_hello RDH Teammates!
I hope everyone enjoyed the Fall glory while it lasted! Winter reminds us that it is on the way as snow travels further down the mountains. Please drive safe as the roads are getting frosty in the mornings. The Alaska DHA CE Committee has been busy organizing our next CE event and Business meeting which will be held on Saturday, November 11th, 2017 at the Southcentral Foundation’s (SCF’s) Nuka Wellness & Learning Center located at 4085 Tudor Center Drive, Anchorage AK 99508 in the Tribal Drum Room #110. Fairbanks will stream live from 982 N Koyukuk Dr. Murie Bldg: UAF RM #107. See our website at www.alaskadha.org to download the registration form and learn more about our CE Course and speaker. We are very excited and grateful to be able to utilize SCF’s Nuka Wellness & Learning Center again for our November 11th CE, Business meeting, Elections, and Silent Auction. Please consider bringing an item for the silent auction and donations of toiletries, socks, winter hats, gloves, tote bags to fill, and anything else you would like to donate for Royann Royer’s care bags to take to Beans Café. The UAA Dental Hygiene students will be at our CE event; be sure to support them as they move closer to graduation and board exams.

In honor of Dental Hygiene Month, I would like to send out a huge THANK YOU to all the dental hygienists across our state, and beyond, for your hard work and dedication in improving oral health thereby improving overall health and well-being! YOU ARE ALL SO AMAZING! THANK YOU to the dedicated and tireless volunteers who encompass the Alaska DHA, CIDHA, and MSDHA! Your dedication to the profession is inspiring and I am grateful to be a member of this association. THANK YOU to our members! We would not be where we are today, as a profession, without your membership!

Our CE Event will take place on Veterans Day this year! I want to personally thank all Veterans and their families for their dedication and service to our country. I salute you! As a daughter of an Army Veteran, wife of an Air Force Veteran, and an Air Force Veteran myself, I understand the challenges and sacrifices made in protecting our Nation and our freedoms while families adapt to their loved ones being deployed for extended periods of time, moving every couple of years or more, yet manage to maintain stability at home showing fierce strength and support to their Veteran. May you all be blessed for your dedication, service, and sacrifice! Hoo-Rah!

As your President, it is my goal to ignite your passion within our profession, provide a friendly and welcoming environment that embraces new members, fosters interest in volunteering, and is dedicated to lift up and mentor our next generation of leaders! Now is the time to be involved in our professional association! Rise up! Join us and the 185,000+ dental hygienists who have discovered the value of membership and working together towards a common goal; advancing our profession! It is an honor to serve you.

Sincerely,
Lisa Bryant, RDH, BSDH
President, Alaska DHA
Lbryant_rdh@yahoo.com
Alaska Dental Hygienists’ Association
Fall CE/Business Meeting

Saturday, November 11th, 2017
Pre-Registration ends Saturday, October 21st.
Registration will only be accepted at the door after October 21st.

ANCHORAGE: Southcentral Foundation Nuka Wellness & Learning Center, Tribal Drum Room
110, 4085 Tudor Centre Drive, Anchorage, AK 99508
FAIRBANKS: Live Streaming to 982 N Koyukuk Dr., Murie Bldg at UAF RM #107

CE Event Speaker: Betsy Reynolds, RDH, MS

7:30am Registration
8:00am -11:00am Going to Pot: Weeding Out Potential Benefits and Dangers of Marijuana Use
11:00am -1:30pm Lunch/Business Meeting, Elections, & Silent Auction
1:30pm Registration
2:00pm - 5:00pm Up in Smoke: Current Trends in Smoking Habits Affecting Oral and Systemic Health

Betsy Reynolds, RDH, MS Armed with degrees in dental hygiene and oral biology, Betsy presents scientifically based dental and dental hygiene continuing education programs nationally and internationally. Avidly committed to making the dental sciences understandable and relevant, Betsy devotes time and energy to publishing articles and book chapters designed to enlighten and inspire clinicians. Her continuing education presentations include a variety of topics involving the biologic basis for oral and systemic disease prevention, microbiological and immunological aspects of oral disease, implications of stress on oral and systemic health, oral pathological concerns, oral piercing and body modification considerations in care delivery, head and neck anatomy and scientific developments affecting oral health care delivery. Betsy lives in her home state of Idaho where she enjoys hiking, biking, gardening and taking in the breathtaking scenery with loved ones.

Morning Course Title: Going to Pot: Weeding Out Potential Benefits and Dangers of Marijuana Use

Course Synopsis: Legalization of marijuana use in many states has outpaced research into its possible benefits and risks to systemic as well as oral health. While many states grapple with legalizing marijuana use for medicinal and/or recreational use, it has become apparent that the cannabis industry is generating tremendous profits for states permitting its use. As profits grow and access to marijuana products become easier, it is incumbent upon healthcare professionals to be aware of signs and symptoms associated with cannabis use and recommend appropriate treatment strategies to address negative sequela. Because many cannabis users often ‘vape’ cannabinoid oils, a discussion on e-cigarette devices will be included. Come prepared to hear current research developments in a lively forum designed to encourage audience participation.
Afternoon Course Title: Up in Smoke: Current Trends in Smoking Habits Affecting Oral and Systemic Health

Course Synopsis: Americans are using a variety of smoke-producing tobacco and non-tobacco containing devices that are impacting modern day society in profound ways. The popularity of hookah bars, ‘little cigars’, and smokeless tobacco products (especially among young people) has renewed concern among oral healthcare providers that use of ANY tobacco-containing product negatively impacts both oral as well as systemic health. The explosion in the use of electronic cigarettes (‘e-cigs’) has many concerned as well. While e-cigarettes do not contain tobacco, these devices have a mechanism that heats up liquid nicotine, which turns into a vapor that smokers inhale and exhale. Because they contain no tobacco, e-cigarettes are not subject to U.S. tobacco laws—meaning they can currently be purchased without proof of age and raises concerns that e-cigs may be particularly appealing to children and may encourage nicotine addiction among young people. (Course participants will learn about the latest research regarding these ‘smoking trends’ in a relaxed forum designed for interactive learning.)

Alaska DHA would like to thank the following vendors:

[List of vendor logos]

Karol Fink is attending and offering materials about the “Healthy Drinks for Healthy Kids” Project and has been working with the State of Alaska Oral Health Program since Dr. Whistler retired this year. Thank you, Karol! Materials can be found at: http://dhss.alaska.gov/dph/PlayEveryDay/Pages/aboutcampaign.aspx

Contact: Karol Fink, Obesity Prevention and Control Program Manager (907) 269-3457 karol.fink@alaska.gov
Alaska DHA Silent Auction

Please consider bringing an item for the silent auction, money to win auction items, and enough room in your vehicle for one lucky bidder to take home the prized FIRE PIT donated by Paula Ross, AK BODE and ADHA member!

Payment Method: Check: Alaska DHA, Exact Cash, or PayPal

PayPal Payment Instructions:
To pay online with credit card log in to www.paypal.com, select "Send & Request" tab. Choose "Pay for Goods or Services," and enter rdhalaska@gmail.com for the recipient. In "note" section, please type: Silent Auction & your first and last name
A PayPal account is not needed, all major credit cards accepted.

Donations for Bean’s Café Care Bags

Please bring items to donate for Royann Royer’s Bean’s Café Care Bags!

Items needed are tote bags to fill with donated toiletries, socks, gloves, hats, and anything else you think might be needed for this good cause.

Your donations are appreciated and very much needed for those who rely on Bean’s Café for assistance.
Name: Lisa Wells  
Position Interested In: Treasurer

Hi there! My name is Lisa Wells, and I am the current treasurer for the Alaska Dental Hygienists’ Association. I have been on the executive board as treasurer since the end of 2005. Thank you for allowing me to serve this community.

Over the last decade I have moved our accounting system from paper to Quicken software with Excel-compatible spreadsheets and set up autopay features for our recurring monthly expenses. I registered our organization as a non-profit entity with the State of Alaska and filed the required biennial reports, as well as reinstated our 501(c)6 non-profit status with the IRS, and filed our annual tax returns. I have helped our components (Midnight Sun DHA and CIDHA) become recognized non-profit organizations with the IRS and incorporated entities with the State of Alaska. I prepared our annual budget each year first for executive board members to approve, and then secondly for the general membership to approve. I believe in transparency, and that our members should be involved in the financial process of their organization.

Math is fun! I’ve been known to derive the quadratic formula just to pass the time. If you would like me to continue being your treasurer, vote for me.
Dear AK DHA Member

I have served as your state delegate to the ADHA annual session the last 6 years and would love to continue as state delegate for the state of Alaska for another term.

I was born as raised here in Anchorage Alaska. I have 2 small girls ages 3 and 1. I enjoy the outdoors and reading. I love my job as a hygienist. I think making a difference in people’s lives by helping them improve their oral health is awesome. I have learned a lot about ADHA and our profession these last 6 years and hope to continue to serve as Alaska Delegate.

Sincerely,

Minna Allen

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EDUCATION

2008-2010  University of Anchorage Alaska
Anchorage, Alaska
A.A.S of Dental Hygiene

2001-2008  Brigham Young University Provo, Utah
BS Exercise Science
Minor: Family Life
Hello! My name is Tianalyn (Tiana) Burgess,

I am interested in becoming your next delegate for the 2017-2019 term and would appreciate your vote.

I am eager to be more involved with the American Dental Hygienists’ Association and believe that the delegate position is very important for the voice of Alaska. I look forward to learning and understanding the ADHA bylaws, Policy Manual, Roberts’ Rule of Order, and Delegate’s Manual prior to ADHA Annual Session. I will consult with the Alaska DHA President and Executive Board members on pertinent issues. I will also review ADHA Annual Conference materials with the Alaska DHA Executive Board and ADHA/Alaska DHA members. It would be an honor to attend the ADHA House of Delegates Meetings, District XII Reference meetings and Committee Hearings.

I have been a resident of Anchorage, Alaska for thirty-two years. I am originally from Honolulu, Hawaii, where I was born and raised until I was twelve years-old. I remember being so excited to come to Alaska because I had never seen snow before. My sister and I made snow angles the next day we arrived in Anchorage in January. I have watched our community grow and we are very fortunate to live in this beautiful state. I have an eight-year-old daughter named Kimiko, she is in 3rd grade. Kimiko has an amazing imagination; she inspires me to look at situations with different perspectives and think outside the box. We have a 15-month-old German Shepard named Delta and she is off the Richter scale with her energy.

I am a 2014 graduate of the University of Alaska Anchorage dental hygiene program. I finished my Bachelor's degree in 2015 and completed the Restorative Restoration Endorsement in 2016.

I am excited for the opportunity to be considered for the position of Delegate and support Alaska hygienists on the National level; I will make sure your voices are heard. I love being a dental hygienist and I look forward to growing together in our profession as we positively impact the lives of others.

