Pathways to Improved Access to Dental Health Services

The existing oral health delivery system leaves enormous levels of unmet need. While multiple strategies will be required to improve oral health, states can and should consider whether legal barriers unnecessarily hamper licensed dentists and dental auxiliaries from delivering more services to more patients. The Network for Public Health Law has performed a legal analysis of how each state’s laws define — and in many cases limit — the roles of these dental health service providers.

This Fact Sheet describes the state laws governing the respective services provided by members of the dental workforce. The companion Access to Oral Health Care Science and Law Brief more fully explores policy options that public health professionals and community members might consider to expand access to care through dental auxiliary professionals. Together the Network intends for these documents to serve as a starting point for developing policies to improve oral health.

There are of course other important means of expanding access to dental health services. For children, programs to encourage oral health screenings by pediatricians and providing wider access to school–based sealant services can provide important benefits. And for many underserved populations, changes in Medicaid reimbursement policies coupled with innovative service delivery models are critical means of delivering needed services. The Network has explored in depth the issue of scope of practice for dental auxiliaries, as evidenced by this Fact Sheet, and we are prepared to investigate other policy options to improve oral health. If expanding scope of practice is not the focus of your efforts in this area, you are still encouraged to contact your Network Region for legal technical assistance on any oral health issue. There is no cost for this assistance. The Network will monitor requests for assistance in this area and prepare more extensive materials on issues that surface frequently, present promising outcomes or are particularly challenging from a legal perspective.

Oral Health and Scope of Practice of Dental Auxiliaries in Maine

Poor oral health has severe negative repercussions on overall health, productivity and quality of life. Untreated oral health problems in children can result in attention deficits, trouble in school, and problems sleeping and eating. Employed adults lose more than 164 million hours of work each year due to dental disease and dental visits, and in 2009 over 830,000 emergency room visits were the result of preventable dental conditions. Poor oral health is also associated with a number of other diseases, including diabetes, stroke and respiratory disease. In older adults, poor oral health is significantly associated with disability and reduction in mobility.

The following table highlights indicators of oral and dental health, and shows how Maine compares with the nation on these indicators.
The burden of oral disease is unequally distributed, with minorities and low-income people significantly more likely to report oral health problems.¹⁵ Many of these disparities are exacerbated by lack of access to dental providers, including non-dentist medical professionals.¹⁶ Dental auxiliary professionals, such as dental hygienists and dental therapists, are educated and trained to teach patients proper oral hygiene practices and provide a host of preventive dental services and assessments, typically at lower cost.¹⁷ Lack of access to dental auxiliary professionals is a key predictor of poor dental health. These dental professionals play a critical role in improving access to dental services, particularly for underserved or vulnerable populations.¹⁸ There is reason to believe that increased utilization of dental auxiliary professionals can help improve access to care, particularly among underserved populations.¹⁹ Regulation of dental auxiliary professionals varies across states.²⁰ Although some states permit hygienists or therapists to practice only in the same physical location as dentists, many have taken steps to improve access to care for low-income people by relaxing this restrictive rule.²¹

### Dental Auxiliaries in Maine²²

**What does the practice of dental hygiene include?²³**

**Clinical dental hygiene:**
- Complete prophylaxis, placing and removing periodontal dressings, exposing a dental x-ray
- Placing sealants, taking impressions for study models, custom fluoride trays, or athletic mouth guards
- Perform preliminary evaluation to determine needed dental hygiene services
- Perform root planing

**Anesthesia and Nitrous Oxide:**
- A hygienist, when authorized, may administer local anesthesia under the direct supervision of a dentist.
- A hygienist, when authorized, may administer nitrous oxide under the direct supervision of a dentist; and when not authorized to administer, a hygienist may, under direct supervision, monitor a patient.

**Other services:**
- A hygienist may perform tasks performed by a dental assistant under the appropriate supervision.
What services may a dental hygienist not perform? A licensed dental hygienist may not:

- Perform duties not explicitly specified by Chapter 2 of the “Rules Relating to the Practice of Dentistry, Dental Hygiene, and Denturism” of the state of Maine.

What are the supervision requirements for the practice of dental hygiene?

A dental hygienist may perform those duties allowable under the general and/or public health supervision of a licensed dentist with the exception of those duties designated as requiring direct supervision. A dental hygienist may practice independently – to the extent permitted by Title 32, Chapter 16 – Dentists and Dental Hygienists.

Recently (April 28, 2014), the state of Maine created a new dental auxiliary category, “Dental Hygiene Therapists” whom may provide services, not beyond those provided by a dental hygienist, to a patient who has not first seen a dentist for an examination if a supervising dentist has given the dental hygiene therapist written authorization and protocols for the services and reviews the patient records at least once in a 12-month period.

