



A Dental Hygiene Professional Practice Index by State, 2014



Center for Health Workforce Studies
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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 rescore the Dental Hygiene Professional Practice Index (DHPPI) for dental hygienists that had been created by CHWS in 2004 for the Bureau of Health Workforce at the US Health Resources and Services Administration. The original DHPPI described states' scopes of practice for the dental hygiene profession in 2001.

This project examined statutes and regulations governing the practice of dental hygiene effective in 2014 by state and rescored each of the descriptive variables in the 2001 DHPPI to update the scale. One goal of the study was to describe progression in permissions for dental hygienists to practice in expanded settings and to provide services under appropriate levels of required supervision. Rescoring the 2001 variables based on law and regulation in 2014 permitted comparisons of progressions in dental hygiene practice environments over the recent decade.

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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 research center with a 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.

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BACKGROUND

State-based laws and regulations define legal scopes of practice for health professionals who practice in the state. Profession-specific scope of practice laws generally describe the health services that can be legally offered by the health professional (including controlled acts) and the circumstances under which these services may be provided (the context for professional practice). The structure and content of state-specific health professions regulation has significant impact on the delivery of health care services in a state. This is particularly important given health reform initiatives that are designed to improve population health outcomes through the provision of high-quality, cost-effective, and accessible health services. Efforts to recognize new professions or modify scopes of practice for existing health professions usually require enactment of or amendment to state law.

This study is a comparative analysis of the scope of practice for dental hygienists in all states and the District of Columbia in 2014. The Center for Health Workforce Studies (CHWS) at the University at Albany, School of Public Health, developed a numerical scope of practice index for the dental hygiene profession called the 2001 Dental Hygiene Professional Practice Index (DHPPI) under a contract with the the National Center for Health Workforce Analysis at the Health Resources and Services Administration (HRSA).¹

The index quantified selected statutory and regulatory requirements and legally allowed tasks governing dental hygiene practice in each of the 50 states and the District of Columbia. The scores developed for the state indices were based on laws and regulations effective in 2001 that were thought to contribute to safe and efficient practice while also enabling access to oral health services in public health settings where traditionally underserved populations might seek care.

Scope of practice for dental hygienists has evolved since 2001 to the extent that the original scores on the DHPPI no longer accurately reflect legal practice for dental hygienists in many states. The current study, which was funded under a cooperative agreement with the National Center for Health Workforce Analysis at the Bureau of Health Workforce, updated the DHPPI scales to reflect the legal scope of practice for dental hygienists in 2014.

The uniform scoring instrument used to build the original DHPPI was composed of individual variables, each of which was grouped under 1 of 4 umbrella categories. These categories were the legal and regulatory environment for practice, the requirements for supervision by a dentist in particular settings, the tasks permitted under various levels of supervision, and reimbursement for services. The instrument used in the scoring of the 2001 DHPPI was also used for the 2014 update.

The DHPPI instrument comprises an enumerated list of variables each with a designated numerical score valued at between 0 and 10. The value attributed to each variable is based on an evaluation of its relative impact on access to oral health services and the resulting ability of the dental hygienist to safely provide oral health services in an appropriately autonomous manner. The optimal total DHPPI score of 100 is intended to represent a professional practice environment that enables best use of dental hygiene competencies.

The rescoring of the DHPPI was achieved through rigorous review by 2 independent researchers of state-specific statutes and regulations for the dental hygiene profession effective in 2014. When differences in researchers' interpretations of laws or regulations were noted, other sources of information were consulted to achieve consensus on a final score. The primary sources of information, however, were the current statutes and regulations governing the dental hygiene profession in states.

KEY FINDINGS

When the 2014 update was completed, the 2001 and 2014 scores were compared using descriptive analyses to identify change over time. In addition, factor analyses and multilevel statistical modeling were used to evaluate the validity of the indices and to understand the impact of dental hygiene scope of practice on oral health outcomes in each state.

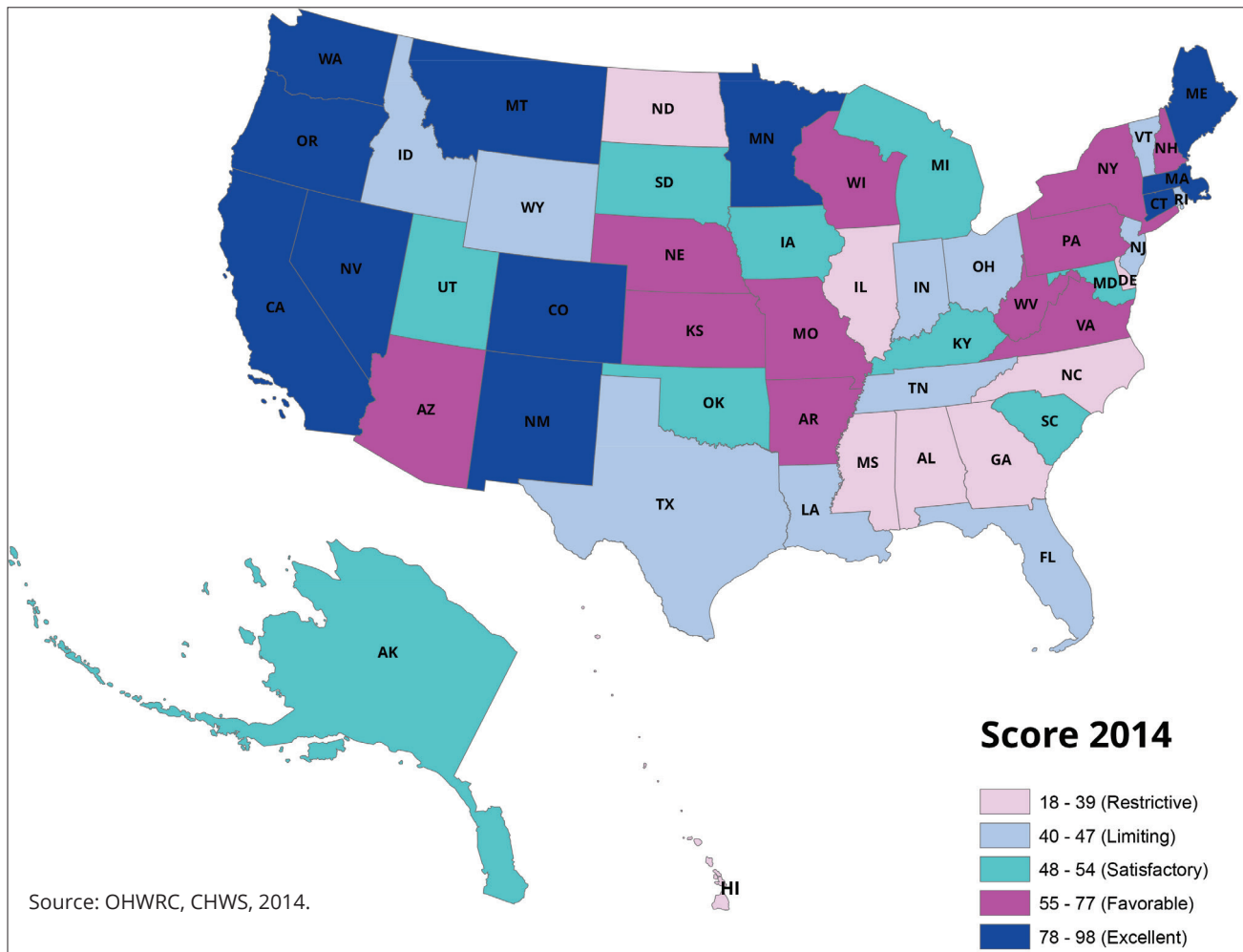
A review of the similarities and differences across states in the DHPPI scores for dental hygienists between the 2001 and 2014 DHPPIs indicates that:

- Scope of practice for dental hygienists broadened in many states between 2001 and 2014 but remained relatively unchanged in others.
- High-scoring states in 2001 continued to be high scoring in 2014.
- Some states made noticeable rather than incremental advances in dental hygiene scope of practice between 2001 and 2014.
- A few states lost ground in comparative ranking with other states between 2001 and 2014.
- Several lower-scoring states in 2001 showed little change in dental hygiene scope of practice in 2014.

States in which very little change occurred included some with broad scopes of practice for dental hygienists in 2001 and also those with very restrictive scopes. Washington State was among the highest-scoring states on the index in 2001, so there was little opportunity for a major change in score in 2014. West Virginia is an example of a state with a low ranking in 2001 that appreciably changed the scope of dental hygiene practice in recent years.

In 2001 states were ranked on a rating scale that ranged from excellent to restrictive based on their total score on the DHPPI. States were rated on the same scale in 2014. The rating was intended to compare the practice environment for dental hygienists and their ability to perform dental hygiene functions in public health settings across states. The following map (Figure 1) shows the 2014 rankings.

Figure 1. Comparative Ranking of States' DHPPI Scores, 2014



Statistical analyses of the 2001 and 2014 DHPPI scores were completed to demonstrate that the variable categories in the DHPPI (regulatory, supervision, tasks, and reimbursement) taken as a whole constituted a valid instrument for measuring scope of practice. The statistical tests selected to validate this hypothesis were exploratory and confirmatory factor analyses.

Once the factor analyses showed that the components of the instrument were valid measures of scope of practice, multilevel logistic modeling was completed to understand the impact of a variety of contextual factors on oral health outcomes in a state. One of the key factors included in the multilevel model was the DHPPI for each state. The multilevel modeling and the factor analyses testing were completed for both the 2001 and 2014 DHPPI scores.

Multilevel modeling techniques allow for accurate testing of the primary research hypothesis, namely, that the state-level professional scope of practice (DHPPI) for dental hygienists exerts a positive and significant effect on the oral health of the adult population nested within those states, adjusting for the

nested structure. This technique permits the simultaneous analysis of 2 different units of analysis, such as states and individuals that are linked to one another. It also allows for analysis of the causal impact of the larger unit (states) on the smaller unit (individuals) in the appropriate statistical context.

A total of 10 multilevel modeling equations, including the composite scope of practice score, and each of the constituent parts for 2001 and 2014 were run separately. Reliability estimates remained high in all models (over 90%), and the chi-square values for each of the 10 models were highly statistically significant, indicating an excellent model fit.

In the multilevel modeling equations using the composite DHPPI scores, scope of practice exerted a positive and significant effect on oral health outcomes, holding constant all other relevant state-level and individual-level factors. The effect was stronger in the 2001 models than in the 2014 models, but both were significant. The composite DHPPI score in 2001 exhibited the strongest state level effect. Moreover, the rates of dentists and dental hygienists were both positive and significant in the 2001 models, although not in the 2014 models. The effect was stronger for dental hygienists than for dentists in 2001.

A separate analysis of each of the DHPPI component categories that held all other variables constant found that:

- The regulatory environment was not statistically significant in 2001 but was statistically significant in 2014 ($p=.026$).
- The supervision component exerted a positive and statistically significant effect in 2001 ($p\text{-value} < .001$) but not in 2014 ($p\text{-value}= .392$). Supervision exerted the strongest state level effect in the 2001 analysis.
- The tasks component was statistically significant in 2001 ($p = .004$) but not in 2014 ($p = .299$). Tasks exerted the strongest state level effect in the 2001 analysis.
- Reimbursement was significant in both 2001 ($p\text{-value} = .008$) and in 2014 ($p\text{-value} = .002$). Reimbursement exerted the strongest state level effect in 2014.

The patterning of overall results indicates that the scope of practice of dental hygienists exerts a positive and significant effect on oral health outcomes, holding constant all other relevant factors. The effects were stronger in 2001 than in 2014.

LIMITATIONS

Measures of population oral health are limited, so the extent of the impact of dental hygiene interventions on outcomes is not ascertainable. The Behavioral Risk Factor Surveillance System (BRFSS), which provides the most current oral health surveillance data, reduced the number of oral health questions fielded to patients between 2001 and 2014. In 2002 data were collected from survey participants about dental hygiene visits, but questions about these visits have subsequently been eliminated. Therefore, it is no longer possible to evaluate the direct impact of dental hygiene services on oral health outcomes.

DISCUSSION

The areas of health promotion, risk assessment, and disease prevention are considered core competencies for dental hygienists, who function as preventive oral health specialists. The findings of this research suggest that dental hygienists play an important role in the prevention of dental decay and disease.

Expanding dental hygienists' legal scope of practice appears to have a significant impact on the oral health of the US population. The multilevel logistic modeling analysis demonstrated that scope of practice exerts an influence on oral health outcomes. Dental hygienists are often the first point of contact, providing evaluation and assessment of patients' oral health status, oral health education and preventive care, and referral to dental providers for necessary treatment services. Permitting dental hygienists to work to the full extent of their professional competency facilitates access to services, especially for underserved populations.

The statistical analyses performed with the 2001 and 2014 scores demonstrated that the factors in the DHPPI scale are valid measures of the concept of scope of practice. Observation of the changes in scope of practice for dental hygienists over recent years suggests increasing standardization in the regulation of dental hygiene practice across states. More states now allow practice in public health settings under lower levels of supervision, and many allow dental hygienists with additional training to administer anesthesia.

Team-based care delivery models are emerging in dentistry, particularly in safety net provider organizations, as a means for efficiently and safely meeting demand for services with limited resources. This concept is changing the traditional hierarchical model for delivering oral health services in which the dentist directs and supervises auxiliaries to one in which each oral health professional contributes to care using his or her range of professional competencies and skills. Scope of practice regulations that enable use of an array of skills can support innovation while still protecting patient safety and ensuring quality of care.

CONCLUSIONS

One important conclusion from the review of statutes and regulations governing dental hygiene practice in states in 2014 was that the DHPPI scoring instrument may no longer accurately assess the ideal practice environment for dental hygienists. The scale was developed in 2001, based on the premise that lower levels of required supervision would increase access to preventive oral health services. Although this continues to be true, other factors now impact dental hygiene practice.

The DHPPI scoring update revealed that the ideal practice environment envisioned in 2001 has nearly been achieved in some states but that dental hygiene practice has moved beyond boundaries that were recognized in 2001. Legislative change impacting dental hygiene practice over recent years has focused heavily on decreasing dental oversight of preventive services in the community. However, there is a new emphasis on enabling team-based service delivery, especially in public and community health settings, and on expansion of tasks permitted to appropriately trained dental auxiliaries. A new scale would better reflect the evolution in practice for dental hygienists because it would include the move to higher-level practice models built on basic dental hygiene competencies. Some of the critical elements in a new DHPPI scale might be:

- The ability for a dental hygienist to supervise a dental assistant, especially for services that require 4-handed dentistry techniques (eg, dental sealants),
- Allowances for the provision of basic restorative services that benefit from dental supervision and consultation, and
- The ability to provide local anesthesia for certain periodontal procedures without direct supervision.

As a result of these observations, OHWRC plans to create a new DHPPI instrument during the next year that will better capture the forward direction of dental hygiene practice across states.

Technical Report



BACKGROUND

State-based laws and regulations define legal scopes of practice for health professionals who practice in the state. Profession-specific scope of practice laws generally describe the health services that can be legally offered by the health professional (including controlled acts) and the circumstances under which these services may be provided (the context for professional practice). The structure and content of state-specific health professions regulation has significant impact on the delivery of health care services in a state. This is particularly important given health reform initiatives that are designed to improve population health outcomes through the provision of high-quality, cost-effective, and accessible health services. Efforts to recognize new professions or modify scopes of practice for existing health professions usually require enactment of or amendment to state law.

The federal government has no constitutional authority to regulate health professions; thus, regulation of professional practice is vested with individual states. Conditions for legal practice are itemized in statutes that also describe the regulatory authorities charged with governing each profession. Regulatory boards are primarily established to act as disciplinary agents for a profession. Designated regulatory bodies also determine the legal parameters for entry to a health profession, develop the criteria to qualify for delivery of particular health services, and define the requirements for safe and effective practice. In most states, boards of dentistry or boards of dental examiners are the regulatory authorities governing the dental hygiene profession. However, in several states dental hygiene committees of those boards now play active roles in professional governance.

Regulation of health professions is common across the United States. Health care and education workers are the most licensed professions nationally. More than 80% of health care professionals report holding a license, and more than 60% of health care support workers in the United States have licenses issued by state regulatory boards or licensing agencies.²

Project Description

This study is a comparative analysis of the scope of practice for dental hygienists in all states and the District of Columbia in 2014. The Center for Health Workforce Studies (CHWS) at the University at Albany, School of Public Health, previously created a numerical scope of practice index for the dental hygiene profession called the Dental Hygiene Professional Practice Index (DHPPI) under a contract with the National Center for Health Workforce Analysis at the Health Resources and Services Administration (HRSA).¹

The index quantified selected statutory and regulatory requirements governing dental hygiene practice in each of the 50 states and the District of Columbia. The scores developed for the state indices were based on laws and regulations effective in 2001 that were thought to contribute to safe and efficient practice while also enabling access to oral health services in public health settings where traditionally underserved populations might seek care.

The uniform scoring instrument used to build the original DHPPI was composed of individual variables, each of which was grouped under 1 of 4 umbrella categories. These categories were the legal and regulatory environment for practice, the requirements for supervision by a dentist in particular settings, the tasks permitted under various levels of supervision, and reimbursement for services (see the scoring instrument in Appendix A of this report). Each of the variables in these categories received an individual score. These scores were totaled to achieve a composite score for each state.

The resulting composite scale, the DHPPI, offered a comparative tool to index differences in scope of practice for dental hygienists by jurisdiction and to benchmark practice for dental hygienists across states. In addition, the DHPPI provided a useful metric for quantitative research to ascertain the impact of dental hygiene practice on oral health outcomes and to describe economic efficiencies accruing from expanded practice opportunities for dental hygienists.^{3,4,5}

Scope of practice for dental hygienists has evolved since 2001 to the extent that the original DHPPI no longer accurately reflects legal practice for dental hygienists in many states. The current study, which was funded under a cooperative agreement with the National Center for Health Workforce Analysis Bureau of Health Workforce at HRSA, updated the DHPPI scales to reflect the legal scope of practice for dental hygienists in 2014.

Interest in the Scope of Practice for Dental Hygienists

Lack of access to oral health services for underserved populations is a significant concern across the United States. There is increasing interest in the potential for dental hygienists to enhance access to oral health services and to contribute to improved oral health outcomes in the population. States' workforce strategies to increase oral health access take a variety of approaches and include:

- Expanding the scope of practice for existing oral health professionals, especially dental hygienists, to better enable service delivery in public settings
- Implementing regulations that enable medical professionals to provide oral health screening and referral services
- Enabling innovative oral health workforce models, some of which require licensure in dental hygiene (eg, dental hygiene therapy) as a basic qualification

The potential for dental hygienists to offer new points of entry to oral health services and to positively impact the oral health of the underserved is increasing efforts among oral health providers, patient advocates, policymakers, and regulators to expand opportunities for the profession. Legislative or regulatory change in many states has enabled dental hygienists to offer educational, preventive, and prophylactic oral health services in public settings where patients at risk for poor oral health outcomes are commonly found, including schools, community dental clinics, and nursing homes.

Prevailing concerns about both the sufficiency and the distribution of the current oral health workforce, especially dentists, are also driving interest in the potential impact of expanding scope of practice for dental hygienists on access to services. The supply of dentists is growing proportionately more slowly than the population, while coincidentally, the supply of dental hygienists has increased substantially. Some states currently report an oversupply of dental hygienists. According to a recent report from HRSA, the supply of dentists is expected to grow approximately 6% between 2012 and 2025, whereas growth in demand will increase 10% over the same period.⁶ In contrast, HRSA estimates that the supply of dental hygienists is expected to grow 28%, whereas growth in demand will increase only 10% over the same period. These figures suggest potential excess capacity that might be engaged to improve population oral health.

An associated problem that affects access to services is the geographic distribution of dental practices. The location of private practices is important because most oral health services in the United States are supplied in private dental practices.⁷ Private-practice dentists are mainly located in metropolitan areas, resulting in geographic disparities in access to services.⁸ Although there is a robust safety net for oral health services in many underserved areas, capacity and resources among safety net providers are limited. Need in the population served by the safety net often exceeds the ability of safety net providers to meet demand for dental care in a geographic area.⁵

Creating new practice opportunities for dental hygienists to work remotely from private-practice locations and public health clinics is a strategy to increase access to services in communities where dentists are unavailable or in limited supply. As a result of these concerns, there has been increased attention to the impact of scope of practice requirements for dental hygienists and the enabling or inhibiting impacts of regulation on oral health service availability.

The Impact of Scope of Practice on Delivery of Oral Health Services

Scope of practice parameters in a state affect the ability of a dental hygienist to provide services to underserved populations in the safety net. Dental hygiene services tend to be more portable than dental treatment services. Using dental hygienists to provide preventive and prophylactic services in community settings is a strategy to engage patients, particularly those without a preexisting dental home, to receive oral health services.

The low level of oral health literacy in the population is widely acknowledged to be a primary barrier to improved oral health outcomes. Dental hygienists are skilled at oral health education and have the potential to increase patients' knowledge of the importance of daily oral hygiene and improved nutrition, to educate about the need for routine prophylaxis to reduce the likelihood of dental disease, and to connect patients to needed dental services.

There are a variety of ways in which law and regulation hinder or enable the practice of dental hygiene. For example, state-specific regulatory stipulations may limit the dental hygienist to only treating patients of record of a supervising dentist or require that a patient be seen by a dentist prior to initiation of any preventive services. Lack of direct access to dentists is a recognized problem for many underserved populations, so the requirement for a prior dental visit imposes a barrier to receiving preventive services.

Regulations may also limit the types of services that can be offered under general supervision in public health settings to oral health education or fluoride varnish applications, requiring patients to seek more extensive prophylactic services in traditional settings. For many patients, access to private-practice providers is problematic, so this requirement may represent a missed opportunity to provide care in the community. In several states, dental hygienists, with the prescribed training and experience, are permitted to provide a range of prophylactic services for patients with no dentist of record under public health supervision in public health settings. In some states, permission for these dental hygienists extends to interim therapeutic restorations of teeth that involve applying special sealants to an emerging area of decay to forestall further deterioration of a tooth.

The state-to-state variation in allowable tasks and the differences in required levels of supervision may be incompatible with standardized preparation for professional practice. Dental hygienists are trained in relatively uniform curriculums in nationally accredited programs. As a result, preparation of entry-level dental hygienists for clinical practice is mostly consistent across the United States. In addition, dental hygienists must pass national and regional board examinations to prove competency before individual states will approve the dental hygienist for licensing. State-based regulatory constraints for dental hygienists may impede access to care as much as the economic and logistical barriers that are known to prevent some patients from obtaining oral health services.

Reaching traditionally underserved populations is a challenge for many reasons. Vulnerable populations include children and the elderly who are dependent on others for transportation to care, people with special needs who might require care from professionals with specific training in the care of the disabled, and people from lower socioeconomic groups or those without dental insurance who do not have the financial resources to afford the cost of care. Restrictive practice environments may further limit the services that can be safely and appropriately provided to these patients.

METHODS

Assumptions Related to the Construction of the DHPPI

The original DHPPI compiled features of scope of practice for dental hygienists in each state that were thought to contribute to an ideal practice environment for the provision of dental hygiene services in 2001. This index was constructed with the input and review of a variety of oral health stakeholders, including a project advisory committee, and after significant research to include and validate factors that would contribute to optimal access to dental hygiene services at that time. The original index was based on the following standards related to the provision of oral health services:

- Practice that ensures patient safety is a primary goal;
- Timely and appropriate oral health care services should be available to patients;
- Legal parameters for practice should suitably enable professionals to provide services; and
- Safe practice should be facilitated rather than discouraged by regulation.¹

The construction of the 2001 index was also guided by particular beliefs about dental hygiene professional practice. These same principles continue to apply to dental hygiene practice in 2014.¹

- Dental hygiene professionals must be legally empowered to perform their work.
- The tasks permitted to dental hygienists must be within their professional education and training and scope of competency.
- Dental hygiene professionals must be allowed to work under circumstances that provide some autonomy within their scope of practice.
- Dental hygiene professionals must be paid for the services they provide.¹

Several rules, many of which also applied in 2001, guided the rescoring of the index in 2014, including the following:

- Only legislation and incumbent regulations effective by December 31, 2014, were considered when calculating a score. Statutory changes for which regulations were not yet promulgated by the end of 2014 were not included in the scoring. When possible, pending changes in scope were noted in the relevant footnotes on the individual state instrument (see Appendix A).

- The legal stipulations for practice in a state were the basis for scoring the index. The authors acknowledge that the actual practice of dental hygiene in a state might differ at times from what is legally enabled. For example, a dentist may be unwilling to delegate tasks such as the administration of local anesthesia even when it is allowed to a properly prepared dental hygienist in law and regulation. When legal and actual practices vary, actual practice is generally more restrictive than what is legally enabled.
- The highest allowable permissions available in a state were scored even when they applied only to a special class or a limited number of dental hygienists. For instance, in Virginia there are a small number of public health dental hygienists working in state-funded positions. The characteristics of public health practice in Virginia were scored because this represented the broadest opportunities to expand access to services for certain populations.
- State scores represent a composite of practice opportunities available to dental hygienists, not all of which are necessarily available under one type of practice. In states with multiple models of practice, the index score represents features of each. As an example, Maine enables different types of dental hygiene practice, including dental hygiene therapy, independent practice, and public health dental hygiene, each of which has diverse criteria and characteristics. The DHPPI score for Maine represents a composite of these practice models. In Maine, independent practice offers the highest level of supervision available in the state (a value of 4), so that was scored on the index even though it is only available to a small group of professionals. Dental hygiene therapy includes basic restorative services, so the ability to place amalgam was scored even though it is restricted to professionals who qualify for this practice.
- Scoring was generally explicit, meaning that the condition for practice or the allowable task was clearly stipulated or enumerated in law or regulation. However, in certain, very limited circumstances scoring was implicit. If, for instance, regulation permitted practice in any setting or in all public health settings but did not explicitly describe the meaning of public health settings in either definitions or articles of law, the index was scored by implication to reflect legislative intent. When questions arose about that intent, further research was conducted to objectively corroborate the subjective conclusions of the researchers. Independent resources were consulted to validate the scoring.

The Structure of the DHPPI Scoring Instrument

The DHPPI comprises an enumerated list of variables each with a designated numerical score valued between 0 and 10. The value attributed to a variable is based on an evaluation of the relative impact of the variable on access to oral health services and the resulting ability of the dental hygienist to safely provide oral health services in an appropriately autonomous manner. The optimal total score of 100 is intended to represent a professional practice environment that enables best use of dental hygiene competencies.

Higher scores on the DHPPI are associated with permissions in a state to perform broader sets of tasks, more autonomy (ie, less direct dental oversight) when providing certain services, and greater opportunities for direct reimbursement from state Medicaid programs and/or commercial insurers. Each of the variables in the index is grouped with others under 1 of 4 categories:

- **Legal and regulatory environment: Total Category Score – 10 points**
Variables scored under legal and regulatory environment include governance of the profession, the composition of state regulatory boards, allowance for licensure by credential or endorsement, whether scope of practice is clearly defined in statute or regulation, and whether the dental hygienist is restricted to patient of record of the employing dentist.
- **Supervision by practice setting: Total Category Score – 47 points**
Variables scored under the supervision category include direct, general, collaborative, or unsupervised practice in private-practice dental offices and in public health settings, including long-term care facilities, schools, federally qualified health centers and community dental clinics, correctional facilities, mental health facilities, and home settings.
- **Tasks permitted under varying levels of supervision: Total Category Score – 28 points**
Variables scored under the task category include several preventive services not requiring the physical presence of a dentist, administering local anesthesia or nitrous oxide, performing initial oral assessments, the ability to supervise a dental assistant, the opportunity to qualify to provide expanded functions, and so on.
- **Reimbursement: Total Category Score – 15 points**
Variables scored under the reimbursement category include whether the dental hygienist may directly bill Medicaid or commercial insurance for services provided to patients.

