COMMONWEALTH of VIRGINIA

Department of Health

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January 8, 2026

MEMORANDUM

TO: The Honorable Janet Kelly
Secretary of Health and Human Resources

FROM: Karen Shelton, MD
State Health Commissioner, Virginia Department of Health

SUBJECT: 2025 Remote Supervision Dental Hygienists Report

This report is submitted in compliance with the Virginia Acts of the Assembly – § 54.1-2722, which states:

> *A report of services provided by dental hygienists employed by the Virginia Department of Health pursuant to such protocol, including their impact upon the oral health of the citizens of the Commonwealth, shall be prepared and submitted annually to the Secretary of Health and Human Resources by the Department of Health and a report of services provided by dental hygienists employed by the Department of Behavioral Health and Developmental Services shall be prepared and submitted annually to the Secretary of Health and Human Resources by the Department of Behavioral Health and Developmental Services. Nothing in this section shall be construed to authorize or establish the independent practice of dental hygiene.*

Should you have any questions or need additional information, please feel free to contact me at (804) 864-7002.

KS/KB
Enclosure

Pc: The Honorable Janet Kelly, Secretary of Health and Human Resources

REMOTE SUPERVISION DENTAL HYGIENISTS REPORT

REPORT TO THE SECRETARY OF HEALTH AND HUMAN RESOURCES

2025

VIRGINIA DEPARTMENT OF HEALTH

PREFACE

This report is submitted in compliance with § 54.1-2722 of the Code of Virginia, requiring the Virginia Department of Health to report annually on the services provided by dental hygienists employed by the Virginia Department of Health pursuant to remote supervision, including the impact upon the oral health of the citizens of the Commonwealth.

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EXECUTIVE SUMMARY

This report is submitted in compliance with § 54.1-2722 of the Code of Virginia, requiring the Virginia Department of Health to report annually on the services provided by dental hygienists employed by the Virginia Department of Health pursuant to remote supervision, including the impact upon the oral health of the citizens of the Commonwealth.

This report details the services that dental hygienists and dental assistants employed by VDH provided in state fiscal year 2025 (FY25) under the remote supervision protocol. School-based clinical services by VDH hygienists in FY25 reflected continued recovery from the disruption of the COVID-19 pandemic years. A summary of services provided is below.

SUMMARY OF SERVICES PROVIDED

In FY25, VDH remote supervision dental hygienists assessed 5,399 children in a school-based setting; 1,608 received sealants and 4,873 received fluoride varnish applications in initial and follow-up visits. In clinic settings, through the VDH Bright Smiles for Babies (BSB) Program, VDH remote supervision dental hygienists screened 534 infants and children and provided 470 fluoride varnish applications. In FY25, the combined remote supervision hygienist workforce provided clinical services with a market value of $1,757,084 in 11 VDH local health districts.

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INTRODUCTION

REMOTE SUPERVISION DENTAL HYGIENISTS REPORT MANDATE

This report is submitted in compliance with § 54.1-2722 of the Code of Virginia, requiring the Virginia Department of Health to report annually on the services provided by dental hygienists employed by the Virginia Department of Health pursuant to remote supervision, including the impact upon the oral health of the citizens of the Commonwealth.

REPORT OUTLINE

This report contains a summary on the background of remote supervision in Virginia along with information on dental disease among children. This is followed by a detailed summary of services that remote supervision dental hygienists provided in FY25 and the impact on oral health. The report concludes with a summary of plans for FY26.

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BACKGROUND

Although tremendous strides have been made in the reduction of tooth decay over the past fifty years, primarily due to community water fluoridation, the decline in disease prevalence and severity has not been distributed uniformly across all segments of the population ("Health Disparities in Oral Health," 2024; "About Community Water Fluoridation," 2024). Tooth decay disproportionately affects Virginians by race and socioeconomic status. Geography affects access to care in many parts of the Commonwealth. Racial and ethnic minorities, low-income individuals, and individuals with special health care needs are all less likely to have access to regular dental care and resources, further compounding the impact of oral disease (Virginia Department of Health, 2022). The need for creative solutions to the challenges of dental care access has led to the development of alternative practice models for dental hygienists in the Commonwealth, such as the Virginia Department of Health (VDH) remote supervision protocol.

