Pathways to Improved Access to Dental Health Services

The Affordable Care Act, 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 Vermont

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

<table>
<thead>
<tr>
<th>Adults</th>
<th>U.S.</th>
<th>VT</th>
</tr>
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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>74.4%</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>75.7%</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>43.8%</td>
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<table>
<thead>
<tr>
<th>Children</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with a preventive dental visit in the past year (2011-2012)</td>
<td>77.2%</td>
<td>87.8%</td>
</tr>
<tr>
<td>Children with oral health problems in the past 12 months (2011)</td>
<td>18.7%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Children with two or more oral health problems in the past six months (2007)</td>
<td>8.4%</td>
<td>5.2%</td>
</tr>
<tr>
<td>3rd Grade students with untreated tooth decay (2006-2007)</td>
<td>25%</td>
<td>16.2%</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>66.1%</td>
</tr>
<tr>
<td>Children with decayed teeth or cavities within the past six months (2007)</td>
<td>19.4%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Special needs children with unmet preventive dental care needs (2009-2010)</td>
<td>8.9%</td>
<td>9.9%</td>
</tr>
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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.\(^\text{15}\) Many of these disparities are exacerbated by lack of access to dental providers, including non-dentist medical professionals.\(^\text{16}\) 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.\(^\text{17}\) 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.\(^\text{18}\) There is reason to believe that increased utilization of dental auxiliary professionals can help improve access to care, particularly among underserved populations.\(^\text{19}\) Regulation of dental auxiliary professionals varies across states.\(^\text{20}\) 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.\(^\text{21}\)

**Dental Auxiliaries in Vermont\(^\text{22}\)**

**What does the practice of dental hygiene include?\(^\text{23}\)**

**Clinical dental hygiene:**
- Interview patients and record complete medical and dental histories
- Perform complete prophylaxis
- Perform oral inspection and record all conditions identified
- Perform complete periodontal charting and charting of existing dental restorations
- Provide dental health education and oral hygiene instructions
- Assess the patient’s treatment needs and provide the assessment to the patient
- Expose and process radiographs
- Apply fluoride varnish and/or fluoride to control caries
- Apply desensitizing agents to teeth
- Apply sealants
- Full mouth debridement to enable comprehensive evaluation and diagnosis
• Provide patients with mild periodontitis
• Periodontal maintenance, scaling, and root planing

**Anesthesia and Nitrous Oxide:**
• A dental hygienist, when authorized by the Board, may administer local anesthetics under the direct supervision of a licensed dentist.  
• A dental hygienist may monitor nitrous oxide analgesia during a dental procedure.

**Other services:**
• A licensed dental hygienist may qualify for registration as an expanded function dental assistant and may perform the expanded function dental assisting duties for which the dental hygienist has been trained.

What services may a dental hygienist not perform?
*A licensed dental hygienist may not:*
• Diagnose
• Plan treatment
• Prescribe

What are the supervision requirements for the practice of dental hygiene?  
A dental hygienist may perform, under the appropriate supervision of a dentist, acts or services on teeth and related structures that are defined and set forth by the rules of the Vermont State Board of Dental Examiners. A dental hygienist is not expressly prohibited from practicing independently.

• **Direct Supervision,** "Direct Supervision" means a dentist agreeing to procedures or treatment performed by appropriate personnel by being readily available at the dental facility for consultation or intervention.
• **General Supervision,** "General Supervision" means a dentist with the responsibility to periodically examine patients, agreeing to procedures or treatment performed by appropriate personnel. The dentist must be available for consultation, but does not necessarily have to be physically present at the dental facility when providing general 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&lt;br&gt; ✓ May administer designated medications&lt;br&gt; ✓ Cannot administer local anesthesia</td>
<td>Limited Scope of Practice&lt;br&gt; ✓ May administer designated medications&lt;br&gt; ✓ Cannot administer local anesthesia</td>
</tr>
<tr>
<td>Public Health</td>
<td>n/a</td>
<td>Limited to procedures allowed as defined above</td>
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</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 Vermont law.

What body is responsible for professional oversight of licensed dental hygienists? The Vermont State Board of Dental Examiners is responsible for oversight of dental hygienists. The Vermont State Board of Dental Examiners purpose is to set standards for issuing licenses and registrations, by licensing and registering only qualified applicants, and regulating license and registration holders and their practices.
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This document was developed by Kerri McGowan Lowrey, J.D., M.P.H., Deputy Director, the Network for Public Health Law -- Eastern Region at the University of Maryland Francis King Carey School of Law. 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.

26 V.S.A. § 624

26 V.S.A. § 624

