

Evidence Based Research Supporting Dental Hygienists' Autonomy and Its Benefit to Increased Access to Care

1. Case Study: Washington — Eldercare Dental Hygiene Services

Anita Rodriguez, RDH, BSDH, founded Eldercare Dental Hygiene Services in Washington State in 1999. Since then, Rodriguez has provided care for approximately 245 older adults and adults with developmental or acquired disabilities. She travels to a variety of long-term care residential settings and senior centers across eight Washington counties. Many retired older adults lack private dental insurance, and Rodriguez sees Medicaid-eligible patients, providing services at reduced fees. She also makes a dedicated effort to connect patients with community dentists willing to accommodate their financial and physical needs. As she explains, "One of the most valuable services provided is triage. Patients, family members, and staff are advised of dental or other needs that require care by a dentist or other health professional." Other services she provides include prophylaxis, fluoride treatments, root planing, and the development of comprehensive daily oral care plans that contribute to both oral and overall health.

Naughton, D. K. (2014). Expanding oral care opportunities: Direct access care provided by dental hygienists in the United States. Journal of Evidence Based Dental Practice, 14(Supplement), 171–182.

<https://doi.org/10.1016/j.jebdp.2014.04.003>

2. Expanding School-Based Oral Health Programs in the Carolinas: Suggestions for Expansion of Dental Hygienists' Scope of Services

An article published by the *North Carolina Medical Journal* discussed efforts to expand school-based oral health programs (SBOHPs) across North and South Carolina, aiming to improve access to dental care for children, particularly in rural and underserved communities where traditional dental services are limited. These programs are seen as a key part of the oral health safety net and can help reduce unmet dental needs that contribute to missed school days. From 2024 to 2025, 15,795 children were served in 64 North Carolina counties, and 85,834 preventive oral health services were provided.

SBOHPs have also enhanced the dental workforce, specifically by expanding the role of hygienists under North Carolina's Senate Bill 146, which allows public health dental hygienists to provide limited preventive services without direct dentist supervision. This change was informed by South Carolina's hygiene practice laws and is noted as improving operational efficiency for school-based oral health programs. The article also mentions other states equipping dental hygienists with teledentistry technologies in school programs to screen and assess students' oral health, highlighting how expanding hygienist roles and incorporating technology can enhance access to care.

Overall, the article emphasizes policy and practice changes involving dental hygienists as key opportunities to address workforce challenges and improve the reach and effectiveness of school-based oral health services.

Martin, A., Riley, A., Pollard, A., et al. (2024). Expanding school-based oral health programs in the Carolinas: Challenges and opportunities. North Carolina Medical Journal, 85(6). <https://doi.org/10.18043/001c.125714>

3. Dental Hygienists Practicing Autonomously: Montana Success Stories

In Montana, dental hygienists with Limited Access Permits (LAPs) are providing autonomous oral health care to underserved populations, including older adults, residents of long-term care facilities, and individuals with special needs. Hygienists such as Judy Harbrecht, Pam Yeager, and Susan Kavon emphasize the freedom LAPs provide to set schedules, make professional decisions, and work independently, allowing them to reach populations who might otherwise lack dental care.

Many hygienists operate mobile or in-facility clinics, bringing services directly to residents in nursing homes, cottages, and alternative care facilities. Teams like Suzie Rogge and Melissa Utley's Dental Hygiene Connections demonstrate how portable equipment enables care to be delivered without patients needing to leave their homes. Hygienists report that their work is highly valued by residents, families, and facility staff, creating meaningful connections while improving oral health outcomes.

Obtaining an LAP involves additional training, CE requirements, and administrative steps, but hygienists describe it as professionally rewarding. They also provide staff education, help implement preventive care measures, and apply best practices for infection control and oral-systemic health. Key benefits of autonomous practice include flexibility, enhanced hygiene skills, and the ability to meet critical community needs that traditional dental practices cannot always address.

Across Montana, these LAP hygienists illustrate how autonomous practice expands access, reduces barriers to care, and strengthens oral health safety nets for vulnerable populations.

