

Dental Hygiene Practice Act Overview: Permitted Functions and Supervision Levels by State – 8.24.26 Update

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	ID	G/A	A	G	G	G	G/A	D	D/G	G	G	D/C P	G	G/A
X-Rays	D	G/A/ CP	G	ID	G/A	A	G	G	G	G	D	D/G	G	G	D/C P	G	G
Local Anesthesia	-	G/A/ CP	D/G	P	D	G	ID	D/P	D	D	D	D	-	D	D	D	D
Topical Anesthesia	D	G/A/ CP	G/A	ID/CP	G/A	A	G/A	G	G	G	D	D/G	G	G	D/C P	G	G/A
Fluoride	D	G/A/ CP	G/A	G/A/ CP	G/A	A	G/A	G	G	A	D	D/G	G	G	D/C P	G/A	G
Pit/Fissure Sealants	D	G/A/ CP	G/A	ID	G/A	A	G	G	G	G/A	D	D/G	G	G	D/C P	G	G
Scaling and Root Planing	D	G/A/ CP	G	ID	G/A	A	G	G	G	G	D	D/G	G	G	D/G/ A	G	G
Soft Tissue Curettage	D	G/A/ CP	G	ID	D	A	G	G	G	D	D	D/G	-	G	D	D	G
Administer N2O	D	D/ID	D	ID	D	D	-	-	D	-	-	-	G	-	-	D	D
Study Cast Impressions	D	G	G	G	G/A	A	ID	G	G	G	D	D/G	G	G	D	G	G
Place Perio Dressings	D	G	G	ID	G/A	G	G/A	G	G	G	D	D/G	G	G	D/C P	G	G
Remove Perio Dressings	D	G	D	ID	G/A	G	G/A	G	G	G	D	D/G	G	G	D/C P	G	G
Place Sutures	-	-	D	ID	-	-	-	-	-	-	-	-	-	-	-	-	-
Remove Sutures	D	G	D	ID	G/A	G	-	G	D	G	-	D/G	-	-	-	-	-
Dental Hygiene Diagnosis	-	-	G	-	G	A	-	-	-	-	-	-	-	-	D/A	-	-
Treatment Planning	-	D	G	-	G	A	G	G	G	-	-	-	-	-	D/A	CP	-
Dental Hygiene Assessment	-	G/A/ CP	G	D	G	A	G	G	G	G	D	G	G	G	D/A	G/A	-
Prescriptive Authority	-	-	-	-	-	A	-	-	G	-	-	-	-	-	-	-	-
Botox	-	-	G	-	-	-	-	-	-	-	-	-	-	-	-	-	D
Lasers	D	G	D/G	-	ID	D	-	-	-	-	D	-	-	-	D	-	-
Vaccines	-	-	-	-	-	-	-	-	D	-	-	-	-	-	-	-	-
Dermal Fillers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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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Function	KY	LA	ME	MD	MA	MI	MN	MS	MO	MT	NE	NV	NH	NJ	NM	NY	NC
Oral Prophylaxis	G	D/G	A	G	G	A	ID	G/A	G/A	G/A	G	G/A	G	G	G/A	G	D
X-Rays	G	D/G	A	G	G	A	ID	G/A	G/A	G/A	G	G/A	G/C P	G	G/A	G	D
Local Anesthesia	D	D	G	D	D	D	D	D	G/ID /D	G	ID	ID/ D	D	D	ID/G	P	D
Topical Anesthesia	G	D/G	A	G	G	A	G/C P	D	G/A	G/A	G	G/A	G	G	ID/G	G	D
Fluoride	G	D/G	A	G	G	A	G	G/A	G/A	G/A	G	G/A	G/C P	G	G/A	G	D
Pit/Fissure Sealants	G	D/G	A	G	G	A	G	G/D	G/A	G/A	G	G/A	G	G	G	G	D
Scaling and Root Planing	G	D	A	G	G	A	G	D	G/A	G/A	G	G/A	G	D/G	G	G	D
Soft Tissue Curettage	D	-	A	G	G/C P	D	G	G	G/A	G/A	G	G/A	G	G	G	G	-
Administer N2O	D	D	D	D	D	D	-	D	ID	D	ID	ID/ D	D	-	-	P	-
Study Cast Impressions	G	D	A	G	G	A	ID	G/D	G	G	G	G/A	-	D/G	G	G	D
Place Perio Dressings	G	D	A	G	G	-	ID	-	G	G	G	G/A	D	D	G	G	-
Remove Perio Dressings	G	D	A	G	G	-	ID	D	D	G	G	G/A	G	D	G	G	D
Place Sutures	-	-	-	-	-	-	ID	-	-	-	-	-	-	-	-	-	-
Remove Sutures	G	D	A	G	G	A	ID	D	G	G	G	G/A	G	D	G	G	D
Dental Hygiene Diagnosis	-	-	A	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Treatment Planning	-	-	A	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Hygiene Assessment	-	-	A	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prescriptive Authority	G	-	D	D	-	-	-	-	-	-	-	G	-	-	G	-	-
Botox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lasers	D	-	-	-	-	-	G/C P	-	-	-	-	-	-	-	-	-	-
Vaccines	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dermal Fillers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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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	G	G/A	G/A	G/A	G	G	G	G	G	G	G/A	G	A/CP	G	G/ID
X-Rays	G	G	G	G/A	G/A	G/A	G	G	G	G	D	D	G	D	G	D	D
Local Anesthesia	ID	ID	G	G	D	D	D	G	D	D	G	D	D	G	D	G	D
Topical Anesthesia	G	G/A	G	G/A	G	G/A	G	G	G	G	G	D	G	G	G	G	D
Fluoride	G	G	G	G/A	G	G/A	G	G	G	G	G	G	G/A	G	A/CP	D	G
Pit/Fissure Sealants	G	D	G	G/A	G/A	G/A	G	G	G	G	G	G	G/A	G	G	G	G
Scaling and Root Planing	G	D	G	G/A	G/A	G/A	G	G	D	G	G	G	ID	G	G	G	D
Soft Tissue Curettage	G	D	G	G/A	-	-	G	G	-	G	G	G	ID	G	-	D	-
Administer N2O	ID	D/P	G	ID	-	D	-	G	D	-	P	-	ID	D	-	ID	-
Study Cast Impressions	G	D	G	G/A	D	D	G	G	D	G	G	G	G	G	G	-	G
Place Perio Dressings	G	G	G	G/A	-	D	D	ID	G	G	G	G	G	G	D	D	D
Remove Perio Dressings	G	G	G	G/A	-	D	D	ID	G	G	G	G	G	G	D	D	D
Place Sutures	-	-	-	-	-	-	-	ID	-	-	-	-	-	-	-	-	-
Remove Sutures	G	G	G	G/A	D	D	G	ID	D	G	G	D	G	D	D	D	D
Dental Hygiene Diagnosis	-	-	-	CP/D	-	-	-	-	-	-	-	-	-	-	-	-	-
Treatment Planning	-	-	-	CP	-	-	-	P	-	-	-	-	-	-	-	-	-
Dental Hygiene Assessment	--	-	-	G	-	-	-	ID	-	-	A	-	-	-	-	-	-
Prescriptive Authority	-	-	-	CP	-	-	-	-	G	-	-	-	-	-	-	-	-
Botox	-	-	D	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lasers	-	-	G	-	-	-	-	G	-	D	-	G/D	ID	-	D	-	-
Vaccines	-	-	G	-	-	-	-	-	-	-	-	-	-	-	D	-	-
Dermal Fillers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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