Minnesota/MN:

Current Law (2021):

> Dental Hygienist to Dentist Ratio: 4:1 Maximum under Collaborative Agreement

> Before performing any services authorized under this subdivision, a dental hygienist must provide the patient with a consent to treatment form which must include a statement advising the patient that the dental hygiene services provided are not a substitute for a dental examination by a licensed dentist.

Scope of Practice:

(a) a licensed dental hygienist or licensed dental assistant may perform the following restorative procedures:

(1) place, contour, and adjust amalgam restorations;

(2) place, contour, and adjust glass ionomer;

(3) adapt and cement stainless steel crowns; and

1. place, contour, and adjust class I, II, and V supragingival composite restorations on primary and permanent dentition.

Historical Changes:

2017:

Deleted Line “~~(4) place, contour, and adjust class I and class V supragingival composite restorations where the margins are entirely within the enamel~~ “

2014:

Added Line (5) place, contour, and adjust class II and class V supragingival composite restorations on primary teeth.

2009:

Added line “A licensed dental therapist shall not supervise more than four registered dental assistants at any one practice setting. “ (4:1 Ratio)

Added lines allowing dental therapist to practice the operations said above.

2003

Added specific scope of practice for dental hygienist:

application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants; (Underlined words were added) (Subd. 1(a) 3)

2001:

Added entire subdivision 1(a) about Dental Hygienists

Confirmed the 4:1 Dental Hygienist to Dentist Ratio.

Source:

https://www.revisor.mn.gov/statutes/cite/150A.10

(Scroll to bottom for history)

Wisconsin/WI:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

Scope of Practice (2021 Law):

A dental hygienist may practice dental hygiene or perform remediable procedures only when:

Either: The dentist is in the facility

Or: the dental hygienist is working under a written or oral prescription (while dentist NOT in the facility), and the dentist had examined the patient in past 12 month and consent had been given.

(Wisconsin Statute 447.06 (b) and (c))

A dental hygienist may not diagnose a dental disease or ailment.

a dental hygienist may administer the following upon delegation by the dentist if **the dentist remains on the premises** in which the practices are performed and **is available to the patient throughout the completion of the appointment**:

1. Oral systemic premedications specified by the examining board by rule.
2. If the dental hygienist is certified under s. [447.04 (2) (c) 1.](https://docs.legis.wisconsin.gov/document/statutes/447.04(2)(c)1.), local anesthesia.
3. Subgingival sustained release chemotherapeutic agents specified by the examining board by rule.
4. If the dental hygienist is certified under s. [447.04 (2) (d) 1.](https://docs.legis.wisconsin.gov/document/statutes/447.04(2)(d)1.), nitrous oxide inhalation analgesia.

**History:** [1989 a. 349](https://docs.legis.wisconsin.gov/document/acts/1989/349) ss. [13](https://docs.legis.wisconsin.gov/document/acts/1989/349,%20s.%2013), [16](https://docs.legis.wisconsin.gov/document/acts/1989/349,%20s.%2016) to [19](https://docs.legis.wisconsin.gov/document/acts/1989/349,%20s.%2019); [1993 a. 27](https://docs.legis.wisconsin.gov/document/acts/1993/27); [1997 a. 96](https://docs.legis.wisconsin.gov/document/acts/1997/96); [2009 a. 302](https://docs.legis.wisconsin.gov/document/acts/2009/302); [2013 a. 237](https://docs.legis.wisconsin.gov/document/acts/2013/237), [354](https://docs.legis.wisconsin.gov/document/acts/2013/354); [2017 a. 20](https://docs.legis.wisconsin.gov/document/acts/2017/20), [116](https://docs.legis.wisconsin.gov/document/acts/2017/116).

History:

2017:

**Added:** No employer may request dental hygienist to achieve minimum amount of patients seen/procedures applied

No other significant change.