Montana Dental Hygienists' Association. (n.d.). Success stories: Limited Access Permit (LAP). Retrieved January 7, 2026, from <https://www.montanadha.org/limited-access-permit-lap-2/limited-access-permit-lap/>

4. Hygienists Provide Oral Health Care to Street Youth in Ottawa, Ontario

Street youth in cities including Toronto, Canada have reported lacking dental care and having problems including toothaches, lack of access to a dental office, and broken or teeth. In Ontario, Canada, dental hygienists can practice autonomously and own their own practices, therefore not requiring supervision by a dentist. In 2024, a new youth-friendly clinic was established to serve health care needs of street youth in Ottawa, Ontario, and a dental hygienist supervisor became part of the clinic's full-time staff. A total of 99 youth ages 15-22 were scheduled for dental hygiene appointments in 6 months between August 2024 and February 2025. 40 dental hygiene students worked in the clinic on Fridays, supervised by the lead dental hygienist. These students conducted plaque and gingival indices and checked for decay and periodontal diseases and gingivitis. They then conducted debridement, polishing, and scaling, offered counseling on how to improve oral health and administered fluoride treatment when warranted.

This cross-cutting clinical model, which also offered medical and behavioral health care, demonstrates how important hygienists are in delivering oral health care as part of a clinical setting - in this case, a clinic open and accessible to youth living on the streets, facing serious oral health challenges and lacking access to care.

Rowan, M. S., Mason, M., Robitaille, A., Labrecque, L., & Lambert Tocchi, C. (2013). An innovative medical and dental hygiene clinic for street youth: Results of a process evaluation. Evaluation and Program Planning, 40, 42–52. <https://doi.org/10.1016/j.evalprogplan.2013.04.005>

5. Massachusetts Hygienists Treat Students Across 33 Schools in a Six-Year Caries Disease Prevention Program

Across 33 public schools in Massachusetts from 2004 to 2010, dental hygienists delivered oral health care through a comprehensive, school-based caries prevention program. The goal of the program was to provide twice-annual treatments to prevent and arrest dental caries in both primary and permanent teeth. A total of 6,927 children between the ages of 5 and 11 were examined by dental hygienists as part of the program. Hygienists then provided twice-yearly prophylaxis, sealants, glass ionomer interim therapeutic restorations, fluoride varnish, toothbrushes, fluoride toothpaste, oral hygiene instruction, and referrals to community dentists as needed.

At baseline, 55% of children (ranging from 28% to 68% across schools) had experienced caries, with an average of 2.6 affected teeth per child. By the second phase of the two-phase program, the prevalence of untreated caries across the 33 schools was reduced from 28% to 10%. This program demonstrates the significant impact that hygienist-led, school-based care can have on improving children's oral health and reducing untreated disease.

Starr, J. R., Ruff, R. R., Palmisano, J., Goodson, J. M., Bukhari, O. M., & Niederman, R. (2021). Longitudinal caries prevalence in a comprehensive, multicomponent, school-based prevention program. Journal of the American Dental Association, 152(3), 224–233.e11. <https://doi.org/10.1016/j.adaj.2020.12.005>

6. Wisconsin Integrates Dental Hygienists Into Medical Teams to Expand Maternal and Child Oral Health Access

Beginning in 2019, Wisconsin implemented the Medical Dental Integration (WI-MDI) program to expand access to preventive oral health services for children and pregnant women by embedding dental hygienists directly into pediatric and prenatal medical care teams. The program was made possible through legislative expansions of direct access, allowing dental hygienists to practice autonomously in medical settings without dentist authorization or supervision. Under the WI-MDI model, dental hygienists function as full members of the medical team and deliver oral health services during routine medical visits.

Within this model, dental hygienists independently perform caries risk assessments, apply fluoride varnish and silver diamine fluoride, provide anticipatory guidance, distribute oral hygiene supplies, and coordinate referrals to dental homes. These services are typically delivered in approximately 10 minutes using portable dental equipment, allowing hygienists to reach patients who may not otherwise access traditional dental care due to cost, provider shortages, or Medicaid participation barriers.

From 2019 to 2023, thirteen integrated dental hygienists provided oral health services during more than 15,000 medical visits across nine clinics, including federally qualified health centers, nonprofit clinics, and large health systems. Clinics initially serving pediatric patients expanded the model to include prenatal care, demonstrating scalability and sustainability across diverse care settings. The WI-MDI program illustrates how autonomously practicing dental hygienists can significantly expand access to preventive care, improve early intervention for high-risk populations, and reduce oral health disparities by delivering services in settings patients already use.

