



ADHA 2026 Advocacy in Action Legislative Recap Report

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A Note from the Advocacy Advisory Committee Chair

To ADHA members and the dental hygiene community,

It has been an honor to serve as the Chair of the NEW ADHA Advocacy Advisory Committee this year. This committee was formed as a result of the ADHA Board listening to the needs of state associations and members for more support at the state and national levels. Those of you who are state leaders know that the work you're doing at the state level is directly impacted by the strength of ADHA, the support from our peers in other states, and the resources ADHA can provide.

In our committee's inaugural year, we hit the ground running. ADHA staff implemented regional advocacy meetings this year to update state leaders on legislation around the country and allow space for you to speak up about your state's needs. These meetings were a great opportunity to meet other state leaders and collaborate on solutions. ADHA staff also held a meeting for state lobbyists in the winter to provide updates on OPA legislation and on strategies that have been successful in defeating these initiatives (and those that have not).

The Advocacy Advisory Committee worked with the Oral Health Workforce Research Center (OHWRC) to update the ["Variation in Dental Hygiene Scope of Practice By State"](#) document and graphic. This resource is often used to compare the scope of practice across states, but it had not been updated in quite some time. As legislation is ongoing, we wanted to help ensure the research team had the most up-to-date information so this resource could be used to its best advantage. Working on this research was one of our committee's favorite projects as we got to meet many of you and hear about what is happening in your states. It also allowed us to see how much discrepancy there is from state to state and areas of opportunity for future legislative efforts.

In April 2026, our committee had the privilege of representing ADHA in Washington, D.C. It has been almost 20 years since ADHA last held a Capitol Day at the federal level, and it was a timely visit to address some of the changes in healthcare. While in D.C., our committee met with many of our own state legislators, members of the oral health caucus, and staff from the Centers for Medicare and Medicaid Services (CMS). We had three specific asks for our meetings as outlined later in this report. Following our visit, we have had several follow-up meetings to continue our advocacy, specifically around Medicare and Medicaid reimbursement for dental hygienists. We were so grateful to have received financial support for this trip from the Consumer Health Products Association (CHPA) and GoTu.

As we look forward to the upcoming year, we have many projects on the horizon. ADHA plans to complete at least 3 more white papers on pertinent topics to help support legislative and regulatory changes for our profession. We want to ensure that the resources provided by ADHA are up to date and relevant to your work. There are great opportunities ahead for our profession if we can seize the moment. Dental hygienists are poised to advocate for our patients and provide high-quality and equitable care for our communities.

On behalf of the Advocacy Advisory Committee, thank you for your engagement, leadership, and commitment to advancing our profession.

Sincerely,

Alyssa Aberle, MBA, RDH, CDIPC, FADHA
Chair, ADHA Advocacy Advisory Committee

Photos from the 2026 Session



Executive Summary

The 2026 legislative session saw a high volume of dental and oral health related legislation across states, with a primary focus on scope of practice expansion for dental hygienists, interstate licensure compacts, workforce development, and continued opposition to community water fluoridation (CWF) policies. Overall, the landscape was mixed but largely favorable to access-expanding policies, although many priority bills stalled before enactment.

Federal advocacy in 2026 focused on community water fluoridation, Medicaid reimbursement for dental hygienists, and workforce and education policy barriers. ADHA conducted broad bipartisan engagement through congressional meetings and agency outreach, building support for fluoridation and elevating reimbursement as a key access and workforce issue. While CMS engagement advanced the conversation on reimbursement, progress remains limited by state-level implementation, leaving continued opportunity for federal-state alignment and policy development.

This recap report will provide members with a detailed summary of advocacy activity over the 2026 legislative session across the 50 states and federal government.

Advocacy In Action: By the Numbers

Advocacy in Action: 2026 Mid-Year Impact Report



8,584

Total Advocacy Actions

This represents the total volume of individual engagements, including letters, phone calls, and digital outreach performed by advocates.



76

Total Bills Tracked

The initiative provided comprehensive monitoring of legislative movements across the country that directly impact the organization's mission.



64

Campaigns & Petitions

A diverse range of outreach initiatives were launched to address specific legislative threats or capitalize on emerging opportunities.

Top Performing Campaigns



VA Campaign
SB 178 & SB 282

1,574
Actions

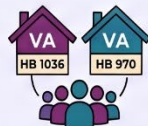
This was the most active legislative push of the year, focusing specifically on Virginia's Senate Bills.



Indiana: OPA on
the Horizon!

1,458
Actions

A high-impact petition focused on upcoming Oral Health Practitioner/Assistant (OPA) legislation in Indiana.



VA Campaign
HB 1036 & HB 970

917
Actions

A significant mobilization effort regarding Virginia House Bills.



