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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 outcomes<sup>1-3</sup>
- 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

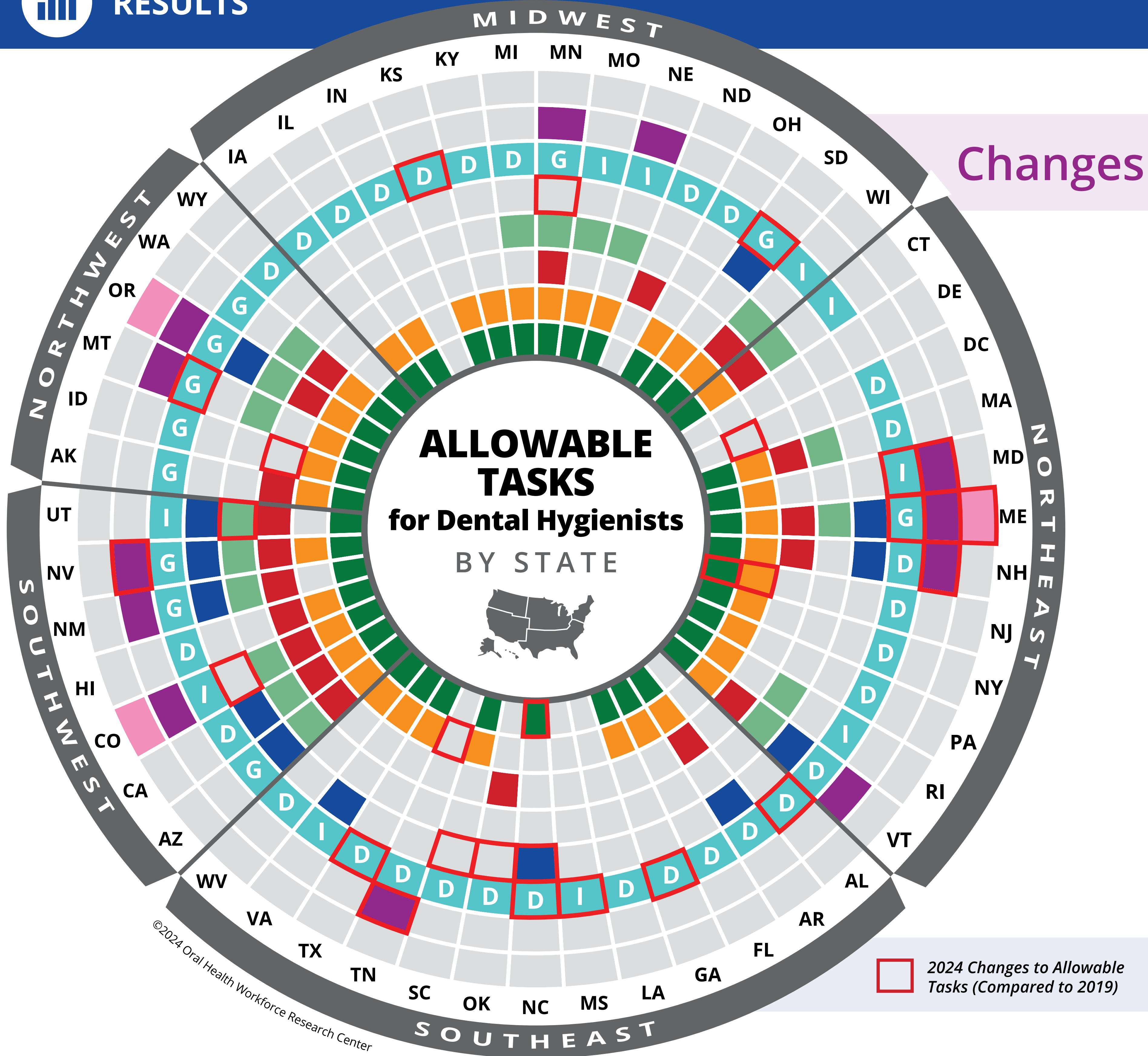
## METHODS

- 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



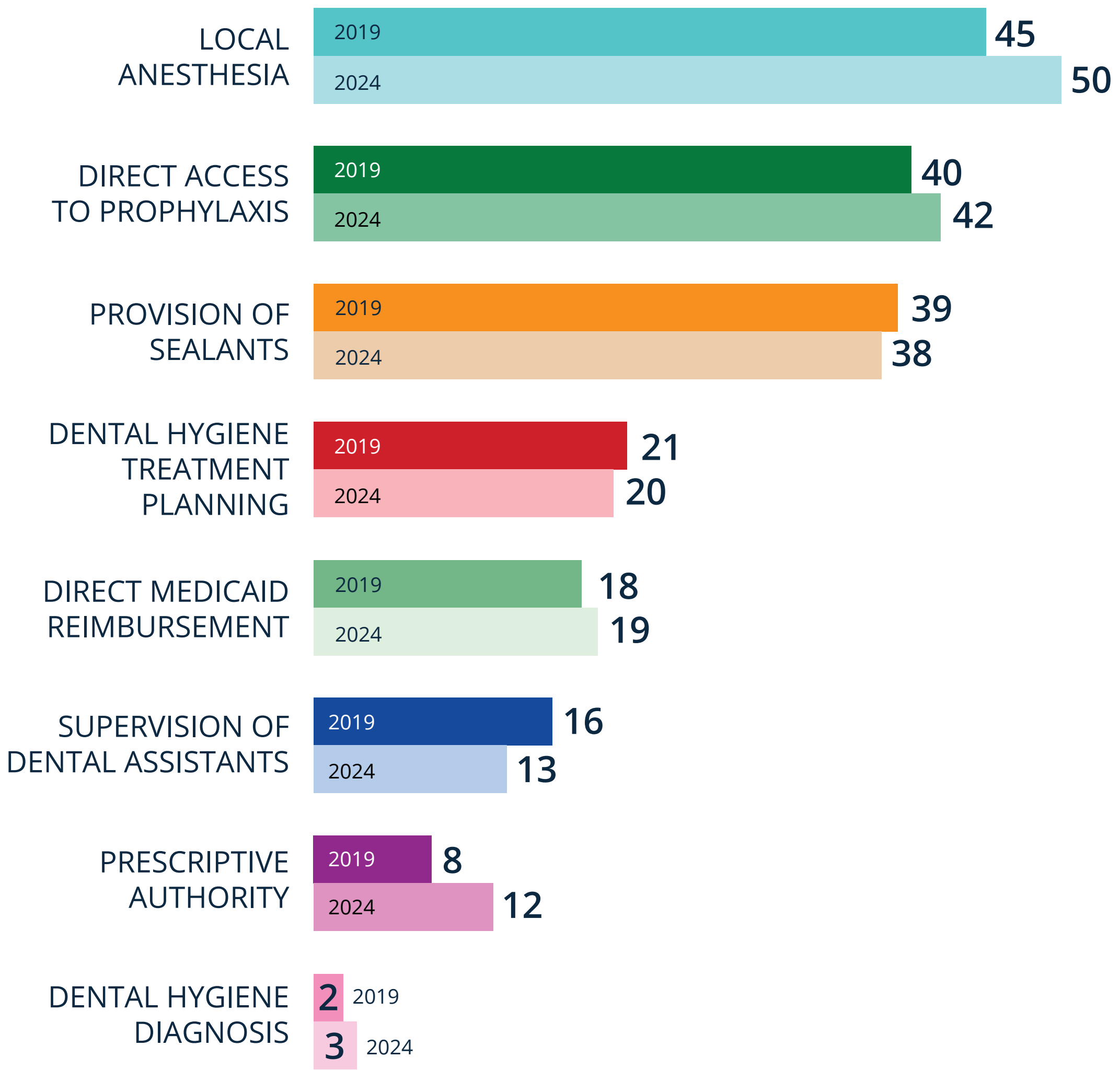
- Dental Hygiene Diagnosis**  
The identification of oral conditions for which treatment falls within the dental hygiene scope of practice, as part of a dental hygiene treatment plan.
  - Supervision of Dental Assistants**  
The ability to supervise dental assistants when performing tasks within the 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.
  - Not Allowed / No Law**
- 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.
- \* In Colorado, indirect supervision requires only preapproval, not the presence of a dentist.

## Changes in DH SOP Between 2019 and 2024

### Notable Shifts in 2024

- 5** Additional States Allow DHs to Administer Local Anesthesia
