusting of final restorations, the injection of medication (exception for local anesthesia), etc.
- ee) ARSD 20:43:09:06:01. The board may issue a permit to a DH to administer local anesthesia to dental patients on an outpatient basis under the direct supervision of a dentist if the DH meets board requirements.
- ii) ARSD 20:43:03:07:01. A DH must maintain a current cardiopulmonary resuscitation card.
- ll) ARDS 20:43:10:04 (2) (c). A DH working under a collaborative agreement must provide the patient with a written plan for referral to a dentist and assessment of further dental treatment needs.

TENNESSEE

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		0	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	1	c
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			3	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	0	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			18	
TASKS					
Dental hygiene diagnosis			u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	2	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	cc
Place stainless steel crowns with training and credential		1	dd	1	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	0	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	0	
Total Tasks Score	36			13	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			34	

Regulation

- a) T.C.A. § 63-5-102. The board consists of ten members including 7 practicing dentists, 2 practicing DHs, and 1 practicing registered dental assistant.
- b) 0460-03-.10. Licensed DHs may qualify to perform restorative and prosthetic functions under the direct supervision of a licensed dentist once they meet board requirements for education, training, and certification.
- c) T.C.A. § 63-5-108 (b) (16). Dentists who deliver services using teledentistry shall establish protocols to the practice that ensure that all state and federal laws relative to privacy of health information, proper documentation is maintained, proper referral occurs, and that services provided via teledentistry are consistent with the same services provided in-person. T.C.A. § 63-5-115 (4) (e). Any licensed and registered dental hygienist who, under the supervision of a dentist, assists the dentist in providing dental health services or care using teledentistry is only authorized to perform those services that the dental hygienist is authorized to perform during an in-person patient encounter under general supervision. Services provided by registered dental hygienists through teledentistry should be provided under written protocol in accordance with present law.
- d, e) T.C.A § 63-5-108 (b) (15). Any person is deemed to be practicing dentistry who is the operator of a place where dental operations or dental services are performed. T.C.A § 63-5-108 (c) (1) (3). No person shall practice dental hygiene in a manner that is separate or independent from a supervising dentist, or establish or maintain an office or a practice that is primarily devoted to dental hygiene services.

Supervision

- h, i) 0460-03-.09 (1). DHs may only practice under direct and general supervision of a licensed dentist. T.C.A § 63-5-115 (3) and 0460-03-.09 (2). When working under a written protocol in a nursing home the DH may only provide services to a patient of record of the supervising dentist.
- j, k, l, m, o, p, q, r, s) T.C.A § 63-5-115 (d) (1) and 0460-03-.11. DHs are authorized to practice in offices of dentists and in authorized public health programs. Statute and regulation refer to practice in nursing homes, skilled care facilities, mobile and portable programs in settings that include schools, free clinics, and in nonprofit clinics and public health programs. A DH must work off a written protocol when the supervising dentist is off-site.

Tasks

- u, v, z, jj) T.C.A § 63-5-108 (b) (1) to (16). Any person is deemed to be practicing dentistry who diagnoses, prescribes or treats for any disorder or condition of the oral cavity, extracts teeth, repairs or fills cavities, takes an impression of the human teeth, fabricates a model, furnishes, supplies, constructs, alters, reproduces, or repairs any prosthetic for the human mouth, etc.
- T.C.A § 63-5-108 (c) (1) and (5). The practice of dental hygiene means the performance of preventive, educational, and therapeutic services including the removal of deposits and stains from the teeth to the depth of the gingival sulcus, polishing teeth, performing clinical examination of teeth and surrounding tissues for diagnosis by the dentist, and other procedures delegated by and under the supervision of a dentist. If qualified according to the stipulations of the board, A DH may provide services to patients under general rather than direct supervision of a dentist for not more than 15 consecutive days.
- w, x, y, aa, gg, hh) 0460-03-.09 (1). Delegable or assignable procedures for a DH under the direct or general supervision of a dentist include complete prophylaxis to gingival sulcus, application of sealants and/or topical fluorides, exposure of radiographs, education and instruction, the fabrication, placement, and removal of temporary restorations, recording of vital signs, clinical examination of teeth and surrounding tissue for diagnosis by a dentist, suture removal, placement of amalgam in cavities for condensation by the dentist, the use of lasers for periodontal treatment, etc. T.C.A § 63-5-108 (d). Licensed DHs and registered dental assistants if eligible according to board requirements may pack, carve, and finish amalgam and nonmetallic restorations and take final impressions for fixed and removable prosthetic appliances under the direct supervision and responsibility of the dentist.
- T.C.A § 63-5-109 (15) and (16). Exemption from other provisions of the dental practice act include the application of dental sealants or topical fluoride to the teeth of individuals in a setting under the direction of a state or local health department by licensed DHs without an evaluation by a dentist prior to such application under a protocol established by the state or metropolitan health department.
- dd) 0460-03-.09(mm). A licensed DH may only select and pre-fit stainless steel or other pre-formed crowns for insertion by a licensed dentist.
- ee, ff) T.C.A § 63-5-108 (c) (4). A DH shall perform root planing, subgingival curettage, and administration of local anesthesia or nitrous oxide only under the direct supervision of a dentist. 0460-03-.09 (3) (4) (6). DHs may perform root planing and subgingival curettage, administration of local anesthesia, and performance of restorative or prosthetic functions only under the direct supervision of a dentist for patients of record in a nursing home.
- ii) T.C.A § 63-5-107 (c) (1). All applicants for licensure as a dentist or DH or registered dental assistant must have proof of current CPR certification.

TEXAS

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	2	a
with power to make regulatory recommendations		2		2	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			6	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	cc
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	1	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			14	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			48	

Regulation

- a) Sec. 252.001. and Title 22, Part 5, §100.3 (a). The State Board of Dental Examiners consists of 15 members including 8 dentists, 2 DHs, and five public members. Sec. 262.052. and Title 22, Part 5, §100.9 (j) and Title 22, Part 5, §115.20. The dental hygiene advisory committee consists of 6 members, 3 DHs, 1 dentist, and 2 public members. Sec. 262.1025 The committee may make a recommendation to the board relating to the regulation of the practice of dental hygiene. A recommendation under this subsection may include a proposed rule in a form suitable for publication in the Texas Register. The board may adopt a rule in accordance with the recommendation or reject the recommendation.
- b) Title 22, Part 5, §115.5. A dentist may delegate authorization to perform a patient service to a DH who qualifies by experience and is practicing in certain facilities for patients whom the dentist has not seen within the prior twelve months. Authorization is in writing and the service must be performed in a nursing facility as defined in statute, a school based health center, or a community health center. The dental hygienist must refer the patient to a dentist following treatment and may only continue to treat the patient for six months unless the patient has been examined by a dentist.
- c) Current regulation concerning telehealth does not discuss applications in oral health. Refer to Texas Code, Title 3, Health Professions, Subtitle A, Provisions Applying to Health Professions Generally, Chapter 111, Telemedicine and Telehealth.

