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 allied dental providers 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 allied dental providers. 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 allied dental providers, 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 Allied Dental Providers in Florida

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.¹ 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.² Poor oral health is also associated with a number of other diseases, including diabetes, stroke and respiratory disease.³ In older adults, poor oral health is significantly associated with disability and reduction in mobility.⁴

The following table highlights indicators of oral and dental health, and shows how Florida compares with the nation on these indicators.
## Florida Compared with the National Average on Oral Health Indicators

<table>
<thead>
<tr>
<th>Adults</th>
<th>Adults aged 18+ who have visited a dentist or dental clinic in the past year (2008)</th>
<th>U.S.</th>
<th>FL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>68.5%</td>
<td>67.3%</td>
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<tr>
<td></td>
<td>Adults aged 18+ who have had their teeth cleaned in the past year (among adults with natural teeth who have ever visited a dentist or dental clinic) (2008)</td>
<td>69%</td>
<td>67.4%</td>
</tr>
<tr>
<td></td>
<td>Adults aged 65+ who have lost six or more teeth due to tooth decay or gum disease (2008)</td>
<td>43%</td>
<td>41.5%</td>
</tr>
<tr>
<td>Children</td>
<td>Children with a preventive dental visit in the past year (2011-2012)</td>
<td>77.2%</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td>Children with oral health problems in the past 12 months (2011)</td>
<td>18.7%</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>Children with two or more oral health problems in the past six months (2007)</td>
<td>8.4%</td>
<td>8.1%</td>
</tr>
<tr>
<td></td>
<td>3rd Grade students with untreated tooth decay (2006-2007)</td>
<td>25%</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>3rd Grade students with dental sealants (protective of decay) on at least one permanent molar tooth (2006-2007)</td>
<td>40.8%</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Children with decayed teeth or cavities within the past six months (2007)</td>
<td>19.4%</td>
<td>17.6%</td>
</tr>
<tr>
<td></td>
<td>Special needs children with unmet preventive dental care needs (2009-2010)</td>
<td>8.9%</td>
<td>16.2%</td>
</tr>
</tbody>
</table>

The burden of oral disease is unequally distributed, with minorities and low-income people significantly more likely to report oral health problems. Many of these disparities are exacerbated by lack of access to dental providers, including non-dentist medical professionals. Allied dental providers, 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. Lack of access to allied dental providers 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. There is reason to believe that increased utilization of allied dental providers can help improve access to care, particularly among underserved populations. Regulation of allied dental providers varies across states. 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.

### Allied Dental Providers in Florida

#### Scope of Practice for Dental Hygienists

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

**When a Dentist is Present in the Dental Facility:**

- Perform root planing or gingival curettage
- A dental hygienist, with appropriate training and under indirect supervision of a licensed dentist, may take impressions for passive appliances, occlusal guards, space maintainers, protective mouthguards, bleaching or surgical stents to be used for providing palatal coverage, topical fluoride trays, and study casts which are not being made for the purpose of fabricating any intra-oral appliances, restorations or orthodontic appliances.

- **Anesthesia and Nitrous Oxide:**
  - A dental hygienist, with appropriate training and certification, may administer local anesthesia, limited to soft tissue infiltration and intraoral blocks, to patients at least eighteen years old while the dental hygienist is under the direct supervision of a licensed dentist.
A dental hygienist, with appropriate training, may monitor nitrous oxide treatment under the indirect supervision of a licensed dentist.27

**Whether or Not A Dentist is Present in the Dental Facility:**2829

- The removal of calculus deposits, accretions, and stains from exposed surfaces of the teeth and from the gingival sulcus.30
- Polishing restorations or clinical crowns which is not for the purpose of changing the existing contour of the tooth.
- Apply topical fluoride treatments, topical anesthetics, or topical anti-inflammatory agents.
- Remove excess cement from dental restorations and appliances with non-mechanical hand instruments or ultrasonic scalers.
- Place or remove periodontal or surgical dressings and remove sutures.
- Fabricate temporary crowns and bridges.
- Apply sealants.

**Other services:**

- A dental hygienist may, without supervision, provide educational programs, authorized fluoride rinse programs, apply fluoride varnishes, instruct patients in oral hygiene care, and supervise patient oral hygiene care and other services which do not involve the diagnosis or treatment of dental conditions.31
- A licensed dental hygienist may perform any tasks delegable to dental assistants, generally under the same supervision level as the dental assistant.32

### Level of Required Dentist Supervision*

<table>
<thead>
<tr>
<th>Dentist Not Present</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>
</tbody>
</table>
| Indirect | Limited Scope of Practice:  
  ✓ Dentist must first examine the patient, diagnose a condition to be treated, and authorize any procedures.  
  ✓ Dental Hygienist may not engage in procedures requiring presence of a dentist. |  
  ✓ Dental Hygienist may not engage in procedures requiring presence of a dentist. |
| Dentist Not Present  
 No Prior Examination by Dentist  
 Dentist Did Not Authorize Procedures | n/a | Limited Scope of Practice:  
  ✓ Remove calculus deposits, accretions, and stains from exposed surfaces of the teeth and from tooth surfaces within the gingival sulcus.  
  ✓ Perform dental charting  
  ✓ Apply topical fluorides or dental sealants |

* 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 Florida law.

