

# Access Practice Agreements

## WHO

An Access Practice Agreement (APA) is a contract entered into by a licensed dentist and a dental hygienist. [IC 25-13-3-2](#)

A dental hygienist who meets the following requirements may provide **preventive** dental hygiene services directly to a patient without a prior examination, presence, or authorization of the access practice dentist:

- The Access Practice Dental Hygienist (APDH) must be licensed, have at least 2,000 documented clinical hours during 2 years of practice under direct supervision, have an APA with a licensed dentist, maintain their own liability insurance, and obtain a consent form prior to treating the patient under the APA. [IC 25-13-3-6](#)

A dental hygienist can utilize a dental assistant while providing services under an APA but the assistant cannot provide direct clinical services to a patient. [IC 25-13-3-7](#)

*(Dental assistants may assist the hygienist by charting, sterilizing, etc. without providing direct care.)*

## WHAT

“Access practice agreement” means an agreement that: is entered into by a licensed dentist and a dental hygienist that allows the dental hygienist to provide **preventive** dental hygiene services directly to a patient without prior examination. [IC 25-13-3-2](#)

*(“preventive dental hygiene services” can be defined as services within the hygienist’s scope of practice and not excluded in the agreement formed by the APD and APDH)*

The contract may prohibit certain services within the hygienist’s scope of practice, so desired by the APD. Subsequent therapeutic procedures may not be performed until after the APD has performed a clinical evaluation of the patient. IC 25-13-5-6

### **APA Requirements**

The APA must be in writing, dated, and signed by the Access Practice Dentist (APD), APDH, and a representative of the setting/facility where the services will be completed. The APA shall be reviewed, signed, and dated by the APDH and APD every 2 years.

IC 25-13-3-6

The APD and APDH must include protocols for the APDH to use when treating patients. IC 25-13-3-6

*(This may give the APD the opportunity to set clear expectations for the APDH. This can limit what preventive services the APDH can provide without prior authorization, examination, or presence of the APD.)*

The APD and APDH must maintain a copy of the agreement while it is active and for 2 years after its end. The APD and APDH must be able to provide a copy of the APA to the board upon request. IC 25-13-3-6

The dental hygienist is not directly reimbursed for the services provided under the APA. Patients are billed through the APD. The APDH is paid a fee negotiated in the contract.

### **Requirements for dental hygiene services; subsequent therapeutic procedures**

The APDH who meets all aforementioned requirements under IC 25-13-3-5, may provide preventive dental hygiene services directly to the patient without a prior examination, presence of, or authorization from the APD.

The APDH must obtain a signed consent form prior to providing services under an APA. The consent form must be signed by the patient, parent, or legal guardian if the patient is a minor or incapacitated.

### IC 25-13-3-11

The APDH may not perform subsequent therapeutic procedures on the patient under the APA until after the APD has performed a clinical evaluation of the patient. IC 25-13-3-5

*(For example, periodontal disease must be diagnosed by the APD prior to the APDH performing Nonsurgical periodontal therapy [NSPT].)*

### **Requirements after providing dental hygiene services**

After providing services to a patient the APDH must provide the patient or legal guardian of the patient with the following written information:

- A copy of the signed consent form.
- Complete contact information, including the name, telephone number, and license number, of the APDH.
- Emergency contact information of the APDH and the APD and any necessary protocols in the event of emergency.
- A list of the treatment provided, including billing codes, fees, and tooth numbers.
- A description of any further treatment that is needed/recommended.
- A statement that includes the following:
  - The patient may choose to have dental services at a location where dental care is not normally provided.  
*(This may be a mobile dental clinic, school setting, health clinic, etc. that has been setup to accommodate dental hygiene services. )*
  - Dental hygiene services do not include a comprehensive dental examination.

The APDH must recommend that the patient see a dentist and provide a list of at least 3 dentists for comprehensive dental care. The list must include the APD.

### IC 25-13-3-12

## **WHEN**

The APDH and APD must use electronic charting to create and maintain the records of

patients treated under the contract. Those records must be kept by the APD for at least 7 years as specified in IC 16-39-7. IC 25-13-3-9

The APA must be reviewed and signed by the APDH and APD at least every two (2) years. IC 25-13-3-6

The APDH or APD may terminate an APA by giving a 30 day written notice to the other party and if needed, the APDH will transfer all APA patient records to the APD. If the APDH is immediately terminated, all APA patient records must be transferred to the APD no more than 1 business day after the immediate termination. IC 25-13-3-14

## WHERE

The APDH can practice in any setting or facility that is documented in the APA.

IC 25-13-3-13

The APD must be available to provide emergency communication and consultation with the APDH. The APD must appoint another DDS in case APD cannot be contacted. Virtual communication by tele dentistry is an option.

IC 25-13-3-8

*(It used to be that the APD had to reside in the same county or a proximal county that the APDH would be practicing. That stipulation was removed in 2023.)*

## WHY

**ADHA and IDHA maintain the position that oral health care- a fundamental component of total health care- is the right of all people. Access Practice Agreements support this right.**

There are 42 states, including Indiana, where dental hygienists may practice without prior authorization from a dentist. While Indiana hygienists have this ability, it has been underutilized since it's introduction in 2018. Access Practice Agreements increase access to care for underserved populations. An access practice dental hygienist can provide care/initiate preventive treatment based on their assessment of a patient's needs without

the specific authorization of a dentist. This allows the hygienist to provide care in more settings and reach underserved populations. Patients may be reached in nontraditional care settings and referred to the dental office for further treatment. These nontraditional setting may include, but are not limited to, public health clinics, schools, mobile clinics.

In addition to benefiting patients, APAs have the potential to increase job satisfaction among dental hygienists. APAs may create more pathways for hygienists to work in coordination with dentists and patients. Dentists could also benefit from the referrals after sending their hygienists into the community.

## APA Resources

[IGA 2023 Indiana Code- https://iga.in.gov/laws/2023/ic/titles/25#25-13-1](https://iga.in.gov/laws/2023/ic/titles/25#25-13-1)

[IDHA Website- APA resources- https://www.indiana-hygienists.org/access-practice-agreements](https://www.indiana-hygienists.org/access-practice-agreements)

**Contact IDHA Access to Care Task Force Co- Chairs for further questions:**

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