Please vote for me as your next Delegate. Thank you for your consideration.

Sincerely,
Tianalyn (Tiana) Burgess, RDH, BSDH
Stephen B. Spencer  
Anchorage, Alaska 99504  

9 October 2017  

Dear Madame President and the members of the Alaska Dental Hygiene Association  

I noted with interested the recent announcement seeking candidates for the position of Delegate. I have been continually impressed by the dedication of Alaska Dental Hygiene Association to our profession and have sought ways in which I can add value to this organization. I believe that my past experience as a both a hygienist and a dental paraprofessional over the last 32 years has uniquely prepared for such a position, representing the AKDHA in assisting the ADHA in developing the policy and direction for our profession.  

While a relatively new hygienist in practice less than 6 years, I have been active in the Association since my first semester at UAA in 2009 and have been a member continuously since. I have previously served the Association as web minister for two years. I have also been active in many volunteer activities the Association has participated in from the early Dental Days at UAA as well as the two Anchorage Mission of Mercy, serving as the Set-Up Co-Chair on the 2016 mission.  

I believe my unique journey to our profession would be an asset to representing the ADHA at the national level. I was exposure to the profession of dental hygiene throughout my career as an active duty dental assistant in the U.S. Air Force. During my A.F. career I received additional training through a yearlong periodontist lead preceptorship as an Advanced Oral Hygiene Technician and practicing as a periodontal therapist as well as managing and directing small groups of Advanced Oral Hygiene Technicians and Oral Preventive Assistants from 1997 to 2002. Being able to reflect back on my Preceptorship and compare it to my Education in the UAA program will allow me to be a strong advocate for robust professional hygiene education.  

My past experience in leadership and managerial roles will assistance me in be a successful delegate. Besides my practical experience as the Supervisor of Dental hygiene at Southcentral Foundation, I have received formal leadership training through Professional Military Education Courses from junior non-commissioned officer level to the senior non-commissioned officer levels. Through these courses, I was educated in a range of topics; the introduction of managerial theory, essential leadership competencies such as problem solving, and focused education in the general management of the health care organizations.  

Thank you for your kind consideration as a candidate for to serve the Alaska Dental Hygiene Association as a Delegate. I look forward to working with the Alaska Dental Hygiene Association for many years to come. 

Sincerely,  

Stephen B. Spencer, CDA, RDH, BSDH
EDUCATION

- Bachelors of Science, Dental Hygiene with a Minor in Psychology
  University of Alaska Anchorage, Anchorage, AK, 2012
- Associate in Applied Science, Dental Hygiene
  University of Alaska Anchorage, Anchorage, 2011
- Associate in Applied Science, Dental Assisting, 1994
  Community College of the Air Force, Maxwell AFB, AL

PROFESSIONAL EXPERIENCE

- Clinical Dental Hygienist, Southcentral Foundation, Anchorage AK
  Jan 2012-present
- University Of Alaska Anchorage, Anchorage, AK, Aug 2014 – Dec 2014
  Temporary Faculty, Dental Hygiene Program
- University of Alaska Anchorage, Anchorage AK, Jan 2010 – May 2011 Temporary
  Faculty, Dental Assistant Program

ASSOCIATION EXPERIENCE

WEBMASTER 2013-2015

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Local Legislative News

No updates are available for Chris Tuck’s House Bill 89. This bill has had no movement after it
was referred to the Labor and Commerce Committee for review 1/30/2017.

HB89 pertains to proposed requirements for dental hygienists and dental assistants taking
radiographs.

The Alaska Dental Society (ADS) reached out to the Alaska DHA for comment on HB89 over the
summer of 2017, which was provided and was also sent to Rep. Chris Tuck, after seeking expert
advice from the ADHA’s Legislative Team, as there is concern about the verbiage used in the bill
pertaining to dental hygienists and dental assistants taking radiographs. The American Dental
Hygienists’ Association’s political experts provided guidance and referred to CODA Standards in
which all dental hygienists have radiography as part of their curriculum and are trained
proficiently to take radiographs which is part of our dental hygiene licensure. Currently, HB89
has been referred to the Labor and Commerce Department for review with no new developments
at this time.
February 23, 2017

Representative Chris Tuck
House Majority Leader
1500 W. Benson Blvd.
Anchorage AK, 99503

Dear Representative Chris Tuck,

In regards to House Bill 89 (HB89), the Alaska Dental Hygienists’ Association (Alaska DHA) would like to ask for clarity on page 2, line 10, item (3), as to whether or not that line includes dental hygienists; if not, the Alaska DHA requests that this section is amended to include dental hygienists.

In addition, The Alaska DHA requests amendments be made to HB89 to add "dental hygienists" listed on page 11, lines 9-12, Item (5).

Radiography is part of dental hygienists Commission of Dental Accreditation (CODA) Standards and dental hygiene licensure. Dental hygienists must pass a radiography course and meet competency standards in taking radiographs before being eligible for licensure.

I have attached a copy of the CODA Standards for Dental Hygiene Education Programs (standards 2-13 and 4-2) which both address radiographs. Radiography is a competency that all dental hygienists have. I have attached the CODA Standards at the end of this email for your review through a drop box link.

Another concern the Alaska DHA has is that dental assistants are exempt from requiring radiography certification in HB89. The Alaska DHA would like to suggest that dental assistants be required to be certified to take radiographs rather than only having on-the-job training. The Alaska DHA believes certification would minimize retakes and better protect the public from excess exposure to radiation which is accumulative throughout one's life.

Dental Assistants are currently required to have certification to perform coronal polishing as well as certification to place and carve amalgam and composite restorations. Therefore, the Alaska DHA believes dental assistants should also be certified in taking radiographs.

On-line training in radiography can be achieved to support this certification for those practicing dental assisting duties in rural Alaska. Rural Alaskans deserve to receive high standards of care from individuals providing radiography services. Here’s a link to "Dental Hygiene CODA Standards.pdf" in my Dropbox:https://www.dropbox.com/s/o7uhw99zeh795dq/Dental%20Hygiene%20CODA%20Standards.pdf?dl=0

Thank you for your time and consideration of the amendments suggested above to HB89. Please feel free to contact me if you have any questions. I am happy to be a resource for you in regards to dental hygiene practices in Alaska.

Sincerely,
Lisa Bryant, RDH, BSDH
President, Alaska DHA
Local Legislative News

In July, the State of Alaska Professional Licensing Division, Board of Dental Examiners, and Department of Commerce, Community, and Economic Development asked for public comment on proposed regulation/licensing changes relating to the administration of deep sedation, general anesthesia, moderate sedation, minimal sedation, local anesthetic agents and nitrous oxide sedation.

The Alaska DHA encouraged everyone to send in comments as well and the Alaska DHA sent in a letter for public comment offering suggestions to accomplish the goal of creating a registry of RDH’s who have successfully completed an accredited course in nitrous oxide sedation and prevent creating a new license with added fees that would financially burden Alaska RDH’s.

Wednesday, July 12, 2017

Jun Maiquis, Regulations Specialist:

The Alaska Dental Hygienists’ Association (Alaska DHA) supports the Alaska Board of Dental Examiners proposal to create a registry of practicing Alaska dental hygienists who have completed a course for the administration of local anesthetic agents and nitrous oxide sedation through an organization accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association. The Alaska DHA understands that creating this registry will incur an expense. As such, a reasonable one-time application fee that serves to verify completion of an accredited course for the administration of local anesthetic agents and/or nitrous oxide sedation which includes a certificate fee is expected.

However, the Alaska DHA does not support creating a separate license and added renewal fee to administer nitrous oxide sedation as the education for local anesthesia and nitrous oxide are often combined as one course and administering nitrous oxide sedation is included in the Alaska dental hygienists’ local anesthesia license.

Just a few years ago the State of Alaska Department of Professional Licensing and Department of Commerce, Community, and Economic Development significantly raised the cost of dental hygiene license application fees, license certificate fees, and license renewal fees in 2014-2015. The Alaska DHA believes creating a new license with added fees for the administration of nitrous oxide sedation is inappropriate and excessive.

Practicing Alaska dental hygienists have shared feedback with the Alaska DHA that the proposal made by the State of Alaska Department of Commerce, Community, and Economic Development will be a financial burden and create a barrier in the work place that could potentially prevent Alaska dental hygienists from administering nitrous oxide sedation.

The Alaska DHA acknowledges that some hygienists who have moved to Alaska to practice may have had limited practice act regulations that do not include the administration of local anesthesia and/or nitrous oxide sedation. Therefore, the Alaska DHA suggests creating a nitrous oxide verification stamp to be placed on the Alaska dental hygiene license after a reasonable fee has been rendered to verify completion of an approved and accredited course in the administration of nitrous oxide sedation that can serve as a registry for the Alaska Board of Dental Examiners. A reasonable fee could also be assessed for Alaska dental hygienists who request a certificate of completion of an approved and accredited course in the administration of nitrous oxide sedation who wish to display a certificate at work.
The Alaska DHA recommends the State of Alaska Professional Licensing Division, Board of Dental Examiners, and Department of Commerce, Community, and Economic Development consider the following:

1. A reasonable one-time application fee to verify completion of an approved and accredited course in administering nitrous oxide sedation.

2. Provide a stamp on the Alaska dental hygiene license that serves as a registry and/or verification of practicing Alaska dental hygienists who have completed an approved and accredited course in the administration of nitrous oxide sedation.

3. Continue to offer a local anesthesia license, with applicable fees, to licensed Alaska dental hygienists who have completed an approved and accredited course for the administration of local anesthesia and successfully passed the local anesthesia exam portion of the Western Regional Examining Board (WREB).

4. Withdraw the proposal to amend the occupational license fees which is based on the proposal to establish a separate nitrous oxide sedation license with added renewal and application fees as the Alaska DHA and its members believe this proposal is inappropriate and excessive.

The Alaska DHA believes the above suggestions would prevent further financial hardship for Alaska dental hygienists; save the State of Alaska Professional Licensing Division time and money in operating costs by providing a verification stamp for the administration of nitrous oxide sedation rather than creating a separate license; and efficiently create a registry of Alaska dental hygienists who have completed an approved and accredited course to administer nitrous oxide sedation for the Alaska Board of Dental Examiners.

The Alaska DHA requests the State of Alaska Professional Licensing Division, Alaska Board of Dental Examiners Department of Commerce, Community, and Economic Development carefully consider the ramifications of requiring a separate license with added renewal and application fees for the administration of nitrous oxide sedation.

Sincerely,
Lisa Bryant, RDH, BSDH
President, Alaska DHA
The ADHA and Alaska DHA works to support RDHs and advance the profession. Uniting together through membership helps our voices be louder and stronger.

Your membership really does matter folks. Membership is like insurance; we all have a duty to carry it to protect ourselves and our profession.