ADHA: OPA
Legislation Lookout

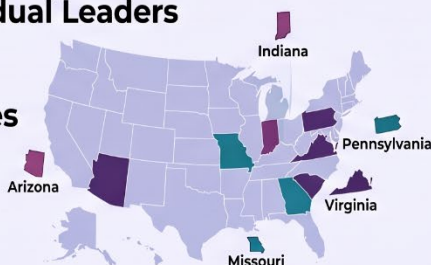
674
Actions

A focused campaign designed to keep advocates alert regarding national or regional OPA legislative shifts.

Regional & Individual Leaders

Most Active States

These states were geographic hotspots for advocacy and submissions.



Top Advocates

Top Advocate: Kate M Kline (VA) ★ 9 Submissions
(Led the charge to legislative bodies)

Top Advocate: Karrie Aitch (SC) ★ 8 Submissions (Top-tier contributor)

Honorable Mention: Catherine Berard (VA) 7 Submissions

Honorable Mention: Leila Ebrahimshah (GA) 7 Submissions

Honorable Mention: Sarah Linthicum (VA) 7 Submissions

VoterVoice Summary

From January through June 2026, the advocacy program saw strong growth and engagement, with 76 bills tracked and 64 campaigns and petitions driving a total of 8,584 actions. Compared to the previous period (July 9 – December 31, 2025), activity increased significantly—new contacts and advocates grew more than six times, and total actions were up nearly sevenfold. Engagement quality also improved, with the broadcast action rate rising to 4.5%, and top calls-to-action reaching as high as 13%. Much of this activity was driven by a handful of high-priority campaigns, especially in Virginia and Indiana, which together accounted for over a third of all actions. At the same time, participation remained broad, with a large share of advocates actively engaging, showing continued momentum across the network. All active VoterVoice campaigns can be found in the Advocacy Action Center.

Regional Advocacy Meetings

The Advocacy division also held four regional advocacy meetings between February and May, covering the Pacific/Western, Midwestern, Southern, and Northeastern regions. These bi-quarterly meetings are intended to connect state advocacy leaders with ADHA staff to share information and updates on current advocacy efforts.

During the first and second quarter, regional advocacy meetings focused on keeping state leaders informed, aligned, and equipped with tools to advance their advocacy efforts. ADHA emphasized that leaders have access to their state's bill tracking sheet through BillTrack50, improving visibility and easing navigation of policy activity. Updates were shared on emerging state policy issues, including Arizona's consideration of HB 2326, a new Oral Preventive Assistant (OPA) bill, as well as opportunities for states to engage in federal advocacy by submitting comment letters to the Department of Education.

The group also reviewed available advocacy resources, encouraging leaders to utilize materials housed in the Volunteer Resource Center and to begin incorporating the Dental and Dental Hygienist Compact (DDH Compact) and model autonomy legislation into their state legislative agendas. In addition, ADHA provided a recap of its recent Hill Day activities and meetings with Centers for Medicare and Medicaid Services (CMS) and the Federal Trade Commission (FTC), upcoming advocacy event plans for conference and updates to the advocacy section of the website.

State leaders have received invitations for the final round of biquarterly advocacy meetings for 2026. Please contact advocacy@adha.net for more information.

