

Dental Hygiene Practice Act Overview

Permitted Functions and Supervision Levels by State



	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS
PROPHYLAXIS	P	N	N	N	N/U	U	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N/U	N	N	N/U	N	P
X-RAYS	P	N	N	N	N/U	N	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N/U	N	P
LOCAL ANESTHESIA		P	P		P	P	P		P			P	N	P		p	P	P	P	P		P	N	P	
TOPICAL ANESTHESIA	P	N	N		N/U	U	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N/U	N	N	N/U	N	
FLUORIDE	P	N	N	N	N/U	U	N/U	N	N	N	P	P/N	N	N	P	N	N	N	P/N	N/U	N	N	N/U	N	P
PIT/FISSURE SEALANTS	P	N	N	N	N/U	U	N/U	N	N	P	P	P/N	N	N	P	N	N	N	P/N	N/U	N	N	N/U	N	P
ROOT PLANING	P	N	N	N	N/U	N	N/U	N	N	P	P	P/N	N	N	P	N	N	N	P/N	N/U	N	N	N/U	N	P
SOFT TISSUE CURETTAGE	P	N	N	N	P	U		N	N	P	P	P/N		N			N	N		N			P	N	P
ADMINISTER N ₂ O		P	P		P	P			P				P	P		p	N	P					N	P	
STUDY CAST IMPRESSIONS	P	N	N	N	N/U	N	N/U	N	N	P	P	P/N	P	N	P	N	N	N	P	N/U	N	N	N/U	N	P
PLACE PERIO DRESSINGS	P	N	P		N/U	N	N/U	N	P	N	P	P/N			P	N	N	N		P	N	N	N/U	N	P
REMOVE PERIO DRESSING	P	N	P	N	N/U	N	N/U	N	P	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N/U	N	P
PLACE SUTURES		N	P									P/N													
REMOVE SUTURES	P	N	N	N	N/U	N	N/U	N	P	N	P	P/N	N	N	P	N	N	N	P/N	N	N	N	N/U	N	P
APPLY CAVITY - LINERS & BASES	P				N/U	N				P	P					N		N					N/U	N	
PLACE TEMPORARY RESTORATIONS	P	N	N		N/U	N				N	P	P/N				N		N		N/U	P	N	P	N	
REMOVE TEMPORARY RESTORATIONS	P	N	N		N/U	N				N	P	P/N				N		N				P	P	N	
PLACE AMALGAM RESTORATIONS		P				N							P					P				P	P	N	
CARVE AMALGAM RESTORATIONS		P				N							P					P					P	N	
FINISH AMALGAM RESTORATIONS		P				N							P					P					P	N	
POLISH AMALGAM RESTORATIONS	P	N	N		N/U	N	N/U	N	N	P	P	P/N	N			N	N	P	P	N/U	N	N	N/U	N	
PLACE & FINISH - -COMPOSITE RESIN SILICATE RESTORE		P				N							P					P							

KEY: P = PHYSICAL PRESENCE OF DENTIST IS REQUIRED
 N = PHYSICAL PRESENCE OF DENTIST IS NOT REQUIRED
 U = PHYSICAL PRESENCE NOT REQUIRED. NO PRIOR AUTHORIZATION BY DENTIST REQUIRED BUT THERE MAY BE REQUIREMENT FOR TYPE OF COOPERATIVE ARRANGEMENT WITH A DENTIST(S). SOME STATES REQUIRE EXPERIENCE OR SPECIAL EDUCATION BY RDH.
 /= WHERE TWO LETTERS ARE PRESENT IN A BOX THE FIRST INDICATES THE SUPERVISION LEVEL IN THE PRIVATE DENTAL OFFICE. THE SECOND INDICATES THE SUPERVISION LEVEL IN OTHER SETTINGS SUCH AS INDEPENDENT DENTAL PRACTICE, LONG-TERM FACILITIES, HOSPITALS, ETC. ON NON-AMBULATORY PATIENTS.

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	MO	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	
PROPHYLAXIS	N/U	N	N/U	N/U	N	P/N	N/U	N	P/N	N	N	N	N/U	P/N	N	N	N	N	N	N	N	N	N/U	N	N/U	N	
X-RAYS	N	N	N	N/U	N	P/N	N/U	N	P/N	N	N	N	N/U	P/N	N	N	N	N	N	N	N	N	N	N	N	N	
LOCAL ANESTHESIA	P	P	P	P/U	P*		P	P			P	P	N		P	P	P	P		P	P	P	P	P	p	P	
TOPICAL ANESTHESIA	N	N	N	N/U	N	P/N	N	N	P	N	N	N	N/U	P/N	N	P	N	N	N	N	N	N	N	N	N	N	
FLUORIDE	N/U	N	N/U	N/U	N	P/N	N/U	N	P/N	N	N	N	N/U	P/N	N	N	N	N	N	N	N	N	N	N/U	U	N	N
PIT/FISSURE SEALANTS	N/U	N	N/U	N/U	N	P	N	N	P/N	N	P	N	N/U	P/N	N	P/N	N	N	N	N	N	N	N	N/U	N	N	P
ROOT PLANING	N	N	N	P/U	N	N	N	N	P	N	P	N	N/U	P/N	N	P/N	N	N	N	N	N	N	N	N/U	N	N	N
SOFT TISSUE CURETTAGE	N	N	N	N			N			N	P	N	N/U				N	N		N			P/U				
ADMINISTER N ₂ O	P			P/U	P			P			P	P	P				P	P		P		P	P			P	
STUDY CAST IMPRESSIONS	N	N	N	N/U	N	P	N	P	P	P	N	N	N/U	P	P	P		P	N	N	N	N	N	N	N	N	
PLACE PERIO DRESSINGS	N	N	N	N/U		P		P		P	P	N	N/U		P				N	N	N	N	P	P	N	P	
REMOVE PERIO DRESSING	P	N	N	N/U	N	P	N	P	P	P	N	N	N/U		P	P	N	P	N	N	N	N	P	P	N	P	
PLACE SUTURES									P											N							
REMOVE SUTURES	N	N	N	N/U	N	P		P	P	P	P	N	N/U	P	P	P		P	N	N	N	N	P	P	N	N	
APPLY CAVITY - LINERS & BASES	P				N				P									P						P			
PLACE TEMPORARY RESTORATIONS	P	N	N	N/U	N	P		P	P	P		N	N/U			P/N		P	N					P	N	N	
REMOVE TEMPORARY RESTORATIONS	P	N	N		N			P	P	P								P	N								
PLACE AMALGAM RESTORATIONS	N				N								P					P					P			P	
CARVE AMALGAM RESTORATIONS	P												P										P	P		P	
FINISH AMALGAM RESTORATIONS	P												P										P			N	
POLISH AMALGAM RESTORATION	N	N	N	N/U	N	P	N		P	P	P	N	N/U		P	P	N	P	N	N			U	P		N	
PLACE & FINISH -- COMPOSITE RESIN SILICATE RESTORE	P												P										P			P	

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* = RULES PENDING