Each variable within a category was scored, and then all variable scores in the component category were summed. At completion of scoring, a composite score was calculated for each state from the sum of the 4 component scores.

The DHPPI is described in detail in the 2001 report .¹ That report describes the original construction of the index, the rationale for selection of the variables that constitute the index, and the variation across states in practice environments for dental hygienists in 2001.

Methodology for the 2014 DHPPI

The rescoring of the 2001 DHPPI instrument was achieved through the rigorous review of state-specific statutes and regulations for the dental hygiene profession effective in 2014 by 2 independent researchers. When differences in the researchers' interpretation of laws or regulations were noted, other sources of information were consulted to achieve consensus on a final score. Corroborating sources included the American Dental Hygienists' Association's dental hygiene practice overview documents and various other resources of the association that itemize provisions for dental hygiene practice by state⁹ and the American Dental Association's periodic surveys of legal provisions in states.¹⁰ However, the primary sources of information about each state were current statutes and regulations governing the dental hygiene profession.

When the 2014 update was completed, the 2001 and 2014 scores were compared using descriptive analyses to identify change over time. In addition, factor analyses and multilevel statistical modeling were used to evaluate the validity of the indices and to understand the impact of dental hygiene scope of practice on oral health outcomes by state.

FINDINGS

Observed Findings From the Update

A review of the similarities and differences in the DHPPI scores for dental hygienists between the 2001 and 2014 DHPPIs found that:

- Scope of practice for dental hygienists broadened in many states between 2001 and 2014 but remains relatively unchanged in others.
- High-scoring states in 2001 continued to be high scoring in 2014.
- Some states made noticeable rather than incremental advances in dental hygiene scope of practice between 2001 and 2014.
- A few states lost ground between 2001 and 2014 in the comparative/relative rankings to other states.
- Several lower-scoring states in 2001 showed little change in dental hygiene scope of practice in 2014.

Table 1. DHPPI Composite and Component Scores by State, 2001 and 2014

State	Total		Component Scores								Change
	Composite Score		Regulation		Supervision		Tasks		Reimbursement		in Score
	2001	2014	2001	2014	2001	2014	2001	2014	2001	2014	2014-2001
Alabama	18	18	6	6	12	12	0	0	0	0	0
Alaska	35	54	9	7	12	33	14	14	0	0	19
Arizona	45	75	6	8	21	34	18	18	0	15	30
Arkansas	27	60	6	6	5	36	16	18	0	0	33
California	86	95	8	10	37	44	26	26	15	15	9
Colorado	97	97	9	9	47	47	26	26	15	15	0
Connecticut	75	83	9	9	33	39	18	20	15	15	8
Delaware	32	36	8	8	16	16	8	12	0	0	4
District of Columbia	32	41	6	6	16	17	10	18	0	0	9
Florida	33	41	6	6	21	21	6	14	0	0	8
Georgia	23	24	8	8	9	13	6	3	0	0	1
Hawaii	32	39	5	7	11	16	16	16	0	0	7
Idaho	45	45	7	7	18	18	20	20	0	0	0
Illinois	36	39	7	7	11	16	18	16	0	0	3
Indiana	37	42	8	8	19	20	10	14	0	0	5
Iowa	36	51	8	8	10	23	18	20	0	0	15
Kansas	39	63	7	7	14	36	18	20	0	0	24
Kentucky	18	53	6	6	8	29	4	18	0	0	35
Louisiana	41	40	8	6	15	16	18	18	0	0	-1
Maine	56	98	8	10	30	47	18	26	0	15	42
Maryland	36	49	10	10	16	21	10	18	0	0	13
Massachusetts	34	82	6	9	16	36	12	22	0	15	48
Michigan	35	54	7	7	18	19	10	18	0	10	19
Minnesota	64	85	8	8	36	38	20	24	0	15	21
Mississippi	15	18	6	8	7	6	2	4	0	0	3
Missouri	74	74	8	10	29	27	22	22	15	15	0
Montana	41	89	9	10	16	44	16	20	0	15	48
Nebraska	44	77	7	10	21	36	16	16	0	15	33
Nevada	65	78	9	10	36	38	20	20	0	10	13
New Hampshire	39	69	9	10	16	37	14	22	0	0	30
New Jersey	37	40	6	6	15	16	16	18	0	0	3
New Mexico	86	87	10	10	37	38	24	24	15	15	1
New York	50	57	9	9	23	30	18	18	0	0	7
North Carolina	29	33	6	6	9	13	14	14	0	0	4
North Dakota	32	36	6	6	16	16	10	14	0	0	4
Ohio	38	43	6	7	16	16	16	20	0	0	5
Oklahoma	31	49	6	8	7	21	18	20	0	0	18
Oregon	88	96	10	10	41	45	22	26	15	15	8
Pennsylvania	42	71	8	7	18	44	16	20	0	0	29
Rhode Island	33	40	7	7	16	17	10	16	0	0	7
South Carolina	45	51	8	6	21	29	16	16	0	0	6
South Dakota	42	53	6	6	16	29	20	18	0	0	11
Tennessee	39	43	7	7	14	16	18	20	0	0	4
Texas	41	42	8	8	23	24	10	10	0	0	1
Utah	53	48	7	7	21	21	20	20	5	0	-5
Vermont	39	47	9	7	16	22	14	18	0	0	8
Virginia	17	68	7	9	8	35	2	24	0	0	51
Washington	96	94	10	10	45	45	26	24	15	15	-2
West Virginia	10	70	6	8	2	44	2	18	0	0	60
Wisconsin	44	58	7	9	21	21	16	18	0	10	14
Wyoming	34	42	4	6	14	16	16	20	0	0	8

Source: OHWRC, CHWS, 2015.

Change in Dental Hygiene Scope of Practice between 2001 and 2014

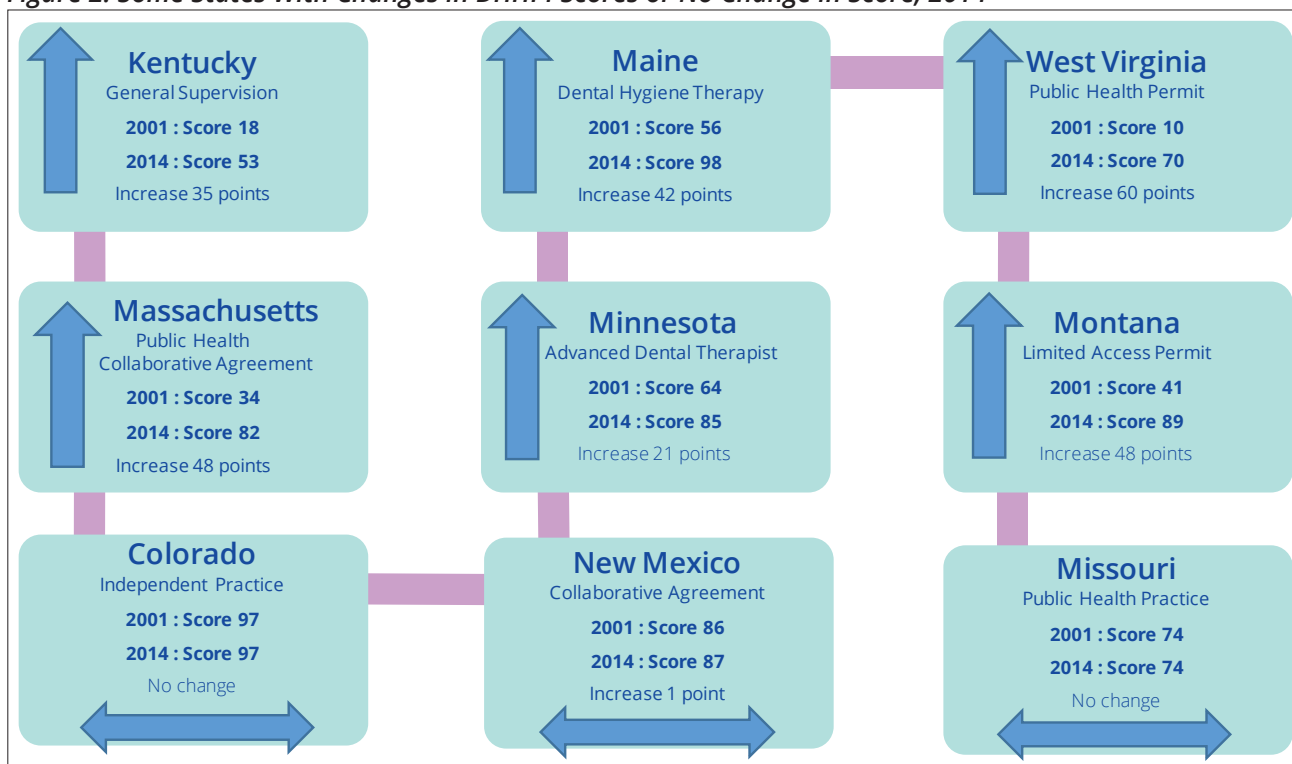
Noticeable change in scope of practice occurred in states that implemented new dental hygiene practice models that build on the foundational competencies, skills, and functions of dental hygienists. Some examples of these models include dental hygiene therapy in Maine, public health dental hygiene and collaborative practice in Massachusetts, and advanced dental therapy in Minnesota.

Expanded or advanced practice status in states usually requires prior professional experience and/or advanced education and competency testing. Professionals functioning in expanded roles are generally allowed to offer a broader range of services and/or to work under lower levels of required supervision than dental hygienists working in basic or entry-level practice.

Public health supervision is a common strategy used by states to allow for expanded practice, but the meaning of and conditions for practice under public health supervision vary widely across states. The list of tasks allowed in public health settings varies by state, with some states permitting only oral health education and fluoride varnish services and some permitting a full complement of preventive and prophylactic services. Many of the expanded functions in states are related to the administration of local and/or nitrous oxide anesthesia/analgesia and to the provision of basic restorative services, including interim therapeutic/atraumatic tooth restorations.

Figure 2 provides some examples of score changes in 6 states between 2001 and 2014 and describes the highest level of dental hygiene practice in those states. It also shows that there were some states in which there was no change in scope of practice for dental hygienists over the period. The states in which this happened were generally among the higher-scoring states in 2001.

Figure 2. Some States With Changes in DHPPI Scores or No Change in Score, 2014

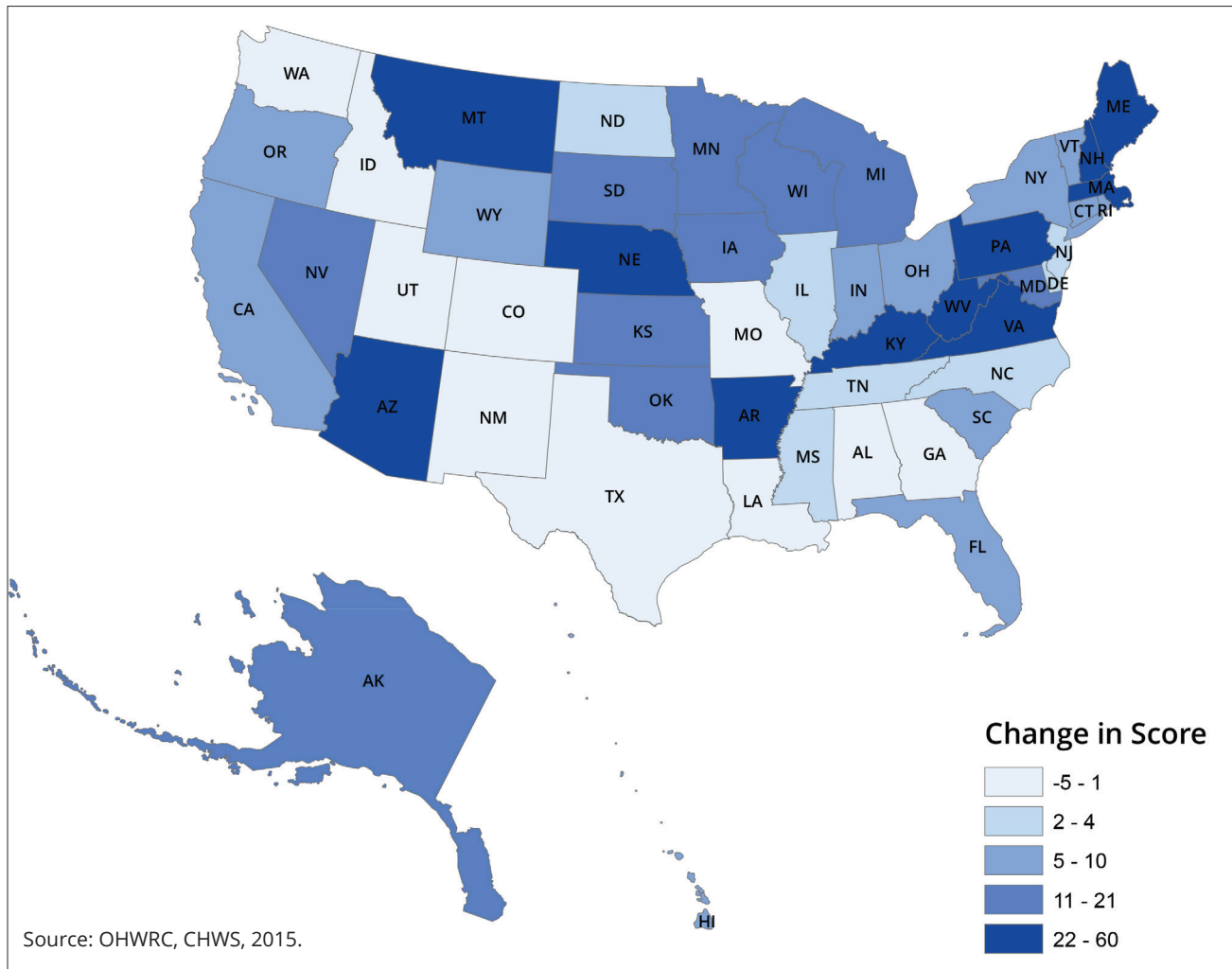


Source: OHWRC, CHWS, 2015.

Table 1 includes a change score for the DHPPI in each state that was computed by subtracting the 2001 DHPPI composite score from the 2014 DHPPI composite score. There were negative change scores in 3 states— Louisiana, Utah, and Washington—because a review of current regulation failed to confirm that 1 or more conditions for practice that existed in 2001 still existed in 2014. In Utah, for instance, a score for reimbursement was awarded in 2001, but the enabling regulation had subsequently changed and researchers were unable to establish that direct reimbursement from commercial insurers was still available for dental hygienists in the state. A similar problem arose with ascertaining whether a dental hygienist was permitted to supervise a dental assistant in Washington State, which was allowed in 2001.

Figure 3 shows the range of change scores by state. States in which very little change occurred included some with broad scopes of practice for dental hygienists in 2001 and also those with very restrictive scopes. Washington State was among the highest-scoring states on the index in 2001, so there was little opportunity for a major change in score in 2014. West Virginia had a low ranking in 2001 and appreciably changed its scope of dental hygiene practice in recent years.

Figure 3. Map of Absolute Change in DHPPI Score by State, 2001 and 2014



Rankings of States

In 2001 the states and the District of Columbia were ranked on a rating scale in groupings that ranged from excellent to restrictive based on total state score on the DHPPI. Scores in 2001 ranged from 10 to 97 out of 100 points. These groupings were intended to describe the practice environment for dental hygienists based on their ability to perform standard dental hygiene functions in public health settings. The 5 grouping categories in 2001 and the number of states in each were:

- | | | |
|----------------|-------------|-----------------------------------|
| ● Excellent | (5 states) | Composite score between 76 and 97 |
| ● Favorable | (7 states) | Composite score between 46 and 75 |
| ● Satisfactory | (10 states) | Composite score between 40 and 45 |
| ● Limiting | (21 states) | Composite score between 31 and 39 |
| ● Restrictive | (8 states) | Composite score between 10 and 30 |

States were ranked on the same scale in 2014 to allow comparisons with 2001. Composite scores in 2014 ranged from 18 to 98 out of 100 possible points:

● Excellent	(11 states)	Composite score between 78 and 98
● Favorable	(11 states)	Composite score between 57 and 77
● Satisfactory	(9 states)	Composite score between 48 and 56
● Limiting	(12 states)	Composite score between 40 and 47
● Restrictive	(8 states)	Composite score between 18 and 39

There was an observable increase in the number of states with an excellent or favorable ranking between 2001 and 2014 and an increase in the number of states with a satisfactory ranking. Some states increased their ranking in 2014, whereas others moved lower despite having an increase in their DHPPI composite score.

For example, Montana moved from a satisfactory ranking in 2001 to an excellent ranking in 2014 by allowing limited access permits that enable dental hygienists to provide preventive services in public health settings without prior authorization or presence of a dentist and allowing for direct reimbursement. Texas had a positive change in DHPPI composite score, but still moved from a satisfactory ranking in 2001 to a limiting ranking in 2014 because of greater relative expansion of dental hygiene scope of practice in other states during the time period.

There appear to be some geographic similarities in DHPPI rankings. Southern states generally ranked low in 2001 and 2014. States in the West and the Northeast generally exhibited excellent or favorable practice environments for dental hygienists. Figure 1 (page 6) shows the relative rankings of the DHPPI in states.

Table 2 shows the comparative rankings of states' DHPPI scores in 2001 and 2014. It depicts the general trend during recent years toward increases in scores across states. The changes in scores show that in most states, change was incremental (ie, scores rose gradually). Only a few states, such as West Virginia and Virginia, made considerable changes to dental hygiene practice between 2001 and 2014.

In most states changes in scope of practice occur gradually over time, with small changes building on prior practice expansions. Legislative processes in states are prolonged, and the time from introduction of a bill to passage of that bill can be several years. Statutory change often requires regulatory action, which further lengthens the timeline for implementation into practice. Change to scope of practice regulation can usually be accomplished more quickly than statutory change, so change advocates often seek ways to effect change through regulatory bodies before seeking legislative action. However, accomplishing regulatory change can also be a protracted process. In addition, there are circumstances where changes to scope of practice can only occur through legislation.

Table 2. State Rankings of DHPPI Scores, 2001 and 2014

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

Statistical Analyses of the 2001 and 2014 DHPPIs

Different statistical analyses were completed on the 2001 and 2014 DHPPI scores. Two of the statistical tests were selected to show that the variable categories in the DHPPI taken as a whole constitute a valid instrument for measuring scope of practice. The tests selected to validate this hypothesis were exploratory and confirmatory factor analyses.

Once the factor analyses showed that the components of the instrument were valid measures, multilevel logistic modeling was conducted to understand the impact of a variety of contextual factors on oral health outcomes in a state. One of the key factors included in the multilevel model was the DHPPI for each state. The multilevel modeling and the factor analyses testing were completed for both the 2001 scores and the 2014 scores on the DHPPI.

Results of the Factor Analyses

As previously described, the DHPPI for each state summarizes 4 aspects of the legal practice environment for dental hygienists: the legal and regulatory environment, supervision in different practice settings, tasks permitted under varying levels of supervision, and reimbursement. Scores assigned by researchers to each separate group of variables were factor analyzed.

Although it is theoretically assumed that each of the 4 categories conceptually represents 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 conducted to ascertain whether each of the 4 separate professional scope of practice categories statistically reflected 1 cohesive construct.

Exploratory factor analysis was first conducted on the scope of practice scores for 2001 and 2014 using the most stringent standards (specific details may be found in Appendix C). The exploratory factor analysis found a 1-factor model, which is to say that all 4 groupings of variables in the DHPPI (regulatory, supervision, tasks, and reimbursement) appear to be dimensions of a single, overarching concept, that of scope of practice.

Table 3. Results of the Exploratory Factor Analysis for the DHPPI, 2001 and 2014

Exploratory Factor Analysis	2001 Indices	2014 Indices
Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy	0.766	0.767
Bartlett's Test of Sphericity	90.845	88.3
P-value for Bartlett's	0.000	0.000
Initial eigenvalue and associated percent of explained variance	2.751 / 69%	2.767 / 69%
Number of factors found	1	1
Source: OHWRC, CHWS, 2015.		

Exploratory factor analysis does not impose any preexisting structure on the data; it is, as the name implies, exploratory. Therefore, it is important to also conduct a confirmatory factor analysis.

Confirmatory factor analysis imposes a preexisting structure on data by requiring that the researcher first specify the hypothesized theoretical construct. In this case, the theoretical construct is that the regulatory environment, supervision, tasks, and reimbursement structures for dental hygienists are all aspects of the overarching concept, which is scope of practice.

In the confirmatory factor analysis, the data are subjected to statistical testing to ascertain whether or not the hypothesis is empirically supported. Specifically, the proposed model becomes the null hypothesis to be tested, and therefore, acceptance of the null indicates that the proposed model is correct. As a result, confirmatory factor analysis provides a much more rigorous statistical test than exploratory factor analysis—it is considered the “gold standard” among factor analytic techniques. Results of the confirmatory factor analysis of each of the components of the indices indicate an excellent model fit for both the 2001 scope of practice index and the 2014 scope of practice index. Therefore, the summated component scores create a valid professional practice index for each state for each year. Specific details of these analyses may be found in Appendix C.

Data, Methods, and Results of the Multilevel Modeling

Completing the multilevel logistic modeling required acquisition of a variety of state-level data for use in parsing the effects of the scope of practice index from other salient factors. The state-level variables, each of which have been shown to be correlated with oral health outcomes, include:

- The rates of dentists and dental hygienists per 100,000 population,
- The percentage of the population on public water systems receiving fluoridated public drinking water,
- The percentage of the population living in an urban area in each state, and
- The per capita income.

The process of gathering state-level data on each of these variables revealed that differing methods were used to collect source data for supply counts of oral health professionals. For example, data from the Centers for Disease Control and Prevention about the state-level supply of dentists and dental hygienists appeared to be mainly licensure data. Licensure data do not equate to the number of professionals who are active. The number of licenses for oral health professionals in a state may not accurately reflect the number of professionals who are actually practicing because some may maintain licensure in more than one state, and some may no longer be professionally active.

Estimates of the total number of dentists and dental hygienists in active practice per state was a desirable measure for use in the analyses for this study to understand the impact of workforce supply on oral health outcomes. Moreover, using the identical data source to measure the supply of both dentists and dental hygienists was desirable to increase the reliability of the results from the analyses.

It was determined that US Census Bureau data and its American Community Survey were the best available sources of workforce supply data for the multilevel logistic modeling analysis because the census surveys provided figures of active dentists and dental hygienists in both 2001 and 2014 and used a consistent methodology to collect the data in both time periods. Data from the US Census 2000 Summary File 4 were used for the 2001 analyses, and data from the American Community Survey 2009-2013 (5 year) were used for the 2014 analyses.

The microdata from these census sources provided information about each respondent's occupation, employment status, and geographic location of his or her principal job at the time of the survey. These variables permitted the computation of a rate of active dentists and dental hygienists by state of employment for the analyses. The data from the census files were aggregated to the state level and weighted to be representative of the population as recommended by the Census Bureau.

Table 4 depicts the descriptive state-level statistics that were used in the multilevel models. It includes minimum and maximum scores from 2001 and 2014 for the composite/total scores on the DHPPI and for the 4 separate category scores. There were some notable differences in 2014. The mean DHPPI composite score across states increased from 43.5 to 57.6 on a scale of 100 between 2001 and 2014. The state maximum score did not increase appreciably between 2001 (maximum score = 97) and 2014 (maximum score = 98), but there was a change in the minimum score between 2001 (minimum score = 10) and 2014 (minimum score = 18). Among the 4 constituent categories in the DHPPI, the most significant change occurred in supervision, where the mean score increased from 19.1 in 2001 to 27.3 in 2014. The elevated mean reflects changes in scope of practice in many states requiring less direct supervision of dental hygienists, especially in public health settings.

Another noticeable change was in the dental hygienist rate, which increased considerably, from 39.4 dental hygienists per 100,000 population in the United States in 2001 to 50.0 per 100,000 population in 2009-2013. The rate of dentists per population experienced a decrease, from 55.9 dentists per 100,000 population in 2001 to 52.0 in 2009-2013.

Table 4. State-Level Variables and Descriptive Statistics for Multilevel Logistic Modeling

State Level Variables	N	State Minimum	State Maximum	State Mean	Std. Deviation
Scope of Practice Index 2001	51	10.0	97.0	43.5	20.4
Scope of Practice Index 2014	51	18.0	98.0	57.6	21.4
Regulation 2001	51	4.0	10.0	7.4	1.4
Regulation 2014	51	6.0	10.0	7.8	1.5
Supervision 2001	51	2.0	47.0	19.1	10.4
Supervision 2014	51	6.0	47.0	27.3	11.4
Tasks 2001	51	0.0	26.0	14.8	6.4
Tasks 2014	51	0.0	26.0	18.0	5.4
Reimbursement 2001	51	0.0	15.0	2.2	5.2
Reimbursement 2014	51	0.0	15.0	4.4	6.7
	State N	State Minimum	State Maximum	U.S. Rate	
Dental Hygiene Rate (number of dental hygienists per 100,000 population) Census 2000 SF4	51	12.6	77.0	39.4	
Dental Hygiene Rate (number of dental hygienists per 100,000 population) Census ACS 2009-2013	51	27.2	108.4	50.0	
Dentist Rate (number of dentists per 100,000 population) Census 2000 SF4	51	26.5	116.0	55.9	
Dentist Rate (number of dentists per 100,000 population) Census ACS 2009-2013	51	32.6	120.7	52.0	
Percent of people on public water systems (PWS) receiving fluoridated water 2000 CDC	51	2.0%	100.0%	65.8%	
Percent of people on public water systems (PWS) receiving fluoridated water 2012 CDC	51	10.0%	99.9%	74.6%	
Per capita income (U.S. Dept. of Commerce, Bureau of Economic Analysis, 2001)	51	\$22,815	\$45,421	\$30,319	
Per capita income (U.S. Dept. of Commerce /bureau of Economic Analysis, 2012)	51	\$33,073	\$74,710	\$42,693	
Percent of population living in an urban area (Census 2000)	51	38.2%	100.0%	79.0%	
Percent of population living in an urban area (Census 2010)	51	38.7%	100.0%	80.8%	

Source: See Appendix A.

The multilevel logistic models also included individual-level variables from the Behavioral Risk Factor Surveillance System (BRFSS), which describes demographics, income, and oral health status of the respondents to the national telephone survey. These data were included to provide oral health outcomes data for the population as well as for relevant control variables. The BRFSS contains questions about utilization of oral health services and measures of oral health status at the individual level. The data set permits aggregation to the state and national level because the sample size is substantial at those geographic levels.

The BRFSS, which is administered by each state with support from the Centers for Disease Control and Prevention, is the largest telephone survey in the world. A representative sample of individuals from each state is interviewed using standard fixed core, rotating core, and emerging core questions to allow for aggregation of data and comparability across states.

Response data from 2 oral health questions in the 2002 and 2012 BRFSS (the last dental visit and the number of permanent teeth removed due to decay or disease) were included in the multilevel models. The oral health outcome variable was the number of permanent teeth removed due to decay or disease. The question asks “How many of your permanent teeth have been removed due to decay or disease?” with answers of (1) None, (2) 1-5 teeth, (3) 6 or more, but not all, and (4) All.

A binary outcome variable was created from the data. Individuals with no teeth removed were coded as 1 and those with any teeth removed due to decay or disease were coded as 0. Individuals with all teeth removed were excluded from the analysis because the likelihood that they would require the services of a dental hygienist was small. The outcome variable reflects a favorable oral health outcome, specifically, the likelihood that individuals had no teeth removed due to decay or disease.