Source: <https://docs.legis.wisconsin.gov/statutes/statutes/447/06> (Keep scrolling for all content)

Illonois/IL:

> Dental Hygienist/Dental Assistant to Dentist Ratio: 4 to 1 ((225 ILCS 25/17) (from Ch. 111, par. 2317))

Scope of Practice:

With General Supervision (NOT requiring dentist on site):

1. dental hygiene, consisting of oral prophylactic procedures;
2. X-Ray films of the teeth and surrounding structures
3. Applying chemical compounds to surfaces of teeth for preventative care
4. Other services of Dental Assistant, and placing, carving, and finishing of amalgam restorations (Only after obtaining formal education and certification)

In addition, these procedures can also be done if patients cannot travel to dentists’ office, as long as the patient is in a long-term care facility licensed by the State of Illinois, a mental health or developmental disability facility, or a State or federal prison. Dentists’ examination required.

In addition, the following can be done in Supervision (Require dentist on-site):

1. administration and monitoring of nitrous oxide (Only after completing training program)
2. administration of local anesthetics (Only after completing training program)
3. Other procedures prescribed by state department

Source: (225 ILCS 25/18) (from Ch. 111, par. 2318)

**NO Historical Dental Hygienist/Dentist Ratio Found.**

I had extreme difficulty finding its history because this is an ACT and it’s hard to filter its numerous amendments

Michigan/MI:

Ratio Limit:

Dental Hygienist : Dental Therapist at most 2:1 (333.16656(2))

Dental Therapist : Dentist at most 4:1 (333.16655(4))

**NO Specific Dental Hygienist/Dentist Ratio Found.**

Scope of Practice:

No Requirement(Dentist may be off-site):

Deep scaling, root planing, and the removal of calcareous deposit (333.16611(2))

take an impression for orthodontic appliances, mouth guards, bite splints, and bleaching trays[[1]](#footnote-1) (333.16611(10))

placing, condensing, and carving amalgam restorations (333.16611(11))

Direct Supervision:

intraoral block and infiltration anesthesia or nitrous oxide analgesia, or both, with proper certifications. (333.16611(4))

The ability of a dental hygienist to administer nitrous oxide analgesia under this section is limited to  
circumstances in which the dental hygienist may administer not more than 50% nitrous oxide. (333.16611(8))

In addition:

a dental assistant[[2]](#footnote-2) may function as a second pair of hands for a dentist, dental hygienist, or dental therapist, if:

1. the dentist, dental hygienist, or dental therapist is actively performing service in patients’ mouth
2. For dental hygienist, the supervising dentist must have assigned the dental assistant with the task

(MI Health Code 333.16626(2))

History:

2018:

The whole 16655 and 16656 chapter (Designating dental therapist:dentist ratio and other scopes of practice) was added.

2004:

Set 50% limit for dental hygienists overseeing Nitrous Oxide Analgesia

2003:

Allowed dental hygienists to take impressions.

2002:

Deep scaling, root planing, and the removal of calcareous deposit allowed to be done by dental hygienists without supervision.

intraoral block and infiltration anesthesia or nitrous oxide analgesia allowed with direct supervision and certification.

**NO Historical Dental Hygienist/Dentist Ratio Found.**

No History of “Dental Hygienists per Dentists” found.

Source: http://www.legislature.mi.gov/(S(u0um0lxk04v33izmlzequl3h))/mileg.aspx?page=getObject&objectName=mcl-333-16611

Note:

The original act (laws) on dental hygienists, dentists, etc. were included Act 368 of 1978(<http://www.legislature.mi.gov/(S(w3yp1uuvp1d5poitfdt4pbyb))/mileg.aspx?page=GetObject&objectname=mcl-act-368-of-1978>) , Section 15-166 “Occupations-Dentistry” (<http://www.legislature.mi.gov/(S(w3yp1uuvp1d5poitfdt4pbyb))/mileg.aspx?page=getObject&objectName=mcl-368-1978-15-166>).

The law’s major changes occurred in 2003 and 2004 as listed above. I didn’t find other changes useful for our research.

Indiana/IN:

Note: All links are recommended to be opened in Edge. Firefox won’t display the text of laws and acts.