In 2009, the Virginia General Assembly passed legislation to revise § 54.1-2722 of the Code of Virginia "License; application; qualifications; practice of dental hygiene" to allow dental hygienists employed by VDH to provide preventive dental services in selected settings without the general or direct supervision of a dentist. This facilitated the current VDH remote supervision dental hygiene program which provides preventive oral health services in communities, schools, and local health departments. Figure 1 identifies the distribution of VDH remote supervision hygiene services provided across the Commonwealth in FY25.

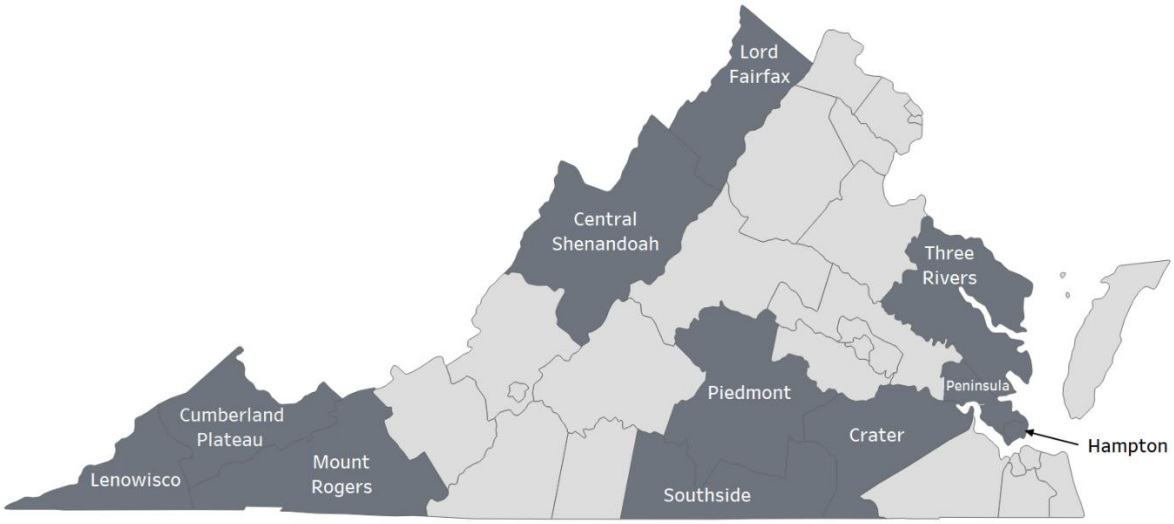

Figure 1: Map of VDH Remote Supervision Preventive Dental Services in Virginia

Over the past decade, there has been a growing awareness of the impact of social determinants of health on communities. The remote supervision model of bringing preventive oral health services to children beyond dental clinics, to some degree, addresses challenges faced by low-

income households, such as limited transportation options and unequal access to health insurance. These are recognized community factors that determine access to oral health care.

ORAL HEALTH SERVICES PROVIDED BY REMOTE SUPERVISION DENTAL HYGIENISTS

The remote supervision program, in its current iteration, reflects the successful transition from VDH dentist-staffed clinics as the primary strategy, to dental hygienists providing preventive services in the community. This is a more cost effective and sustainable approach to improving long term oral health trends across the Commonwealth.

DENTAL SEALANTS

A dental sealant is most commonly an acrylic resin or resin hybrid coating typically applied to the chewing surfaces of the back teeth (molars) to prevent the initiation and progression of dental caries by forming a barrier to plaque and bacteria. Sealants are effective in reducing tooth decay, with the Centers for Disease Control and Prevention (2001) indicating a median decrease of 60%. VDH currently monitors the following Healthy People 2030 objective on dental sealants:

- OH-10 Increase the proportion of children and adolescents who have received dental sealants on 1 or more of their primary or permanent molar teeth.

TOPICAL FLUORIDES

Topical fluorides (gels, varnishes, pastes, and mouth rinse) are interventions proven effective in reducing the risk of dental decay. A 2013 systematic review of dental literature attributed a 43% reduction in decayed, missing, and filled tooth surfaces to the use of fluoride varnish alone (Marinho et al., 2013). Fluoride varnishes are a topical fluoride delivery vehicle that instantly "stick" to tooth surfaces where applied, which eliminates the risk of significant patient ingestion. This facilitates the use of topical fluorides on infants and children of all ages in a variety of settings.

