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Litch's Law Log

Levels of Supervision in a Dental Home

The July 2017 issue of *PDT* under *Legislative and Regulatory News* featured a summary of recently approved EFDA legislation in Nebraska (LB18). Of particular note in this bill were the various levels of supervision referenced, such as:

- A dental assistant may under **indirect supervision** of a licensed dentist monitor nitrous oxide if the dental assistant has current and valid certification for cardiopulmonary resuscitation approved by the board and place topical local anesthesia.
- Upon completion of education and testing approved by the board, a dental assistant may take X-rays under the **general supervision** of a licensed dentist and perform coronal polishing under the **indirect supervision** of a licensed dentist.
- Upon completion of education and testing approved by the board and with a permit from the department for the respective competency, a licensed dental assistant may, under the **indirect supervision** of a licensed dentist:
 - Take dental impressions for fixed prostheses;
 - Take dental impressions and make minor adjustments for removable prostheses;
 - Cement prefabricated fixed prostheses on primary teeth; and
 - Monitor and administer nitrous oxide analgesia.
- Upon completion of education and testing approved by the board and with a permit from the department for the respective competency, an expanded function dental assistant may place, under the **indirect supervision** of a licensed dentist:
 - Restorative level one simple restorations (one surface); and
 - Restorative level two complex restorations (multiple surfaces).

To put this in perspective, it is worth reviewing the official ADA definitions of supervision and its various levels:

“Supervision: The authorization, direction, oversight and evaluation by a dentist of the activities performed by allied dental personnel.

Personal Supervision. A type of supervision in which the dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure.

Direct Supervision. A type of supervision in which a dentist is in the dental office or treatment facility, personally diagnoses and

treatment plans the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and evaluates their performance before dismissal of the patient.

Indirect Supervision. A type of supervision in which a dentist is in the dental office or treatment facility, has personally diagnosed and treatment planned the condition to be treated, authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and will evaluate the performance of the allied dental personnel.

General Supervision. A type of supervision in which a dentist is not required to be in the dental office or treatment facility when procedures are provided, but has personally diagnosed and treatment planned the condition to be treated, has personally authorized the procedures, and will evaluate the performance of the allied dental personnel.

Public Health Supervision. A type of supervision in which a licensed dental hygienist may provide dental hygiene services, as specified by state law or regulations, when such services are provided as part of an organized community program in various public health settings, as designated by state law, and with general oversight of such programs by a licensed dentist designated by the state.”

These references make clear that while some duties/ functions are being delegated, the dentist remains the captain of the dental home and is ultimately responsible for patient care. This is further solidified by this statement in LB18:

“ . . . The licensed dentist supervising a dental assistant, a licensed dental assistant, or an expanded function dental assistant shall be responsible for patient care for each patient regardless of whether the patient care is rendered personally by the dentist or by a dental assistant, a licensed dental assistant, or an expanded function dental assistant.”¹

In this columnist's opinion, legislation such as LB18 obviates any need to create a new category of provider for a dental practice—such as a dental therapist—in the interest of helping a practice run more efficiently and provide more care.

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¹Sec. 21, Section 38-1136 (5), Reissue Revised Statutes of Nebraska. For the entire law see: <http://nebraskalegislature.gov/FloorDocs/105/PDF/Slip/LB18.pdf>.

This column presents a general informational overview of legal issues. It is intended as general guidance rather than legal advice. It is not a substitute for consultation with your own attorney concerning specific circumstances in your dental practice. Mr. Litch does not provide legal representation to individual AAPD members.”