Supervision

- h, i) Sec. 262.151 (a) (2) (A) and (B). A licensed dentist may delegate a service, task, or procedure to a DH if the supervising dentist examines the patient at the time a service is performed by a DH or during the 12 calendar months preceding the date of the dental hygiene service. Sec. 262.151 (c). A dentist is not required to be on the premises when the DH performs a delegated act. Sec. 262.1515. A dentist may delegate a service or task to a DH who meets certain board qualifications for experience without complying with the requirement that the dentist has previously examined the patient if the services are performed in a nursing facility, a school based health center, or a community health center. The patient must be referred to a licensed dentist after completion of the dental hygiene services and services may only be performed for six months unless the patient has been examined by a dentist. Only services which are authorized by a dentist may be provided to patients.
- j, k, l, m, n, o, p, q, r, s) Sec. 262.152. A DH may practice dental hygiene in the dental office of a supervising dentist, in an alternate setting including a nursing home, a patient's home, a school, a hospital, a state institution, a public health clinic or another institution under the supervision of a dentist. Title 22, Part 5, §115.3. Custodial care institutions that are public or private or qualify as a hospital or school may employ DHs when a licensed dentist is on the staff of the institution. Title 22, Part 5, §108.41. A mobile dental facility is any self-contained facility in which dentistry is practiced which may be moved, towed, or transported from one location to another. A portable dental unit is any non-facility in which dental equipment utilized in the practice of dentistry is transported to and utilized on a temporary basis at an out of office location including but not limited to patients' homes, schools, nursing homes, or other institutions. Title 22, Part 5, §108.42. The operator of a mobile or portable dental unit must obtain a permit from the board; the application must include the names and addresses of all dentists, dental hygienists, etc. associated with the unit.

Tasks

- u, v, z, aa, bb, cc, dd, ee, jj) Sec. 262.151 (3). A dentist may not delegate diagnosis, prescribing a treatment or medication, or performing any irreversible procedure that involves the cutting of soft or hard tissue by any means to a DH. Sec. 258.001 and Title 22, Part 5, §115.4. A dentist may not delegate diagnosis and treatment planning, surgical or cutting procedures on hard or soft tissue, prescription of a drug, medication, or work authorization, final placement or adjustment of a fixed or removable appliance, placement of a fixed or removable appliance, administration of local anesthetic agent, etc.
- w, x, gg) Sec. 262.002. and Title 22, Part 5, §115.2. A person practices dental hygiene who removes accumulated matter from human teeth, smoothes roughened root surfaces, polishes teeth and restorations, topically applies drugs to surfaces of the mouth or teeth, makes dental x-rays, applies pit and fissure sealants, or performs other services prescribed by board rule.
- Sec. 262.151 (b). A dentist may delegate to a DH any act that might be delegated to a dental assistant. Sec. 265.005. A dental assistant must qualify and be issued a certificate by the board to provide dental x-rays. Sec. 265.003. A dentist may delegate a dental assistant to make dental x-rays under general supervision. Sec. 265.004. A dental assistant may qualify to provide pit and fissure sealants.
- ee) Sec. 258.001 (4) It is impermissible for a dentist to delegate to anyone other than a licensed dentist, a physician anesthesiologist, or a CRNA the administration of a local anesthetic agent. Title 22, Part 5, §115.2 (7). Permitted duties to a DH who so qualifies according to board rules include monitoring patients receiving nitrous oxide. There is no mention in code or regulation of DHs administering local anesthesia.
- ff) Sec. 258.001. A dentist may only delegate prophylaxis and scaling and root planing to a dental hygienist or to another licensed dentist. Title 22, Part 5, §115.4. A DH may place and remove site specific subgingival medicaments if delegated by a dentist under general supervision only after scaling and root planing.
- hh) Title 22, Part 5, Rule §115.2 (7) (b) and (b) (1). Dental hygienists, with appropriate training, may use lasers in the practice of dental hygiene under the direct supervision of a dentist, so long as they do not perform any procedure that is irreversible or involves the intentional cutting of soft or hard tissue.
- ii) Sec. 257.004 (a). A person holding a dentist or DH license must submit a statement of successful completion of a current program or course in cardiopulmonary resuscitation. TSBDE Title 22, Part 5, §104.1 (D). Renewal of a dental or dental hygiene license requires an annually updated course in cardiopulmonary resuscitation basic life support training
- ll) Sec. 262.1515 (a)(b). DHs must refer patients to a dentist for further consultation and treatment after hygiene services are rendered.

UTAH

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			2	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	2	t
Total Supervision Score	30			26	
TASKS					
Dental hygiene diagnosis			u	0	u
Dental hygiene treatment planning/plan of care		2	v	1	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	0	
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	1	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			17	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			45	

Regulation

- a) 58-69-201. The Board consists of 9 members including 6 licensed dentists, 2 licensed DHs, and 1 public member. Refer to 58-69-201.
- b) 58-69-801 (4). A DH may also practice under a written agreement with a dentist if the DH practices in a public health setting, the dentist is available to the DH, and the agreement provides for referral of patients with further dental treatment needs. A public health dental hygienist may, under a written agreement with a dentist, treat patients in specified public health settings.
- d, e) 58-69-501(2). It is unlawful to practice as a DH when not under the supervision of a dentist or under a written agreement with a dentist. 58-69-801. A DH may only practice dental hygiene in an accredited professional education program, for a public health agency, or under the supervision of a dentist for an employee leasing company or temporary personnel service company providing employees to a dentist who is lawfully providing dental services.

Supervision

- h, i) 58-69-801 (4). A DH may also practice under a written agreement with a dentist if the DH practices in a public health setting, the dentist is available to the DH, and the agreement provides for referral of patients with further dental treatment needs.
- j, k, l, m, n, o p, q, r, s) 58-69-102 (8). Public health setting means an individual's residence, a school, a nursing home, an assisted living or long-term care facility, a community health center, a federally qualified health center, or a mobile dental health program.
- t) 58-69-102 (6) (d). A DH may direct a dental assistant when the supervising dentist is not on the premises.

Tasks

- u, jj) 58-69-102 (7). The practice of dentistry includes to examine, evaluate, diagnose, treat, operate or prescribe therapy for any condition or disease of the human teeth and adjacent tissues and structures in the maxillofacial region, et.
- v, w, ff, gg, ll) 58-69-102 (6) The practice of dental hygiene means the performance of a preliminary clinical and/or instrumental examination of patients' teeth and gums, exposure of dental radiographs, assessing dental hygiene status and collaborating with a dentist on a dental hygiene treatment plan, removing deposits, etc. from the teeth, removing debris, etc. from subgingival surfaces, taking impressions except to supply artificial teeth, etc. 58-69-801(3) (b) and (c), (V). A DH practices under the general supervision of a dentist (except for indirect supervision for local anesthesia) and upon patients of record in the office of the dentist or outside of the office if the work is authorized by the supervising dentist. The work must be performed on a patient who is homebound or within a hospital, nursing home, or public health agency or supervision. The patient must be a patient of record of the supervising dentist and have been examined in the prior sixth months by that dentist. 58-69-801 (4). A DH may also practice under a written agreement with a dentist if the DH practices in a public health setting, the dentist is available to the DH, and the agreement provides for referral of patients with further dental treatment needs.
- ee) 58-69-102 (6) (b). Under the indirect supervision of a dentist, a DH may administer local anesthesia or nitrous oxide analgesia in accordance with standards and ethics of the profession. 58-69-301 (3). A permit is required to engage in administration of anesthesia or analgesia in the practice of dental hygiene.
- hh) R156-69-602. Other practices of dental hygiene include performing laser bleaching and laser periodontal debridement.
- ii) R156-69-204 (4). To obtain a permit to administer local anesthesia a DH must have documentation of current CPR or BCLS certification.

