

**SB**

**98**

# Alaska State Legislature

Interim: (May - Dec.)  
716 W. 4<sup>th</sup> Ave  
Anchorage, AK 99501  
Phone: (907) 269-0144  
Fax: (907) 269-0148



Session: (Jan. - May)  
State Capitol, Suite 30  
Juneau, AK 99801-1182  
Phone: (907) 465-3822  
Fax: (907) 465-3756  
Toll free: (800) 770-3822

Senator Bettye Davis@legis.state.ak.us  
<http://www.akdemocrats.org>

## Senator Bettye Davis

SB 98

"An Act relating to dental hygienists"

### SPONSOR STATEMENT

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SB 98 will greatly improve the oral health care, overall health, wellbeing, individual appearance, and comfort of Alaskans across the state.

SB 98 allows Alaskans better access to professional training, skills, and technology available to meet their oral health care needs with expanded services provided by dental hygienists licensed under AS 08.32. Many Alaskans either cannot afford regular oral health care, do not understand the need for it, or live in areas or facilities not served by oral health care professionals. SB 98 also will help stem what the Surgeon General reported as a *"silent epidemic of oral diseases. . . affecting our most vulnerable citizens. . . . No one should suffer from oral diseases or conditions that can be effectively prevented and treated."*

Dental hygienists licensed under this statute are well prepared to deliver the oral health care services specifically defined and authorized in SB 98 under the direct supervision of or in collaboration with licensed dentists with board approval. Similar services are performed by dental hygienists in other states. Dental hygienists are licensed by the state only after successfully graduating from American Dental Association accredited dental hygiene programs or other programs accredited by the board and passing a national examining board's restorative examination and state clinical examination.

In addition to the usual services allowed under AS 08.32, SB 98 permits a licensed dental hygienist to:

- 1) place restorations into a cavity prepared by a licensed dentist and thereafter carve, contour, and adjust contacts and occlusion of the restoration.
- 2) administer local anesthetic agents if certified by the board and performed under direct, indirect, or general supervision of a dentist;
- 3) enter into a collaborative agreement with a licensed dentist with approval by the board authorizing the dental hygienist to perform defined procedures or services without the presence of the licensed dentist.

Services provided by dental hygienists under collaborative agreements require prior board approval and a minimum of 4,000 hours clinical experience within the prior five years. Dentists licensed under Alaska statute will diagnose, review, and/or complete all work performed by dental hygienists under collaborative agreements proposed by this bill.

# ALASKA STATE LEGISLATURE

*Vice Chair:*  
House Finance Committee

*Chair:*  
House Finance Subcommittees for;  
Department of Public Safety  
Department of Law



*Session:*  
Alaska State Capitol, Rm 501  
Juneau, AK 99801-1182  
Phone: (907) 465-4958  
Fax: (907) 465-4928

*District:*  
600 E. Railroad Ave.  
Wasilla, AK 99654

**BILL STOLTZE**  
STATE REPRESENTATIVE  
Representative\_Bill\_Stoltze@legis.state.ak.us

## House Bill 136 (Version M) Sectional Analysis

**Section 1** authorizes the Board of Dental Examiners to issue a restorative function endorsement to a licensed dental hygienist if the hygienist has successfully completed an accredited program and has passed the required restorative function examination(s).

A restorative function endorsement will allow a licensed dental hygienist to place restorations, i.e. fillings, into a cavity prepared by a licensed dentist and thereafter carve, contour and adjust contacts and occlusion of the restoration under the direct supervision of a licensed dentist.

**Section 2** authorizes a licensed dental hygienist to administer local anesthetic agents under the general supervision of a licensed dentist.

Local anesthesia renders a small part of the body, such as a tooth, insensitive to pain without affecting consciousness. Licensed dental hygienists in the state who are certified by the Board have been administering local anesthesia under "direct" or "indirect" supervision of a licensed dentist since 1981. Adding "general" supervision would allow a licensed, Board-certified dental hygienist to administer local anesthetic agents without the requirement for a licensed dentist being present in the dental facility.

**Section 3** includes under dental hygienists' scope of practice the ability to place restorations (section 1) and perform the activities authorized under a collaborative agreement with a licensed dentist (section 4).

**Section 4** authorizes the Board to approve a collaborative agreement between a licensed dentist and a licensed dental hygienist and specifies the services and procedures allowed under a collaborative agreement.

Working under a collaborative agreement with a licensed dentist, a dental hygienist would be able to initiate treatment within their scope of practice based on his or her assessment of a patient's needs without the specific authorization of a dentist.

**Section 5** applies supervision requirements to a dental hygienist operating in conjunction with a licensed dentist under a collaborative agreement.

DISTRICT 16

BIRCHWOOD • BUTTE • CHUGIAK • EKLUTNA • FAIRVIEW LOOP  
KNIK RIVER ROAD • LAZY MOUNTAIN • PALMER • PETERS CREEK

**HB 136 (Shortened version)**

**\*Sec. 1. AS 08.32 is amended by adding a new section to read:**

**Sec. 08.32.085 Restorative function license endorsement** (a) The board shall issue a restorative function endorsement to a dental hygienist who is licensed under this chapter if the licensee furnishes evidence satisfactory to the board that the licensee has

- 1) successfully completed a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the board; and
- 2) passed the Western Regional Examining Board's restorative examination or other equivalent examination approved by the board within the five years preceding the licensee's endorsement application, ~~or the licensee has legal authorization from another state or jurisdiction or is licensed in another US state or territory to perform restorative functions.~~

(b) An endorsement issued under this section authorizes a ~~licensed~~ dental hygienist under direct supervision of a licensed dentist to place restorations into a cavity prepared by the licensed dentist and thereafter carve, contour, and adjust contacts and occlusion of the restoration.

(c) The board may by regulation establish renewal and continuing education requirements for an endorsement under this section.

**\*Sec. 3. AS 08.32.110(a) is amended to read:**

(6) if certified by the board and under the direct, [OR] indirect, or general supervision of a licensed dentist, administer local anesthetic agents.

**\*Sec. 4. AS 08.32.110 is amended by adding a new subsection to read:**

(c) this section does not prohibit a dental hygienist

- (1) with an endorsement issued under AS 08.32.085 from performing the activities authorized under AS 08.32.085; or
- (2) who has entered into a collaborative agreement approved by the board under AS 08.32.115 from performing the activities authorized under the collaborative agreement.

**\*Sec. 5. AS 08.32 is amended by adding a new section to read:**

**Sec. 08.32.115. Collaborative agreements.** (a) A dentist may not enter into a collaborative agreement with more than five dental hygienists. If the collaborative agreement is approved by the board under (c) of this section, a dental hygienist with a minimum of 4,000 documented hours of clinical experience within the last five years preceding application for the board's approval may enter into a collaborative agreement with an Alaskan licensed dentist in which the licensed dentist authorizes the licensed dental hygienist to perform one or more of the following:

- (1) oral health promotion and disease prevention education;
- (2) the removal of calcareous deposits, accretions, and stains from the surfaces of the teeth
- (3) application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;
- (4) polishing and smoothing restorations;
- (5) removal of marginal overhangs;
- (6) preliminary charting and triage;
- (7) radiographs;
- (8) use of ~~chemotherapeutic~~ local periodontal therapeutic agents; and
- (9) performance of non-surgical periodontal therapy with or without the administration of local anesthesia, subsequent to a licensed dentist's authorization or diagnosis as specified in the licensed dental hygienist's collaborative agreement.

(b) These services described in (a) of this section may be performed under a collaborative agreement approved by the board

- 1) without the presence of the dentist;
- 2) in a setting other than the usual place of practice of the licensed dentist; and
- 3) ~~without~~ prior to the dentist's diagnosis and with completion of a treatment plan within one year unless otherwise specified in the collaborative agreement or in (a) of this section.

(c) The board shall adopt regulations regarding approval of collaborative agreements between licensed dental hygienists and licensed dentists.

**\*Sec. 6. AS 08.32.140 is amended to read:**

**Sec. 08.32.140 Supervision required.** A dental hygienist, other than a dental hygienist practicing according to a collaborative agreement approved under AS 08.32.115, may not practice except under the general supervision of a licensed dentist or, if required by regulations adopted under AS 08.32.110 (b), the direct or indirect supervision of a licensed dentist.

# FISCAL NOTE

**STATE OF ALASKA**  
**2007 LEGISLATIVE SESSION**

Fiscal Note Number: HB136-COM-OL-03-05-07  
 Bill Version: HB 136  
 ( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Commerce  
 Title Dental Hygienists RDU Occupational Licensing (117)  
 Component Occupational Licensing  
 Sponsor Stoltze  
 Requester House HES Component No. 2360

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES ( )</b>	.	.	.	.	.	.
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
1156 Receipt Supported Services	.	.	.	.	.	.
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY2007) cost: 0.0  
 Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

This legislation amends AS 08.32 relating to Dental Hygienists to provide for a restorative function license endorsement, to amend supervision requirements, and to provide for collaborative agreements for certain dental hygienists to provide certain services.

Typically license endorsement fees are \$50 and do not include the costs of additional accredited programs requested or approved by the Alaska State Dental Board. There are over 500 licensed Dental Hygienist in the State. At this time the Division of Corporations, Business, and Professional Licensing does not know how many licensees will request a restorative function endorsement and therefore, is unable to estimate costs and revenue.

