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BACKGROUND

- In the US, state-based laws and regulations define legal scope of practice (SOP) for dental hygienists (DHs)
- These determine which treatments and procedures DHs may perform in certain settings as well as those that can only be performed by a dentist
- They also determine the supervision level required to perform certain procedures
- Research indicates that a broader SOP for DHs improves access to oral healthcare, increases utilization, and improves outcomes¹⁻³
- Original 'Variation in Dental Hygiene Scope of Practice by State' infographic was developed in 2017 to inform policy-relevant action and was updated in 2019

STUDY OBJECTIVES

- Review current laws and regulations defining SOP for DHs
- Update the 2019 infographic
- Highlight changes to the regulatory landscape

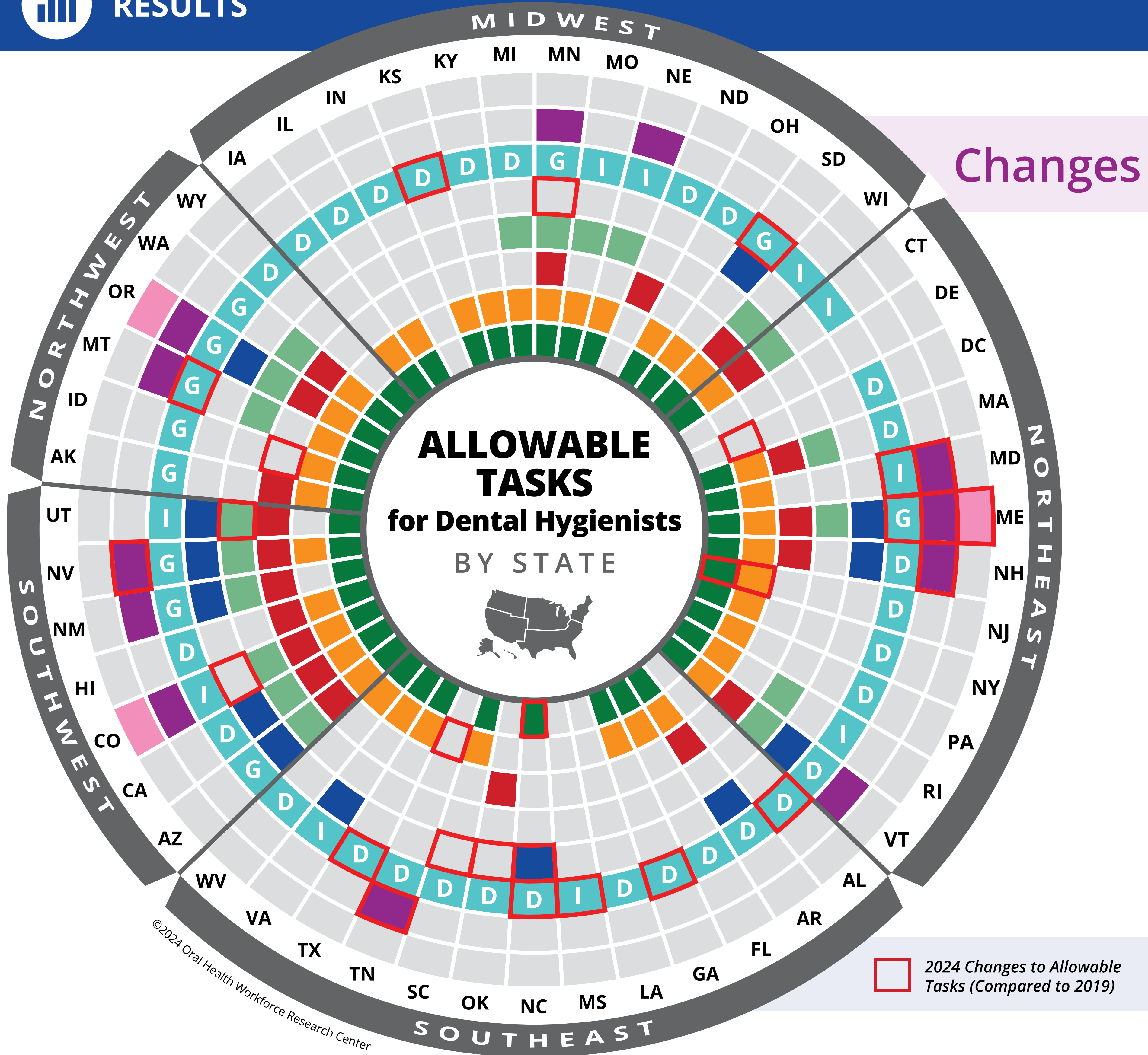
METHODS

- Researchers independently examined state-level laws and regulations describing legal SOP for DHs across all 50 states and the District of Columbia (DC)
 - Reviewed the Dental Practice Act and/or the Administrative Code
 - For each variable, determined the highest level of practice available to a DH
- Findings were compared to regulatory overviews conducted by the American Dental Hygiene Association in 2023
- Conducted outreach to various state dental hygiene associations to verify findings