VERMONT

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		
Advanced dental therapy or advanced dental hygiene practitioner		2		2	b
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	c
Self-employment allowed		2	d	0	
Practice ownership allowed		2	e	0	
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			6	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	2	t
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	2	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	2	z
Place and carve amalgam		1	aa	2	aa
Simple extractions of primary teeth with training and credential		1	bb	1	bb
Fabricate provisional crowns		1	cc	2	cc
Place stainless steel crowns with training and credential		1	dd	1	dd
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	3	jj
Provide care of patients across the age continuum		1	kk	1	kk
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			32	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			66	

Regulation

- a) V.S.A. Title 26. Chapter 012. Subchapter 002. § 581. The Vermont Board of Dental Examiners is composed of 11 members including 6 dentists, 2 DH, 1 registered dental assistant and 2 members of the public who are not associated with the practice of dentistry.
- b) V.S.A. Title 26. Chapter 012. Subchapter 003A. § 611. A dental therapist must be a licensed DH in Vermont who has completed additional required education to train dental therapists. A licensed dental therapist is not required to maintain the dental hygiene license. V.S.A. Title 26. Chapter 012. Subchapter 003A. § 614. A dental therapist must have completed all requirements for hours of direct patient care to practice under a written collaborative agreement with a dentist that describes the practice settings, the patients, the procedures, and any limitations for practice of the dental therapist. V.S.A. Title 26. Chapter 012. Subchapter 004. § 624. DHs with the required experience may practice under the general supervision of a dentist in public or private schools or institutions. Rule 10.1. A DH may practice under a written general supervision agreement in public or private schools or institutions. Rule 6.12. DHs may qualify for registration as an expanded function dental assistant. Rule 6.13. Expanded function duties for a DH are limited to those for which the DH is trained.
- d, e) V.S.A. Title 26. Chapter 012. Subchapter 001. § 564. A dental practice may be owned and operated by a licensed dentist, a health department or clinic of the state or local government agency, a federally qualified health center or community health center designated by HRSA to provide dental services, a 501(c)(3) nonprofit or charitable dental organization, a hospital, or an institution or program accredited by CODA.

Supervision

- h) Rule 10.1. A DH who meets the experience requirements of the board may practice under a written general supervision agreement with a dentist in public or private schools or public or private institutions. The dentist must review the records of all patients seen by the DH not more than 6 months after the services are supplied. Rule 10.3 (8). The agreement contains a listing of the DH services that are authorized. Rule 10.1 (6). When a patient's condition requires services that are beyond what the DH working under a general supervision agreement can provide, the DH will refer to patient to obtain dental or other care. When a patient has been treated by a DH working under a general supervision agreement has not been examined by a dentist within 24 months, the DH should inform the patient or guardian that a dental examination is strongly recommended.
- j, k, l, m, o, p, q, r, s) V.S.A. Title 26. Chapter 012. Subchapter 004. § 624. DHs with the required experience may practice under the general supervision of a dentist in public or private schools or institutions.
- t) V.S.A. Title 26. Chapter 012. Subchapter 003A. § 614 and Title 26. Chapter 012. Subchapter 003A. § 616. The collaborative agreement between a dental therapist and a dentist contains the criteria for a dental therapist to supervise dental assistants and dental hygienists. A dental therapist may only have two dental auxiliaries under direct supervision at any one practice setting.

Tasks

- u) Part 1. 1.11 (a) Diagnosis may be performed only by licensed dentists.
- v, w, x, y, z, aa, bb, cc, dd, ee, gg, jj) V.S.A. Title 26. Chapter 012. Subchapter 003A. § 613. Under the general supervision of a dentist within the parameters of the collaborative agreement, a dental therapist may provide oral health instruction, periodontal screening and charting, exposing radiographs, oral evaluation and assessment, dental prophylaxis, application of topical preventive or prophylactic agents including fluorides, antimicrobial agents, and pit and fissure sealants, removal of sutures, administration of local anesthetic or nitrous oxide analgesia, placement of temporary restorations, interim therapeutic restorations, emergency palliative treatment of dental pain, formulation of a treatment plan for dental therapy services, prescribing, dispensing and administering analgesics, anti-inflammatories, and antibiotics, extractions of primary teeth, cavity preparation, extraction of periodontal diseased permanent teeth with tooth mobility, restoring primary and permanent teeth, preparation and placement of preformed crowns for primary teeth, pulpotomies on primary teeth, etc.
- ee, ff, gg) Rule 10.6. Under the written general supervision agreement, a DH may perform oral inspections and charting, take vital signs, assess treatment needs, expose and process radiographs, apply fluoride, desensitizing agents, or sealants, perform complete prophylaxis, and for patients with mild periodontitis, perform periodontal scaling and root planing. Rule 6.9 A DH may qualify for a special endorsement to administer local anesthesia.
- Rule 6.12. DHs may qualify for registration as an expanded function dental assistant. Rule 6.13. Expanded function duties for a DH are limited to those for which the DH is trained.
- ii) V.S.A. Title 26. Chapter 012. Subchapter 006. § 661. To renew a license, the dental therapist or the DH must have completed a course in emergency office procedures during the 2-year period preceding licensure renewal.
- ll) V.S.A. Title 26. Chapter 012. Subchapter 003A. § 617 (b). A dental therapist shall refer patients to another qualified dental or health care professional for any needed services that exceed the scope of the dental therapist and in accordance with the written collaborative agreement. Rule 10.1 (6). When a patient's condition requires services that are beyond what the DH working under a general supervision agreement can provide, the DH will refer to patient to obtain dental or other care.

VIRGINIA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		2	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	1	c
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			3	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	2	t
Total Supervision Score	30			30	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	0	
Perform basic/primary restorations with training and credential		2	z	0	z
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	0	cc
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	1	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			18	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			51	

Regulation

- a) § 54.1-2702. The dental board consists of 10 members including 7 dentists, 2 DHs, and 1 public member.
- b) § 54.1-2722 (E) and (F). Remote supervision means that a public health DH has regular communication with a public health dentist regarding patient treatment but the dentist may not have conducted an initial examination of the patients who are seen and treated by the DH and may not be present when the DH provides services. A DH employed by the Virginia Dept. of Health may provide educational and preventative dental care under the remote supervision of a dentist employed by the department. The guidelines for practice include an expanded capacity scope of services.
- c) Refer to SB 647 Teledentistry Pilot Program: The Department of Medical Assistance Services is to create and report on teledentistry efforts. Also refer to the Virginia Board of Dentistry Teledentistry Guidelines, Guidance Document: 60-23, adopted 12/11/2015.
- d, e) 18VAC60-25-60 (B). Dental hygienists shall engage in their respective duties only while in the employment of a licensed dentist or governmental agency on when volunteering services as provided in statute.

Supervision

- h, i) § 54.1-2722 (E) and (F) and Protocol incorporated by reference 18VAC60-20-220. Remote supervision means that a public health DH has regular communication with a public health dentist regarding patient treatment but the dentist may not have conducted an initial examination of the patients who are seen and treated by the DH and may not be present when the DH provides services. A DH employed by the Virginia Dept. of Health may provide educational and preventative dental care under the remote supervision of a dentist employed by the department.
- j, k, l, m, n, o, m, p, q, r, s) and § 54.1-2722 (F). A DH practicing under remote supervision shall only practice in a community health center, charitable safety net facility, free clinic, long-term care facility, elementary or secondary school, Head Start program or WIC program. 54.1-2708.3. Mobile dental clinic and portable dental operations included as allowable for the practice of dentistry include mobile clinics operated by federal, state, or local government agencies, federally qualified health centers, free health clinics or health safety net clinics and portable dental operations in long-term care facilities, assisted living facilities, adult homes, or private homes for non-ambulatory individuals.
- t) § 54.1-2712 (1). Permissible practices include dental assistants aiding or assisting dental hygienists practicing under the general supervision of a dentist. 18VAC60-25-70 (A) and (B). Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist may be delegated to any dental assistant under the direction of a DH practicing under general supervision except as restricted by regulation.