DENTAL VISITS

Dental visits are an important component of good oral health. Routine preventive dental visits provide opportunities for oral health education, professional cleaning, fluoride applications, and oral cancer screenings. Delivery models for school-based preventive services significantly reduce many of the typical barriers to accessing preventive care visits facing some families (Gooch et al., 2009). VDH tracks the Healthy People 2030 related objective for preventive services visits:

- OH-9 Increase the proportion of low-income youth who have a preventive dental visit.

PROGRAM DATA AND IMPACT ON ORAL HEALTH

SCHOOL-BASED PREVENTIVE SERVICES

VDH remote supervision hygienists provide preventive care visits in a school-based setting to deliver dental assessment, sealants, fluoride varnish applications, oral health education and prophylaxis (cleaning). Children in qualified schools, who do not have a dental home, are referred to area dental providers. Qualified schools are schools that have at least 50% of enrolled students eligible for benefits under the National School Lunch Program, a federally assisted meal program that provides free or reduced-price meals in public and non-private schools based on household income and family size or participation in other need-based federal or state programs. Children without a dental home generally refers to those children who do not have a regular and ongoing relationship with a dentist who is able to provide all aspects of oral health care including anticipatory guidance, preventive, acute, and comprehensive oral health care to include referral to dental specialists, as needed.

Over the life of the program, the number of participating children trended significantly upwards until service was impacted by the COVID-19 pandemic. Services resumed in the FY23 school year and increased significantly in FY24 and FY25 (Table 1). However, VDH continues to experience staffing challenges, including those related to hiring, retention, and turnover. These challenges have been common across the dental profession nationwide since the pandemic. Throughout FY25, significant VDH staff management time has been committed to resolving these staffing needs.

Year	Number of Participating Health Districts	Number of Participating School Divisions	Number of Children Assessed for Sealants or Varnish D0191	Number of Children Referred for Treatment	Number of Children Sealed	Number of Teeth Sealed	Number of Teeth Sealed per Child (average)	Fluoride Varnishes Applied in School Settings
FY18	15	38	7864	2031	2518	7081	2.8	7090
FY19	14	37	8380	1774	2274	6684	2.9	7179
FY20	13	35	6191	1995	1861	5484	2.9	5490
FY21	In FY21, all school-based clinical services were suspended due to the COVID-19 Pandemic.							
FY22	In FY22, all school-based clinical services were suspended due to the COVID-19 Pandemic.							
FY23	9	17	2078	688	891	2744	3.1	1936
FY24	10	23	4067	2044	1369	4990	3.6	3731
FY25	11	28	5399	2566	1608	5996	3.7	4873

Table 1: Services Provided Through "School Based" Programs by Remote Supervision Dental Hygienists, FY18 – FY25

BRIGHT SMILES FOR BABIES PREVENTIVE SERVICES

In addition to preventive services offered through schools, VDH dental hygienists practicing under remote supervision in the Bright Smiles for Babies (BSB) Program provide services through Special Supplemental Nutrition Program for Women, Infants and Children (WIC) clinics, Head Start, Care Connection for Children medical specialty clinics, and some unique settings where young children are provided other services. This affords opportunities to provide

preventive and educational services and fluoride varnish, when appropriate, to low-income children and their parents and to children with disabilities and chronic conditions.

An added benefit of engaging WIC-enrolled pregnant women through BSB activities is the opportunity to inform and educate them regarding the value of using their own dental care benefit available through Medicaid and the Family Access to Medical Insurance Security Plan (FAMIS) for the duration of their pregnancy. As an extension of the BSB Program, VDH dental hygienists provide oral health preventive services to individuals in medical specialty clinics and in some Head Start settings. The remote hygienists are also actively expanding the integration of oral care into non-dental settings by training physicians and nurses across the Commonwealth to provide BSB Program services during well-child visits (Table 2).

Post COVID, the WIC program, has been modified in Local Health Departments (LHDs) to reduce the number of in-person visits. This impacts hygienists' access to parents and infants in the BSB program. As a result, the program has increased its focus and efforts around school-based programs.