Standard individual-level demographic control variables such as age, race, gender, marital status, income, education, and employment status were included in the model. The last dental visit was included as a measure of access to care. Individual-level data used in the analysis of the 2001 DHPPI scores were gathered from the 2002 BRFSS data. Individual-level data used in the analysis of the 2014 DHPPI scores were gathered from the 2012 BRFSS, the most recent year in which the battery of oral health questions was asked of survey participants.

Table 5 presents the descriptive statistics for individual-level variables from the BRFSS that were included in the multilevel models. One statistic of interest is the percentage of individuals who last visited a dentist, which decreased between 2002 and 2012 by 5 percentage points.

Table 5. Individual-Level Variables and Descriptive Statistics Including Weighted Percentages and Unweighted Total Cases Used in Multilevel Logistic Modeling

Individual Level Variables* BRFSS 2002 & 2012	2002	2012
Sex (female versus male)	52%	49%
Marital Status (married or living with someone versus unmarried)	58%	55%
Education (bachelors degree or higher versus less)	30%	26%
Employment Status (employed versus unemployed/retired/student)	70%	71%
Annual household income (\$50,0000 or higher versus less than \$50,000)	39%	58%
White Non-Hispanic	78%	65%
Black Non-Hispanic	9%	12%
Asian / Hawaiian or Pacific Islander Non-Hispanic	2%	5%
American Indian / Alaskan Native Non-Hispanic	1%	1%
Other plus 2 or more races, Non-Hispanic	1%	2%
Hispanic	9%	15%
No teeth removed due to decay or disease (no teeth removed versus some removed - all teeth removed set to system missing)	56%	58%
Last Dental Visit (last time visited a dentist or dental clinic less than 12 months ago versus 12 months ago or longer)	73%	68%
Listwise Number Of Unweighted Cases (no missing values)	179,102	356,900
* For all individual level variables, the first variable value listed in parentheses is coded 1, the second value is coded 0, ie, for Sex, female is coded 1 and male is coded 0.		
Sources: BRFSS, 2002, 2012; OHWRC, CHWS, 2015.		

The Multilevel Logistic Modeling Analyses

The practice environment for dental hygienists is based on state laws and regulations, which vary widely. An examination of the impact of the professional practice environment for dental hygienists on individual-level oral health outcomes inherently requires a nested data structure and multilevel modeling analysis. This method involves analyzing the effect of state-level laws on the oral health of individuals nested within those states. The state-level variables are considered the larger units of analysis, or Level 2 variables, within which are the smaller units of analysis, the individuals nested within states, or the Level 1 variables.

One of the key assumptions of traditional multivariate techniques is that each variable is independent of the others. However, because the professional practice environment for dental hygienists is determined by state law and because there is general continuity in conditions for practice of dental hygiene within each of the states, the impact on individuals will not be independent. For example, oral health among individuals in a state with a more favorable professional practice environment will be correlated with one another because these individuals belong to the same larger group (ie, the state-determined professional practice environment). This is called a nested model. In traditional statistical models, there is an underlying assumption that observations are independent of one another, which is not the case in nested models. Because of this, using traditional multivariate analyses such as logistic regression will result in the underestimation of the standard error in nested models, making it more likely to obtain false positives.

Using a multilevel modeling method provides a more appropriate statistical context because the modeling allows the researcher to account for the nested structure of the variables, thereby producing results that are more accurate. Multilevel modeling also allows the researcher to test for relationships across different units of analysis—in this case, the effect of state-level variables on individual oral health outcomes. The Hierarchical Linear Modeling software program is used for this analysis. Additional details may be found in Appendix C.

Multilevel modeling techniques allow for accurate testing of the primary research hypothesis, specifically, that the state-level professional scope of practice (DHPPI) for dental hygienists exerts a positive and significant effect on the oral health of the adult population nested within those states, adjusting for the nested structure.

A total of 10 multilevel modeling equations were run for 2001 and 2014. White was the reference group against which each of the other racial/ethnic groups was compared in all models. The composite scope of practice score in each time period and each of the 4 constituent parts were run separately. Reliability estimates remained high in all models (over 90%), and the chi-square values for each of the 10 models were highly statistically significant, indicating an excellent model fit. The intercept was statistically significant in all 10 multilevel logistic models as well. A statistically significant intercept provides an additional justification for the employment of multilevel modeling, confirming the necessity of considering the nested structure in the analysis.

Odds ratios and their associated p-values were provided. Odds ratios greater than 1.0 indicate that as the value for the independent variable increases, the likelihood of favorable oral health outcomes also increases (ie, it is a positive effect). For example, in all 2001 models, as the dental hygienist rate increases, the likelihood of favorable oral health outcomes increases. Odds ratios less than 1.0 indicate that as the value for that independent variable increases, the likelihood of favorable oral health outcomes decreases (ie, it is a negative effect). For example, in all multilevel logistic models, as age increases, the likelihood of favorable oral health outcomes decreases.

The associated p-value indicates whether the positive or negative effect is statistically significant; p-values of .05 or less indicate a statistically significant relationship, and p-values greater than .05 indicate a statistically nonsignificant relationship. In the scope of practice multilevel modeling equations, scope of practice exerted a positive and significant effect on oral health outcomes, holding constant all relevant state- and individual-level factors, although the effect was stronger in 2001 than in 2014 (see Table 6). Scope of practice exerted the strongest state level effect in 2001 as well (see Table 6). Moreover, the rate of dentists and dental hygienists was both positive and significant in 2001, although not in 2014. That effect was stronger for dental hygienists than for dentists in 2001.

Table 6 describes the odds ratios and p-values generated from the multilevel modeling for the 2001 and 2014 DHPPIs.

Table 6. Results of Multilevel Logistic Modeling Composite DHPPI Scales, 2001 and 2014

Variable	2001 Model		2014 Model	
	Odds Ratio	P-value	Odds Ratio	P-value
STATE LEVEL				
Intercept	0.921216	0.011	0.921065	0.016
Scope of Practice Index	1.005161	<0.001**	1.002744	0.011*
Dental Hygienist Rate	1.004925	0.009**	1.003614	0.057
Dentist Rate	1.003856	0.040*	1.003154	0.215
% Fluoridated Water	1.002542	0.039*	1.001726	0.053
Per Capita Income	0.999978	0.006**	0.999988	0.05*
% Urban	1.004195	0.098	1.004863	0.028*
INDIVIDUAL LEVEL				
Age	0.939298	<0.001**	0.947811	<0.001**
Sex	1.074283	0.001**	0.938606	<0.001**
Marital Status	0.951859	0.005**	0.931333	0.003**
Education	2.167903	<0.001**	2.122161	<0.001**
Employed	0.917515	0.001**	1.133762	<0.001**
Income	1.804209	<0.001**	1.669391	<0.001**
Black NH	1.017108	0.613	0.540519	<0.001**
Asian/PI NH	0.959888	0.560	0.711551	<0.001**
American Indian/Alaskan Native NH	1.195283	0.026*	0.642701	<0.001**
Other/2 or More Races NH	0.980379	0.868	0.797761	<0.001**
Hispanic	0.923882	0.062	0.804444	<0.001**
Last Dental Visit	1.140513	<0.001**	1.175174	<0.001**
* Statistically significant at or below the .05 probability level.				
** Statistically significant at or below the .01 probability level.				
Source: OHWRC, CHWS, 2015.				

Separate analyses of each of the scope component categories, which held all other variables constant, found that the regulatory environment measure was statistically significant in 2014 (p-value = .026) but not in 2001 (p-value = .178). The dental hygienist rate was statistically significant in both 2001 (p-value = 0.007) as well as in 2014 (p-value = 0.029) (Table 7).

Table 7. Multilevel Logistic Modeling Regulatory Category, DHPPI Scale, 2001 and 2014

Variable	2001 Model		2014 Model	
	Odds Ratio	P-value	Odds Ratio	P-value
STATE LEVEL				
Intercept	0.930436	0.046	0.918733	0.017
Regulatory	1.031747	0.178	1.034591	0.026*
Dental Hygienist Rate	1.006053	0.007**	1.004607	0.029*
Dentist Rate	1.003589	0.084	1.00391	0.131
% Fluoridated Water	1.000633	0.593	1.001207	0.123
Per Capita Income	0.999978	0.021*	0.999986	0.051
% Urban	1.006455	0.024*	1.005586	0.016*
INDIVIDUAL LEVEL				
Age	0.939297	<0.001**	0.947812	<0.001**
Sex	1.074286	0.001**	0.938607	<0.001**
Marital Status	0.951846	0.005**	0.931322	0.003**
Education	2.167730	<0.001**	2.122102	<0.001**
Employed	0.917465	0.001**	1.133760	<0.001**
Income	1.804120	<0.001**	1.66936	<0.001**
Black NH	1.016632	0.624	0.540315	<0.001**
Asian/PI NH	0.960251	0.564	0.711446	<0.001**
American Indian/Alaskan Native NH	1.194878	0.026*	0.642758	<0.001**
Other/2 or More Races NH	0.979934	0.865	0.797588	<0.001**
Hispanic	0.924599	0.066	0.804397	<0.001**
Last Dental Visit	1.140394	<0.001**	1.175168	<0.001**
* Statistically significant at or below the .05 probability level.				
** Statistically significant at or below the .01 probability level.				
Source: OHWRC, CHWS, 2015.				

The supervision component exerted a positive and statistically significant effect (p-value <0.001) on the oral health of individuals in 2001, holding constant all relevant state- and individual-level factors. Indeed, it exerted the strongest state-level effect (Table 8). Supervision was not significant in the 2014 model (p-value =.392).

Table 8. Results of Multilevel Logistic Modeling, Supervision Category, DHPPI 2001 and 2014

Variable	2001 Model		2014 Model	
	Odds Ratio	P-value	Odds Ratio	P-value
STATE LEVEL				
Intercept	0.920623	0.011	0.922918	0.033
Supervision	1.011059	<0.001**	1.002085	0.392
Dental Hygienist Rate	1.003908	0.032*	1.004083	0.056
Dentist Rate	1.003663	0.069	1.004885	0.073
% Fluoridated Water	1.002166	0.064	1.001492	0.123
Per Capita Income	0.999981	0.023*	0.999986	0.042*
% Urban	1.002948	0.289	1.005231	0.031*
INDIVIDUAL LEVEL				
Age	0.939298	<0.001**	0.947812	<0.001**
Sex	1.074273	0.001**	0.938611	<0.001**
Marital Status	0.951878	0.005**	0.931303	0.003**
Education	2.167814	<0.001**	2.122093	<0.001**
Employed	0.917544	0.001**	1.133746	<0.001**
Income	1.804216	<0.001**	1.669413	<0.001**
Black NH	1.016941	0.616	0.540309	<0.001**
Asian/PI NH	0.960183	0.563	0.711652	<0.001**
American Indian/Alaskan Native NH	1.195482	0.026*	0.642777	<0.001**
Other/2 or More Races NH	0.980065	0.866	0.797601	<0.001**
Hispanic	0.923639	0.061	0.804489	<0.001**
Last Dental Visit	1.140633	<0.001**	1.175191	<0.001**
* Statistically significant at or below the .05 probability level.				
** Statistically significant at or below the .01 probability level.				
Source: OHWRC, CHWS, 2015.				

As with reimbursement, supervision, and the combined scope index, the task component variable demonstrated the strongest state-level effect, compared with all the other variables, with a positive and statistically significant relationship (p-value 0.004) in the 2001 model (Table 9). However, the relationship was not significant in 2014 (p-value 0.299). The rates of dentists and dental hygienists were significant in 2001, but not in 2014 (Table 9).

Table 9. Results of Multilevel Logistic Modeling, Task Category, DHPPI 2001 and 2014

Variable	2001 Model		2014 Model	
	Odds Ratio	P-value	Odds Ratio	P-value
STATE LEVEL				
Intercept	0.927977	0.023	0.922864	0.027
Tasks	1.014459	0.004**	1.005558	0.299
Dental Hygienist Rate	1.005974	0.005**	1.004002	0.06
Dentist Rate	1.004491	0.028*	1.003990	0.151
% Fluoridated Water	1.002305	0.098	1.00144	0.111
Per Capita Income	0.999976	0.009**	0.999986	0.039*
% Urban	1.005309	0.032*	1.005391	0.023*
INDIVIDUAL LEVEL				
Age	0.939298	<0.001**	0.947812	<0.001**
Sex	1.074318	0.001**	0.938607	<0.001**
Marital Status	0.951829	0.005**	0.931312	0.003**
Education	2.168068	<0.001**	2.122152	<0.001**
Employed	0.917455	0.001**	1.133717	<0.001**
Income	1.804192	<0.001**	1.669429	<0.001**
Black NH	1.017439	0.605	0.540384	<0.001**
Asian/PI NH	0.959677	0.558	0.711686	<0.001**
American Indian/Alaskan Native NH	1.194761	0.026*	0.642785	<0.001**
Other/2 or More Races NH	0.980387	0.868	0.797628	<0.001**
Hispanic	0.924545	0.066	0.804616	<0.001**
Last Dental Visit	1.140248	<0.001**	1.175162	<0.001**
* Statistically significant at or below the .05 probability level.				
** Statistically significant at or below the .01 probability level.				
Source: OHWRC, CHWS, 2015.				

Finally, the reimbursement model indicated positive and significant results in 2001, holding constant all other state- and individual-level variables (Table 10). The dental hygienist rate and the dentist rate were also significant. Reimbursement was statistically significant in 2014 as well (p-value = 0.002).

Table 10. Results of Multilevel Logistic Modeling, Reimbursement Category, DHPPI 2001 and 2014

Variable	2001 Model		2014 Model	
	Odds Ratio	P-value	Odds Ratio	P-value
STATE LEVEL				
Intercept	0.922036	0.025	0.921865	0.012
Reimbursement	1.011992	0.008**	1.011646	0.002**
Dental Hygienist Rate	1.006041	0.004**	1.002583	0.179
Dentist Rate	1.004010	0.035*	1.003175	0.202
% Fluoridated Water	1.002013	0.118	1.001729	0.041*
Per Capita Income	0.999978	0.009**	0.999991	0.1
% Urban	1.005959	0.037*	1.003714	0.105
INDIVIDUAL LEVEL				
Age	0.939298	<0.001**	0.947811	<0.001**
Sex	1.074276	0.001**	0.938605	<0.001**
Marital Status	0.951841	0.005**	0.931348	0.003**
Education	2.167871	<0.001**	2.122132	<0.001**
Employed	0.917486	0.001**	1.133799	<0.001**
Income	1.804110	<0.001**	1.669409	<0.001**
Black NH	1.016746	0.621	0.540451	<0.001**
Asian/PI NH	0.959805	0.560	0.711511	<0.001**
American Indian/Alaskan Native NH	1.195193	0.026*	0.642677	<0.001**
Other/2 or More Races NH	0.980796	0.871	0.797853	<0.001**
Hispanic	0.924246	0.064	0.804421	<0.001**
Last Dental Visit	1.140421	<0.001**	1.175172	<0.001**
* Statistically significant at or below the .05 probability level. ** Statistically significant at or below the .01 probability level. Source: OHWRC, CHWS, 2015.				

The overall patterning of results indicates that the professional practice environment of dental hygienists exerted a positive and significant effect on oral health outcomes, holding constant all other relevant factors. Results were stronger in the 2001 analyses than in the 2014 analyses. A greater percentage of the 5 equations were statistically significant in 2001 (4 out of 5 models), compared with 2014 (3 out of the 5 models were statistically significant). The total index and the regulatory, supervision, and task components were significant in the 2001 models. The total index, the regulatory environment, and reimbursement were significant in 2014. In addition, the dental hygienist rate was positive and significant in all 5 of the 2001 models (the composite and each of the 4 component scores) and the dentist rate was significant in 3 of the 2001 models (the total index and the tasks, and reimbursement components).

Although the overall scope of practice index was positive and significant in the 2014 model, the strength of the relationship was weaker than in the 2001 model. In addition, in the 2014 model neither the supervision component nor the tasks component were statistically significant after controlling for all other factors.

LIMITATIONS

Measures of population oral health are limited, so the extent of the impact of dental hygiene interventions on outcomes is not ascertainable. The Behavioral Risk Factor Surveillance System (BRFSS), which provides the most current oral health surveillance data, reduced the number of oral health questions fielded to patients between 2001 and 2014. In 2002 data were collected from survey participants about dental hygiene visits, but questions about these visits have subsequently been eliminated. Therefore, it is no longer possible to evaluate the direct impact of dental hygiene services on oral health outcomes.

DISCUSSION

The areas of health promotion, risk assessment, and disease prevention are considered core competencies for dental hygienists, who function as preventive oral health specialists. The findings of this research suggest that dental hygienists play an important role in the prevention of dental decay and disease.

The multilevel logistic modeling analysis demonstrated that scope of practice exerts an influence on oral health outcomes in the population. Expanding dental hygienists' legal scope of practice appears to have a significant impact on the oral health of the US adult population. Dental hygienists are often the first point of contact, providing evaluation and assessment of patients' oral health status, oral health education and preventive care, and referral to dental providers for necessary treatment services. Permitting dental hygienists to work to the full extent of their professional competency and to learn new skills facilitates access to services, especially for underserved populations.

Measures of population oral health are limited, so the extent of the impact of dental hygiene interventions on outcomes is not ascertainable. The BRFSS, which provides the most current oral health surveillance data, reduced the number of oral health questions fielded to patients between 2001 and 2014. In 2002 data were collected from survey participants on dental hygiene visits, but questions about these visits have subsequently been eliminated. Therefore, it is no longer possible to evaluate the direct impact of dental hygiene services on oral health outcomes.

The statistical analyses performed with the 2001 and 2014 scores demonstrate that the factors in the DHPPI scale are valid measures of the concept of scope of practice. Observation of the changes in scope of practice for dental hygienists over recent years suggests increasing standardization in the regulation of dental hygiene practice across states. More states now allow practice in public health settings under lower levels of supervision, and many allow dental hygienists with additional training to administer local or nitrous oxide anesthesia.

Another finding from the update of the DHPPI scores is that dental hygiene practice is evolving in some states to include basic restorative services. States that permit expanded scopes of services to dental hygienists generally require extra training and competency testing to perform specific tasks, and many also require several years of professional experience in dental hygiene practice to qualify for scope expansion. Enabling expanded practice for a dental hygienist (eg, public health or independent practice) builds career ladders, promotes retention in the profession, and increases the availability of oral health services.

Team-based care delivery models are emerging in dentistry, particularly in safety net provider organizations, as a means for efficiently and safely meeting demand for services with limited resources. This concept is changing the traditional hierarchical model for delivering oral health services in which the dentist directs and supervises auxiliaries to one in which each oral health professional contributes to care using his or her range of professional competencies and skills. Scope of practice regulations that enable use of an array of skills can support innovation while still protecting patient safety and ensuring quality of care.

CONCLUSIONS

One important conclusion from the review of statutes and regulations governing dental hygiene practice in states in 2014 was that the DHPPI scoring instrument may not accurately assess the ideal practice environment for dental hygienists today. The scale was developed in 2001, based on the premise that lower levels of required supervision would increase access to preventive oral health services. Although this continues to be true, other factors now impact dental hygiene practice.

The scoring update revealed that the ideal practice environment envisioned in 2001 has nearly been achieved in some states and that dental hygiene practice has moved beyond boundaries that were recognized in 2001. Legislative change impacting dental hygiene practice over recent years has focused heavily on decreasing dental oversight and supervision of preventive services in the community. However, there is a new emphasis on enabling team-based service delivery, especially in public and community health settings, and on expansion of tasks permitted to appropriately trained dental auxiliaries. A new scale would better reflect the evolution in practice for dental hygienists because it would include the move to higher-level practice models built on basic dental hygiene competencies. Some of the critical elements in a new DHPPI scale might include the ability for a dental hygienist to:

- Supervise a dental assistant, especially for services requiring 4-handed dentistry techniques (eg, sealant application),
- Provide basic restorative services that benefit from dental oversight, supervision, and consultation, and
- Provide local anesthesia for certain periodontal procedures without direct supervision.

As a result of these observations, OHWRC plans to update its DHPPI instrument during the next year to better capture the forward direction of dental hygiene practice across states.

Appendix A

APPENDIX A

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

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			
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ALABAMA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	b
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		6	6	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>			e			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2					
Direct	1			1	1	
<i>Supervision requirements in:</i>						
Dentist's office			f			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2					
Direct	1			1	1	
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities			g			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2					
Direct	1			1	1	
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public			h			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2					
Direct	1			1	1	
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers			i			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2					
Direct	1			1	1	
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities			j			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2					
Direct	1			1	1	j
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities			k			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2					
Direct	1			1	1	
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings			l			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2					
Direct	1			1	1	
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences			m			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2					
Direct	1			1	1	
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	3	
Total Supervision Score		47		12	12	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	0	0	
Fluoride treatment - physical presence of dentist not required	2	2	p	0	0	
Sealant application - physical presence of dentist not required	2	2	q	0	0	
X-rays - physical presence of dentist not required	2	2	r	0	0	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	0	0	
Administer nitrous oxide	2	2	u	0	0	u
Hygienist allowed to perform initial screening or assessment	2	2	v	0	0	
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	0	0	
Total Tasks Score		28		0	0	

REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	

TOTAL SCORE		100		18	18	
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Notes

- a) The board consists of 6 members, including 1 DH. DHs are only allowed to vote on matters of dental hygiene. See Article 2. 34-9-40 of the Code of Alabama/Alabama Dental Practice Act.
- b) A dental assistant with 1 year of work experience may train as a dental hygiene trainee under a qualified dentist, complete required coursework in an approved program, and then be licensed as DH under the Alabama Dental Hygiene Program of the Board of Dental Examiners of Alabama. See § 34-9-26 of the Alabama Dental Practice Act.
- j) DHs may practice in county correctional facilities and state correctional institutions.
- u) Final exam and diagnosis must be made by a dentist before treatment can be instituted. See Chapter 270-X-3 of the Alabama Dental Practice Act.

ALASKA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3			3	3	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	0	
Total Regulations Score		10		9	7	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3				3	e
General	2			2		
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3				3	
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3				3	h
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3				3	i
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3				3	j
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3				3	k
General	2			0		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3				3	
General	2			0		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3				3	
General	2			0		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		12	33	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	0	0	
Total Tasks Score		28		14	14	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		35	54	

Notes

- a) The Board of Dental Examiners is under the auspices of the Division of Corporations, Business, and Professional Licensing. It is a 9-member board with 2 voting DHs and 1 public member with no interest in the health care industry. Board members are appointed by the governor and confirmed by the legislature.
- e) Article 2, Sec. 08.32.115 - Allows DHs with a minimum of 4,000 hours of clinical experience to engage in collaborative agreements with licensed dentists without the presence of said dentists, in settings outside of the usual place of practice of dentists and without the dentists' diagnosis and treatment plan unless otherwise specified in the collaborative agreement or in statute.
- f, h, i, j, k) DHs may practice in offices, charitable dental clinics, schools, welfare centers, state or federal institutions, village health facilities, and in other places approved by the board (Statutes, Alaska Statutes, Title 8, Chapter 32, Article 2, 08.32.120).
- t) A DH must pass board exam or take course in local anesthesia and obtain a permit. See Ch., 32, Article 1, Examinations and Licensing.
- u) DHs must be certified and be under the indirect or direct supervision of a licensed dentist to administer and monitor nitrous oxide/oxygen conscious sedation. See Article 2, Regulation of Dental Hygienists, Sec. 08.32.110, Scope of Practice of Dental Hygienists.
- v) A DH with a collaborative agreement may perform preliminary charting and triage to form a dental hygiene assessment and dental hygiene treatment plan. See Article 2, Regulation of Dental Hygienists, Sec. 08.32.110, Scope of Practice of Dental Hygienists.
- * CHWS interpretation of AK state dental regulation is that the collaborative agreement will include public health settings, schools, and (other) institutions.

ARIZONA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a			
Board of Dentistry/Dental Examiners with Dental Hygiene Advisory Committee	4			4	4	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member (2 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	0	2	b
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		6	8	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3				3	e
General	2			2		
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3				3	
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3				3	
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3				3	
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3				3	
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3				3	
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3				3	
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	3	
Total Supervision Score		47		21	34	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	
Total Tasks Score		28		18	18	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	10	
Dental hygienist may be paid directly for services provided		5	cc	0	5	
Total Reimbursement Score		15		0	15	
TOTAL SCORE						
		100		45	75	

Notes

- a) Arizona Advisory Committee, 11 members on board, 2 voting DHs with a 7-member hygiene committee (1 lay person, 5 DHs, and 1 dentist). See 32-1203, Ch. 11, Arizona State Dental Practice Act and R4-11-605. Dental Hygiene Committee.
- b1) A board omnibus bill passed through the legislature this past session, and part of it authorized licensure by credentials. It is up to the Board of Dental Examiners to promulgate rules. 32-1203, Ch. 11, Arizona State Dental Practice Act and R4-11-605. Dental Hygiene Committee.
- b2) The omnibus bill will allow DHs not licensed in the state to practice in charitable institutions. See 3201291 of the Arizona State Dental Practice Act.
- e) DHs may enter into affiliated practice relationships with dentists and perform dental hygiene procedures within the dental hygiene scope of practice, except for root planing, administering local anesthetics, and placing periodontal sutures. DHs with an affiliated practice are allowed to perform dental hygiene services on patients who are enrolled in federal, state, county, or local healthcare programs. DHs must refer patients within 12 months of treatment. See 32-1281 and 32-1289 of the Arizona State Dental Practice Act.
- t) To administer local anesthesia, the DH is required to meet board requirements. See 32-1281, Arizona State Dental Practice Act.
- u) To administer nitrous oxide, the DH is required to meet board requirements. See 32-1281, Arizona State Dental Practice Act.
- * Note that an affiliated practice requires a DH to have 5 years of practice experience and been actively engaged in dental hygiene practice for at least 2,000 hours in the 5 preceding years. See 32-1285, Arizona Dental Practice Act.

ARKANSAS

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		6	6	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3				3	e
General	2			2		
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2				2	f
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3				3	g
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3				3	h
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3				3	i
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3				3	j
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3				3	k
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3				3	l
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3				3	m
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		5	36	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	0	2	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		16	18	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		27	60	

Notes

- a) The board consists of 9 members, including 1 voting DH. Members are appointed by the governor for a 5-year term. Subchapter 2, Board of Dental Examiners, Arkansas State Dental Practice Act.
- e) 17-82-701, Subchapter 7, Dental practice act allows for DHs to enter into a collaborative agreement with a licensed dentist and work in public settings without the supervision or presence of a dentist and without a prior examination of patients by the dentist.
- f, g, h, i, j, k, l, m) If the DH has a collaborative care permit I or II, the DH may perform services within the scope of practice without prior exam of a consulting dentist. The collaborative care DH is able to provide services at both county and state correctional facilities. See Subchapter 7, Dental Hygienist Collaborative Care Program, 17-82-703 and 17-82-705 of the Arkansas State Dental Practice Act.
- o,p,q) A DH working under a collaborative agreement with a dentist may provide prophylaxis, fluoride treatment, and sealant application to 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. Arkansas Annotated Code, 17-82-104
- t) The DH must apply to the board for a certificate. See Article XVI: Administration of Local Anesthesia by the State Dental Hygienist, Arkansas State Dental Practice Act.
- v) The DH is allowed to perform preliminary exam. See 17-82-103 of the Arkansas State Dental Practice Act.
- aa) Nitrous oxide is an expanded function category in practice, and dental hygienists must have a current permit from the board to monitor patients under direct supervision of a dentist. See Article XIII of the Arkansas State Dental Practice Act.

