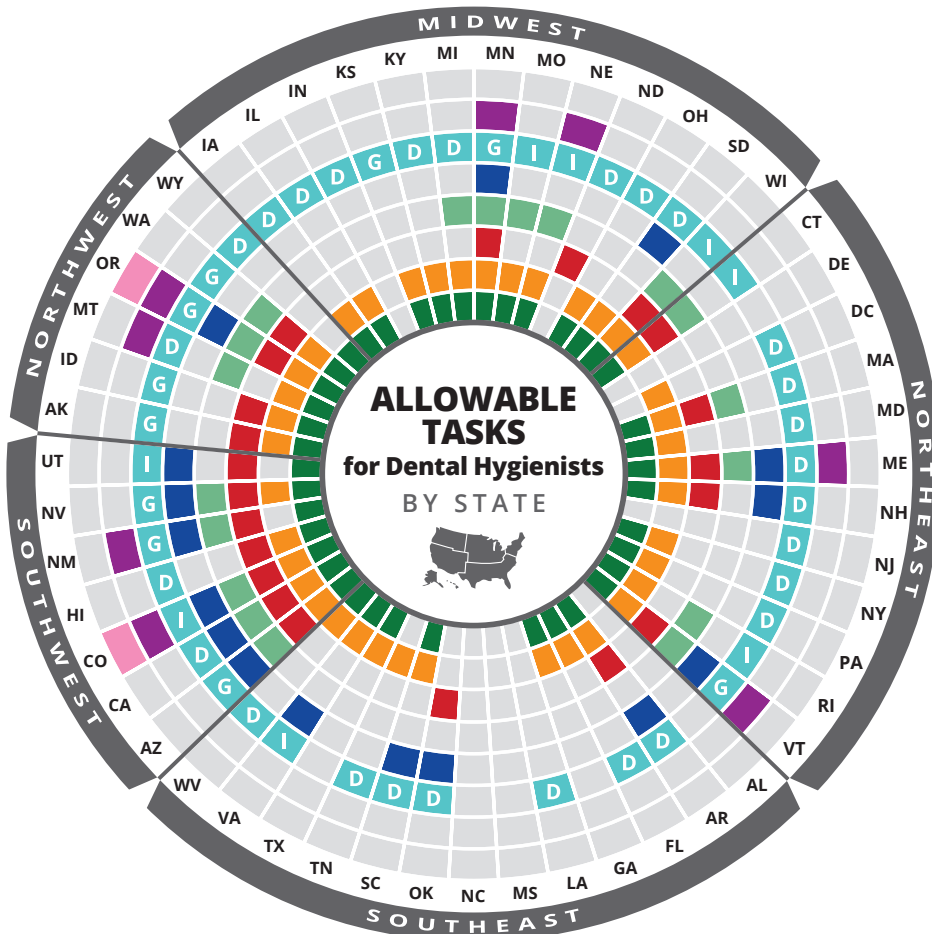


Variation in Dental Hygiene Scope of Practice by State



The purpose of this graphic is to help planners, policymakers, and others understand differences in legal scope of practice across states, particularly in public health settings.

Research has shown that a broader scope of practice for dental hygienists is positively and significantly associated with improved oral health outcomes in a state's population.^{1,2}

- Dental Hygiene Diagnosis
- Prescriptive Authority
- Local Anesthesia
 - D Direct
 - I Indirect
 - G General
- Supervision of Dental Assistants
- Direct Medicaid Reimbursement
- Dental Hygiene Treatment Planning
- Provision of Sealants
- Direct Access to Prophylaxis
- Not Allowed / No Law

■ 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.

■ Prescriptive Authority

The ability to prescribe, administer, and dispense fluoride, topical medications, and chlorhexidine.

■ 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.

■ 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

Sources: 1. Langelier M, Baker B, Continelli T. *Development of a New Dental Hygiene Professional Practice Index by State*, 2016. Rensselaer, NY: Oral Health Workforce Research Center, Center for Health Workforce Studies, School of Public Health, SUNY Albany; November 2016. 2. 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 Affairs*. 2016;35(12):2207-2215.

http://www.oralhealthworkforce.org/wp-content/uploads/2017/03/OHWRC_Dental_Hygiene_Scope_of_Practice_2016.pdf

This work was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), under the Health Workforce Research Center Cooperative Agreement Program (U81HP27843). The content and conclusions presented herein are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

This graphic describes the highest level of practice available to a dental hygienist in a state, including dental hygiene therapy. The graphic is for informational purposes only and scope of practice is subject to change. Contact the applicable dental board or your attorney for specific legal advice.



Last Updated January 2019.