

AN ACT concerning regulation.

**Be it enacted by the People of the State of Illinois,  
represented in the General Assembly:**

Section 5. The Illinois Dental Practice Act is amended by changing Sections 4, 17, 18, and 18.1 as follows:

(225 ILCS 25/4) (from Ch. 111, par. 2304)

(Section scheduled to be repealed on January 1, 2026)

Sec. 4. Definitions. As used in this Act:

"Address of record" means the designated address recorded by the Department in the applicant's or licensee's application file or license file as maintained by the Department's licensure maintenance unit. It is the duty of the applicant or licensee to inform the Department of any change of address and those changes must be made either through the Department's website or by contacting the Department.

"Department" means the Department of Financial and Professional Regulation.

"Secretary" means the Secretary of Financial and Professional Regulation.

"Board" means the Board of Dentistry.

"Dentist" means a person who has received a general license pursuant to paragraph (a) of Section 11 of this Act and who may perform any intraoral and extraoral procedure required

in the practice of dentistry and to whom is reserved the responsibilities specified in Section 17.

"Dental hygienist" means a person who holds a license under this Act to perform dental services as authorized by Section 18.

"Dental assistant" means an appropriately trained person who, under the supervision of a dentist, provides dental services as authorized by Section 17.

"Expanded function dental assistant" means a dental assistant who has completed the training required by Section 17.1 of this Act.

"Dental laboratory" means a person, firm or corporation which:

(i) engages in making, providing, repairing or altering dental prosthetic appliances and other artificial materials and devices which are returned to a dentist for insertion into the human oral cavity or which come in contact with its adjacent structures and tissues; and

(ii) utilizes or employs a dental technician to provide such services; and

(iii) performs such functions only for a dentist or dentists.

"Supervision" means supervision of a dental hygienist or a dental assistant requiring that a dentist authorize the procedure, remain in the dental facility while the procedure is performed, and approve the work performed by the dental

hygienist or dental assistant before dismissal of the patient, but does not mean that the dentist must be present at all times in the treatment room.

"General supervision" means supervision of a dental hygienist requiring that the patient be a patient of record, that the dentist examine the patient in accordance with Section 18 prior to treatment by the dental hygienist, and that the dentist authorize the procedures which are being carried out by a notation in the patient's record, but not requiring that a dentist be present when the authorized procedures are being performed. The issuance of a prescription to a dental laboratory by a dentist does not constitute general supervision.

"Public member" means a person who is not a health professional. For purposes of board membership, any person with a significant financial interest in a health service or profession is not a public member.

"Dentistry" means the healing art which is concerned with the examination, diagnosis, treatment planning and care of conditions within the human oral cavity and its adjacent tissues and structures, as further specified in Section 17.

"Branches of dentistry" means the various specialties of dentistry which, for purposes of this Act, shall be limited to the following: endodontics, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, oral and maxillofacial

radiology, and dental anesthesiology.

"Specialist" means a dentist who has received a specialty license pursuant to Section 11(b).

"Dental technician" means a person who owns, operates or is employed by a dental laboratory and engages in making, providing, repairing or altering dental prosthetic appliances and other artificial materials and devices which are returned to a dentist for insertion into the human oral cavity or which come in contact with its adjacent structures and tissues.

"Impaired dentist" or "impaired dental hygienist" means a dentist or dental hygienist who is unable to practice with reasonable skill and safety because of a physical or mental disability as evidenced by a written determination or written consent based on clinical evidence, including deterioration through the aging process, loss of motor skills, abuse of drugs or alcohol, or a psychiatric disorder, of sufficient degree to diminish the person's ability to deliver competent patient care.

"Nurse" means a registered professional nurse, a certified registered nurse anesthetist licensed as an advanced practice registered nurse, or a licensed practical nurse licensed under the Nurse Practice Act.

"Patient of record" means a patient for whom the patient's most recent dentist has obtained a relevant medical and dental history and on whom the dentist has performed an examination and evaluated the condition to be treated.

"Dental responder" means a dentist or dental hygienist who is appropriately certified in disaster preparedness, immunizations, and dental humanitarian medical response consistent with the Society of Disaster Medicine and Public Health and training certified by the National Incident Management System or the National Disaster Life Support Foundation.