**NO Specific Dental Hygienist/Dentist Ratio Found.**

Scope of Practice:

Dental Hygienists were allowed to do the following with direct (require dentist on-site) or prescriptive supervision [[3]](#footnote-3)(Does NOT require dentist on-site):

1. removes calcific deposits or accretions from the surfaces of human teeth or cleans or polishes such teeth;

2. applies and uses within the patient's mouth such antiseptic sprays, washes, or medicaments for the control or prevention of dental caries as his or her employer dentist may direct;

3. treats gum disease;

4. uses impressions and x-ray photographs for treatment purposes; or

5. administers local dental anesthetics, except for the administration of local dental anesthetics by:

(A) a dentist as provided in [IC 25-14-1-23](_blank)(a)(6); or

(B) a physician licensed under [IC 25-22.5](_blank).

Source: IC 25-13-1-11 “Practice of Dental Hygiene, Acts Performed”

IC 25-13-1-10: “A licensed dental hygienist may practice dental hygiene in Indiana in the following: (1) A dental office…..”

No supervision (direct or prescriptive) needed:

A licensed dental hygienist may provide without supervision the following:

(1) Dental hygiene instruction and in-service training without restriction on location.

(2) Screening and referrals for any person in a public health setting.

1. Dental hygiene services under an access practice agreement that complies with the requirements under [IC 25-13-3](_blank).

Not Allowed:

A dental hygienist may not use a laser to cut, ablate, or cauterize hard or soft tissue to provide treatment to a patient.

Source: IC 25-13-1-10 (b)

Access Practice Agreement Requirement:

At least 2,000 hours of documented clinical hours of dental hygiene services during two (2) years of active practice under the direct supervision of a dentist.

Source: IC 25-13-3-5 (a) (2)

History:

2018:

Added Rules specifying the “Access Practice Agreement” between dentists and dental hygienists.

Added line saying that Dental Hygiene Service may be provided under Access Practice Agreement (And thus need no supervision whatsoever).

Source: Indiana P.L.30-2018 (HEA 1116). View at <https://legiscan.com/IN/text/HB1116/id/1739285/Indiana-2018-HB1116-Enrolled.pdf>

2015:

Added “at least 20 hours of practice per week” to “2 years under direct supervision” in requirement for Prescriptive Supervision.

Provides that a dental hygienist may not use a laser that cuts, ablates, or cauterizes hard or soft tissue to provide treatment to a patient

Source: Indiana Public Law P.L.140-2015, which refers to House Bill 1282 in year 2015. View at <http://iga.in.gov/legislative/2015/bills/house/1282#document-8063f8c6>

2014:

Allows a dental hygienist to practice under prescriptive supervision in a dental office.

Source: Indiana Public Law P.L.68-2014, which refers to House Bill 1061 in year 2014. View at <http://iga.in.gov/legislative/2014/bills/house/1061>

2007:

Allowed Dental Hygienists to conduct local anesthesia for dental procedures while under the direct on-premises supervision of a licensed dentist

Source: Indiana House Bill 1736 Year 2007, <http://iga.in.gov/legislative/archive/bills/2007/HB/1736>

**NO Historical Dental Hygienist/Dentist Ratio Found.**

Ohio/OH:

Dental Hygienist to Dentist Ratio: Maximum 3:1 while dentists NOT on site

The Service must NOT be longer than 15 consecutive business days.

No other rule found[[4]](#footnote-4).

(Source: Ohio Rule 4715-9-05(D) <https://codes.ohio.gov/ohio-administrative-code/rule-4715-9-05> )

Scope of Practice:

May Monitor and Administer nitrous oxide-oxygen (N2O-O2) with certification.

Under Supervision (May NOT need dentist on-site):

* Removal of calcareous deposits or accretions from the crowns and roots of teeth.
* Periodontal scaling, root planing, and soft tissue curettage.
* Sulcular placement of prescribed materials.
* Bleaching of teeth (excluding procedures that utilize light amplification by stimulated emission of radiation (LASER) technologies).
* Polishing of the clinical crown(s) of teeth, including restorations.
* Pit and fissure sealants.
* Standard, diagnostic, radiologic procedures for the purpose of contributing to the provision of dental services.