LIMITATIONS

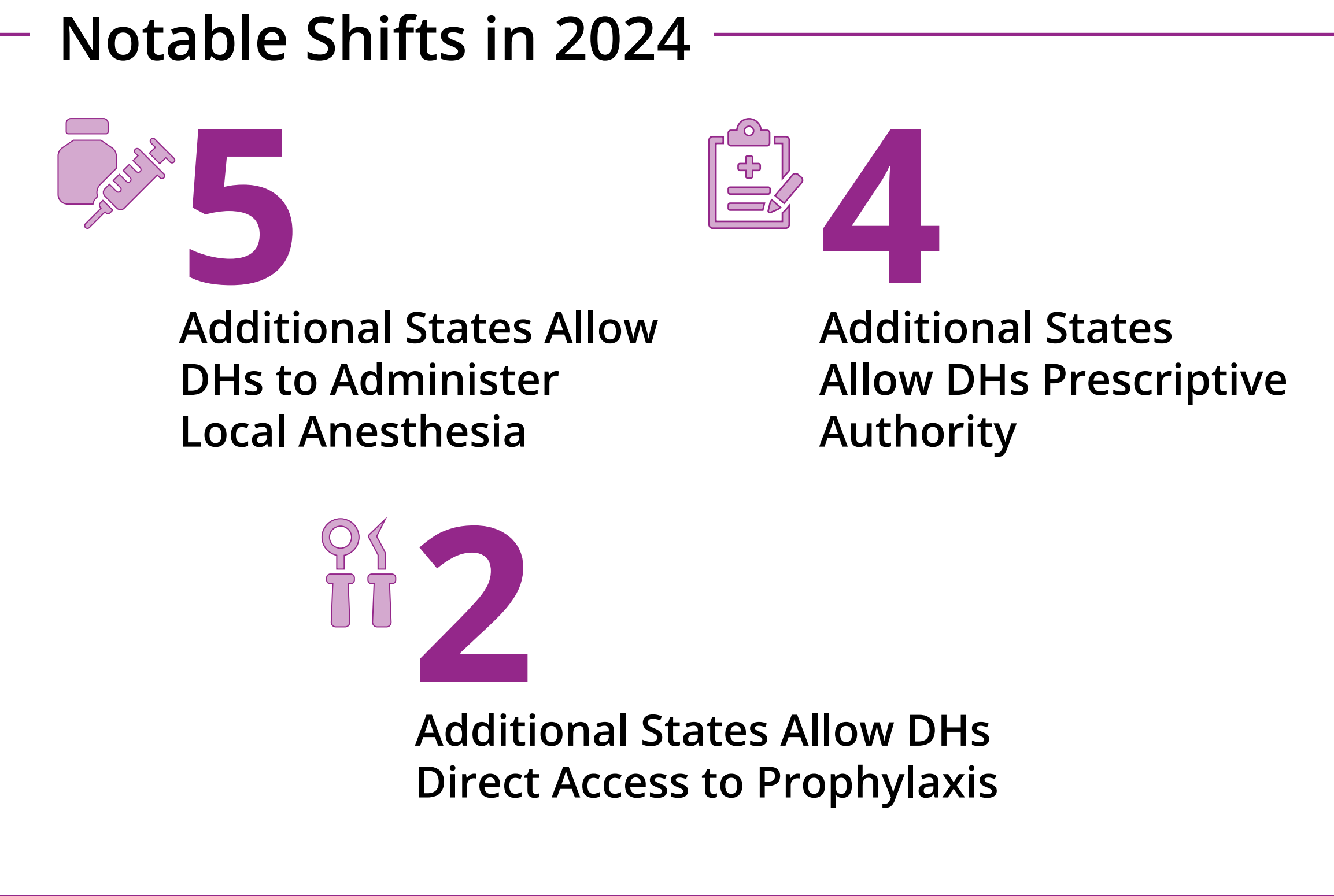
- Not all state dental hygienist associations responded to outreach
- Certain procedures that are permissible may not be captured in the law/regulation
- Regulations continue to evolve and may have shifted between now and the time this infographic was produced
- Variation of definitions and other nuances between states