CALIFORNIA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a	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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	0	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	
Total Regulations Score		10		8	10	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e	4	4	e
Collaborative arrangements	3					
General	2					
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g	4	4	g
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public						
Unsupervised	4	4	h	4	4	h
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i	4	4	i
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities						
Unsupervised	4	4	j	4	4	j
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k	4	4	k
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l	4	4	l
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Home settings - personal residences						
Unsupervised	4	4	m	4	4	m
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	3	
Total Supervision Score		47		37	44	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	2	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	2	2	w
Hygienist may be self-employed	2	2	x	2	2	x
Hygienist may supervise a dental assistant	2	2	y	2	2	y
Hygienist may be supervised by a medical provider	2	2	z	2	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		26	26	

REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	10	10	bb
Dental hygienist may be paid directly for services provided		5	cc	5	5	cc
Total Reimbursement Score		15		15	15	

TOTAL SCORE		100		86	95	
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Notes

- a) The Dental Board of California is a division of the California Department of Consumer Affairs and consists of 8 practicing dentists, 1 RDH, 1 registered dental assistant, and 5 public members. There is also the Dental Hygiene Committee of California (DHCC) that regulates the practice of dental hygiene. See Section 1601.1, Business and Professions Code. The DHCC consists of 9 members appointed by the governor: 4 public members, 1 practicing dentist, and 4 DHs. The DHCC's responsibilities include issuing, reviewing, and revoking licenses as well as developing and administering examinations. Additional functions include adopting regulations and determining fees and continuing education requirements for all hygiene licensure categories. See DHCC, Department of Consumer Affairs.
- e) Registered dental hygienists in alternative practice (RDHAP) may practice independently and without the supervision of a dentist upon prescription of a licensed dentist, physician or surgeon in California.
- f) See CA Code 1912 - any procedure that is performed or services provided that do not specifically require direct supervision may be provided under general supervision so long as it does not give rise to a situation in the dentist's office requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable dental conditions that if not immediately diagnosed and treated would lead to serious disability or death.
- g, h, i, j, k, l, m) CA Code 1926 notes that they may provide services in residences of the home bound, schools, residential facilities, other institutions, and dental health professional shortage areas as certified by the Office of Statewide Health Planning and Development in accordance with existing office guidelines.
- o, p) RDHs working under general supervision may provide prophylaxis and application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease.
- q) In any public health program created by the federal, state, or local law or administered by a federal, state, county, or local governmental entity, an RDH may provide preventative services including fluorides and pit and fissure sealants without supervision. See CA Code 1911, section c.
- t) An RDH may administer local anesthetic agents under direct supervision. The DH must provide evidence of satisfactory completion of a board-approved course of instruction in this function prior to any performance thereof.
- u) Under direct supervision, an RDH may administer nitrous oxide and oxygen when used as an analgesic, utilizing fail-safe machines containing no other general anesthetic agents. An RDH must provide evidence of satisfactory completion of a board-approved course of instruction in this function.
- v) RDHs cannot diagnose but may perform dental hygiene screening or assessment along with oral health education for patients.
- w) RDHs are allowed to refer screened patients with oral health abnormalities to a dentist for comprehensive exam, diagnosis, and treatment plan. See CA Code 1911, section b. RDHAPs must provide the committee with documentation of an existing relationship with at least 1 dentist for referral, consultation, and emergency services.
- x, y) RDHAPs may be self-employed and supervise dental assistants.
- aa) Under CA Code 1918, the committee allows an RDH to perform extended functions if they meet a list of qualifications that include requirements for training and competency testing. California allows for RHDEFs to be part of alternative practices.
- bb, cc) See CA Code 1928. An RDHAP may submit or allow to be submitted any insurance or third-party claims for patient services performed as authorized.
- * RDHs perform all duties allowable for dental assistants and dental assistants under supervision of a licensed dentist.
- * RDHEFs (registered dental hygienists in expanded functions) in California may perform all duties assigned to RDHs, dental assistants, and registered dental assistants.

COLORADO

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3			3	3	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	
Total Regulations Score		10		9	9	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>			e			
Unsupervised	4	4		4	4	e
Collaborative arrangements	3					
General	2					
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office			f			
Unsupervised	4	4		4	4	f
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Long-term care facilities - skilled nursing facilities			g			
Unsupervised	4	4		4	4	
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Schools - private or public			h			
Unsupervised	4	4		4	4	
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public health agencies - federally qualified health centers			i			
Unsupervised	4	4		4	4	
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Correctional facilities			j			
Unsupervised	4	4		4	4	
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public institutions - mental health facilities			k			
Unsupervised	4	4		4	4	
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Hospitals/rehabilitation hospitals or convalescent settings			l			
Unsupervised	4	4		4	4	
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Home settings - personal residences			m			
Unsupervised	4	4		4	4	
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	3	
Total Supervision Score		47		47	47	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	p
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	2	2	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	
Hygienist allowed to refer patient	2	2	w	2	2	w
Hygienist may be self-employed	2	2	x	2	2	x
Hygienist may supervise a dental assistant	2	2	y	2	2	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		26	26	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	10	10	bb
Dental hygienist may be paid directly for services provided		5	cc	5	5	cc
Total Reimbursement Score		15		15	15	
TOTAL SCORE						
		100		97	97	

Notes

- a) The Colorado Dental Board operates under the auspices of the state's Division of Professions and Occupations. The board is a 13-member board with 3 voting DHs and is governor appointed. See 12-35-104 of the Colorado Dental Practice Act.
- e,f) DHs can, if qualified, practice unsupervised dental hygiene or supervised dental hygiene in Colorado. See 12-35-124 and 12-35-125 of the Colorado Dental Practice Act.
- p) A DH has limited prescription authorization/dispensing authority. He or she may prescribe fluoride rinses, treatments and supplements, or topical anti-infectives as part of unsupervised dental hygiene practice. See 12-35-124 and 12-35-125 of the Colorado Dental Practice Act.
- t) A permit is required. 12-35-124 and 12-35-125 of the Colorado Dental Practice Act.
- u) Training/education is required for administration of nitrous oxide. 12-35-107, Colorado Dental Practice Act.
- w) 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.
- x) A DH can be self-employed in independent practice and own all or part of the dental hygiene practice.
- aa) Refer to Section 12-35-124 – Unsupervised practice for dental hygienists; administration of local anesthesia; the dental hygienist may be the proprietor of a place where supervised or unsupervised dental hygiene is performed.
- bb) When an unsupervised DH provides services to publicly insured children, direct reimbursement is allowed for services.
- cc) DHs can bill third-party payers.
- ** A retired DH (or dentist) may also provide dental hygiene services on a voluntary basis to an indigent if the retired DH provides the services on a limited basis and does not charge a fee. The retired DH providing voluntary care is immune from any liability resulting from the voluntary care provided. See Colorado Revised Statutes 12-35-123, Section 16 (6).

CONNECTICUT

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting member	1					
Other state boards or departments	3			3	3	a
<i>Other regulatory:</i>						
Licensure by credential/endorsement with no new clinical exam required	2	2	b	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	d
Total Regulations Score		10		9	9	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e	4	4	e
Collaborative arrangements	3					
General	2					
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g	4	4	
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Schools - private or public						
Unsupervised	4	4	h	4	4	
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i	4	4	
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k	4	4	
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l	4	4	l
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2			0	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	3	
Total Supervision Score		47		33	39	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	2	
Administer local anesthesia	2	2	t	0	2	
Administer nitrous oxide	2	2	u	0	2	
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	
Hygienist allowed to refer patient	2	2	w	2	2	w
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	2	2	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	0	
Total Tasks Score		28		18	20	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	10	10	
Dental hygienist may be paid directly for services provided		5	cc	5	5	cc
Total Reimbursement Score		15		15	15	
TOTAL SCORE						
		100		75	83	

Notes

- a) Dental hygienists are regulated by the Connecticut State Dental Commission within the Department of Public Health. Nine members (no dental hygienists) are on the dental commission: 6 dentists and 3 public members. The governor appoints the chairperson for the committee. See Sec. 20-103a, Chapter 379, Dentistry.
- d) In public health settings, the patient does not need to be a patient of record.
- e) DHs working in an institution, public health facility, group home, or school (and with 2 years of experience) may provide dental hygiene services without supervision. They may provide oral prophylaxis, remove deposits, accretions, and stains, do root planing, apply sealants, give assessments, and offer treatment planning and evaluations. Sec. 20-1261, Chapter 379a.
- l) Dental hygienists may practice in a public health facility meaning an institution (as defined in section 19a-490), a community health center (a public or nonprofit private medical facility which is not part of a hospital as defined in Sec. 19a-490a), schools, group homes, and convalescent homes.
- w) Each DH practicing in a public health facility shall refer for treatment any patient with needs that are outside the DH's scope of practice and coordinate such treatment with a licensed dentist. Sec. 20-1261, Chapter 379a.
- cc) Payment for services by DHs in public health settings in chronic and convalescent hospitals; DHs may participate in Medicaid. Sec. 20-1261, Chapter 379a.

DELAWARE

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a			
Board of Dentistry/Dental Examiners with Dental Hygiene Advisory Committee	4			4	4	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member (2 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	b
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		8	8	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3			2	2	
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2			2	2	g
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2			2	2	h
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2			2	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2			2	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2			2	2	l
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2					
Direct	1			0	0	
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		16	16	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	0	0	
Administer nitrous oxide	2	2	u	0	0	
Hygienist allowed to perform initial screening or assessment	2	2	v	0	0	
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	0	4	aa
Total Tasks Score		28		8	12	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		32	36	

Notes

- a) Nine members are on the board. One voting DH is on the board. Three DHs are on the advisory committee, which is appointed by the governor. See Title 12, Chapter 11, Subchapter 1, § 1102 and § 1105.
- b) An applicant for licensure by reciprocity must demonstrate active practice in 3 of the 5 years immediately preceding the application in a state in which the applicant is or has been licensed. Section 4.5,12 Del.C. 112(a)(3), 14 DE Reg. 1239 and 16 DE Reg. 328.
- g) DHs in Delaware can practice in other locations as authorized by the Delaware Health Care Commission in consultation with the Delaware Institute for Dental Education and Research.
- h, i, l, k, l) A licensed DH may practice under the general supervision of a licensed dentist in the office of the licensed dentist, or in any public school or other public institution of the state of Delaware provided that all the conditions of general supervision are met. See 24 Del.C. 1121(c).
- aa) DHs are allowed to perform expanded duties including placing and removing perio dressings.

DISTRICT OF COLUMBIA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		6	6	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>			e			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office			f			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities			g			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public			h			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers			i			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities			j			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities			k			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings			l			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2		
Direct	1				1	
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences			m			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2				2	
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		16	17	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	0	2	t
Administer nitrous oxide	2	2	u	0	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	0	4	aa
Total Tasks Score		28		10	18	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		32	41	

Notes

- a) 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. See 3-1202.01(c), Code of the District of Columbia.
- t, u,aa) DHs may administer and monitor nitrous oxide and local anesthesia and monitor the procedure with board-approved authorization. See 4215.1, Delegation of Duties, DC Municipal Dental Practice Act and 4310.1 Functions of Dental Hygienists, DC Municipal Regulations.
- v) DHs are permitted to chart caries during preliminary exam. See 4215.1, Delegation of Duties, DC Municipal Dental Practice Act and 4301, Functions of Dental Hygienists, DC Municipal Regulations.

FLORIDA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a			
Board of Dentistry/Dental Examiners with Dental Hygiene Advisory Committee	4			4	4	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member (2 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	0	0	b
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	d
Total Regulations Score		10		6	6	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>			e			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office			f			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities			g			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public			h			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers			i			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities			j			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities			k			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings			l			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences			m			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	3	
Total Supervision Score		47		21	21	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	0	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	0	2	t
Administer nitrous oxide	2	2	u	0	0	
Hygienist allowed to perform initial screening or assessment	2	2	v	0	0	v
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	0	4	aa
Total Tasks Score		28		6	14	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		33	41	

Notes

- a) The Florida Dental Board operates under the auspices of the Florida Department of Health. Florida has both dental assisting and dental hygiene councils. The Council on Dental Hygiene can make nonbinding suggestions to the Board of Dentistry. Recommendations of the council are only advisory, not mandatory. Eleven members are on the board: 7 licensed dentists, 2 licensed DHs, and 2 lay persons who are not dentists, DHs, or any member of a closely related profession. Members are appointed by the governor and confirmed by the state senate. The Council on Dental Hygiene is appointed by the board chair to assist the board for 4-year terms and is comprised of 1 DH for council chair, 1 dental member of the board, and 3 DHs active in the state. See 466.004, Board of Dentistry, Florida State Dental Practice Act.
- b) There is no endorsement in this state. Effective July 1, 2012, to be a licensed DH, an applicant must successfully complete a written exam on the laws and rules of the state in the practice of dental hygiene, successfully complete the National Board Dental Hygiene Examination at any time prior to the date of application, been certified by the American Dental Association Commission on National Dental Examinations any time before the date of application, not been disciplined by the board except for citation offenses or minor violations, not been convicted of or pled nolo contendere to, regardless of adjudication to any felony or misdemeanor related to the practice of a healthcare profession, a passing score on the ADEX Dental Hygiene Exam administered in this state and graded by licensed dentists and DHs. See 64B2-2.0135 and 64B5-2.014, Florida State Dental Practice Act.
- d) Each patient must have a dentist of record. See 466.023, Dental Hygienists; Scope and Area of Practice and 466.024, Delegation of Duties; Expanded Functions.
- i) A dentist must have examined the patient within the 13 months prior to treatment. See 466.023, Dental Hygienists; Scope and Area of Practice and 466.024, Delegation of Duties; Expanded Functions.
- o, p, q, r) A licensed dentist's presence is not required. See 466.024, Delegation of Duties; Expanded Functions.
- t,aa) A DH may administer local anesthesia under direct supervision of a licensed dentist. The DH must be trained according to board-approved training and must be certified in CPR. See 466.023, Dental Hygienists; Scope and Area of Practice and 466.024, Delegation of Duties; Expanded Functions.
- v) A licensed DH may perform dental charting of hard and soft tissues of the oral cavity without supervision and within the lawful scope of duties in public and private educational institutions of the federal and state government, nursing homes, long-term care and assisted living facilities, community health centers, county health departments, mobile dental or health units, health access settings, and epidemiological surveys for public health. The DH may also perform dental charting on a volunteer basis at health fairs. Medical clearance is needed before periodontal probe is conducted. The DH charting without supervision shall not be deemed to have created a patient of record or a medical record. See 466.0235, Dental Charting.

GEORGIA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	
Total Regulations Score		10		8	8	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>			e			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office			f			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2					
Direct	1			1	1	
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities			g			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2					
Direct	1			0	0	
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public			h			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2				2	
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers			i			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities			j			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities			k			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings			l			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2				2	
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences			m			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2					
Direct	1			0	0	
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n			
Total Supervision Score		47		9	13	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	0	o
Fluoride treatment - physical presence of dentist not required	2	2	p	0	0	p
Sealant application - physical presence of dentist not required	2	2	q	0	0	q
X-rays - physical presence of dentist not required	2	2	r	0	0	r
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	0	0	
Administer nitrous oxide	2	2	u	0	0	
Hygienist allowed to perform initial screening or assessment	2	2	v	2	1	**
Hygienist allowed to refer patient	2	2	w	2	2	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	0	0	
Total Tasks Score		28		6	3	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		23	24	

Notes

a) The board consists of 11 members: 9 dentists, 1 DH, and 1 lay person who is not a dentist or DH. The DH may vote only on matters related to dental hygiene, DH administration, and DH policy. The board members are appointed by the governor. Rule 150-1-.01, Organization of the Board, Rulings of the Georgia Board of Dentistry.

i, j, k) DHs may provide services in institutions owned by the state or any county government. See Rule 150-5-.03 a-d, Supervision of Dental Hygienists, Chapter 150-5, Rulings of the Georgia Board of Dentistry. Public health DHs may work in public health settings under general supervision. They must be working at approved dental facilities of the Department of Human Resources, county boards of health, or the Department of Corrections. Rule 150-5-.03 Supervision of Dental Hygienists, Chapter 150-5, Rulings of the Georgia Board of Dentistry.

o, p, q, r) DHs may perform these procedures only under direct supervision. Rule 150-5-.03 Supervision of Dental Hygienists, Chapter 150-5 Dental Hygiene, Georgia Dental Practice Act.

** DHs working in public health settings or as a volunteer may provide screening services. See Rule 150-5-.03, Supervision of Dental Hygienists, Chapter 150-5, Rulings of the Georgia Board of Dentistry.

HAWAII

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3			3	3	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	0	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		5	7	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2				2	
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2				2	g
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2			2	2	h
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2			2	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2			2	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2				2	
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2					
Direct	1			0	0	
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		11	16	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	0	0	
Hygienist allowed to perform initial screening or assessment	2	2	v	2	0	v
Hygienist allowed to refer patient	2	2	w	0	2	w
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	**
Total Tasks Score		28		16	16	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		32	39	

Notes

- a) The board consists of 12 members: 8 licensed dentists, 2 voting DHs, and 2 public members. See §448-5 Board of Examiners; Appointment, Hawaii Revised Statutes, Chapter 448-Dentistry.
- g, h, i, j, k) 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. §447-3 Employment of and Practice by Dental Hygienists, Sections C and D, Hawaii Revised Statutes.
- o, p, q, r) DHs may perform these services under general supervision. §447-3 Employment of and Practice by Dental Hygienists, Sections C and D, Hawaii Revised Statutes.
- t) DHs may administer local anesthesia under direct supervision pursuant to licensed DH receiving board certification through a CODA-accredited dental hygiene school or by a certificate program approved by the board. §447-3 Employment of and Practice by Dental Hygienists and §447-3.5 Educational Requirements for Intra-Oral Block Anesthesia, Hawaii Revised Statutes.
- v) DHs can perform initial screening and assessment as long as a dentist is in office. §447-3 Employment of and Practice by Dental Hygienists, Hawaii Revised Statutes.
- w) DHs can refer, but the dentist is aware of the referral because of direct supervision. §447-3 Employment of and Practice by Dental Hygienists, Hawaii Revised Statutes.
- ** The state offers a community service DH license. DHs may also practice in public health settings under general supervision. The community service license may be used when working in a federally qualified health center, Native American health care system, or post-secondary dental auxiliary training program that is accredited by the American Dental Association Commission on Dental Accreditation. A licensed DH may operate under general or direct supervision of a licensed dentist providing dental hygiene services in a public health setting. §447-1.5 Community Service License, Hawaii Revised Statutes.

IDAHO

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3			3	3	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		7	7	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>			e			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	e
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office			f			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities			g			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public			h			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers			i			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities			j			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities			k			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings			l			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences			m			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		18	18	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	2	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	*
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	2	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa,*
Total Tasks Score		28		20	20	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		45	45	

Notes

- a) The board consists of 8 members: 5 dentists, 2 voting DHs, and 1 public member who is familiar with health care occupations. The board members are appointed by the governor. See 54-907, State Board of Dentistry Established, Professions, Vocations, and Business, Chapter 9, Dentists.
- e) A dentist must diagnose patients and issue orders within the 12 months prior to treatment by a DH. 54-903, General Definitions, Idaho Code Title 54, Chapter 9, Dentists, Statutes and Administrative Rules, Idaho Board of Dentistry. A DH with an extended access endorsement may provide services in a dental or dental hygiene program, conducted by county, state, federal agency, hospital, long-term care facility, public health district, dental or dental hygiene school, tribal clinic or migrant 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. 54-904, Authorization for Procedures Performed Under General Supervision by Dental Hygienists, Rule 28, Volunteer Dental Hygiene Services, and Rule 29, Section 1, Extended Access Dental Hygiene Endorsement, Laws and Administrative Rules, Idaho Board of Dentistry.
- t, u) Administration of local anesthesia under general supervision and administration or monitoring of nitrous oxide under indirect supervision is permitted. See Rules 56, Local Anesthesia and Rule 57, Nitrous Oxide/Oxygen, Statutes and Administrative Rules, Idaho Board of Dentistry.
- aa) A qualified DH holding an extended access restorative endorsement may perform specified restorative functions under the direct supervision of a dentist in an extended access oral health care program. Permissible functions are limited to placement of a restoration of a tooth prepared by the dentist and contouring and adjustment of the contacts and occlusion of the restoration. The board may grant an extended access DH restorative endorsement to a person holding an unrestricted active status DH license issued by the board who provides proof that board requirements are met. See 54-904, Authorization for Procedures Performed Under General Supervision by Dental Hygienists, Rule 28, Volunteer Dental Hygiene Services, and Rule 29, Section 1, Extended Access Dental Hygiene Endorsement, Laws and Administrative Rules, Idaho Board of Dentistry.
- * A DH may engage in intra-oral and extra-oral assessments, including charting of the oral cavity and the surrounding structures, taking care histories, and making periodontal assessments as long as the dental hygienist is authorized under an extended access license endorsement. See Rule 31, Dental Hygienists - Prohibited Practice, Laws and Administrative Rules, Idaho Board of Dentistry.
- * A DH may under general supervision perform all duties that may be performed by a dental assistant. 54-903, General Definitions and 54-904, Authorization for Procedures Performed Under General Supervision by Dental Hygienists, Idaho Code Title 54, Chapter 9, Dentists, Statutes and Administrative Rules, Idaho Board of Dentistry.
- * The state permits DHs to provide services as a volunteer. The person holding an unrestricted status DH license issued by the board may provide DH services in an extended access oral health care program without being issued an extended access DH license endorsement if he or she is in an extended access oral health care program. The DH services performed are limited to screening and patient assessment, preventative and oral health education, preparation and review of the health history, nonsurgical periodontal treatment, oral prophylaxis, the application of caries preventative agents including fluoride, and the application of pit and fissure sealants with the recommendation that the patient will be examined by a dentist. The DH services are done on a volunteer basis and there is a volunteer time limit of no more than 5 days within a calendar month. 54-935, Volunteer's License - Qualifications - Permissible Practice - Immunity from Liability, Statutes and Administrative Rules, Idaho Board of Dentistry.

ILLINOIS

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3			3	3	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		7	7	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2				2	
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2			2	2	g
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2				2	h
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2				2	
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2				2	j
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2				2	
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2			0		
Direct	1				0	
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		11	16	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	2	s
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	0	w
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	z
Certification to perform expanded functions available in the state	4	4	aa	4	0	aa
Total Tasks Score		28		18	16	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		36	39	

Notes

- a) The Illinois Dental Board is under the auspices of the Illinois Department of Professional Regulation. The 11-member board includes 2 voting DHs and 1 public member.
- g) In a long-term nursing facility, the dentist shall personally examine and diagnose the patient and determine which services are necessary; these services will be contained in an order to the DH and notated in the patient's record. The order must be implemented within 120 days of issuance. An updated medical history and observations of oral conditions must be performed immediately prior to the procedures to ensure that the patient's health has not changed since the dentist's examination.
- h) DHs may provide DH services under the general supervision of a dentist. The dentist shall personally examine and diagnose the patient and determine which services are necessary; these services will be contained in an order to the DH and notated in the patient's record. Any order for sealants must be done within 120 days and for fluoride treatments within 180 days. Updated history and observations of oral conditions must be conducted immediately prior to beginning the procedures to ensure that the patient's health has not changed since the dentist's examination.
- j) In a correctional facility, the dentist shall personally examine and diagnose the patient and determine which services are necessary; these services will be contained in an order to the DH and notated in the patient's record. The order must be implemented within 120 days of issuance, and updated medical history and observations of oral conditions must be performed immediately prior to the procedures to ensure that the patient's health has not changed since the dentist's examination.
- k) In a mental health facility, the dentist shall personally examine and diagnose the patient and determine which services are necessary; these services will be contained in an order to the DH and notated in the patient's record. The order must be implemented within 120 days of issuance, and updated medical history and observations of oral conditions must be performed immediately prior to the procedures to ensure that the patient's health has not changed since the dentist's examination.
- o) In a private office setting, the presence of a dentist is not required and services are performed under general supervision.
- o, w) A DH may provide without supervision dental prophylaxis for children up to and including grade 12 if the DH is employed by any of the following: the state Department of Health, the Department of Education, or the elementary or secondary school where the services are provided. Make referral to DDS.
- s) Formal training and education are required as determined by the Department of Financial and Professional Regulation.
- t, u) DHs are allowed to administer local anesthesia or nitrous oxide after completing the required training and education as determined by the Department of Financial and Professional Regulation. Refer to Section 1220.240.
- v) DHs may record case histories and oral conditions observed.
- w) DHs are not allowed to be self-employed in a clinical setting.
- z) DHs may not provide dental hygiene services if employed by any other person than a dentist.
- aa) DHs may be certified to perform local or nitrous oxide anesthesia.

INDIANA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	b
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	
Total Regulations Score		10		8	8	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e	4		
Collaborative arrangements	3					
General	2				2	
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2				2	
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2				2	
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public						
Unsupervised	4	4	h	4		
Collaborative arrangements	3					
General	2				2	g
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2				2	
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2				2	
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2				2	
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2				2	
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2					
Direct	1			1	0	
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	0	
Total Supervision Score		47		19	20	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	0	0	
Sealant application - physical presence of dentist not required	2	2	q	0	0	
X-rays - physical presence of dentist not required	2	2	r	0	2	
Place amalgam restorations	2	2	s	2	0	
Administer local anesthesia	2	2	t	0	2	t
Administer nitrous oxide	2	2	u	0	0	
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	
Hygienist allowed to refer patient	2	2	w	0	2	w
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		10	14	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE		100		37	42	

Notes

- a) 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. IC 25-14-1-2 State Board of Dentistry; Appointments; Districts; Examination, Indiana State Board of Dentistry.
- b) Licensure by endorsement is allowed under the following conditions: submit application, fees, passport photographs, original transcripts, licensing from other state or Canadian province, 14 hours of DH continuing education in the last 2 years, practice dental hygiene for 2 out of the 5 years prior to endorsement application, statements from 3 dentists attesting to the person's work as a DH, basic life support continuing education and the successful passage of exams through the national board dental hygiene exam provided by the joint commission on dental exams, a national, regional, or state clinical licensing exam(s), and a notarized statement concerning criminal history if such background exists. IC 25-13-1-8 Dental Hygienist license; examination; Fee; Expiration; Renewal; Reinstatement; Display, Indiana State Board of Dentistry.
- g) The DH may under prescriptive supervision provide DH services in a dental clinic of any public, parochial, or private school or other institution supported by public or private funds in which the licensee is supported by the state Department of Health, county or city Board of Health, Board of Education, school trustee, parochial authority, or the governing body of any private school where the DH is practicing (prescriptive supervision of licensed dentist). IC-25-13-1-10 Locations for Practice of Dental Hygiene; Supervision Requirements, Indiana State Board of Dentistry. Prescriptive supervision allows for DHs to provide services in a public health facility; there is no specific wording in regards to public mental health facilities. IC 25-13-1-10 Locations for Practice of Dental Hygiene; Supervision Requirements, Indiana State Board of Dentistry.
- t,aa) The DH may administer local anesthesia if the DH has completed the educational requirements and exam and submitted proof of education to the board; board-issued permit. The DH is under direct supervision. For out-of-state DHs, the DH submits course requirements, proof of coursework, and board approval that the completed requirements are equal to or greater than the educational requirements specified in Indiana board rules with regard to local anesthesia. See IC-25-13-1-10.6 Administration of Local Dental Anesthetics by Dental Hygienists, Indiana State Board of Dentistry.
- w) The DH is allowed to refer a patient to a dentist other than the supervising dentist under prescriptive supervision. IC-25-13-1-10 Locations for Practice of Dental Hygiene; Supervision Requirements, Indiana State Board of Dentistry.