Tasks

- u, bb, cc) § 54.1-2711 The practice of dentistry includes diagnosis, treatment, of diseases or lesions of the oral cavity or contiguous structures, extracting teeth, fabricating appliances or prosthesis, etc. 18VAC60-25-40 (B) (1). Final diagnosis and treatment planning is the duty of a dentist and shall not be delegated.
- w, x, ff, gg) § 54.1-2722 (E) and (F) and Protocol incorporated by reference 18VAC60-20-220. The DH under remote supervision works under a protocol developed jointly by medial directors, dental hygienists, and a dentist. A DH under remote supervision may perform an "expanded capacity" scope of services including oral assessment, scaling and polishing, all educational and preventative services, administer topical oral fluorides, assessment of patients to determine the appropriateness of sealant placement, application and maintenance of sealants, maintenance of appropriate documentation, and any other service ordered by the supervising dentist or required by statute or regulation. The DH may not administer local anesthesia or nitrous oxide analgesia under remote supervision. § 54.1-2722 (D). A licensed DH may under the direction or general supervision of a dentist and subject to the Board's regulations provide services that are educational, diagnostic, therapeutic, or preventive. Services shall not include the establishment of a final diagnosis or treatment plan for a dental patient. General supervision means that a dentist has evaluated the patient and prescribed the authorized services but the dentist need not be in the facility when services are provided.
- z) 18VAC60-25-40 (A) (7) and (C). A dental assistant II with advanced training may pack and carve amalgam and place and shape composite resin. The qualifications for dental assistant II do not provide for dental hygienists to qualify for the designation. 18VAC-60-21-140 (5). A dentist may not delegate to a DH, duties that are restricted to delegation to a dental assistant II.
- dd) 18VAC60-25-40 (A) (9). A dentist may not delegate final adjustment and fitting of crowns and bridges.
- ee) 18VAC60-25-40 (A) (3) A DH who meets the requirements may parenterally administer local anesthesia to patients 18 years of age or older. 18VAC60-25-100 (A) (3). Local anesthesia may be administered under the indirect supervision of a dentist if the DH is qualified according to board regulations.
- ff, hh) 18VAC60-25-40 (D) (1). The following duties may be delegated to dental hygienists under indirect supervision or may be delegated by written order in accordance with § 54.1-2722 D to be performed under general supervision: scaling, root planning, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and non-surgical lasers with or without topical oral anesthetics, performing a clinical examination and charting for further evaluation and diagnosis by the dentist.
- ii) R 18VAC60-25-190 (1). A DH is required to maintain evidence of successful completion of a current hands-on-course in basic cardiopulmonary resuscitation for health care providers.
- ll) Protocol incorporated by reference 18VAC60-20-220. Public health DHs will refer patients without a dental provider to a public or private dentist with the goal to establish a dental home. When there is a treatment need and the patient has not seen a dentist as referred, the DH must make a reasonable effort to schedule the patient with a Virginia Department of Health dentist or volunteer dentist for follow up care.

WASHINGTON

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	2	a
with power to make regulatory recommendations		2		2	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		2	
Public health dental hygiene				0	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			8	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	2	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	1	aa
Simple extractions of primary teeth with training and credential		1	bb	0	bb
Fabricate provisional crowns		1	cc	1	cc
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			23	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		2	nn	2	
Total Reimbursement Score	12			12	
TOTAL SCORE	100			71	

Regulation

- a) RCW 18.32.0351 The Dental Quality Assurance Commission is comprised of 16 members including 12 dentists, 2 expanded function dental auxiliaries, and 2 public members. RCW 18.29.110. There is a dental hygiene examining committee comprised of 3 DHs and 1 public member. RCW 18.29.120. The committee is responsible for examinations of DHs for licensure.
- b) RCW 18.29.056 DHs who qualify by experience may be employed, retained, or contracted by health care facilities and senior center to perform authorized services without dental supervision but under a written practice agreement plan with a dentist. RCW 18.260.010 Expanded function dental auxiliary means a person who is licensed to provide supportive services to a dentist under specified levels of supervision. RCW 18.29.053. A DH who meet the requirements and has been issued a license to practice as an expanded function dental auxiliary may perform expanded functions under the supervision of a dentist.
- d, e) RCW 18.32.020 (3). A person is practicing dentistry who owns, maintains, or operates an office for the practice of dentistry.

Supervision

- h, i) RCW 18.29.056 (c). DHs who qualify by experience may be employed, retained, or contracted by health care facilities and senior center to perform authorized services without dental supervision but under a written practice agreement plan with a dentist. DHs performing services under these conditions are permitted to remove deposits and stains from the surfaces of the teeth, apply topical preventive or prophylactic agents, polish restorations, and perform root planing and soft tissue curettage but are not permitted to inject anesthetic agents, administer nitrous oxide, or diagnose for dental treatment.
- j, k, l, m, n, o, p, q) RCW 18.29.056 DHs who qualify by experience may be employed, retained, or contracted by health care facilities and senior center to perform authorized services. Health care facilities are limited to hospitals, nursing homes, home health agencies, group homes serving the elderly, individuals with disabilities and juveniles, state operated institutions under the jurisdiction of the department of social and health services or the department of corrections, federal, state, and local public health facilities, state or federally funded community and migrant health centers, and tribal clinics. Senior center means a multipurpose community facility operated and maintained by a nonprofit organization or local government for older persons. RCW 18.29.058 (1) (a). Any DH with the required experience may provide services delegated by and under the general supervision of a dentist for homebound patients if the patient has first been examined by a dentist. RCW 18.29.050 (4) (b). DHs may perform services only under the supervision of a dentist and may be employed by hospitals, boards of education of public or private schools, county boards, boards of health or public or charitable institutions, or in dental offices.