Linden, J. E., Gundacker, C. L. U., Deinhammer, L., & Crespin, M. (2023). Medical-dental integration in Wisconsin: Integrating dental hygienists into pediatric well-child visits and prenatal care. Journal of Dental Hygiene, 97(3), 13–20.

7. California Dental Hygienist Expands Access Through Independent Mobile Practice

After 13 years as a dental hygienist and 20 years in the oral health care field, Lindsey Vizcay, BSDH, RDHAP, used her legal authority as a registered dental hygienist in alternative practice (RDHAP) to bring services directly into homes, schools, group homes, and skilled nursing facilities. She founded *Home Sweet Hygiene* to provide preventive care throughout her community. To qualify, she completed 2,000 hours of clinical hygiene experience, earned a bachelor's degree or equivalent, and passed a 150-hour board-approved RDHAP exam.

Vizcay explains that, in California, “An RDHAP is a license that allows hygienists to practice independently in underserved settings. Basically, it opens the door to bring care directly to people who otherwise face barriers to accessing it.” Looking to the future, she envisions a profession full of possibilities: “I see a future where hygienists are leaders in prevention and access. Where mobile care, school-based programs, teledentistry, and collaborative care are no longer the exception—they're the norm.”

Through her independent practice, Vizcay provides in-home preventive dental services tailored to each patient's medical, sensory, and cognitive needs. By bringing care directly to patients, the mobile model eliminates common access barriers such as transportation challenges, limited mobility, sensory sensitivities, and a lack of dental providers willing or able to treat complex patients in office-based settings. Her practice demonstrates how autonomous dental hygienists can reach populations often excluded from traditional dental care delivery.

In addition to individual home visits, *Home Sweet Hygiene* extends access through free community-based outreach events serving uninsured children and underserved families in preschools, libraries, and community programs. This model illustrates how independent dental hygiene practice not only expands access to preventive care but also allows for flexible, community-responsive service delivery that adapts to local needs.

Machado, K. P. (2025, June 23). One dental hygienist brings care home to those who need it most. Dimensions of Dental Hygiene. <https://dimensionsofdentalhygiene.com/one-dental-hygienist-brings-care-home-to-those-who-need-it-most/>

8. A Hygienist-Founded Company Serving Those in Need in Colorado Springs and Pueblo, Colorado

In Colorado, dental hygienist Michelle Noblet-Vacha, RDH, BS, started a non-profit dedicated to overcoming cost and access barriers to dental care in her community. Colorado dental hygienists are able to practice independently, without direct oversight or management by a dentist. As the founder and owner of *Community Dental Health*, Noblet-Vacha has created a company that serves low-income individuals and older adults in Colorado Springs and Pueblo through an innovative on-site, often in-home, care model. Veterans became one of the company's target populations when Noblet-Vacha realized that they do not receive dental care through the VA.

Noblet-Vacha applied for state funding for her program. Once it was awarded, she launched her dental program providing both preventive and restorative care. The company has since expanded to two office locations, employing full dental teams that include dentists, dental hygienists, denture technicians, and support staff. In one year, *Community Dental Health* provided \$1.5 million worth of care to the community.

Vacha, M. N. (n.d.). Michelle Noblet Vacha, RDH, BS. *Dimensions of Dental Hygiene*.
<https://6dh.dimensionsofdentalhygiene.com/michelle-noblet-vacha-rdh-bs/>

9. Engaging Hygienists with the Nursing Team in a Toronto Long-Term Care Home

This study examined how dental hygienists can be integrated into interprofessional care teams in a long-term care home (LTCH) to improve oral health care for residents. The research was conducted at a large 472-bed LTCH in Toronto, Canada, where dental hygienists were able to practice autonomously. The study involved patient and nurse education, chart reviews, quizzes, and interviews with nursing staff. Dental hygienists worked side by side with nurses, who reported that their presence was valuable, reflecting positive perceptions of integration. A retrospective chart review showed that the dental hygienists identified significantly more oral health issues—such as dental debris, missing teeth, and caries—than nurses. Nurses reported increased comfort with the assessment process and valued the dental hygienist's presence on the care team. Through interviews and feedback, staff emphasized the benefit of having a dental hygienist integrated into the interprofessional team and contributed to the development of a new oral health referral tool.