RESULTS

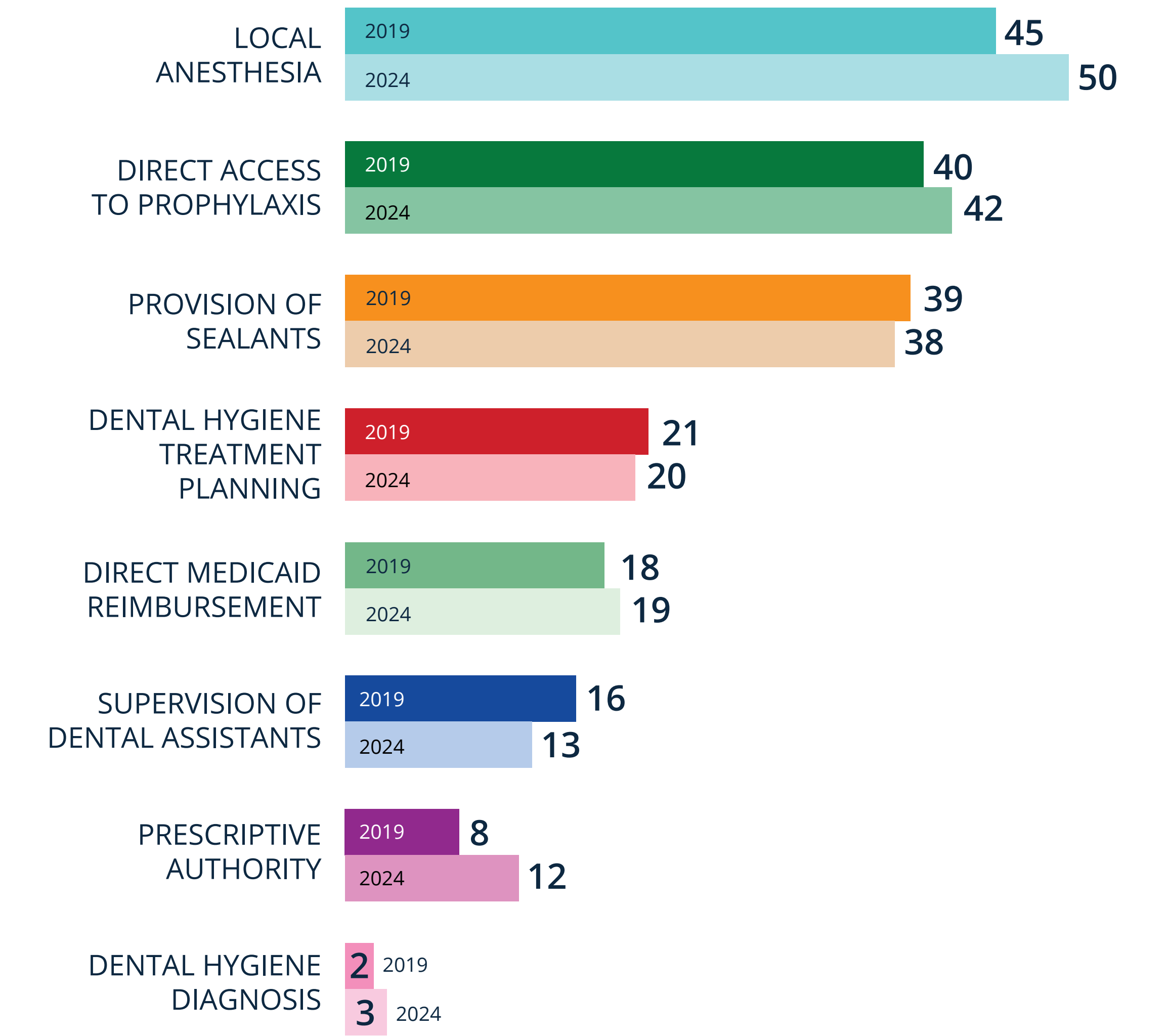


- Dental Hygiene Diagnosis**
The identification of oral conditions for which treatment falls within the dental hygiene scope of practice, as part of a dental hygiene treatment plan.
 - Supervision of Dental Assistants**
The ability to supervise dental assistants when performing tasks within the dental hygiene scope of practice.
 - Direct Medicaid Reimbursement**
The direct Medicaid reimbursement of dental hygiene services to the dental hygienist.
 - Dental Hygiene Treatment Planning**
The ability of a dental hygienist to assess oral conditions and formulate treatment plans for services within the dental hygiene scope of practice.
 - Provision of Sealants Without Prior Examination**
The ability of a dental hygienist working in a public health setting to provide sealants without prior examination by a dentist.
 - Direct Access to Prophylaxis from a Dental Hygienist**
The ability of a dental hygienist working in a public health setting to provide prophylaxis without prior examination by a dentist.
 - Local Anesthesia**
The administration of local anesthesia.
LEVEL OF SUPERVISION
 - D** Direct: The dentist is required to be physically present during the administration of local anesthesia by the dental hygienist.