Year	Number of Health Districts	Number of Children Screened	Number of Fluoride Varnishes Applied	Number of Children Referred to Dental Home
FY18	13	4861	4420	1885
FY19	14	2988	2728	1562
FY20	13	2171	1915	1053
FY21	In FY21, all clinical services were suspended due to the COVID-19 Pandemic.			
FY22	In FY22, all clinical services were suspended due to the COVID-19 Pandemic.			
FY23	7	593	574	522
FY24	10	962	882	446
FY25	10	534	470	342

Table 2: Services Provided Through "Bright Smiles for Babies" Fluoride Varnish Program by Remote Supervision Dental Hygienists, FY18 – FY25

COMBINED PREVENTIVE SERVICES IMPACT

During FY25, despite the challenges impacting the program, hygienists provided services valued at $1,757,084. This is a greater than 21% increase over FY24. Service value calculations, as determined by Current Dental Terminology Codes from the American Dental Association (2022), include oral screenings (D0190) and assessments (D0191), dental sealants (D1351), oral hygiene instructions (D1330), topical fluoride varnish applications (D1206), and child (D1120) and adult (D1110, >age 12) prophylaxis services.

Remote supervision dental hygienists historically provide oral health education to a variety of customers across the Commonwealth. The dental hygienists not only provide chairside instructions in clinical settings but also conduct teacher, parent, and student education sessions in many schools to increase knowledge of the dental preventive services program, to motivate

participation in the school-based programs, and to stress the importance of accessing preventive services in the community when available. In FY25, through clinical and community group activities, hygienists provided education to over 9,000 individuals.

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FUTURE PLANS

In FY26, VDH will:

- Continue to recruit additional staff for its dental program. The goal is to restore the program to full capacity. VDH will start FY26 with all VDH full-time clinical hygienist positions filled. VDH will continue to recruit for several dental assistant positions.

- Continue partnering with local health districts (LHDs) that have identified dental health as a priority need to provide technical assistance as they seek additional staff capacity.

- Continue its efforts to add additional participating school divisions in FY26.

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APPENDIX A – CODE OF VIRGINIA § 54.1-2722

§ 54.1-2722. License; application; qualifications; practice of dental hygiene; report

A. No person shall practice dental hygiene unless he possesses a current, active, and valid license from the Board of Dentistry. The licensee shall have the right to practice dental hygiene in the Commonwealth for the period of his license as set by the Board, under the direction of any licensed dentist.

B. An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character, (ii) is a graduate of a dental hygiene program accredited by the Commission on Dental Accreditation and offered by an accredited institution of higher education, (iii) has passed the dental hygiene examination given by the Joint Commission on National Dental Examinations, and (iv) has successfully completed a clinical examination acceptable to the Board.

C. The Board may grant a license to practice dental hygiene to an applicant licensed to practice in another jurisdiction if he (i) meets the requirements of subsection B; (ii) holds a current, unrestricted license to practice dental hygiene in another jurisdiction in the United States; (iii) has not committed any act that would constitute grounds for denial as set forth in § 54.1-2706; and (iv) meets other qualifications as determined in regulations promulgated by the Board.

D. A licensed dental hygienist may, under the direction or general supervision of a licensed dentist and subject to the regulations of the Board, perform services that are educational, diagnostic, therapeutic, or preventive. These services shall not include the establishment of a final diagnosis or treatment plan for a dental patient. Pursuant to subsection W of § 54.1-3408, a licensed dental hygienist may administer topical oral fluorides under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine.

A dentist may also authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia. In its regulations, the Board of Dentistry shall establish the education and training requirements for dental hygienists to administer such controlled substances under a dentist's direction.

For the purposes of this section, "general supervision" means that a dentist has evaluated the patient and prescribed authorized services to be provided by a dental hygienist; however, the dentist need not be present in the facility while the authorized services are being provided.

The Board shall provide for an inactive license for those dental hygienists who hold a current, unrestricted license to practice in the Commonwealth at the time of application for an inactive license and who do not wish to practice in Virginia. The Board shall promulgate such regulations as may be necessary to carry out the provisions of this section, including requirements for remedial education to activate a license.

E. For the purposes of this subsection, "remote supervision" means that a public health dentist

has regular, periodic communications with a public health dental hygienist regarding patient treatment, but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

Notwithstanding any provision of law, a dental hygienist employed by the Virginia Department of Health or the Department of Behavioral Health and Developmental Services who holds a license issued by the Board of Dentistry may provide educational and preventative dental care in the Commonwealth under the remote supervision of a dentist employed by the Department of Health or the Department of Behavioral Health and Developmental Services. A dental hygienist providing such services shall practice pursuant to protocols developed jointly by the Department of Health and the Department of Behavioral Health and Developmental Services for each agency, in consultation with the Virginia Dental Association and the Virginia Dental Hygienists' Association. Such protocols shall be adopted by the Board as regulations.

