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 Hawaii

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 Hawaii compares with the nation on these indicators.
Hawaii Compared with the National Average on Oral Health Indicators

<table>
<thead>
<tr>
<th>Adults</th>
<th>U.S.</th>
<th>HI</th>
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<tbody>
<tr>
<td>Adults aged 18+ who have visited a dentist or dental clinic in the past year (2008)</td>
<td>68.5%</td>
<td>73.4%</td>
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<tr>
<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>73.4%</td>
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<tr>
<td>Adults aged 65+ who have lost six or more teeth due to tooth decay or gum disease (2008)</td>
<td>43%</td>
<td>30.7%</td>
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<tr>
<td>Children with a preventive dental visit in the past year (2011-2012)</td>
<td>77.2%</td>
<td>83.1%</td>
</tr>
<tr>
<td>Children with oral health problems in the past 12 months (2011)</td>
<td>18.7%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Children with two or more oral health problems in the past six months (2007)</td>
<td>8.4%</td>
<td>7.8%</td>
</tr>
<tr>
<td>3rd Grade students with untreated tooth decay (2006-2007)</td>
<td>25%</td>
<td>-</td>
</tr>
<tr>
<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>-</td>
</tr>
<tr>
<td>Children with decayed teeth or cavities within the past six months (2007)</td>
<td>19.4%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Special needs children with unmet preventive dental care needs (2009-2010)</td>
<td>8.9%</td>
<td>6.7%</td>
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</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 Hawaii

What does the practice of dental hygiene include?

Clinical dental hygiene:
- Remove hard and soft deposits and stains, polishing natural and restored surfaces of teeth, application of preventive chemical agents, use of mouth washes approved by board
- Remove overhangs
- Periodontal soft tissue curettage
- Root planing
- Apply pit and fissure sealants
- Ultrasonic instrumentation
- Place or remove periodontal dressing
- Administer prescriptive treatments as prescribed by the licensed dentist
- Coronal polishing

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**Anesthesia:**
- Administer intraoral infiltration local anesthesia and intraoral block anesthesia under direct supervision of a dentist and if certified

**Other services:**
- All duties of a dental assistant

<table>
<thead>
<tr>
<th>Level of Required Dentist Supervision*</th>
<th>Hygienist Activities Within a Dental Office</th>
<th>Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>Full Scope of Practice**</td>
<td>Limited Scope of Practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ May perform dental education, dental screening, and fluoride application</td>
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<tr>
<td></td>
<td></td>
<td>✓ Other activities may be authorized by supervising licensed dentist</td>
</tr>
<tr>
<td>General</td>
<td>n/a</td>
<td>Limited Scope of Practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ May perform dental education, dental screenings, and fluoride application</td>
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* 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 Hawaii law.

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

A licensed dental hygienist may not:
- Perform any repair work or preparation or any other operation on teeth or tissue of the mouth except those listed above; or
- Perform any procedure disallowed for dental assistants except those specifically allowed for dental hygienists.

**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 dental dispensary or infirmary, private school, welfare center, hospital, nursing home, adult day care center or assisted living facility, mental institution, nonprofit health clinic, or any building owned or occupied by the State or any county. However, the dental hygienist must be an employee of a licensed dentist and under the direct supervision of the licensed dentist. Dental hygienists cannot establish or operate a separate care facility for dental hygiene.

A dental hygienist may perform dental education, dental screenings and fluoride applications under the general or direct supervision of any licensed dentist providing dental services in a public health setting.

**Direct supervision** means the licensed supervising dentist examines and diagnoses the condition to be treated, authorizes each procedure, and remains in the dentist’s office or facility while the procedures are being performed and evaluates the performance of the allied dental provider before dismissal of the patient.

**General supervision** means the licensed supervising dentist examines and diagnoses the condition to be treated, is familiar with the patient’s medical and dental history, and authorizes each procedure carried out in the dentist’s office. The dentist’s presence is not required, but the dentist must be available for consultation.

**What body is responsible for professional oversight of allied dental providers?**
The Hawaii State Board of Dental Examiners regulates allied dental providers, which is overseen by the Department of Commerce and Consumer Affairs Professional and Vocational Licensing Division. The Board is responsible for licensing, compliance, investigations, and determination of the content and requirements of examinations. The Board consists of eight dentists, two dental hygienists and two public members.

SUPPORTERS

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This document was developed by Daniel G. Orenstein, JD, Deputy Director, Network for Public Health Law – Western Region at the Sandra Day O'Connor College of Law at Arizona State University with Kellie Nelson and Vincent Miner, Senior Legal Researchers and JD candidates, Arizona State University. 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.


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


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).


See id., IOM, Improving access at 3-29.

HAW. CODE R. § 16-79-69.15.

HAW. CODE R. § 16-79-2(1).