



House of Representatives

General Assembly

File No. 96

February Session, 2026

Substitute House Bill No. 5303

House of Representatives, March 19, 2026

The Committee on Aging reported through REP. GARIBAY of the 60th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT ALLOWING DENTAL HYGIENISTS TO PROVIDE DENTAL HYGIENE SERVICES IN PRIVATE RESIDENCES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 20-126*l* of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2026*):

3 (a) As used in this section:

4 (1) "General supervision of a licensed dentist" means supervision that
5 authorizes dental hygiene procedures to be performed with the
6 knowledge of said licensed dentist, whether or not the dentist is on the
7 premises when such procedures are being performed;

8 (2) "Public health facility" means an institution, as defined in section
9 19a-490, a community health center, a group home, a school, a preschool
10 operated by a local or regional board of education, a head start program
11 or a program offered or sponsored by the federal Special Supplemental
12 Food Program for Women, Infants and Children, a senior center or a
13 managed residential community, as defined in section 19a-693, a
14 licensed child care center, as described in section 19a-77, or a temporary

15 dental clinic, as defined in section 20-126c;

16 (3) The "practice of dental hygiene" means the performance of
17 educational, preventive and therapeutic services including: Complete
18 prophylaxis; the removal of calcareous deposits, accretions and stains
19 from the supragingival and subgingival surfaces of the teeth by scaling,
20 root planing and polishing; the application of pit and fissure sealants
21 and topical solutions to exposed portions of the teeth; dental hygiene
22 examinations and the charting of oral conditions; dental hygiene
23 assessment, treatment planning and evaluation; the administration of
24 local anesthesia in accordance with the provisions of subsection (d) of
25 this section; taking alginate impressions of teeth, under the indirect
26 supervision of a dentist, for use in study models, orthodontic
27 appliances, whitening trays, mouth guards and fabrication of temporary
28 crowns; and collaboration in the implementation of the oral health care
29 regimen; and

30 (4) "Contact hour" means a minimum of fifty minutes of continuing
31 education activity.

32 (b) No person shall engage in the practice of dental hygiene unless
33 such person (1) has a dental hygiene license issued by the Department
34 of Public Health and (A) is practicing under the general supervision of
35 a licensed dentist, or (B) has been practicing as a licensed dental
36 hygienist for at least two years, is practicing in a public health facility or
37 private residence and complies with the requirements of subsection (e)
38 of this section, or (2) has a dental license.

39 (c) A dental hygienist licensed under sections 20-126h to 20-126w,
40 inclusive, shall be known as a "dental hygienist" and no other person
41 shall assume such title or use the abbreviation "R.D.H." or any other
42 words, letters or figures which indicate that the person using such
43 words, letters or figures is a licensed dental hygienist. Any person who
44 employs or permits any other person except a licensed dental hygienist
45 to practice dental hygiene shall be subject to the penalties provided in
46 section 20-126t.

47 (d) A licensed dental hygienist may administer local anesthesia,
48 limited to infiltration and mandibular blocks, under the indirect
49 supervision of a licensed dentist, provided the dental hygienist can
50 demonstrate successful completion of a course of instruction containing
51 basic and current concepts of local anesthesia and pain control in a
52 program accredited by the Commission on Dental Accreditation, or its
53 successor organization, that includes: (1) Twenty hours of didactic
54 training, including, but not limited to, the psychology of pain
55 management; a review of anatomy, physiology, pharmacology of
56 anesthetic agents, emergency precautions and management, and client
57 management; instruction on the safe and effective administration of
58 anesthetic agents; and (2) eight hours of clinical training which includes
59 the direct observation of the performance of procedures. For purposes
60 of this subsection, "indirect supervision" means a licensed dentist
61 authorizes and prescribes the use of local anesthesia for a patient and
62 remains in the dental office or other location where the services are
63 being performed by the dental hygienist.