I encourage everyone to keep abreast of legislation that could potentially affect our profession; I have created a list of websites and references for easy access on our website: www.alaskadha.org.

**National Legislative News**

**Direct Access 2017**

40 States

Forty states now allow direct access to dental hygiene care. This means that a dental hygienist can treat patients in public health settings without a dentist first seeing the patient.

More and more state legislators are joining this movement as a method of increasing access to care to those who need it most.
Expanding Access to Care through Mid-Level Oral Health Practitioners

The American Dental Hygienists’ Association (ADHA) is leading the transformation of the dental hygiene profession to improve the public’s oral and overall health.

Dental hygienists are formally educated and licensed by each state and are poised to help prevent oral health diseases. ADHA is committed to working on the development and implementation of new workforce models.

A 2014 report on expanding the provision of affordable preventive services outside dentists’ offices from the National Governors Association reports states have considered altering supervision or reimbursement rules, as well as creating professional certifications for advanced-practice dental hygienists. To date, studies of pilot programs have shown safe and effective outcomes.1

Currently, 40 states allow dental hygienists to initiate patient care in a setting outside of the private dental office without the presence of a dentist. These policies enable dental hygienists to practice in community settings and reach a variety of patient populations.

ADHA policies highlight the association’s flexibility in considering various dental hygiene-based models as well as ADHA’s commitment to the development of providers who are appropriately educated and personally committed to deliver safe, quality oral healthcare to those in need.

Maine, Minnesota and Vermont, as well as tribal lands in Alaska and Washington, have moved forward to address their access to care challenges and now recognize dental therapy as a viable model.

**ADHA supports oral health care workforce models that culminate in:**

- Graduation from an accredited institution
- Professional licensure
- Direct access to patient care Mid-Level Oral Health Practitioner:

A licensed dental hygienist who has graduated from an accredited dental hygiene program and who provides primary oral healthcare directly to patients to promote and restore oral health through assessment, diagnosis, treatment, evaluation, and referral services. The Mid-Level Oral Health Practitioner has met the educational requirements to provide services within an expanded scope of care and practices under regulations set forth by the appropriate licensing agency.

ADHA is committed to advocating in support of new dental hygiene-based models for oral health care for many reasons:

1. The dental hygiene workforce is ready and available; there are currently **185,000+ licensed dental hygienists in the United States.**
2. The **educational infrastructure is developed;** there are over 300 entry-level dental hygiene programs
3. The public will benefit from providers with a **broad range of skills sets which include preventive and limited restorative services.**

States with Mid-Level Oral Health Care Workforce Models

**Minnesota: Advanced Dental Therapist, (Signed into Law, 2009)**
- Education – Masters degree
- May be dually licensed as a RDH and ADT
- ADT services can be provided under general supervision
- An ADT may perform all the services a dental therapist provides and the following procedures, pursuant to a written collaborative management agreement with a dentist: • Oral assessment and treatment planning.
  • Routine, nonsurgical extractions of certain diseased teeth.

**Maine: Dental Hygiene Therapist, (Signed into Law, 2014)**
- Education – RDH + post-secondary dental therapy program
- Preventive and restorative scope
- Licensure required
- Direct supervision by a licensed dentist and a written practice agreement is required
- Dually licensed as DHT and RDH
- ADTs may be dually licensed as RDHs

**Vermont: Dental Therapist (Signed into Law, 2016)**
- Education – RDH + CODA-approved dental therapy education program
- General supervision by a licensed dentist and collaborative agreement is required
- Preventive and restorative scope
- Licensure required
- Must be dually licensed

States Pursuing Mid-Level Oral Health Care Workforce Models

**Connecticut: Advanced Dental Hygiene Practitioner**
- Education – RDH + master’s degree
- Preventive and restorative scope
- Licensure required
- Must be dually licensed

**Kansas: Dental Therapist**
- Education – Board-approved dental therapy education program
- Preventive and restorative scope
- Licensure required
- May be dually licensed

**Maryland: Dental Therapist**
- Education – CODA-approved dental therapy education program
- Preventive and restorative scope
- Licensure required
- Must be dually licensed

**Massachusetts: Advanced Dental Hygiene Practitioner**
- Education – RDH + 12-18 month registered dental practitioner education program
- Preventive and restorative scope
- Licensure required
- Must be dually licensed
**Michigan: Dental Therapist**
- Education – CODA-approved dental therapy education program
- Preventive and restorative scope
- Licensure required
- May be dually licensed

**New Mexico: Dental Therapist**
- Education – RDH + CODA-approved dental therapy education program
- Preventive and restorative scope
- Licensure required
- Must be dually licensed

**North Dakota: Advanced Practice Dental Hygienist**
- Education – RDH + Advanced Practice Dental Hygiene education program
- Preventive and restorative scope
- Licensure required
- Must be dually licensed

**Ohio: Dental Therapist**
- Education - CODA-approved dental therapy education program
- Preventive and restorative scope
- Licensure required
- May be dually licensed

**Washington: Dental Hygiene Practitioner**
- Education – CODA-approved dental therapy education program
- Preventive and restorative scope
- Licensure required
- Dual-licensed

Revised June 2017 www.adha.org

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**Direct Access States**

The American Dental Hygienists’ Association (ADHA) defines direct access as the ability of a dental hygienist to initiate treatment based on their assessment of a patient’s needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship (ADHA Policy Manual, 13-15).

*Indicates direct Medicaid reimbursement allowed

**Alaska 2008**

Sec. 08.32.115

**Collaborative Agreement:**
Dental hygienist may provide services according to the terms of a collaborative agreement. The dentist’s presence, diagnosis or treatment plan are not required unless specified by agreement. Care under the agreement can be provided in settings outside of the “usual place of practice” (i.e. private dental office).

**Requirements:** Dental hygienist must have minimum of 4,000 hours of clinical experience within preceding 5 years. Agreement must be approved by state board of dental examiners. Dentists are limited to 5 or fewer collaborative agreements.

**Provider Services:** Agreement can authorize nearly the entire dental hygiene scope of practice (patient education, prophylaxis, sealants, radiographs, etc.).
Affiliated Practice Agreement:
Dental hygienist with a written affiliated practice agreement may perform dental hygiene services in specified settings outside the private dental office. The written agreement must be submitted to state board of dental examiners. The affiliated practice dental hygienist shall consult with the affiliated practice dentist before initiating further treatment on patients who have not been seen by a dentist within 12 months of the initial treatment by the dental hygienist.

Requirements: Dental hygienist must have held an active license for at least 5 years and be actively engaged in dental hygiene practice for at least five hundred hours in each of the 2 years immediately preceding the affiliated practice relationship. Alternatively, dental hygienist who holds a bachelor’s degree in dental hygiene, an active license for at least 3 years and is actively engaged in dental hygiene practice for at least 500 hours in each of the 2 years preceding the affiliated practice relationship, may also qualify for affiliated practice. In addition, dental hygienist must successfully complete 12 hours of specified continuing education that hold a current certificate in basic cardiopulmonary resuscitation.

*Provider Services: The agreement must outline practice settings and services provided. The full dental hygiene scope is permitted the exception is root planing, nitrous oxide and the use of local anesthesia unless under specified circumstances. After taking an accredited course and exam, the dental hygienist will also be able to: place, contour and finish restorations, cement prefabricated crowns and place interim therapeutic restorations.

Arizona 2006
Sec. 32-1289
Dental hygienist employed by or working under contract or as a volunteer for a public health agency or institution or a public or private school authority before an examination by a dentist may screen patients and apply topical fluoride without entering an affiliated practice relationship pursuant to this section.

Arkansas 2010
Sec. 17-82-7
Collaborative Agreement:
Dental hygienist with a Collaborative Care permit I or II who has entered into a collaborative agreement may perform dental hygiene services on children, senior citizens age 65 and older, and persons with developmental disabilities in long-term care facilities, free clinics, hospitals, head start programs, residence of homebound patients, local health units, schools, community health centers, state and county correctional institutions. Dental hygienist must have written agreement with no more than one dentist.

Requirements: Must have malpractice insurance. Collaborative Care Permit I: Dental hygienist must have 1,200 hours of clinical practice experience, or have taught dental hygiene courses for 2 of the proceeding 3 years. Collaborative Care Permit II: Dental hygienist must have 1,800 hours of clinical practice experience or taught dental hygiene courses for 2 of the proceeding 3 years and has completed 6 hours of continued education courses.

Provider Services: Collaborative Care Permit I may provide prophylaxis, fluoride treatments, sealants, dental hygiene instruction, assessment and other services in scope if delegated by consulting dentist to children in public settings without supervision or prior examination. Collaborative Care Permit II may provide prophylaxis, fluoride treatments, sealants, dental hygiene instruction, assessment, and other services in scope if delegated by the consulting dentist to children, senior citizens, and persons with developmental disabilities in public settings without supervision or prior examination.
Registered Dental Hygienist in Alternative Practice (RDHAP):
RDHAP may provide services to a patient without obtaining written verification that the patient has been examined by a dentist or physician. If the RDHAP provides services to a patient 18 months or more after the first date that he or she provides services, the RDHAP shall obtain written verification that the patient has been examined by a dentist or physician.
Once licensed, the RDHAP may practice as: an employee of a dentist; an employee of another RDHAP; as an independent contractor; as a sole proprietor of an alternative dental hygiene practice; as an employee of a primary care clinic or specialty clinic; as an employee of a clinic owned or operated by a public hospital or health system; or as an employee of a clinic owned and operated by a hospital that maintains the primary contract with a county under the California welfare code. Allowed practice settings include: residences of the homebound; schools; residential facilities and other institutions; hospitals; or dental health professional shortage areas.

Requirements: Must hold a current and active California license as a dental hygienist; have been engaged in clinical practice as a dental hygienist for a minimum of 2,000 hours during the immediately preceding 36 months (in California or another state); possess a bachelor's degree or an equivalent of 120 semester units; complete 150 hours of an approved educational RDHAP program; and pass a written examination.

*Provider Services: All services permitted under general supervision, including prophylaxis, root planing, pit and fissure sealants, charting and examination of soft tissue.

California 2002
Sec. 1911
Dental hygienist may provide screening, apply fluorides and sealants without supervision in government created or administered public health programs.

Colorado 1987
Sec. 12-35-124
Unsupervised Practice:
There is no requirement that a dentist must authorize or supervise most dental hygiene services. Dental hygienist may also own a dental hygiene practice.

Requirements: None.

*Provider Services: Dental hygienist can provide dental hygiene diagnosis, radiographs, remove deposits, accretions, and stains, curettage without anesthesia, apply fluorides and other recognized preventive agents, topical anesthetic, oral inspection and charting. Local anesthesia requires general supervision.

Connecticut 1999
Sec. 20-1261
Public Health Dental Hygienist:
Dental hygienist with 2 years of experience may practice without supervision in institutions, public health facilities, group homes and schools.

Requirements: Dental hygienist must have at least 2 years of experience.