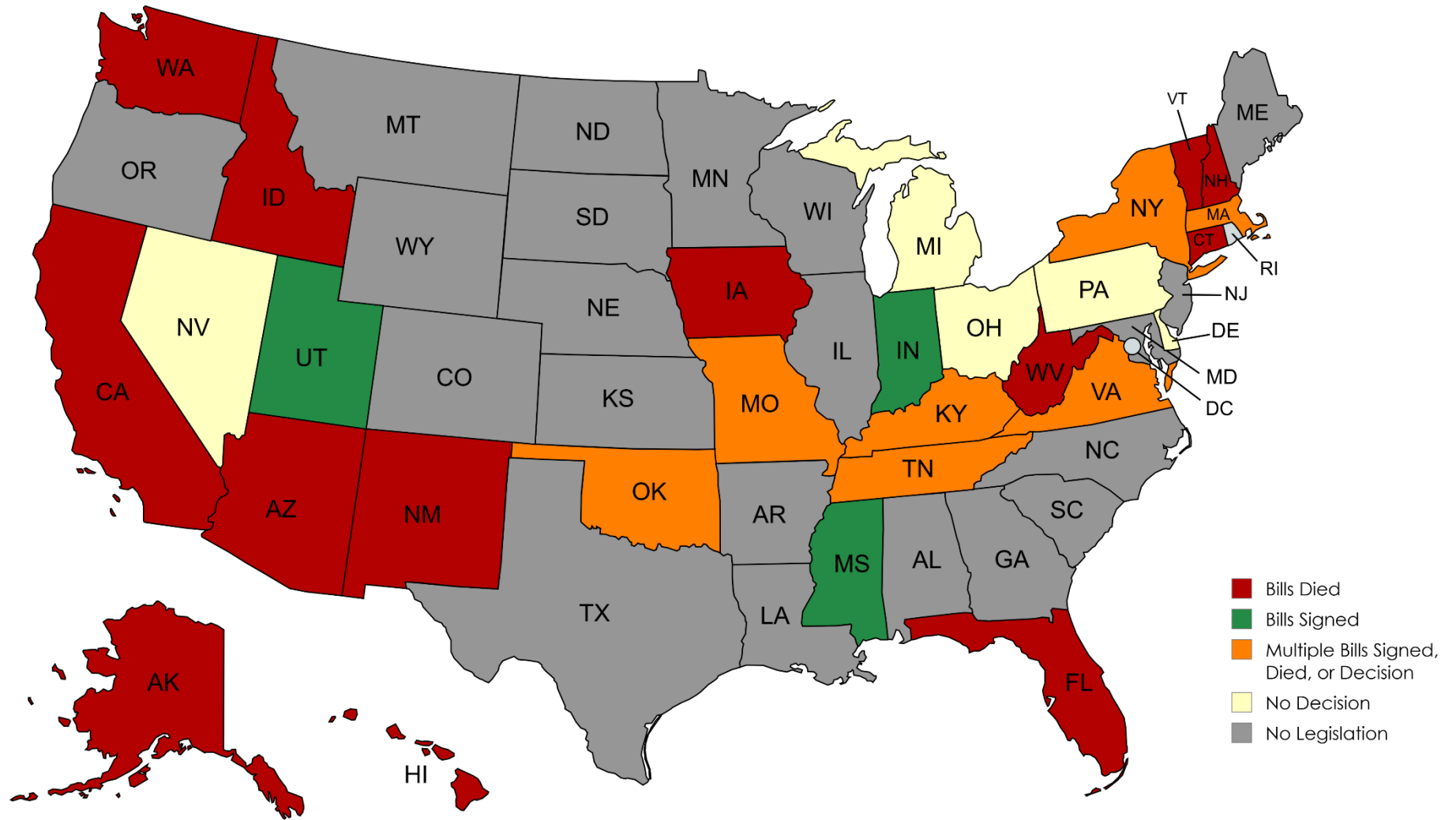
Policy Highlights

Virginia Oral Preventive Assistant Policy	• Virginia's OPA and Foreign Trained dentist policy advanced at remarkable speed and intensity. SB 178 and HB 970, legislation backed by the Virginia Dental Association (VDA), authorizes dental assistants with a minimum of 1,800 hours of clinical experience to perform supragingival scaling (above the gumline using hand or ultrasonic scalers) and coronal polishing. To qualify, assistants must earn a certification and complete at least 20 supervised supragingival scaling procedures with patient consent and confirmation from a licensed dentist. Under this law, these services can be delivered under indirect supervision, representing a significant expansion of duties traditionally reserved for licensed dental hygienists. Additionally, HB 970 and SB 282 supported by the VDA allows the Virginia Board of Dentistry to grant dental hygiene licenses to individuals eligible to practice dentistry in a foreign country, provided they graduate from a dental school the Board deems acceptable. • In efforts against this policy, the Virginia Dental Hygienists' Association (VDHA) conducted a comprehensive and highly visible advocacy campaign. Partnered with ADHA, VDHA shared several VoterVoice campaigns, provided legislative testimony, sustained repeated engagement with state leadership, media outreach, and coordinated public-facing communications. VDHA consistently warned the legislature and the public that OPA legislation would allow individuals with non-equivalent training and no license, permission to provide hygiene services; a complete disregard for patient safety, quality of care, and professional standards. Despite this sustained and strategic opposition, SB 178 and HB 282 were ultimately signed into law. • At the national level, ADHA has taken a firm and unequivocal stance against OPA policies. The association has repeatedly emphasized that these models introduce unnecessary risks to the public while undermining the rigor and integrity of the dental hygiene profession. Rather than offering a meaningful solution to workforce shortages or access-to-care challenges, OPAs represent a shortsighted and substandard workaround that compromises care quality instead of strengthening the oral health delivery system.
Utah Scope Expansion	• On March 18, 2026, Utah enacted HB 414, which expands the definition of a public health setting to include hospitals. This change allows registered dental hygienists to provide care in hospital settings without dentist supervision, consistent with other designated public health settings. The legislation is intended to increase opportunities for the delivery of oral health services within hospitals and support greater integration of oral health and overall health care. • The Utah Dental Hygienists' Association (UDHA) actively supported and advocated for HB 414, viewing the addition of hospitals as an important incremental step toward advancing medical-dental integration and improving

