

LFC Requestor:

2026 LEGISLATIVE SESSION
AGENCY BILL ANALYSIS

Section I: General

Chamber: House

Category: Bill

Number: 258

Type: Introduced

Date (of THIS analysis): 02/02/2026

Sponsor(s): Pamela Herndon

Short Title: Dental Hygienists in Dental Health Act

Reviewing Agency: Agency 665 - Department of Health

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 26	FY 27		
\$0	\$0	NA	NA

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 26	FY 27	FY 28		
\$0	\$0	\$0	NA	NA

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 26	FY 27	FY 28	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
Total	\$0	\$0	\$0	\$0	NA	NA

Section III: Relationship to other legislation

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: None

Duplicates/Relates to an Appropriation in the General Appropriation Act: None

Section IV: Narrative

1. BILL SUMMARY

a) Synopsis

House Bill 258 proposes that the Dental Health Care Act be amended to expand the scope of practice for certain types of dental hygienists.

Section 2: Scope of Practice – Updates New Mexico Dental Health Care Act by revising the states scope of practice law. This bill edits the legal definitions that describe what counts as the practice of dentistry and what counts as the practice of dental hygiene, along with provisions that link certain services to supervision certification and rulemaking.

For dentistry, Section 2 maintains a broad definition that covers diagnosing, treating, correcting, relieving, and preventing conditions affecting teeth, gingiva, jaws, and adjacent oral and maxillofacial tissues. It continues to include prescription or administration of drugs and the use of therapeutic or diagnostic techniques. The definition continues to encompass common professional activities such as clinical evaluation before dental services, surgical procedures and extractions, administration of anesthesia, interpretation of dental radiographs, and limited diagnostic and treatment planning through tele-dentistry.

For dental hygiene, Section 2 clarifies and details dental hygiene practice as prevention and treatment of oral disease through education, assessment, preventive and clinical services and dental hygiene diagnostic functions. It lists specific services included in the scope, such as dental cleanings, related to nonsurgical periodontal procedures, assessing whether pit and fissure sealants are indicated (and, in specified circumstances, applying sealants without mechanical alteration of the tooth); applying fluorides and other topical therapeutic or preventive agents, exposing and assessing oral x-rays for abnormalities; screening to identify indications of oral abnormalities; performing dental hygiene diagnosis; and assessing periodontal conditions. This section also describes when certain preventive services may occur without supervision in designated public or community settings, subject to rules adopted by the Board and Committee.

Section 2 also addresses expanded authorities tied to supervision status and certification. It outlines conditions for administering local anesthesia including experience and documentation requirements. This section includes a list of procedures that expanded-function dental auxiliaries may perform under dentist supervision, including certain restorative functions, impressions, sealants, temporary restorations, orthodontic cement removal, and work involving stainless steel crowns.

Section 3: State Participation in the Compact – Amends a section within the Dental Health Care Act by restating who must hold a license to practice dentistry, dental therapy, and dental hygiene in New Mexico, and by updating a detailed set of exemptions. The section first reinforces a general prohibition: unless properly licensed, a person may not hold themselves out as a dentist or perform acts that fall within the statutory definition of dentistry. The section lists categories of individuals and situations in which dental related acts may occur without a New Mexico dental license, including physicians and surgeons acting within the field of medicine. Students in accredited educational programs operating under required supervision; and certain unlicensed persons performing limited mechanical work on dental materials when the work is prescribed and supported by a dentist’s casts or impressions. The section recognizes exemptions of commissioned officers and dentists providing services in federally controlled settings. Section 3 also clarifies licensure boundaries specific to dental therapy and dental hygiene. It established parallel license required language for dental therapists and then identifies exemptions relevant to dental therapy education and supervised practice, including references to practice under supervision.

For dental hygiene, the section similarly prohibits unlicensed practice and the unlicensed use of protected titles and then describes when dental hygiene related functions may be performed. Section 3 also addresses practice models and supervision terminology by referencing protocols in a collaborative practice agreement with a collaborating dentist. This section addresses organizational arrangements for delivering dental services by restricting unlicensed individuals or cooperate entities from employing/contracting with dentists or dental hygienists to provide dental or dental hygiene services, unless the entity is licensed. It then counts entities that may function as non-dentist owners without a New Mexico license under specified conditions. These include government agencies providing dental services within affiliated facilities or providing public health measures to prevent disease, certain educational institutions providing services in an education setting, FQHCs and nonprofit organizations.