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a			
Board of Dentistry/Dental Examiners with Dental Hygiene Advisory Committee	4			4	4	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member (2 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	b
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	d
Total Regulations Score		10		8	8	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3				3	e
General	2			2		
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3				3	
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3				3	
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3				3	
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2				2	
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2			0	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2					
Direct	1			0	0	
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		10	23	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	2	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		18	20	

REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	bb
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	

TOTAL SCORE		100		36	51	

Notes

a) The board consists of 9 members who are appointed by the governor and confirmed by the Iowa Senate to serve 3-year terms. Five members are licensed dentists, 2 members are licensed DHs, and 2 members represent the public. Board members are appointed by the governor for a full 3-year term or to complete the unexpired term of a member who resigned. Board members may serve up to 9 years (or 3 terms). Board members who are appointed to a 3-year (full) term begin serving on May 1. Those who are appointed to complete an unexpired term begin serving at the time of the appointment. See 650-1.3 (17A, 147, 153) Organization of the Board, Iowa Administrative Code.

The Dental Hygiene Committee is established under Iowa Code section 153.33A. This 3-member committee consists of 3 board members: 2 DHs and 1 dentist. The dentist member of the committee must have supervised and worked in collaboration with a DH for a period of at least 3 years immediately preceding election to the committee. The dentist member is elected to the committee annually by a majority vote of the board members. The committee has the authority to adopt recommendations regarding the practice, discipline, education, examination, and licensure of DHs and to carry out duties as assigned by the board. The committee has no regulatory or disciplinary authority with regard to dentists, dental assistants, dental lab technicians, or any other auxiliary dental personnel.

b) Licensure by credential is permitted provided the DH has a license with clinical examination issued by another state and has practiced for 3 years in that state. 650—11.5(147,153) Dental Hygiene Licensure by Examination, Iowa Administrative Code.

d) Treatment to be provided must be prescribed by the dentist prior to provision of services.

e, f) The following requirements must be met if the dentist is not present in the facility and the DH is working under general supervision.

1. Patients or their legal guardians must be informed prior to the appointment that no dentist will be present and therefore no examination will be conducted at that appointment.
2. The DH and patient must consent to the arrangement.
3. Basic emergency procedures must be established and in place and the hygienist must be capable of implementing these procedures.
4. The treatment to be provided must be previously prescribed by a licensed dentist and must be entered in writing in the patient's record.

See 650—10.5 (153) Public Health Supervision Allowed and 650—10.3(153) Authorized Practice of a Dental Hygienist, Iowa Administrative Code.

t,u) Direct supervision is required when a DH administers local anesthesia or nitrous oxide. Board-approved training is required. 650—11.7(147,153) Dental Hygiene Application for Local Anesthesia Permit, and 650—29.6 (153) Nitrous Oxide Inhalation Analgesia. <http://www.state.ia.us/dentalboard/practitioners/hygienists/nitrous-oxide.html>.

v) DHs may conduct initial screenings or assessments and prepare preliminary written records of oral conditions for interpretation by the dentist. 650—10.3(153) Authorized Practice of a Dental Hygienist, Iowa Administrative Code.

aa) Public health supervision/collaborative practice agreement is a written agreement between the DH and the supervising dentist. Public health settings where practice may occur include schools, Head Start programs, federally qualified public health centers, public health dental vans, free clinics, nonprofit community health centers, nursing facilities, and federal, state, or local public health programs. A DH may provide screenings, assessments, data collection, and educational, therapeutic, preventative, and diagnostic services except for the administration of local anesthesia and nitrous oxide inhalation analgesia. A dentist is not required to examine a patient prior to the provision of the dental hygiene services. 650—10.5 (153) Public Health Supervision Allowed, Iowa Administrative Code.

bb) There is a petition to the governor to allow for direct Medicaid reimbursement.

KANSAS

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3			3	3	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		7	7	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>			e			
Unsupervised	4	4				
Collaborative arrangements	3				3	e
General	2			2		
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office			f			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities			g			
Unsupervised	4	4				
Collaborative arrangements	3				3	
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public			h			
Unsupervised	4	4				
Collaborative arrangements	3				3	h
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers			i			
Unsupervised	4	4				
Collaborative arrangements	3				3	i
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities			j			
Unsupervised	4	4				
Collaborative arrangements	3				3	j
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
Public institutions - mental health facilities			k			
Unsupervised	4	4				
Collaborative arrangements	3				3	
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings			l			
Unsupervised	4	4				
Collaborative arrangements	3				3	
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Home settings - personal residences			m			
Unsupervised	4	4				
Collaborative arrangements	3				3	m
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	3	
Total Supervision Score		47		14	36	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	2	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		18	20	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		39	63	

Notes

- a) The board consists of 9 members including 6 dentists, 2 licensed DHs, and 1 member of the public.
- e) Kansas permits DHs to work under direct or general supervision. If the DH qualifies for an extended permit level I, II, or III they must enter into a collaborative agreement with a licensed dentist.
- f) The dentist must examine the patient at the time of the dental hygiene service or during the previous 12 months.
- h) DHs may perform services for children birth to 5 years of age and children in public and private schools grades K-12 with the consent of the parent or legal guardian as long as they are children who are dentally underserved. See Kansas Dental Practices Act (July 2014) 65-1456, p. 29-33. When a DH is providing services in schools and correctional institutions and is operating with an extended care permit (levels I, II, or III), the DH must provide a copy of the findings and report of treatment to the sponsoring dentist and any other dental supervisor at a participating organization within 30 days for review. A sponsoring dentist is to review the patient assessment reports within 30 days of receipt. (Authorized by K.S.A. 74-1406(e); implementing K.S.A. 2003 Supp. 65-1456.)
- i) DHs may work under general supervision if the dentist provides oral or written authorization for a specific procedure, task or service that is within DH scope of practice and the dentist has examined the patient within a 12 month period. Dental hygiene services may be performed at a adult care home, hospital long term care unit, state institution, local health department or health care clinic as long as it was delegated by the supervising dentist; the dental hygienist is under the supervision/responsibility of the dentist delegating a procedure; the dentist is personally present or tasks and procedures are limited to education, teeth cleaning, and preventative care; and the patient was examined 12 months prior to the dental hygiene procedures. In addition, dental hygiene tasks may be performed for children participating in residential and nonresidential centers with the consent of a legal guardian or parent. Refer to Kansas Dental Practice Act, 65-1456, p. 29.
- j) DHs may provide dental hygiene services at any state correctional institution as long as the DH has an extended care permit I, extended care permit II, extended care permit III (for which the DH is sponsored by a licensed dentist in the state of Kansas). See Kansas Dental Practices Act (July 2014) 65-1456, p. 29-33.
- m) DHs with extended permits may provide services to qualified home bound patients.
- o) Prophylaxis is permitted under general supervision with prior authorization of the dentist. Any dental hygienist licensed in Kansas may perform under direct or general supervision any authorized procedure (in the dental practice act) except for the administration of local anesthesia which shall be performed only under direct supervision. (Refer to 71-3-7. Authorized by K.S.A. 74-1406 and implementing K.S.A. 1997 Supp. 65-1456(d), as amended by L. 1998, Ch. 141, Sec. 2; effective Feb. 12, 1999.)
- t) Dental hygienists with an extended care permit II or extended care permit III may use local anesthetic, including topical, infiltration and block anesthesia, when appropriate to assist with procedures where medical services are available in a nursing home, health clinic or any other settings if the DH has completed a course on local anesthesia and nitrous oxide as required in the Kansas Dental Practice Act. The administration of local anesthesia is done under direct supervision but topically applied local anesthesia as defined by the board may be applied under general supervision of a licensed dentist. (Refer to 65-1456, p. 31-32.)
- u) DHs may administer nitrous oxide if certified in CPR and if the DH has completed a course of instruction that was board approved.
- v) The DH must have a screening permit signed by a supervising dentist or state agency. The permit is effective for a 2-year period and renewable with the dental hygiene license.
- aa) Extended functions include local anesthesia and/or nitrous oxide certifications and extended care permits I, II, III.
- * A DH may provide DH services under an extended care permit issued by the Kansas Dental Board if the DH has performed 1,200 hours of DH care within the last 3 years or has been an instructor from an accredited DH program for 2 academic years within the past 3 years, has proof of liability insurance, and is sponsored by a Kansas dentist. The dentist will monitor the activities of the DH working under a collaborative agreement. The dentist is not allowed to sponsor more than 5 DHs with extended care permits.
- * Requirement that both licensed DHs and dentists must (either orally or in written form) report abuse and neglect of children to the Department of Social and Rehabilitation Services. The report must include the name, age, gender, address of child/children, names and address of the parents, reasons why the reporter thinks the child/children is/are in need of care, if neglect or sexual abuse is suspected, the nature and extent of harm to child/children, and evidence of harm and identity of the perpetrator.

KENTUCKY

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		6	6	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>			e			
Unsupervised	4	4				
Collaborative arrangements	3				3	e
General	2					
Direct	1			1		
<i>Supervision requirements in:</i>						
Dentist's office			f			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2				2	f
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities			g			
Unsupervised	4	4				
Collaborative arrangements	3				3	
General	2					
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public			h			
Unsupervised	4	4				
Collaborative arrangements	3				3	
General	2					
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers			i			
Unsupervised	4	4				
Collaborative arrangements	3				3	
General	2					
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities			j			
Unsupervised	4	4				
Collaborative arrangements	3				3	
General	2					
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	1	
Public institutions - mental health facilities			k			
Unsupervised	4	4				
Collaborative arrangements	3				3	
General	2					
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings			l			
Unsupervised	4	4				
Collaborative arrangements	3				3	l
General	2					
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	1	
Home settings - personal residences			m			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2				0	
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		8	29	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	0	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	0	2	
Sealant application - physical presence of dentist not required	2	2	q	0	2	
X-rays - physical presence of dentist not required	2	2	r	0	2	
Place amalgam restorations	2	2	s	2	0	
Administer local anesthesia	2	2	t	0	2	t
Administer nitrous oxide	2	2	u	0	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	y
Hygienist may be supervised by a medical provider	2	2	z	0	0	z
Certification to perform expanded functions available in the state	4	4	aa	0	4	aa
Total Tasks Score		28		4	18	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		18	53	

Notes

- a) The Board of Dentistry consists of 10 members, each appointed by the governor to a 4-year term. Seven members of the board are licensed dentists and 2 members are licensed DHs. Dentist members are appointed from a list of 3 names recommended for each position by the resident licensed dentists of Kentucky at an annual election, while the DH members are appointed from a list of 3 names recommended for each position by the resident licensed DHs of Kentucky at an annual election. One member is a citizen at large who is not associated with or financially interested in the practice or business regulated. 313.020 Kentucky Board of Dentistry.
- e) As of March 2002, general supervision is applicable in all settings. 313.040 Administrative Regulations Governing Dental Hygienists.
- f) The exam must have been performed within 7 months. 313.040 Administrative Regulations Governing Dental Hygienists, Section 7a.
- l) A DH can practice under general supervision in rehabilitation hospitals as of March 2002. 313.040 Administrative Regulations Governing Dental Hygienists.
- t,u,aa) Under law effective in 2002, a DH with the appropriate education can administer nitrous and local anesthesia. 201 KAR 8:562, Section 11.
- v) DH services include but are not limited to dental hygiene assessment or screening. Refer to Statutes, 313.010, 2010 Kentucky Acts Chapter 85, subsection 10. A DH licensed by the Board of Dentistry and practicing as a public health DH through the Department for Public Health or a governing board of health may provide screening services in any setting without the supervision of a dentist if the screening is conducted to fulfill the requirements of KRS 156.160(l)(i) and if patients are informed that the service being provided is a screening and only a dentist is licensed to make a definitive diagnosis of the need for dental care. Chapter 313.040. Administrative Regulations Governing Dental Hygienists.
- y) Under 201 KAR 8:562 Section 12, a DH operating with general supervision privileges may not supervise a dental assistant.
- z) DHs may be supervised by a medical provider. 201 KAR 8:562, Section 15.

LOUISIANA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	0	
Total Regulations Score		10		8	6	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>			e			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	e
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office			f			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2				2	f
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities			g			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public			h			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers			i			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities			j			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities			k			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings			l			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2				2	
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences			m			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2					
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		15	16	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	0	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	
Hygienist allowed to refer patient	2	2	w	2	0	
Hygienist may be self-employed	2	2	x	0	0	x
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		18	18	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE		100		41	40	

Notes

- a) The board consists of 14 members, including 1 voting DH. §753. Louisiana State Board of Dentistry; Appointment of Members; Term of Office; Vacancies; Nominating, Meetings; Quorum; Domicile, Louisiana State Board of Dentistry, Louisiana Administrative Code, Title 46, Ch. 33.
- e) Effective June 29, 2006, DHs may work under general supervision of a licensed dentist; general supervision is allowed in public institutions or school settings. §108. Levels and Definitions of Supervision, Section 2, Louisiana State Board of Dentistry, Louisiana Administrative Code, Title 46, Ch. 33. Licensed dentists must see patients of record no more than 9 months prior to the date that the DH provided services but no patient is allowed to be seen by a DH under general supervision for 2 consecutive visits. §108. Levels and Definitions of Supervision, Section 2, Louisiana State Board of Dentistry, Louisiana Administrative Code, Title 46, Ch. 33.
- f) A DH performing authorized duties in any public institution or school work under the general supervision of a licensed dentist. Chapter 7. Dental Hygienists. §701. Authorized Duties, Louisiana Administrative Code, Title 46, Part XXXIII.
- t, aa) DHs may qualify for special endorsement to administer local anesthesia. To qualify the DH must complete 72 hours of instruction in a formal program in administration of local anesthesia. Ch., 7, Dental Hygienists, §701. Authorized Duties, and §710. Administration of Local Anesthesia for Dental Purposes, Louisiana State Board of Dentistry, Louisiana Administrative Code, Title 46, Ch. 33.
- u) DHs may qualify for special endorsement to administer nitrous oxide. §714. Minimal Educational Requirements for the Granting of Permits to Administer Nitrous Oxide Inhalation Analgesia, Louisiana State Board of Dentistry, Louisiana Administrative Code, Title 46, Ch. 33.
- x) A DH may not have his or her own practice, but he or she is allowed to advertise his or her practice of DH, provided it is in conjunction with the advertising by a dentist who employs the DH. Individual advertising of the DH is not allowed. Chapter 7. Dental Hygienists. §701. Authorized Duties, Section F.6., Louisiana Administrative Code, Title 46, Part XXXIII.
- aa) DHs may qualify to administer local anesthesia and/or nitrous oxide. A DH may provide tooth whitening services in an office if under the general supervision of a licensed dentist. Chapter 7. Dental Hygienists. §701. Authorized Duties, Louisiana State Board of Dentistry, Louisiana Administrative Code, Title 46, Ch. 33.

MAINE

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a			
Board of Dentistry/Dental Examiners with Dental Hygiene Advisory Committee	4				4	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member (2 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2		
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	d
Total Regulations Score		10		8	10	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>			e			
Unsupervised	4	4			4	e
Collaborative arrangements	3			3		
General	2					
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office			f			
Unsupervised	4	4			4	f
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Long-term care facilities - skilled nursing facilities			g			
Unsupervised	4	4			4	g
Collaborative arrangements	3			3		
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Schools - private or public			h			
Unsupervised	4	4			4	h
Collaborative arrangements	3			3		
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public health agencies - federally qualified health centers			i			
Unsupervised	4	4			4	i
Collaborative arrangements	3			3		
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Correctional facilities			j			
Unsupervised	4	4			4	j
Collaborative arrangements	3			3		
General	2					
Direct	1			1		
No requirement for prior examination by a dentist	1	1			1	
Public institutions - mental health facilities			k			
Unsupervised	4	4			4	k
Collaborative arrangements	3			3		
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Hospitals/rehabilitation hospitals or convalescent settings			l			
Unsupervised	4	4				
Collaborative arrangements	3			3	4	l
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Home settings - personal residences			m			
Unsupervised	4	4			4	m
Collaborative arrangements	3					
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	3	
Total Supervision Score		47		30	47	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	2	s
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	0	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	
Hygienist allowed to refer patient	2	2	w	2	2	
Hygienist may be self-employed	2	2	x	0	2	
Hygienist may supervise a dental assistant	2	2	y	0	2	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		18	26	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	10	
Dental hygienist may be paid directly for services provided		5	cc	0	5	cc
Total Reimbursement Score		15		0	15	
TOTAL SCORE						
		100		56	98	

Notes

- a) The dental board consists of 9 members: 5 dentists, 1 denturist, 1 public member, and 2 voting DHs. 32 §1071. Membership, Appointment, Vacancies, Removal, Nominations, Compensation, MRS Title 32, Ch., 16, Dentists and Dental Hygienists.
- d) In public health settings the patient is not deemed to be a patient of record of the supervising dentist. See 2.313, Ch. 1, MRS.
- e) An independent DH licensed by the board may practice without supervision by a dentist. Any licensee of the board 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. Independent practice requires a minimum of a bachelor's degree and 2,000 hours of clinical experience or an associate's degree and 5,000 hours of clinical experience under general or direct supervision of a licensed dentist. In addition, an independent practice DH must provide evidence of 30 hours of continuing education consisting of board-approved courses in the 2 years preceding an application for licensure renewal. 32 §1094-Q, MRS Title 32, Ch.,16, Dentists and Dental Hygienists.
- e, f, g, h, i, j, k, l, m) A DH may work in a public health supervision relationship with a dentist. The dentist has no responsibility for providing patient care, but supports the hygienist in providing or finding care for the patient. In public health settings, the dentist will give orders to the DH but does not need to be present when the procedures are being performed. A written plan for referral must be provided by the DH. Section III, Public Health Supervision Status, Ch. 2, Rules Relating to Dental Hygienists.
- q) A DH under public health supervision may apply sealants without prior determination by a dentist. See Section III, Public Health Supervision Status and Section 1, General Supervision of Dental Hygienists, Ch. 2, Rules Relating to Dental Hygienists.
- s) Independent practice DHs may shape and polish amalgam restorations but are limited to slow-speed application only.
- t) DHs may qualify to provide local anesthesia to patients by special endorsement. Ch. 2, Rules Relating to Dental Hygienists, Section 2, Direct Supervision of Dental Hygienists.
- u) DHs may administer nitrous oxide after being issued a permit by the dental board. A DH who is not issued a permit may during nitrous oxide administration by the dentist, observe and advise the dentist of any changes in the gauge indices or readings but shall not adjust, manipulate, or control the nitrous oxide apparatus or equipment. Ch. 2, Rules Relating to Dental Hygienists, Section 2, Direct Supervision of Dental Hygienists.
- aa) DHs may apply for public health supervision status or may work as independent practice DHs if issued a board permit. Ch. 2 Rules Relating to Dental Hygienists, Section III. Public Health Supervision Status.
- cc) DHs can be paid salary or honoraria for services rendered in public health settings. The MaineCare program allows for reimbursement of services provided by independent practice DHs and dental hygiene therapists. Refer to MainCare Benefits Manual, Ch. II and III, Section 25, Dental Services and 02-313, Ch., 2, section F, p. 2.
- * Maine has enabled the practice of dental hygiene therapy but none have yet been educated for practice.

MARYLAND

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a			
Board of Dentistry/Dental Examiners with Dental Hygiene Advisory Committee	4			4	4	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member (2 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	b
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	
Total Regulations Score		10		10	10	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>			e			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	e
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office			f			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2				2	f
Direct	1			1		
No requirement for prior examination by a dentist	1	1		1	0	
Long-term care facilities - skilled nursing facilities			g			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public			h			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers			i			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities			j			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities			k			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings			l			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	l
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences			m			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			0	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	3	
Total Supervision Score		47		16	21	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	1.5	2	
Sealant application - physical presence of dentist not required	2	2	q	1.5	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	0	2	t
Administer nitrous oxide	2	2	u	0	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	0	v
Hygienist allowed to refer patient	2	2	w	0	2	w
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	0	4	aa
Total Tasks Score		28		10	18	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		36	49	

Notes

a) There are 4 DHs on a 16-member board. The board consists of 9 dentists, 4 DHs, and 3 public members. Maryland Health Occupations Code Ann. §4-202.

b) Maryland has retired volunteer DHs who are limited to working in dental offices, dental clinics, ambulatory care facilities, hospitals that have an entity that provides medical care to the poor, elderly, or handicapped operated by the state, local government, or a bona fide charitable organization, or in any other setting approved by the board. The retired DH with the retired volunteer license may not receive compensation for practicing dental hygiene (or dentistry) in the state.

A DH can practice as a volunteer if there is agreement that the DH will donate at least 100 hours of services in a facility and the DH does not otherwise practice for profit and also has malpractice insurance. 10.44.24 Retired Volunteer Licenses.

e) DHs can practice under general supervision in any setting licensed by the Maryland Department of Health and Mental Hygiene that provides care to the poor or is federally qualified as a community health program. The facility must request a waiver of the direct supervision requirement. 10.44.21 Practice of Dental Hygiene Under General Supervision in a Facility, Ann. Code of Maryland, Health Occupations Article, § 4-308, Chapter 221, Acts of 2003.

f) The supervising dentist, the patient's own dentist, the facility's dental consultant, or the patient's treating physician shall evaluate the patient's history and determine the impact on treatment, and a licensed dentist shall establish the diagnosis and approve a treatment plan for the patient. If there is a change in the patient's medical history, the DH shall consult with the supervising dentist or any other professional in charge. All recall patients that are seen by a DH working under general supervision shall be scheduled for an oral examination with a dentist every 6 months as otherwise recommended by the supervising dentist.

If a DH works under general supervision in a private dental office where a dentist is not on the premises while authorized dental hygiene services are provided, certain requirements shall be met. In order for the DH to work under general supervision, the DH must have documentation or at least 1,500 hours of clinical experience in dental hygiene clinical practice. Before an appointment, the patient, the custodial parent, or the legal guardian of a minor or incompetent adult shall be informed that a DH will be providing services previously prescribed by a dentist who will not be on the premises during the appointment and have consent in writing prior to receiving the dental hygiene services. A copy of the signed consent shall be maintained in the patient's record. The number of clinical hours worked by a DH under general supervision in any given 3-month period shall be less than 60 percent of the DH's total hours worked during that 3-month period. To ensure compliance with this provision, the supervising dentist and the DH shall maintain a written record of the DH's total monthly hours worked and the total number of monthly hours worked by the DH when the dentist was not on the premises. A supervising dentist may not have more than two DHs working under the dentist's general supervision at any given time, regardless of the number of offices in which the supervising dentist practices dentistry.

j) DHs can practice in correctional facilities if they are licensed by the DMDH.

l) DHs can practice in rehabilitation hospitals as long as the rehabilitation hospitals are licensed by the Department of Health and Mental Hygiene (DHMH) and provide medical care to the poor, elderly, or handicapped, are owned or operated by a charitable institution, are a federally qualified community health program, or are in a setting otherwise authorized by the board to provide dental hygiene services. DHs may practice under general supervision without a doctor of dental surgery on-site if there is a waiver from the DHMH. The same situation with regard to general supervision and DHMH waiver applies to DHs in hospitals.

t, aa) A DH may administer local anesthesia by infiltration and local anesthesia by inferior alveolar nerve block only after board recognition as provided. Md. Health Occupations Code Ann. § 4-206.2

u) A DH may monitor a patient to whom nitrous oxide has been administered only after board recognition is provided. Md. Health Occupations Code Ann. § 4-206.2

v) DHs are not allowed to diagnose but there is no mention of prohibiting screening in state statutes. Md. Health Occupations Code Ann. § 4-206.

w) DHs may refer patients to dentists under SB 459, which was signed into law in 2013, if they are operating out of a community-based health fair - a health event put on by local, state, or federal government entities.

MASSACHUSETTS

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3				3	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2		
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	b
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	2	d
Total Regulations Score		10		6	9	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3				3	e
General	2			2		
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3				3	g
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3				3	h
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3				3	i
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3				3	j
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3				3	k
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3				3	l
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3				3	m
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	3	
Total Supervision Score		47		16	36	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	2	2	
Administer local anesthesia	2	2	t	0	2	t
Administer nitrous oxide	2	2	u	0	2	
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	
Hygienist allowed to refer patient	2	2	w	0	2	w
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	0	4	aa
Total Tasks Score		28		12	22	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	10	bb
Dental hygienist may be paid directly for services provided		5	cc	0	5	cc
Total Reimbursement Score		15		0	15	
TOTAL SCORE		100		34	82	

Notes

a) The Board of Registration in Dentistry is under the auspices of the Division of Professional Licensure. There are 2 voting DHs on the 12-member board. 234 CMR, 2.01 Rules of Procedure.

The Board of Registration in Dentistry members are appointed by the governor for a 5-year term, and they can serve a total of 2 terms. They serve without compensation. 234 CMR, 2.01 Rules of Procedure.

b) Licensure by credential is available for DHs in Massachusetts. CMR 23 4.04, Section 9.

d) There are no restrictions on patients of record for public health DHs working in a public health capacity.

e, g, h, i, j, k, l, m) 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 provide any service that is within the scope of his or her practice and has been authorized and adopted by the board as a delegable procedure for DHs in private practice under general supervision and may conduct minor emergency denture adjustments to eliminate pain and discomfort in nursing homes and other long-term care facilities under general supervision. Part 1, Title XVI, Ch. 112, Section 51 Dental Hygienists.

t) A DH who holds permit local anesthesia permit may administer local anesthesia under the direct supervision of a licensed dentist. Part 1, Title XVI, Ch. 112, Section 51 Dental Hygienists.

w) When necessary, a public health DH must provide a referral for emergency assessment by a dentist. When the referral is made, the patient or legal representative shall be referred to the patient's regular dentist if one is identified. When none is identified, the patient or legal representative must be provided with 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 public health DH has had contact about the acceptance of the referral(s). Refer to CMR 24.5.08.

A DH working under general supervision may provide patient referrals to dentists, physicians, and other practitioners in consultation with a dentist. A public health DH may make referrals to dentists, physicians, and other practitioners in consultation with a dentist if there is a written collaborative agreement with a municipality or state agency or institution, or with a licensed dentist who holds a valid license issued pursuant to M.G.L. c. 112, § 45. Also refer to CMR 24.5.12 redelegable procedures.

aa) A qualified DH may perform as a public health DH in public health settings. DHs in Massachusetts are able to perform all functions allowed to dental assistants in the state including if qualified, expanded functions. Part 1, Title XVI, Ch. 112, Section 51 Dental Hygienists.

bb, cc) A public health DH shall only be directly reimbursed by Medicaid or by the Commonwealth Care insurance program if providing services in a public health setting and shall not seek reimbursement from any other insurance or third-party payer. The statute does not prevent or preclude public health DHs from being directly reimbursed by the individual.

MICHIGAN

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3			3	3	
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	c
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	d
Total Regulations Score		10		7	7	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>			e			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	e
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office			f			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities			g			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	g
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public			h			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	h
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers			i			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Correctional facilities			j			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public institutions - mental health facilities			k			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings			l			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2					
Direct	1			0	0	l
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences			m			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2					
Direct	1			0	0	
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	0	
Total Supervision Score		47		18	19	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	0	2	
Sealant application - physical presence of dentist not required	2	2	q	0	2	
X-rays - physical presence of dentist not required	2	2	r	0	2	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	0	2	t
Administer nitrous oxide	2	2	u	0	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	
Hygienist allowed to refer patient	2	2	w	2	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		10	18	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	10	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	10	
TOTAL SCORE		100		35	54	

Notes

- a) The Michigan Board of Dentistry is under the auspices of the Department of Consumer/Industry Services. Four voting DHs are on the 19-member board. See 333.16621, Act 368 of 1978, Public Health Code.
- c) See 333.16621, Act 368 of 1978, Public Health Code.
- d) Supervision guidelines require the patient to be a patient of record.
- e) DHs may perform some dental hygiene services under the general supervision of a dentist as part of a program for dentally underserved populations in the state of Michigan if the program is conducted by a local, state, or federal grantee agency for a 2-year period.
- g, h, i, j, k, l) A DH may perform dental hygiene services under the general supervision of a dentist as part of a program for underserved populations conducted by a local, state or federal grantee agency for patients who are not assigned a dentist. DHs must apply to the state Department of Community Health for designation as grantee health agency. Refer to Public Health Code, Act 368 of 1978, Section 333.16625.
- t,u, aa) A DH is permitted to administer local anesthesia or nitrous oxide analgesia under the direct supervision of a dentist if the DH has met board requirements under section 16125 and section 16611 of Act 368 of 19679, Public Health Code.