	opportunities for patients to receive oral health services in healthcare settings. UDHA worked with lawmakers throughout the legislative process and welcomed the state's recognition of the role dental hygienists can play in hospital-based care.
OPA Action in Missouri	• On the regulatory side, Missouri's dental policy landscape is currently centered on three separate rulemaking efforts before the Missouri Dental Board. First, the Board approved a proposed rule allowing dental hygienists with additional training to perform certain expanded functions under general supervision. According to the Missouri Dental Hygienists' Association (MDHA), the proposal received only supportive testimony during the public comment process and has been published in the Missouri Register. • Second, the Board unanimously approved a proposed expansion of the state's definition of public health settings, where qualified dental hygienists may provide preventive services to Medicaid-eligible children without dentist supervision. In addition to existing settings, the proposal would add public and private elementary and secondary schools, Missouri Special Olympics, the Missouri Office of State Courts Administrator, and certain community-based and nonprofit health settings. The rule is expected to move through Missouri's formal rulemaking process during 2026. • The third, and most contentious, issue involves the Missouri Dental Association's (MDA) effort to make its OPA pilot project permanent through creation of a new Periodontal Expanded Function Dental Assistant (Periodontal EFDA). Under the proposed rule, a Periodontal EFDA who completes a board-approved training program and obtains a permit could perform supragingival scaling and comprehensive periodontal charting under direct dentist supervision. The proposal would not be limited to Medicaid populations or rural settings. The Missouri Dental Board voted 4-3 to advance the rule, beginning the state's formal administrative rulemaking process. • The MDHA strongly opposes the proposal, arguing that scaling and comprehensive periodontal charting are functions reserved under Missouri law for licensed dental hygienists and dentists. MDHA has retained administrative law counsel and maintains that creating the Periodontal EFDA through rulemaking exceeds the Board's statutory authority and should instead require legislative action. MDHA has also raised concerns about patient safety, education and training standards, scope of practice, and the fact that the proposed rule requires only completion of a "board-approved" course without specifying educational requirements in regulation. While the rule has advanced, it must still undergo public comment and administrative review before it can take effect, and MDHA engaging in legal and advocacy efforts throughout the process.

Mississippi passage of AADB policy	• With clearly defined objectives, the American Association of Dental Boards (AADB) Interstate Dental & Dental Hygiene Licensure Compact (AADB Compact) successfully passed through the legislature. Per the Mississippi Dental Hygienists' Association (MDHA), the Mississippi State Board of Dental Examiners supported the policy throughout the legislative process, while MDHA's advocacy efforts during this time were focused on other key priorities. These included advancing general supervision for dental hygienists and remaining actively engaged in ongoing regulatory matters related to previously enacted legislation (HB 1062). • In addition, MDHA has been closely involved in addressing issues surrounding a dental hygiene licensure application submitted under the Universal Recognition of Occupational Licenses Act (UROLA) by a graduate of Alabama's ADHP program. Because the outcome of this matter could have implications beyond Mississippi and potentially impact licensure standards nationally, it has been a significant focus of the association's advocacy efforts this year. • At this time, efforts remain focused on issues directly impacting Mississippi dental hygienists, patient access to care, and the integrity of dental hygiene licensure standards within the state. Members can advocate against the AADB compact utilizing the AADB Package within the Volunteer Resource Center.
H.Res 1087	• After months of rhetoric from certain health officials within the Administration, and with states like Utah and Florida moving to ban community water fluoridation, effectively contributing to the expansion of dental deserts, ADHA was proud to partner with Florida Representative Lois Frankel on a House resolution affirming the importance and scientific validity of CWF. • ADHA's advocacy is grounded in consistency, evidence, and strategic positioning. After engaging with Rep. Frankel's office by introducing ADHA's mission and providing a robust body of evidence-based research on the safety and effectiveness of fluoridation, the office agreed to introduce a resolution. The effort quickly garnered strong support, earning co-sponsorship from the entire Florida Democratic delegation and signaling widespread concern for maintaining access to proven, preventive public health measures. As H.Res. 1087 continues to move through the House Energy and Commerce Committee, ADHA is actively engaging with members of Congress to build momentum and advance the resolution. • Although CWF has only recently come under heightened scrutiny, it remains one of the most extensively studied and successful public health interventions in modern history. For nearly a century, fluoridation has been consistently shown to reduce dental caries and improve oral health outcomes across populations. ADHA will continue to champion CWF as a safe, effective, nonpartisan, and evidence-based solution to improving access to care and addressing the growing challenge of dental deserts.

Legislative Tracking 2026



Congressional Meetings

Across multiple congressional and agency meetings in early 2026, ADHA advocated for three primary policy priorities: community water fluoridation, Medicaid reimbursement for dental hygienists, and workforce/education policies affecting the profession.

