

Overview of Restorative Services Provided by Dental Hygienists and Other Non-Dentist Practitioners

The following provides a broad overview of each category of provider and the types of restorative services that are administered.

Dental Hygienists

Dental hygienists work in a host of settings to deliver clinical care and work under varying levels of supervision. Each state enacts its own laws determining the services dental hygienists can perform, the settings in which they can practice, and the supervision under which they practice. However, the typical restorative services provided by dental hygienists are limited to supportive services where the dentist prepares a tooth for restoration and the dental hygienist places and finishes the restorative material. Typically the dentist must be present while the restorative services are administered.

Dental hygienists may qualify for a restorative certificate by completing a state dental board approved continuing education course and obtaining a restorative certification. The restorative services provided by dental hygienists may include some or all of the following services:

- Apply cavity liner/base
- Place (and also carve and finish) amalgam restoration
- Place and finish composite restoration
- Place and/or remove temporary restoration
- Place and/or remove temporary crown
- Fabricate temporary crown

Interim therapeutic restoration (ITR) treatment involves removal of caries using hand or rotary instruments with caution not to expose the pulp. The tooth is restored with an adhesive restorative material such as a glass ionomer or resin-modified glass ionomer cement.

Maine rules provide a protocol for public health dental hygienists and independent practice dental hygienists to determine whether it is appropriate to place a temporary restoration. Because the protocol states that “any temporary filling material must be of a nature that is not harmful to the tooth, and preferably be fluoride releasing” and “reminds its licensees that the standard of care in the placement of any dental restoration would include the use of diagnostic films,” it would appear that an ITR using a material such as glass ionomer is contemplated.

View Maine rules at: <http://www.mainedental.org/TemporaryFillingsAlgorithms.htm>

Dental hygienists in **Kansas** who hold an extended care permit III are permitted to identify and remove decay using hand instrumentation and place a temporary filling, including glass ionomer and other palliative materials.

Minnesota includes the placement of glass ionomer as part of the permitted restorative services dental assistants and dental hygienists with a restorative permit are able to administer.

In **New Mexico**, dental hygienists who qualify as Expanded Function Dental Auxiliaries (EFDA) may place "temporary and sedative restorative material" in hand excavated lesions under direct supervision.

Oregon law allows expanded practice dental with an agreement with a dentist to place "temporary restorations without excavation."

Washington State is unique in that it is the only state that requires competence in restorative procedures for *initial* licensure as a dental hygienist. Restorative services are part of the curriculum at all entry-level dental hygiene programs in Washington State. Applicants for licensure in Washington State must pass a clinical restorative test offered by the Western Regional Examining Board (WREB).

In April 2007, the **Idaho** Legislature authorized the "Extended Access Restorative Endorsement" for qualified dental hygienists. Idaho also provides for an "Extended Access Dental Hygiene Endorsement." These two endorsements are separate endorsements and vary with duties and supervision requirements.

Information from the Idaho Board of Dentistry can be found at:
<http://isbd.idaho.gov/pdf/ExtAccessRestorative.pdf>

There is no formal process in place at the Commission on Dental Accreditation (CODA) at this time to recognize or accredit a specific course of study in restorative skills. CODA develops overall standards for and accredits entry-level dental hygiene education programs, rather than individual classes within a program or continuing education classes.

ADHA's *Dental Hygienists Restorative Duties by State* chart designates the restorative services dental hygienists are permitted to administer by state, as stipulated by state statute or rule. Those states where the services are permitted as part of the dental assistant scope based on similar qualifications are marked with an asterisk. The chart indicates that a service is either allowed or prohibited in a state ONLY if there is a specific provision in the statute or rules to that effect. The blank sections indicate that the law is silent on whether or not a dentist may delegate that service to a dental hygienist. In at least some of these states (e.g. Colorado) dental hygienists are permitted to do any duty delegated by a dentist that is not otherwise prohibited, and the dental board has informally indicated that some restorative services would be allowed under this provision.

Visit: http://www.adha.org/resources-docs/7516_Restorative_Duties_by_State.pdf to download the chart.

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