*Provider Services: Dental hygienist can provide oral prophylaxis, remove deposits, accretions and stains, root planing, sealants, assessment, treatment planning and evaluation.
Florida 2011
Sec. 466.003, 466.024
Dental hygienist may provide services without the physical presence, prior examination, or authorization of a dentist, provided that a dentist or physician gives medical clearance prior to performance of a prophylaxis in “health access settings.” A dentist must examine a patient within 13 months following a prophylaxis and an exam must take place before additional oral services may be performed. Health access settings are: a program of the Department of Children and Family Services, the Department of Health, the Department of Juvenile Justice, a nonprofit community health center centers, a Head Start centers, a federally-qualified health center, a school-based prevention program or a clinic operated by an accredited dental or dental hygiene program.

Requirements: Dental hygienist must maintain liability insurance.

Provider Services: Dental charting, take vital signs, record histories, apply sealants and fluorides (including varnish) and perform prophylaxis. The setting operating the program may bill a third party for reimbursement.

Georgia 2017
Article 3 of Chapter 11 of Title 43
General Supervision
The requirement of direct supervision shall not apply to the performance of licensed dental hygienists providing dental screenings in settings which include: schools, hospitals and clinics, state, county, local, and federal public health programs, federally qualified health centers, volunteer community health settings, senior centers, and family violence shelters.

Requirements: Dental hygienist shall have at least two years of experience in the practice of dental hygiene, shall be in compliance with continuing education and cardiopulmonary resuscitation certification requirements and shall be licensed in good standing.

Provider Services: Licensed dental hygienists may apply topical fluoride and perform the application of sealants and oral prophylaxis under general supervision in certain designated settings.

Idaho 2004
Sec. 54-903, 54-904
Extended Access Endorsement (EAE):
Dental hygienist can provide services in hospitals, long term care facilities, public health facilities, health or migrant clinics or other board-approved settings, if the dentist affiliated with authorizes services.

Requirements: Dental hygienist must be an employee of the facility or obtain extended care permit. EAE requires 1,000 hours experience in last 2 years.

Provider Services: As determined by authorizing dentist.

Illinois 2015
225 ILCS 25/18.1
Public Health Dental Hygienist:
A dental hygienist may treat patients in specified public health settings without a dentist first examining the patient and being present during treatment, who are Medicaid-eligible or uninsured and with household incomes not greater that 200% of the federal poverty level.

Requirements: A licensed dental hygienist must have 2 years of full-time clinical experience or an equivalent of 4,000 hours of clinical experience and have completed 42 hours of additional course work in areas specific to public health dentistry. The dental hygienist must also practice pursuant to a written public health supervision agreement with a dentist.

Provider Services: Dental hygienist may provide prophylactic cleanings, apply fluoride place sealants, and take radiographs. Additional services may be prescribed by the Illinois Department of Financial and Professional Regulation.
Iowa 2004
Rule 650-10.5 (153)
Public Health Dental Hygienist:
Dental hygienist may administer care based on standing orders and a written agreement with a dentist. Services can be administered in schools, Head Start settings, nursing facilities, federally-qualified health centers, public health vans, free clinics, community centers and public health programs.

Requirements: Dental hygienist must have 3 years of clinical experience and must submit an annual report to the state department of health noting the number of patients treated/services administered.

Provider Services: All services in the dental hygiene scope (except local anesthesia and nitrous) may be provided once to each patient. The supervising dentist must specify a period of time in which an examination by a dentist must occur prior to the dental hygienist rendering further dental hygiene services. However, this requirement does not apply to educational services, assessments, screenings and fluoride if specified in the supervision agreement.

Kansas 2003/2012 Sec. 65-1456
Extended Care Permit I, II & III (ECP):
Dental hygienist may practice without the prior authorization of a dentist if the dental hygienist has an agreement with sponsoring dentist. Examples of settings are schools, Head Start programs, state correctional institutions, local health departments, indigent care clinics, and in adult care homes, hospital long term units, or at the home of homebound persons on medical assistance. The ECP I permit authorizes treatment on children in various limited access categories, while the EPT II permit is for seniors and persons with developmental disabilities. ECP III permit authorizes dental hygienists to treat a wider range of patients, including underserved children, seniors and developmentally disabled adults and to provide more services than ECP I and II.

Requirements: Dental hygienist must have 1,200 clinical hours or 2 years teaching in last 3 years for ECP I; 1,600 hours or 2 years teaching in last 3 years plus 6-hour course for ECP II. Dental hygienist must also carry liability insurance and must be paid by dentist or facility. ECP III requires 2,000 hours clinical experience plus 18 clock hour board approved course. Dentist can monitor a maximum of 5 practices.

Provider Services: ECP I and II provide prophylaxis, fluoride treatments, dental hygiene instruction, assessment of the patient’s need for further treatment by a dentist, and other services if delegated by the sponsoring dentist. ECP III can additionally provide atraumatic restorative technique, adjustment and soft reline of dentures, smoothing sharp tooth with handpiece, local anesthesia in setting where medical services available, extraction of mobile teeth.

Kentucky 2010
Sec. 313.040
Volunteer Community Health Settings:
A dental hygienist may provide the services listed below without the supervision of a dentist in volunteer community health settings.

Provider Services: Dental hygienist can provide dental hygiene instruction, nutritional counseling, oral screening with subsequent referral to a dentist, fluoride application, demonstration of oral hygiene technique, and sealants.
Maine 2001
Rule 02 313 Chap. 1. Sec. 4
Public Health Dental Hygienist:
Dental hygienist may provide services in a public or private school, hospital or other nontraditional practice setting under a public health supervision status granted by the dental board on a case-by-case basis. The dental hygienist may perform services rendered under general supervision. The dentist should have specific standing orders and procedures to be carried out, although the dentist need not be present when the services have been provided.
A written plan for referral or an agreement for follow-up shall be provided by the public health hygienist recording all conditions that should be called to the attention of the dentist. The supervising dentist shall review a summary report at the completion of the program or once a year.

Requirements: A dental hygienist must apply to the board to practice providing such information the board deems necessary. The board must take into consideration whether the program will fulfill an unmet need, whether a supervising dentist is available and that the appropriate public health guidelines and standards of care can be met and followed.

*Provider Services: All services that can be provided under general supervision. Dentist’s diagnosis for sealants is not needed in public health or school sealant programs.

Maine 2008/2015
Sec. B-1. 32 MRSA c. 16, sub-c. 3-B
Independent Practice Dental Hygienist:
Dental hygienist licensed as an independent practice dental hygienist may practice without supervision by a dentist in all settings.

Requirements: Dental hygienist must possess a Bachelor’s degree from a CODA-accredited dental hygiene program and 2,000 work hours of clinical practice during the two years preceding the application or possess an associate degree from a CODA-accredited dental hygiene program and 6,000 work hours of clinical practice during the six years preceding the application. They are also required to provide a referral plan to patients in need of additional care by a dentist.

Provider Services: Dental hygienist may interview patients and record complete medical and dental histories, take and record the vital signs of blood pressure, pulse and temperature, perform oral inspections, recording all conditions that should be called to the attention of a dentist; perform complete periodontal and dental restorative charting; perform all procedures necessary for a complete prophylaxis, including root planing; apply fluoride to control caries; apply desensitizing agents to teeth; apply topical anesthetics; apply sealants; smooth and polish amalgam restorations, limited to slow speed application only; cement pontics and facings outside the mouth; take impressions for athletic mouth guards and custom fluoride trays; place and remove rubber dams; place temporary restorations in compliance with the protocol adopted by the board; and apply topical antimicrobials, excluding antibiotics, including fluoride, for the purposes of bacterial reduction, caries control and desensitization in the oral cavity. May expose and process radiographs.
Maryland 2010/2014
Sec. 10.44.21.10
General Supervision:
Dental hygienist may practice under the general supervision of a dentist in a long-term care facility. A dental hygienist practicing under the general supervision of a licensed dentist in a long-term care facility shall have a written agreement with the supervising dentist that clearly sets forth the terms and conditions under which the dental hygienist may practice.

Requirements: Dental hygienist must hold an active license, hold a current certificate evidencing Health Care Provider Level C Proficiency, or its equivalent, in cardiopulmonary resuscitation, have at least 2 years of active clinical practice in direct patient care, and ensure that the long-term care facility where the dental hygienist will practice under general supervision has:
(a) A written medical emergency plan in place;
(b) Adequate equipment, including portable equipment and appropriate armamentarium, available for the appropriate delivery of dental hygiene services; and
(c) Adequate safeguards to protect the patient’s health and safety.

Provider Services: Limit dental hygiene tasks and procedures to toothbrush prophylaxis, application of fluoride, dental hygiene instruction, and other duties as may be delegated, verbally or in writing, by the supervising dentist.

Massachusetts 2009
Chap. 112, Sec. 51.
Public Health Dental Hygienist:
Dental hygienist may provide services without the supervision of a dentist in public health settings including, and not limited to, hospitals, medical facilities, schools and community clinics. Prior to providing services, a public health dental hygienist must have a written collaborative agreement with a local or state government agency or institution, or licensed dentist that states the level of communication with the dental hygienist to ensure patient health and safety. Public health dental hygienists shall provide patients with a written referral to a dentist and an assessment of further dental needs.

Requirements: Dental hygienist must have at least 3 years of full-time clinical experience practicing in a public health setting and any other training deemed appropriate by the department of health.

*Provider Services: Dental hygienist can provide full scope of dental hygiene practice services allowed under general supervision in the private office, including prophylaxis, root planing, curettage, sealants and fluoride.

Michigan 2005
Sec. 333.16625
PA 161 Dental Hygienist:
Dental hygienist with grantee status can practice in a public or nonprofit entity, or a school or nursing home that administers a program of dental care to a dentally underserved population. Collaborating dentist need not be present for or authorize treatment, but dental hygienist must have continuous availability of direct communication with a dentist to establish emergency protocol and review patient records.

Requirements: Dental hygienist must apply to the state department of community health for designation as grantee health agency.

*Provider Services: Dental hygienist can provide full scope of dental hygiene services allowed under general supervision, including prophylaxis, sealants, and fluoride treatments.
**Minnesota 2001**  
Sec. 150A. 10, Subd. 1a  
**Collaborative Practice:**  
Dental hygienist must enter into a written collaborative agreement with a licensed dentist that designates authorization for the services provided by the dental hygienist. Collaborative practice hygienist can be employed or retained by a health care facility, program or nonprofit organization.

*Requirements:* Dental hygienist must have at least 2,400 hours of clinical experience in the preceding 18 months or a career total of 3,000 hours, including a minimum of 200 hours of clinical practice in two of the past three years. Dental hygienist must also meet additional continuing education requirements.

*Provider Services:* Collaborative practice dental hygienist can administer prophylaxis, application of topical preventive and prophylactic agents, application of sealants, fluoride varnishes, coronal polishing, preliminary charting, radiographs and root planing.