- **Community Water Fluoridation (CWF):** ADHA consistently promoted fluoridation as a safe, effective, and cost-efficient public health measure that reduces tooth decay, particularly in underserved communities. While many offices were supportive, some expressed concerns about federal overreach or implementation challenges. ADHA is advancing House Resolution 1087 to show congressional support and counter misinformation.
- **Medicaid Reimbursement for Dental Hygienists:** A central issue across meetings was the limited and inconsistent ability for hygienists to receive direct Medicaid reimbursement. ADHA highlighted that only a small number of states (19) fully allow reimbursement despite existing CMS guidance. The association urged for updated, stronger CMS guidance and legislative support to expand reimbursement pathways, improve preventive care access, and address workforce shortages, especially in rural and underserved areas.
 - In April and June, ADHA met with CMS to advocate for updated federal guidance supporting direct Medicaid reimbursement for dental hygienists. When CMS first issued guidance in 2014, only 14 states allowed some form of reimbursement; more than a decade later, only five additional states have adopted it. ADHA urged CMS to modernize and clarify its guidance, shifting from optional, permissive language to more strongly encouraged recommendations, while emphasizing that no new mandates or state funding would be required.
 - CMS acknowledged existing 2014 policy allowing states to permit hygienists to enroll and bill Medicaid but emphasized that reimbursement decisions remain state-driven. While receptive to ADHA's concerns, CMS indicated that new guidance is unlikely in the near term. CMS encouraged continued state-level advocacy and invited ADHA to submit draft CMS-style language for potential future guidance. The meetings were collaborative, with both parties agreeing to ongoing engagement.
- **Workforce and Education Policy:** ADHA raised concerns about federal policies affecting the dental hygiene workforce, including the Department of Education's definition of "professional degrees," which may exclude dental hygiene master's programs and limit student loan access. This was framed as a barrier to career advancement and workforce development. Finally, although largely a state issue, ADHA consistently informed congressional offices about concerns that unlicensed individuals are being positioned to serve in roles intended for licensed hygienists to address workforce shortages.

Including the AAC's Day on the Hill, ADHA has met with several offices in support of our CMS activity and CWF policy.

- Grant Thomas (CMS)
- Rep. Paul Gosar (R-AZ-09)
- Rep. Sarah McBride (D-DE)
- Rep. Lois Frankel (D-FL-22)
- Rep. Mariannette Miller-Meeks (R-IA-01)
- Rep. Mike Simpson (R-ID-02)
- Sen. Ed Markey (D-MA)
- Sen. Elizabeth Warren (D-MA)
- Sen. Angela Alsobrooks (D-MD)
- Rep. Mark Amodei (R-NV-02)
- Rep. Suzanne Bonamici (D-OR-01)
- Rep. John Joyce (R-PA-13)
- Rep. Brian Babin (R-TX-36)
- Rep. Joaquin Castro (D-TX-20)
- Sen. John Cornyn (R-TX)
- Sen. John Curtis (R-UT)
- Sen. Mike Lee (R-UT)
- Sen. Tim Kaine (D-VA)
- Sen. Mark Warner (D-VA)
- Sen. Jim Justice (R-WV)
- Rep. Carol Miller (R-WV-01)
- Sen. Shelley Moore Capito (R-WV)

Federal Review

On the federal side, ADHA advanced a coordinated advocacy strategy focused on fluoridation, workforce policy, education access, and coverage.

Within Congress, ADHA met with several members of the Oral Health Caucus and key committees, including the Senate Environment and Public Works Committee, the Senate Health, Education, Labor, and Pensions Committee, the House Ways and Means Committee, and both Appropriations Committees. Building on meetings conducted in 2025, ADHA continued to strengthen federal relationships by offering formal policy endorsement (H.R. 1219), expanding the AAC's role, and advancing ADHA's legislative goals.

In collaboration with its federal lobbyists, ADHA worked to position dental hygienists within the oral health policy conversation as essential stakeholders and trusted resources on issues related to oral health care access, workforce, and investment.

Key federal highlights from the year included the introduction of H.Res. 1087, a House resolution affirming the evidence and importance of community water fluoridation. Additionally, within the executive branch, ADHA engaged frequently with CMS on Medicaid reimbursement policy updates, as well as with the FTC regarding potential legal support for state-level advocacy efforts.

ADHA looks forward to advancing policies that support direct Medicaid reimbursement and continued FTC engagement. Supporting materials can be found in the *Using Your Voice* section of the Volunteer Resource Center.

On regulatory policy, ADHA actively engaged with CMS, the Department of Education, and the Environmental Protection Agency (EPA).

On February 10, 2026, ADHA submitted comments to the Department of Education regarding the Department's proposed rule to change federal graduate loan limits, warning that the \$20,500 annual cap would make master's-level dental hygiene education unaffordable and worsen the national shortage of dental hygiene educators. Because most faculty roles require a master's degree, reduced

access to adequate financing would limit program capacity and the future workforce, creating a barrier to entry at a time when millions of Americans already lack adequate dental care.

ADHA also emphasized the importance of advanced education in supporting public health, research, and high-quality care, and argued that master's-level dental hygiene programs should qualify as "professional degrees." The association recommended reconsidering the loan caps and expanding access to federal aid to strengthen the pipeline of educators and meet growing oral health needs.