Tasks

- u, bb, dd, jj) RCW 18.29.050 (1) (2) (3). A DH shall in no event perform any surgical removal of tissue of the oral cavity, provide any prescription for drugs or medications, or perform any diagnosis for treatment or treatment planning, etc. WAC 246-817-570. A DH may not perform any surgical removal of tissue (except soft tissue curettage), luxate teeth, cement or recement stainless steel crowns, prescribe, diagnose, etc.
- v, w) WAC 246-815-160. The DH must consider the dental hygiene assessment, the treatment goals, the appropriate sequence of procedures and current scientific knowledge in developing a dental hygiene plan to include preventative and therapeutic care.
- x, ff, gg) RCW 18.29.050. A DH may remove deposits and stains from the surfaces of the teeth, apply topical preventive or prophylactic agents, polish restorations, perform root planing and soft tissue curettage and other services delegated by a dentist. WAC 246-817-550. A dentist may allow a DH under general supervision to perform oral inspection, provide patient education, take x-rays, apply topical preventive or prophylactic agents, polish restorations, perform oral prophylaxis, root planing and sub-gingival scaling, apply sealants and topical anesthetic agents, and take and record vital signs and patient histories. RCW 18.29.220. For certain population groups and in coordination with local public health jurisdictions, a DH may assess for and apply sealants and fluoride varnish and provide prophylaxis services in sealant programs carried out in schools.
- y, aa, ee) WAC 246-815-030. DHs are required to have training in restorative procedures for initial DH license. To be eligible for licensure a DH must have didactic and clinical competency in administration of injections of local anesthesia and administration of nitrous oxide analgesia, placement of restorations and carving, contouring, and adjusting those restorations. RCW 18.260.010 Expanded function dental auxiliary means a person who is licensed to provide supportive services to a dentist under specified levels of supervision. RCW 18.29.053. A DH who meet the requirements and has been issued a license to practice as an expanded function dental auxiliary may perform expanded functions under the supervision of a dentist. RCW 18.260.070 (b) (i) (ii). Expanded functions that can be performed under the close supervision of a dentist include placing and carving direct restorations, and taking final impressions. WAC 246-817-525 (i) An expanded function dental auxiliary may place a temporary filling.
- cc, gg) WAC 246-817-525 (k), (ee), (d). An expanded function dental assistant can fabricate, place, and remove temporary crowns or bridges and place and carve direct restorations under close supervision and take dental x-rays under general supervision.
- dd, hh) WAC 246-817-540 (8) and (18). No dentist shall allow an expanded function dental auxiliary to cement or recement any stainless steel crown or use any light or electronic device for invasive procedures.
- ee) WAC 246-817-560. Act that may be performed under close supervision (dentist must diagnose, authorize, and be on site but not physically present in the operatory) include injections of local anesthesia and administration of nitrous oxide.
- ii) WAC 246-817-720. Dental staff providing direct patient care including DHs must hold a current and valid health care provider basic life support certification. WAC 246-815-140. To renew a DH license, the DH must maintain a current basic life support card for health care providers.
- ll) RCW 18.29.056 (f). DHs working in health care facilities or senior centers shall refer patients to licensed dentists for dental planning and dental treatment, RCW 18.29.230. The DH should supply the patient with a description of methods and sources for a patient to obtain referral including if needed, as list of community dentists.

Reimbursement

- mm) WAC 182-535-1070. DHs are eligible to enroll with Medicaid to furnish and bill for dental related procedures within the DH scope of practice.

WEST VIRGINIA

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		2	
Public health dental hygiene				2	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			6	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	4	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	4	
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			28	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	1	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	1	cc
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	0	
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	3	ll
Total Tasks Score	36			15	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	
May contract with commercial insurers for reimbursement		2	nn	0	
Total Reimbursement Score	12			0	
TOTAL SCORE	100			49	

Regulation

- a) § 30-4-4 (b). The Board of Dentistry is composed of 9 members including 6 dentists, 1 DH, 1 certified or experienced dental assistant, and 1 citizen member.
- b) § 30-4-3 (48) and § 5-13-2.7. Public health practice means treatment or procedures in a public health setting which shall be designated by a rule promulgated by the Board to require direct, general or no supervision of a dental hygienist by a dentist. § 5-13-7.1. A DH may engage in public health practice providing all services allowed under general supervision and those allowed with no supervision.
- d, e) § 5-6-7. Except for health departments or clinics of the state or local government agencies, non-profit or charitable organizations, community health centers, hospitals, and institutions or programs accredited by CODA to provide education and training, only a dentist may own a dental practice in the state. § 5-13-6.3 (1) and (2). No person shall practice dental hygiene in a manner that is separate or otherwise independent of a supervising dentist or establish or maintain an office or practice that is primarily devoted to the provision of dental hygiene services.

Supervision

- h, i) § 5-13-7.1 (j). A DH in public health practice may prepare a generalized oral screening with subsequent referral to a dentist, provide education and counseling, apply fluoride, chart and record histories and findings, provide complete prophylaxis (which may include subgingival scaling under a collaborative agreement) with no supervision of a dentist.
- j, k, l, m, n, o, p, q, r, s) § 30-4-3 (49) and § 5-13-7.1 (h). A DH may engage in public health practice in public health settings including hospitals, schools, correctional facilities, jails, community clinics, long term care facilities, nursing homes, home health agencies, group homes, state institutions under the Dept. of Health and Human Resources, public health facilities, homebound settings, and accredited dental hygiene education programs. § 5-13-6.1(b) DHs may practice under general supervision in private dental offices, hospitals, schools, correctional facilities, jails, community clinics, long term care facilities, nursing homes, home health agencies, group homes, state institutions under the Dept. of Health and Human Resources, public health facilities, homebound settings, and accredited dental hygiene education programs. § 5-14-2.3. A mobile dental facility means any self-contained facility in which dentistry or dental hygiene is practiced which may be moved, towed, or transported from one location to another. § 5-14-2.6. A portable dental unit is any non-facility in which dental equipment is transported and utilized for the practice of dentistry on a temporary basis including but not limited to patients' homes, schools, nursing homes or other institutions.

Tasks

- u, v, jj) § 5-13-3.1(b). Licensed dentists may not assign to a DH or dental assistant diagnosis, treatment planning and prescription or surgical procedures on hard or soft tissue.
- w, x, ee, ff, gg) § 5-13-7.1 (j). A DH in public health practice may prepare a generalized oral screening with subsequent referral to a dentist, provide education and counseling, apply fluoride, chart and record histories and findings, provide complete prophylaxis (which may include subgingival scaling under a collaborative agreement) with no supervision of a dentist.
- § 5-13-4. A dentist may assign to a DH in his employ supra and subgingival scaling of teeth, polishing of teeth, dental health education, recording periodontal findings, finishing and polishing restorations, administration of infiltration and block anesthesia (under direct supervision), etc. § 5-13-6. A DH may provide for not more than 15 consecutive days, preventive services under a board issued general supervision permit. The supervising dentist must have examined the patient not more than twelve months prior to the date the DH provides services to the patient. No patient can receive services from a DH twice consecutively unless the patient has been examined by a dentist. § 5-13-6.1 (c). The permissible services under general supervision are dental radiographs, charting, taking impressions, complete dental prophylaxis, applying topical anesthetic, anticariogenic agents, and pit and fissure sealants, debridement and/or root planing of teeth,
- y, cc) § 5-13-4. A licensed dentist may assign application of topical anesthetic agents, anticariogenic agents, or pit and fissure sealants (if qualified), fabrication and cementing of temporary crowns, placement and removal of temporary restorations, etc. to a DH or a dental assistant.
- ii) § 5-13-6. To obtain a general supervision permit from the board, a DH must have proof of successful completion of a course in identification and prevention of medical emergencies as part of CEU. § 5-11-3.5 (e). current certification for a comprehensive basic life support course for a health care provider is required. Certification must be current at each continuing education review period.
- ll) § 5-13-17.1 (e). DH engaged in public health practice in cooperation with the supervising dentist shall have a written plan for referral for conditions that should be called to the attention of the dentist.

WISCONSIN

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		0	
Expanded restorative functions		2		0	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			2	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	0	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	2	n
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	
Total Supervision Score	30			20	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	1	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	aa
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	0	
Place stainless steel crowns with training and credential		1	dd	0	dd
Able to provide local anesthesia w/o direct supervision		4	ee	4	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	0
Initiate consultations and referrals		3	ll	0	
Total Tasks Score	36			19	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	10	mm
May contract with commercial insurers for reimbursement		2	nn	0	nn
Total Reimbursement Score	12			10	
TOTAL SCORE	100			51	

Regulation

- a) Wis. Stats. 15.405 (6) The Dentistry Examining Board is comprised of 6 dentists, 3 DHs, and 2 public members.
- d, e) Wis. Stats. 447.06 (2). A DH may practice dental hygiene or perform remediable procedures only as an employee or independent contractor.