**Missouri 2001**  
Sec. 332.311.2  
**Public Health Dental Hygienist:**  
Dental hygienist may provide services without supervision in public health settings to Medicaid-eligible children and can be directly reimbursed.

*Requirements:* Dental hygienist must have 3 years of experience.

*Provider Services:* Dental hygienist can provide oral prophylaxis, sealants and fluorides.

**Montana 2003**  
Sec. 37-4-405  
**Public Health Dental Hygienist/Limited Access Permit (LAP):**  
Dental hygienists may obtain a limited access permit to practice under public health supervision in a variety of federally funded health centers and clinics, nursing homes, extended care facilities, home health agencies, group homes for the elderly, disabled, and youth, head start programs, migrant work facilities and local and state public health facilities. Public health supervision means the dental hygienist can provide services without the authorization of a dentist provided he or she follows protocols established by the board and refers any patients needing further dental treatment.

*Requirements:* Dental hygienist must have 2,400 hours experience in the last 3 years; 3,000 hours over career with 350 hours each of the last 2 years. An additional 12 hours of continuing education every 2 years and liability insurance are also required.

*Provider Services:* Dental hygienist can provide prophylaxis, fluoride, root planing, sealants polish restorations, radiographs for diagnosis by a dentists and oral cancer screening.

**Nebraska 2007**  
Sec. 38-1130  
**Public Health Dental Hygienist:**  
The Department of Health may authorize an unsupervised dental hygienist to provide services in a public health setting or a health care or related facility.

*Requirements:* Dental hygienist must have 3,000 hours experience in at least 4 of last 5 years. Dental hygienist must also have professional liability insurance.

*Provider Services:* Dental hygienist can perform prophylaxis for a healthy child, pulp vitality testing and preventive measures including fluorides and sealants.
New Hampshire 1993
Rule 302.02(d), 402.01(c) Public Health Supervision:
Dental hygienist may treat patients in a school, hospital, institution or residence of a homebound patient. Supervising dentist must authorize dental hygienist to provide services but need not be present for care.

Requirements: None.

Provider Services: Dental hygienist can provide instruction in oral hygiene, topical fluorides, prophylaxis, assess medical/dental history, periodontal probing/charting, and sealants.

New Hampshire 2012
Sec. 317-A:21-e
Certified Public Health Dental Hygienist:
Dental hygienist may practice in a school, hospital, or other institution, or for a homebound person without the dentist having to be present, provided the dentist has reviewed the records once in a 12-month period. Dental Hygienists may perform any procedure that is within the scope of practice that has been authorized under public health supervision.

Requirements: Any dental hygienist shall be considered qualified as a certified public health dental hygienist after obtaining a bachelor's degree in dental hygiene with a minimum of 6 semester hours in community dental health; obtaining a master's degree in public health; or after successfully completing specified courses and successful completion of an examination by the course provider.

Provider Services: Dental hygienist can perform radiographic imaging limited to bite wings, and occlusal and periapical radiography and provide nutritional counseling for the control of dental disease.

New Mexico 1999/2011
Sec. 16.5.17 Collaborative Practice:
Dental hygienist can practice in any setting with collaborative agreement and can own or manage a collaborative dental hygiene practice. Dental hygienist must enter into a written agreement with one or more collaborative dentist(s) which must contain protocols for care. Dental hygienist must refer patients for annual dental exam.

Requirements: Dental hygienist must have 2,400 hours of active practice in preceding 18 months or 3,000 hours in 2 of the past 3 years. Dentists may not collaborate with more than 3 dental hygienists.

*Provider Services: Collaborative practice dental hygienist can provide a dental hygiene assessment, radiographs, prophylaxis, fluoride treatments, assessment for and application of sealants, root planing, and may prescribe and administer and dispense topically applied fluoride and antimicrobials, depending on the specific services allowed in agreement with collaborating a dentist.

New Mexico 2007
Sec. 61-5A-4-C
No supervision required for any dental hygienist to apply topical fluorides and remineralization agents in public and community medical facilities, schools, hospitals, long-term care facilities and such other settings as the board may determine.

New York 2005
Rules Sec. 61.9
General Supervision:
Dental hygienist can initiate patient care in any public or private setting. Dentist must authorize procedures and be available for consultation, diagnosis and evaluation.

Provider Services: Dental hygienist can provide prophylaxis, root planing, fluoride treatments, patient education, charting and radiographs without a prior dental examination, the presence of a dentist, or need to refer to a dentist.
New York 2013
Sec. 6606

Collaborative Practice:
The practice of dental hygiene may be conducted in the office of any licensed dentist or in any appropriately equipped school or public institution but must be done either under the supervision of a licensed dentist or, in the case of a registered dental hygienist working for a hospital as defined in article twenty-eight of the public health law, pursuant to a collaborative arrangement with a licensed and registered dentist who has a formal relationship with the same hospital in accordance with regulations promulgated by the department in consultation with the Department of Health. Article twenty-eight facilities include: hospitals, public health, diagnostic and treatment centers, dental clinics, dental dispensaries, nursing homes, out-patient departments, rehab centers not solely for vocational rehab and other such facilities overseen by the state Health Department.

Requirements: Dental hygienist must instruct individuals to visit a dentist for comprehensive examination or treatment, possess and maintain certification in cardiopulmonary resuscitation and provide collaborative services only pursuant to a written agreement that is maintained in the practice setting of the dental hygienist and collaborating dentist.

Provider Services: May only provide those services that may be provided under general supervision.

Nevada 1998
Sec. 631.287

Public Health Dental Hygienist:
Dental hygienist may obtain approval to work as public health dental hygienists in schools, community centers, hospitals, nursing homes and such other locations as the state dental health officer deems appropriate without supervision.

Requirements: Special endorsement from the dental board. Submissions of protocol to describe the methods a dental hygienist will use to provide services.

*Provider Services: May provide most hygiene services and may administer local anesthesia and nitrous oxide in a facility with certain equipment and dentist authorization.

Ohio 2010
Sec. 4715.363

Oral Health Access Supervision Permit Program:
Dental hygienist who possess an oral health access supervision permit may provide dental hygiene services through a written agreement with a dentist in public health settings including, and not limited to a health care facility, state correctional institution, residential facility, school, shelter for victims of domestic abuse or runaways, foster home, non-profit clinic, dispensary or mobile dental clinic. Prior to providing services, a dental hygienist with an oral health access supervision permit must have a written agreement with a dentist, who possesses an oral health supervision permit, that states the dentist has evaluated the dental hygienist's skills and the dentist has reviewed and evaluated the patient's health history. The dentist need not be present or examine the patient before the dental hygienist may provide care. The collaborating dentist must perform a clinical evaluation of the patient before the dental hygienist may provide subsequent care. The evaluation may be done using electronic communication.

Requirements: Two years and a minimum of 3,000 hours of clinical experience, minimum of 24 continuing education credits during the two years prior to apply for the oral health access supervision permit including an eight-hour course as required by the board.

Provider Services: Prophylactic, preventive and other procedures a dentist can delegate to a dental hygienist except definitive root planing, definitive subgingival curettage, administration of local anesthesia and other procedures specified in rules adopted by the board.
Ohio 2013
Sec. 4715.22
The requirement for a dentist to perform an examination and diagnose a patient prior to the patient receiving dental hygiene services through a program operated by a school district or other specified entity does not apply when the only services to be provided are the placement of pit and fissure sealants.

Oklahoma 2003
Sec. 328.34
General Supervision:
Dental hygienist may provide services outside of the private dental office for a patient not examined by the dentist. Dentist must authorize care in writing.

Requirements: Dental hygienist must have at least 2 years of experience.

Provider Services: Most dental hygiene services, including sealants, fluorides, and prophylaxis, to a patient one time prior to a dental exam.

Oregon 1997 Sec. 680.200, Rule 818-035-0065
Limited Access Permit (LAP):
Dental hygienists who have obtained a limited access permit (LAP) may initiate unsupervised services for patients in a variety of limited access settings such as extended care facilities, facilities for the mentally ill or disabled, correctional facilities, schools and pre-schools, medical offices or offices operated or staffed by a nurse practitioner midwife or physicians' assistants, and job training centers. Dental hygienist must refer the patient annually to a licensed dentist available to treat the patient.

Requirements: Dental hygienist must have 2,500 hours of supervised dental hygiene practice and complete 40 hours of board-approved courses in an accredited dental hygiene program or completed a course of study approved by the board that includes at least 500 hours of dental hygiene practice on limited access patients while under direct faculty supervision. Dental hygienist must also have liability insurance.

*Provider Services: LAP dental hygienists can provide all dental hygiene services, except several (local anesthesia, pit and fissure sealants, denture relines, temporary restorations, radiographs and nitrous oxide) which must be supervised by a dentist. Dental hygienist may prescribe fluorides and assess the need for sealants.

Oregon 2011
Sec. 680.205
Expanded Practice Dental Hygienist (EPDH)
Replaces Limited Access Permit. Adds services to patients below federal poverty level and other settings approved by the board to EPDH practice settings. Adds limited prescriptive authority, local anesthesia, temporary restorations and dental assessments to unsupervised EPDH scope if EPDH has agreement with a dentist. Requires insurance reimbursement of EPDHs.

Pennsylvania 2007
Sec. 2 (Definitions), Sec. 11.9
Public Health Dental Hygiene Practitioner:
Dental hygienists who are certified as public health dental hygiene practitioners may provide care in a variety of public health settings without the supervision or prior authorization of a dentist.

Requirements: Dental hygienist must have 3,600 hours experience and liability insurance. Dental hygienist must also complete 5 hours of continuing education in public health during each licensure period.

Provider Services: Dental hygienist may perform educational, preventive, therapeutic and intra-oral procedures which the hygienist is educated to perform, and which require the hygienist's professional competence and skill.
Rhode Island 2006
Sec. 5-31.1-6.1
General Supervision:
Dental hygienists working under a dentist’s general supervision can initiate dental hygiene treatment to residents of nursing facilities. Dental hygienists working in nursing facilities can treat patients, regardless of whether the patient is a patient of record, if documentation of services administered is maintained and necessary referrals for follow-up treatment are made.

Requirements: None.

Provider Services: Dental hygienist can initiate dental hygiene services, including oral health screening assessments, prophylaxis, fluoride treatments, charting, and other duties delegable under general supervision.

Rhode Island 2015
Sec. 5-31.1-39 (Not yet codified)
Public Health Hygienists:
Any public health dental hygienist may perform dental hygiene procedures in a public health setting, without the immediate or direct supervision or direction of a dentist. Public health settings include, but are not limited to, residences of the homebound, schools, nursing home and long-term care facilities, clinics, hospitals, medical facilities or community health centers.

