Scope of Practice of Dental Hygienists in Mississippi

Introduction

Many Americans suffer from poor oral health, which can have profound negative consequences on overall health and quality of life. Poor oral health is associated not only with oral health conditions, such as tooth decay and periodontal disease, but also with adverse pregnancy outcomes, respiratory disease, cardiovascular disease, and diabetes. It can cause chronic pain, sleep deprivation, missed days from school or work, and unnecessary use of emergency departments.

There are a wide range of factors that contribute to poor oral health, including consumption of sugar-rich foods and drinks, poor personal oral hygiene, and the use of tobacco. However, lack of access to oral health care is a primary cause of poor oral health. Barriers to access include insufficient numbers of oral health providers, uneven geographic distribution of providers, and low provider participation in Medicaid.

Dental provider shortages are severe in Mississippi. As of 2009, Mississippi had only 3.9 dentists per 10,000 people, lower than every other state except Arkansas and significantly lower than the national average of 6 dentists per 10,000 people. Of those dentists, only about 40 percent participated in Medicaid. In January 2013, the U.S. Department of Health and Human Services estimated that 36.3 percent of Mississippians are underserved and living in dental shortage areas, the highest of any state.

Lack of access to dental care has detrimentally impacted the oral health of Mississippi residents, especially children. A 2009-2010 survey of third grade children found that approximately 63 percent had a history of tooth decay, 31 percent were presently suffering from untreated tooth decay, and 5 percent were in urgent need of dental care. Only 23.5 percent had a dental sealant applied to one or more molars, an indicator of access to preventive dental care. In addition, as of 2008, 27.3 percent of adults aged 65 and older in Mississippi had lost all of their teeth.

In a recent report addressing access to oral health care, the Institute of Medicine identified restrictive regulation of allied dental professionals, such as dental hygienists, as a barrier to accessing necessary dental care. The report recommended that states amend their dental practice acts to permit allied dental professionals “to practice to the full extent of their education and training” and “to work under evidence-supported supervision levels.” Such amendments can permit dental hygienists to provide basic preventive services without a dentist’s direct supervision, freeing dentists to dedicate their time to providing more complex care.

Dental hygienists are licensed health professionals, trained and qualified to provide many oral health services. Licensure requirements vary by state, but most states, including Mississippi, require dental hygienists to obtain, at a minimum, an
associate's degree from a program accredited by the American Dental Association’s Commission on Dental Accreditation and to pass national and state or regional licensure examinations. Although not a replacement for dentists, they are an important component of the dental health care team. Increased utilization of dental hygienists can help improve access to care, particularly among underserved populations.

Regulation of dental hygienists varies across states. Although some states permit hygienists to practice only under the direct supervision of dentists, many have taken steps to improve access to care by relaxing this restrictive rule. At least 35 states permit dental hygienists to practice under less restrictive supervision in some circumstances. However, Mississippi generally maintains the restrictive requirement of direct supervision, except in specific circumstances outlined below.

This issue brief provides answers to frequently asked questions regarding the scope of practice of dental hygienists in Mississippi. However, the legal provisions addressed in this document may have similar counterparts in other states. Lawyers in other states may have developed, or could develop, comparable guidance relating to the laws governing dental hygienists in their states. You may wish to talk with your attorney or visit the State Public Health Lawyer Directory to find contact information for a public health attorney in your state.

**Does Mississippi law require that dental hygienists practice in the physical presence of a licensed dentist?**

Yes, in most circumstances. Under § 73-9-5 of Mississippi’s Dental Practice Act, dental hygienists working in a dentist’s office must “at all times be under the direct supervision of the dentist.” Regulations clarify that direct supervision requires that a dentist: (1) “be physically present in the dental office or treatment facility”; (2) “personally diagnose the condition to be treated”; (3) “authorize the procedures to be performed”; (4) “remain in the dental office or treatment facility while the procedures are being performed”; and (5) “evaluate the performance” of the dental hygienist.