Supervision

- h, i) 447.06 (2)(c). A DH may provide dental hygiene services as defined by the board or as authorized by a licensed dentist who is present in the facility in which the practices and procedures are performed. A DH may practice dental hygiene or perform remediable procedures when the dentist is not in the facility if the procedures are performed under a written or oral prescription and the dentist who made the written or oral prescription examined the patient at least once during the 12-month period immediately preceding the date on which the written or oral prescription was made and the date on which the dental hygiene services are performed.
- j, k, l, m, n, o, p, q, r, s) Wis. Stats. 447.06 (2). A DH may practice dental hygiene in a dental office, a school, a professional education program, a hospital, a state or federal prison, a jail, a correctional or detention facility, a local health department, a hospice facility, a charitable institution, a home health care agency, or a nonprofit dental care program. 447.06 (2)

Tasks

- u, aa, dd, jj) Wis. Stats. 447.06 (3) (d). A DH may not diagnose a dental disease, determine any treatment or regimen of any treatment outside of the scope of dental hygiene, prescribe or order medication, or perform any intentional cutting of hard or soft oral tissue. DE 3.03. A DH may not administer or prescribe narcotics or analgesics, place or adjust dental appliances, diagnose or prescribe treatment, or place and carve restorations (except temporary restorations in an emergency).
- v, w, y, ff, gg) Wis. Stats. 447.01 (3). Dental hygiene means performance of educational, preventive, or therapeutic dental services including removing supragingival or subgingival deposits, stains, etc. from teeth, deep scaling or root planing, preliminary examination of the oral cavity, taking patient history, recording history and case findings, conducting an oral screening, and participating in the development of a dental patient's dental hygiene treatment plan. DE 3.02 (1). The practice of dental hygiene may include complete prophylaxis, periodontal scaling and root planing, placing temporary restorations, removing sutures, conducting preliminary examinations and recording clinical findings, making and processing dental radiographs, application of fluorides and other topical agents, etc. A DH can take x-rays when the dentist is not in the facility. 447.06 (2). A DH may practice dental hygiene or perform remediable procedures when the dentist is not in the facility if the procedures are performed under a written or oral prescription and within other parameters.
- ee) Wis. Stats. 447.06 (3) (e) (1). A DH may administer local anesthesia if certified and upon delegation by the dentist who remains on the premises (but not in the operatory) and is available throughout the procedure.
- hh) It is the position of the dental board that the utilization of a laser device by a hygienist is allowed when used within the scope of practice of dental hygiene and in adherence to 447.06(2)(b), (c), (d), and (e) of the Wisconsin statutes. It is also the dental board's position that training is necessary and should include a hands-on proficiency course provided by a recognized sponsor of continuing education, in accordance with the current rules for continuing education. Licensees utilizing laser technology should maintain documentation of the satisfactory completion of the formal continuing education or training. Finally, the dental board views laser use within the scope of dental hygiene practice as an adjunct device to scaling and root planing. Refer to Wisconsin DEB Position Statement Regarding Laser Use by Dental Hygienists: <http://dsps.wi.gov/Documents/Board%20Services/Position%20Statements/Dentistry/Laser%20Use%20by%20Dental%20Hygienist.pdf>
- ii) Wis. Stats. 447.04 (2) (5) (m). A DH may be licensed if the DH meets all requirements including submitting satisfactory evidence of current proficiency in cardiopulmonary resuscitation. Wis. Stats. 447.05. To renew a DH license, the DH must attest to having a current certification in CPR and proficiency in the use of an automated external defibrillator.

Reimbursement

- mm) HFS 105.01 and 105.06. DH may receive Medicaid reimbursement.

WYOMING

DHPPI 2015	Category Score	Item Score	fn	State Score	fn
REGULATION					
Dental Hygiene Committee		2	a	0	a
with power to make regulatory recommendations		2		0	
<i>Opportunities for expanded practice or new roles for DHs in state</i>			b		b
Advanced dental therapy or advanced dental hygiene practitioner		2		0	
Independent practice		2		0	
Collaborative practice		2		0	
Public health dental hygiene		2		0	
Expanded restorative functions		2		2	
Teledentistry services permitted		1	c	0	
Self-employment allowed		2	d	0	d
Practice ownership allowed		2	e	0	e
May employ other DHs or DAs		2	f	0	
May be supervised by a medical supervisor in a medical/health organization (e.g. hospital)		1	g	0	
Total Regulation Score	22			2	
SUPERVISION					
No prior dental visit required for preventive or prophylactic services from DH in public health settings		4	h	0	h
Ability to provide prophylaxis w/o prescription from dentist in public health settings		4	i	0	i
<i>DH can practice under general supervision, collaborative, or independent practice in:</i>					
Schools		2	j	2	j
Nursing Homes		2	k	2	k
Correctional Facilities		2	l	2	l
Mental Health Settings		2	m	2	m
Personal Care Homes/ Patient Homes		2	n	0	
WIC Programs		2	o	2	o
Mobile Dental Vans		2	p	2	p
Free Clinics		2	q	2	q
Programs for the Homeless		2	r	2	r
Primary Care Health Clinics or Practices		2	s	2	s
Able to supervise a dental assistant		2	t	0	t
Total Supervision Score	30			18	
TASKS					
Dental hygiene diagnosis		4	u	0	u
Dental hygiene treatment planning/plan of care		2	v	0	v
Patient assessment, evaluation, and documentation		1	w	1	w
Place sealants		2	x	2	x
Place atraumatic/interim therapeutic restorations		2	y	2	y
Perform basic/primary restorations with training and credential		2	z	0	
Place and carve amalgam		1	aa	0	
Simple extractions of primary teeth with training and credential		1	bb	0	
Fabricate provisional crowns		1	cc	1	cc
Place stainless steel crowns with training and credential		1	dd	0	
Able to provide local anesthesia w/o direct supervision		4	ee	0	ee
Able to perform scaling and root planing w/o direct supervision		4	ff	4	ff
Able to provide X-rays under general supervision		1	gg	1	gg
Permitted to use lasers for debridement		2	hh	2	hh
Identify and manage medical emergencies		1	ii	1	ii
Permitted to prescribe fluoride/ topical medications/corhexamine		3	jj	0	jj
Provide care of patients across the age continuum		1	kk	1	
Initiate consultations and referrals		3	ll	0	
Total Tasks Score	36			15	
REIMBURSEMENT					
Direct reimbursement from Medicaid		10	mm	0	mm
May contract with commercial insurers for reimbursement		2	nn	0	nn
Total Reimbursement Score	12			0	
TOTAL SCORE	100			35	

Regulation

- a) 33-15-101. The board consists of six members including 5 dentists and 1 DH.
- b) 33-15-120 (c). A DH may qualify to be certified in expanded duties
- c) WY requires special telemedicine licensure for providers. Current statutes and regulations for telemedicine do not refer to teledentistry. Refer to WY Board Rules, Chapter 1, Section 3.
- d, e) 33-15-114 (a) (ii). A person is practice dentistry who is a manager, proprietor, operator, or a conductor of a place where dental operations, oral surgery or dental services are performed. 35-15-128 (xii). Proprietor means any person who employs dentists, dental hygienists, or dental auxiliaries in the operation of a dental office, etc.