Requirements: A public health dental hygienist shall enter into a written collaborative agreement with a local or state government agency or institution or with a licensed dentist. Any public health dental hygienist shall provide to the patient or to the patient’s legal guardian a consent form to be signed by the patient or legal guardian. The consent form shall also inform the patient or legal guardian that the patient should obtain a dental examination by a dentist within ninety days after undergoing a procedure.

*Provider Services: Any procedure or service that is within the dental hygiene scope of practice that has been authorized and adopted by board as a delegable procedure for a dental hygienist under general supervision in a private practice setting.

South Carolina 2003
Sec. 40-15-110 (A) (10)
General Supervision:
Dental hygienist employed by, or contacted through, the Department of Health and Environment Control may provide services under general supervision that does not require prior examination by a dentist in settings such as schools or nursing homes.

Requirements: Dental hygienist must carry professional liability insurance.

Provider Services: Dental hygienist employed by, or contacted through, the Department of Health and Environment Control may provide prophylaxis, fluorides, and sealants.

South Dakota 2011
Rules 20:43:10
Dental hygienist may provide preventive and therapeutic services under collaborative supervision of a dentist in a school, nursing facility, Head Start program, non-profit mobile dental clinic, community health center or government program.

Requirements: Dental hygienist must possess a license to practice in the state and have 3 years of clinical practice in dental hygiene and a minimum of 4,000 practice hours. A minimum of 2,000 of those hours must have been completed within 2 of the 3 years preceding application. Dental hygienist must have a written collaborative agreement with a dentist and satisfactorily demonstrate knowledge of medical and dental emergencies and their management, infection control, pharmacology, disease transmission, management of early childhood caries and management of special needs population.

Provider Services: Any services that can be provided under general supervision.
Tennessee 2013
Sec. 63-5-109
Dental hygienist may apply dental sealants or topical fluoride to the teeth of individuals in a setting under the direction of a state or local health department, without requiring an evaluation by a dentist prior to such application, under a protocol established by the state or a metropolitan health department.

Texas 2001
Sec. 262.1515
General Supervision:
Dental hygienist may provide services for up to 6 months without dentist seeing the patient. Services may be performed in school-based health center, nursing facility or community health center. Dental hygienist must refer the patient to a dentist following treatment and may not perform a second set of services until the patient has been examined by a dentist.

Requirements: Dental hygienist must have at least 2 years of experience.

Provider Services: No limitations. Dentist must authorize services in writing.

Utah 2015 Sec. 58-69-801 Public Health Dental Hygienist: A dental hygienist may treat patients in specified public health settings pursuant to a written agreement with a dentist. The settings include a homebound patient’s residence, a school, a nursing home, an assisted living facility, a community health center, a federally-qualified health center and a mobile dental health program that employees a dentist.

Requirements: Must be a licensed Utah dental hygienist and have a written agreement with a collaborating dentist. The agreement provides that the dental hygienist shall refer a patient with a dental need beyond the dental hygienist’s scope of practice to a dentist. Each patient must complete an informed consent form that provides that treatment by a dental hygienist is not a substitute for a dental examination by a dentist.

Provider Services: All general supervision preventive functions in scope of practice. Local anesthesia and nitrous oxide administration are not permitted.

Vermont 2008
Rule 10.2
General Supervision Agreement:
Dental hygienist may provide services in a school or institution under the supervision of a dentist via a general supervision agreement. The agreement authorizes the dental hygienist to provide services, agreed to between the dentist and the dental hygienist. The agreement does not require physical presence of the dentist, but it stipulates that the supervising dentist review all patient records.

Requirements: Dental hygienist must have 3 years licensed clinical practice experience.

Provider Services: Dental hygienist can provide sealants, fluoride varnish, prophylaxis and radiographs. Periodontal maintenance is allowable to patients with mild periodontitis.

Virginia 2009/2016
Sec. 54.1-2722 Remote Supervision:
A three-year pilot study of remote supervision of dental hygienists employed by the Virginia Department of Health (VDH) began in 2009 and proved to be a highly successful model in prevention and improving access to care. SB 712 expanded the Remote Supervision Public Health Model for the dental hygienist employed outside of VDH. Remote supervision means that a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but such dentist may not have done an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

Requirements: Dental hygienist must have 2 years of experience and must be employed by the VDH.

Provider Services: Dental hygienist can provide initial examination of teeth and surrounding areas, prophylaxis, scaling, sealants, topical fluoride, education services, assessment and screening.
Washington 1984/2009
Sec. 18.29.056
Unsupervised and Off-Site Supervision:
Dental hygienist may be employed, retained or contracted by health care facilities to perform authorized
dental hygiene services without supervision, provided the dental hygienist refers patient to a dentist for
dental planning and treatment.
Health care facilities are limited to hospitals; nursing homes; home health agencies; group homes serving
the elderly, individuals with disabilities and juveniles; state-operated institutions under the jurisdiction of
the department of social and health services or the department of corrections; and federal, state, and
local public health facilities, state or federally funded community and migrant health centers and tribal
clinics. Specifically, in senior centers, dental hygienist may provide limited dental hygiene services with
under the “off-site supervision” of a dentist.

Requirements: Dental hygienist must have 2 years clinical experience within the last 5 years with a
dentist. Written practice plan required in certain settings.

*Provider Services: Dental hygienist may provide prophylaxis, application of typical preventive or
prophylactic agents, polishing and smoothing restorations root planing and curettage.

Washington 2001
Sec. 18.29.220
Public Health Dental Hygienist:
Dental hygienist who is school endorsed may assess for and apply sealants and fluoride varnishes and
perform prophylaxis in community-based sealant programs carried out in schools.

Requirements: Sealant/Fluoride Varnish Endorsement from Department of Health. Dental hygienist must
submit data to the Department of Health concerning patient demographics, treatment, reimbursement and
referrals.

West Virginia 2008
Sec. 5-1-8.5
Public Health Dental Hygienist:
Dental hygienist may provide care in hospitals, schools, correctional facilities, jails, community clinics,
long-term care facilities, nurins homes, home health agencies, group homes, state institutions under the
Department of Health and Human Resources, public health facilities, homebound settings and accredited
dental hygiene education programs. Dentist must authorize dental hygienist to provide care but need not
be present or have previously seen patient.

Requirements: Dental hygienist must have 2 years and 3,000 hours of clinical experience and take six
additional continuing education hours. Dental hygienist and dentist must submit annual written report of
care to state board of dental examiners.

Provider Services: Dental hygienist can provide patient education, nutritional counseling, oral screening
with referral to dentist, apply fluoride, sealants, and offer a complete prophylaxis (pursuant to a
collaborative agreement or written order.)

Wisconsin 2007
Sec. 447.06
The statute does not require the presence or supervision of a dentist in a public or private school, a dental
or dental hygiene school or a facility owned by a local health department.

Requirements: None

*Provider Services: Dental hygienist can provide prophylaxis, root planing, screening, treatment planning,
sealants and delegable duties.

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.
**Georgia – House Bill 154**  
*Effective Date 01/01/2018*

HB 154 allows the public to directly access the oral health services of dental hygienists who are now able to practice under the general supervision of a licensed dentist in certain settings. This law allows a licensed dental hygienist to apply topical fluoride, perform the application of sealants, and oral prophylaxis under general supervision in safety-net settings. These safety-net settings include hospitals, nursing homes, long-term care facilities, rural health clinics, federally qualified health centers, health facilities operated by federal, state, county, or local governments, hospices, family violence shelters, free health clinics, and Title I schools. In Title I school settings, licensed dental hygienists may provide oral hygiene instruction and counseling as well as apply topical fluoride and perform the application of sealants and oral prophylaxis under general supervision, with written permission of the student's parent or guardian. School settings shall include only schools that are Title I schools under the federal Elementary and Secondary Education Act, schools in which at least 65 percent of the student population is eligible for free or reduced-price lunch under federal guidelines, Head Start programs, and Georgia's Pre-K Program.

**Maine – Legislative Document 1085**  
*Became Law 06/07/2017*

This legislation removes statutory barriers that currently prevents or delays certain dental hygienists from obtaining the authority to open independent practices in Maine. Specifically, this law removes the separate requirements for the years of practice required for applicants who have an associate or bachelor's degree. If you have 2,000 hours of clinical practice you can now apply for an independent practice dental hygienist license with no restriction on the number of years in practice. Initially, this bill was vetoed by the Governor. The Maine legislature overrode the Governor’s veto and the bill became law.

**Minnesota – House File 1712**  
*Became Law 05/15/2017*

HF 1712 modifies the requirements for collaborative community dental hygiene services and establishes requirements for collaborative community dental assisting services. Collaborative dental practice agreements between licensed dentists and dental hygienists authorize dental hygienists employed by a health care facility, program, or nonprofit organization to perform preventive oral health services without an initial examination by a dentist. This bill modifies and clarifies some of the requirements for dental hygienist collaborative practice including:
- Removing hour requirements and specific CPR certification
- Requiring completion of medical emergency course within continuing education cycle

**July 2017**
- Specifying recordkeeping procedures and process for making referrals for additional dental services

**Montana – Senate Bill 120**  
*Became Law 05/05/2017*

SB 120 allows topical agent prescriptions by dental hygienists for fluoride agents, oral anesthetics, and nonsystemic oral antimicrobials. Furthermore, SB 120 revises dentist supervision requirements for the administration of local anesthetics by dental hygienists from direct supervision to general supervision.
Nebraska – Legislative Bill 18  
Became Law 03/29/2017  
LB 18 establishes and defines an expanded function dental hygienist as a licensed dental hygienist who has met certain requirements. Upon completion of education and testing approved by the board and when authorized by and under the general supervision of a licensed dentist, a licensed dental hygienist may write prescriptions for mouth rinses and fluoride products that help decrease the risk for tooth decay. Additionally, a licensed dental hygienist may administer and titrate nitrous oxide analgesia under the indirect supervision of a licensed dentist. Any licensed dentist, public institution, or school may employ licensed dental hygienists and expanded function dental hygienists. An expanded function dental hygienist may perform all the procedures authorized for a licensed dental hygienist. Furthermore, an expanded function dental hygienist may, under the indirect supervision of a licensed dentist, place (1) restorative level one simple restorations (one surface) and (2) restorative level two complex restorations (multiple surfaces).

Texas – House Bill 2007  
Became Law 05/29/2017  
HB 2007 allows the Texas Dental Board to issue a limited volunteer license to military dentists and dental hygienists who provide voluntary charity dental or dental hygiene care.

Virginia – House Bill 1474  
Became Law 03/13/2017  
This bill amends the Remote Supervision Public Health Model for the dental hygienists in Virginia by:  
- Eliminating the requirement that a dental hygienist providing dental hygiene services under remote supervision be employed by the supervising dentist  
- Clarifying continuing education requirements for dental hygienists practicing under remote supervision  
- Eliminating the requirement for written permission to treat a patient from a dentist who has treated the patient in the previous 12 months  
- Allowing a dental hygienist practicing under remote supervision to treat a patient who provides verbal confirmation that he does not have a dentist of record whom he is seeing regularly.