There are two limited exceptions when “general supervision” is permitted. First, dental hygienists working for the Mississippi State Board of Health or public school boards are permitted to perform “oral hygiene instruction and screening” under the “general supervision and direction” of a dentist. Hygienists employed by the Board of Health may also “apply fluoride varnishes as part of any oral hygiene instruction and screening responsibilities.” Second, dental hygienists who are “recognized by the Board of Dental Examiners” may make “public demonstrations of dental hygiene for educational purposes” under the “general supervision and direction” of a dentist. Regulations clarify that, under general supervision, a dentist is not required to be present, to have diagnosed the condition, to have authorized the procedures, or to have evaluated the performance of the dental hygienist.

**What is the process for amending these requirements?**

State statutes, such as Mississippi’s Dental Practice Act, can only be amended by the legislative and executive branches of the Mississippi government. Legislation must pass both houses of the state legislature and be signed by the governor. It can be a long and difficult process to pass or amend a statute.

Regulations governing the practice of dentistry in Mississippi, on the other hand, are more easily amended. These regulations are promulgated by the Mississippi State Board of Dental Examiners (the Board). The Board is responsible for “carry[ing] out the purposes and provisions of the state laws pertaining to dentistry and dental hygiene.” The Board’s powers and duties include regulation of “the practice of dentistry and dental hygiene,” promulgation of “reasonable regulations as are necessary or convenient for the protection of the public,” and enforcement of the relevant laws, rules, and regulations. Proposed regulations are drafted by the Board and published in the Mississippi Administrative Bulletin. Following an opportunity for public comment, final regulations are adopted by the Board. It typically takes several months to complete this process.
The circumstances under which dental hygienists in Mississippi are required to practice under the direct or general supervision of a dentist appear in the statute. However, the definitions of direct and general supervision appear in the regulations.

How have other states improved access to care by adopting less restrictive supervisory requirements?

Many states have adopted less restrictive requirements for supervision of dental hygienists in order to improve access to oral health care. Examples from a few such states are described below.

Florida permits dental hygienists to perform certain “remediable tasks,” such as oral prophylaxis and application of topical fluorides and dental sealants, under “general supervision.” General supervision requires that a dentist “examine the patient, diagnose a condition to be treated, and authorize the procedure,” but does not require the dentist to be present when the procedure is performed. Authorization to perform remediable tasks under general supervision can be granted for up to 13 months at a time. In addition, dental hygienists are permitted to perform limited “remediable tasks” in “health access” settings, such as programs operated by government departments, school-based prevention programs, and community health centers, “without the physical presence, prior examination, or authorization of a dentist.” However, the hygienist must meet certain requirements, such as providing patients with a written disclaimer that “services offered are not a substitute for a comprehensive dental exam by a dentist” and a referral to a dentist. Finally, “[d]ental hygienists may, without supervision, provide educational programs, faculty or staff training programs, authorized fluoride rinse programs; apply fluorides; instruct a patient in oral hygiene care; supervise the oral hygiene care of a patient; and perform other services that do not involve diagnosis or treatment of dental conditions.”

North Carolina permits dental hygienists who meet certain criteria to practice without a licensed dentist being physically present so long as: (1) a licensed dentist directs the hygienist to perform the functions in writing; (2) the licensed dentist has examined the patient according to the requirements specified in the statute; (3) this examination occurred within 120 days prior to the time the dental hygiene functions are carried out; and (4) the services are performed at certain locations, including “nursing homes; rest homes; long-term care facilities; rural and community clinics operated by Board-approved nonprofits; rural and community clinics operated by federal, State, county, or local governments; and any other facilities identified by the Office of Rural Health and approved by the Board as serving dental access shortage areas.” North Carolina also allows dental hygienists “employed by or under contract with” certain governmental agencies and programs who are trained as “public health hygienists” and who are “under the direction of a duly licensed dentist employed by” the agency or program to practice outside the physical presence of a dentist while performing dental hygiene services for persons “officially served” by the agency or program.

Arkansas permits dental hygienists with one year of experience to provide routine preventive care, such as oral examinations, oral prophylaxis, and scaling, under the “general supervision” of a dentist. Under state law, general supervision requires that a dentist authorize the procedures, but the dentist need not be present when the procedures are performed. A few restrictions apply, such as a requirement that the supervising dentist have examined the patient within twelve months and that the patient be notified in advance that the dentist may not be present. In addition, Arkansas established a Dental Hygienist Collaborative Care Program under which hygienists can apply for special permits and enter into collaborative agreements with dentists. Under these agreements, hygienists may provide dental hygiene services to children, senior citizens, and persons with developmental disabilities in certain public settings, such as long-term care facilities, charitable health clinics, schools, community health centers, and the residences of homebound patients, “without the supervision and presence of the dentist and without a prior examination of the persons by the dentist.”