Source: Ohio Rule 4715-9-01 (B) and (C).

History:

**NO Other Historical Dental Hygienist/Dentist Ratio Found.**

Pennsylvania/PA:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

Scope of Practice:

Direct Supervision Only:

Placement of subgingival agents.

Direct or General Supervision[[5]](#footnote-5):

Periodontal probing, scaling, root planning, polishing or another procedure required to remove calculus deposits, accretions, excess or flash restorative materials and stains from the exposed surfaces of the teeth and beneath the gingiva.

Evaluation of the patient to collect data to identify dental hygiene care needs.

The application of fluorides and other recognized topical agents for the prevention of oral diseases.

Conditioning of teeth for and application of sealants.

Taking of impressions of the teeth for athletic appliances.

Administration of local anesthesia by regional injection (Need License

Source: Pennsylvania Code 33.205

(<http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter33/chap33toc.html&d=reduce#33.205>. )

History:

2009: Allowed “Public Health Dental Hygienists” to operate without supervision.

**NO Historical Dental Hygienist/Dentist Ratio Found.**

New York/NY:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

**NO Historical Dental Hygienist/Dentist Ratio Found.**

Scope of Practice and Supervision:

The case is tricky in New York. The practice of Dental Hygiene must be done with supervision, per New York Education Law Article 133-6606 (1). It was not specified which kind of supervision, direct (require dentist on-site) or general(does not require dentist on-site).

This article of ADHA provided a more specific scope of practice.

https://www.nydha.org/index.php/component/content/article?id=32

I struggled to find historical revisions of the laws of New York.

Massachusetts/MA:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

**NO Historical Dental Hygienist/Dentist Ratio Found.**

Scope of Practice and Supervision:

[S](https://www.nydha.org/index.php/component/content/article?id=32)ee <https://www.mass.gov/doc/234-cmr-5-requirements-for-the-practice-of-dentistry-dental-hygiene-and-dental-assisting/download> and <https://www.adha.org/resources-docs/7511_Permitted_Services_Supervision_Levels_by_State.pdf>

I struggled to find historical revisions of the laws of MA

Virginia/VA:

Dental Hygienist to Dentist Ratio: 2:1

(Source: Virginia Code 54.1-2724 at <https://law.lis.virginia.gov/vacode/54.1-2724/> )

History:

2016:

Added two dental hygienist limit.

(Source: Virginia Chapter 497, year 2016, at <https://lis.virginia.gov/cgi-bin/legp604.exe?161+ful+CHAP0497&161+ful+CHAP0497>, near final part. *Italics* means addition to laws in Virgnia according to <https://www.ncsl.org/legislators-staff/legislative-staff/research-editorial-legal-and-committee-staff/types-of-markup-used-in-bills637032129.aspx> )

West Virginia/WV:

Dental Hygienist to Dentist Ratio: 3:1

(Originally: The supervising dentist shall not have more than three dental hygienists treating patients under general supervision in dental offices or treatment facilities at any time when the dentist is not physically present. )

Source: W. Va. Code R. § 5-13-6.1(a) (7) at <https://www.law.cornell.edu/regulations/west-virginia/W-Va-C-S-R-SS-5-13-6>

History:

The regulation was put in place in 2014, where the 3:1 ratio was decided.

No record on dental hygienist per dentist before that.

The law was only amended by in 2016 and there was no change in the ratio.

For changes, it was issued in West Virginia Secretary of State, Volume XXXIII Issue 30 in 2016. See <https://apps.sos.wv.gov/adlaw/registers/readpdf.aspx?did=30692> page 14. See West Virginia Senate Bill 159 in year 2016, page 6, part 5-13-6.1(a) (7) at <https://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=27142&Format=PDF>

Kentucky/KY:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

**NO Historical Dental Hygienist/Dentist Ratio Found.**

Source: See <https://apps.legislature.ky.gov/law/statutes/chapter.aspx?id=38806>

(Kentucky Revised Statutes Chapter 313.040)

History:

2012:

Amended by Kentucky Act Chapter 27 Section 3(See <https://apps.legislature.ky.gov/law/acts/12RS/disptbl.pdf> page 1), which refers to Senate Bill 92 (Search at <https://apps.legislature.ky.gov/lrcsearch#tabs-6> )

2010:

Repealed and Reenacted by Kentucky Act Chapter 85 Section 7 (See <https://apps.legislature.ky.gov/law/acts/10RS/disptbl.pdf> page 11), which refers to House Bill 179 (Search at <https://apps.legislature.ky.gov/lrcsearch#tabs-6> )

Missouri/MI:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

**NO Historical Dental Hygienist/Dentist Ratio Found.**

Source: See <https://apps.legislature.ky.gov/law/statutes/chapter.aspx?id=38806>

(Kentucky Revised Statutes Chapter 313.040)

See also <https://www.modental.org/member-center/missouri-dental-practice-act>

Texas/TX:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

**NO Historical Dental Hygienist/Dentist Ratio Found.**

It was claimed in an article in Dentistry IQ (<https://www.dentistryiq.com/dental-hygiene/technology/article/14207643/texas-passes-timely-teledentistry-legislation>) that a dentist can supervise up to 5 dental hygienists, but I cannot find it anywhere.

I looked over Texas laws on dental hygienists and assistants (Texas Administrative Code Title 22 Part 5, Chapter 114 and 115, found at <https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=3&ti=22&pt=5> ) and found no result proving this point. Texas Occupation Code Title 3, Subtitle D, Chapter 262 (<https://statutes.capitol.texas.gov/Docs/OC/htm/OC.262.htm> )also had no relevant entries on this claim. I also did some Google Search and didn’t find anything.

However, it was true that Texas House Bill 2056 in year 2021 provided definitions to teledentistry and allowed practice of it. <https://capitol.texas.gov/tlodocs/87R/billtext/html/HB02056F.HTM>

California/CA:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

**NO Historical Dental Hygienist/Dentist Ratio Found.**

See <https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=4.&article=9>. I didn’t find anything related to maximum number of dental hygienist a dentist may supervise.

Colorado/CO:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

However, it was stated that “ A dentist shall not utilize more

dental assistants than the number of dental assistants the dentist can reasonably supervise.”.

See Colorado Dental Practice Act of 2021, Part 5, 12-220-501 (3) (c) (II), last sentence. (<https://codha.org/wp-content/uploads/2021/09/Colorado-Dental-Practice-Act-2021.pdf> page 37)

History:

The Act was amended in 2020 in Colorado House Bill 20-1056 (<https://leg.colorado.gov/sites/default/files/documents/2020A/bills/2020a_1056_enr.pdf> page 50) But the statement above was generally the same except changes in wordings

**NO Historical Dental Hygienist/Dentist Ratio Found.**

Georgia/GA:

Dental Hygienist to Dentist Ratio: 4:1

(Rule and Regulation of the State of Georgia, Chapter 150, 150-5-.03 (8): A dentist may only authorize up to four dental hygienists total to provide dental hygiene services in any setting or number of settings at any one time. A dentist authorizing one or more dental hygienists to provide dental hygiene services under (4)(c)(1.) and (4)(c)(2.) shall practice dentistry and treat patients in a physical and operational dental office located in this State within 50 miles of the setting in which the dental hygiene services are to be provided under general supervision.)

View at <https://rules.sos.ga.gov/gac/150-5>

Alternatively, view Georgia Code 43-17-74 (l) (3)

Scope of Practice:

See Georgia Code 43-17-74 at <https://public.fastcase.com/9SKwsfNqTc6OieYDhNMyM2Fpksq%2FK%2BU7xPiVlaP3fEwKnmYMinPg5MxIQ7XRusSW9PXSyF67%2BY3at6OvrH%2Bd7w%3D%3D>

Specifically part (b) and (g)

History:

The 4:1 limit was added to GA Code 43-17-74 in year 2017.