MINNESOTA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	
Total Regulations Score		10		8	8	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>			e			
Unsupervised	4	4				
Collaborative arrangements	3			3	3	e
General	2					
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office			f			
Unsupervised	4	4				
Collaborative arrangements	3				3	f
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Long-term care facilities - skilled nursing facilities			g			
Unsupervised	4	4				
Collaborative arrangements	3			3	3	g
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Schools - private or public			h			
Unsupervised	4	4				
Collaborative arrangements	3			3	3	h
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public health agencies - federally qualified health centers			i			
Unsupervised	4	4				
Collaborative arrangements	3			3	3	i
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Correctional facilities			j			
Unsupervised	4	4				
Collaborative arrangements	3			3	3	j
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public institutions - mental health facilities			k			
Unsupervised	4	4				
Collaborative arrangements	3			3	3	k
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Hospitals/rehabilitation hospitals or convalescent settings			l			
Unsupervised	4	4				
Collaborative arrangements	3			3	3	l
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Home settings - personal residences			m			
Unsupervised	4	4				
Collaborative arrangements	3			3	3	m
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	3	
Total Supervision Score		47		36	38	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	2	s
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	
Hygienist allowed to refer patient	2	2	w	2	2	w
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	2	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		20	24	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	10	bb
Dental hygienist may be paid directly for services provided		5	cc	0	5	
Total Reimbursement Score		15		0	15	
TOTAL SCORE		100		64	85	

Notes

- a) One voting dental therapist is on the 9-member board. 150.02, Board of Dentistry, 2015 Minnesota Statutes.
- e) All services provided by a dental hygienist must be authorized by a dentist and performed under general supervision according to the diagnosis and treatment plan of the dentist in the office. Dental therapists work under a collaborative agreement to serve low-income, uninsured, and underserved patients or are located in dental health professional shortage areas and provide oral health care, including preventative, oral evaluations, and assessments and educational, palliative, therapeutic, and restorative services within the context of a collaborative management agreement. The advanced dental therapist (ADT) practices under the general supervision of a dentist in the collaborative agreement, which means the dentist does not need to see the patient first or be on-site for the procedure. See 150A.106, Subd. 2, 3, and 4, Scope of Practice, Board of Dentistry, 2015 Minnesota Statutes.
- f, g, h, i, j, k, l, m) ADTs have a written collaborative agreement with a licensed state dentist in a public health care setting. An ADT or a DT may treat a patient who has not had a prior exam by a dentist. 150A.106, Advanced Dental Therapist, Board of Dentistry, 2015 Minnesota Statutes.
- m) An ADT's collaborative agreement with an individual licensed dentist means he or she is under general supervision. The dentist does not have to be on-site and the ADT cannot operate without a (general) supervision protocol in place. See 150A.106, Subd. 4, Scope of Practice, Board of Dentistry, 2015 Minnesota Statutes.
- s) An ADT is permitted to provide adult/posterior amalgam or composite class II restorations. See 150A.106, Subd. 4, Scope of Practice, Board of Dentistry, 2015 Minnesota Statutes.
- t, u) A dental hygienist may administer local anesthesia or nitrous oxide inhalation analgesia under general supervision if all conditions in regulations are met. Please refer to 3100.8700 Dental Hygienists, Subpart 1. Duties under general supervision, (j) in re administration of local anesthesia.
- w) ADT practicing under a collaborative arrangement must refer to a dentist for treatment of conditions outside the scope of practice. See 150A.106, Subd. 4, Scope of Practice, Board of Dentistry, 2015 Minnesota Statutes. See 150A. 106, Subd. 4 and 5, Scope of Practice, Board of Dentistry, 2015 Minnesota Statutes.
- aa) ADTs are allowed to practice under collaborative agreements with dentists in a public health setting under general supervision. The collaborating dentist is not required to be on-site or see the patient prior to treatment by the ADT. See 150A.106, Subd. 3 and 8, Scope of Practice, Board of Dentistry, 2015 Minnesota Statutes.
- bb) 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

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	b
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	2	c
Total Regulations Score		10		6	8	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	e
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2					
Direct	1			1	1	f
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2					
Direct	1			0	0	
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2			2	2	h
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2			2		
Direct	1				0	
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2					
Direct	1			0	0	
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2					
Direct	1			0	0	
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2					
Direct	1			0	0	
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2					
Direct	1			0	0	
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		7	6	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	0	0	o
Fluoride treatment - physical presence of dentist not required	2	2	p	0	2	p
Sealant application - physical presence of dentist not required	2	2	q	0	0	q
X-rays - physical presence of dentist not required	2	2	r	0	0	r
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	0	0	t
Administer nitrous oxide	2	2	u	0	0	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	x
Hygienist may supervise a dental assistant	2	2	y	0	0	y
Hygienist may be supervised by a medical provider	2	2	z	0	0	z
Certification to perform expanded functions available in the state	4	4	aa	0	0	
Total Tasks Score		28		2	4	

REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	

TOTAL SCORE		100		15	18	
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Notes

- a) The Mississippi State Board of Dental Examiners is a legislatively mandated state regulatory agency. § 73-9-7--State Board of Dental Examiners; Dental Districts; Nominations for Appointment, MS Code of 1972.
- b) Mississippi will only consider applications for licensure by credentials from candidates who are currently licensed in states that also credential Mississippi dentists and/or DHs. Refer to Miss. Code Ann. §73-9-24 and Board Regulation Number 47 - Licensure by Credentials.
- c) Scope of practice for DHs employed by the Mississippi State Board of Health or public school boards for educational purposes and under the general supervision of a dentist is defined in code. § 73-9-5, Dental Hygiene Defined, MS Code of 1972.
- e) DHs who are employed by the Mississippi State Board of Health or public school boards to perform dental hygiene for educational purposes are under the general supervision of a state-licensed dentist. A dentist is not required to be in the dental office or treatment facility when procedures are being performed, and the dentist may or may not have personally diagnosed the condition to be treated, may or may not have personally authorized the procedures, and may or may not evaluate the performance of the dental hygienist. § 73-9-5, Dental Hygiene Defined, MS Code of 1972.
- See Miss. Code Ann §73-9-5(2), which allows for a limited scope of practice for DHs employed by the Mississippi State Board of Health or public school boards who may be performing oral hygiene instruction, screening, or public demonstrations of dental hygiene for educational purposes. A dentist is not required to be in the dental office or treatment facility when procedures are being performed; the dentist may or may not have personally diagnosed the condition to be treated, may or may not have personally authorized the procedures, and may or may not evaluate the performance of the DH. 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.
- f, h) DHs who are employed by the Mississippi State Board of Health or public schools performing oral health hygiene for educational purposes and who are under the general supervision of a state-licensed dentist.
- o) DHs may only perform prophylaxis under the direct supervision of a licensed dentist.
- p) DHs employed by the Mississippi State Board of Health or public school boards under the general supervision of a state-licensed dentist may apply fluoride varnishes as part of any oral hygiene instruction and screening responsibilities.
- q) DHs may only place sealants under the direct supervision of a licensed dentist.
- r) Licensed DHs may only administer radiographs under direct supervision.
- t) Only licensed dentists may administer local anesthesia. Refer to State Board Regulation 29.
- u) A licensed dentist may instruct as to the placement and monitoring of the nitrous oxide under his or her direct supervision. Refer to Board Regulation 29.
- v) DHs who are employed by the Mississippi Board of Health or public school boards under the general supervision of a state-licensed dentist may provide oral health instruction and screenings. The dentist does not need to be present. § 73-9-5--Dental Hygiene Defined, MS Code of 1972.
- x, y, z) DHs may not supervise a dental assistant, be supervised by a medical provider or be self-employed. DHs are under the direct supervision of dentists unless employed by the Mississippi State Board of Health or public school board (in which the DH operates under the general supervision of a licensed Mississippi dentist. Please refer to Miss. Code Ann. § 73-9-5(2) and Miss. Code Ann. §§ 73-9-3(i) and 73-9-5(2).

MISSOURI

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a			
Board of Dentistry/Dental Examiners with Dental Hygiene Advisory Committee	4			4	4	
Board of Dentistry/Dental Examiners with dental hygienist as a voting member (2 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	2	d
Total Regulations Score		10		8	10	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e	4	4	e
Collaborative arrangements	3					
General	2					
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g		4	
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public						
Unsupervised	4	4	h	4	4	
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i	4	4	i
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2			2	0	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	0	
Total Supervision Score		47		29	27	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	2	2	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	2	2	w
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		22	22	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	10	10	bb
Dental hygienist may be paid directly for services provided		5	cc	5	5	cc
Total Reimbursement Score		15		15	15	
TOTAL SCORE						
		100		74	74	

Notes

- a) The board consists of 7 members: 5 dentists, 1 licensed DH, and 1 voting public member.
- d) A DH in a public health setting sponsored by a governmental health entity who is operating as an unsupervised professional is not limited to a dentist's patient list.
- e) DHs may operate in a public health setting without the supervision of a dentist so long as the delivery of health services is sponsored by a governmental health entity including the Missouri Department of Health and Senior Services, a county health department, a city health department operating under a city charter, a combined city/county health department, or a nonprofit community health center including a community health center that receives funding authorized by sections 329, 330 and 340 of the U.S. Public Health Services Act and 20 CSR 2110-2.111 Addressing the Public—Dental Hygienists.
- i) Missouri Revised Statutes, Section 332.331.
- o, p, q) No supervision is required for fluoride treatments, cleaning, and sealants in public health settings. 20 CSR 2110-2.111 Addressing the Public—Dental Hygienists, and 20 CSR 2110-2.130 Dental Hygienists.
- r) The dentist does not need to be present for x-rays. 20 CSR 2110-2.130 Dental Hygienists.
- t, u) A DH may administer anesthesia under indirect supervision in a dentist's office. 20 CSR 2110-2.130 Dental Hygienists.
- v) DHs may perform assessments without the presence of a dentist. 20 CSR 2110-2.130 Dental Hygienists and 20 CSR 2110-2.111 Addressing the Public—Dental Hygienists.
- w) DHs in public health settings must refer to a dentist who will then diagnose.
- aa) DHs are allowed to work in public health settings. 20 CSR 2110-2.111 Addressing the Public—Dental Hygienists.
- bb) Direct Medicaid reimbursement is allowed for public health DHs. Reimbursement is allowed for fluoride treatments, oral prophylaxis, and sealants. <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/sohap-missouri.pdf>, and <http://dss.mo.gov/mhd/mc/qai/pdf/111027-statewide-oral-health-pip.pdf>, and <http://dss.mo.gov/mhd/providers/education/dental/dentalmanual.pdf>.
- cc) Public Health DHs can be reimbursed for sealants, oral prophylaxis, and fluoride treatments. <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/sohap-missouri.pdf>, and <http://dss.mo.gov/mhd/mc/qai/pdf/111027-statewide-oral-health-pip.pdf>, and <http://dss.mo.gov/mhd/providers/education/dental/dentalmanual.pdf>.

MONTANA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a			
Board of Dentistry/Dental Examiners with Dental Hygiene Advisory Committee	4				4	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member (2 or more)	3			3		
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	d
Total Regulations Score		10		9	10	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e		4	e
Collaborative arrangements	3					
General	2			2		
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g		4	
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	g
Schools - private or public						
Unsupervised	4	4	h		4	
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	h
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i		4	
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	i
Correctional facilities						
Unsupervised	4	4	j		4	
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	j
Public institutions - mental health facilities						
Unsupervised	4	4	k		4	
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	k
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l		4	
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	l
Home settings - personal residences						
Unsupervised	4	4	m		4	
Collaborative arrangements	3					
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	m
No limits on settings allowed for practice by dental hygienists	3	3	n	0	3	
Total Supervision Score		47		16	44	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	
Administer nitrous oxide	2	2	u	0	2	
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	
Hygienist allowed to refer patient	2	2	w	0	2	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		16	20	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	10	
Dental hygienist may be paid directly for services provided		5	cc	0	5	
Total Reimbursement Score		15		0	15	
TOTAL SCORE		100		41	89	

Notes

- a) Montana has a dental hygiene committee of the Montana Board of Dentistry that consists of 2 DHs and 1 dental board member who either employs a DH or is employed by a federally qualified health center that employs a DH. The committee must meet at least once a year and review issues pertaining to DHs and make recommendations to the full board. See 24.138.101, Board Organization, Rule Ch. 24.138, The Board of Dentistry.
- d) DHs working under public health supervision in a public health setting are not limited to patients of record of a supervising dentist. 24.138.425. Limited Access Permit Treatment Guidelines - Practicing Under Public Health Supervision.
- e, f, g, h, i, j, k, l, m) Public health supervision status allows the DH to provide limited dental hygiene preventative services without the prior authorization or presence of a licensed dentist in a public health facility, including a federally qualified health center, a federally funded community health center, or a migrant health center, or in programs for health services for the homeless, nursing homes, home health agencies, extended care facilities, group homes for the elderly, disabled, and youth, Head Start programs, migrant worker facilities, local public health clinics and facilities, public institutions under the Montana Department of Public Health and Human Services, mobile public health clinics, and other public health facilities and programs that the board may identify in addition to those listed and under which a limited access permit may be provided. 24.138.425 Limited Access Permit Treatment Guidelines, Practicing under Public Health Supervision.
- o, p, q, r) See Montana Code Ann. 37-4-405(3b). Except for the administration of local anesthesia, a licensed DH can provide treatment under the general supervision of a dentist licensed and residing in the state of Montana. The supervising dentist does not need to be on the premises.
- aa) Public health DH with LAP. See 24.138.425, LAP Treatment Guidelines - Practicing Under Public Health Supervision.
- * Notice of Amendment and Adoption (Montana Board of Dentistry): Amendment made to ARM 24.138.425 to allow limited access permit (LAP) DHs to consult with nurse practitioners or physician assistants when patients have severe systemic diseases and to then determine the treatment and appropriateness of dental hygiene preventative services under said circumstances. This notice of amendment and adoption was certified to the Montana secretary of state on July 28, 2014.

NEBRASKA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a			
Board of Dentistry/Dental Examiners with Dental Hygiene Advisory Committee	4				4	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member (2 or more)	3			3		
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	2	d
Total Regulations Score		10		7	10	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e		4	e
Collaborative arrangements	3					
General	2			2		
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g		4	g
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public						
Unsupervised	4	4	h		4	h
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i		4	i
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities						
Unsupervised	4	4	j		4	j
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k		4	k
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l		4	l
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2			2	0	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	0	
Total Supervision Score		47		21	36	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	0	0	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		16	16	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	10	bb
Dental hygienist may be paid directly for services provided		5	cc	0	5	cc
Total Reimbursement Score		15		0	15	
TOTAL SCORE						
		100		44	77	

Notes

- a) The board consists of 6 dentists, 2 DHs, and 2 public members. See 38-1114, Board; Membership, Ch. 38, Health Occupations and Professions.
- d) Public health DHs are not restricted to patients of record.
- e) Public Health DHs may work without supervision in public health settings.
- g, h, i, j, k, l) There are some limits on practice settings, in that the regulations do not list home health settings as an allowable setting for DHs with authorization to work in a public health setting or institution. 38-1130. Licensed Dental Hygienist; Functions Authorized; Ch. 38, Health Occupations and Professions.
- Public health DHs are required to inform patients that prophylactic and oral health education services are not replacements for visits to and treatments by a licensed dentist but are rather additional services that don't mitigate the need to regularly visit a dentist. Ch. 38, Health Occupations and Professions' 38-1130; Licensed Dental Hygienist, Functions Authorized; When.
- o, p, q) A DH who is authorized by the Department of Health may, in a public health setting or in a health care or related facility, perform oral prophylaxis including fluoride and sealant applications, without the supervision of a licensed dentist. This authorization is for licensed DHs who have 3,000 hours of clinical experience. See Ch. 38, Health Occupations and Professions, 38-1130; Licensed Dental Hygienist, Functions Authorized; When.
- r) A DH may perform radiographic exposures under the general supervision of a licensed dentist. General supervision is defined by the Nebraska Board of Dentistry to mean that the physical presence of the dentist is not required. 38-1131. Licensed Dental Hygienist; Procedures and Functions Authorized; Enumerated, Ch. 38, Health Occupations and Professions.
- t,aa) DHs must take a board-approved course to administer local anesthesia under indirect supervision. 38-1132. Licensed Dental Hygienist; Monitor Analgesia; Administer Local Anesthesia; When; Ch. 38, Health Occupations and Professions.
- u) DHs may monitor nitrous oxide under the indirect supervision of a licensed dentist. 38-1132. Licensed Dental Hygienist; Monitor Analgesia; Administer Local Anesthesia; When; Ch. 38, Health Occupations and Professions.
- v) Initial screening and assessment is done under the general supervision of a licensed dentist.
- bb) DHs authorized by the Department of Health and Human Services to work in a public health setting have to apply for a Medicaid provider number for reimbursement.
- cc) A DH working in a public health setting must obtain a Medicaid provider number.

NEVADA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a		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 or more)	3			3		
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	
Total Regulations Score		10		9	10	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e		4	e
Collaborative arrangements	3					
General	2			4		
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g	4	4	g
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Schools - private or public						
Unsupervised	4	4	h	4	4	h
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i	4	4	i
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Correctional facilities						
Unsupervised	4	4	j	4	4	j
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k	4	4	k
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l	4	4	l
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2			0	2	m
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		36	38	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	2	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	2	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		20	20	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	10	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		65	78	

Notes

- a) The dental hygiene committee has 8 members: 7 DHs and 1 licensed dentist who also serves on the Dental Examiners' Board. NRS 631.130, Qualifications of Members; Restrictions on Participation in Examinations.
- e) A qualified dental hygienist maybe be issued a special endorsement to the DH's license to practice public health dental hygiene allowing the DH to provide services without the authorization of or supervision by a dentist as specified in regulation. NRS 631.287.
- g,h,i,j,k,l,m) Dental hygienists may practice in public schools, state institutions, hospitals, professional education programs, and in other places if specified by the Board. NRS 631.310
- o, p, q, r) DHs may provide these services if the dentist has authorized them. The physical presence of the dentist is not required during their performance.
- t,u,aa) There are special requirements related to administration of local or nitrous oxide anesthesia. A DH may, pursuant to regulations adopted by the board, administer local anesthesia or nitrous oxide in a health care facility, as defined in NRS 162A.740, if the DH is authorized by the licensed dentist of the patient to whom the local anesthesia or nitrous oxide is administered; and the health care facility has licensed medical personnel and necessary emergency supplies and equipment available when the local anesthesia or nitrous oxide is administered. Please refer to NRS.631.313.4 (a)(b). NRS 631.313 Assignment of Dental Hygienist or Dental Assistant to Perform Intraoral Tasks under Supervision of Dentist; Exception; Administration of Local Anesthesia or Nitrous Oxide by Dental Hygienist.

NEW HAMPSHIRE

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a			
Board of Dentistry/Dental Examiners with Dental Hygiene Advisory Committee	4				4	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member (2 or more)	3			3		
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	
Total Regulations Score		10		9	10	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3				3	e
General	2			2		
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3				3	g
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3				3	h
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3				3	i
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3				3	j
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3				3	k
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3				3	l
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3				3	m
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	3	
Total Supervision Score		47		16	37	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	0	2	s
Administer local anesthesia	2	2	t	0	2	t
Administer nitrous oxide	2	2	u	0	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	
Hygienist allowed to refer patient	2	2	w	0	2	w
Hygienist may be self-employed	2	2	x	0	0	x
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		14	22	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		39	69	

Notes

- a) The board consists of 9 dentists, 6 DHs, and 1 public member. 317-A:2 Board; Appointment; Term; Compensation, Ch. 317-A Dentists and Dentistry.
- e) Public health DHs are not limited to patients of record of a supervising dentist. 317-A:21-e Certified Public Health Dental Hygienist, Ch. 317-A, Dentists and Dentistry.
- f) Part Den 301.02 - Under general supervision, the DH may see patients of record in accordance with a dentist's treatment plan, and the dentist must review the prognosis and procedures within a 12-month period.
- g, h, i, j, k, l, m) Public Health DHs are permitted to work in these settings. 317 Ch. 317-A, Dentists and Dentistry.
- o, p, q, r) DHs may perform duties under general supervision.
- s,aa) DHs are able to place, contour, or adjust restorative materials under the direct supervision of a dentist after completing an expanded function dental auxiliary course in dental restorations.
- t,aa) After taking a board-approved course, DHs may administer local anesthesia under direct supervision. 317-A:21-c Practice of Dental Hygiene, Ch. 317-A, Dentists and Dentistry.
- u,aa) DHs who qualify may administer and monitor nitrous oxide anesthesia under the direct supervision of a dentist. DHs who are qualified in another jurisdiction may qualify for endorsement from the board to show training/education equivalent to that of New Hampshire and also show a letter from a supervising dentist attesting to the DH's experience administering nitrous oxide within the previous 2 years. 317-A:21-c Practice of Dental Hygiene, Ch. 317-A, Dentists and Dentistry.
- w) Public health DHs may provide referrals. 317-A:21-e Certified Public Health Dental Hygienist, Ch. 317-A, Dentists and Dentistry.
- x) DHs may not be self-employed.

NEW JERSEY

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		6	6	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	e
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f		0	
Collaborative arrangements	3					
General	2				2	f
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2			2	2	g
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2			2	2	h
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2			2	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2			2	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2			2	2	l
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2				0	
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		15	16	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	2	2	s
Administer local anesthesia	2	2	t	0	2	t
Administer nitrous oxide	2	2	u	0	0	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	
Total Tasks Score		28		16	18	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE		100		37	40	

Notes

- a) The State Board of Registration and Examination in Dentistry is in the Division of Professional Boards of the Department of Law and Public Safety. The board consists of 9 members, 1 of which is a licensed DH. All members must have lived in the state for 10 years prior to appointment and are appointed by the governor to serve a 4-year term. Recommendations for a DH to serve on the dental board may be provided to the governor by the New Jersey Dental Hygienists' Association. The governor is not bound to the association's recommendations. 45:6-1. State Board of Dentistry; Membership; Appointments; Terms; State Board of Dentistry Laws.
- e) New Jersey Board of Dentistry, 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. 13:30-1a.2, Scope of Practice of a Licensed Dental Hygienist.
- f, g, h, i, j, k, l) A DH who has 3 years of clinical dental hygiene experience or a minimum of 2,000 hours of experience performing primarily prophylactic or periodontal debridement under the supervision of a licensed dentist, is CPR certified, and has 6 hours of continuing education on an annual basis, may perform 1 or more DH functions as described in G.S. 90-221(a) without the physical presence/supervision of a licensed dentist. DHs may serve under the direction of a licensed dentist employed by the Dental Health Section of the New Jersey Department of Health and Human Services.
- o, p, q, r) New Jersey allows for general supervision to perform prophylaxis and fluoride treatments, apply sealants, and take radiographic exposures of a patient's mouth. 13:30-1A.2M Scope of Practice of Licensed Dental Hygienist.
- s, t) Placing amalgam restorations and administering local anesthesia must be done under direct supervision of the licensed dentist in a private dental practice. A board-approved course and a permit are required before a licensed DH can administer local anesthesia. See 13:30.1A.2.
- u) A licensed DH working under direct supervision may monitor the patient after the licensed dentist has administered the nitrous oxide. To be able to monitor in this capacity, a licensed DH must complete a board-approved course. See 13:30-8.20, Nitrous Oxide/Oxygen Inhalation Analgesia, Duties of a Licensed Dentist, Delegation to Licensed Dental Hygienist and Registered Dental Assistant.
- v) A licensed DH practicing under the supervision of a New Jersey licensed dentist in an institution may examine soft and hard tissue of the head, neck and oral cavity and note deformities, defects and abnormalities therein. Refer to Statutes, 456-49(d).

NEW MEXICO

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a			
Board of Dentistry/Dental Examiners with Dental Hygiene Advisory Committee	4			4	4	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member (2 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	d
Total Regulations Score		10		10	10	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3			3	3	e
General	2					
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3				3	f
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3			3	3	g
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3			3	3	h
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3			3	3	i
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3			3	3	j
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3			3	3	k
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3			3	3	l
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Home settings - personal residences						
Unsupervised	4	4	m			m
Collaborative arrangements	3			3	3	
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	3	
Total Supervision Score		47		37	38	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	0	2	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	0	
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	2	2	w
Hygienist may be self-employed	2	2	x	2	2	x
Hygienist may supervise a dental assistant	2	2	y	2	2	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		24	24	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	10	10	bb
Dental hygienist may be paid directly for services provided		5	cc	5	5	cc
Total Reimbursement Score		15		15	15	
TOTAL SCORE		100		86	87	

Notes

- a) The board consists of 5 dentists, 2 DHs, and 2 public members. The DHs on the board are members of the dental hygiene committee in the state and are elected annually by other members of that committee to serve on the board. 61-5A-8. Board Created. There is also a 9-member dental hygiene committee, on which there are 5 DHs, 2 dentists, and 2 public members. The DHs must have been actively practicing licensed practitioners in New Mexico for a period of 5 years preceding the date of appointment. The governor may appoint the DHs from a list of names submitted by the New Mexico Dental Hygienists' Association. There is 1 member from each district and all members serve until their successor is appointed. 61-5A-9. Committee Created.
- d, e) The collaborative practice DH is not to perform any treatment if the patient does not have an active consulting dentist on record. The collaborative practice DH must contact the patient's dentist of record or the consulting dentist prior to providing services to give the dentist the option of becoming the consulting dentist. The collaborative practice DH must also offer the patient the choice of the consulting dentist if the patient's dentist of record chooses to be a non-participating dentist. See 16.5.17.11(f-h), 61-5A-4. Scope of Practice.
- f) The dentist does not need to be present in the office when the hygienist examines patients or new patients, but patients must be scheduled for an exam with the dentist within 30 days. 61-5A-4. Scope of Practice.
- g) A DH can see a new patient in a nursing home, but the patient must also be examined by a dentist within 30 days. 61-5A-4. Scope of Practice.
- g, h, i, j, k, l, m) See New Mexico Dental Practice Act 65-5A-4. A dental hygienist in a collaborative agreement with a collaborative relationship with a consulting dentist may perform procedures without on-site supervision.
- o, p, q, r) These services may be provided under general supervision or through a collaborative agreement.
- t,aa) General supervision is required for administration and monitoring of local anesthesia for DHs with a collaborative practice. 61-5A-4. Scope of Practice.
- v) DHs working under general supervision may screen patients. 61-5A-4. Scope of Practice.
- w) DHs working under collaborative practice agreements must refer patients to a dentist annually or when problems arise.
- x) A DH may be a non-dentist owner of a clinic and hire a dentist (ie, to supervise). Effective 7/1/2015, a DH who owns a practice must register as a non-dentist owner; no additional license or fee is required for registration. Refer to NMAC 16.5.29.8, Subsection 16.5.29.11,
- aa) Collaborative practice is permitted in a public health setting, such as hospitals, schools, long-term care facilities, etc. Collaborative practice means the DH has a cooperative working relationship with a dentist established according to the rules of the board.
- bb, cc) Licensed DHs who work in a collaborative practice can be directly reimbursed for Medicaid. They may be reimbursed for oral prophylaxis, sealants, fluoride treatments, and so on.
- ** In terms of expanded functions, there is a pending bill submitted by Representative D. Roch of the New Mexico Legislature to allow dental therapists to work in public health settings such as federally qualified health centers, public health clinics, etc. and to serve indigent consumers in need of oral health care. This bill was passed by the 52nd legislature on March 16, 2015. However, as of yet neither the New Mexico Senate nor the governor's office have taken any action on this bill.