All Occupational Licensing programs are required to cover costs with licensing fees under AS 08.01.065. Licensees requesting the endorsement will cover the additional fees.

Prepared by: Chris Wyatt, Administrative Manager Phone (907) 465-2572  
 Division Corporations, Business, and Professional Licensing Date/Time 3/5/07 2:00 PM  
 Approved by: Emil Notti, Commissioner Date 3/5/2007  
 Agency Commerce, Community, and Economic Development

## Number of Dentists and Dental Hygienists by Region

Region	Population	No. of Dentists	No. of Hygienists	No. of Hyg/Den	No. of Hyg/10,000
New England			13,118	1.4	9.4
Middle Atlantic			25,976	0.9	6.6
East North Central			31,851	1.3	7.1
West North Central			9,481	1	4.9
South Atlantic			27,484	1.1	5.3
East South Central			7,998	1.1	4.7
West South Central			12,287	0.9	3.9
Mountain			10,422	1.2	5.7
Pacific			31,149	1.1	6.9
<b>U.S. Total</b>			<b>169,149</b>	<b>1.1</b>	<b>6.0</b>
<b>Alaska</b>	<b>663,661</b>	<b>497</b>	<b>488</b>	<b>1.0</b>	<b>7.47</b>
<b>Anchorage Mat-Su Region</b>	<b>352,282</b>	<b>228</b>	<b>270</b>	<b>1.2</b>	<b>7.66</b>
Anchorage Municipality	278,241	197	216	1.1	7.76
Matanuska-Susitna Borough	74,041	29	54	1.9	7.29
<b>Gulf Coast Region</b>	<b>74,904</b>	<b>37</b>	<b>42</b>	<b>1.1</b>	<b>5.61</b>
Kenai Peninsula Borough	51,224	27	29	1.1	5.66
Kodiak Island Borough	13,638	7	9	1.3	6.60
Valdez-Cordova Census Area	10,042	3	4	1.3	3.98
<b>Interior Region</b>	<b>102,005</b>	<b>50</b>	<b>45</b>	<b>0.9</b>	<b>4.41</b>
Denali Borough	1,823	0	0	-	-
Fairbanks North Star Borough	87,650	47	45	1.0	5.13
Southeast Fairbanks Census Area	6,471	3	0	-	-
Yukon Koyukuk Census Area	6,061	0	0	-	-
<b>Northern Region</b>	<b>23,669</b>	<b>8</b>	<b>2</b>	<b>0.3</b>	<b>0.84</b>
Nome Census Area	9,452	5	1	0.2	1.06
North Slope Borough	6,894	2	1	0.5	1.45
Northwest Arctic Borough	7,323	1	0	-	-
<b>Southeast Region</b>	<b>70,822</b>	<b>41</b>	<b>48</b>	<b>1.2</b>	<b>6.78</b>
Haines Borough	2,207	1	2	2.0	9.06
Juneau City and Borough	31,193	22	26	1.2	8.34
Ketchikan Gateway Borough	13,125	7	9	1.3	6.86
Prince of Wales-Outer Ketchikan C.A.	5,497	1	2	2.0	3.64
Sitka City and Borough	8,947	6	5	0.8	5.59
Skagway-Hoonah-Angoon C.A.	3,062	0	0	-	-
Wrangell-Petersburg Census Area	6,172	4	4	1.0	6.48
Yakutat City and Borough	619	0	0	-	-
<b>Southwest Region</b>	<b>39,979</b>	<b>13</b>	<b>5</b>	<b>0.4</b>	<b>1.25</b>
Aleutians East Borough	2,659	0	0	-	-
Aleutians West Census Area	5,249	2	1	0.5	1.91
Bethel Census Area	17,085	9	2	0.2	1.17
Bristol Bay Borough	1,073	0	0	-	-
Dillingham Census Area	4,792	2	2	1.0	4.17
Lake and Peninsula Borough	1,620	0	0	-	-
Wade Hampton Census Area	7,501	0	0	-	-
<b>Out-of State</b>		<b>122</b>	<b>84</b>		

Source: National data calculated using ICR, 2000 and U.S. Census Bureau

Source: State population data from ADOL&WD, 2005

Source: Dentist/Hygienist data from AK Div of Occupational Licensing, Jan 2007

## SB 98 – “An act relating to Dental Hygienists”

### Fact Sheet: Local Anesthesia

<b>What is Local Anesthesia?</b>	<ul style="list-style-type: none"> <li>Local Anesthesia renders a small part of the body, such as a tooth, insensitive to pain without affecting consciousness. It reduces stress and allows a client to be comfortable while being treated by a hygienist for moderate to advanced gum disease.</li> </ul>
<b>Statute Change</b>	<ul style="list-style-type: none"> <li>AS 08.32.110(a) is amended to read:  <div style="text-align: center;">***</div>                     (6) if certified by the board and under the direct, [OR] indirect, <u>or general</u> supervision of a licensed dentist, administer local anesthetic agents.</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>“<b>Direct supervision</b>” means the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental hygienist.</li> <li>“<b>Indirect supervision</b>” means a licensed dentist is in the dental facility, authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental hygienist.</li> <li>“<b>General supervision</b>” means the dentist has authorized the procedures and they are being carried out in accordance with the dentist’s diagnosis and treatment plan.</li> </ul>
<b>Dental Hygienists Can Help</b>	<ul style="list-style-type: none"> <li><b>Education</b> – The dental hygiene curriculum is established and competency requirements are enforced by the American Dental Association. Numerous hours of didactic and clinical experience, as well as written and clinical testing are required before a dental hygienist is licensed to administer local anesthetic agents. Additionally, in Alaska, a separate written and clinical exam administered by WREB, a National Dental and Dental Hygiene testing agency, is required prior to obtaining a license for administering local anesthesia.</li> <li><b>25 years of experience</b> – Dental hygienists in Alaska have been delivering local anesthesia under direct or indirect supervision since July 20, 1981.</li> <li><b>Record of safety</b> – An Alaskan dental hygienist has <u>never</u> had disciplinary action taken against his/her license due to the administration of local anesthesia under the current statutes.</li> <li><b>Liability insurance</b> – A dental hygienist’s liability insurance cost is the same whether they have a license to deliver local anesthesia or not. Therefore, it can be assumed that insurance companies do not see local anesthesia as an increased risk.</li> <li><b>Emergency training</b> – Dental hygienists are required to maintain current CPR certification and are capable of responding appropriately in emergency situations.</li> <li><b>Dentist discretion</b> – The administration of local anesthesia under general supervision remains at the discretion of the supervising dentist (i.e. a dentist’s authorization would still be required)</li> <li><b>Other states</b> – The states of <i>Idaho</i> and <i>Oregon</i> allow local anesthesia under General Supervision. There have been no disciplinary cases against a dental hygienist as related to the administration of local anesthesia.</li> </ul>

## **Senate Bill 98 – “An act relating to dental hygienists”**

### **The Problem**

- Preventable oral diseases can cause life threatening emergencies.
- Many Alaskans cannot afford oral healthcare.
- There are geographic and educational barriers preventing access to oral health care.
- The structure of Alaska's current oral healthcare delivery system contains barriers that prevent access to oral health care.

### **Dental Hygienists Can Help**

Dental hygienists are well-prepared to deliver preventative oral health care services to the public safely and effectively.

- Dental hygienists focus on preventing and treating oral diseases.
- Dental hygienists graduate from nationally accredited dental hygiene education programs in universities, and must pass a national written and state clinical examination in order to practice.
- Dental hygienists are state-licensed oral healthcare professionals.
- Dental hygienists are key to cost-effective early intervention and education.

### **Provisions under SB 98**

#### **1. Expanded restorative function**

Allows a licensed dental hygienist to place “fillings” into a cavity prepared by a licensed dentist.

#### **2. Anesthesia under *general* supervision**

Allows a licensed dental hygienist to perform local anesthesia under general supervision. A licensed dentist would still be required to diagnose the condition to be treated prior to the hygienist performing treatment.

#### **3. Collaborative agreement**

Allows a licensed dental hygienist to enter into a written agreement with a licensed dentist who would authorize the services to be performed by the dental hygienist without the supervision of the dentist.

## **Sectional Summary of SB 98 (Work Order No. 25-LS0670A)**

**Section 1** of the bill authorizes the Board of Dental Examiners to issue a restorative function endorsement to a licensed dental hygienist if the hygienist has successfully completed an accredited program and has passed the required restorative function examination(s).

A restorative function endorsement will allow a licensed dental hygienist to place restorations, i.e. fillings, into a cavity prepared by a licensed dentist and thereafter carve, contour and adjust contacts and occlusion of the restoration under the direct supervision of a licensed dentist.

**Section 2** authorizes a licensed dental hygienist to administer local anesthetic agents under the general supervision of a licensed dentist.

Local anesthesia renders a small part of the body, such as a tooth, insensitive to pain without affecting consciousness. Licensed dental hygienists in the state who are certified by the Board have been administering local anesthesia under "direct" or "indirect" supervision of a licensed dentist since 1981. Adding "general" supervision would allow a licensed, Board-certified dental hygienist to administer local anesthetic agents without the requirement for a licensed dentist being present in the dental facility.