On February 27, ADHA submitted comments to the EPA on its *Review of Science on Fluoride in Drinking Water: Preliminary Assessment Plan and Literature Survey*, which will inform a new Fluoride Human Health Toxicity Assessment. The EPA has accelerated this review originally scheduled in 2030, to reassess safe fluoride exposure levels, particularly for children, under the Safe Drinking Water Act (SDWA), which sets the current limit at 4.0 mg/L.

The assessment intends to use a systematic review approach focused on potential risks to children, including neurodevelopmental effects and dental fluorosis. Because the SDWA does not allow EPA to consider preventive benefits, fluoride's role in cavity prevention or oral health access would not be considered. The EPA identified over 260,000 studies and used AI to narrow it to 500 for analysis, with further opportunities for public comment as the process continues.

Due to the statutory limits regarding preventive benefits of fluoride, ADHA could not address community water fluoridation or fluoride's role in caries prevention, but instead raised methodological concerns. ADHA noted unclear literature search parameters and the exclusion of relevant 2025 studies, urging EPA to update its review to include recent research and to provide greater transparency, consistent with Executive Order 14303 on Gold Standard Science.

On March 6, 2026, ADHA submitted comments to CMS regarding the proposed rule updating Affordable Care Act (ACA) Marketplace requirements, particularly proposed changes to Essential Health Benefits (EHB) and Essential Community Provider (ECP) participation standards. In its letter, ADHA highlighted that the proposed rule would prohibit Marketplace issuers from including routine non-pediatric dental services as an EHB. This action would reverse a policy finalized in April 2024 that allowed states to include routine adult dental services as an EHB under the ACA.

In a press release issued Monday, February 9, CMS stated that reversing this policy would better align with statutory requirements governing EHBs, which specify that the scope of benefits should be comparable to those offered under a typical employer-sponsored plan. However, evidence suggests that routine dental coverage is, in fact, a common employer benefit. ADHA cited data from Delta Dental indicating that approximately 90 percent of employers with 500 or more employees offer dental benefits. Additionally, 78 percent of employees rate dental coverage as an important benefit and encourage employers to offer it to remain competitive in attracting and retaining workers.

ADHA also raised concerns about the proposed reduction of the ECP participation threshold from 35 percent to 20 percent. Because ECPs include Federally Qualified Health Centers (FQHCs) which collectively employ nearly 20,000 oral health professionals nationwide, this reduction could result in fewer safety-net providers being included in plan networks. Such a change could significantly worsen access to care, particularly in dental deserts and underserved communities.

Lessons Learned

One of the clearest takeaways from the 2026 legislative session is that advocacy participation truly matters, and when members engage, it makes a measurable impact. The significant increase in advocacy actions this cycle shows that when dental hygienists speak up, their voices are heard by legislators. At the same time, the outcomes of several high-priority bills, particularly in states like Virginia, highlight that there is still a critical need for more consistent, widespread involvement across the profession.

Another key lesson is the importance of equipping members with the right tools and resources to engage confidently and effectively. ADHA continues to expand materials in the Volunteer Resource Center to help advocates better understand policy issues, communicate with legislators, and take action at the right moments. These resources are essential to easing and opening participation and ensuring members feel prepared to get involved.

We also saw that timely, targeted campaigns drive the strongest engagement, especially when tied to active legislation. Tools like VoterVoice make it easy for members to quickly connect with their legislators, and continued use of the platform will be critical to maintaining and growing advocacy momentum. Similarly, BillTrack50 remains an important tool for staying informed, allowing members to monitor legislation and engage earlier in the process. Lastly, the bi-monthly *Advocacy in Action* newsletter and bi-quarterly Regional Advocacy meetings serve as regular communication channels for the Advocacy division to engage with states, stay on top of emerging issues, share resources, and determine policy action.

Overall, the biggest lesson is that advocacy cannot be passive. Protecting and advancing the dental hygiene profession requires ongoing awareness, quick action, and broad participation. With the right tools in place and continued member engagement, ADHA is well-positioned to build on this year's momentum and strengthen its impact moving forward.

Looking Ahead to 2027

ADHA looks forward to continuing its work to support states in the 2027 legislative session, particularly as policy activity around AADB initiatives and OPA models is expected to expand, including anticipated efforts in states like Nevada. At the same time, we are approaching a key milestone for the profession, with dental hygienists getting closer to fully utilizing the DDH Compact and the new opportunities for mobility it will provide.

Building on this year's momentum, ADHA will continue to develop and share resources to better equip members in their advocacy efforts, helping them engage more effectively in state and federal policy conversations. By strengthening member engagement, expanding access to tools like VoterVoice and BillTrack50, and continuing to support state partners, ADHA is well positioned to advance legislative priorities and protect the future of the profession in the year ahead.

This report was prepared by the American Dental Hygienists' Association's Advocacy Advisory Committee and reflects the committee's research, analysis, and perspectives on legislative and regulatory activity affecting the dental hygiene profession during the 2026 legislative session. Questions, comments, or requests for additional information may be directed to advocacy@adha.net.