Tennessee permits dental hygienists to perform all dental hygiene services under general supervision that are not specifically limited by statute or regulation to direct supervision so long as: (1) the hygienist has a minimum of one year, full-time experience; (2) the hygienist complies with written emergency protocols; (3) the supervising dentist examined the patient within the preceding eleven months; (4) the services are provided “in accordance with a written treatment plan”; and (5) the patient is notified in advance that the dentist will not be present and that the hygienist “cannot diagnose the patient’s dental health care status.” Under these conditions, a dental hygienist may practice under general supervision for up to fifteen consecutive days. In addition, dental hygienists who meet certain further criteria are permitted to provide “preventive dental care under the general supervision of a dentist through written protocol” in certain settings, including “nursing homes, skilled care facilities, nonprofit clinics and public health programs.” General supervision requires a
dentist to “diagnose the condition to be treated,” “authorize the procedures being performed,” and “evaluate the performance of the dental hygienist.” Dental hygienists are also “permitted to participate unsupervised in educational functions involving organized groups or health care institutions regarding preventive oral health care.”

Colorado permits dental hygienists to provide many dental hygiene services “within the scope of [their] education, training, and experience” without the supervision of a dentist. These services include assessment, diagnosis, and treatment planning for dental hygiene services, oral examinations, oral prophylaxis, and application of fluoride, fluoride varnishes, sealants, microbial solutions, and topical anesthetics. However, hygienists practicing unsupervised must inform patients in writing and receive patient acknowledgement by signature that “diagnosis or assessment is for the purpose of determining necessary dental hygiene services only” and that the American Dental Association recommends a thorough examination be performed by a dentist twice a year. Colorado additionally permits dental hygienists to own dental hygiene practices.

**Conclusion**

Poor oral health is a critical issue in the United States, leading to preventable suffering and increased health care costs. Lack of access to oral health care is a primary culprit. States are increasingly addressing barriers to access by modifying laws and regulations to permit dental hygienists to perform many dental hygiene services under less restrictive supervision levels, consistent with their education and training. This enables dental hygienists to provide basic preventive services without the physical presence of a dentist, freeing dentists to provide more complex care. Although Mississippi is struggling with dental provider shortages and poor oral health, it has not yet joined this trend. The experiences of other states suggest that doing so would improve access to oral health care with resulting improvements in oral health and quality of life.

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**SUPPORTERS**

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This document was developed by Virginia Niehaus, J.D., Legal Intern at the Network for Public Health Law – Southeastern Region at the National Health Law (NHeLP) with assistance from Corey Davis, J.D., M.S.P.H., Staff Attorney at the Network for Public Health Law – Southeastern Region at the National Health Law (NHeLP) in July 2013. Contact: Corey Davis, cdavis@networkforphl.org. The Network for Public Health Law provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.

**REFERENCES**


2. *Id. at 19, 43.*


4. *INST. OF MED., supra note 1, at 64-65.*

5. *See generally id.*

6. *Id. at 18-19, 91-94, 203.*
Of the 1,193 dentists in Mississippi in 2009, 484 participated in Medicaid. 


How a Bill Becomes Law in Mississippi, Miss. LEGISLATURE, http://billstatus.ls.state.ms.us/htms/billlaw.htm (last visited July 8, 2013).


Miss. Code Ann. §§ 73-9-7(1)–(5).
To qualify under this provision, the hygienist must have "three years of experience in clinical dental hygiene or a minimum of 2,000 hours performing primarily prophylaxis or periodontal debridement under the supervision of a licensed dentist," complete "annual CPR certification" and "six hours each year of Board-approved continuing education in medical emergencies" in addition to other required training, and be "designated by the employing dentist as being capable of performing clinical hygiene procedures without the direct supervision of the dentist." N.C. GEN. STAT. § 90-233(a1).