 - I** Indirect: The dentist is required to be on the premises during the administration of local anesthesia by the dental hygienist.*
 - G** General: The dentist is required to authorize the administration of local anesthesia by the dental hygienist but is not required to be on the premises during the procedure.
 - Prescriptive Authority**
The ability to prescribe, administer, and dispense fluoride, topical medications, and chlorhexidine.
 - Not Allowed / No Law**
- * In Colorado, indirect supervision requires only preapproval, not the presence of a dentist.

Changes in DH SOP Between 2019 and 2024



Changes in Allowable Tasks for DHs by Number of States, 2019 vs 2024



CONCLUSIONS

- In 2024, there were notable and positive shifts, with more states allowing DHs to:
 - Administer local anesthesia
 - Prescribe, administer, and dispense fluoride, topical medications, and chlorhexidine
 - Provide prophylaxis without prior examination by a dentist
- Keeping track of shifting regulatory landscape remains challenging and labor-intensive

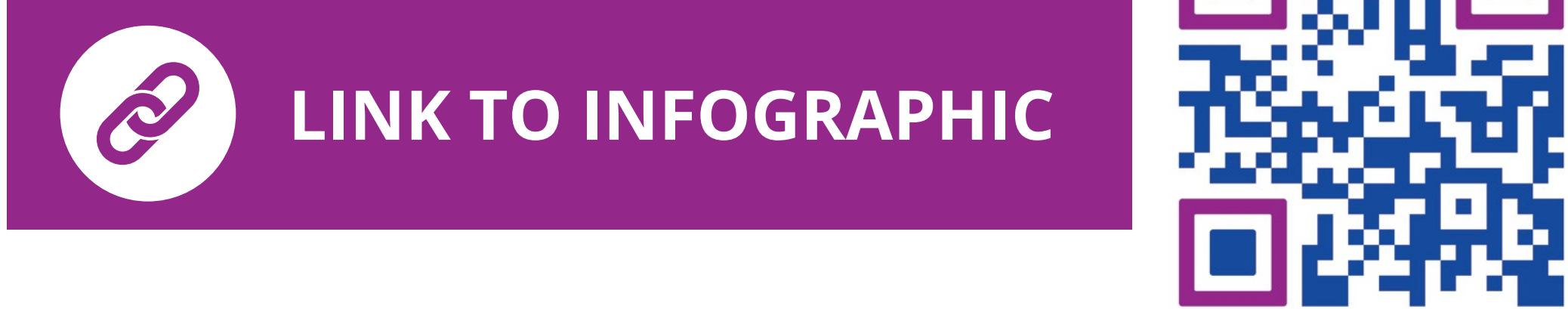
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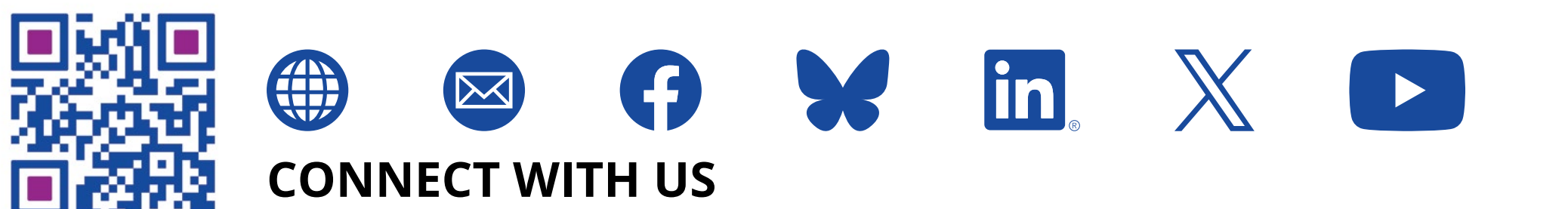
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