The statement was NOT found in 2016 code:

<https://law.justia.com/codes/georgia/2016/title-43/chapter-11/article-3/section-43-11-74/>

But found in 2017 code:

https://law.justia.com/codes/georgia/2017/title-43/chapter-11/article-3/section-43-11-74/

Presumably due to amendment in 2017 Ga. Laws 177. I didn’t find the specific law and the related bills.

Florida/FL:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

**NO Historical Dental Hygienist/Dentist Ratio Found.**

This was found in Florida Statute Title XXXII, Chapter 466.023. Found at <http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0466/Sections/0466.023.html>.

The history of the law was found in link above, but I didn’t find the bills or laws in “history” part.

There were no specific dental hygienist/dentist ratio found. It was, however, stated in part (4) that:

“The board (The Board of Dentistry) by rule may limit the number of dental hygienists or dental assistants to be supervised by a dentist if they perform expanded duties requiring direct or indirect supervision pursuant to the provisions of this chapter. The purpose of the limitation shall be to protect the health and safety of patients and to ensure that procedures which require more than general supervision be adequately supervised. “

However, I didn’t find any specific number in Florida Board of Dentistry website.

Arizona/AZ:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

**NO Historical Dental Hygienist/Dentist Ratio Found.**

See Arizona Revised Statute 32-1281 at <https://www.azleg.gov/ars/32/01281.htm> or <https://law.justia.com/codes/arizona/2021/title-32/section-32-1281/>, no specific dental hygienist to dentist ratio was found. In addition, upon checking same law in 2005, 2010, and 2017 at <https://law.justia.com/arizona/>, there was no specific ratio found.

North Carolina/NC:

Dental Hygienist to Dentist Ratio: 2:1

Same Ratio at least since 1999

See North Carolina Dental Practice Act, Chapter 90, Article 16, § 90-233 (b). “A dentist in private practice may not employ more than two dental hygienists at one and the same time who are employed in clinical dental hygiene positions.”.

<https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_90/Article_16.pdf> page 10.

Scope of Practice and Supervision required can be found at the same page.

The law was amended in 2007 and 2021, neither of which changed the 2:1 ratio. See <https://www.ncleg.gov/Sessions/2007/Bills/Senate/PDF/S1337v7.pdf> page 2 for change in 2007. Since the entry was not changed in 2007 and stayed the same as today, it wouldn’t have been changed in 2021.

Washington State/WA:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

**NO Historical Dental Hygienist/Dentist Ratio Found.**

No specific ratio was found in FAQ page of Washington State government (<https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/dental-hygienist/frequently-asked-questions/scope-practice>), and there was no specification in related laws( See WAC246-817-550 at <https://app.leg.wa.gov/wac/default.aspx?cite=246-817-550> for information).

Same page contains the scope of practice.

The statute authority was RCW 18.29.050 (found at <https://app.leg.wa.gov/RCW/default.aspx?cite=18.29.050> ). I have went through its amending bills and found no information regarding specific dental hygienist /dentist ratio.

New Jersey/NJ:

Dental Hygienist to Dentist Ratio: 3:1.

Source: New Jersey Revised Statute Title 45 Section 45:6-62, part (c), “c. Each licensed dentist may provide supervision to no more than three licensed dental hygienists at one time. “.

Found at <https://law.justia.com/codes/new-jersey/2021/title-45/section-45-6-62/>.

History:

The Ratio Limit was added in 2012.

Source: New Jersey Public Law P.L. 2012 c.29, found at <https://pub.njleg.state.nj.us/Bills/2012/PL12/29_.PDF> page 2. Previously, this chapter had no restriction on the number of dental hygienist a dentist may employ. For example, this is the same section in 2009, where no specific ratio was mentioned. <https://law.justia.com/codes/new-jersey/2009/title-45/section-45-6/45-6-62/>

Montana/MT:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

**NO Historical Dental Hygienist/Dentist Ratio Found.**

The supervision and scope of practice was defined by Montana Code, Title 37, Chapter 4, Part 4, 37-4-405. Found at <https://leg.mt.gov/bills/mca/title_0370/chapter_0040/part_0040/section_0050/0370-0040-0040-0050.html>.