Villacorta Siegal, N., Joseph, K., Gardner, S., Smith, J., Gallucci, C. E., Aleong, R., & Chvartzaid, D. (2024). *Integration of a dental hygienist into the interprofessional long-term care team*. *Gerodontology*, 41(1), 125–140.
<https://doi.org/10.1111/ger.12734>

10. Extended Care Hygienists Increase Access to Preventive Care in Kansas

The Miles of Smiles program is a school-based oral health initiative in Olathe, Kansas, designed to provide preventive dental care to underserved children in four Title I elementary schools. The program was developed in response to longstanding oral health disparities in the U.S., as highlighted by the Surgeon General's reports, which noted that chronic dental disease disproportionately affects children in low-income and minority communities.

Leveraging legislative changes in Kansas that expanded the scope of practice for dental hygienists with an Extended Care Permit I (ECP-I), the program employed a collaborative model involving the University of Missouri–Kansas City School of Dentistry, dental hygiene students, faculty, and school staff. Care was delivered directly in schools using portable dental equipment and teledentistry, reducing barriers such as cost, transportation, and lack of providers. Services included prophylaxis, sealants, fluoride varnish, radiographs, oral health education, nutritional counseling, and referrals to local dentists for restorative care.

In its first year (2008–2009), 339 children received care, with 63% found to have untreated decay. Despite providing referrals, only about 11% of these children accessed restorative care outside the school, highlighting ongoing challenges in follow-up care. The program also exposed dental hygiene students to underserved populations, fostering awareness of community oral health needs and encouraging careers in public health.

Overall, the program demonstrates that school-based oral health models utilizing expanded-scope dental hygienists can effectively increase access to preventive care, address disparities, and educate future oral health professionals. However, transitioning children to external dental providers for restorative care remains a critical challenge, suggesting that further expansion of hygienists' scope to include simple restorative procedures could improve outcomes.

Simmer-Beck, M., Gadbury-Amyot, C. C., Ferris, H., Voelker, M. A., Keselyak, N. T., Eplee, H., et al. (2011). Extending oral health care services to underserved children through a school-based collaboration: Part 1—a descriptive overview. Journal of Dental Hygiene, 85(3), 181–192.
<https://jdh.adha.org/content/jdenthgy/85/3/181.full.pdf>

11. Connecticut-based Hygienist Led School Program Significantly Improved Decay and Hygiene Among 3rd Graders

In 2006, a study of third graders in the greater Harlem Valley of New York and the northern Litchfield Hills of northwest Connecticut found that 36% had at least one filling, 36% had evidence of untreated caries, and 9% had severe active tooth decay. Additionally, 61% of these children had no evidence of dental sealants. In response to these findings, a school-based sealant program was launched in 2007 across six elementary schools in the area. Operating for four years through 2011, the program utilized Connecticut Statute 20-126I, which permits dental hygienists to work independently to provide preventive services. As a result, the percentage of children with decayed teeth decreased steadily from 34% at baseline in 2006 to 12% by 2010–2011. After four years, no student experienced severe decay or poor oral hygiene.

Kwatra, J., & Heaton, N. (2018). Evaluation of dental hygiene health policy: Connecticut Code Section 20-126I. Health Behavior and Policy Review, 5(1), Article 00008. <https://doi.org/10.14485/HBPR.5.1.8>

12. ADHA White Paper Shows How Dental Hygienists Can Help Close America's Oral Health Gaps

This article summarizes a 2025 white paper from the American Dental Hygienists' Association (ADHA) that outlines how dental hygienists can help close major gaps in oral health care across the United States. The report, *Missed Potential: How Expanding Dental Hygienists' Roles Can Bridge America's Oral Health Gaps*, argues that restrictive state practice laws are limiting access to care for millions of Americans and contributing to preventable oral health and economic burdens. It notes that many people who intend to seek dental care never actually receive it due to barriers such as geographic shortages and restrictive practice environments. The report also highlights that states with greater hygienist autonomy, such as Colorado, tend to show better oral health outcomes among low-income adults compared to states with stricter supervision requirements.

The white paper calls for policy reforms that would allow hygienists to practice to the full extent of their training without unnecessary supervision, remove restrictions on practice settings, support mobile and teledentistry care models, and provide direct reimbursement for hygienist services. According to the report, these changes represent practical and cost-effective strategies to expand preventive care, reduce disparities, and improve population health—without displacing dentists or altering the broader dental workforce structure.