Supervision

- h, i) Chapter 7, Section 4 (a). Procedures which require general supervision include prophylaxis. Chapter 1. Section 3 (v) (i). General supervision means that a dentist has diagnosed and authorized the procedures which are being carried out but the dentist need not be physically present when they are performed.
- j, k, l, m) 33-15-119. A DH may practice in the office of a dentist or in any public or private institution under the supervision of a licensed dentist. Chapter 7, Section 3 (b). DHs may work in the private office of a dentist, in the armed forces of the U.S., in federal or state institutions, and nursing or retirement facilities.
- 33-15-131 (ii). A nonprofit health care facility means a charitable nonprofit organization that provides health care to low income uninsured persons. Health care facility does not include a hospital or other medical facility operated for profit.
- t) 35-15-128 (vi). Dental assistant is a person who is supervised by a dentist and renders assistance to a dentist, dental hygienist, dental technician or another dental assistant.

Tasks

- u, v, jj) 35-15-128 (iii). Dentist means a person who has the responsibility for final diagnosis of conditions of the mouth, for final treatment planning for patients, for prescribing drugs, etc.
- w, x, y ,cc, ff, gg) 33-15-119. A DH may perform any services consistent with what DHs are trained to do in accredited professional education programs under the supervision of a licensed dentist. Chapter 7, Section 4 (a). Under general supervision, A DH may perform root planing, scaling, and polishing of teeth and restorations, screening of the oral cavity, placing temporary fillings with no removal of tooth structure, placing, exposing, and processing of dental x-rays, and placing pit and fissure sealants, and functions authorized for a dental assistant. Chapter 7. Section 6 (b). Functions for a dental assistant include fabricating and cementing temporary crowns under the general supervision of a dentist.
- ee, hh) Chapter 7, Section 5 (a) and (c). A DH may qualify for an expanded function permit to administer local anesthetics, administer and monitor nitrous oxide, or to use laser to provide soft tissue therapy within the DH's scope of practice. Expanded functions are provided under direct supervision of a dentist. Chapter 5, Section 4 (c) A DH who administers local anesthesia or nitrous oxide anxiolysis must comply with all requirements of the board's regulations including current certification in administering basic life support for healthcare providers.
- ii) Chapter 3, Section 12 (b) (ii). To renew a dental or dental hygiene license, the professional must verify current certification in CPR.

Appendix B

APPENDIX B: Protocol for the Focus Groups



Development of a New Professional Practice Index for Dental Hygienists

Project Summary

In 2001, the New York Center for Health Workforce Studies (CHWS) received funding from the US Health Resources and Services Administration (HRSA) to study the state-to-state variation in scopes of practice for registered dental hygienists (DHs). As part of this effort, CHWS developed a numerically scaled scope-of-practice index, the Dental Hygiene Professional Practice Index (DHPPI), which included variables that best represented the practice environment for DHs in 2001. Researchers then conducted an extensive review of state law and regulation governing DHs in 2001 and rated each state on the instrument. Findings from this research were released in a 2004 report issued by HRSA, *The Professional Practice Environment of Dental Hygienists in the Fifty States and the District of Columbia, 2001*.⁶ A copy of the instrument used in this scoring is attached.

In 2014, CHWS was awarded a cooperative agreement from HRSA to establish an Oral Health Workforce Research Center (OHWRRC). One project conducted by the OHWRRC was a study of the state-specific differences in scope of practice for DHs in 2014, using the same variables as in the 2001 DHPPI. A report of this research is expected to be released shortly. State-specific findings from both studies are summarized in the attached table. However, much has changed for the dental hygiene profession in the decade since the DHPPI was first constructed, and the variables contained in the original DHPPI may not effectively reflect dental hygiene practice today.

In 2015, the OHWRRC received funding from HRSA to update and modify the DHPPI scale through an evaluation of existing variables and the addition of new variables that may better quantify DH practice in the current environment. Using an updated DHPPI, researchers will rescore state-specific DH practice based on 2015 laws and regulations.

As part of the process for constructing the new index, researchers plan to conduct a small number of focus groups and key informant interviews with DHs across the country to better understand dental hygiene practice today and the barriers and facilitators of safe and effective practice. DHs participating in a leadership development initiative led by the American Dental Hygienists' Association will be included in key informant interviews for this project.

Background

DHs are well positioned to support the transformation of health systems and population health improvement. DHs have the potential to bridge gaps in access to oral health services for underserved populations, particularly with expansions in DH scope of practice in many states. These expansions include a broader set of clinical tasks, general rather than direct supervision, and more practice settings in which services are permitted. In addition, education, training, and practice for DHs have evolved, expanding scope in some cases to include restoration and culminating in a hygiene-based mid-level oral health practitioner. Thus, the variables that comprise the 2001 index may not accurately characterize DH practice today.

The following are some questions designed to help us identify potential revisions to the scoring instrument variables that better reflect current conditions for dental hygiene practice:

1. How does the structure of regulatory boards impact the practice of dental hygiene? Is there movement toward an empowered regulatory committee for dental hygiene in your state?
2. Please identify any statutory or regulatory barriers that interfere with DH delivery of preventive oral health services in public health settings in your state.
3. How do requirements for dental supervision impact the services that are delivered by DHs in public health settings?
4. Please identify tasks or services that DHs should be allowed to provide in public health settings but which are currently restricted by regulation or law.
5. Do DHs work with dental assistants (DAs) in public health settings? If so, would allowing DHs to supervise DAs contribute to efficiency and/or capacity in public health settings?
6. Are DHs permitted to provide any basic restorative services in public health settings in your state, including, for instance, interim therapeutic restorations?
7. Are regulations governing mobile dental programs in your state impacting delivery of services in public health settings, especially in school-linked or school-based oral health programs?

8. Please discuss the need for and type of supervision by a dentist for the following services:
 - a. Scaling and root planing
 - b. Interim therapeutic restorations
 - c. Local anesthesia

9. How does the ability to be reimbursed directly for DH services impact care delivery in public health settings?

10. Are there regulations in your state Medicaid programs that impact the ability of the DH to provide services in public health settings (eg, preauthorization or requirements for a dental examination prior to service provision)?

Center Description

The Center for Health Workforce Studies (CHWS) at the School of Public Health, University at Albany, State University of New York (SUNY), was established in 1996. It is a not-for-profit research organization whose mission is to provide timely, accurate data and to conduct policy-relevant research about the health workforce. The Center's work helps health, professional, and educational organizations, policymakers and planners, and other stakeholders to understand issues related to the supply, demand, distribution, and use of health workers. In 2014, the Center was designated the Oral Health Workforce Research Center (OHWRC) under a cooperative agreement with the National Center for Health Workforce Analysis of the Health Resources and Services Administration (HRSA). Additional information about the Center can be found at <http://chws.albany.edu>.