State Tracking

State	Bill Number	Bill Summary	ADHA Oppose/Support	Status
Alaska	HB 225	Anti Community Water Fluoridation Bill	 Oppose	 Dead
Arizona	HB 2326	Oral Preventive Assistant Bill	 Oppose	 Dead
	SB 1019	Anti Community Water Fluoridation Bill	 Oppose	 Dead
	SB 1310	Dentist and Dental Hygienist Compact Bill	 Support	 Dead
California	AB 1952	Permits non-CODA dentists to get a hygienist license	 Oppose	 Dead
Connecticut	HB 5303	Allows Hygienists to Practice within Private Residences	 Support	 Dead
	HB 5140	Allows Hygienists to Practice within Private Residences	 Support	 Dead
Delaware	SB 283	Updates the scope of practice for dental hygienists by increasing access to preventive dental services without requiring a prior examination by a dentist. Adds definitions for dental hygiene assessment and other services. Specifies that dental hygienists may develop treatment plans within the scope established by the Board. Allows dental hygienists to directly supervise dental assistants.	 Support	 Dead
Florida	H0693	Large Health Bill – allows a hygienist under general supervision to prescribe, administer and dispense fluoride. Requires the board to establish education and training requirements. Allows for dental hygiene diagnosis/treatment planning for hygiene services	 Support	 Dead
	H0363	Dental Therapy Bill	 Support	 Dead
Hawaii	SB 2854/ HB 1671	Allows hygienists to place interim therapeutic restorations in public health settings under general.	 Support	 Dead

State	Bill Number	Bill Summary	ADHA Oppose/Support	Status
Idaho	H 805	Expands the scope of practice for dental hygienists. Changes the definition of dental hygiene practice to include services within a dental hygienist's education, training, and experience. Authorizes dental hygiene assessment, diagnosis, treatment planning, and implementation. Allows certain medication authority, establishes referral requirements for independent dental hygienists, and removes statutory language requiring dentist supervision for all dental hygiene services.	 Support	 Dead
Indiana	HB 1254	Foreign Trained Dentist Bill	 Oppose	 Passed
Iowa	HF 2395	Anti Community Water Fluoridation Bill	 Oppose	 Dead
Kentucky	HB 103	Anti Community Water Fluoridation Bill	 Oppose	 Dead
	HB 776	Kentucky Dental Practice Act Amendments – Removes a provision from current law prohibiting Dental Assistants from "the practice of dental hygiene or the performance of the duties of a licensed dental hygienist that require the use of any instrumentation which may elicit the removal of calcareous deposits or accretions on the crowns and roots of teeth."	 Oppose	 Passed
Massachusetts	S 1494	Dentist and Dental Hygienist Compact Bill	 Support	 Pending
	H 2563	Dentist and Dental Hygienist Compact Bill	 Support	 Pending
	S 257	American Association of Dental Boards Compact	 Oppose	 Pending
	H 455	American Association of Dental Boards Compact	 Oppose	 Pending
	S 778	Allows Public Health Dental Hygienists to be reimbursed by Medicaid.	 Support	 Pending
	H 5037	Allows Public Health Dental Hygienists to be reimbursed by Medicaid.	 Support	 Pending
	S 2822	Botox Bill	 Support	 Pending
	H 444	Botox Bill	 Support	 Pending
	S 2854	Dental Therapy Bill	 Support	 Pending
	H 4869	Dental Therapy Bill	 Support	 Pending

State	Bill Number	Bill Summary	ADHA Oppose/Support	Status
Massachusetts	H 2426	Nitrous Oxide Regulation Bill	 Support	 Pending
	S 1587	Nitrous Oxide Regulation Bill	 Support	 Pending
	S 3116	Large health reimbursement bill. Requires dental service corporations to pay Federally Qualified Health Centers (FQHCs) at least the equivalent of what they would receive under the MassHealth payment methodology for covered services.	 Support	 Pending
	S 2790	Order relative to authorizing the joint committee on Public Health, to make an investigation and study of certain current Senate documents relative to public health matters. Dentist and Dental Hygienist Compact Bill.	 Support	 Pending
	S 2931	Order relative to authorizing the joint committee on Health Care Financing to make an investigation and study of certain current Senate documents relative to health care financing matters. Medicaid Reimbursement for Public Health Hygienists.	 Support	 Pending
	H 4553	Requires health insurers, MassHealth, and state employee health plans to cover medically necessary dental services associated with the treatment of head and neck cancer, including preventive care, periodontal treatment, fluoride therapy, oral rehabilitation, prostheses, implants, and patient education.	 Support	 Pending
Michigan	HB 4935	Dentist and Dental Hygienist Compact	 Support	 Pending
Mississippi	SB 2543	American Association of Dental Boards Bill	 Oppose	 Passed
Missouri	SB 1548	Anti Community Water Fluoridation Bill	 Oppose	 Dead
	SB 988/ HB 1847	Dentist and Dental Hygienist Compact Bill	 Support	 Dead
	SB 1533	American Association of Dental Boards Bill	 Oppose	 Dead
	SB 1233	Alters Licensure System in Missouri, recognizes dental hygienists as a provider of dental services.	 Support	 Passed

