

Legislative Brief: Dental Hygiene Practitioner (DHP) Framework for New Mexico

This proposal outlines a framework to enhance oral healthcare access and advance the dental hygiene profession in New Mexico. It introduces modernized collaborative practice definitions and establishes dual pathways for the Dental Hygiene Practitioner (DHP) model, aiming for improved public health outcomes and a more efficient healthcare system.

1

Policy Overview

Establishes DHP framework in New Mexico to improve oral healthcare access and advance the profession.

2

Three-Tier Model

- **Collaborative Practice:** Traditional dental hygiene.
- **Public Health DHP:** Expanded public health roles.
- **Advanced DHP:** Expanded scope of practice.

3

Key Benefits

- Improved access to preventive and basic dental care.
- Expanded professional opportunities for hygienists.
- More efficient healthcare system.

4

Scope Expansion

DHP model allows qualified hygienists to perform additional preventive, diagnostic, and emergency services.

5

Regulatory Framework

Outlines clear guidelines for DHP licensure, education, supervision, and collaborative agreements to ensure safety and quality.

Legislative Action & Implementation Plan

Legislative Changes

- Amend practice act for collaborative definitions.
- Authorize Public Health DH (PHDH) endorsement.
- Establish Dental Hygiene Practitioner (DHP) licensure pathway.

Budget Impact

- Minimal state costs (fee-funded).
- Significant healthcare cost savings.
- Economic benefit from workforce growth.

Expected Outcomes

- Increased oral healthcare access.
- Reduced preventable oral diseases.
- Growth in licensed DHPs/PHDHs.
- Improved oral health equity.

Next Steps

- Review legislative amendments.
- Engage stakeholders.
- Support DHP framework passage.

A clear timeline is essential for successful implementation:

01

Phase 1: Collaborative Practice

Immediate upon approval

02

Phase 2: Public Health Endorsement

Within 6 months

03

Phase 3: DHP Licensure Pathways

Within 12-24 months

Note:

- The NM Dental Hygienists' Association (NMDHA) and The New Mexico Dental Association (NMDA) have had conversations about issues affecting the scope and practice of dental hygiene, access to care and dental hygienists' retention in New Mexico, which has led to this proposal, however, no definitive support has been obtained from NMDA to date.

NMDHA will be seeking support from

- Legislators, Public health organizations, Rural healthcare advocates, Community health centers, and others.

Legislative Brief: Dental Hygiene Practitioner (DHP) Framework for New Mexico

This proposal outlines a framework to enhance oral healthcare access and advance the dental hygiene profession in New Mexico. It introduces modernized collaborative practice definitions and establishes dual pathways for the Dental Hygiene Practitioner (DHP) model, aiming for improved public health outcomes and a more efficient healthcare system.

1

Policy Overview

Establishes DHP framework in New Mexico to improve oral healthcare access and advance the profession.

2

Three-Tier Model

- **Collaborative Practice:** Traditional dental hygiene.
- **Public Health DHP:** Expanded public health roles.
- **Advanced DHP:** Expanded scope of practice.

3

Key Benefits

- Improved access to preventive and basic dental care.
- Expanded professional opportunities for hygienists.
- More efficient healthcare system.

4

Scope Expansion

DHP model allows qualified hygienists to perform additional preventive, diagnostic, and emergency services.

5

Regulatory Framework

Outlines clear guidelines for DHP licensure, education, supervision, and collaborative agreements to ensure safety and quality.

Legislative Action & Implementation Plan

Legislative Changes

- Amend practice act for collaborative definitions.
- Authorize Public Health DH (PHDH) endorsement.
- Establish Dental Hygiene Practitioner (DHP) licensure pathway.

Budget Impact

- Minimal state costs (fee-funded).
- Significant healthcare cost savings.
- Economic benefit from workforce growth.

Expected Outcomes

- Increased oral healthcare access.
- Reduced preventable oral diseases.
- Growth in licensed DHPs/PHDHs.
- Improved oral health equity.

Next Steps

- Review legislative amendments.
- Engage stakeholders.
- Support DHP framework passage.

A clear timeline is essential for successful implementation:

01

Phase 1: Collaborative Practice

Immediate upon approval

02

Phase 2: Public Health Endorsement

Within 6 months

03

Phase 3: DHP Licensure Pathways

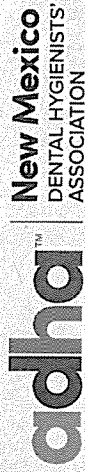
Within 12-24 months

Note:

- The NM Dental Hygienists' Association (NMDHA) and The New Mexico Dental Association (NMDA) have had conversations about issues affecting the scope and practice of dental hygiene, access to care and dental hygienists' retention in New Mexico, which has led to this proposal, however, no definitive support has been obtained from NMDA to date.

