



House of Representatives

File No. 739

General Assembly

February Session, 2026

(Reprint of File No. 33)

House Bill No. 5140
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
April 29, 2026

**AN ACT ALLOWING DENTAL HYGIENISTS TO PROVIDE DENTAL
HYGIENE SERVICES IN PATIENTS' 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 Section 20-126*l* of the general statutes is repealed and the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
37 and complies with the requirements of subsection (e) of this section, or
38 (C) has been practicing as a licensed dental hygienist for at least two
39 years, is practicing in the private residence of a patient and complies
40 with the requirements of subsection (e) of this section and the provisions
41 of the regulations adopted pursuant to subsection (m) of this section, or
42 (2) has a dental license.

43 (c) A dental hygienist licensed under sections 20-126h to 20-126w,
44 inclusive, shall be known as a "dental hygienist" and no other person

45 shall assume such title or use the abbreviation "R.D.H." or any other
46 words, letters or figures which indicate that the person using such
47 words, letters or figures is a licensed dental hygienist. Any person who
48 employs or permits any other person except a licensed dental hygienist
49 to practice dental hygiene shall be subject to the penalties provided in
50 section 20-126t.

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

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

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

84 (g) Each licensed dental hygienist applying for license renewal shall
85 earn a minimum of sixteen contact hours of continuing education within
86 the preceding twenty-four-month period, including, for registration
87 periods beginning on and after October 1, 2016, at least one contact hour
88 of training or education in infection control in a dental setting and, for
89 registration periods beginning on and after October 1, 2017, at least one
90 contact hour of training or education in cultural competency. The
91 subject matter for continuing education shall reflect the professional
92 needs of the licensee in order to meet the health care needs of the public.
93 Continuing education activities shall provide significant theoretical or
94 practical content directly related to clinical or scientific aspects of dental
95 hygiene. Qualifying continuing education activities include, but are not
96 limited to, courses, including on-line courses, that are offered or
97 approved by dental schools and other institutions of higher education
98 that are accredited or recognized by the Council on Dental
99 Accreditation, a regional accrediting organization, the American Dental
100 Association, a state, district or local dental association or society
101 affiliated with the American Dental Association, the National Dental
102 Association, the American Dental Hygienists Association or a state,
103 district or local dental hygiene association or society affiliated with the
104 American Dental Hygienists Association, the Academy of General
105 Dentistry, the Academy of Dental Hygiene, the American Red Cross or
106 the American Heart Association when sponsoring programs in
107 cardiopulmonary resuscitation or cardiac life support, the United States
108 Department of Veterans Affairs and armed forces of the United States
109 when conducting programs at United States governmental facilities, a
110 hospital or other health care institution, agencies or businesses whose
111 programs are accredited or recognized by the Council on Dental
112 Accreditation, local, state or national medical associations, or a state or

113 local health department. Eight hours of volunteer dental practice at a
114 public health facility, as defined in subsection (a) of this section, may be
115 substituted for one contact hour of continuing education, up to a
116 maximum of five contact hours in one two-year period. Activities that
117 do not qualify toward meeting these requirements include professional
118 organizational business meetings, speeches delivered at luncheons or
119 banquets, and the reading of books, articles, or professional journals.

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

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

147 applies for an additional waiver or extension.

148 (j) A licensee who is not engaged in active professional practice, in
149 any form, during a registration period shall be exempt from the
150 continuing education requirements, provided the licensee submits a
151 notarized application for exemption on a form prescribed by the
152 commissioner prior to the end of the registration period. A licensee who
153 is exempt under the provisions of this subsection may not engage in
154 professional practice until the licensee has met the continuing education
155 requirements of this section.

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

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

177 (m) The Commissioner of Public Health shall adopt regulations, in
178 accordance with the provisions of chapter 54, to establish requirements

179 for a licensed dental hygienist's practice of dental hygiene in the private
180 residence of a patient, as described in subsection (b) of this section,
181 including, but not limited to, (1) a definition of eligible patients, (2) a
182 requirement that a patient have a documented, comprehensive oral
183 health care plan established prior to treatment, (3) establishment of
184 emergency protocols for the management of medical or dental
185 complications, (4) standards for infection control, equipment and safety
186 for the provision of care in a private residence, and (5) additional
187 safeguards the commissioner deems necessary to ensure patient safety,
188 provider safety and continuity of care.

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

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. The Department of Public Health has the necessary expertise to adopt regulations as required by the bill.

House "A" strikes the underlying bill and its associated fiscal impact, resulting in the impact described above.

OLR Bill Analysis**HB 5140 (as amended by House "A")******AN ACT CONCERNING A STUDY OF THE NEEDS OF SENIOR CITIZENS.*****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 patients' homes so long as they comply with (1) the scope of practice limitations in existing law and (2) regulations, which the bill requires the Department of Public Health (DPH) to adopt. Existing law already allows these hygienists to do this in public health facilities (such as hospitals, residential care homes, and senior centers).

*House Amendment "A" replaces the underlying bill, which required a study of seniors' needs.

EFFECTIVE DATE: October 1, 2026

SCOPE OF PRACTICE LIMITATIONS

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

Under existing law and the bill, dental hygienists 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.

DPH REGULATIONS

The bill requires DPH to adopt regulations on dental hygienists providing services in patients' homes, which must at least:

1. define eligible patients;
2. require that each patient have a documented, comprehensive oral health care plan that was made before treatment;
3. establish emergency protocols for managing medical or dental complications; and
4. set standards for infection control, equipment, and safety and any others it decides are needed for patient and provider safety and continuity of care.

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.

Related Bill

sHB 5303 (File 96), favorably reported by the Aging Committee, similarly allows dental hygienists to provide services in private residences.

COMMITTEE ACTION

Aging Committee

Joint Favorable

Yea 13 Nay 1 (03/05/2026)