State	Bill Number	Bill Summary	ADHA Oppose/Support	Status
Nevada	NV – BOD	Legislature out for two years; Nevada Board of Dentistry considering scaling dental assistant regulations and authorized care regulations for dental hygienists.	 Oppose	 Pending
New Hampshire	SB 187	Dentist and Dental Hygienist Compact	 Support	 Dead
New Mexico	HB 14/ HB 44	Dentist and Dental Hygienist Compact Bill	 Support	 Dead
	HB 258	Bill to allow for dental hygiene diagnosis, and allows public health hygienists to practice without supervision in certain settings.	 Support	 Dead
North Carolina	H 60	Increases Medicaid Reimbursement rates for dental hygienists.	 Support	 Pending
New York	A 09477	Expands settings where dental hygienists can perform certain services under a collaborative agreement with a licensed dentist, authorizing hygienists to practice at voluntary foster care agency health facilities.	 Support	 Passed
	A 00098	Creates a new Dental Hygiene Block Anesthesia Certificate, which dental hygienists must obtain, in addition to their existing local infiltration anesthesia/nitrous oxide certification, to administer and monitor block anesthesia.	 Support	 Dead
Ohio	H 1033	Expands State Dental Board to three Registered Dental Hygienists with voting rights.	 Support	 Pending
	HB 272	States if a water system naturally has less than 0.8mg/L of fluoride, may add fluoride.	 Oppose	 Pending
Oklahoma	SB 540	Dentist and Dental Hygienist Compact	 Support	 Passed
	HB 1366	American Association of Dental Boards Compact	 Oppose	 Dead
	HB 3934	Establishes three levels of extended care permits for dental hygienists	 Support	 Passed
	SB 1831	Mandates dental hygienist only take the ADEX exam and allows foreign trained dentist to get dental hygiene licensure	 Oppose	 Dead

State	Bill Number	Bill Summary	ADHA Oppose/Support	Status
Pennsylvania	HB 1127	Dentist and Dental Hygienist Compact Bill	 Support	 Pending
	SB 81	Dentist and Dental Hygienist Compact Bill	 Support	 Pending
Rhode Island	H 7838	Foreign Trained Dentist Bill	 Support	 Dead
	H 7837	Clarifies the authority of public health dental hygienists to provide dental hygiene services in community settings without direct dentist supervision. Allows direct Medicaid reimbursement and permits reimbursement from private insurers and other third-party payors.	 Support	 Passed
	S 2862	Foreign Trained Dentist Bill	 Oppose	 Dead
Tennessee	HB 2471	Anti Community Water Fluoridation Bill	 Oppose	 Dead
	SB 162	Anti Community Water Fluoridation Bill	 Oppose	 Dead
	SB 2304	Anti Community Water Fluoridation Bill	 Oppose	 Dead
	SB 1500	Extends operational authority of the BOD to 2031	 Oppose	 Dead
	SB 1142	Anti Community Water Fluoridation Bill – states each utility system must obtain a certificate of analysis for any water it sells that contains fluoride and post both the certificate of analysis and the fluoride material safety data sheet on its website, or on the Board of Utility Regulation’s website if the utility does not have one.	 Oppose	 Dead
	HB 1559	Extends operational authority of the BOD to 2031	 Oppose	 Passed
	HB 898/ SB 1142	Anti Community Water Fluoridation Bill – states each utility system must obtain a certificate of analysis for any water it sells that contains fluoride and post both the certificate of analysis and the fluoride material safety data sheet on its website, or on the Board of Utility Regulation’s website if the utility does not have one.	 Oppose	 Dead
	HB 2396	Anti Community Water Fluoridation Bill	 Oppose	 Dead

State	Bill Number	Bill Summary	ADHA Oppose/Support	Status
Utah	HB 414	Adds Hospital to the list of locations considered a Public Health Setting where dental hygienists may practice	 Support	 Passed
Virginia	SB 178/ HB 970	Oral Preventive Assistant Bill	 Oppose	 Passed
	SB 282/ HB 1036	Foreign Trained Dentist Bill	 Oppose	 Passed
	HB 537	Anti Community Water Fluoridation Bill	 Oppose	 Dead
Vermont	H 675	Anti Community Water Fluoridation Bill	 Oppose	 Dead
Washington	HB 1680	Oral Preventive Assistant Bill	 Oppose	 Dead
	SB 6146	Oral Preventive Assistant Bill	 Oppose	 Dead
West Virginia	HB 4669	Anti Community Water Fluoridation Bill	 Oppose	 Dead