- 4** Additional States Allow DHs Prescriptive Authority
- 2** Additional States Allow DHs Direct Access to Prophylaxis

### 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 chlorohexidine
  - Provide prophylaxis without prior examination by a dentist
- Keeping track of shifting regulatory landscape remains challenging and labor-intensive

## REFERENCES

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2. Chen J, Meyerhoefer CD, Timmons EJ. The effects of dental hygienist autonomy on dental care utilization. *Health Econ.* 2024;33(8):1726-1747. doi:10.1002/hec.4832
3. Langelier M, Continelli T, Moore J, Baker B, Surdu S. Expanded scopes of practice for dental hygienists associated with improved oral health outcomes for adults. *Health Aff.* 2016;35(12):2207-2215. doi:10.1377/hlthaff.2016.0807

## ACKNOWLEDGMENTS

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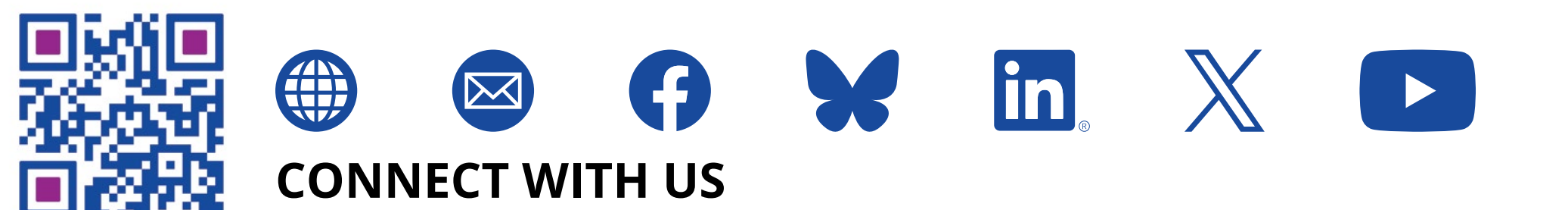
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