NEW YORK

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3			3	3	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	
Total Regulations Score		10		9	9	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3				3	
General	2			2		
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3				3	g
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3				3	h
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3				3	i
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3				3	j
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3				3	k
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3				3	l
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2			0		
Direct	1					
No requirement for prior examination by a dentist	1	1		0		
No limits on settings allowed for practice by dental hygienists	3	3	n	0		
Total Supervision Score		47		23	30	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		18	18	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE		100		50	57	

Notes

- a) The Board of Dentistry is constituted of a minimum of 18 members including 1 public member, 13 licensed dentists, 3 licensed DHs, and 1 licensed certified dental assistant.
- g, i, l) Under the provisions for collaborative practice, a DH is required to instruct a patient to visit a licensed dentist but there is no requirement for a prior examination by a dentist for the DH to provide hygiene services.
- f, h, j, k) 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). § 6606. Definition of practice of dental hygiene.
- o, p, q, r) These services may be provided under general supervision or collaborative practice supervision if the DH is working in a public health capacity.
- t, u, aa) Direct supervision is required when the dental hygienist provides local infiltration or nitrous oxide anesthesia to a patient. The DH must complete board approved courses to qualify to provide these services. § 6605-b. Dental hygiene Restricted Local Infiltration Anesthesia/Nitrous Oxide Analgesia Certificate.
- v) The DH make take a medical history and chart caries.
- aa) Effective January 1, 2015, collaborative practice is available to DHs in the state. § 6605-b. Dental hygiene Restricted Local Infiltration Anesthesia/Nitrous Oxide Analgesia Certificate.

NORTH CAROLINA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		6	6	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2					
Direct	1			1	1	
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2				2	g
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2			2	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2			2	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2				2	l
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2				0	
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		9	13	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	p
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	0	0	t
Administer nitrous oxide	2	2	u	0	0	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		14	14	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		29	33	

Notes

- a) The Board of Dental Examiners consists of 6 dentists who are licensed to practice dentistry in North Carolina, 1 DH who is licensed to practice in North Carolina, and 1 person who is a citizen and resident of North Carolina and who is not licensed to practice either dentistry or dental hygiene. See Article 2, § 90-22 (b).
- g, i, j, k, l, aa) A DH who has 3 years of clinical dental hygiene experience or a minimum of 2,000 hours performing primarily prophylactic or periodontal debridement under the supervision of a licensed dentist, is CPR certified, and has 6 hours of continuing education of board-approved medical emergency education, may perform 1 or more DH functions as described in G.S. 90-221(a) without the physical presence/supervision of a licensed dentist. § 90-233. Practice of Dental Hygiene.
- In addition, dental hygiene schools may operate extension facilities and conduct off-campus hygiene classes in which DH services are provided to members of the public at board-approved sites, including nonprofit health care facilities serving low-income populations, state and county institutions with resident populations, hospitals, state or county health departments, and area health education centers. No compensation or fees are collected for services provided, and the DH schools must notify the dental board of the facility, the campus location, the names of the students assigned, and all the names and qualification of the instructors functioning therein.
- o, r) A DH who has 3 years of experience in clinical dental hygiene or a minimum of 2,000 hours performing primarily prophylactic work or periodontal debridement under the supervision of a licensed dentist, has CPR certification, and who completes 6 hours each year of board-approved education with regard to medical emergencies may perform these functions without the direct supervision of a licensed dentist or the physical presence of a licensed dentist. § 90-233. Practice of Dental Hygiene.
- p) A qualified public health DH may apply sealants in a public health setting under general supervision. The public health DH provides specific clinical procedures pursuant to a written order from the dentist. These procedures must be completed within 60 days of the dentist's in-person evaluation of the patient. Refer to Rules, Subchapter 16W, Section .0101.
- t, u, aa) DHs and DAs may only assist the licensed dentist with administration of local or nitrous oxide anesthesia.
- v) A DH may perform an initial oral health screening.

NORTH DAKOTA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		6	6	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	e
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f	2		
Collaborative arrangements	3					
General	2				2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2			2	2	g
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2			2	2	h
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2			2	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3				2	j
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2			2	2	l
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2				0	
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		16	16	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	0	2	s
Administer local anesthesia	2	2	t	0	2	t
Administer nitrous oxide	2	2	u	0	0	
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	0	0	aa
Total Tasks Score		28		10	14	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		32	36	

Notes

- a) The board consists of 7 members: 5 dentists, 1 DH, and 1 consumer member. All the members are appointed by the governor. 43-28-03. State Board of Dental Examiners - Members - Appointment - Terms of Office -Oath - Vacancies.
- e, f, g, h, i, j, k, l) A current treatment plan must be in place before the DH can provide services to the patient. See North Dakota Dental Practice Act, 43-20-03.
- o, p, q, r, s, t, v) DHs may perform these services under general supervision. 43-20-03. Dental Hygienists - Practice By.
- v) Provide oral hygiene treatment planning. 20-04-01-01.
- aa) The board may authorize a DH to provide restorative functions under the direct supervision of a dentist if the DH meets certain requirements.
- * Senate Bill 2354 is under consideration to create advanced practice DHs (APDHs) who will provide DH services but also provide a limited set of common procedures that would have previously been limited to dentists only, such as filling cavities. The bill is focused on underserved areas, such as tribal areas and rural areas in which there is limited access to the services of oral health professionals. The model would require a collaborative agreement and APDHs would practice under the supervision of a North Dakota-licensed dentists. The scope of services would be directly limited to those agreed upon in the collaborative management agreement.

OHIO

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3				3	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2		
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		6	7	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2			1.5	2	g
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2			1.5	2	h
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2			2	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2			1.5	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			1.5	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2			2	2	l
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2			0	0	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		16	16	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	1.5	2	
Sealant application - physical presence of dentist not required	2	2	q	1.5	2	q
X-rays - physical presence of dentist not required	2	2	r	1.5	2	
Place amalgam restorations	2	2	s	2	0	
Administer local anesthesia	2	2	t	0	2	t
Administer nitrous oxide	2	2	u	0	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	0	0	
Hygienist allowed to refer patient	2	2	w	0	2	
Hygienist may be self-employed	2	2	x	0	2	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	2	0	z
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		16	20	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		38	43	

Notes

- a) The board consists of 9 members, including 3 voting DHs. 4715.02 State Dental Board.
- f) The DH may provide services without the presence of a dentist for no longer than 15 consecutive days or 3 consecutive weeks and only under written protocols or orders. The dentist must have examined the patient no more than 7 months prior to the date the DH provides services. See 4715-9-05 of the Dental Practice Act.
- f, g, h, i, j, k, l) A DH may provide services in a dental office, public or private school, a health care facility (such as a hospital or long-term care home), a public institution, or a dispensary.
- A DH may provide, for not more than fifteen consecutive business days, or no more than three consecutive weeks, dental hygiene services to a patient when the supervising dentist is not physically present at the location. The supervising dentist must have examined the patient not more than seven months prior to the date the DH provides the dental hygiene services to the patient.) Refer to Ohio Admin Code 4715-9-05.
- q) Sealants may be provided under the general supervision of a licensed dentist. See RC 119:03 (B).
- t, aa) A DH may administer local anesthesia. (Refer to Ohio Revised Code 4715.231.) DHs may also perform the same duties as expanded function dental auxiliaries including the placement of amalgam restorative materials and nonmetallic restorative materials, including direct bonded restorative materials). Refer to Ohio Revised Code 4715.64 and 4715.66).
- u) With appropriate education, dental hygienists may administer and monitor nitrous oxide under direct supervision.
- z) When a DH is providing services in a health care facility in which a dentist is not present, a doctor or RN must be present in the facility. There is no indication in regulation that this constitutes supervision.

OKLAHOMA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a			
Board of Dentistry/Dental Examiners with Dental Hygiene Advisory Committee	4				4	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member (2 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2		
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		6	8	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2				2	g
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2				2	h
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2				2	i
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2				2	j
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2				2	k
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2				2	l
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2				2	m
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	3	
Total Supervision Score		47		7	21	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	2	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		18	20	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		31	49	

Notes

- a) The 11-member board includes 1 voting DH and has a DH advisory committee. The advisory committee includes the DH who is a member of the Board and 4 other at large DHs. Section 328.7 - Board of Dentistry - Creation - Members - Terms.
- h) In schools, DHs may only provide an examination and may educate about oral hygiene. Section 328.34 - Employment of Dental Hygienists - Scope of Activities.
- g, h, l, j, k, l, m) Refer to the Oklahoma Dental Practice Act, Section 328.34. A DH may provide services under general supervision in these settings provided that those services are provided within the 13 months following an examination by the supervising dentist.
- t, u, aa) DHs may place temporary fillings, polish amalgam, and administer local anesthesia or nitrous oxide.

OREGON

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a			
Board of Dentistry/Dental Examiners with Dental Hygiene Advisory Committee	4			4	4	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member (2 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting member	1					
Other state boards or departments	3			0		
<i>Other regulatory:</i>						
Licensure by credential/endorsement with no new clinical exam required	2	2	b	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	
Total Regulations Score		10		10	10	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e	4	4	e
Collaborative arrangements	3					
General	2					
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g	4	4	g
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Schools - private or public						
Unsupervised	4	4	h	4	4	h
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i		4	i
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Correctional facilities						
Unsupervised	4	4	j	4	4	j
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k	4	4	k
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l		4	l
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Home settings - personal residences						
Unsupervised	4	4	m	4	4	m
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	3	
Total Supervision Score		47		41	45	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	2	s
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	2	2	w
Hygienist may be self-employed	2	2	x	2	2	x
Hygienist may supervise a dental assistant	2	2	y	0	2	y
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		22	26	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	10	10	bb
Dental hygienist may be paid directly for services provided		5	cc	5	5	cc
Total Reimbursement Score		15		15	15	
TOTAL SCORE						
		100		88	96	

Notes

- a) The 9-member board includes 2 voting DHs and a dental hygiene committee.
- e) Unsupervised practice is limited to DHs with a limited access permit who treat aged, infirm, or disabled patients.
- f) A supervising dentist may authorize a DH to provide certain services without first examining the patient. Rules (818-035-0020) (3).
- g,h,i,j,k,l,m) DHs may practice as expanded practice DHs, if qualified. The DH must have an agreement with a dentist that is approved by the board with regard to task parameters. Permissible practice settings 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, correctional facilities and juvenile detention facilities, homes, nursery schools, day care programs, public and public charter schools, public and nonprofit community health clinics, patient's homes, hospitals, medical clinics, medical offices or offices staffed by other clinicians, WIC programs etc.
- s) 818-035-0072 (2). Expanded practice DHs may also administer temporary restorations without excavation if so authorized. 680.205(b)
- t, aa) An expanded practice DH may administer local anesthesia if qualified and if so agreed with a dentist. 680.205(3)(a)
- u) Administration of nitrous oxide anesthesia by a DH requires the indirect supervision of a dentist. 680.205 (4).
- v) Oral health screening by DHs may be performed under written training and screening protocols adopted by the board. 680.172.
- w) At least once each year expanded practice DHs must refer each patient to a dentist who is available to treat. 680. 205 (2).
- y) A DH with an expanded practice permit may hire and supervise a dental assistant who will render assistance to the DH in providing dental hygiene services. Refer to Oregon Administrative Rules 818-042-0020, subsection 2.
- bb, cc) The board is required to report on reimbursement of services provided by expanded practice DHs. 680.210 (2) (a), OAR 410-123-1000, OAR 410-123-1060.

PENNSYLVANIA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2		
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting member	1				1	a
Other state boards or departments	3					
<i>Other regulatory:</i>						
Licensure by credential/endorsement with no new clinical exam required	2	2	b	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	d
Total Regulations Score		10		8	7	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e	4	4	
Collaborative arrangements	3					
General	2					
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0		
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g		4	g
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public						
Unsupervised	4	4	h		4	h
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i		4	i
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities						
Unsupervised	4	4	j		4	j
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k		4	k
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l		4	l
Collaborative arrangements	3					
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Home settings - personal residences						
Unsupervised	4	4	m		4	m
Collaborative arrangements	3					
General	2			0		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	3	
Total Supervision Score		47		18	44	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	0	2	r
Place amalgam restorations	2	2	s	2	2	s
Administer local anesthesia	2	2	t	0	2	
Administer nitrous oxide	2	2	u	0	0	
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	2	2	
Hygienist may be self-employed	2	2	x	0	0	x
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	
Total Tasks Score		28		16	20	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE		100		42	71	

Notes

- a) The Pennsylvania State Board of Dentistry is under the auspices of the Bureau of Professional and Occupational Affairs of the Pennsylvania Department of State. The 13-member board includes 1 voting DH. See PA Dental Law, 2.1.
- d) Oral health education and screening may be provided in any setting without the supervision of a dentist.
- g, h, i, j, k, l, m) A public health dental hygiene practitioner may perform dental hygiene services without the supervision of a dentist in public and private educational institutions that provide elementary and secondary instruction to school aged children. Refer to § 33.205b, subsection c-1.
- A DH may engage in professional practice in public or private institutions such as schools, hospitals, public health care agencies, nursing homes, personal care homes, adult living centers, continuing care facilities, FQHCs, public or private institutions, nonprofit health clinics, correctional facilities, 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. DHs may provide services under general supervision when the dentist has reviewed the patient's dental records and medical history and written a prescription or given an order for the placement of subgingival agents by the DH. Refer to § 33.205, Subsections c-d.
- r) A public health DH may perform radiologic procedures in allowed settings without the supervision of a dentist. 33.302
- s) DHs who qualify as expanded function dental assistants may place amalgam.
- v) DHs may complete an evaluation of the patient to collect data to identify dental care needs. (Rules 33.205).
- x) DHs are prohibited from having an office for performing dental hygiene services independent from an office where supervision is provided.

RHODE ISLAND

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3			3	3	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		7	7	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	e
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2			2	2	g
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2			2	2	h
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2			2	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2			2	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2			2	2	l
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2			0	0	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		16	17	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	0	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	0	0	
Hygienist allowed to refer patient	2	2	w	0	0	w
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	0	4	aa
Total Tasks Score		28		10	16	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	bb
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		33	40	

Notes

- a) The Rhode Island State Board of Examiners in Dentistry is under the auspices of the Rhode Island Department of Health. The 13-member board includes 2 voting DHs.
- e, f, h, i, j, k, l) Rhode Island Dental Practice Act 43-20-03. DHs may be employed by dentists, public institutions, or schools. § 5-31.1-33 of the Dental Practice Act.
- g) DHs 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. 5-31.1-6.1
- t, aa) A DH may qualify to administer local anesthesia only under the indirect supervision of a dentist. 22.3.
- u,aa) A qualified DH may only administer nitrous oxide under the direct supervision of a dentist.
- w, bb) In August 2015, a bill (S 0683) was passed in RI authorizing the practice of public health dental hygiene under a written collaborative agreement with a governmental agency, institution, or dentist. PHDHs are required to refer for needed dental services. The bill also provides for direct reimbursement for DHs for dental hygiene services provided in public health settings. Regulations, which must be in place before implementation, are pending.

SOUTH CAROLINA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	b
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	0	
Total Regulations Score		10		8	6	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	e
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2				2	f
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	1	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2			2	2	g
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2			2	2	h
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2			2	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2			2	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2			2	2	l
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2			0	2	m
Direct	1					
No requirement for prior examination by a dentist	1	1			1	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	3	
Total Supervision Score		47		21	29	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	0	2	r
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	0	0	
Hygienist allowed to perform initial screening or assessment	2	2	v	2	0	
Hygienist allowed to refer patient	2	2	w	2	2	w
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	
Total Tasks Score		28		16	16	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		45	51	

Notes

- a) The State Board of Dentistry is composed of 11 members; 1 shall be a lay member from the state at large; 1 shall be a dentist from the state at large; 1 shall be a DH from the state at large; and 7 of whom shall be dentists representing each congressional district. Dentists shall be licensed, practicing dentists and residents of the State and the congressional district which they represent. The dental hygienists shall be licensed, practicing dental hygienists and residents of the State. The terms of the members shall be for 6 years and until successors are appointed and qualify. No members shall be allowed successive terms of the office. See 40-15-20.
- b) Reciprocity is provided for DHs. Refer to Section 40-15-270.
- e, f, g, h, i, j, k, l) DHs may practice under general supervision in school settings, in hospitals, nursing homes, long term care facilities, rural and community clinics, health facilities operated by federal, state, county or local governments, hospices, CODA accredited educational institutions, and in charitable institutions. Refer to Section 40-15-80 (c).
- h) Refer to Section 40-15-80 (B). Pursuant to a Federal Trade Commission ruling based on a statute passed in 2000, there is no requirement for prior examination by a dentist for patients in schools and public health settings including mobile delivery programs using portable dental equipment. (See spring 2014 newsletter, South Carolina Dental Board, <http://www.llr.state.sc.us/POL/Dentistry/PDFNewsletters/2014%20SPRING%20NEWSLETTER.pdf>.)
- m) DHs may use portable dental equipment to serve patients in dentists' office, patients' homes schools, nursing homes, or other institutions or locations. 39-18.
- o,p,q,r) DH scope includes scaling, root planing, clinical exam of teeth and surrounding tissue, charting, and other procedures. DHs may apply topical fluoride, apply sealants and complete oral prophylaxis in schools under general supervision. Section 40-15-80.
- t) DHs who are certified to administer local anesthesia must do so under direct supervision. Section 50-15-80 (E).
- w) See Rules - 39-18 (4)(e) .

SOUTH DAKOTA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		6	6	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3				3	e
General	2			2		
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3				3	g
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3				3	h
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3				3	i
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3				3	j
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3				3	k
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3				3	l
General	2			2		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2			0	0	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		16	29	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	0	
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	2	2	y
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	
Total Tasks Score		28		20	18	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		42	53	

Notes

- a) The 7-member board includes 1 voting DH. 36-6A-1 Board of Dentistry--Number of members--Qualifications.
- e) Regulations state that DHs can perform preliminary exams of the oral cavity. A DH may perform preventative and therapeutic services under collaborative supervision for no more than 13 months on any person who has not had a complete evaluation by the supervising dentist. Refer to South Dakota Dental Practice Act 36-6A-40 and 36-6A-40.1.
- f) A dental hygienist works under the general supervision of a dentist.
- g,h,i,j,k,l) A dentist may provide collaborative supervision to a qualified DH under a collaborative agreement. A collaborative agreement DH is permitted to provide services in a school, nursing facility, in a Head Start or Early Head Start program, in a mobile or portable dental unit operated by a non-profit organization or institution, in a community based primary health care delivery organization including community health centers and migrant health centers, and in government sponsored programs. 20:43:10:01
- o,p,q,r) A DH may perform duties in a public or private institution under general supervision including examination of the oral cavity and surrounding structures, periodontal screenings, complete prophylaxis, sealant placement, and polishing restorations. 20:43:04:04.
- t,u) Permits to administer local anesthesia or nitrous oxide analgesia are available to qualified DHs. 20:43:09:06 and 06:01
- y) Refer to 36-6A-26 (5), 20:43:08:11 personal supervision.

TENNESSEE

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3			3	3	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	d
Total Regulations Score		10		7	7	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	e
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2			2	2	g
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2			2	2	h
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2			2	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2			2	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2				2	l
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2				0	
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0		
Total Supervision Score		47		14	16	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	2	2	s
Administer local anesthesia	2	2	t	0	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		18	20	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		39	43	

Notes

- a) The board consists of 7 practicing dentists, 2 practicing DHs, and 1 practicing registered DA. Refer to Code 63-5-102.
- d) Patients of DHs must be a patient of record of supervising dentist. Rules Chapter 0460-03-.09 (2).
- e, f) Licensed DHs may only practice under direct or general supervision of a licensed dentist. 0460-03-.09. A DH may only provide root planing, subgingival curettage, or administer local anesthesia or nitrous oxide under direct supervision. All other DH services may be provided under general supervision for not more than 15 consecutive business days. 63-5-115 (2)
- g, h, i, j, k, l) Settings in which DHs may provide preventive services under general supervision through a written protocol include nursing homes, skilled care facilities, nonprofit clinics and public health programs. Refer to Code 63-5-109(15) (16).
- o, p, q, r) Tasks permitted under general supervision include prophylaxis, application of sealants, application of topical fluorides, and exposure of radiographs. 0460-03-.09
- s) A DH may place amalgam in prepared cavities for condensation by the dentist. Rules, Chapter 0460-03-.09 (ff), Rules, Chapter 0460-03-.10 - certification in restorative functions.
- t, u, aa) A qualified licensed DH may administer local anesthesia or nitrous oxide analgesia under direct supervision of a licensed dentist. 63-5-108 (c) (4), Rules Chapter 0460-03-.06, Rules Chapter 0460-030.12.
- v) The scope of practice for DHs in the state includes performing clinical examination of teeth and surrounding tissues for diagnosis by the dentist. Refer to Rules Chapter 0460-03-.09 (h).

TEXAS

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a			
Board of Dentistry/Dental Examiners with Dental Hygiene Advisory Committee	4			4	4	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member (2 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	d
Total Regulations Score		10		8	8	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	e
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2			2	2	g
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2			2	2	h
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2			2	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2			2	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2			2	2	l
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2			2	2	m
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	3	
Total Supervision Score		47		23	24	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	0	0	t
Administer nitrous oxide	2	2	u	0	0	u
Hygienist allowed to perform initial screening or assessment	2	2	v	0	0	
Hygienist allowed to refer patient	2	2	w	2	2	w
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	0	0	
Total Tasks Score		28		10	10	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE		100		41	42	

Notes

- a) The board consists of 7 practicing dentists, 2 from each grand division of the state with the remainder to alternate on an equal basis among the grand divisions; 2 practicing DHs; and 1 practicing registered dental assistant. The members are appointed by the governor from recommendations by interested professional groups, including professional associations. There is also a Dental Hygiene Advisory Committee consisting of 3 DHs, 1 dentist, and 2 public members. Sec. 262.051.
- d) The delegating dentist must have examined the patient during the 12 calendar months preceding the services by the DH. Sec. 262.151(a). Refer to Regulations, Chapter 115.1 (5).
- e) A DH working in a dentist's office under general supervision is restricted to seeing patients who were examined by the dentist within a 12 month period. Refer to Texas Statutes, Chapter 262.151(a)(2)(B).
- e, f) A dentist is not required to be on the premises when the DH performs a delegated act. Sec. 262. 151 (c).
- g, h, i, j, k, l, m) 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. Sec. 262.152.
- o, p, q, r) A licensed dentist is not required to be on the premises when a DH performs a delegated act. Sec. 262.151.
- t, u) DHs are not permitted to administer analgesia or anesthesia. Refer to Title 3. Chapter 258. Subchapter A. Sec. 258.001(4)(A) (B)(c).
- w) Refer to Title 3. Chapter 262. Subchapter D. Sec.262. 1515 (a)(b). DHs must refer patients to a dentist for further consultation and treatment after hygiene services are rendered.
- Refer to Sec. 262.1515. DHs working in community health centers, school health centers and other public settings must refer patients for dental treatments. Regulations, Chapter 115.5(b) (c).

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3			3	3	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	d
Total Regulations Score		10		7	7	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	e
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2			2	2	g
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2			2	2	h
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2			2	2	
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2			2	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2			2	2	l
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2			2	2	m
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	3	
Total Supervision Score		47		21	21	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	1.5	2	t
Administer nitrous oxide	2	2	u	1.5	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	2	2	y
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		20	20	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	5	0	cc
Total Reimbursement Score		15		5	0	
TOTAL SCORE						
		100		53	48	

Notes

- a) The Board consists of 6 licensed dentists, 2 licensed DHs, and 1 public member. Refer to 58-69-201.
- d) DHs work under the indirect or general supervision of a licensed dentists. Refer to 58-69-801 (b) and (B).
- e, f, g, h, i, j, k, l, m) DHs may provide services to patients who are homebound or within a nursing home, hospital, or public health agency or institution and in public health settings. Refer to Utah Dental Practice Act, 58-69-801.
- o, p, q, r, v) Practice of dental hygiene may occur under general supervision and includes preliminary examination of human teeth and gums, exposing dental radiographs, assessing dental hygiene status, removing deposits, calculus, etc, taking impressions, and other practices of dental hygiene. Refer to 58-69-102 (7).
- t, u, aa) A qualified DH may administer anesthesia or analgesia only under indirect supervision of a dentist. 58-69-801(a).
- y) A DH is permitted to direct a DA when the supervising dentist is not on the premises. Refer to 58-69-102 (7)(d).
- cc) Previously, state law said DHs could be reimbursed. The code was changed and appears to be deleted. This is the reason for decrease in 2001 score.

VERMONT

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3			3	3	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	0	
Total Regulations Score		10		9	7	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	e
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2			2	2	g
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2			2	2	h
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2			2	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2			2	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2			2	2	l
Direct	1					
No requirement for prior examination by a dentist	1	1		0	1	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2			0	0	
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0		
Total Supervision Score		47		16	22	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	
Sealant application - physical presence of dentist not required	2	2	q	2	2	
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	
Administer nitrous oxide	2	2	u	0	0	
Hygienist allowed to perform initial screening or assessment	2	2	v	0	2	
Hygienist allowed to refer patient	2	2	w	0	2	w
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		14	18	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		39	47	

Notes

- a) The Vermont Board of Dental Examiners includes 6 licensed dentists in good standing who have practiced in the state for at least 5 years prior to being appointed and are in active practice; 2 licensed DHs who have practiced in the state for at least 3 years prior to being appointed and are in active practice; 1 registered dental assistant who has practiced in the state for at least 3 years prior to being appointed and is in active practice; and 2 members of the public who are not associated with the practice of dentistry. Board members are appointed by the governor pursuant to 3 V.S.A. §§ 129B and 2004. See Vermont Statutes, Title 26, Chapter 12, Subchapter 2, section 581.
- e, f, g, h, i, j, k, l) DHs with a minimum of 3 years of licensed, supervised clinical practice experience and in good standing with the state of Vermont and the Board of Dental Examiners may enter into a general supervision agreement with a supervising dentist who is also in good standing with the state of Vermont. The DH with such an agreement is permitted to provide authorized services in public or private schools or public or private institutions. Refer to Vermont Administrative Rules 10.1, 10.2, and 10.3.
- w) Refer to 58-69-801. Vermont Board of Dental Examiners, Rules, 10.2. Under a general supervision agreement, DHs may see patients and make referrals to see a dentist. DHs must provide the dentist opportunity to review patient records (and reviews must occur no less than every 6 months). Patient does not have to be patient of record.
- aa) See Section 6.12 and 6.13 of the Vermont Board of Dental Examiners, Administrative Rules. A licensed DH may qualify for registration as an expanded function dental assistant and may perform the expanded function dental assisting duties for which the DH has been trained.