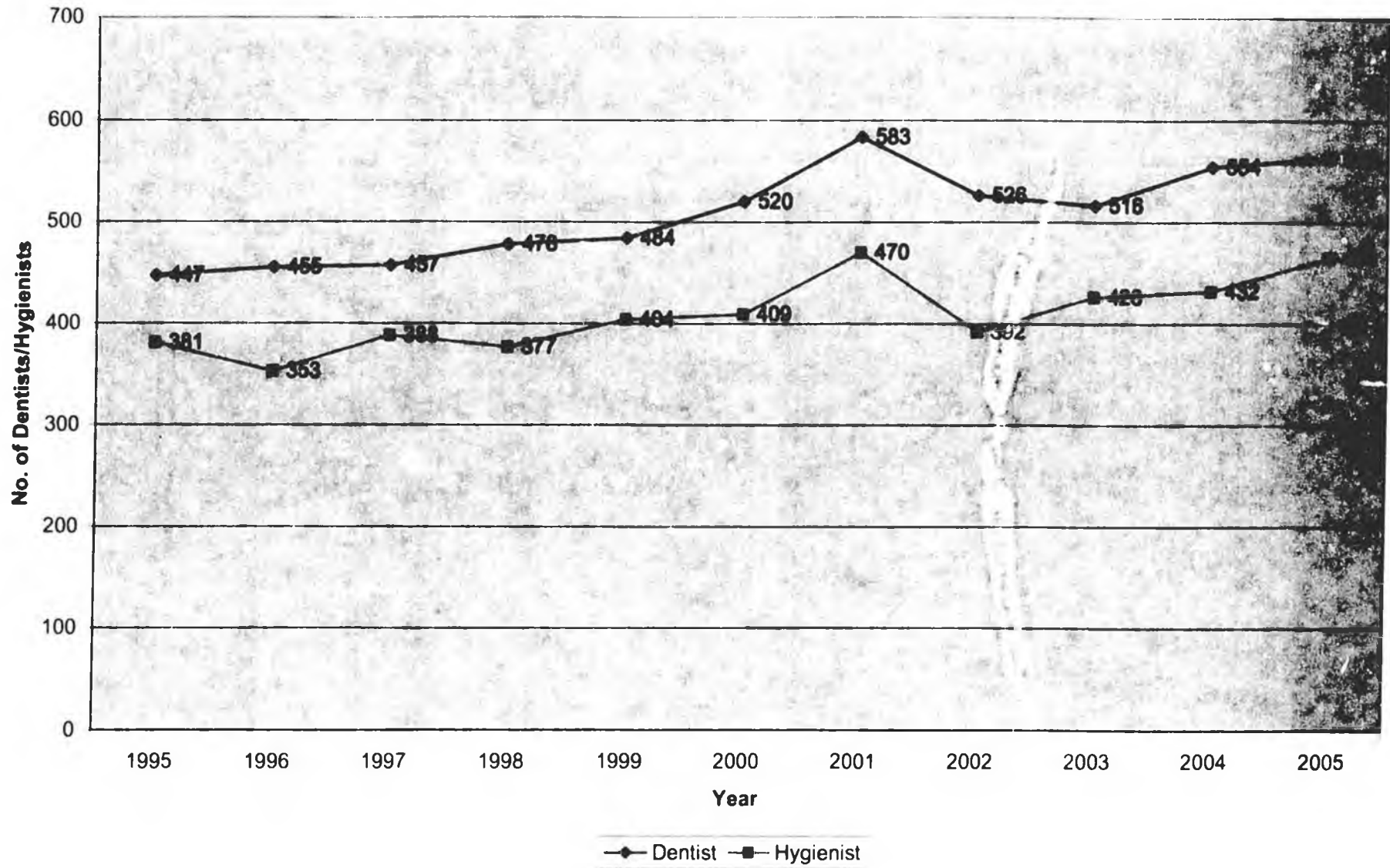
**Section 3** includes under dental hygienists' scope of practice the ability to place restorations (section 1) and perform the activities authorized under a collaborative agreement with a licensed dentist (section 4).

**Section 4** authorizes the Board to approve a collaborative agreement between a licensed dentist and a licensed dental hygienist and specifies the services and procedures allowed under a collaborative agreement.

Working under a collaborative agreement with a licensed dentist, a dental hygienist would be able to initiate treatment within their scope of practice based on his or her assessment of a patient's needs without the specific authorization of a dentist.

**Section 5** applies supervision requirements to a dental hygienist operating in conjunction with a licensed dentist under a collaborative agreement.

Dentist & Hygienists in AK (1995 - 2005)



# **Alaska State Dental Hygienists' Association**

## **Briefing Paper: Legislation to amend Alaska's dental hygienist practice law**

### **I. Purpose**

ASDHA proposes changing Alaska's dental hygienists' practice law in order to:

- (i) Improve access to oral health care;
- (ii) Increase awareness of the cost-effective benefits of prevention; and
- (iii) Promote the highest standards of dental hygiene education, licensure, practice and research.

Specifically, ASDHA seeks statutory change that will allow registered dental hygienists to:

#### ***A. Administer local anesthetic agents under general supervision.***

Local anesthesia renders a small part of the body, such as a tooth, insensitive to pain without affecting consciousness. Licensed dental hygienists in the state may already administer local anesthesia under "direct" or "indirect" supervision of a licensed dentist if they are certified by the Board. Adding "general" supervision as a supervision requirement would allow a licensed, trained and certified dental hygienist to administer local anesthetic agents without the requirement for a licensed dentist being present in the dental facility. A licensed dentist would still be required to diagnose the condition to be treated and carry out the procedure. Proof of liability insurance for the dental hygienist would be required for certification.

#### ***B. Place restorations into a cavity prepared by a licensed dentist.***

This would allow a licensed dental hygienist, if certified by the Board, to place restorations into a cavity prepared by a licensed dentist and thereafter carve, contour and adjust contacts and occlusion of the restoration under the direct supervision of the dentist. Restorative certification and education requirements would be administered and adopted by the Board of Dental Examiners. Under direct supervision, a licensed dentist must be present in the dental facility, diagnose the condition, authorize the procedure, and evaluate the performance of the dental hygienist before dismissal of the patient.

#### ***C. Enter into a collaborative agreement with a licensed dentist.***

If certified by the Board, a dental hygienist would be able to enter into a written agreement with a licensed dentist who would authorize the services to be performed by the dental hygienist without the supervision of the dentist. A dental hygienist would be able to initiate treatment within their scope of practice based on his/her assessment of a patient's needs without the specific authorization of a dentist. Operating under a collaborative agreement would enable the hygienist to treat the patient without the presence of a dentist and maintain a provider-patient relationship without the

participation of the patients' dentist of record. Regulations specifying the education requirements and evaluations procedures would be adopted by the Board. Certification requirements would include a minimum of 5 years clinical experience and emergency training.

## **II. Background**

Registered Dental Hygienists are licensed oral health professionals who focus on preventing and treating oral diseases. They are graduates of nationally accredited dental hygiene education programs in colleges and universities, and have successfully passed a national written and state clinical examination before they are allowed to practice. Dental hygienists receive an average of 2,000 hours of classroom study in academic subjects emphasizing basic sciences, dental sciences, dental hygiene theory and periodontics, including at least 600 hours of supervised instruction in preclinical and clinical skills.

In Alaska, there are legal barriers that prevent dental hygienists from providing access to oral health care. State law and regulations limit access by imposing restrictive supervision requirements on dental hygienists. The nation's more progressive states, such as Minnesota and Washington, which have already expanded the role of dental hygienists, have recognized that the traditional oral health delivery system does not work for many segments of the population.

By virtue of their comprehensive education and clinical preparation, dental hygienists are well prepared to deliver preventive oral health care services to the public, safely and effectively, independent of dental supervision. Precedent has been set in the nursing profession, which moved toward the development of advanced practice nursing through recognition of unmet public health needs.

	<i>Dental Assistant</i>	<i>Registered Dental Hygienist (RDH)</i>	<i>Dental Health Aide Therapist (DHAT)</i>	<i>Dentist (DDS or DMD)</i>
<i>Education Required</i>	No	Yes	Yes	Yes
<i>Education</i>	None or optional certification—one year course	Accredited Dental Hygiene Program—Associates, Bachelors, or Masters	Previously trained in New Zealand, currently in Anchorage by AK Native Tribal Health Consortium under University of Washington—no degree.	Accredited Dental Program—Doctorate
<i>Alaska State License Required</i>	No	Yes—Must pass written, clinical, and jurisprudence exams in addition to other qualifications	No	Yes—Must pass written, clinical, and jurisprudence exams in addition to other qualifications
<i>Regulated by State of Alaska</i>	No	Yes	No—DHAT's are regulated by the Federal Government under the Indian Health Care Improvement Act	Yes
<i>Continuing Education Requirements</i>	No—Required to maintain certification (optional)	Yes (14 Credits bi-annually)	Yes	Yes (28 credits bi-annually)
<i>CPR Certification Requirements</i>	No—Required to maintain certification (optional)	Yes	Yes	Yes
<i>Procedures Performed</i>	Assists the dentist in all treatment procedures  Topical preventive agents and sealants	Oral health education, cleanings, topical preventive agents, sealants, root planing and curettage, local anesthesia, other services delegated by a dentist—radiographs, periodontal charting, nitrous oxide	Oral health education, cleanings, topical preventive agents, sealants, local anesthesia, diagnosis, cavity preparation and placement, simple extractions, stainless steel crowns, radiographs	Oral health education, cleanings, topical preventive agents, sealants, root planing, local and general anesthesia, operative and surgical procedures, diagnosis, treatment planning, writing prescriptions, root canals, all restorative procedures, nitrous oxide, radiographs