Is this an amendment or substitution? Yes No

Is there an emergency clause? Yes No

b) Significant Issues

Codifying diagnostic authority in statute defines and ensures legal clarity about scope of practice, protects patient safety, and prevents the profession's core functions from being diminished through regulatory changes.

Recognizing diagnosis in statute accurately reflects the cognitive and professional responsibilities that dental hygienists are already educated and licensed to perform.

Establishing a public health dental hygienist promotes and expedites the delivery of dental hygiene services in primary care and alternative settings, school-based care, and public health environments where dentists are not available.

If enacted, HB258 would make New Mexico the 4th state to allow for Dental Hygiene Diagnosis within the scope of practice. States that allow this include Colorado, Oregon, and Maine.

New Mexico is only one of 13 states that does not allow the provision of sealants in the dental hygienist's scope of practice. There are 38 states that allow it. "[Dental Hygiene Practice Variations by State - OHWRC](#)"

2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?
 Yes No

This could impact the scope of work for staff in the oral health program, which employs two hygienists.

- Is this proposal related to the NMDOH Strategic Plan? Yes No

3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?
 Yes No N/A
- If there is an appropriation, is it included in the LFC Budget Request?
 Yes No N/A
- Does this bill have a fiscal impact on NMDOH? Yes No

4. ADMINISTRATIVE IMPLICATIONS

Will this bill have an administrative impact on NMDOH? Yes No

5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP

None

6. TECHNICAL ISSUES

Are there technical issues with the bill? Yes No

7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)

- Will administrative rules need to be updated or new rules written? Yes No
- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)? Yes No
- Does this bill conflict with federal grant requirements or associated regulations?
 Yes No
- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs? Yes No

8. DISPARITIES ISSUES

The rural geography of New Mexico, combined with a shortage of practicing dentists, limits access to oral health care and highlights the need for dental hygienists to practice at the highest level within their scope of work.

Reportedly, 40% of Americans who plan to receive dental care never actually receive it due to access barriers. This bill will help address oral health disparities by allowing dental hygienists to practice with more autonomy.

[ADHA Calls for Dental Hygienist Practice Expansion and Autonomy - ADHA](#)

[New Mexico grapples with dental workforce shortage | Dental news](#)

[Addressing the dental care shortage in rural New Mexico | Business | abqjournal.com](#)

9. HEALTH IMPACT(S)

If HB 258 is enacted, it will increase the ability of dental hygienists to provide services for their target population. Public health dental hygiene focuses on community-level care, prevention, and serving underserved populations. The target population is underserved, low-income, Medicaid recipients, or specific groups like school children or nursing home residents. Many collaborative practice dental hygienists provide public health services.

Dental hygienists are highly trained, licensed professionals that play a crucial role in maintaining public health and well-being, yet many find their capabilities constrained, not by their education or skill, but by regulations that do not prioritize the interest of patient care.

[Full Potential: Why RDHs Must Work at the Top of Their Abilities](#)

Dental hygienists are positioned to diagnose periodontal disease because of their specialized training to identify, measure, and manage gum tissue health and assess for bone levels. Their routine, detailed charting of periodontal probing depths and tissue health provide early and accurate detection often acting as a first line of defense to prevent disease progression. This bill would allow dental hygienists to diagnose within their scope allowing for earlier detection of periodontal disease, increased patient acceptance of treatment, improved oral-systemic outcomes, and greater efficiency.

[The Role of the Dental Hygienist in a Comprehensive Healthcare Dental Office and Their Impact on Preventative Oral-Systemic Health Care](#)

10. ALTERNATIVES

None

11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

If HB258 is not enacted, public health and collaborative practice dental hygienists will continue to require general supervision for many of the functions allowed within their scope of work, significantly limiting their ability to deliver critical oral health services and serve the most vulnerable populations with the greatest need.

12. AMENDMENTS

None