VIRGINIA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3			3	3	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	2	d
Total Regulations Score		10		7	9	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3				3	
General	2					
Direct	1			1		
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2				2	f
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3				3	g
General	2					
Direct	1			1	1	
No requirement for prior examination by a dentist	1	1		0		
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3				3	h
General	2					
Direct	1			1	1	
No requirement for prior examination by a dentist	1	1		0		
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3				3	i
General	2					
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3				3	j
General	2					
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3				3	k
General	2					
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3				3	l
General	2					
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0	1	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3				3	m
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0		
No limits on settings allowed for practice by dental hygienists	3	3	n	0	3	
Total Supervision Score		47		8	35	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	0	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	0	2	p
Sealant application - physical presence of dentist not required	2	2	q	0	2	q
X-rays - physical presence of dentist not required	2	2	r	0	2	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	0	2	t
Administer nitrous oxide	2	2	u	0	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	2	w
Hygienist may be self-employed	2	2	x	0	0	x
Hygienist may supervise a dental assistant	2	2	y	0	2	y
Hygienist may be supervised by a medical provider	2	2	z	0	2	
Certification to perform expanded functions available in the state	4	4	aa	0	4	aa
Total Tasks Score		28		2	24	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		17	68	

Notes

- a) The board consists of 10 members including 7 dentists, 1 public member, and 2 DHs. 54.1-2702.
- d) Refer to (e)54.1-2722 D.
- f) A DH may work under general supervision when certain conditions are met including treatment orders from a licensed dentist. 18VAC60-25-60 (C). Remote supervision means that a public health dentist communicated with a public health DH regarding patient treatment but such dentist may not have done an initial examination of patients seen and treated by the DH and many not be present when DH provides services. 54.1-2722(D).
- g,h,i,j,k,l,m) Portable dental operation means a nonfacility in which dental equipment is transported to and utilized on a temporary basis at location including patients' homes, schools, nursing homes, or other institutions. 18VAC60-20-10
- o,p,q,v) Public health DHs may perform initial examination or assessment, prophylaxis of natural an restored teeth, scaling, sealant placement, application of topical fluorides, educational services. Protocol for Public Health DHS adopted by VA Dept. of Health.
- p) A DH may administer topical fluorides under a standing protocol, or written or oral order of a licensed dentist. 54.1-2722 (D)
- t, u, aa) Qualified DHs may administer nitrous oxide or local anesthesia under indirect supervision of a dentist. 8VAC60-25-40 (C); 54.1-2722(D)
- w) Refer to 18 VAC60-20-332, 18VAC60-20-342.
- x) DHs shall engage in their respective duties only while in the employment of a licensed dentist or governmental agency or when volunteering services. 18VAC60-21-120.
- y) Duties may be delegated to dental assistants by DHs who supervise the implementation of a dentist's orders. 18VAC60-20-230, Section B.

WASHINGTON

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
Dental Hygiene Committee	4	4	a	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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	2	2	d
Total Regulations Score		10		10	10	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e	4	4	e
Collaborative arrangements	3					
General	2					
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g	4	4	g
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Schools - private or public						
Unsupervised	4	4	h	4	4	h
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i	4	4	i
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Correctional facilities						
Unsupervised	4	4	j	4	4	j
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Public institutions - mental health facilities						
Unsupervised	4	4	k	4	4	k
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l	4	4	l
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
Home settings - personal residences						
Unsupervised	4	4	m	4	4	m
Collaborative arrangements	3					
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		1	1	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	3	
Total Supervision Score		47		45	45	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	r
Place amalgam restorations	2	2	s	2	2	s
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	2	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	2	2	w
Hygienist may be self-employed	2	2	x	2	2	x
Hygienist may supervise a dental assistant	2	2	y	2	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		26	24	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	10	10	bb
Dental hygienist may be paid directly for services provided		5	cc	5	5	
Total Reimbursement Score		15		15	15	
TOTAL SCORE						
		100		96	94	

Notes

a) The Dental Quality Assurance Commission is comprised of 16 members appointed by the governor for a 4-year term including 12 dentists, 2 expanded function dental auxiliaries, and 2 public members. All members must be U.S. citizens and state residents. Dentist members must be licensed, active dentists for a period of 5 years prior to appointment, and of the 12 dentists appointed to the commission, at least 4 must reside east of the summit of the Cascade Mountains. Expanded function dental auxiliary members of the commission must be licensed EFDAS. Public members must not be a member of any other health care licensing board or commission, must not have a fiduciary obligation to a facility rendering healthcare service, or must not have a financial interest in the rendering of health services regulated by the commission. Refer to Ch. 246-817 WAC and RCW 18.32.0351.

In addition, there is a Dental Hygiene Examining Committee which is comprised of 3 DHs and one public member appointed by the secretary of health. The dental hygiene members shall be licensed, active DHs for a period of not less than 5 years prior to appointment and must not be connected to any dental hygiene school. The DHs must be U.S. citizens and state residents. Public members must not be connected to any dental hygiene program or be engaged in any practice or business related to dental hygiene. Members shall be appointed to serve for 3 year terms. Refer to 18.29.110 WAC.

d,x) DHs who qualify may be employed, retained, or contracted by health care facilities and senior centers to perform authorized DH operations and services without dental supervision. RCW 18.29.056.

e, f, g, h, i, j, k, l, m) Refer to Chapter 18.29.056. DHs who meet experience requirements and have a contract with a facility may provide services in hospitals, nursing homes, home health agencies, correctional facilities, public health facilities, community and migrant clinics, and tribal clinics without dental supervision.

o, p, q, r) DHs may assess for and apply sealants and fluoride varnishes and may remove deposits and stains from teeth in schools and at senior centers. RCW 18.29.220 and RCW 18.29.230. A dentist may allow a DH to perform oral inspection, take radiographs, apply topical preventive agents, perform oral prophylaxis, apply sealants, etc. under general supervision. WAC 246-817-550

s) Refer to Chapter 246-817-560 (3). DHs are required to have training in restorative procedures for initial DH license and passage of a Western Regional Examining Board clinical restorative exam.

t,u,v,aa) Qualified DHs may give injections of a local anesthetic, place restorations into a cavity prepared by a dentist, administer nitrous oxide analgesia, etc. WAC 246-817-560.

w) Refer to Chapter 18.29.230 and Chapter 18.29.056. DHs are required to refer patients to a dentist for further evaluation.

bb) Refer to WAC 182-535-1070.

WEST VIRGINIA

SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	2	
Total Regulations Score		10		6	8	

SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>			e			
Unsupervised	4	4			4	e
Collaborative arrangements	3					
General	2					
Direct	1			1		
<i>Supervision requirements in:</i>						
Dentist's office			f			
Unsupervised	4	4				
Collaborative arrangements	3					
General	2				2	f
Direct	1			1		
No requirement for prior examination by a dentist	1	1		0		
Long-term care facilities - skilled nursing facilities			g			
Unsupervised	4	4			4	g
Collaborative arrangements	3					
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
Schools - private or public			h			
Unsupervised	4	4			4	h
Collaborative arrangements	3					
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
Public health agencies - federally qualified health centers			i			
Unsupervised	4	4			4	i
Collaborative arrangements	3					
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
Correctional facilities			j			
Unsupervised	4	4			4	j
Collaborative arrangements	3					
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
Public institutions - mental health facilities			k			
Unsupervised	4	4			4	k
Collaborative arrangements	3					
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
Hospitals/rehabilitation hospitals or convalescent settings			l			
Unsupervised	4	4			4	l
Collaborative arrangements	3					
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
Home settings - personal residences			m			
Unsupervised	4	4			4	m
Collaborative arrangements	3					
General	2					
Direct	1			0		
No requirement for prior examination by a dentist	1	1		0	1	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	3	
Total Supervision Score		47		2	44	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	0	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	0	2	p
Sealant application - physical presence of dentist not required	2	2	q	0	2	q
X-rays - physical presence of dentist not required	2	2	r	0	2	r
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	0	2	t
Administer nitrous oxide	2	2	u	0	0	
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	2	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	0	4	
Total Tasks Score		28		2	18	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE		100		10	70	

Notes

- a) The Governor, with the advice and consent of the Senate, appoints 6 licensed dentists, 1 licensed DH, one nationally certified dental assistant or currently practicing dental assistant with a minimum of ten years of experience, and one citizen member who is not licensed and does not perform any services related to the practice of dentistry. Refer to §30-4-4. Board of Dental Examiners, subsection b, 1-3.
- e) DHs may apply for a public health permit, which allows for no supervision when performing prophylaxis, assessment, education, and applying fluoride, but requires general supervision for other services. DHs may work under a collaborative practice agreement with a dentist when providing prophylaxis.
- f, g, h, i, j, k, l, m) Public health setting means hospitals, schools, correctional facilities, jails, community clinics, long term care facilities, nursing homes, home health agencies, group homes, state institutions, public health facilities, homebound settings, professional DH education programs, and other places. 30-4-3(49). Public health practice means treatment or procedures in a public health setting designated by board rules as requiring direct, general, or no supervision of a DH. 30-4-3 (48).
- o, p, q, r) €5-13-6. DHs may apply to board for a general supervision permit with 2 years and 3,000 hours clinical experience. With this permit, DHs may treat patients for up to 3 weeks without the presence of a dentist. The supervising dentist must have examined the patients not more than 12 months prior and DHs may only treat patients 2 times under general supervision without a dentist examining the patients. If practicing under general supervision in other than a dental office or DH education program, DHs must submit an annual report of activities to the board.
- q) Article 4.(e)30-4-11. A DH may apply sealant without prior dental examination only if a DH has a public health practice permit and a collaborative practice agreement with a dentist. The patient must be referred for a dental exam within 6 months of sealant application. Title 5. €6.1.(c).7 - A dentist must have diagnosed the patient within prior 4 months.
- t) A dentist may delegate administration of infiltration and block anesthesia to a proper trained DH. 5-13-5(m).
- v) Title 5. 6.2 - DHs may prepare a generalized oral screening with referral to a dentist with no supervision by a licensed dentist.

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SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3			3	3	a
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2					
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	2	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	2	
Total Regulations Score		10		7	9	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	e
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2			2	2	g
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3			2	2	h
General	2					
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2			2	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2			2	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l			
Collaborative arrangements	3					
General	2			2	2	l
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m			
Collaborative arrangements	3					
General	2			2	2	m
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	3	3	
Total Supervision Score		47		21	21	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	2	2	q
X-rays - physical presence of dentist not required	2	2	r	2	2	
Place amalgam restorations	2	2	s	0	0	
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	0	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	0	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		16	18	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	10	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	10	
TOTAL SCORE						
		100		44	58	

Notes

- a) The Dentistry Examining Board is comprised of 3 DHs, 2 public members, and 6 dentists. Please refer to Wisconsin Statutes, Chapter 15, 405, (a) and (b).
- e, o, p, q) A DH may perform remediable procedures if a dentist is not present in the facility under written or oral prescription of a dentist if the dentist has examined the patient at least once during the 12 month period preceding the visit. 447.06(c).
- f, g, h, i, j, k, l, m) A DH may practice dental hygiene in a dental office, school, professional education program, hospital, state or federal prison, jail, correctional facility, local health department, charitable institution, home health care agency, or a nonprofit dental care program. 447.06 (2)
- t, u, aa) A qualified DH may administer local anesthesia, or nitrous oxide inhalation analgesia under orders of a dentist who must be on the premises. 447.065(2).

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SCORING CATEGORY	Points	Max Score	Pn	2001	2014	Pn
REGULATED BY:						
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 or more)	3					
Board of Dentistry/Dental Examiners with dental hygienist as a voting member	2			2	2	a
Board of Dentistry/Dental Examiners with dental hygienist as a nonvoting 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	0	2	
Scope of practice defined in law or regulations	2	2	c	2	2	
Hygienist not restricted to patient of record of primary employing dentist	2	2	d	0	0	
Total Regulations Score		10		4	6	
SUPERVISION						
<i>Dental hygiene practice: Highest level of supervision in state laws and regulations:</i>						
Unsupervised	4	4	e			
Collaborative arrangements	3					
General	2			2	2	e
Direct	1					
<i>Supervision requirements in:</i>						
Dentist's office						
Unsupervised	4	4	f			
Collaborative arrangements	3					
General	2			2	2	f
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Long-term care facilities - skilled nursing facilities						
Unsupervised	4	4	g			
Collaborative arrangements	3					
General	2			2	2	g
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Schools - private or public						
Unsupervised	4	4	h			
Collaborative arrangements	3					
General	2			2	2	h
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public health agencies - federally qualified health centers						
Unsupervised	4	4	i			
Collaborative arrangements	3					
General	2			0	2	i
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Correctional facilities						
Unsupervised	4	4	j			
Collaborative arrangements	3					
General	2			2	2	j
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Public institutions - mental health facilities						
Unsupervised	4	4	k			
Collaborative arrangements	3					
General	2			2	2	k
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Hospitals/rehabilitation hospitals or convalescent settings						
Unsupervised	4	4	l		0	
Collaborative arrangements	3					
General	2			2	2	l
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
Home settings - personal residences						
Unsupervised	4	4	m		0	
Collaborative arrangements	3					
General	2			0		
Direct	1					
No requirement for prior examination by a dentist	1	1		0	0	
No limits on settings allowed for practice by dental hygienists	3	3	n	0	0	
Total Supervision Score		47		14	16	

DENTAL HYGIENIST TASKS ALLOWED IN LEGISLATION	Points	Max Score	Pn	2001	2014	Pn
Prophylaxis - physical presence of dentist not required	2	2	o	2	2	o
Fluoride treatment - physical presence of dentist not required	2	2	p	2	2	p
Sealant application - physical presence of dentist not required	2	2	q	0	2	q
X-rays - physical presence of dentist not required	2	2	r	0	2	r
Place amalgam restorations	2	2	s	2	2	s
Administer local anesthesia	2	2	t	2	2	t
Administer nitrous oxide	2	2	u	0	2	u
Hygienist allowed to perform initial screening or assessment	2	2	v	2	2	v
Hygienist allowed to refer patient	2	2	w	0	0	
Hygienist may be self-employed	2	2	x	2	0	
Hygienist may supervise a dental assistant	2	2	y	0	0	
Hygienist may be supervised by a medical provider	2	2	z	0	0	
Certification to perform expanded functions available in the state	4	4	aa	4	4	aa
Total Tasks Score		28		16	20	
REIMBURSEMENT						
Medicaid reimbursement directly to hygienists		10	bb	0	0	
Dental hygienist may be paid directly for services provided		5	cc	0	0	
Total Reimbursement Score		15		0	0	
TOTAL SCORE						
		100		34	42	

Notes

- a) The Wyoming Board of Dental Examiners is comprised of 5 dentists and 1 DH. The members are appointed by the Governor and are ratified by the Wyoming State Senate. Board member terms are 4 years and members may not serve more than 2 successive terms.
- e, f, g, h, i, j, k, l) Refer to Chapter 7, Section 2 (a). DHs must work under the supervision of a dentist. Chapter 7, Section 2(c). DHs may work in private practice, in the armed forces, in federal or state institutions, and nursing or retirement facilities.
- f) Refer to regulations in Chapter 2, Section 1 (j). A dentist must diagnose and authorize procedures, but does not need to be present when they are being performed.
- o, p, q, r, v) Refer to the regulations in Chapter 7, Section 2(e)(i)(A-I). DHs may work under general supervision when providing community dental health activities, functions of a dental assistant, root planing, scaling and polishing teeth, polishing amalgams and composites, screening oral cavity, placing temporary fillings, placing, exposing, and processing radiographs, applying pit and fissure sealants, and applying subgingival anesthetic with local anesthetic expanded duty certification.
- r) The DH may take dental x-rays under general supervision of the dentist.
- s, t, u, aa) Refer to the regulations in Chapter 7, Section 3, l (d)(i)(ii)(iii). Qualified DHs are permitted to administer local anesthesia, administer and monitor nitrous oxide/oxygen, place, carve, and finish amalgam and composite restorations (no new certificates are being granted at this time, but existing certificates are valid), and use lasers to provide soft tissue therapy.
- v) Refer to Chapter 7. Section 2(e)(i)(e).

Appendix B

APPENDIX B

Sources of State- and Individual-Level Variables for the 2001 Analysis

State Population Estimates

Centers for Disease Control and Prevention. Populations receiving optimally fluoridated public drinking water—United States, 2000. *MMWR*. 2002; 51(07): 144-147. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5107a2.htm>. Accessed October 21, 2015.

Marc J. Perry, Paul J. Mackun; US Census Bureau. Population change and distribution: 1990 to 2000. <http://www.census.gov/prod/2001pubs/c2kbr01-2.pdf>. Published April 2001. Accessed October 21, 2015.

US Department of Commerce, Bureau of Economic Analysis. Per capita personal income by state. <https://bber.unm.edu/econ/us-pci.htm>. Released March 2013. Updated April 2, 2013. Accessed October 21, 2015.

U.S. Department of Commerce, Bureau of the Census. Census of Population and Housing, 2000 [United States]: Summary File 3: Percent of population living in urban areas 2000. Washington, DC: U.S. Department of Commerce, Bureau of the Census [producer], 2002. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2002. <http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/166/studies?sortBy=&q=Census+of+Population+and+Housing%2C+2000+Summary+File+3&searchSource=revise>. Accessed October 21, 2015.

US Department of Commerce, Bureau of the Census. Census of Population and Housing, 2000 [United States]: Summary File 4: Microdata, Dental Hygienists 2000. ICPSR13539-v2. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2004. <http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/166/studies?q=Census+of+Population+and+Housing%2C+2000+%5BUnited+States%5D%3A+Summary+File+4&searchSource=find-analyze-home&sortBy=&paging.startRow=1>. Accessed October 21, 2015. (Based on reported state of employment)

US Department of Commerce, Bureau of the Census. Census of Population and Housing, 2000 [United States]: Summary File 4: Microdata, Dentists 2000. ICPSR13539-v2. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2004. <http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/166/studies?q=Census+of+Population+and+Housing%2C+2000+%5BUnited+States%5D%3A+Summary+File+4&searchSource=find-analyze-home&sortBy=&paging.startRow=1>. Accessed October 21, 2015. (Based on reported state of employment.)

Individual-Level Data

BRFSS 2002 survey data and documentation. Centers for Disease Control and Prevention website. http://www.cdc.gov/brfss/annual_data/annual_2002.htm. Updated June 23, 2014. Accessed October 21, 2015.

Sources of State- and Individual-Level Variables for the 2014 Analysis

State Population Estimates

2012 water fluoridation statistics. Centers for Disease Control and Prevention website. <http://www.cdc.gov/fluoridation/statistics/2012stats.htm>. Updated November 22, 2013. Accessed October 21, 2015.

US Census Bureau. Dental Hygienists: American Community Survey 2009-2013. American FactFinder. Washington, DC: US Department of Commerce, Bureau of the Census. http://factfinder.census.gov/faces/affhelp/jsf/pages/metadata.xhtml?lang=en&type=document&id=document.en.acs_pums_sas_2009_2013#. Accessed October 21, 2015. (Based on reported state of employment)

US Census Bureau. Dentists: American Community Survey 2009-2013. American FactFinder. Washington, DC: US Department of Commerce, Bureau of the Census. http://factfinder.census.gov/faces/affhelp/jsf/pages/metadata.xhtml?lang=en&type=document&id=document.en.acs_pums_sas_2009_2013#. Accessed October 21, 2015. (Based on reported state of employment)

US Census Bureau, Population Division. Percent of population living in urban areas 2010. http://www2.census.gov/geo/docs/reference/ua/PctUrbanRural_State.xls. Accessed October 21, 2015.

US Census Bureau, Population Division. Table 1. Annual estimates of the population for the United States, regions, states, and Puerto Rico: April 1, 2010 to July 1, 2012. <http://www.census.gov/popest/data/state/totals/2012/tables/NST-EST2012-01.xls>. Released December 2012. Accessed October 21, 2015.

US Department of Commerce, Bureau of Economic Analysis. Per capita personal income by state. <https://bber.unm.edu/econ/us-pci.htm>. Released March 2013. Updated April 2, 2013. Accessed October 21, 2015.

Individual-Level Data

BRFSS 2012 survey data and documentation. Centers for Disease Control and Prevention website. http://www.cdc.gov/brfss/annual_data/annual_2012.html. Updated December 4, 2014. Accessed October 21, 2015.

APPENDIX C

Exploratory Factor Analysis

Maximum likelihood was selected using Promax rotation methods. The results of the analysis indicated a 1-factor model with a good model fit. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was .766 for the 2001 index, and .756 for the 2014 index, both of which are greater than the accepted .60 cutoff level. Bartlett’s Test of Sphericity was statistically significant. Initial eigenvalues were well above the standard accepted 1.0 cutoff, explaining 69% and 68%, respectively, of the variance. The scree plot for these eigenvalues clearly indicates a 1-factor model.

Confirmatory Factor Analysis

Results of the confirmatory factor analysis appear below. Both the unstandardized estimates and the standardized estimates are highly statistically significant. In the table, “CR” stands for “critical ratio” and is comparable to a T-value. All 4 variables are significant at or below the .01 probability level.

Appendix Table 1. Results From the Confirmatory Factor Analysis of the 2001 and 2014 DHPPIs, 2015

Variable	2001 Factor Analysis				2014 Factor Analysis			
	Unstandardized Estimate	Standardized Estimate	C.R.		Unstandardized Estimate	Standardized Estimate	C.R.	
Regulations	0.877	0.626	4.753	**	0.926	0.634	4.647	**
Supervision	9.874	0.962	8.523	**	10.874	0.961	7.526	**
Tasks	4.342	0.691	5.377	**	3.876	0.716	5.346	**
Reimbursement	4.057	0.785	6.353	**	4.048	0.616	4.494	**

** = Significant at below the .01 probability level.
Source: OHWRC, CHWS, 2015.

The fit indices, including the normed fit index (NFI), the relative fit index (RFI), and the comparative fit index (CFI), indicate the proportion of observed variation explained by the covariance implied by the model. A range from 0 to 1 and values of .90 or higher indicate a good model fit, and values of .95 or higher indicate an excellent model fit. All values in this confirmatory analysis exceed .95 for both the 2001 DHPPI and the 2014 DHPPI, indicating an excellent model fit for both indices.

The root mean square error of approximation (RMSEA) in the table measures the amount of discrepancy per degree of freedom. Values equal to or less than .06 indicate a good model fit. PCLOSE tests the null hypothesis that RMSEA is no greater than .05; accepting the null indicates a good model fit. The values for both the 2001 and the 2014 scope of practice indices indicate RMSEA values of 0, with a PCLOSE value of

.819 and .884, respectively. The chi-square values are each statistically nonsignificant, with associated p-values of .798 and .877, respectively. Therefore, the null hypothesis is accepted and the proposed model is statistically validated. The 4 components (regulatory and legal environment, supervision, tasks permitted, and reimbursement) summate to create a single professional practice index for each state for each year (2001 and 2014).

Appendix Table 2. Confirmatory Factor Analysis Fit Indices 2001 and 2014 DHPPIs, 2015

Fit Indices	2001 Default Model	2014 Default Model
NFI	0.995	1.000
RFI	0.986	0.998
CFI	1.000	1.000
RMSEA	0.000	0.000
PCLOSE	0.819	0.884
CHI-SQUARE	0.451	0.024
P VALUE	0.798	0.877

Source: OHWRC, CHWS, 2015.

Multilevel Modeling

The Hierarchical Linear Modeling software employs an empirical Bayesian approach, which is a type of weighted average, across the Level 2 units (states).¹¹ Grand mean centering was used for all state- and individual-level variables in these analyses. Grand mean is an adjusted mean that corrects for the variation in the characteristics across states. The grand mean provides the expected value of Y if X is the average in the population. This statistic is used for ease of interpretation because the results from centering represent the average individual in the average state. For this reason, grand mean centering is a very common technique used in multilevel modeling.

The decision was made to fix all Level 1 coefficients for the Level 1 control variables. This is a common step in multilevel modeling, as these are not expected to vary based on the Level 2 units (ie, it is not expected that the impact of gender on oral health outcomes should be affected by the professional practice environment of dental hygienists). The intercepts should randomly vary to enable ascertainment of any causal effect exerted by Level 2 units on the Level 1 outcomes.

Unit-specific parameters with robust standard errors were analyzed as a more appropriate test than population-average parameters. In unit-specific parameters, the estimation coefficients are based on the distributions within the Level 2 units. Using unit-specific parameters allowed the researchers to measure the expected change in an outcome measure that was associated with a 1-unit increase in the predictor variable, while also holding constant other predictors and enabling examination of the processes within

the Level 2 units. This is especially useful when the Level 2 variables are the focal independent variables, as is the case with these analyses.

For all individual-level variables listed in Table 5, the first variable value in the parenthesis is coded 1 and the second is coded 0 (ie, for sex, female is coded 1 and male is coded 0). In all multilevel logistic modeling analyses, this reflects the likelihood of having no teeth removed due to decay or disease (the outcome variable) for the category coded 1 in the independent variable, as compared to the category coded 0. For example, If the education variable (Bachelor's degree or higher coded 1, less than Bachelor's degree coded 0) is positive and statistically significant, this means that individuals possessing a Bachelor's degree or higher (the category which is coded 1) are more likely to have had no teeth removed due to decay or disease, compared to individuals possessing less than a Bachelor's degree (the category that is coded 0). Positive effects may be seen when the odds ratio is greater than 1.0. If, however, the variable is negative (odds ratio of less than 1.0) and statistically significant, this indicates that individuals coded 1 within a particular variable are less likely to have had no teeth removed due to decay or disease (the outcome variable) as compared to those coded 0. For example, if the variable sex (female is coded 1, male is coded 0) has a statistically significant odds ratio of less than 1.0, this indicates that females (the category coded 1) are less likely to have had no teeth removed due to decay or disease as compared to males (the category coded 0).

References

REFERENCES

1. US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions. The professional practice environment of dental hygienists in the fifty states and the District of Columbia, 2001. <http://bhpr.hrsa.gov/healthworkforce/supplydemand/dentistry/dentalhygieneenvironment.pdf>. Published April 2004. Accessed October 21, 2015.
2. US Department of the Treasury, Office of Economic Policy, Council of Economic Advisors, and US Department of Labor. Occupational licensing: a framework for policymakers. https://www.whitehouse.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf. Published July 2015. Accessed October 21, 2015.
3. Wanchek TN; Weldon Cooper Center for Public Service and Department of Public Health Sciences, University of Virginia. The effect of dental hygiene regulation on access to care. http://econ.ccps.virginia.edu/RePEc_docs/ceps_docs/DHarticlev2.pdf. Published March 6, 2009. Accessed October 21, 2015.
4. Kleiner MM, Park KW. Battles among licensed occupations: analyzing government regulations on labor market outcomes for dentists and dental hygienists. NBER Working Paper No. 16560. <http://www.nber.org/papers/w16560.pdf>. Published November 2010. Accessed October 21, 2015.
5. Maxey HL. *Understanding the Influence of State Policy Environment on Dental Service Availability, Access and Oral Health in America's Medically Underserved Communities* [dissertation]. Indianapolis, IN: Indiana University; 2014.
6. US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, National Center for Health Workforce Analysis. National and state-level projections of dentists and dental hygienists in the U.S., 2012-2025. <http://bhpr.hrsa.gov/healthworkforce/supplydemand/dentistry/nationalstatelevelprojectionsdentists.pdf>. Published February 2015. Accessed October 21, 2015.
7. Institute of Medicine and National Research Council. Improving access to oral health care for vulnerable and underserved populations. <https://iom.nationalacademies.org/~media/Files/Report%20Files/2011/Improving-Access-to-Oral-Health-Care-for-Vulnerable-and-Underserved-Populations/oralhealthaccess2011reportbrief.pdf>. Published July 2011. Accessed October 21, 2015.
8. Rephann TJ, Wanchek TN; Center for Economic and Policy Studies, Weldon Cooper Center for Public Service, University of Virginia. Filling the gaps: dentist disparities along the rural urban continuum. http://www.coopercenter.org/sites/default/files/publications/dentist_final.pdf. Published March 24, 2011. Accessed October 21, 2015.
9. American Dental Hygienists' Association. Dental hygiene practice act overview: permitted functions and supervision levels by state. https://www.adha.org/resources-docs/7511_Permitted_Services_Supervision_Levels_by_State.pdf. Published September 2015. Accessed October 21, 2015.

10. American Dental Association. 2010 survey of legal provisions for delegating intraoral functions to dental assistants and dental hygienists. http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/10_slp.ashx. Published June 2011. Accessed October 21, 2015.
11. HLM—Hierarchical Linear and Nonlinear Modeling (HLM). Scientific Software International, Inc., website. <http://www.ssicentral.com/hlm/>. Accessed October 21, 2015.



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