## ADHA PRACTICE ACT OVERVIEW CHART OF PERMITTED FUNCTIONS AND SUPERVISION LEVELS BY STATE

	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MI	MN	MS	
PROPHYLAXIS	P	N	N	N	N/U	U	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N/U	N	P
X-RAYS	P	N	N	N	N/U	N	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N	N	P
LOCAL ANESTHESIA		P	P		P	P	P		P			P	N	P		P	P	P	P	P		P		P	
TOTAL ANESTHESIA	P	N	N		N/U	U	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N	N	
FLUORIDE	P	N	N	N	N/U	U	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N	N	P
PRESSURE SEALANTS	P	N	N	N	N/U	U	N/U	N	N	P	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N	N	P
ROOT PLANING	P	N	N	N	N/U	N	N/U	N	N	P	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N	N	P
SOFT TISSUE CURETTAGE	P	N	N	N	P	U		N	N	P	P	P/N		N			N	N		N			P	N	P
ADMINISTER N <sub>2</sub> O		P	P		P	P			P				P	P		P	N	P						P	
STUCCO CAST IMPRESSIONS	P	N	N	N	N/U	N	N/U	N	N	P	P	P/N	P	N	P	N	N	N	P	N	N	N	N	N	P
PLACE PERIO DRESSINGS	F	N	P		N/U	N	N/U	N	P	N	P	P/N			P	N	N	N		P	N	N	N	N	P
REMOVE PERIO DRESSING	P	N	P	N	N/U	N	N/U	N	P	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N	N	P
PLACE SUTURES		N	P									P/N													
REMOVE SUTURES	P	N	N	N	N/U	N	N/U	N	P	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N	N	P
APPLY CAVITY LINERS & BASES	P				N/U	N				P	P					N		N					N	N	
PLACE TEMPORARY RESTORATIONS	P	N	N		N/U	N				N	P	P/N				N		N		N	P	N		N	
REMOVE TEMPORARY RESTORATIONS	P	N	N		N/U	N				N	P	P/N				N		N				P		N	
PLACE AMALGAM RESTORATIONS						N												P				P	N	N	
CARVE AMALGAM RESTORATIONS						N												P					N	N	
FINISH AMALGAM RESTORATIONS						N												P						N	
POUSH AMALGAM RESTORATIONS	P	N	N		N/U	N	N/U	N	N	P	P	P/N	N			N	N	P	P	N	N	N	N	N	
PLACE & FINISH - COMPOSITE RESIN SLICATE RESTORE						N												P							

P = PHYSICAL PRESENCE OF DENTIST IS REQUIRED

N = PHYSICAL PRESENCE OF DENTIST IS NOT REQUIRED

F = PHYSICAL PRESENCE NOT REQUIRED. NO PRIOR AUTHORIZATION BY DENTIST REQUIRED BUT THERE MAY BE REQUIREMENT FOR TYPE OF COOPERATIVE ARRANGEMENT WITH A DENTIST(S). SOME STATES REQUIRE EXPERIENCE OR SPECIAL EDUCATION BY RDH.

U = WHERE TWO LETTERS ARE PRESENT IN A BOX THE FIRST INDICATES THE SUPERVISION LEVEL IN THE PRIVATE DENTAL OFFICE. THE SECOND INDICATES THE SUPERVISION LEVEL IN OTHER SETTINGS SUCH AS INDEPENDENT DENTAL PRACTICE, LONG-TERM FACILITIES, HOSPITALS, ETC. ON NON-AMBULATORY PATIENTS. \* = RULES PENDING

## ADHA PRACTICE ACT OVERVIEW CHART OF PERMITTED FUNCTIONS AND SUPERVISION LEVELS BY STATE

	AL	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	
PROPHYLAXIS	N/U	N	N	N/U	N	P/N	N/U	N	P/N	N	N	N	N/U	P/N	N	N	N	N	N	N	N	N	N	N/U	P	N/U	N
SCALE	N	N	N	N/U	N	P/N	N/U	N	P/N	N	N	N	N/U	P/N	N	N	N	N	N	N	N	N	N	N	P	N	N
LOCAL ANESTHESIA	P	P	P	P/U	P*		P	P			P	P	N		P	P	P	P		P	P	P	P	P	P	P	P
TOPICAL ANESTHESIA	N	N	N	N/U	N	P/N	N	N	P	N	N	N	N/U	P/N	N	P	N	N	N	N	N	N	N	N	P	N	N
FLUORIDE	N/U	N	N	N/U	N	P/N	N/U	N	P/N	N	N	N	N/U	P/N	N	N	N	N	N	N	N	N	N	N/U	P	N	N
BITUMINOUS SEALANTS	N/U	N	N	N/U	N	P	N	N	P/N	N	P	N	N	P/N	N	P/N	N	N	N	N	N	N	N	N/U	P	N	P
ROOT PLANING	N	N	N	P/U	N	N	N	N	P	N	P	N	N/U	P/N	N	P/N	N	N	N	N	N	N	N	N/U	P	N	N
SOFT TISSUE CURETTAGE	N	N	N	N		N	N			N	P	N	N/U				N	N		N				P/U			
ADMINISTER N <sub>2</sub> O	P			P/U	P			P			P	P	P				P	P		P		P	P				P
STUPE CAST IMPRESSIONS	N	N	N	N/U	N	P	N	P	P	P	N	N	N/U	P	P	P		P	N	N	N	N	N	N	P	N	N
PLACE PERIO DRESSINGS	N	N	N	N/U		P		P		P	P	N	N/U		P				N	N	N	N	N	P	P	N	P
REMOVE PERIO DRESSING	P	N	N	N/U	N	P	N	P	P	P	N	N	N/U		P	P	N	P	N	N	N	N	N	P	P	N	P
PLACE SUTURES									P												N						
REMOVE SUTURES	N	N	N	N/U	N	P		P	P	P	P	N	N/U	P	P	P		P	N	N	N	N	N	P	P	N	N
APPLY CAVITY LINERS & BASES	P				N				P									P							P		
PLACE TEMPORARY RESTORATIONS	P	N	N	N/U	N	P		P	P	P		N	N/U			P/N		P	N						P	N	N
REMOVE TEMPORARY RESTORATIONS	P	N	N		N			P	P	P								P	N								
PLACE AMALGAM RESTORATIONS	N				N													P						P			P*
CHISEL AMALGAM RESTORATIONS	P																							P	P		P*
REPAIR AMALGAM RESTORATIONS	P																							P			N*
SOLE AMALGAM RESTORATION	N	N	N	N/U	N	P	N		P	P	P	N	N/U		P	P	N	P	N	N				U	P		N
PLACE & FINISH - COMPOSITE RESIN SLICKET RESTORE	P																							P			P*

\*P = PHYSICAL PRESENCE OF DENTIST IS REQUIRED  
 N = PHYSICAL PRESENCE OF DENTIST IS NOT REQUIRED  
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 P/ = RULES PENDING

## DIRECT ACCESS STATES

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For purposes of this document, direct access means that the dental hygienist can initiate treatment based on his or her assessment of patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and can maintain a provider-patient relationship.

### Arizona 2004

Sec 32-1289

A dental hygienist with a written affiliated practice agreement with a dentist may assess for and perform dental hygiene services on patients under 18 years who meet certain financial criteria and are enrolled in a federal, state, county or local healthcare program

Special requirements: 5 years practice

Services: Any dental hygiene services specified in the affiliated practice agreement except root planing, local anesthesia, nitrous oxide or placing sutures.

### California 1998 (\*California has two different provisions for unsupervised practice)

Sec. 1774, 1775

Dental hygienists endorsed as RDHAPs (registered dental hygienist in alternative practice) may provide services without supervision for homebound persons or at schools, residential facilities, institutions and in dental health professional shortage areas if the patient has a prescription from a dentist or physician. RDHAPs may own an alternative dental hygiene practice. Currently, there are more than 100 RDHAP's.


Special Requirements: Bachelors degree equivalent, 3 years clinical practice, completion of 150 clock hour special course and exam.

Services: Those services permitted under general supervision (which include oral prophylaxis, root planing, pit and fissure sealants, charting and examination of soft tissue).

### California 2002

Sec 1763 (a) 2002 Any dental hygienist may provide screening, apply fluorides and sealants without supervision in government created or administered public health programs.

- In 2006, more than 100 RDHAP's registered.
- A dental hygienist mobile practice treats 25/35 disabled patients per week.
- Direct Medicaid reimbursement allowed.




Colorado - 1987  
Sec. 12-35-122.5

Unsupervised practice in all settings for all licensed dental hygienists for the oral prophylaxis and preventive and therapeutic services. The dental hygienist may also own a dental hygiene practice.

Special Requirements: None.

Services--remove deposits, accretions, and stains, curettage without anesthesia, apply fluorides and other recognized preventive agents, oral inspection and charting, topical anesthetic. However, x-rays require general supervision and local anesthesia requires direct supervision.