- **Direct Supervision**, "Direct Supervision" means that the dentist must be physically present in the office at the time the duties under his/her supervision are being performed. In order to provide direct supervision of patient treatment, the dentist must at least diagnose the condition to be treated, authorize the treatment procedure prior to implementation, and examine the condition after treatment and prior to the patient's discharge.

- **General Supervision**, "General Supervision" means the supervising dentist is not required to be physically present in the dental office while procedures are being performed on a patient of record.

- **Public Health Supervision**, "Public Health Supervision" means the dentist provides general supervision to a dental hygienist who is practicing in a Public Health Supervision status (defined as treating patients who are not otherwise under the treatment of a dental provider), with exception that the patient being treated is not to be a patient of record of the dentist providing the Public Health Supervision.

<table>
<thead>
<tr>
<th>Level of Required Dentist Supervision*</th>
<th>Permissible Hygienist Activities Within a Dental Office</th>
<th>Permissible Hygienist Activities Within A Public Health Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>Full Scope of Practice**</td>
<td>Full Scope of Practice</td>
</tr>
<tr>
<td>General</td>
<td>Limited Scope of Practice</td>
<td>Limited Scope of Practice</td>
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<tr>
<td></td>
<td>✓ May administer designated medications</td>
<td>✓ May administer designated medications</td>
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<tr>
<td></td>
<td>✓ Cannot administer local anesthesia</td>
<td>✓ Cannot administer local anesthesia</td>
</tr>
<tr>
<td>Public Health</td>
<td>n/a</td>
<td>Limited to procedures allowed as defined above</td>
</tr>
</tbody>
</table>

* The terms in this column are defined in the relevant state code; definitions vary across states.

** The scope of practice varies by state. In this chart, full scope of practice is as defined in Maine law.

What body is responsible for professional oversight of licensed dental hygienists?
The State of Maine Board of Dental Examiners is responsible for oversight of dental hygienists.
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2 HHS, Oral Health in America, supra note 1, at 3; PEW CENTER ON THE STATES, A COSTLY DESTINATION: HOSPITAL CARE MEANS STATES PAY DEARLY 1 (2012).


4 IOM, Improving Access, supra note 3, at 52.

5 Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, National Oral Health Surveillance System: Adults Aged 18+ Who Have Visited a Dentist or Dental Clinic in the Past Year, available at http://apps.nccd.cdc.gov/ohss/ListV.asp?qkey=5&DataSet=2. (last visited October 7, 2014).


7 Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, National Oral Health Surveillance System: Adults Aged 65+ Who Have Lost 6 or More Teeth Due to Tooth Decay or Gum Disease, available at http://apps.nccd.cdc.gov/ohss/ListV.asp?qkey=7&DataSet=2. (last visited October 7, 2014).


16 See generally Leonard Cohen, The Role of Non-Dental Health Professionals in Providing Access to Dental Care for Low-Income and Minority Patients, 53 DENT. CLIN. NORTH AM. 451 (2009); Nancy Nielsen-Thompson & Pauline Brine, Expanding the Physician-Substitute Concept to Oral


18 See generally David Nash, Adding Dental Therapists to the Health Care Team to Improve Access to Oral Health Care for Children, 9 ACAD. PEDIATRICS 446 (2009).

19 See Ann Battrell et al., A Qualitative Study of Limited Access Permit Dental Hygienists in Oregon, 72 J. DENTAL EDUC. 329, 340 (2008).


21 See Id., IOM, Improving access at 3-29.


23 See Dept. of Prof. and Fin. Reg., Board of Dental Examiners, Rules Relating To the Practice of Dentistry, Dental Hygiene, and Denturism, General Supervision of Dental Hygienists & Direct Supervision of Dental Hygienists)

24 Me. Rev. Stat. Ann. Tit. 32, §1100-I. 2. (Also see Dept. of Prof. and Fin. Reg., Board of Dental Examiners, Rules Relating To the Practice of Dentistry, Dental Hygiene, and Denturism, Chapter 2)


26 Me. Rev. Stat. Ann. Tit. 32, §1100-I. 2. (Also see Dept. of Prof. and Fin. Reg., Board of Dental Examiners, Rules Relating To the Practice of Dentistry, Dental Hygiene, and Denturism, Definitions, 22)


28 See Dept. of Prof. and Fin. Reg., Board of Dental Examiners, Rules Relating To the Practice of Dentistry, Dental Hygiene, and Denturism, General Supervision of Dental Hygienists & Direct Supervision of Dental Hygienists)