64 (e) A licensed dental hygienist shall not perform the following dental
65 services: (1) Diagnosis for dental procedures or dental treatment; (2) the
66 cutting or removal of any hard or soft tissue or suturing; (3) the
67 prescribing of drugs or medication which require the written or oral
68 order of a licensed dentist or physician; (4) the administration of
69 parenteral, inhalation or general anesthetic agents in connection with
70 any dental operative procedure; (5) the taking of any impression of the
71 teeth or jaws or the relationship of the teeth or jaws for the purpose of
72 fabricating any appliance or prosthesis; (6) the placing, finishing and
73 adjustment of temporary or final restorations, capping materials and
74 cement bases.

75 (f) Each dental hygienist practicing in a public health facility or
76 private residence shall (1) refer for treatment any patient with needs
77 outside the dental hygienist's scope of practice, and (2) coordinate such
78 referral for treatment to dentists licensed pursuant to chapter 379.

79 (g) Each licensed dental hygienist applying for license renewal shall

80 earn a minimum of sixteen contact hours of continuing education within
81 the preceding twenty-four-month period, including, for registration
82 periods beginning on and after October 1, 2016, at least one contact hour
83 of training or education in infection control in a dental setting and, for
84 registration periods beginning on and after October 1, 2017, at least one
85 contact hour of training or education in cultural competency. The
86 subject matter for continuing education shall reflect the professional
87 needs of the licensee in order to meet the health care needs of the public.
88 Continuing education activities shall provide significant theoretical or
89 practical content directly related to clinical or scientific aspects of dental
90 hygiene. Qualifying continuing education activities include, but are not
91 limited to, courses, including on-line courses, that are offered or
92 approved by dental schools and other institutions of higher education
93 that are accredited or recognized by the Council on Dental
94 Accreditation, a regional accrediting organization, the American Dental
95 Association, a state, district or local dental association or society
96 affiliated with the American Dental Association, the National Dental
97 Association, the American Dental Hygienists Association or a state,
98 district or local dental hygiene association or society affiliated with the
99 American Dental Hygienists Association, the Academy of General
100 Dentistry, the Academy of Dental Hygiene, the American Red Cross or
101 the American Heart Association when sponsoring programs in
102 cardiopulmonary resuscitation or cardiac life support, the United States
103 Department of Veterans Affairs and armed forces of the United States
104 when conducting programs at United States governmental facilities, a
105 hospital or other health care institution, agencies or businesses whose
106 programs are accredited or recognized by the Council on Dental
107 Accreditation, local, state or national medical associations, or a state or
108 local health department. Eight hours of volunteer dental practice at a
109 public health facility, as defined in subsection (a) of this section, may be
110 substituted for one contact hour of continuing education, up to a
111 maximum of five contact hours in one two-year period. Activities that
112 do not qualify toward meeting these requirements include professional
113 organizational business meetings, speeches delivered at luncheons or
114 banquets, and the reading of books, articles, or professional journals.

115 (h) Each licensee applying for license renewal pursuant to section
116 19a-88, except a licensee applying for a license renewal for the first time,
117 shall sign a statement attesting that he or she has satisfied the continuing
118 education requirements described in subsection (g) of this section on a
119 form prescribed by the department. Each licensee shall retain records of
120 attendance or certificates of completion that demonstrate compliance
121 with the continuing education requirements described in subsection (g)
122 of this section for not less than three years following the date on which
123 the continuing education was completed or the license was renewed.
124 Each licensee shall submit such records to the department for inspection
125 not later than forty-five days after a request by the department for such
126 records. A licensee who fails to comply with the provisions of this
127 section may be subject to disciplinary action pursuant to section 20-126o.

