**A** **BILL**

TO AMEND SECTION 40‑15‑80, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO THE PRACTICE OF DENTAL HYGIENE, SO AS TO REVISE ACTIONS DENTAL HYGIENISTS MAY PERFORM IN CERTAIN SETTINGS AND THE DEGREES OF SUPERVISION REQUIRED AND TO PROVIDE DENTAL HYGIENISTS PRACTICING INTERDEPENDENTLY IN PUBLIC HEALTH SETTINGS WITHOUT SUPERVISION MUST BE RECOGNIZED AND DIRECTLY REIMBURSED BY MEDICAID AND OTHER PAYERS; TO AMEND SECTION 40‑15‑85, RELATING TO DEFINITIONS CONCERNING PROFESSIONS REGULATED BY THE BOARD OF DENTISTRY, SO AS TO PROVIDE A NECESSARY DEFINITION; AND TO AMEND SECTION 40‑15‑102, RELATING TO SUPERVISION RESTRICTIONS FOR DENTAL HYGIENISTS PERFORMING SERVICES AUTHORIZED BY A DENTIST, SO AS TO REMOVE RESTRICTIONS APPLICABLE IN SCHOOL OR NURSING HOME SETTINGS.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Section 40‑15‑80 of the 1976 Code is amended to read:

“Section 40‑15‑80. (A) Any person is considered to be practicing dental hygiene who engages in those clinical procedures primarily concerned with the performance of preventive dental services not constituting the practice of dentistry, including removing all hard and soft deposits and stains from the surfaces of human teeth, root planing, performing clinical examination of teeth and surrounding tissues, and charting of oral conditions for diagnosis by a dentist, and performing such other procedures as may be delegated by regulations of the board.

(B) In school settings, licensed dental hygienists may apply topical fluoride, including silver diamine fluoride, and may perform the application of sealants, ~~and~~ oral prophylaxis, and primary preventive care that is reversible without ~~under general~~ supervision, with written permission of the student’s parent or guardian.

(C) In hospitals, nursing homes, long term care facilities, rural and community clinics, medical offices, homebound settings, health facilities operated by federal, state, county, or local governments, hospices, education institutions accredited by the Commission on Dental Accreditation that give instruction in dental hygiene, and in bona fide charitable institutions, licensed dental hygienists may apply topical fluoride, including silver diamine fluoride, and perform the application of sealants, ~~and~~ oral prophylaxis, and primary preventive care that is reversible without ~~under general~~ supervision. Treatment may not occur in these settings unless medical emergency care is available within the facility.

(D) Licensed dental hygienists may provide oral hygiene instruction and counseling, perform oral screenings, and provide nutrition and dietary counseling without prior authorization.

(E) Upon certification by the board and when under the ~~direct~~ general supervision of a practicing dentist, a licensed dental hygienist may administer local infiltration anesthesia.

(F) This section is not intended to establish independent dental hygiene practice.

(G) No person other than a licensed dentist or dental hygienist may use the title ‘dental hygienist’, present themselves as being a dental hygienist, or perform oral prophylaxis. This does not preclude an expanded duty dental assistant from polishing restorations and supra‑gingival tooth structure. Dental hygienists practicing without supervision, under general supervision, or both must maintain professional liability insurance. Dental hygienists practicing interdependently in public health settings without supervision must be recognized by Medicaid and other payers and can be directly reimbursed by them.”

SECTION 2. Section 40‑15‑85 of the 1976 Code is amended by adding an item at the end to read:

“( ) ‘Primary preventative care that is reversible’ means:

(a) comprehensive preventative services that prevent the spread of dental disease, protect a tooth from further deterioration, promote healing, or both;

(b) services that address dental decay that has no pulpal involvement and does not involve the removal of all decay;

(c) services provided in subitems (a) and (b) for which radiographs are not necessary; and

(d) services that must be reimbursed by Medicaid and include, but are not limited to, altraumatic restorative technique (ART), caries control technique (CCT), intermediate restorative technique (IRT), and therapeutic dental sealants.”

SECTION 3. Section 40‑15‑102 of the 1976 Code is amended to read:

“Section 40‑15‑102. (A) ‘Authorized’ means the supervising dentist in a private office setting has personally approved the procedures to be performed and is responsible for the care provided to the patient.

(B) In a private dental office setting, a dental hygienist may only perform the following functions under general supervision:

(1) oral prophylaxis and assessment;

(2) fluoride treatment;

(3) oral hygiene instruction and education;

(4) exposure and process of radiographs as directed by standard office protocol.

(C) A dentist in a private office setting may authorize general supervision only upon meeting the following criteria:

(1) a new patient of record must be clinically examined by the authorizing dentist during the initial visit;

(2) an appointed patient must be examined by the authorizing dentist at a minimum of twelve‑month intervals~~.~~;

(3) an appointed patient must be notified in advance of the appointment that he or she will be treated by the dental hygienist under general supervision without the authorizing dentist being present or being examined by the authorizing dentist.

(D) ~~A dentist authorizing treatment by a dental hygienist in school settings or nursing home settings is subject to the general supervision restrictions provided for in this section unless the dentist or dental hygienist is working in a public health setting with the Department of Health and Environmental Control, as provided for in Section 40‑15‑110.~~

~~(E)~~ A dentist billing for services for treatment provided by a dental hygienist in a public health setting with the Department of Health and Environmental Control as provided for in Section 40‑15‑110, is the provider of services and is clinically responsible for the care and treatment of the patient.”

SECTION 4. This act takes effect upon approval by the Governor.

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