"Mobile dental van or portable dental unit" means any self-contained or portable dental unit in which dentistry is practiced that can be moved, towed, or transported from one location to another in order to establish a location where dental services can be provided.

"Public health dental hygienist" means a hygienist who holds a valid license to practice in the State, has 2 years of full-time clinical experience or an equivalent of 4,000 hours of clinical experience and has completed at least 42 clock hours of additional structured courses in dental education in advanced areas specific to public health dentistry.

"Public health setting" means a federally qualified health center; a federal, State, or local public health facility; Head Start; a special supplemental nutrition program for Women, Infants, and Children (WIC) facility; a certified school-based health center or school-based oral health program; a prison; or a long-term care facility.

"Public health supervision" means the supervision of a public health dental hygienist by a licensed dentist who has a

written public health supervision agreement with that public health dental hygienist while working in an approved facility or program that allows the public health dental hygienist to treat patients, without a dentist first examining the patient and being present in the facility during treatment, (1) who are eligible for Medicaid or (2) who are uninsured or ~~and~~ whose household income is not greater than 300% ~~200%~~ of the federal poverty level.

"Teledentistry" means the use of telehealth systems and methodologies in dentistry and includes patient care and education delivery using synchronous and asynchronous communications under a dentist's authority as provided under this Act.

(Source: P.A. 101-64, eff. 7-12-19; 101-162, eff. 7-26-19; 102-93, eff. 1-1-22; 102-588, eff. 8-20-21; 102-936, eff. 1-1-23.)

(225 ILCS 25/17) (from Ch. 111, par. 2317)

(Section scheduled to be repealed on January 1, 2026)

Sec. 17. Acts constituting the practice of dentistry. A person practices dentistry, within the meaning of this Act:

(1) Who represents himself or herself as being able to diagnose or diagnoses, treats, prescribes, or operates for any disease, pain, deformity, deficiency, injury, or physical condition of the human tooth, teeth, alveolar process, gums or jaw; or

(2) Who is a manager, proprietor, operator or conductor of a business where dental operations are performed; or

(3) Who performs dental operations of any kind; or

(4) Who uses an X-Ray machine or X-Ray films for dental diagnostic purposes; or

(5) Who extracts a human tooth or teeth, or corrects or attempts to correct malpositions of the human teeth or jaws; or

(6) Who offers or undertakes, by any means or method, to diagnose, treat or remove stains, calculus, and bonding materials from human teeth or jaws; or

(7) Who uses or administers local or general anesthetics in the treatment of dental or oral diseases or in any preparation incident to a dental operation of any kind or character; or

(8) Who takes material or digital scans for final impressions of the human tooth, teeth, or jaws or performs any phase of any operation incident to the replacement of a part of a tooth, a tooth, teeth or associated tissues by means of a filling, crown, a bridge, a denture or other appliance; or

(9) Who offers to furnish, supply, construct, reproduce or repair, or who furnishes, supplies, constructs, reproduces or repairs, prosthetic dentures, bridges or other substitutes for natural teeth, to the

user or prospective user thereof; or

(10) Who instructs students on clinical matters or performs any clinical operation included in the curricula of recognized dental schools and colleges; or

(11) Who takes material or digital scans for final impressions of human teeth or places his or her hands in the mouth of any person for the purpose of applying teeth whitening materials, or who takes impressions of human teeth or places his or her hands in the mouth of any person for the purpose of assisting in the application of teeth whitening materials. A person does not practice dentistry when he or she discloses to the consumer that he or she is not licensed as a dentist under this Act and (i) discusses the use of teeth whitening materials with a consumer purchasing these materials; (ii) provides instruction on the use of teeth whitening materials with a consumer purchasing these materials; or (iii) provides appropriate equipment on-site to the consumer for the consumer to self-apply teeth whitening materials.

The fact that any person engages in or performs, or offers to engage in or perform, any of the practices, acts, or operations set forth in this Section, shall be prima facie evidence that such person is engaged in the practice of dentistry.