- **Direct Medicaid reimbursement allowed. In fiscal year 2003-04 16 independent RDH's provided 199,518 in services to 2,284 Medicaid children.**



Connecticut 1999  
Section 20-126l.

Dental hygienists with 2 years experience may practice without supervision in institutions, public health facilities, group homes and schools.

Special Requirements: 2 years experience.

Services: Oral prophylaxis, remove deposits, accretions and stains, root planning, sealants, assessment and treatment planning.

- **Since 7/1/2003 hygienists have program has provided over 55,000 dental procedures - nearly 7,000 prophys/fluorides, 5,800 sealants and 15,000 exams.**
- **Direct Medicaid reimbursement allowed.**

**Iowa 2004**

Rule 650-10.5 (153)

Dental hygienists may provide services based on standing orders and a written agreement with a dentist in schools, Head Start settings, FQHCs (Federally Qualified Health Centers), public health vans, free clinics, community centers and public health programs. As of 2005, 15 hygienists held public health permits.

**Special Requirements:** RDH must have 3 years clinical experience and submit annual report on number of patients/services to department of health.

**Services:** All dental hygiene services (except local anesthesia and nitrous) may be provided once to each patient. To perform repeat services other than assessment, screening and fluoride, dentist must examine.

- **Active Public Health Supervision agreements in place between Iowa dentists and dental hygienists.**
- **Preliminary estimates for 2004: Over 3,100 clients received sealants, over 11,000 received screenings, 1,600 received fluoride applications, over 150 received prophylaxis, and over 5,000 received education.**
- **In 2006, 24 public health RDHs.**

**Kansas 2003**

Sec. 65-1456

Dental hygienist with 1800 hours experience can obtain an extended care permit to treat patients in schools, headstart programs, state correctional institutions, local health departments, indigent care clinics, adult care homes, hospital long term units, or at the home of homebound persons on medical assistance. No prior authorization is needed, but the hygienist must have an agreement with a sponsoring dentist who will monitor his/her practice. Services permitted are the oral prophylaxis, application of fluoride, dental hygiene instruction, assessment of the patient's need for further treatment by a dentist and other services if delegated by the sponsoring dentist.

- **As of April 2006, there were 41 extended care permit dental hygienists.**

Maine 2001

Rule 02 313 Chap. 1. Sec. 4

A dental hygienist may practice in a public or private school, hospital or other non-traditional practice setting under a public health supervision status granted by the dental board on a case-by-case basis. The hygienist may perform all services rendered under general supervision.

The dentist should have specific standing orders and procedures to be carried out, although the dentist need not be present when the services have been provided. A written plan for referral or an agreement for follow-up shall be provided by the public health hygienist recording all conditions that should be called to the attention of the dentist. The supervising dentist shall review a summary report at the completion of the program or once a year.

Special Requirements: A dental hygienist must apply to the board to practice providing such information the board deems necessary. The board must take into consideration whether the program will fulfill an unmet need, whether a supervising dentist is available and that the appropriate public health guidelines and standards of care can be met and followed.

Services: All services that can be provided under general supervision. Dentist's diagnosis for sealants not needed in public health or school sealant programs.

- From 3/02 through 10/04, over 5,500 patients were provided care in over 400 clinics. Nearly 30 dental hygienists are involved in this particular program.
- Direct Medicaid reimbursement allowed.

Michigan 1991

Sec. 333.16625

A dental hygienist may apply to the Department of Community Health to become designated as a "grantee health agency" for a 2 year period, during which time hygienist can administer dental hygiene services to patients not assigned to a dentist as part of a program in dentally underserved populations. Dental hygienists practicing as grantee health agencies must work under the supervision of a licensed dentist for a public or nonprofit entity, school, or nursing home that employs or contacts with at least one dentist or dental hygienist and provides care to an underserved population.

Special requirements: Dental hygienists interested in attaining grantee health agency status must submit a comprehensive form outlining how the program will be carried out, providing for oversight and direction, and including information for all dental personnel involved. A dental hygienist operating as a grantee health agency must ensure that the supervising dentist is available for consultation when necessary.

Services: those permitted under general supervision.



### Minnesota 2001

#### Section 150A. 10, subd. 1a

A dental hygienist may be employed or retained by a health care facility, program, or nonprofit organization to perform dental hygiene services without the patient first being examined by a licensed dentist if the dental hygienist has entered into a collaborative agreement with a licensed dentist that designates authorization for the services provided by the dental hygienist.

Health care facility is defined as a hospital, nursing home, home health agency, disabled/juvenile home, federal/state/local public health facility, community clinic, prison, tribal clinic school authority, Head Start program, or nonprofit organization that serves individuals who are uninsured or who are Minnesota health care public program recipients.

A collaborative agreement means a written agreement with a licensed dentist who authorizes and accepts responsibility for the services performed by the dental hygienist. The services may be performed without the presence of a licensed dentist and may be performed at a setting other than the usual place of practice of the dentist or dental hygienist and without the dentist's diagnosis/treatment plan unless specified in the agreement.

Special Requirements: Has been engaged in the active practice of clinical dental hygiene for not less than 2,400 hours in the past 18 months or a career total of 3,000 hours, including a minimum of 200 hours of clinical practice in two of the past three years. Has documented participation in courses in infection control and medical emergencies within each continuing education cycle and maintains current certification in advanced or basic cardiac life support as recognized by the American Heart Association, the American Red Cross, or another agency that is equivalent to the American Heart Association or the American Red Cross.

Services: Removal of deposits and stains from the surfaces of the teeth, application of topical preventive and prophylactic agents, sealants, fluoride varnishes, polishing and smoothing restorations, removal of marginal overhangs, performance of preliminary charting, taking x-rays and root planing. A dental hygienist can provide sealants and fluoride varnishes without the patient first being examined by a licensed dentist.

Restorative Services: a licensed dental hygienist or a registered dental assistant may perform the following restorative procedures:

- Place, contour, and adjust amalgam restorations;
  - Place, contour, and adjust glass ionomer;
  - Adapt and cement stainless steel crowns; and
  - Place, contour, and adjust class I and class V supragingival composite restorations where the margins are entirely within the enamel.
- The restorative procedures may be performed only if:
- The licensed dental hygienist or the registered dental assistant has completed board-approved courses on the specific procedures which include a course that sufficiently prepares the dental hygienist or registered dental assistant to adjust the occlusion on the newly placed restoration.

- A licensed dentist has authorized the procedure to be performed.
- There are now 2 dental hygienists volunteering in a community dental clinic providing restorative and preventive services to at least 10 patients each day they volunteer.
- Direct Medicaid reimbursement allowed.

### Missouri 2001



Statute 332.311.2

Dental hygienists may provide services without supervision in public health settings to Medicaid eligible children and be directly reimbursed by Medicaid.

Special Requirements: 3 years experience.

Services: Oral prophylaxis, sealants, fluorides.

- One particular dental hygienist has seen a sealant program grow from one school district to eight. Over 2,500 sealants have been placed on over 700 children.
- Direct Medicaid reimbursement allowed.
- In 2006, were 12 registered providers.



### Montana 2003

Sec. 37-4-405

Dental hygienists may obtain a limited access permit from the board allowing them to practice under public health supervision in a variety of federally funded health centers and clinics, nursing homes, extended care facilities, home health agencies, group homes for the elderly, disabled, and youth, headstart programs, migrant work facilities and local and state public health facilities. Public health supervision means the hygienist can provide oral prophylaxis, fluoride, polish restorations, root plane, sealants, oral cancer screening, expose radiographs, and chart without the authorization of a dentist provided he or she follows protocols to be established by the board and refers any patients needing dental treatment.

- Program took effect in September of '04, 6 applicants so far.

**New Hampshire 1993**

**Rule 101.11(d)**

Under public health supervision dental hygienists may provide procedures authorized by a dentist in a public or private school, hospital or institution, provided the dentist reviews patient records once in a 12 month period.

Special Requirements: None.

Services: Instruction in oral hygiene, topical fluorides, oral prophylaxis, assess medical/dental history, periodontal probing/charting.

**New Mexico 1999**

**Sec 61-5A-4D**

**Rule 16.5.17**

Collaborative practice permits based on a written agreement between the dental hygienist and one or more consulting dentist(s), dental hygienists to treat patients according to a protocol with collaborative dentist. Dental hygienists may own or manage a collaborative dental hygiene practice in any setting. Must refer patient for dental exam yearly.

Special Requirements: 2400 hours active practice in past 18 months or 3000 hours in 2 of past 3 years.

Services: Each collaborative practice agreement must contain protocols for care. Which provide for standing orders allowing the dental hygienist to provide routine services such as preliminary assessment, x-rays, oral prophylaxis and fluoride treatment without prior authorization. Case-by-case authorization required in some procedures (as sealants and root planning).

- **One collaborative practice arrangement that started in 2002, serves a patient base of 4,000 people- 1/3 of which are Medicaid eligible.**
- **Direct Medicaid reimbursement allowed.**
- **In 2006, there were 35 collaborative practice RDHs.**



## Nevada 1998

Statute 631.287

Dental hygienists may obtain approval to work as public health dental health hygienists in schools, community centers, hospitals, nursing homes and such other locations as the state dental health officer deems appropriate without supervision.