Pratt Machado, K. (2025). ADHA report shows how dental hygienists can close America's oral health gap. Dimensions of Dental Hygiene. <https://dimensionsofdentalhygiene.com/adha-report-shows-how-dental-hygienists-can-close-americas-oral-health-gap/>

13. Issue Brief Highlights House New York Dental Hygienists' Role Expansion Could Improve Oral Health Outcomes in the State

In their 2025 issue brief, the Schuyler Center for Analysis and Advocacy argue that expanding the role of dental hygienists is a practical and effective strategy to improve access to oral health care, particularly for underserved populations in New York. The brief points on how oral health is closely tied to overall health, yet many individuals face barriers such as cost, lack of insurance, and provider shortages. According to the publication, dental hygienists are highly trained in preventive and basic therapeutic care, but current New York laws limit where and how they can practice. The brief recommends expanding collaborative practice models to allow hygienists to work in more community-based settings, reduce supervision requirements, and broaden their scope of services. Evidence from other states shows that these changes can safely increase access to care, reduce disparities, and improve oral health outcomes while maintaining quality and controlling costs.

Schuyler Center for Analysis and Advocacy. (2025). Expanding the role of dental hygienists: Improving access to oral health care (Issue Brief). https://scaany.org/wp-content/uploads/2025/02/Expanding-the-Role-of-Dental-Hygienists_OH-Issue-Brief-02-2025.pdf

14. How Expanded Dental Hygienist Roles/Direct Access In More States Can Help The Most Vulnerable Populations

This article highlights the persistent challenges many Americans face in accessing oral health care, particularly among underserved populations including racial/ethnic minorities, low-income individuals, older adults, pregnant women, those with special needs, and rural residents. It explains key barriers such as cultural differences, geographic shortages of providers, and high financial costs that limit utilization of dental services. To address these issues, the piece discusses innovative workforce models and policy approaches being implemented in the U.S., including expanded roles for dental hygienists in alternative practice settings. It also notes that direct access laws in many states allow hygienists to initiate and provide care without dentist supervision in certain contexts, greatly helping to reach vulnerable groups. The article concludes that evolving practice models, expanded settings, and workforce innovations are essential to improving access to quality oral health care and reducing disparities.

Portillo, K. M. (2014, September 5). Improving access to care. Dimensions of Dental Hygiene. <https://dimensionsofdentalhygiene.com/article/improving-access-to-care/>

15. Support For the Independent Practice of Dental Hygiene

This article evaluates whether independent dental hygiene practice is a viable model for improving access to oral health care. The authors examine workforce, economic, and regulatory factors related to hygienists practicing without direct dentist supervision. They conclude that independent dental hygiene practice is feasible and can increase access to preventive oral health services—particularly for underserved populations—without compromising quality or safety. The study finds that hygienists are adequately trained to provide preventive care independently and that concerns about cost, patient safety, and market disruption are not supported by existing evidence. Overall, the article supports independent hygiene practice as a strategy for expanding access to oral health care and strengthening the dental public health system.

Beach, M. M., Shulman, J. D., Johns, G., & Paas, J. C. (2007). Assessing the viability of the independent practice of dental hygiene – a brief communication. Journal of Public Health Dentistry, 67(4), 250–255.

16. How Dental Hygienist Autonomy Can Improve Utilization and Reduce Some Costs

This study examines how state laws governing dental hygienists' autonomy—specifically how much they can practice without dentist supervision—affect dental care utilization and costs in the United States. Using data from the 2001–2014 Medical Expenditure Panel Survey and a difference-in-differences design, the authors categorize state practice environments on a spectrum from direct supervision to full independence and track changes over time. The findings show that greater autonomy for dental hygienists increases access to and use of dental care, especially preventive services such as cleanings, exams, X-rays, and fluoride or sealant applications. In areas with shortages of dental providers, moving to a higher level of hygienist autonomy significantly increases the likelihood of receiving dental care and shifts utilization toward preventive visits. At the highest autonomy level (full independence), the study also finds fewer treatment visits and lower out-of-pocket and insurer expenditures among regular care users, likely due to preventive care reducing the need for restorative procedures. Overall, expanding dental hygienist autonomy improves access and utilization while reducing certain costs, suggesting that easing scope-of-practice restrictions could help address persistent gaps in dental care delivery.

