

Dental Hygiene Practice Act (S571 & H3737)

Executive Summary

I. The establishment of a separate board to regulate the practice of dental hygiene.

The Board shall consist of five members appointed by the Governor. Four members of the Board must be licensed dental hygienists and must have been engaged in the practice of dental hygiene for not fewer than three consecutive years before appointment to the Board and must be appointed by the Governor. One dental hygienist shall represent Region I, which includes Congressional Districts 1 and 2, one shall represent Region II, which includes Congressional Districts 3 and 4, one shall represent Region III, which includes Congressional Districts 5 and 6 and one shall be a dental hygienist from the state at large. Representatives from each Region shall rotate in successive terms. One member must be a member of the general public and may not be a licensed dental hygienist or dentist and must not have any financial interest, direct or indirect, in the dental or dental hygiene profession. Each Board member must be a citizen of the United States and a resident of this State for not fewer than five years. No member may serve as an officer of a professional health related state association. Upon creation of the Board, the current dental hygiene member of the South Carolina State Board of Dentistry shall automatically fill the appropriate slot on the Board. This will determine the rotation of positions for election to the Board.

II. Collaborative Dental Hygiene Practice Permit

Licensed dental hygienists may be granted a permit for “collaborative dental hygiene practice” by the Board that will allow the dental hygienist to practice, without general supervision, in settings other than private dental offices, including the dental facilities of a health maintenance organization, hospitals, nursing homes, skilled nursing facilities, long term care facilities, rural health and community clinics, health facilities operated by or under the auspices of federal, state, county or local government, hospices, education institutions accredited by the Commission on Dental Accreditation that give instruction in dental hygiene, medical offices, veterinary offices and clinics, public and private schools, bonafide charitable organization, and any other category of setting authorized by the Board by rule. Upon application fee, the board shall grant a permit for a collaborative dental hygiene practice to any applicant who:

- (a) Holds a valid, unrestricted South Carolina dental hygiene license;
- (b) Presents proof of professional liability insurance coverage;
- (c) Presents satisfactory evidence of at least 3,000 hours of supervised dental hygiene clinical practice within the previous two years or 5,000 hours within the previous five years;
- (d) Presents adequate documentation of successful completion of a total of 40 classroom hours from a post-secondary educational institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency, including, but not limited to:
 - a. Biomedical science to include anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general pathology, and nutrition;
 - b. Pharmacology;
 - c. Medical emergencies and cardiopulmonary resuscitation;
 - d. Oral pathology;
 - e. Management of and psychology of child, adolescent, adult, geriatric, and medically compromised patients;
 - f. Jurisprudence.
- (e) All permits issued pursuant to this section are issued biennially, based on the same time established for licensure re-registration, and can be renewed by:
 - a. Payment of the renewal fee;
 - b. Proof of continued professional liability insurance coverage;

- c. and proof of successful completion of a minimum of 20 hours of board approved continuing education.
- (f) The board may refuse to issue or renew a collaborative practice permit or may suspend or revoke the permit for a dental hygienist that has falsified an application for permit or has been convicted of an offense or been disciplined by a dental licensing body in a manner that bears, in the judgment of the board, a demonstrable relationship to the ability of the applicant to practice collaborative practice dental hygiene or anything relevant to Section 40-16-230.
- (g) In school settings, dental hygiene services shall only be delivered with written permission of the student's parent or guardian. Only a parent or guardian may authorize or prohibit a student's participation in a school setting.
- (h) The dental hygienist will provide each client or the client's guardian and/or appropriate administrative staff with an oral assessment, advise each client that dental hygiene services do not take the place of a dental exam, and provide each client with a list of area dentists, upon request.
- (i) Collaborative practice dental hygienists will be recognized as providers and will be reimbursed for the delivery of services within their scope of practice by third party entities.
- (j) Dental hygienists working with collaborative practice permits will list the facilities where services are to be provided when applying for permits. Any and all changes are to be forwarded to the board.

This provision does not allow a dental hygienist to set up an independent dental hygiene practice. It will only allow dental hygienists to practice collaboratively with other health care workers providing the services he/she has been educated and licensed to perform in settings established by statute where dentists rarely practice and there is a need for preventive oral health care.

III. Limited Prescriptive Rights

Licensed dental hygienists may prescribe topical fluorides, topical chemotherapeutic agents, and prophylactic antibiotics. Prophylactic antibiotics shall be prescribed according to the most current guidelines of the American Heart Association, the American Academy of Orthopaedic Surgeons and the American Academy of Pediatric Dentistry in consultation with the child's physician.

SEE ADDENDUM A – this is limited to antibiotics needed before a cleaning, fluorides and mouth rinses necessary after some dental hygiene procedures.

Currently, registered dental hygienists determine the need for prophylactic antibiotics and through standing orders, in settings outside the private practice, have the ability to determine the need for and dispense chemotherapeutic mouth rinses.

-
- The 1987 and 1993 State Reorganization Commission Sunset Subcommittee recommended a separate board of dental hygiene:
 - Regulation of Dental Hygienists: The SC Board of Dentistry is composed of nine members. Although dental hygienists make up over 50% of the Board's licensees, we only have one representative on the Board.
 - Effect: A conflict of interest is created when dental hygienists are regulated by dentists who are also their primary employers. Dentist representatives have a vested economic interest in controlling the practice of dental hygiene and its development.
 - Criteria: With advancing technology, infectious diseases, and increases in the elderly population, appropriate regulation of the profession should be considered above any perceived self-interest of the dental community.
 - Current re-registration fees will support a board of dental hygiene.
 - There are 13 states that already have some form of self-regulation for dental hygienists.