- **20 RDH's have gained board approval Nevada Health Centers, Inc. where some RDH's are employed, provides services in eighteen different locations in Nevada. Dental hygienists with Public Health endorsement can also screen and place sealants without a dentist present. Additional locations include Saint Mary's, Huntridge Teen Center & Lyon Co. Healthy Smiles.**
- **Direct Medicaid reimbursement allowed.**



## New York 2005

Rules Sec. 61.9

That a supervising dentist be available for consultation, diagnosis and evaluation, has authorized the dental hygienist to perform the services, and exercises that degree of supervision appropriate to the circumstances." A dental hygienist can work in any setting (private or public) and perform dental hygiene duties (listed below) without a dental examination or need to refer a patient to a dentist.

Dental hygiene services allowed include removing calcareous deposits, accretions and stains, including scaling and planning of exposed root surfaces; applying topical agents indicated for a complete dental prophylaxis; removing excess cement from surfaces of the teeth; providing patient education; placing and exposing X-ray films; performing topical anticariogenic agent applications, including but not limited to topical fluoride applications, and performing topical anesthetic applications; polishing teeth, including existing restorations; taking medical history including the measuring and recording of vital signs; charting caries and periodontal conditions as an aid to diagnosis by the dentist; applying pit and fissure sealants; and applying desensitizing agents to the teeth.

In nursing homes a hygienist can perform a complete oral examination of a resident and then determine treatment priorities; plan for continuing oral hygiene and dental care.

- **In 2005, dental hygienists have screened almost 800 children & sealed over 1500 teeth.**
- **Thousands of New York children have been treated by dental hygienists' in school based programs under general supervision.**

  
**Oklahoma 2003**

Sec. 328.34 C

A dentist may authorize in writing a dental hygienist with 2 years experience to perform services one time on a patient in a setting outside the office prior to any dentist contact/exam if the hygienist refers the patient back to the authorizing dentist.

  
**Oregon 1997**

Sec. 680.200

Rule 818-035-0065

Dental hygienists who have obtained a limited access permit (LAP'S) may initiate services for patients in a variety of limited access settings such as extended care facilities, facilities for the mentally ill or disabled, correctional facilities, schools and pre-schools, and job training centers. RDH must refer the patient annually to a licensed dentist available to treat the patient.

12 hours of CE every two years (in addition to the 24 hours required for all dental hygienists) to renew permit.

Services--All dental hygiene services, except that some (local anesthesia, pit and fissure sealants, denture relines, temporary restorations, radiographs and nitrous oxide) must be preauthorized by a dentist.

- In 2006, there was 70 LAs.
- In the last year, LAP dental hygienists in 3 counties provided over 5,000 preventative procedures for children in Headstart, Early Headstart, WIC a public health settings.
- Several LAP hygienists throughout Oregon continue to build practices serving the elderly in foster homes and extended care facilities.
- Direct Medicaid reimbursement allowed.

  
**Rhode Island 2006**

Sec. 5-31.1-6.1

Dental hygienists working under a dentist's general supervision can initiate dental hygiene treatment to residents of nursing facilities. Dental hygienists working in nursing facilities can treat patients, regardless of whether or not the patient is a patient of record, as long as documentation of services administered is maintained and necessary referrals for follow-up treatment are made.

Special requirements: None.

Services: Initial oral health screening assessments, prophylaxis, fluoride treatments, charting, and other duties delegable under general supervision.



**Texas 2001**

Statute 262.1515

A dentist may delegate services without seeing the patient first to a dental hygienist practicing in a nursing facility or school based health center. The hygienist must refer the patient to a dentist following treatment. The hygienist may not perform a second set of services until the patient has been examined by a dentist.

Special Requirements: 2 years practice experience.

Services: No limitations.



**Washington 1984** (\*Washington has two different provisions for unsupervised practice)

Sec. 18.29.056

Unsupervised practice in hospitals, nursing homes, home health agencies, group homes (for the elderly, handicapped or youth), state institutions under department of health and human services, jails, and public health facilities provided the hygienist refers patient to a dentist for dental treatment and needed care.

Special requirements: Two years clinical experience within the last five years.

Services -- removal of deposits and stains, application of topical preventive or prophylactic agents, polishing and smoothing restorations, root planing, curettage and local anesthesia. (The dental board has ruled that sealants are not included, but require general supervision).

**Washington 2001**

Statute 18.29.220

Dental hygienists who are school endorsed may assess for and apply sealants and fluoride varnishes in community based sealant programs carried out in schools.

Special Requirements: Sealant/Fluoride Varnish Endorsement from Department of Health.

- Data obtained through Medicaid indicates that dental hygienists working under these provisions saw 5,653 clients in 2002; 6,799 in 2003, and 4,265 through July of '04. Specifically in terms of sealants, over 19,200 sealants have been placed since Dec. 2003.
- Direct Medicaid reimbursement allowed.

# Southcentral Foundation

Date: February 22, 2007

From: Kevin Gottlieb, Chief of Staff

RE: House Bill No. 136

Dear Representative Bill Stoltze

Southcentral Foundation would like to state our support for the passage of changing the Statutes for Dental Hygienists in Alaska. These changes allow for local anesthesia under general supervision, restorative functions, and collaborative practice with a dentist. This expanded utilization of a licensed dental hygienist will help to address the inadequacy of access to dental care in Alaska.

It has been documented that Alaska is a State in need of increased access to dental services, especially in the rural areas. These expanded functions would increase the number of people that could be treated while working with a dentist. The collaborative agreement statute would provide increased access to care not only for rural areas but also for individuals in nursing homes, home bound disabled patients and low-income school programs. These individuals whether urban or rural have significant oral health needs and lack easy access to dental care.

The U.S. Surgeon General in May of 2000 made a landmark call to action upon *"policymakers, community leaders, private industry, health professionals, the media, and the public to affirm that oral health is essential to general health and well-being and to take action."* Furthermore, in the Surgeon General's Report: Oral Health in America, it was reported that no less that a *"silent epidemic of oral diseases is affecting our most vulnerable citizens"* and that *"no one should suffer from oral diseases or conditions that can be effectively prevented and treated."*

3501 Diplomacy Drive • Anchorage, Alaska 99508  
(907) 729-4955 • Fax (907) 729-5000



Southcentral Foundation is confident that expanding the scope of practice for dental hygienists will result in improved access to care and improved overall health for Alaskans. These expanded functions are practiced in several other States throughout the country. Dental hygienists are licensed preventive oral health professionals. They have the capability and educational background to provide these services to the public in a safe and effective manner. Please support HB 136.

Sincerely,

SOUTHCENTRAL FOUNDATION

*Kevin Gottlieb (Chief of Staff)*

Kevin Gottlieb  
Chief of Staff

**Ben Mulligan**

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**From:** Brewer, Thomas [tbrewer@SouthcentralFoundation.com]  
**Sent:** Friday, March 16, 2007 4:41 PM  
**To:** Rep. Bill Stoltze  
**Subject:** Support for House Bill #136

Date: 16 March 2007

From: Thomas B. Brewer DDS MS  
24327 Thunderbird Dr.  
Chugiak, AK 99567  
[tombrewer@gci.net](mailto:tombrewer@gci.net)  
688-5580

RE: House Bill No. 136

Dear Representative Stoltze,

I would like to state my support for the passage of House Bill No. 136, changing the Statutes for Dental Hygienists in Alaska. These changes allow for local anesthesia under general supervision, restorative functions, and collaborative practice with a dentist. This expanded utilization of a licensed dental hygienist will help to address the inadequacy of access to dental care in Alaska.

It has been documented that Alaska is a state in need of increased access to dental services, especially in the rural areas. You might have noticed the article on our state's National Guard troops difficulty in achieving deployability status due to unmet dental needs in this week's Eagle River Star newspaper. Expanding the allowable functions for dental hygienists would increase the number of people that could receive treatment. The collaborative agreement statute would provide increased access to care not only for rural areas, but also for individuals in nursing homes, home bound disabled patients and low-income school programs. These individuals whether urban or rural have significant oral health needs and lack easy access to dental care.

The U.S. Surgeon General, in May of 2000, made a landmark call to action upon "*policymakers, community leaders, private industry, health professionals, the media, and the public to affirm that oral health is essential to general health and well-being and to take action.*" Furthermore, in the Surgeon General's Report: Oral Health in America, it was reported that no less that a "*silent epidemic of oral diseases is affecting our most vulnerable citizens*" and that "*no one should suffer from oral diseases or conditions that can be effectively prevented and treated.*"

I am confident that expanding the scope of practice for dental hygienists will result in improved access to care and improved overall health for Alaskans. These expanded functions are practiced in several other States throughout the country. Dental hygienists are licensed preventive oral health professionals. They have the capability and educational background to provide these services to the public in a safe and effective manner. Please support HB 136.

Sincerely, Tom Brewer

To: Members of the Senate Health & Social Services Committee:

Re: SB 98 (Change in Statutes for Dental Hygienists)

I am writing to state strong support for this bill in its original form. These statute changes would allow more dental preventive and therapeutic care to be delivered to underserved groups with NO detrimental effect on quality of care. Dental hygienists have the formal education in programs accredited by the American Dental Association's Council, must pass written national board exams, and must prove competency on an independently administered clinical exam in order to practice in all states and territories of the US. The education is generally two years of college prerequisites and then two full academic years integrated with clinical instruction. For all accredited programs, the faculties are subject to standards and qualifications and the programs are reevaluated at regular intervals. I have served in the past as the state Board of Dental Examiners representative on the site accreditation visit and it was a much more extensive process than one could ever imagine!