NMDHA will be seeking support from

- Legislators, Public health organizations, Rural healthcare advocates, Community health centers, and others.



Bridging the Oral Health Gap: Strengthening New Mexico's Oral Health Through Dental Hygiene Innovation

This white paper establishes a comprehensive framework for advancing the dental hygiene profession in New Mexico through modernized collaborative practice definitions and the introduction of the Dental Hygiene Practitioner (DHP) model. Designed to address critical workforce retention challenges and expand access to oral health care across the state, this proposal removes outdated regulatory restrictions while creating multiple professional pathways for dental hygienists to achieve greater autonomy and clinical excellence.

By integrating educational advancement opportunities with experience-based licensure routes, this framework ensures that highly skilled dental hygienists remain in New Mexico to serve diverse communities. The proposal balances professional growth with patient safety, establishes clear collaborative agreements that benefit both hygienists and dentists, and ultimately delivers unprecedented access to preventive and therapeutic oral health services for all New Mexicans, particularly those in underserved and rural areas.

Collaborative Practice: Redefining Professional Partnerships

Collaborative practice represents a fundamental shift in how dental hygienists and dentists work together to deliver comprehensive oral health care. This model establishes formal agreements where both professionals share defined roles, responsibilities, and coordinated patient care protocols. Under this framework, dental hygienists gain the authority to diagnose oral conditions, develop treatment plans, and provide all services within their statutory scope without requiring prior dentist authorization for each procedure.



Shared Responsibilities

Hygienists and dentists collaboratively share responsibilities for clinical protocols, diagnostic authority, patient referral pathways, liability and care coordination as established in the agreement by both parties.



Autonomy Within Scope

Hygienists perform diagnosis, treatment planning, and all services within statutory scope independently, without authorization requirements. Hygienists shall carry malpractice insurance when practicing under collaborative agreements.



Referral Standards

Clear protocols establish when and how patients are referred when clinical needs exceed the hygienist's scope of practice.



Financial Agreements

Dentists and Hygienists in collaborative agreement, decide if compensation is appropriate and what that looks like for each case scenario.

Public Health Dental Hygienist Endorsement

The Public Health Dental Hygienist (PHDH) designation enables autonomous service delivery in board-approved public health and non-traditional settings. Unlike collaborative practice, PHDHs operate independently without requiring a collaborative agreement with a dentist, though voluntary collaboration is encouraged to support continuity of care. PHDH shall carry malpractice insurance.

This endorsement expands access to underserved populations in schools, long-term care facilities, community clinics, correctional institutions, telehealth programs, and rural communities. Candidates must apply through the Dental Hygiene Committee to receive the Public Health Dental Hygiene Endorsement, ensuring competency standards and patient safety while addressing critical access gaps.

Approved Practice Settings

- Educational institutions and school-based clinics
- Long-term care and assisted living facilities
- Community health centers and safety-net clinics
- Correctional and detention facilities
- Telehealth and mobile dental units
- Rural and frontier communities
- Others as established by the Dental Hygiene Committee.

The Dental Hygiene Practitioner Model: Advanced Practice for Expanded Access

The Dental Hygiene Practitioner (DHP) model addresses a critical need in New Mexico's oral health workforce by establishing structured pathways for advanced clinical practice. This model responds to significant challenges in workforce retention and access to care, particularly in underserved communities. While collaborative practice and public health practice have expanded service delivery, a substantial gap remains in advanced clinical autonomy and the retention of highly skilled dental hygienists who seek greater professional opportunities.

The DHP framework creates two distinct pathways to advanced licensure—one through graduate-level education and another through extensive clinical experience combined with bridge curriculum completion. Both routes prepare hygienists to manage complex patient needs, exercise independent clinical judgment, and provide comprehensive services across all practice settings. This dual-pathway approach ensures accessibility for working professionals while maintaining rigorous standards for advanced practice competency.

Educational Pathway

Master's degree in dental hygiene with advanced clinical practice emphasis

Professional Experience Pathway

Advanced Standing. Intensive training aligned with Educational Pathways.

DHP Licensure

Direct licensure upon completion, no additional certification exam required

Beyond clinical advancement, the DHP model functions as a strategic workforce retention initiative. New Mexico has experienced significant challenges maintaining a stable dental hygiene workforce, with many professionals leaving the state for broader career opportunities. By offering clear advancement routes, enhanced clinical autonomy, and meaningful opportunities to serve diverse communities, the DHP model incentivizes hygienists to remain in New Mexico and invest their advanced skills locally. The result is a stronger, more stable workforce capable of addressing the state's most pressing oral health access challenges.

"The DHP framework ensures that New Mexico retains not only more hygienists, but also the most well-trained, highly capable providers to serve its diverse and often underserved populations."

