

## Dental Hygiene Practice Act Overview: Permitted Functions and Supervision Levels by State

Function	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS
Oral Prophylaxis	D	G/A/CP	G/A	G/A/CP	G/A	A	G/A	G	G	G/A	D/G	D/G	G	G	D/G/A	G/A	G/A
X-Rays	D	G/A/CP	G/A	G	G/A	A	G/A	G	G	G	D/G	D/G	G	G	D/G/A	G/A	G
Local Anesthesia		G/A/CP	D/G	D	D	G	ID		D	D <sup>3</sup>	D <sup>3</sup>	D	G	D	D	D	D
Topical Anesthesia	D	G/A/CP	G/A	CP	G/A	A	G/A	G	G	G	D	D/G	G	G	D	G/A	G/A
Fluoride	D	G/A/CP	G/A	G/A/CP	G/A	A	G/A	G	G	G/A	D/G	D/G	G	G	D/G/A	G/A	G/A
Pit/Fissure Sealants	D	G/A/CP	G/A	G/A/CP	G/A	A	G/A	G	G	G/A	D/G	D/G	G	G	D/G/A	G/A	G
Scaling and Root Planing	D	G/A/CP	G	D	G/A	A	G/A	G	G	G	D	D/G	G	G	D/G/A	G/A	G
Soft Tissue Curettage	D	G	G	D	D	A		G	G	D	D	D/G	D/G	G			G
Administer N2O		D	D	D	D	D			D				ID	D	D	D	G
Study Cast Impressions	D	G	G	G	G/A	A	G/A	G	D	ID	D	D/G	G	G	D	G	G
Place Perio Dressings	D	G	D		G/A	G	G/A	G	D	G	D	D/G	G		D	G	G
Remove Perio Dressings	D	G	D		G/A	G	G/A	G	D	G	D	D/G	G	G	D	G	G
Place Sutures			D									D/G					
Remove Sutures	D	G	G		G/A	G	G/A	G	D	G	D	D/G	G	G	D	G	G
Dental Hygiene Diagnosis						A	G										
Treatment Planning					G/A	A										G	G/A
Dental Hygiene Assessment		G/A/CP		CP		A							G				
Prescriptive Authority		A				A											

**D** Direct Supervision Levels; dentist needs to be present

**P** Personal Supervision: Dentist needs to authorize, be present and check prior to patient dismissal

**ID** Indirect Supervision Levels; dentist must authorize procedure and be in the dental office while the procedure is performed

**G** General Supervision Levels; dentist needs to authorize prior to services, but need not be present

**CP** Collaborative Practice: RDH may practice without supervision, pursuant to a collaborative agreement between the RDH and a licensed dentist

**A** Direct Access Supervision Levels; hygienists can provide services as s/he determines appropriate without specific authorization

*Multiple letters denote separate supervision levels depending on setting (Private/Public)*

**1.** Rules pending

**2.** Upon direct order

**3.** On patients 18 years and older

**4.** Public health supervision applies to fluoride varnish only

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Oral Prophylaxis	G/A	D/G	G/A	G	G/A	G/A	G/A	D	G/A	G/A	G/A	G/A	G/A	D/G	G/A	G/CP	D/G
X-Rays	G	D/G	G/A	G	G/A	G/A	G/A	D	G	G/A	G	G/A	G	D/G	G/A	G/CP	D/G
Local Anesthesia	D	D	G	D	D	D	G	D	ID	G	D	D/G	D	D	D/G	P	D
Topical Anesthesia	D	D/G	G/A	G	G/A	G/A	G		ID	G/A	G	G/A	G	D	D	G/CP	D/G
Fluoride	G/A	D/G	G/A	G	G/A	G/A	G/A	D/G <sup>4</sup>	G/A	G/A	G/A	G/A	G/A	D/G	G/A	G/CP	D/G
Pit/Fissure Sealants	G/A	D/G	G/A	G	G/A	G/A	G/A	D	G/A	G/A	G/A	G/A	G/A	D/G	G	G/CP	
Scaling and Root Planing	G/A	D	G/A	G	G/A	G/A	G/A	D	G	G/A	G	G/A	G/A	D/G	G	G/CP	D/G
Soft Tissue Curettage				G		D	G	D	G	G/A	G	G/A			G		
Administer N2O	D	D	D	D		D	G		ID	D	ID	D/G	D		ID	p	
Study Cast Impressions	G	D	G/A	G	G/A	G/A	G		G	G	G	G/A	G	D	G	G/CP	D/G
Place Perio Dressings	G	D	G/A	G	G/A	G/A	G		G	G	G	G/A		D		p	
Remove Perio Dressings	G	D	G/A	G	G/A	G/A	G		D	G	G	G/A	G	D	G	p	D/G
Place Sutures																	
Remove Sutures	G	D	G/A	G	G/A	G/A	G		G	G	G	G/A	G	D		p	D/G
Dental Hygiene Diagnosis			G/A														
Treatment Planning			G/A									G/A				G/CP	
Dental Hygiene Assessment			G/A													G/CP	
Prescriptive Authority			G/A	G						G/A					G/A		

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*This document is intended for informational purposes only and does not constitute a legal opinion regarding dental practice in any state. To verify any information, please contact your state's dental board.*

**Revised Sep 2024**

[www.adha.org](http://www.adha.org)

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Function	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY
Oral Prophylaxis	G	G/A	G	G/A	G/A	G/A	D/G	G	G	G/A	G	G/A	G/A	G/A	G/A	G/A	G
X-Rays	G	G	G	G/A	G/A	G/A	D/G	G	G	G/A	G	G/A	G	G	G	G	G
Local Anesthesia	D	D	D	G	D	D	D	D	D		D	D	D	G	D	ID	D
Topical Anesthesia	G	G	G	G/A	G/G	G/A	D	G	G	G/A	G	G/A	G	G	G	G	G
Fluoride	G	G/A	G	G/A	G/G	G/A	D/G	G	G	G/A	G	G/A	G/A	G/A	A	G	G
Pit/Fissure Sealants	G	G/A	G	G/A	G/A	G/A	D/G	G	G	G/A	G	G/A	G/A	G/A	G	G/A	D
Scaling and Root Planing	G <sup>2</sup>	G	G	G/A	G/A	G/A	D/G	G	D	G/A	G	G/A	G	G/A	G	G/A	G
Soft Tissue Curettage	G <sup>2</sup>	G	G	G/A				G	D		G			D/A			
Administer N2O		D	D	D		D		D	D		D		D <sup>3</sup>	D		ID	D
Study Cast Impressions	G	G	G	G/A	D	D	D		D	G/A	G	G	G	G	G	G	G
Place Perio Dressings	G	G	G	G/A		D				G/A	G	G	G	D	D	D	D
Remove Perio Dressings	G	G	G	G/A		D	D		D	G/A	G	G	G	D	D	D	D
Place Sutures																	
Remove Sutures	G	D	G	G/A	D	D	D		D	G/A	G	G	G	D	D	D	G
Dental Hygiene Diagnosis				A													
Treatment Planning	G			A													
Dental Hygiene Assessment																	
Prescriptive Authority				G/A					G								

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