The following practices, acts, and operations, however, are exempt from the operation of this Act:



(a) The rendering of dental relief in emergency cases in the practice of his or her profession by a physician or surgeon, licensed as such under the laws of this State, unless he or she undertakes to reproduce or reproduces lost parts of the human teeth in the mouth or to restore or replace lost or missing teeth in the mouth; or

(b) The practice of dentistry in the discharge of their official duties by dentists in any branch of the Armed Services of the United States, the United States Public Health Service, or the United States Veterans Administration; or

(c) The practice of dentistry by students in their course of study in dental schools or colleges approved by the Department, when acting under the direction and supervision of dentists acting as instructors; or

(d) The practice of dentistry by clinical instructors in the course of their teaching duties in dental schools or colleges approved by the Department:

(i) when acting under the direction and supervision of dentists, provided that such clinical instructors have instructed continuously in this State since January 1, 1986; or

(ii) when holding the rank of full professor at such approved dental school or college and possessing a current valid license or authorization to practice dentistry in another country; or

(e) The practice of dentistry by licensed dentists of other states or countries at meetings of the Illinois State Dental Society or component parts thereof, alumni meetings of dental colleges, or any other like dental organizations, while appearing as clinicians; or

(f) The use of X-Ray machines for exposing X-Ray films of dental or oral tissues by dental hygienists or dental assistants; or

(g) The performance of any dental service by a dental assistant, if such service is performed under the supervision and full responsibility of a dentist. In addition, after being authorized by a dentist, a dental assistant may, for the purpose of eliminating pain or discomfort, remove loose, broken, or irritating orthodontic appliances on a patient of record.

For purposes of this paragraph (g), "dental service" is defined to mean any intraoral procedure or act which shall be prescribed by rule or regulation of the Department. Dental service, however, shall not include:

(1) Any and all diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury or physical condition of the human teeth or jaws, or adjacent structures.

(2) Removal of, or restoration of, or addition to the hard or soft tissues of the oral cavity, except for the placing, carving, and finishing of amalgam

restorations and placing, packing, and finishing composite restorations by dental assistants who have had additional formal education and certification.

A dental assistant may place, carve, and finish amalgam restorations, place, pack, and finish composite restorations, and place interim restorations if he or she (A) has successfully completed a structured training program as described in item (2) of subsection (g) provided by an educational institution accredited by the Commission on Dental Accreditation, such as a dental school or dental hygiene or dental assistant program, or (B) has at least 4,000 hours of direct clinical patient care experience and has successfully completed a structured training program as described in item (2) of subsection (g) provided by a statewide dental association, approved by the Department to provide continuing education, that has developed and conducted training programs for expanded functions for dental assistants or hygienists. The training program must: (i) include a minimum of 16 hours of didactic study and 14 hours of clinical manikin instruction; all training programs shall include areas of study in nomenclature, caries classifications, oral anatomy, periodontium, basic occlusion, instrumentations, pulp protection liners and bases, dental materials, matrix and wedge

techniques, amalgam placement and carving, rubber dam clamp placement, and rubber dam placement and removal; (ii) include an outcome assessment examination that demonstrates competency; (iii) require the supervising dentist to observe and approve the completion of 8 amalgam or composite restorations; and (iv) issue a certificate of completion of the training program, which must be kept on file at the dental office and be made available to the Department upon request. A dental assistant must have successfully completed an approved coronal polishing and dental sealant course prior to taking the amalgam and composite restoration course.

A dentist utilizing dental assistants shall not supervise more than 4 dental assistants at any one time for placing, carving, and finishing of amalgam restorations or for placing, packing, and finishing composite restorations.

(3) Any and all correction of malformation of teeth or of the jaws.

(4) Administration of anesthetics, except for monitoring of nitrous oxide, conscious sedation, deep sedation, and general anesthetic as provided in Section 8.1 of this Act, that may be performed only after successful completion of a training program approved by the Department. A dentist utilizing dental

assistants shall not supervise more than 4 dental assistants at any one time for the monitoring of nitrous oxide.

(5) Removal of calculus from human teeth.

(6) Taking of material or digital scans for final impressions for the fabrication of prosthetic appliances, crowns, bridges, inlays, onlays, or other restorative or replacement dentistry.

