

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

As of June 2010 three categories of non-dentist practitioners were permitted to perform some restorative services: dental hygienists, dental assistants, and dental therapists. Practice varies by state, based on what state practice acts authorize. The following provides a broad overview of each category of provider and the types of restorative services that are administered.

Dental Hygienists and Dental Assistants

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

Most states that permit dental hygienists to perform restorative services, also allow at least an expanded duty dental assistant to perform them as well. Typically both dental hygienists and dental assistants qualify for a restorative certificate by completing the same dental board approved CE course and obtaining a restorative certificate.

The restorative services provided by dental hygienists and dental assistants may include some or all of the following services:

- Apply cavity liners/bases
- Place (and also carve and finish) amalgam restoration
- Place and finish composite restoration
- Place and/or remove temporary restoration
- Place and/or remove temporary crowns
- Fabricate temporary crowns

It is not explicit in state laws whether atraumatic restorative technique (ART), which is generally understood to mean removal of diseased tooth tissue with a hand instrument and placement of glass ionomer or similar temporary filling material, is considered within the definition of temporary restoration. Many states permit placement of a temporary restoration, but no state specifically identifies the term "atraumatic restorative technique" in state statute. However, Maine rules provide a protocol for public health dental hygienists and independent dental hygienists to determine whether it is appropriate to place a temporary restoration. Because the protocol states that "any temporary filling material must be of a nature that is not harmful to the tooth, and preferably be fluoride releasing" and "reminds its licensees that the standard of care in the placement of any dental restoration would include the use of diagnostic films" it would appear that an atraumatic restoration using a material such as glass ionomer is contemplated.

<http://www.mainedental.org/TemporaryFillingsAlgorithms.htm>

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

Washington State is unique in that it is the only state that requires competence in restorative procedures for initial licensure as a dental hygienist. Restorative services

are part of the curriculum at all entry-level dental hygiene programs in Washington State. Applicants for licensure in Washington State must pass a clinical restorative test offered by the WREB.

There is no CODA process in place at this time to recognize or accredit a specific course of study in restorative skills CODA develops overall standards for and accredits complete dental hygiene programs, rather than individual classes within a program or continuing education classes

The attached chart designates the restorative services dental hygienists are permitted to administer by state, as designated by state statute or rule. Those states where the services are permitted as part of the dental assistant scope based on similar qualifications are marked with an asterisk. The chart indicates that a service is either allowed or prohibited in a state ONLY if there is a specific provision in the statute or rules to that effect. The blank sections indicate that the law is silent on whether or not a dentist may delegate that service to a dental hygienist. In at least some of these states (e.g. Colorado) dental hygienists are permitted to do any duty delegated by a dentist that is not otherwise prohibited, and the dental board has informally indicated that some restorative services would be allowed under this provision. See http://www.adha.org/governmental_affairs/downloads/restorative_chart.pdf to download this chart.

Dental Health Aide Therapists

Beginning in 2004, dental health aide therapists (DHATs) began administering dental care to Alaska natives on tribal land. The DHAT program was developed as a specialty area under the Community Health Aide Program (CHAP) and is operated by the Alaska Native Tribal Health Consortium. DHATs are regulated through the CHAP program and, because they practice on federal tribal land, are not required to hold a license from the state to practice or to adhere to state practice act restrictions.

In addition to the supportive restorative services which dental hygienists and dental assistants perform, DHATs may prepare the tooth for restoration, including drilling to remove tooth structure, as well as perform non-surgical extractions of primary and permanent teeth, pulpotomies and pulp capping. DHATs treat patients in consultation with dentists and other members of the dental team through practice under a form of remote general supervision and the use of teledental and other technology.

The first cohorts of DHATs were trained in an existing two year post secondary dental therapy education program in New Zealand. Since 2007, DHATs have been educated through the University of Washington, School of Medicine's DENTEX program based in Alaska. It is a 24 month program, with 45 academic credits in year one, followed by a second year of clinical studies. For ongoing information about DENTEX or DHAT practice information see <http://depts.washington.edu/dentexak/>

Dental Therapists, Advanced Dental Therapists and First ADHPS

Two mid-level providers, the dental therapist and advanced dental therapist, will be eligible for licensure in Minnesota as early as mid-2011. Created by a new law in 2009, dental therapists and advanced dental therapists will provide a number of restorative services, similar to those provided by the Alaska DHAT. The dental therapist and advanced dental therapist scopes of practice do not contain significant

preventive services. However, a licensed dental hygienist who is dually licensed as an advanced dental therapist will be able to administer a scope of practice that essentially mirrors that of the Advanced Dental Hygiene Practitioner.

Dental therapists will practice under the supervision of a dentist, with onsite/direct supervision required for most clinical services. Advanced dental therapists will practice under the general supervision of a dentist via a collaborative management agreement. Both providers were established with the intent to administer care to the underserved in the state, and statute restricts practice of the new providers to specific settings and populations.

Baccalaureate and Master's level dental therapist programs have been established at the University of Minnesota's School of Dentistry. A Master's level advanced dental therapy education program has been established at Metropolitan State University in partnership with the dental hygiene education program at Normandale Community College which requires students to be already licensed dental hygienists who have obtained a Baccalaureate degree. The Metropolitan State University program is based, in part, on Advanced Dental Hygiene Practitioner Competencies developed by the American Dental Hygienists' Association.

CODA received requests at its February, 2010 meeting from the Minnesota Board of Dentistry, the Minnesota Dental Association, the University of Minnesota, and Metropolitan State University of the Minnesota and State Colleges and Universities System to accredit the educational programs in Dental Therapy and Advanced Dental Therapy. CODA announced it will form a Task Force to evaluate the request.

Proposed New Providers

Several stakeholder organizations have expressed an interest in developing and advocating for a dental therapist provider who would have a two year post secondary education and provide as yet undefined services similar to the other dental therapists. The Pew Center on the States Children's Dental Health Initiative and the WK Kellogg Foundation (<http://www.wkkf.org/>) have both published reports concerning the development of such a provider. In January 2010, the Kellogg Foundation and Josiah Macy Foundation announced a partnership with the American Association of Public Health Dentistry to fund the development of a dental therapist curriculum and development of recommendations concerning the implementation of dental therapists by the American Association of Public Health Dentistry. The curriculum is expected to be available in early 2011.

A number of state dental associations have also expressed an interest in developing dental therapist provider models. The specific scopes of practice and educational competencies for the proposed providers have not yet been released, but it is understood that restorative services are expected to be included.

Prepared as general information by the ADHA Governmental Affairs Division. For information about a specific jurisdiction check with the state dental or dental hygiene board.