Pathways to DHP Licensure and Advanced Scope of Practice

Two Routes to Advanced Practice Excellence

1	2
<p>Educational Pathway</p> <p>Applicants must hold a master's degree in dental hygiene with emphasis in advanced clinical practice, public health, or oral health leadership. Graduate coursework encompasses advanced pharmacology and therapeutics, oral pathology identification, interprofessional healthcare collaboration, evidence-based practice and treatment planning, and population-based oral healthcare delivery.</p> <p>Master's-level graduates are eligible for direct licensure as a Dental Hygiene Practitioner immediately upon graduation, with no additional certification examination required.</p>	<p>Professional Experience Pathway</p> <p>Applicants must maintain a current New Mexico dental hygiene license in good standing with a minimum of five years of clinical practice experience under collaborative practice agreements in private or public health settings.</p> <p>Required certifications include local anesthesia and nitrous oxide, advanced pharmacology, advanced periodontal therapy, medical emergency response, and optional neuromodulators certification for therapeutic injectables.</p> <p>Candidates receive advanced standing to complete a DHP bridge curriculum in the Master Program consisting of intensive didactic and clinical training equivalent to the educational pathway. Upon successful completion, applicants receive direct DHP licensure without certification examination.</p>

Comprehensive DHP Scope of Practice

Clinical Competencies

- Dental hygiene diagnosis and comprehensive treatment planning
- Preventive and therapeutic services including advanced periodontal care
- Complete radiographic interpretation and diagnostic imaging
- Palliative care
- Suture placement and removal for soft tissue procedures
- Others as deemed appropriate by the teaching institution and the board.

Pharmacologic Authority

- Non-controlled prescription medications for oral conditions
- Emergency medications and analgesics
- Antibiotics for dental infections and premedication protocols
- Antimicrobials for periodontal therapy
- Neuromodulators (Botox) for orofacial pain and therapeutic applications
- Others as deemed appropriate by the teaching institution and the board.



Medical Collaboration

DHPs may provide IV therapy, perform blood draws, administer immunizations, and deliver hospital-based oral health services in inter-professional care settings



Emergency Response

DHPs with ACLS certification or equivalent training may perform full advanced cardiac life support interventions in dental emergency situations



Universal Practice Settings

DHPs may practice in all traditional and non-traditional settings, including but not limited to underserved communities, public health sites and private dental offices.

Regulation, Oversight, and Transformative Impact

Credentialing and Licensure

The Dental Hygiene Committee oversees all credentialing processes, licensure applications, and maintenance of professional standards for collaborative practice, public health dental hygienists, and dental hygiene practitioners

Professional Requirements

All DHPs must maintain current malpractice insurance coverage, complete continuing education specific to advanced practice competencies, and achieve recertification during every license renewal cycle

Quality Assurance

Regular competency assessments, peer review processes, and patient outcome monitoring ensure DHPs maintain the highest standards of clinical excellence and patient safety throughout their careers

A Vision for Transformed Oral Health Care in New Mexico

This comprehensive framework fundamentally redefines dental hygiene practice across New Mexico by dismantling outdated regulatory barriers and establishing clear pathways for professional advancement. Through expanded collaborative practice agreements, autonomous public health practice designations, and dual routes to advanced DHP licensure, this proposal creates unprecedented opportunities for dental hygienists to apply their full clinical expertise while serving communities across the state.

For Dental Hygienists

Professional autonomy, advanced practice opportunities, and meaningful career pathways that encourage long-term retention in New Mexico's workforce

For Dentists

Clearly defined collaborative agreements with appropriate financial recognition and reduced administrative burden through structured partnerships

For Patients

Unprecedented access to preventive and therapeutic oral health services, particularly in underserved rural and frontier communities

The implementation of this framework positions New Mexico as a national leader in dental hygiene advancement and oral health workforce innovation. By fostering professional growth, removing restrictive barriers, and expanding the clinical roles of highly trained dental hygienists, this proposal addresses critical access gaps while strengthening the overall dental workforce. The DHP model, combined with enhanced collaborative and public health practice pathways, ensures that every New Mexican—regardless of geographic location or socioeconomic status—has access to high-quality, comprehensive oral health care delivered by skilled, autonomous professionals.

- ❑ **Implementation Timeline:** Stakeholder engagement and legislative review processes will begin immediately, with anticipated phased implementation beginning in the next legislative session. The Dental Hygiene Committee will establish detailed credentialing standards and oversight protocols within six months of legislative approval.

Dental Hygiene Programs Curriculum and Competency Summary

1. Overview and Curriculum Requirements

1.1 Curriculum Design and Intent

All CODA-accredited dental hygiene programs must deliver a competency-based curriculum that prepares graduates to enter the profession as competent, ethical, and self-directed healthcare providers. The curriculum integrates didactic, preclinical, and clinical experiences, promoting critical thinking, clinical decision-making, evidence-based care, and professional responsibility. Programs must define learning outcomes (competencies), provide syllabi for all courses, and ensure instruction is sequential, integrated, and reflective of current scientific knowledge.