There were no information regarding dental hygienist to dentist ratio.

History:

2017:

Amended by Public Law Chapter 288(Senate Bill 0120) didn’t have much change. See <https://leg.mt.gov/bills/2017/sb0199/SB0120_1.pdf>

2003:

Amended by Public Law Chapter 172 (Senate Bill 190), where dental hygienists were allowed to practice in public health settings without dentist authorization or presence. See <https://leg.mt.gov/content/publications/sales/2003_sess_laws_vol_1.pdf> page 635 and 636.

Louisiana/LA:

Dental Hygienist to Dentist Ratio: 2:1

Source: Louisiana Administrative Code, Title 46, Part XXXIII, Chapter 7, §701 (G)(2). See at <https://www.doa.la.gov/media/cuvldw0n/46v33.pdf> page 29.

**NO Other Historical Dental Hygienist/Dentist Ratio Found.**

Scope of Practice and supervision requirement can be found at the same page.

History:

See page 32 for history. However, I didn’t find the specific bills or laws for the amendments, nor earlier version of the code.

Oklahoma/OK:

Dental Hygienist to Dentist Ratio: 3:1

“A dentist may employ not more than the equivalent of three full-time dental hygienists for each dentist actively practicing in the same dental office. “

Same law also had scope of practices defined for dental hygienists.

Source: Oklahoma Statute Title 59-328.34 (View at <https://law.justia.com/codes/oklahoma/2021/title-59/section-59-328-34/>).

History:

2013:

The ratio changed from 2:1 to 3:1. The change was effective beginning 2013.

See <https://law.justia.com/codes/oklahoma/2012/title-59/> and <https://law.justia.com/codes/oklahoma/2013/title-59/>, search for 328.34.

Maryland/MD:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

**NO Historical Dental Hygienist/Dentist Ratio Found.**

The supervision and scope of practice was defined by Maryland Statutes, Health Occupations, Title 4 Dentistry, Subtitle 2 State Board of Dental Examiners, 4-206. Found at <https://law.justia.com/codes/maryland/2021/health-occupations/title-4/subtitle-2/>

There were no information regarding dental hygienist to dentist ratio.

History:

N/A

Connecticut/CT:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

**NO Historical Dental Hygienist/Dentist Ratio Found.**

The supervision and scope of practice was defined by Connecticut Statute chapter 397a, section 20-126(l). Found at <https://www.cga.ct.gov/current/pub/chap_379a.htm>

There were no information regarding dental hygienist to dentist ratio.

History:

Included at the abovesaid law. No change in dental hygienist to dentist ratio found.

Arkansas/AR:

**NO Specific Dental Hygienist/Dentist Ratio Found.**

**NO Historical Dental Hygienist/Dentist Ratio Found.**

The supervision and scope of practice was defined by Arkansas Dental Practice Act, 17-82-103 to 17-82-104, found at page 5 and 6, <https://www.healthy.arkansas.gov/images/uploads/pdf/Dental_Practice_Act_-_Oct_2020.pdf>.

The historical revision had no change to dental hygienist/dentist ratio.

There were no information regarding dental hygienist to dentist ratio.

History:

Included at the abovesaid law. No change in dental hygienist to dentist ratio found.

1. Upon Assignment of the dentist. Assignment refers to treatment plans NOT necessarily requiring dentists/dental therapists to be on-site. See MI Health Code 333.16601(1)(a) [↑](#footnote-ref-1)
2. Another auxilary. Also need licensing per MI health code 333.16611(1) [↑](#footnote-ref-2)
3. Specific Definition for Prescriptive Supervision requires dental hygienist having practices at least 2 years under Direct Supervision with over 20 hours working time per week. See Indiana Code IC 25-13-1-2 (I) and (j) for specifics. [↑](#footnote-ref-3)
4. Original Text was: The supervising dentist shall have no more than three dental hygienists treating patients when the dentist is not physically present. [↑](#footnote-ref-4)
5. Requires treatment plans to be developed. No need for on-site supervision. See Pennsylvania Code 33.1 Definitions. [↑](#footnote-ref-5)