July 2017  
- Eliminating the requirement that a dental hygienist practicing under remote supervision consult with the supervising dentist prior to providing further dental hygiene services if the patient is medically compromised or has periodontal disease  
- Requiring a supervising dentist who conducts the examination of the patient or refers the patient to another dentist for examination following the 90-day period during which a dental hygienist is permitted to provide dental hygiene services under remote supervision to develop a diagnosis and treatment plan for the patient.

Washington – Senate Bill 5079  
Became Law 07/23/2017  
In Washington State, Dental Health Aide Therapists (DHAT) are authorized to work under the supervision of a dentist to provide prophylaxis, place fillings, and educate patients about oral health and disease prevention. DHATs are limited to practicing on state tribal lands pursuant to a written standing order by a supervising dentist. DHATs are defined as a person who has met the training and education requirements, and satisfies other conditions, to be certified as a dental health aide therapist by a federal community health aide program certification board or by a federally recognized Indian tribe that has adopted certification standards that meet or exceed the requirements of a federal community health aide program certification board.
Wisconsin – Assembly Bill 146
Became Law 06/21/2017 AB 146 allows dental hygienists to practice in additional direct access settings without the authorization and supervision of a licensed dentist. Those settings include, but are not limited to, federal, state, county, or municipal correctional or detention facilities and facilities established to provide care for terminally ill patients, nonprofit home health care agencies, nursing homes, community-based residential facilities, and adult day care centers.

The bills enacted into law are a sample of state legislation that has passed during the active legislation session. As an advocate for oral health, it is important to stay informed so that you can continue to provide the public with the best care possible. More information is available on ADHA’s Members-Only site, under “Advocacy”.

If you are interested in legislative news and would like to be on the legislative committee, please contact Royann or myself for more information.

We would love to have more members volunteer on committees and run for elected positions in the Alaska DHA!

Lisa Bryant, RDH, BSDH, Legislative Chair
lbryant_rdh@yahoo.com

Royann Royer, RDH, MPH, Legislative Co-Chair
rroyer@mta.com

Alaska DHA Delegate News

Currently, the ADHA allows two delegates from Alaska to attend the ADHA House of Delegates during Annual Conference which will be held in Columbus, Ohio June 20-25, 2018. Both Minna Allen and Carla Roe attended the ADHA’s 94th House of Delegates during Annual Conference this year in Jacksonville, Florida and have provided their report below.

Minna Allen
Term 2015-2017

Carla Roe
Term 2017-2019

2017 ADHA CLL Annual Session – Delegates’ Report
Minna Allen and Carla Roe

Association Update:

Charter Agreements:

- All 49 states have signed their charter agreements with ADHA. California left the ADHA.
• A guide to charter agreements, including state and national correspondence items, will be sent out to state presidents by the end of summer 2017. An addendum to the charter agreements will need verification of receipt.

Strategic Plan:

• ADHA.socialtoaster.com is a way for members to share association news and information through social media to help promote membership.

• ADHA Board members reviewed the 10-state membership initiative, which is still underway—top 10 states include 50% of national membership. It is a grassroots attempt to increase membership and see what non-members want. Board members traveled to 6 of these states, attending association meetings, and recruiting new members. The 10-state initiative is expected to continue and expand with the help of corporate sponsors. The ADHA, along with corporate partners, will assist payment (50%) of new membership annual dues for up to 50 new members per state.

• Two separate budgets were created last year to prepare for the deficit of losing California. Reserves will be tapped into this year, but the overall budget is expected to stabilize within the next two years. Approximately half of revenue is derived from individual memberships, while the other half comes from corporate partnerships. The ADHA headquarters has reduced its overhead, primarily by staff reductions and downsizing office space to drastically decrease rent, saving 50% of previous rental costs at headquarters in Chicago. The Board of Trustees is beginning to do most of its meetings online via Zoom video meeting platform, saving travel costs.

Leadership 2017-2018:

President: Tammy Filipiak
President Elect: Michele Braerman
Vice President: Matt Crespin
Treasurer: Donella Miller
Immediate Past President: Betty Kabel
Speaker of the House: Carolyn Robertson

Leadership Update:

• Guest speaker, Cynthia De’Amour hosted the Leadership Workshop. Notes from her energizing presentation:
  o On a component level, leaders need to make professional involvement appealing and enticing. Have fun, short meetings rather than stiff, professional ones. Play first, work after. Use icebreakers (brag sessions). Plan for one year in advance. Promote activities and take pictures at events. Use social media to “show off” what we’re doing and create FOMO (fear of missing out) on a good time so more people come to future meetings. Leaders need to learn how to delegate without micromanaging. Assign, confirm, deadline, must-haves. Leader needs to monitor and adjust progress w/o micromanaging. Fall and January are best times to get new members.
District XII Discussion:

- Utilize Zoom online meeting platform as much as possible—promoted by D12 Trustee, Annette Lincicome. Annette would like to be in contact with each state each month, if possible.
- Annette announced that she may not be seeking reelection in 2018. She encourages strong leadership development to have a contested race for D12 Trustee next year. Encourages D12 members to attend 2017 Unleashing Your Potential in November.
- State websites should have an IOH donation link that is highly visible and user-friendly.

Future ADHA Annual Sessions
- 2018 in Columbus, OH June 20-25

HOD Results:

PR1: amended and adopted
PR2: amended and adopted
PR3: amended and adopted
PR4: amended and adopted
PR5: amended and adopted
PR6: adopted as amended
PR7: withdrawn by makers
PR8: amended and adopted

PBY1: tabled and withdrawn
PBY2: resolved and withdrawn

HOD 1, 2, & 3 were used for discussion, voting, comments, and inductions.

Takeaways and upcoming concerns:

Delegates voiced concerns about the Nomination Committee which oversees vetting potential candidates. Only one candidate has been on the ballot for each position when multiple people have been vetted. Commentary from the Delegates convey worry that the Nomination Committee is essentially choosing officers. However, the Board justified that House-approved changes in the bylaws requested a vetting process, which may only produce one eligible candidate. More discussion is needed.
Collaborative Practice News

Healthy Smiles Forever—working with the non-profit Christian Health Associates at Prestige Long Term Care and Rehabilitation Facility since May of 2016.

The goal of this project is to increase access to dental care for seniors residing in nursing homes in the Anchorage, Alaska area, educate, and increase the knowledge of staff and residents in the facility about the importance of daily oral health. By doing this pilot study at Prestige Care and Rehab Center, we have created a working model for using Collaborative practice (Dental Hygienists working with Dentists) to increase access for vulnerable populations in Alaska that could be emulated by other dental professionals.

Services are being provided using mobile dental equipment and supplies with a permanent dental chair that has been donated to the facility. Two dental hygienists: Royann, Valerie and two dentists: Dr. Ingrim and Dr. Self and one dental assistant: Jackie, who are providing dental services for the residents of the facility one day a week. We have seen approximately half of the 85 residents providing services including, cleanings, restorative work, extractions, and dentures.

Collaborative practice at Prestige long-term care facility is reportedly running smoothly and has celebrated its ONE YEAR Anniversary and looking forward to expanding into additional facilities such as the Pioneer Home.

Royann Royer has created a collaborative practice power point which is posted on our website: www.alaskadha.org for your viewing pleasure. It is meant to be a guide to those seeking information in starting their own collaborative practice.

Membership Matters!

As of January 1st, 2017, the Alaska DHA has 143 members! THANK YOU FOR RENEWING and JOINING OUR TEAM!

However, since January 1st, 2017, 27% of Alaska ADHA members have NOT RENEWED.

The Alaska DHA would like to understand the reason behind this decrease and would appreciate any feedback on how we can encourage ANNUAL RENEWALS AND NEW MEMBERS to join the Alaska DHA/ADHA Team.

Please contact: Royann Royer RDH, MPH Membership Chair, Alaska DHA rroyer@mtaonline.net

Lisa Bryant RDH, BSDH President, Alaska DHA l Bryant_rdh@yahoo.com
Membership Matters!

The goal of your Alaska DHA Membership is to provide:
Discounted continuing education (CE) courses
Advocate for professional issues that impact you
Change legislation to allow increased expanded functions
Provide the means to organize community service events in which you can volunteer your
services to help community members in need
Offers oral health supplies to member’s who are organizing their own community events
Offers Scholarships to local University of Alaska Anchorage (UAA) dental hygiene students who
show an interest in leadership and getting involved with their associations while in school AND
after graduation.

Resources ADHA offers:
Discounted Auto Insurance
Discounted Professional Liability Insurance
World Wide Hotel and Car Rental Discounts
Discounted Continuing Education Opportunities
Career Resources
Guidance and Support from ADHA Experts
Networking Opportunities
Free Publications
Access to ADHA’s Benefit-Hub site
Research Grants from the Institute of Oral Health (IOH)
Hygienists’ Political Action Committee (HYPAC)

Your National, State, and Local dental hygiene associations help you as an individual, but more
importantly help the profession grow by helping hygienists to evolve and increase treatment functions and
responsibilities. This happens through legislation and advocating by a professional group who have your
“back”. Hygienists working and being involved in a full personal life often do not have the time or energy
to work on these issues. These issues take a lot of money to work on through legislative processes.

The cost of your membership helps the Alaska DHA and ADHA to continue working on promoting and
advancing our profession. This is an exciting time to be a dental hygienist! Join us!

BECOME AN ADHA-Alaska DHA MEMBER TODAY!

If you have not attended an ADHA Annual Conference, I highly suggest that you join me!

This event is THE place to go to witness what ADHA does for you! You will be inspired! You will be recharged! And,
you will be motivated to take on the world to elevate our profession to the next level!! You will meet movers and
shakers from every state in our Nation who are driven, passionate, and working tirelessly to increase access to
care, amplifying our voices, and advocating for higher education within our profession to continue to gain the
respect we all deserve within the community and amongst other healthcare professions as we continue to move our profession forward.

Please click on the link below to become a member or renew today!
https://mymembership.adha.org/Members/OnlineJoin/MembershipBenefits.aspx

Don’t forget, there is a quarterly payment plan! http://www.adha.org/payment-options#QPP

Please feel free to contact the Alaska DHA if you would like to volunteer on a committee, need help
registering to become a member or need help renewing your membership!

Lisa Bryant, RDH, BSDH
President, Alaska DHA
Lbryant_rdh@yahoo.com

Royann Royer, RDH, MPH
Membership Chair, Alaska DHA
rroyer@mtaonline.net
Greetings Alaska Dental Hygienists’ Association!