The legislation proposing expanding the setting in which local anesthetic is administered was first proposed by Dr David Logan when he was president of the Board of Dental Examiners and I was serving on the board. Dental hygienists have been successfully administering it for 25-30 years in this state, there have been NO malpractice issues or board complaints, and it just makes sense that when a patient of record in the office has an appointment and the dentist leaves, the patient should not have to be rescheduled! The hygienist is in the employ of the dentist and he/she can still request that particular patients not be injected if there is a perceived health concern or if the dentist is less than comfortable with a particular hygienist doing the procedure. The dentist is in control of this situation.

The legislation proposing collaborative practice addresses the critical shortage in preventive health care available to many sectors of the population, providing an avenue for a hygienist to do basic functions that all hygienists currently perform in an expanded setting. I am in firm agreement with requiring a hygienist to have 4000 hours of documented clinical experience and will be an advocate of further regulations which need to be written for the statute. Several states have this option. The restorative functions proposed are truly an expansion of what hygienists do in Alaska, but is modeled after the system used in Washington State for about three decades. This allows a dentist and hygienist to team up to provide more care. The educational requirements for the endorsement on a dental hygiene license would be spelled out in regulation and the hygienist would be required to pass clinical competency boards as well.

In summation, the proposed changes improve health care delivery to the residents of the state, maintain stringent educational standards, assure competency by requiring clinical examination, and mandate accountability—direct supervision when doing restorative functions, general supervision by the dentist for local anesthetic administration, and authorization by the dentist for treatment of patients outside of a traditional office with the express approval of each agreement by the Board of Dental Examiners.

Sincerely,

Mary A. Cerney, RDH, BS  
1420 Ithaca Rd.  
Fairbanks, AK 99709

**Ben Mulligan**

---

**From:** Dorrie Wallis [dwallis@svt.org]  
**Sent:** Tuesday, February 27, 2007 9:52 AM  
**To:** Rep. Bill Stoltze  
**Subject:** "" \*\* HB 136

Dear Rep. Stoltze:

Thank you for sponsoring HB 136. I am a practicing dental hygienist with 14 yrs experience in Alaska providing treatment in many "Bush" communities. Alaska has over 400 hygienist, who are considered mid-level practitioners - if the Bill is approved, our profession can have a significant impact on improving the oral health of those most in need. Please let me know if I can be of any assistance in assisting you or your staff.

Thank you,  
Dorrie Wallis, RDH  
Homer, AK  
(907)235-0626(h)  
(907)399-3991(c)



March 19, 2007

The Honorable Kurt Olson, Chair  
House Labor and Commerce Committee  
Alaska State Capitol, Room 408  
Juneau, Alaska 99801-1182

HB 136 (Stoltze)—Support

Dear Chair Olson:

On behalf of the AARP members in Alaska, we encourage you and your colleagues on the House Labor and Commerce Committee to support HB 136, authored by Representative Bill Stoltze.

As you and your Committee colleagues know, Alaska has a shortage of all health professionals, particularly in our remote communities. We will never be able to find a sufficient number of physicians but we use physician assistants and nurse practitioners very effectively. We will never have enough dentists and Alaska uses dental hygienists very effectively. We could use them even more effectively and HB 136 would help us accomplish this.

Dental hygienists are not independent practitioners. They work under licensed dentists and focus on preventing and treating oral diseases. HB 136 does not break new ground for their scope of practice. Other states already allow dental hygienists to:

- Place fillings into a cavity already prepared by a dentist
- Administer a local anesthetic under the general supervision of a dentist
- Enter into an agreement with a dentist in which the dentist authorizes the hygienist to work on specified tasks

We recognize that any change in a scope of practice may make other professionals concerned. We want to make certain that all Alaskans have access to high quality, affordable health care, including oral health.

Many oral health problems can be prevented or treated by professional dental hygienists and this care may turn out to be less expensive and more accessible. Our dental costs are high. Dental procedures in Alaska cost 37.7% more than in the rest of the United States. We believe HB 136 will help reduce those costs as well as improve accessibility. Since all of these issues are under the supervision of a dentist or by agreement with a dentist, we also do not believe quality will suffer. Indeed, it may very well improve significantly since hygienists will serve as a "force multiplier" for the dentists we do have.

AARP recommends an "AYE" vote on HB 136.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,

*Marie Darlin*

Marie Darlin, Coordinator  
AARP Capital City Task Force  
415 Willoughby Avenue, Apt. 506  
Juneau, AK 99801  
586-3637 (voice)  
463-3580 (fax)

CC: Vice-Chair Mark Neuman  
Representative Carl Gatto  
Representative Gabrielle LeDoux  
Representative Jay Ramras  
Representative Bob Buch  
Representative Berta Gardner  
Representative Bill Stoltze

**adn.com**

Anchorage Daily News

**Medical staff praise dental-hygienist bill****TESTIMONY: Dentists tell lawmakers how health care would improve in rural Alaska.**By SABRA AYRES  
Anchorage Daily News*(Published: March 20, 2007)*

JUNEAU -- Allowing dental hygienists to perform certain procedures without the hands-on supervision of dentists would greatly improve the oral health of adults and children alike in many parts of rural Alaska, dental hygienists and dentists told lawmakers Monday.

Currently, dental hygienists need a dentist present or in the same office to perform such services as cleaning teeth, working on gum problems and applying sealants. But with many villages and rural areas lacking a full-time dentist, patients are often left waiting until a traveling health care provider can relieve their pain.

Lawmakers are considering a bill that would allow dental hygienists to complete preventative and restorative procedures often done by dentists and thus provide more oral health options for the state.

"By allowing a dental nygienist to come in a week early and perform many of the oral screenings, X-rays and preventative treatments before I arrive, I would be able to serve many more patients with emergency needs," said Dr. Glenn Martin, a dentist in Anchorage who has worked as a visiting dentist in 62 villages across the state.

"It's about bringing more health care to the underserved and unserved areas of the state," said Rep. Bill Stoltze, R-Chugiak, who introduced the House bill.

The bill moved out of the Committee on Labor and Commerce and now waits to be scheduled for a full House vote.

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Daily News reporter Sabra Ayres can be reached in Juneau at [sayres@adn.com](mailto:sayres@adn.com) or 1-907-586-1531.

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# How Dental Hygienists Could Save Your Life

Corey Binns

Special to LiveScience

LiveScience.com Wed Mar 21, 11:40 AM ET

More than just a pretty smile, clean teeth and gums are a sign of total body health. And those painful sessions with the dental hygienist could save your life, new findings suggest.

Most people know that the tedium of good oral hygiene--regular brushing, flossing and trips to the dentist's office--reduces tartar, plaque, cavities, gingivitis and bone loss and helps the breath smell like roses.

But recent research shows that diabetes, low birth weight babies and heart disease are also linked to gum and bone disease in the mouth that can be prevented by teeth cleanings. Treating gum disease might even prevent heart attacks, a new study suggests.

"Systemically, visits to the dentist and hygienist may reduce the risk of cardiovascular disease, stroke and possibly heart attack, and can decrease the likelihood of tooth loss for diabetics," said Gwen Cohen-Brown, a dentist and lecturer for the New York State Department of Health.

## The tooth-heart link

When people neglect to brush their teeth or floss, bacteria accumulate between the teeth. These bacteria can make their way into the blood stream.

"Certain bacteria present in the mouth may be related to clogging up the arteries by contributing to the plaque that builds on the walls of the arteries," said New York University oral microbiologist Walter Bretz.

And treating gum disease, or periodontal disease, can improve the long-term function of endothelial cells that line blood vessel walls, according to a study conducted by researchers at the University of Connecticut Health Center. With better performing endothelial cells, plaques that cause heart disease will decrease, diminishing the risk of triggering a heart attack.

The authors of the study, detailed in the March 1 issue of the New England Journal of Medicine, estimate that severe periodontitis affects up to 1 percent of adults in the U.S., and as many as 80 percent of American adults have some form of periodontal disease.

## Unclear pregnancy results

Periodontal disease is also quite common among pregnant women. Expectant mothers' gums react differently to the bacteria due to their increased levels of estrogen and progesterone. Women may experience swelling, bleeding or tenderness in the gum tissue.

Several studies have linked gum disease to an increased risk of giving birth to a premature and underweight baby.

Yet, an article published in a 2006 issue of the New England Journal of Medicine reported that, although treatment of gum disease in pregnant women is safe and improves periodontal health, preterm birth and low birth-weight babies were unaffected by the treatment.

The jury is still out on whether a mother's unhealthy gums can affect her unborn baby, but scientists are learning more from a large clinical trial currently under way at the University of Minnesota, focusing on whether treating periodontal diseases in pregnant women may prevent preterm and low birth-weight babies.

#### **Diabetes and dental health**

Unlike the case for pregnancy, researchers have found direct links between gum disease and diabetes. Gum disease is known to increase the risk of diabetes, and vice-versa.