(7) The operative procedure of dental hygiene consisting of oral prophylactic procedures, except for coronal polishing and pit and fissure sealants, which may be performed by a dental assistant who has successfully completed a training program approved by the Department. Dental assistants may perform coronal polishing under the following circumstances: (i) the coronal polishing shall be limited to polishing the clinical crown of the tooth and existing restorations, supragingivally; (ii) the dental assistant performing the coronal polishing shall be limited to the use of rotary instruments using a rubber cup or brush polishing method (air polishing is not permitted); and (iii) the supervising dentist shall not supervise more than 4 dental assistants at any one time for the task of coronal polishing or pit and fissure sealants.

In addition to coronal polishing and pit and fissure sealants as described in this item (7), a

dental assistant who has at least 2,000 hours of direct clinical patient care experience and who has successfully completed a structured training program provided by (1) an educational institution including, but not limited to, a dental school or dental hygiene or dental assistant program, ~~or~~ (2) a continuing education provider approved by the Department, or (3) a statewide dental or dental hygienist association, approved by the Department ~~on or before January 1, 2017 (the effective date of Public Act 99-680)~~, that has developed and conducted a training program for expanded functions for dental assistants or hygienists may perform: (A) coronal scaling above the gum line, supragingivally, on the clinical crown of the tooth only on patients 17 years of age or younger who have an absence of periodontal disease and who are not medically compromised or individuals with special needs and (B) intracoronal temporization of a tooth. The training program must: (I) include a minimum of 32 hours of instruction in both didactic and clinical manikin or human subject instruction; all training programs shall include areas of study in dental anatomy, public health dentistry, medical history, dental emergencies, and managing the pediatric patient; (II) include an outcome assessment examination that demonstrates competency; (III)

require the supervising dentist to observe and approve the completion of 6 full mouth supragingival scaling procedures unless the training was received as part of a Commission on Dental Accreditation approved dental assistant program; and (IV) issue a certificate of completion of the training program, which must be kept on file at the dental office and be made available to the Department upon request. A dental assistant must have successfully completed an approved coronal polishing course prior to taking the coronal scaling course. A dental assistant performing these functions shall be limited to the use of hand instruments only. In addition, coronal scaling as described in this paragraph shall only be utilized on patients who are eligible for Medicaid, who are uninsured, or whose household income is not greater than 300% of the federal poverty level. A dentist may not supervise more than 2 dental assistants at any one time for the task of coronal scaling. This paragraph is inoperative on and after January 1, 2026.

The limitations on the number of dental assistants a dentist may supervise contained in items (2), (4), and (7) of this paragraph (g) mean a limit of 4 total dental assistants or dental hygienists doing expanded functions covered by these Sections being supervised by one dentist; or

(h) The practice of dentistry by an individual who:

(i) has applied in writing to the Department, in form and substance satisfactory to the Department, for a general dental license and has complied with all provisions of Section 9 of this Act, except for the passage of the examination specified in subsection (e) of Section 9 of this Act; or

(ii) has applied in writing to the Department, in form and substance satisfactory to the Department, for a temporary dental license and has complied with all provisions of subsection (c) of Section 11 of this Act; and

(iii) has been accepted or appointed for specialty or residency training by a hospital situated in this State; or

(iv) has been accepted or appointed for specialty training in an approved dental program situated in this State; or

(v) has been accepted or appointed for specialty training in a dental public health agency situated in this State.

The applicant shall be permitted to practice dentistry for a period of 3 months from the starting date of the program, unless authorized in writing by the Department to continue such practice for a period specified in writing by the Department.



The applicant shall only be entitled to perform such acts as may be prescribed by and incidental to his or her program of residency or specialty training and shall not otherwise engage in the practice of dentistry in this State.

The authority to practice shall terminate immediately upon:

- (1) the decision of the Department that the applicant has failed the examination; or
- (2) denial of licensure by the Department; or
- (3) withdrawal of the application.

(Source: P.A. 101-162, eff. 7-26-19; 102-558, eff. 8-20-21; 102-936, eff. 1-1-23.)

(225 ILCS 25/18) (from Ch. 111, par. 2318)

(Section scheduled to be repealed on January 1, 2026)

Sec. 18. Acts constituting the practice of dental hygiene; limitations.

