

# Scope of Practice FAQs for Consumers

## Dental Hygienists

### 1. What do dental hygienists do?

Dental hygienists are oral health professionals who help with prevention and treatment of illnesses and health problems associated with the teeth and gums. The specific services provided by dental hygienists vary from state to state, but broadly include: performing oral exams; reviewing an individual's health history; taking, processing and interpreting x-rays; educating patients on proper oral hygiene; removing plaque from teeth; applying fluoride treatments; administering local anesthetic; and, in some cases, placing and altering fillings.

### 2. How are dental hygienists regulated?

Dental hygiene is regulated as a licensed health profession in all fifty states. In nearly all states dental hygienists are regulated by the state's Board of Dentistry, along with dentists, dental therapists, dental assistants and other dental professionals. To obtain a license as a dental hygienist in most states, an individual must graduate from an accredited dental hygiene program, pass a written exam administered by the American Dental Association's (ADA) Joint Commission on National Dental Examinations, and pass a clinical exam administered by the state or regional authorities.

### 3. What are the scope of practice issues in dental hygiene?

The two major scope of practice issues for dental hygienists have to do with what services dental hygienists can perform, and whether they can perform these services without a dentist present nearby to supervise their work. The two issues are related because states that allow independent practice by dental hygienists, allow dental hygienists to deliver only a specific set of services without supervision, whereas other services are allowed to be performed only under the direct supervision of a dentist. In addition, many states differentiate between the types of settings in which dental hygienists practice. For example a state may allow dental hygienists to fill teeth without direct supervision in a government-run clinic, but not in a private office.

If dental hygienists were allowed to provide the full array of services for which they are qualified based on their education and training, they will be able to help alleviate significant problems with access to oral health care. Currently available evidence shows that dental hygienists in independent practice are able to provide safe, competent care, of a quality comparable quality to the care provided by dentists. For both these reasons, CAC believes that allowing dental hygienists to practice independently, without unnecessary restrictions on the services they can provide, is the most appropriate approach for policy makers. Further, CAC believes there should be no distinction in the law based on the setting where dental hygienists practice. Such distinctions are unjustified based on practitioners' abilities, patient safety or quality of care and only contribute to access problems.

### 4. How are dental hygienists trained?

Dental hygiene educational programs range from associate's degree and certificate programs to programs that grant bachelor's and master's degrees. However all programs share basic elements and requirements to ensure that dental hygienists are prepared to undertake the growing

responsibilities associated with their professional roles. These include courses in biomedical science, social sciences and communications, dental science, dental hygiene science, and basic clinical education integrated with clinical practice throughout the duration of educational program.

**5. What evidence is there to demonstrate the ability of dental hygienists to practice independently?**

Evidence from pilot projects in California and Colorado and other related studies indicate that dental hygienists in independent practice provide care that is comparable in quality and patient safety to the care provide at practices lead by dentists. In addition, evidence points to the potential for dental hygienists in independent practice to outperform dentists in terms of appropriate follow-up with clients, accurate medical history record keeping, and charging lower fees.

**6. Which states offer less restrictive scope to dental hygienists?**

The scope of practice for dental hygienists varies significantly between different states in terms of what services they are allowed to deliver, the procedures they are allowed to perform, and whether or not they are allowed to deliver services without a dentist present in the building to provide direct clinical supervision. While each state has its own specific rules about which services can be delivered with and without direct supervision in different settings, the following states in general grant a broad scope to dental hygienists, allowing delivery of wide range of services without direct supervision: AK, CA, CO, KS, ME, MA, MI, NV, OR, TX and VT. On the other hand, AL, GA, IN, LA, MS, NJ and SD have more restricted scopes of practice for dental hygienists, requiring direct supervision for the majority of services dental hygienists provide, and/or putting major restrictions on the types of services dental hygienists can provide.

**7. How do dental hygienists collaborate with dentists in their work?**

Dental hygienists in all states form collaborative relationships with dentists. Many dental hygienists work directly with dentists in the same offices. Others practice independently, but still maintain a collaborative relationship with one or more dentists, either because the laws of their state require such a relationship, or because they have to refer patients with more complex oral health care needs to a dentist.

*This publication was produced by Citizen Advocacy Center (CAC). For questions, comments and further information please contact CAC at [davidswankin@cacenter.org](mailto:davidswankin@cacenter.org).*