Chen, J., Meyerhoefer, C. D., & Timmons, E. J. (2025). The effects of dental hygienist autonomy on dental care utilization. Center for Growth and Opportunity. <https://www.thecgo.org/research/the-effects-of-dental-hygienist-autonomy-on-dental-care-utilization>

17. National Governors Association Voices Support for Dental Hygienist Flexibility

This brief explains that although oral health is a critical component of overall health, many Americans still struggle to access basic dental care—especially preventive services—due to workforce shortages and regulatory restrictions. Dental hygienists, who are trained to provide preventive care such as cleanings, fluoride and sealant applications, and patient education, could help expand access to these essential services if granted more flexibility in where and how they practice. The report reviews how state policies vary widely in areas such as supervision requirements, practice settings, reimbursement, and recognition of advanced roles for hygienists. It also describes how innovative state models—including allowing hygienists to practice outside of traditional dental offices and modifying supervision rules—have demonstrated safe and effective outcomes. The brief concludes that expanding the use of dental hygienists could improve access to care for underserved and vulnerable populations, such as children and those living in shortage areas, and recommends that states pursue targeted policy reforms to leverage hygienists' skills more fully to reduce persistent oral health disparities.

National Governors Association. (2014). The role of dental hygienists in providing access to oral health care. National Governors Association. <https://www.nga.org/wp-content/uploads/2019/08/1401DentalHealthCare.pdf>

18. Restrictive State Policies for Hygienists Can Constrain Delivery of Care

This study analyzes how state regulatory differences in dental hygiene affect the dental hygienist workforce and access to oral health care across the United States. Strict licensure and practice restrictions—including limits on what services dental hygienists can perform and under what supervision—are connected to reduced rates of dental visits overall. By jointly evaluating both entry (licensure) and practice regulations, the article cites evidence that restrictive state policies constrain the ability of hygienists to contribute to oral health care delivery, and that relaxing these regulations could increase hygienist participation in care delivery and improve access to oral health services for the population.

Wanchek, T. (2010). Dental hygiene regulation and access to oral healthcare: Assessing the variation across the US states. British Journal of Industrial Relations, 48(4), 706–725. <https://doi.org/10.1111/j.1467-8543.2010.00809.x>

19. Canadian Study Shows That Expanded Practice and Independence Among Dental Hygienists Can Improve Patient Outcomes- Especially in Areas With Dentist Shortages

This article emphasizes that expanding the scope of practice and independence of dental hygienists could help improve access to care for vulnerable populations, especially in areas with few dentists or underserved communities. The report notes that allowing hygienists to provide preventive and some therapeutic services without requiring direct dentist supervision—for example, in schools, community health centers, or rural settings—can help reduce barriers to care. It frames hygienist autonomy as one of several workforce and system reforms needed to increase access, reduce inequities, and deliver essential oral health services to populations who currently face the greatest barriers.

Canadian Academy of Health Sciences. (2014). Improving access to oral health care for vulnerable people living in Canada. Canadian Academy of Health Sciences.

20. Ten-State Study Finds Greater Hygienist Autonomy is Associated With Fewer Dental Visits to Emergency Departments

This study examines whether state regulations governing dental hygienists' scope of practice are linked to the number of preventable non-traumatic dental visits to hospital emergency departments (EDs) in the United States. Using emergency department data from 10 states and the 2014 Dental Hygiene Professional Practice Index (DHPPI)—which measures how permissive a state's laws are regarding what hygienists can do, supervision requirements, and reimbursement—the researchers analyzed the association between DHPPI scores and preventable dental ED visits. They found that higher DHPPI scores (indicating greater hygienist autonomy and broader scope) were associated with fewer preventable dental ED visits per 1,000 population, especially among adults ages 20–34 and 35–50. States with more restrictive hygienist practice environments tended to have higher rates of preventable dental ED use, particularly in rural areas. The authors conclude that expanding hygienist scope of practice can help reduce preventable dental emergency visits by increasing access to preventive and routine care, suggesting policymakers should reconsider restrictive practice laws to improve oral healthcare access and outcomes.

Akinlotan, M. A., Ferdinand, A. O., Maxey, H. L., Bolin, J. N., & Morrissey, M. A. (2022). Dental hygienists' scope of practice regulations and preventable non-traumatic dental emergency department visits: A cross-sectional study of 10 U.S. states. Community Dentistry and Oral Epidemiology. <https://doi.org/10.1111/cdoe.12737>