1.2 Required Content Areas and Courses

A. General Education (Non-Science Core)

Programs must include coursework that develops communication, analytical, and ethical reasoning skills needed for professional practice. Examples include English Composition or Technical Writing, Oral and Interpersonal Communication, Psychology or Human Behavior, Sociology or Cultural Studies, Ethics and Professional Responsibility, and Computer Literacy or Informatics. These courses ensure graduates can communicate effectively, understand diverse populations, and apply ethical reasoning in patient care.

B. Biomedical Sciences

These foundational science courses establish the biological basis for clinical decision-making and oral-systemic health understanding. Required courses include Anatomy and Physiology I and II, Head and Neck Anatomy, Histology and Embryology, Microbiology, General and Oral Pathology, Pharmacology, Nutrition and Biochemistry, and Medical Emergencies with Basic Life Support certification. They enable hygienists to recognize normal versus pathological conditions, understand pharmacologic effects, and manage systemic and oral diseases safely.

C. Dental Sciences

These courses provide dental-specific background knowledge required for oral health assessment, prevention, and nonsurgical therapy. Required content includes Dental Anatomy and Occlusion, Radiology (didactic and clinical), Periodontology, Pain Management and Local Anesthesia, Dental Materials, Dental Public Health, Oral Pathology,

and Infection and Hazard Control. This coursework builds understanding of oral structures, disease processes, and diagnostic and therapeutic techniques.

D. Dental Hygiene Sciences

This core sequence prepares students to perform the full Dental Hygiene Process of Care (assessment, diagnosis, planning, implementation, evaluation, documentation). Required courses include Preclinical Dental Hygiene Techniques, Clinical Dental Hygiene I–IV, Advanced Periodontics and Nonsurgical Therapy, Patient Management, Care for Special Populations, Community Oral Health Planning and Implementation, Evidence-Based Decision-Making, Ethics, Jurisprudence, Practice Management, and Interprofessional Collaboration. These courses ensure competence in providing comprehensive preventive and therapeutic care across diverse patient populations.

1.3 Integration of Didactic and Clinical Learning

CODA requires coordinated didactic and clinical instruction. Clinical education begins in preclinical laboratories and advances to direct patient care, exposing students to diverse patient populations and case complexities. Programs must ensure sufficient patient availability for each student to achieve competence in all required skills and behaviors. Faculty supervision ensures consistency and quality of clinical performance evaluations.

1.4 Minimum Clinical and Professional Competencies

Graduates must demonstrate competency in the following areas:

1. Apply the Dental Hygiene Process of Care: assess, analyze, plan, implement, evaluate, and document care.
2. Perform comprehensive periodontal therapy, including scaling, root planing, and maintenance.
3. Administer pain control measures (local anesthesia, nitrous oxide where permitted).
4. Expose and interpret radiographs safely and accurately.
5. Implement infection control and risk management protocols.
6. Recognize and manage medical emergencies.
7. Promote oral health through education and preventive counseling.
8. Apply ethical, legal, and regulatory standards to practice.
9. Collaborate with dental and medical professionals.
10. Design, implement, and evaluate community oral health programs.

1.5 CODA and National Standards

These required courses and competencies are standardized nationally under CODA accreditation. All U.S. programs must meet or exceed these standards to maintain accreditation. They ensure that graduates possess the knowledge, skills, and judgment to provide safe, effective, and evidence-based oral healthcare within their defined scope of practice. This establishes a uniform foundation across the profession and ensures public protection through standardized education and assessment.



New Mexico
DENTAL HYGIENISTS'
ASSOCIATION

Requirements for New Mexico Dental Hygiene Licensure

- Graduation from a school accredited by the Commission on Dental Accreditation
- Successfully passed the written National Board Exam
- Successfully passed a practical/clinical regional board exam
- Successfully passed a written jurisprudence exam covering the laws and rules for practice in New Mexico
- Basic Life Support (BLS) for Health Professionals
- 45 hours of continuing education, 60 hours for collaborative dental hygienists, every three years.
- Background status report

Education Required for Dental Hygienists

Prerequisites for the program can typically take 1 to 3 years to complete, followed by 2 to 4 years of clinical and didactic education.

Supervision Requirements

1. “general supervision”, the authorization by a dentist of the procedures to be used by a dental hygienist and the execution of the procedures in accordance with the dentist’s diagnosis and treatment plan at a time the dentist is not physically present.
2. “without supervision”, with a consulting dentist who has entered into an approved agreement with a collaborating dental hygienist to create protocols, and to provide consultation, diagnosis, and authorization for services.

Barbara Posler, RDH, NMDHA, barb.posler@gmail.com; 505-507-1279