ADHA has recently contracted with ZOOM, a new virtual meeting platform, in which I have been using to have meetings with my constituent leaders from Alaska, Hawaii, Idaho, Oregon, Washington, and Nevada once month to discuss any concerns there may be in completing charter agreements, hear what is going on in your state associations, and to see if you need my assistance in anyway. ZOOM makes it fun to connect with faces from far away without being too disruptive to your regular, busy, schedules or pulling you away from your families.

Be sure to attend the 95th annual conference in Columbus, Ohio this year! Registration opens January 1st, 2018.

**NEW!!** ADHA is offering a flexible pricing system for continuing education at the Annual Conference this year; June 20-25. You have two options:

1. The **All-Inclusive CE Seminar Pass**: Allows you to choose as many CE Seminars as you want for a bundled price of $149. This option **DOES NOT** include Hands-on Workshops.
2. **À la Carte**: You can pick and choose as many individual CE seminars and Hands-On Workshops as you like, according to your price point. CE Seminars and Hands-on Workshops vary on length, amount of CE Hours earned, and price.

The Annual Conference offers a wide variety of inspirational, networking, and social events included in the basic registration price, too! These are events you don’t want to miss!

Fundraising for the Institute for Oral Health (IOH) will take place through the **IN MOTION 5K Fun Run/Walk** during ADHA Annual Conferences. Please visit [https://www.crowdrise.com](https://www.crowdrise.com) and look for ADHA Fun-Run-Walk to donate! You can donate to the IOH organization or through an IOH Team: our team is the District XII Transformer Team! Or, you can donate to an individual on an IOH Team. Either way, your donation is supporting a great cause which provides money to dental hygienists to further their education, support community service, and research. To learn more about IOH and donate today, please visit: [https://mymembership.adha.org/Members/Fundraising/Fund_Options.aspx](https://mymembership.adha.org/Members/Fundraising/Fund_Options.aspx)

As always, just let me say what a thrill it is to be your District XII Trustee! I firmly believe District XII includes the finest group of dental hygienists I’ve ever had the pleasure to know. I am here for you any time you need me. Please feel free to call or text me at 702-376-4029, or drop me an email at [annettel@adha.net](mailto:annettel@adha.net) and I promise to respond as quickly as I can. I love hearing from my District XII people!

Warmest regards,
Annette Lincicome, BS, RDH
702-376-4029
[annettel@adha.net](mailto:annettel@adha.net)
Board members:
President: Julie Hughes
Vice President: Blair Dellaquila
Secretary: Lacey Taylor
Treasurer: Natasha Haynes
Immediate Past President: Chloe Allen

- September, MSDHA was involved with the Fairbanks Families health fair at Pioneer Park.
- We started back with their RDH after 5 in October. Our secretary and treasurer positions were up for election. Natasha Haynes has been elected as treasurer. We want to thank Camille Hynson for her dedication to the position and wish her luck with the upcoming baby! We are seeking nominations for secretary.
- We are working with AKMOM. It will be held April 13-14, 2018 here in Fairbanks. Registration is now open.

Thanks,
Julie Hughes
President, MSDHA

Cook Inlet Dental Hygienists’ Association

Board Members:
President: Liisia Putnam
Vice President: Carla Roe
Treasurer: Donna Smith
Secretary: Valerie Truncali
Immediate Past President: Whitney Just

- CIDHA met Sept. 20th. Items discussed included the association budget, student scholarship, future CE opportunities, etc.
- Next Meeting is October 25th at 6PM at the Jewel Lake Kaladi coffee house in the community room.
- CIDHA plans to continue its annual partnership with the UAA students for a spring 1 credit CE Table Clinic

The next CIDHA meeting will be:
UAA DH Students will also present a UAA Student Table Clinic CE 4/13/17

Contact Information:
CIDHA
c/o Alaska DHA

PO Box 240247
Anchorage, AK 99524
cidha.ak@gmail.com

Upcoming Meetings:
- Jan 25th 6pm - Holiday Regifting Exchange Potluck
- Board Meeting: March 29th 6pm
- CIDHA & Family Summer BBQ: date TBA

Liisia Putnam RDH
President, CIDHA
Liisia.rdh@gmail.com.com
This fall the UAA Dental Hygiene Program selected what should be the last class of students in our associate degree program. The 2018 selection will be held in fall, with applications due September 1. This will allow students to complete their prerequisites over the summer if they still have a course or two they haven’t taken. We’ll interview around October 1. Students applying can take nutrition and general education courses during the fall selection semester. Those that are not selected can take a few more courses in the spring if they want to earn an Associate of Arts degree (a general education transfer degree), and of course are welcome to apply again.

Next year will be a transitional time and we may ask you to help us out as we will only have one class on campus in the fall and have some tasks the junior students generally assist with and obviously won’t be available for. The dental assisting students may be able to fill in some when possible, but if not, we may request help from you. Examples include: Being first clinical patients for seniors early in the fall and local anesthesia patients later in the fall, and helping with fundraising activities. I’m sure others will arise that we haven’t thought about yet!

We have a new community dental health instructor, Savannah Rose from Southcentral Foundation. She came highly recommended by our own Nicki Bennett and has taken on the challenge with positive energy and lots of enthusiasm. We are happy to have her on our team!

We plan to run another restorative course this winter, if sufficient students register to make the class. With the budget as tight as it is, our additional course offerings must have enough students to pay the costs related to each course.

The students will be participating in the UAA Student Club’s Haunted Halloween carnival again this year. If you have young children, consider bringing them by. It’s a way for the kids to have fun and wear their costumes in a safe and warm environment. The dental hygiene Angry Birds booth is always a favorite of the little ones!

Thanks again for all the support you provide for our program. It makes so much difference in our students’ experience when compared to other schools that don’t have this close connection to their professional association.

Thank you for all your support!
Sandy Pence and Carri Shamburger
UAA Dental Hygiene Program
The following bullet points highlight some key information for you to be aware of.

- Regulations relating to the administration of deep sedation, general anesthesia, moderate sedation, minimal sedation, local anesthetic agents and nitrous oxide sedation—The BoDE thanks everyone that submitted public comment by the July 20th deadline. The board reviewed all public comments submitted, edited regulations, and approved them. Regulations are currently being reviewed and finalized by the Department of Law. A status update will be given at the Alaska Dental Hygienists’ Association Fall Business Meeting on November 11th.

- The BoDE approved the following nitrous oxide and local anesthesia regulation changes:
  - Incorporate nitrous oxide regulations into Article 3 and rename—*Administration of Local Anesthetic Agents and Nitrous Oxide Sedation by Dental Hygienists.*
  - Dental hygienists will be required (if you currently or intend to utilize nitrous oxide) to submit an initial application, fee, and provide written verification of successful completion of an accredited college or university course of instruction in the administration of nitrous oxide. This process will be similar to current initial application process for local anesthesia.
  - A certification to administer local anesthesia and/or nitrous oxide sedation will remain active as long as the holder’s dental hygiene license is active and in good standing.
  - The BoDE will notify a dental hygienist of initial certification to provide local anesthesia and/or nitrous oxide sedation and thereafter certification will be listed on the dental hygiene license. There will be no renewal of local anesthesia or nitrous oxide certifications and no biennial fee.

- What will remain unchanged is Sec. 08.32.110(a)(2), a statute that states “if certified by the board and under the *direct or indirect supervision* of a licensed dentist, administer and monitor nitrous oxide-oxygen conscious sedation.” To be very clear, nitrous oxide is not under general supervision. If you need to review definitions, the statutes and regulations are online at [www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofDentalExaminers.aspx](http://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofDentalExaminers.aspx)

- While the board will make every attempt to make this transition as smooth as possible, please be aware that a lot of applications will strain the workload of the licensing examiner and staff. Applications will be on the board website listed above as soon as they are available.

- Licensing examiner—If you have any questions regarding applications, licensure, continuing education, you can contact Mr. Jedediah Smith.
  - Phone: 907-465-2542
  - E-mail: boardofdentalexaminers@alaska.gov

- The next scheduled meeting of the BoDE is Friday, December 8th.
- Questions or Comments?

Thank you,
Gail Walden, RDH
Paula Ross, RDH
In collaboration with the American Dental Hygienists’ Association, the ADHA Institute for Oral Health provides thousands of dollars each year, to advance the profession of Dental Hygiene through scholarship, research and service.

**Funds are awarded to:**
- Dental hygiene students for educational needs (**Scholarships**)
- Those supporting the advancements in the dental hygiene field through the discovery and application of knowledge which includes original research, developmental prospects and qualitative and quantitative research. (**Research**)  
- Dental hygienists to provide access to oral health care and education to those in their communities (**Community Service**).

**We are the only foundation for dental hygienists by dental hygienist.**

**Looking for an opportunity that will provide financial assistance to further your academic achievement, professional excellence and a desire to improve the public’s overall health?**

- ADHA’s Institute for Oral Health Scholarship Program offers financial assistance to dental hygiene students and dental hygienists who demonstrate a commitment to advance the discipline of dental hygiene.

**Looking for an opportunity for funding for research projects specializing in dental hygiene?**

- The Institute for Oral Health’s Research Grant Programs give preference to proposals that address the following:
  - Develops or expands upon the dental hygiene body of knowledge
  - Promotes the public’s oral health by improving dental hygiene education and practice, or Supports the delivery of quality oral healthcare.
- ADHA’s Institute for Oral Health Community Service Grant program is designed to encourage dental hygienists to devise and implement community health projects.

These grant programs empower dental hygiene professionals to respond to their communities’ oral health concerns. Please review the specific grant program information to determine eligibility, regional restrictions and application timeline.

- Wrigley Company Foundation Community Service Grants
- Rosie Wall Community Spirit Grants
- Healthy Start for Texas Teeth Community Service Grants
Dates to Remember:

- **Scholarships (all):**
  - Scholarship Application Available: **October 1**
  - Scholarship Application Deadline: **February 1**

- **Research Grants (all):**
  - Research Grant Application Available: **November 1**
  - Research Grant Application Deadline: **February 28**

- **Community Service Grants:**
  - Wrigley Community Service Grants: **July 1**
  - Wrigley Grant Deadline: **October 1**
  - Rosie Wall Community Spirit Available: **November 1**
  - Rosie Wall Grants Deadline: **February 1**

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*In Motion* is the premier fundraising event for the Institute for Oral Health. The goal of the event is to raise funds and awareness for your foundation.

Institute for Oral Health is the only foundation for hygienists by hygienists. By supporting, raising funds and creating awareness, you create opportunities for scholarships, grants, research and community service for ADHA Members.

- For more information, applications (if application period is open) and eligibility requirements for all IOH programs, please visit: [www.adha.org/ioh](http://www.adha.org/ioh)

- Attend ADHA annual conference and experience the value of your membership; plus, it’s a lot of fun!

- Registration opens January 2018!

Contact Sandy Pelto, Alaska DHA IOH Liaison with any questions about how you can donate to IOH today! [thepeltonator@aol.com](mailto:thepeltonator@aol.com)