**What services may a dental hygienist not perform?**33

A licensed dental hygienist may not:

- Diagnose a dental disease or ailment.
- Prescribe a treatment or treatment regimen.
- Prescribe drugs or medication which require the written or oral order of a licensed dentist or physician.
- Perform any procedure that is irreversible.
What are the supervision requirements for the practice of dental hygiene?

Any licensed dentist can employ licensed dental hygienists. A dental hygienist may operate in the office of any licensed dentist or public health setting including nonprofit community health centers, a Head Start center, a school-based prevention program, a clinic operated by an accredited college of dentistry, and programs or institutions of the Department of Children and Families, the Department of Health, and the Department of Juvenile Justice. The level of supervision required by the supervising licensed dentist varies with the task to be performed by the dental hygienist.

A dental hygienist may also practice in licensed public and private health facilities, other public institutions of the state and federal government, public and private educational institutions, and the home of a nonambulatory patient on patients who have been examined by a licensed dentist within the past two years.

- **Direct Supervision**, “Direct Supervision” means the licensed dentist has authorized the dental hygienist to perform a specific procedure and the licensed dentist must remain on the premises while the procedure is performed and must approve of the work performed before the patient leaves the premises.
- **Indirect Supervision**, “Indirect Supervision” means the licensed dentist has authorized the dental hygienist to perform a specific procedure and the licensed dentist must remain on the premises while the procedure is performed.
- **General Supervision**, “General Supervision” means the licensed dentist has authorized the dental hygienist to perform a specific procedure.

What body is responsible for professional oversight of licensed dental hygienists?

The Florida Board of Dentistry is responsible for regulating all matters concerning dental hygienists and the practice of dental hygiene, ensure compliance, and adopt rules. The Board consists of 11 members appointed by the governor and confirmed by the Florida State Senate, including seven licensed dentists, two dental hygienists, and two members of the public. A Council on Dental Hygiene provides recommendations to the Board on matters related to dental hygiene and is comprised of one dental hygiene member of the Board, one dental member of the Board, and three dental hygienists who are actively engaged in the practice of dental hygiene in Florida. All rules relating to the practice must be referred to the council for recommendation before the Board takes any final action.

SUPPORTERS

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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.


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/nohss/ListV.asp?qkey=7&DataSet=2. (last visited October 7, 2014).


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.

22 The Scope of Practice provisions for dental hygienists in Florida can be found in Fla. Stat. §§ 466.023-.024 (2014)


24 Other procedures requiring a licensed dentist to be present in the treatment facility while the dental hygienist performs the procedures under direct supervision include: fabricating temporary crowns or bridges intra-orally which shall not include any adjustment of occlusion to the appliance or existing dentition; selecting and pre-sizing orthodontic bands, including the selection of the proper size band for a tooth to be banded which does not include or involve any adapting, contouring, trimming or cementing or otherwise modifying the band material such that it would constitute fitting the band; selecting and pre-sizing archwires prescribed by the patient’s dentist so long as the dentist makes all final adjustments to bend, arch form determination, and symmetry prior to final placement; selecting prescribed extra-oral appliances by pre-selection or pre-measurement which does not include final fit adjustment; preparing a tooth surface by applying conditioning agents for orthodontic appliances by conditioning or placing of sealant materials which does not include placing brackets; packing and removing retraction cord, so long as it does not contain vasoactive chemicals and is used solely for restorative dental procedures; removing and re-cementing properly contoured and fitting loose bands that are not permanently attached to any appliance; inserting or removing dressings from alveolar sockets in post-operative osteties when the patient is uncomfortable due to the loss of a dressing from an alveolar socket in diagnosed cases of post-operative osteties; and applying a bleaching solution, activating light source, monitoring and removing in-office bleaching materials.
Other procedures requiring a licensed dentist to be present in the treatment facility while the dental hygienist performs the procedures under *indirect supervision* include: placing or removing rubber dams; placing or removing matrices; applying cavity liners, varnishes or bases; placing subgingival resorbable chlorhexidine, doxycycline hyclate, or minocycline hydrochloride; securing or unsecuring an archwire by attaching or removing the fastening device; marginating restorations with finishing burs, green stones, and/or burlew wheels with slow-speed rotary instruments which are not for the purpose of changing existing contours or occlusion; cementing temporary crowns and bridges with temporary cement; monitoring and removing in-office bleaching materials, after placement of bleach by dentist.

Other procedures a licensed dental hygienist may perform under *general supervision* without the licensed dentist remaining present at the treatment facility include: using appropriate implements to preassess and chart suspected findings of the oral cavity; placing or removing prescribed pretreatment separators; inserting and/or performing minor adjustments to sports mouth guards and custom fluoride trays; applying topical anesthetics and anti-inflammatory agents which are not applied by aerosol or jet spray; taking or recording patients' blood pressure rate, pulse rate, respiration rate, case history and oral temperature; retracting lips, cheeks and tongue; irrigating and evacuating debris not to include endodontic irrigation; placing and removing cotton rolls; placing or removing temporary restorations with non-mechanical hand instruments only; and obtaining bacteriological cytological (plaque) specimens, which do not involve cutting of the tissue and which do not include taking endodontic cultures, to be examined under a microscope for educational purposes.