REFERENCES

1. American Dental Hygienists' Association. *American Dental Hygienists' Association Policy Manual*. 2016. https://www.adha.org/resources-docs/7614_Policy_Manual.pdf. Accessed November 9, 2016.
2. Pickard RB, Ablah CR. Dental hygienists as providers in long-term care facilities. *Spec Care Dentist*. 2005;25(1):19-28.
3. Nash DA. Expanding dental hygiene to include dental therapy: improving access to care for children. *J Dent Hyg*. 2009;83(1):36-44.
4. Post JJ, Stoltenberg JL. Use of restorative procedures by allied dental health professionals in Minnesota. *J Am Dent Assoc*. 2014;145(10):1044-1050.
5. Maxey HL, Norwood CW, Liu Z. State policy environment and the dental safety net: a case study of professional practice environments' effects on dental service availability in Federally Qualified Health Centers [published online ahead of print April 1, 2016]. *J Public Health Dent*. doi:10.1111/jphd.12155.
6. Health Resources and Services Administration. *The Professional Practice Environment of Dental Hygienists in the Fifty States and the District of Columbia, 2001*. Rockville, MD; 2004. <http://bhpr.hrsa.gov/healthworkforce/reports/dentalhygiene50statesdc.pdf>.
7. Langelier M, Baker B, Continelli T, Moore J. *A Dental Hygiene Professional Practice Index by State, 2014*. Rensselaer, NY: Oral Health Workforce Research Center, Center for Health Workforce Studies, School of Public Health, SUNY Albany; March 2016.
8. Wanchek TN. *The Effect of Dental Hygiene Regulation on Access to Care*. Charlottesville, VA: Weldon Cooper Center for Public Service and Department of Public Health Sciences, University of Virginia; 2009.
9. Stange K. How does provider supply and regulation influence health care markets? Evidence from nurse practitioners and physician assistants. *J Health Econ*. 2014;33:1-27.
10. Kleiner MM, Park KW. *Battles Among Licensed Occupations: Analyzing Government Regulations on Labor Market Outcomes for Dentists and Hygienists*. Cambridge, MA: National Bureau of Economic Research; 2010.
11. Schottenfeld L, Petersen D, Peikes D, et al. *Creating Patient-Centered Team-Based Primary Care* [white paper]. Rockville, MD: Agency for Healthcare Research and Quality; 2016.
12. Mertz E, Glassman P. Alternative practice dental hygiene in California: past, present, and future. *J Calif Dent Assoc*. 2011;39(1):37-46.
13. Simmer-Beck M, Gadbury-Amyot CC, Ferris H, et al. Extending oral health care services to underserved children through a school-based collaboration: part 1: a descriptive overview. *J Dent Hyg*. 2011;85(3):181-192.

14. Minnesota Department of Health, Minnesota Board of Dentistry. *Early Impacts of Dental Therapists in Minnesota: Report to the Minnesota Legislature 2014*. St Paul, MN: Minnesota Department of Health and Minnesota Board of Dentistry; 2014.
15. Catlett AV, Greenlee R. A retrospective comparison of dental hygiene supervision changes from 2001 to 2011. *J Dent Hyg*. 2013;87(3):110-117.
16. ECP/workforce enhancement. Oral Health Kansas website. <http://www.oralhealthkansas.org/ECP.html>. Accessed November 9, 2016.
17. Simmer-Beck M, Walker M, Gadbury-Amyot C, Liu Y, Kelly P, Branson B. Effectiveness of an alternative dental workforce model on the oral health of low-income children in a school-based setting. *Am J Public Health*. 2015;105(9):1763-1769.
18. Battrell A. Looking at the past to see the future: the role of the dental hygienist in collaborating with dentists to expand and improve oral health care. *J Am Coll Dent*. 2012;79(1):29-32.
19. Olmsted JL, Rublee N, Kleber L, Zurkawski E. Independent analysis: efficacy of sealants used in a public health program. *J Dent Hyg*. 2015;89(2):86-90.
20. Olmsted JL, Rublee N, Zurkawski E, Kleber L. Public health dental hygiene: an option for improved quality of care and quality of life. *J Dent Hyg*. 2013;87(5):299-308.
21. Naughton DK. Expanding oral care opportunities: direct access care provided by dental hygienists in the United States. *J Evid Based Dent Pract*. 2014;14(suppl):171-182.e1.
22. Freed JR, Perry DA, Kushman JE. Aspects of quality of dental hygiene care in supervised and unsupervised practices. *J Public Health Dent*. 1997;57(2):68-75.
23. Post JJ, Stoltenberg JL. Use of restorative procedures by allied dental health professionals in Minnesota. *J Am Dent Assoc*. 2014;145(10):1044-1050.
24. McKinnon M, Luke G, Bresch J, Moss M, Valachovic RW. Emerging allied dental workforce models: considerations for academic dental institutions. *J Dent Educ*. 2007;71(11):1476-1491.
25. Darby ML. The Advanced Dental Hygiene Practitioner at the master's-degree level: is it necessary? *J Dent Hyg*. 2009;83(2):92-95.
26. Lyle DM, Malvitz DM, Nathe C. Processes and perspectives: the work of ADHA's Task Force on the Advanced Dental Hygiene Practitioner (ADHP). *J Dent Hyg*. 2009;83(1):45-47.
27. Bell KP, Coplen AE. Evaluating the impact of expanded practice dental hygienists in Oregon: an outcomes assessment. *J Dent Hyg*. 2015;89(1):17-25.
28. Blue CM, Lopez N. Towards building the oral health care workforce: who are the new dental therapists? *J Dent Educ*. 2011;75(1):36-45.

29. Phillips E, Gwozdek AE, Shaefer HL. Safety net care and midlevel dental practitioners: a case study of the portion of care that might be performed under various setting and scope-of-practice assumptions. *Am J Public Health*. 2015;105(9):1770-1776.
30. American Dental Hygienists' Association. *The Benefits of Dental Hygiene-Based Oral Health Provider Models*. 2016. https://www.adha.org/resources-docs/75112_Hygiene_Based_Workforce_Models.pdf. Accessed November 9, 2016.
31. Brocklehurst P, Mertz B, Jerković Ćosić K, Littlewood A, Tickle M. Direct access to midlevel dental providers: an evidence synthesis. *J Public Health Dent*. 2014;74(4):326-335.
32. Nash DA. Adding dental therapists to the health care team to improve access to oral health care for children. *Acad Pediatr*. 2009;9(6):446-451.
33. Freeman R, Lush C, MacGillveray S, Themessl-Huber M, Richards D. Dental therapists/hygienists working in remote-rural primary care: a structured review of effectiveness, efficiency, sustainability, acceptability and affordability. *Int Dent J*. 2013;63(2):103-112.

About the Authors



Margaret Langelier, MSHSA

Deputy Director, Oral Health Workforce Research Center

As deputy director of OHWRC, Ms. Langelier assists the Director in preparation of all research projects and reports and in the OHWRC's dissemination activities. Ms. Langelier has served as a program research specialist at the Center for Health Workforce Studies (CHWS) for 13 years, where she has been responsible for supervising staff and coordinating of all aspects of project workflow. During her tenure, Ms. Langelier has been lead staff or the principal investigator on numerous research projects about the allied health and oral health workforce.



Bridget Baker, MA

Investigator, Oral Health Workforce Research Center

As an investigator on the OHWRC research team, Ms. Baker specializes in the oral health workforce. She is involved in data analysis and dissemination, including evaluation of the current supply and demand of oral health professionals, oral health needs, as well as the delivery of and access to oral health services. Ms. Baker brings years of strategic planning, policy tool development, and research skills to OHWRC.



Tracey Continelli

Research Associate, Center for Health Workforce Studies

Ms. Continelli compiles literature reviews, builds data sets, performs statistical analysis, is a contributing author to research briefs and peer-reviewed articles, and presents at professional conferences. In addition to Ms. Continelli's position at CHWS, she is a tenured assistant research professor at the Sage Colleges in the School of Health Sciences. She has spent over 15 years in the health research field, and has extensive experience in data management and manipulation, and the advanced application of statistical techniques.



Center for Health Workforce Studies
School of Public Health | University at Albany, SUNY
1 University Place, Suite 220 | Rensselaer, NY 12144-3445