A report of services provided by dental hygienists employed by the Virginia Department of Health pursuant to such protocol, including their impact upon the oral health of the citizens of the Commonwealth, shall be prepared and submitted annually to the Secretary of Health and Human Resources by the Department of Health, and a report of services provided by dental hygienists employed by the Department of Behavioral Health and Developmental Services shall be prepared and submitted annually to the Secretary of Health and Human Resources by the Department of Behavioral Health and Developmental Services. Nothing in this section shall be construed to authorize or establish the independent practice of dental hygiene.

F. For the purposes of this subsection, "remote supervision" means that a supervising dentist is accessible and available for communication and consultation with a dental hygienist during the delivery of dental hygiene services, but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

Not withstanding any other provision of law, a dental hygienist may practice dental hygiene under the remote supervision of a dentist who holds an active license by the Board and who has a dental practice physically located in the Commonwealth. No dental hygienist shall practice under remote supervision unless he has (i) completed a continuing education course designed to develop the competencies needed to provide care under remote supervision offered by an accredited dental education program or from a continuing education provider approved by the Board and (ii) at least two years of clinical experience, consisting of at least 2,500 hours of clinical experience. A dental hygienist practicing under remote supervision shall have professional liability insurance with policy limits acceptable to the supervising dentist. A dental hygienist shall only practice under remote supervision at a federally qualified health center; charitable safety net facility; free clinic; long-term care facility; elementary or secondary school; Head Start program; mobile dentistry program for adults with developmental disabilities operated by the Department of Behavioral Health and Developmental Services' Office of Integrated Health; or women, infants, and children (WIC) program.

A dental hygienist practicing under remote supervision may (a) obtain a patient's treatment history and consent, (b) perform an oral assessment, (c) perform scaling and polishing, (d)

perform all educational and preventative services, (e) take X-rays as ordered by the supervising dentist or consistent with a standing order, (f) maintain appropriate documentation in the patient's chart, (g) administer topical oral fluorides, topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical drug approved by the Board of Dentistry under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine pursuant to subsection W of § 54.1-3408, and (h) perform any other service ordered by the supervising dentist or required by statute or Board regulation. No dental hygienist practicing under remote supervision shall administer local anesthetic or nitrous oxide.

Prior to providing a patient dental hygiene services, a dental hygienist practicing under remote supervision shall obtain (1) the patient's or the patient's legal representative's signature on a statement disclosing that the delivery of dental hygiene services under remote supervision is not a substitute for the need for regular dental examinations by a dentist and (2) verbal confirmation from the patient that he does not have a dentist of record whom he is seeing regularly.

After conducting an initial oral assessment of a patient, a dental hygienist practicing under remote supervision may provide further dental hygiene services following a written practice protocol developed and provided by the supervising dentist. Such written practice protocol shall consider, at a minimum, the medical complexity of the patient and the presenting signs and symptoms of oral disease.

A dental hygienist practicing under remote supervision shall inform the supervising dentist of all findings for a patient. A dental hygienist practicing under remote supervision may continue to treat a patient for 180 days. After such 180-day period, the supervising dentist, absent emergent circumstances, shall either conduct an examination of the patient or refer the patient to another dentist to conduct an examination. The supervising dentist shall develop a diagnosis and treatment plan for the patient, and either the supervising dentist or the dental hygienist shall provide the treatment plan to the patient. The supervising dentist shall review a patient's records at least once every 10 months.

Nothing in this subsection shall prevent a dental hygienist from practicing dental hygiene under general supervision whether as an employee or as a volunteer.

970, c. 639; 1972, cc. 805, 824; 1973, c. 391; 1975, c. 479; 1976, c. 327; 1986, c. 178; 1988, c. 765;

APPENDIX B – ACRONYMS AND ABBREVIATIONS

This is a listing of the acronyms and abbreviations appearing throughout the report and its appendices.

BSB – Bright Smiles for Babies

FAMIS – Family Access to Medical Insurance Security Plan

VDH – Virginia Department of Health

WIC – Special Supplemental Nutrition Program for Women, Infants and Children