Studies show that inflammatory periodontal diseases may increase insulin in the same way that obesity increases insulin.

Meanwhile, doctors recognize diabetes as an important risk factor for severe gum disease and infection that may result in the destruction of tissues and bone surrounding the tooth.

Taking care of teeth can combat complications of diabetes and may reduce inflammation throughout the body associated with diseases such as cardiovascular disease.

In addition to biannual visits with the dentist and hygienist, Cohen-Brown recommends patients brush after every meal, of course. If that's impossible, she said, brush in the morning and at night before bed, floss daily and stay away from carbohydrate-rich and sugary foods.

"When oral health improves, overall health improves," Cohen-Brown told LiveScience.

# FISCAL NOTE

**STATE OF ALASKA**  
**2007 LEGISLATIVE SESSION**

Fiscal Note Number: SB98-COM-OL-03-24-07  
 Bill Version: SB 98  
 ( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Commerce  
 Title Dental Hygienists RDU Corp. Bus & Prof Licenses (117)  
 Component Corp. Bus & Prof Licenses  
 Sponsor Davis  
 Requester Senate HES Component No. 2360

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	.	.	.	.	.	.

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES ( )</b>	.	.	.	.	.	.
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
1156 Receipt Supported Services	.	.	.	.	.	.
<b>TOTAL</b>	.	.	.	.	.	.

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

This legislation amends AS 08.32 relating to Dental Hygienists to provide for a restorative function license endorsement, to amend supervision requirements, and to provide for collaborative agreements for certain dental hygienists to provide certain services.

Typically license endorsement fees are \$50 and do not include the costs of additional accredited programs requested or approved by the Alaska State Dental Board. There are over 500 licensed Dental Hygienists in the State. At this time the Division of Corporations, Business, and Professional Licensing does not know how many licensees will request a restorative function endorsement and therefore, is unable to estimate costs and revenue.

All Occupational Licensing programs are required to cover costs with licensing fees under AS 08.01.065. Licensees requesting the endorsement will cover the additional fees.

Prepared by: Chris Wyatt, Administrative Manager Phone (907) 435-2572  
 Division Corporations, Business, and Professional Licensing Date/Time 3/24/07 3:04 PM  
 Approved by: Emil Notti, Commissioner Date 3/24/2007  
 Agency Commerce, Community, and Economic Development

# Alaska State Legislature

*Interim (May - Dec.)*  
716 W 4<sup>th</sup> Ave  
Anchorage, AK 99501  
Phone: (907) 269-0144  
Fax: (907) 269-0148



*Session: (Jan. - May)*  
State Capitol, Suite 30  
Juneau, AK 99801-1182  
Phone: (907) 465-3822  
Fax: (907) 465-3756  
Toll free: (800) 770-3822

Senator Bettye Davis@legis.state.ak.us  
<http://www.akdemocrats.org>

## Senator Bettye Davis

**SB 98**

**"An Act relating to dental hygienists"**

### **DIFFERENCES BETWEEN ORIGINAL BILL AND COMMITTEE SUBSTITUTE**

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1. Section 1, AS 08.32.085(2) - The language of the Committee Substitute specifies that a licensee must be licensed in Alaska or must be licensed in another state or US territory.
2. Section 4, AS 08.32.115(a) (Collaborative agreements) – specifies that the dentist must be license in Alaska under AS 08.36.
3. Section 4, AS 08.32.115(a)(8) (Collaborative agreements) – Changes "chemotherapeutic agents" to "peridontal therapeutic agents."
4. Section 4, AS 08.32.115(d) (Collaborative agreements)- The Committee Substitute limits the board to approving no more than five collaborative agreements with a licensed dentist, not including any collaborative agreements that have been terminated.



February 26, 2007

Representative Bill Stoltze  
State Capitol, Room 501  
Juneau, AK 99801-1182

Dear Representative Stoltze:

The Alaska State Dental Hygienists' Association (ASDHA) strongly supports House Bill 136 which represents many years of discussion, debate, research and reflection upon the oral health needs of Alaskans. As dental hygienists, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public's health. We are preventive oral health professionals who provide education, clinical, and therapeutic services to the public.

In Alaska, the Board of Dental Examiners regulates the professions of dentistry and dental hygiene. Before a license is issued in the state, dentists and hygienists are required to meet specific guidelines. Dental hygienists must graduate from an American Dental Association accredited program and pass a national written and state clinical examination before they are allowed to practice. There are dental hygiene programs in nearly every state and the U.S. Bureau of Labor Statistics states that the profession of dental hygiene is expected to be one of the fastest growing occupations through the year 2012. In comparison, the number of dentists that graduate each year continues to decline as the population continues to grow. The needs of the public cannot be met by dentists alone.

Currently, there are legal barriers that prevent dental hygienists from providing oral health care to the public. State law and regulation limit access by imposing restrictive supervision requirements on dental hygienists. By virtue of our comprehensive education and clinical preparation, dental hygienists are well prepared to deliver preventive oral health care services to the public, safely and effectively, independent of dental supervision. The nation's more progressive states, such as Minnesota and Washington, which have already expanded the role of dental hygienists, have recognized that the traditional oral health delivery system does not work for many segments of the population.

ASDHA supports the statutory changes in HB 136 as it will help address access to oral health care in all Alaskan communities; most notably, in areas with little or no access to traditional dental services. Each statute change shows a continued professional commitment to working collaboratively with dentists in order to meet the needs of the public, and provide these services in a safe and effective manner.

A landmark report by the Surgeon General in 2000, *Oral Health in America*, highlighted the barriers to oral health and the importance and effectiveness of prevention. Most importantly, it calls upon "policymakers, community leaders, private industry, health professionals, the media, and the public" to take action and make necessary changes that will improve the oral health of the nation. ASDHA strongly encourages the Alaska Legislature to help break down the barriers keeping Alaskans from the oral health they deserve.

Thank you,

*Jovanne Millea, RDH*

Jovanne Millea  
ASDHA President

P.O. Box 240247 " Anchorage, AK 99524 " www.asdha.com



**Alaska Dental Society, Inc.**

9170 Jewel Lake Road, Suite 203  
Anchorage, Alaska 99502-5390  
(907) 563-3003 • FAX: 563-3009  
akdental@alaska.net

26 March 2007

The Honorable Bettye Davis, Chairman  
And Members of the  
Senate Health, Education & Social Services Committee  
State Capitol  
Juneau, Alaska 99801

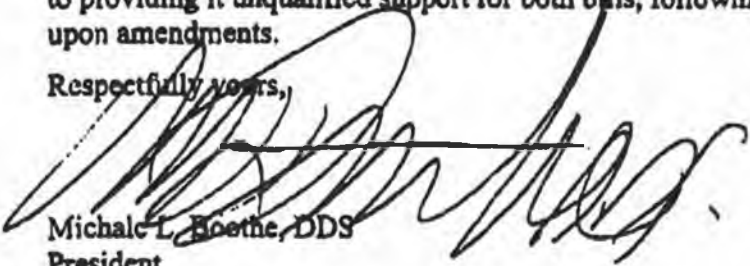
Dear Sen. Davis and Committee Members:

Educating rural Alaskans about proper oral hygiene and diet, combined with access to dental care in underserved areas is one of the greatest challenges facing dentistry in the twenty first century and is even more crucial in Alaska. The Alaska Dental Society is committed to finding solutions to this complex problem. Increased use of dental auxiliaries, including broadening the scope of duties of all dental auxiliaries will be an important part of the solution. The Alaska Dental Society has worked for the past two legislative sessions promoting bills that broaden the scope of duties for dental auxiliaries.

SB 98 and a companion bill, HB-136, will broaden the scope of duties for dental hygienists. The fast pace of committee hearings this session has hampered discussions between the Alaska Dental Society and the Alaska State Dental Hygiene Association. However, recent discussions have resulted in agreement on important changes, which we understand will be made to SB-98 and to HB-136, the most significant regarding the administration of local anesthesia under the newly established provision for collaborative agreements.

Based upon the commitment to make the agreed upon changes, The Alaska Dental Society encourages passage of SB-98 by the Senate HESS Committee and looks forward to providing it unqualified support for both bills, following the adoption of the agreed upon amendments.

Respectfully yours,

  
Michale L. Boethe, DDS  
President



STATE OF ALASKA  
DEPARTMENT OF  
**COMMERCE**  
COMMUNITY AND  
ECONOMIC DEVELOPMENT

*Sarah Palin, Governor*  
*Emil Notti, Commissioner*  
*Rick Urien, Director*

Division of Corporations, Business and Professional Licensing

March 6, 2007

The Honorable Bettye Davis, Chair  
Health, Education and Social Services Committee  
State Senate  
Alaska State Capitol  
Juneau, AK 99801-1182

Dear Senator Davis:

RE: SB 98

The Board of Dental Examiners is in support of SB 98, "An Act relating to dental hygienists".

This legislation will be beneficial in providing more dental services to the citizens of the State of Alaska.

Please contact me at (907) 561-6262 or by email at [geracedds@gci.net](mailto:geracedds@gci.net) if you have questions regarding our support of this bill.

Sincerely,

A handwritten signature in cursive script that reads "William Gerace" followed by a circled "DDS".

William Gerace, DDS, Acting-Chair  
Alaska Board of Dental Examiners