128 (i) In individual cases involving medical disability or illness, the
129 Commissioner of Public Health may grant a waiver of the continuing
130 education requirements or an extension of time within which to fulfill
131 the requirements of this subsection to any licensee, provided the
132 licensee submits to the Department of Public Health an application for
133 waiver or extension of time on a form prescribed by the commissioner,
134 along with a certification by a licensed physician, a licensed physician
135 assistant or a licensed advanced practice registered nurse of the
136 disability or illness and such other documentation as may be required
137 by the commissioner. The commissioner may grant a waiver or
138 extension for a period not to exceed one registration period, except the
139 commissioner may grant additional waivers or extensions if the medical
140 disability or illness upon which a waiver or extension is granted
141 continues beyond the period of the waiver or extension and the licensee
142 applies for an additional waiver or extension.

143 (j) A licensee who is not engaged in active professional practice, in
144 any form, during a registration period shall be exempt from the
145 continuing education requirements, provided the licensee submits a
146 notarized application for exemption on a form prescribed by the
147 commissioner prior to the end of the registration period. A licensee who
148 is exempt under the provisions of this subsection may not engage in

149 professional practice until the licensee has met the continuing education
150 requirements of this section.

151 (k) A licensee whose license has become void pursuant to section 19a-
152 88 and who applies to the department for reinstatement of such license,
153 shall: (1) Submit evidence of completion of a minimum of twenty-four
154 contact hours of qualifying continuing education, as described in
155 subsection (g) of this section, during the two-year period immediately
156 preceding the application for reinstatement; or (2) for an applicant who
157 has not been in the active practice of dental hygiene for more than two
158 years, submit evidence of successful completion of the National Board
159 Dental Hygiene Examination, the North East Regional Board of Dental
160 Examiners Examination in Dental Hygiene or a refresher course
161 approved by the department during the one-year period immediately
162 preceding the application for reinstatement.

163 (l) No provision of this chapter shall be construed to prohibit a
164 student of dental hygiene enrolled in a dental hygiene program, as
165 described in section 20-126i, from performing dental hygiene work as a
166 required component of his or her course of study in such program,
167 provided the student (1) performs such work under the direct
168 supervision of a dentist licensed pursuant to chapter 379 or a dental
169 hygienist licensed pursuant to this chapter, (2) shall not hold himself or
170 herself out as a licensed dental hygienist, and (3) shall not receive
171 compensation for such work.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2026	20-126l

Statement of Legislative Commissioners:
The entire statute was amended rather than separate subsections for clarification and context.

AGE Joint Favorable Subst. -LCO

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note**State Impact:** None**Municipal Impact:** None**Explanation**

The bill allows certain dental hygienists to provide services in private residences without a dentist's general supervision, resulting in no fiscal impact to the state or municipalities.

OLR Bill Analysis**HB 5303*****AN ACT ALLOWING DENTAL HYGIENISTS TO PROVIDE DENTAL HYGIENE SERVICES IN PRIVATE RESIDENCES.*****SUMMARY**

This bill allows dental hygienists who have been practicing for at least two years to provide dental hygiene services, without a dentist's general supervision, in private residences. Current law already allows hygienists to do this in public health facilities (e.g., hospitals, residential care homes, and senior centers).

As under existing law for dental hygienists practicing in public health facilities, the bill requires those practicing in private residences to refer a patient to a licensed dentist if the patient's needs exceed the hygienist's scope of practice (see BACKGROUND).

As under existing law, dental hygienists practicing without a dentist's supervision may not perform certain dental services, such as making a diagnosis for dental procedures or treatment; cutting or removing any hard or soft tissue; prescribing medications; taking teeth or jaw impressions; or placing or adjusting final restorations, capping materials, or cement bases.

EFFECTIVE DATE: October 1, 2026

BACKGROUND***Dental Hygienist Scope of Practice***

By law, dental hygienists may provide educational, preventative, and therapeutic services. These services include completing a prophylaxis; removing calcium deposits, accretions, and stains; applying pit and fissure sealants and topical solutions to exposed parts of teeth; and dental hygiene exams, including hygiene assessments, treatment plans,

and charting oral conditions. Under certain circumstances, they may also take alginate impressions of teeth and administer local anesthesia.

COMMITTEE ACTION

Aging Committee

Joint Favorable

Yea 14 Nay 0 (03/05/2026)