(a) A person practices dental hygiene within the meaning of this Act when he or she performs the following acts under the supervision of a dentist:

- (i) the operative procedure of dental hygiene, consisting of oral prophylactic procedures;
- (ii) the exposure and processing of X-Ray films of the teeth and surrounding structures;
- (iii) the application to the surfaces of the teeth or

gums of chemical compounds designed to be desensitizing agents or effective agents in the prevention of dental caries or periodontal disease;

(iv) all services which may be performed by a dental assistant as specified by rule pursuant to Section 17, and a dental hygienist may engage in the placing, carving, and finishing of amalgam restorations only after obtaining formal education and certification as determined by the Department;

(v) administration and monitoring of nitrous oxide upon successful completion of a training program approved by the Department;

(vi) administration of local anesthetics upon successful completion of a training program approved by the Department; and

(vii) such other procedures and acts as shall be prescribed by rule or regulation of the Department.

(b) A dental hygienist may be employed or engaged only:

(1) by a dentist;

(2) by a federal, State, county, or municipal agency or institution;

(3) by a public or private school; or

(4) by a public clinic operating under the direction of a hospital or federal, State, county, municipal, or other public agency or institution.

(c) When employed or engaged in the office of a dentist, a

dental hygienist may perform, under general supervision, those procedures found in items (i) through (iv) of subsection (a) of this Section, provided the patient has been examined by the dentist within one year of the provision of dental hygiene services, the dentist has approved the dental hygiene services by a notation in the patient's record and the patient has been notified that the dentist may be out of the office during the provision of dental hygiene services.

(d) If a patient of record is unable to travel to a dental office because of illness, infirmity, or imprisonment, a dental hygienist may perform, under the general supervision of a dentist, those procedures found in items (i) through (iv) of subsection (a) of this Section, provided the patient is located in a long-term care facility licensed by the State of Illinois, a mental health or developmental disability facility, or a State or federal prison. The dentist shall either personally examine and diagnose the patient or utilize approved teledentistry communication methods and determine which services are necessary to be performed, which shall be contained in an order to the hygienist and a notation in the patient's record. Such order must be implemented within 45 days of its issuance, and an updated medical history and observation of oral conditions must be performed by the hygienist immediately prior to beginning the procedures to ensure that the patient's health has not changed in any manner to warrant a reexamination by the dentist.

(e) School-based oral health care, consisting of and limited to oral prophylactic procedures, sealants, and fluoride treatments, may be provided by a dental hygienist under the general supervision of a dentist. A dental hygienist may not provide other dental hygiene treatment in a school-based setting, including but not limited to administration or monitoring of nitrous oxide or administration of local anesthetics. The school-based procedures may be performed provided the patient is located at a public or private school and the program is being conducted by a State, county or local public health department initiative or in conjunction with a dental school or dental hygiene program. The dentist shall personally examine and diagnose the patient and determine which services are necessary to be performed, which shall be contained in an order to the hygienist and a notation in the patient's record. Any such order for sealants must be implemented within 120 days after its issuance. Any such order for oral prophylactic procedures or fluoride treatments must be implemented within 180 days after its issuance. An updated medical history and observation of oral conditions must be performed by the hygienist immediately prior to beginning the procedures to ensure that the patient's health has not changed in any manner to warrant a reexamination by the dentist.

(f) Without the supervision of a dentist, a dental hygienist may perform dental health education functions,

including instruction in proper oral health care and dental hygiene in, for example, either a school setting, a ~~or~~ long-term care facility, and a health fair. In addition, a dental hygienist may record case ~~care~~ histories and oral conditions observed at any time prior to a clinical exam by a dentist.

(g) The number of dental hygienists practicing in a dental office shall not exceed, at any one time, 4 times the number of dentists practicing in the office at the time.

(h) A dental hygienist who is certified as a public health dental hygienist may provide services to patients: (1) who are eligible for Medicaid or (2) who are uninsured and whose household income is not greater than 300% of the federal poverty level. A public health dental hygienist may perform oral assessments, perform screenings, and provide educational and preventative services as provided in subsection (b) of Section 18.1 of this Act. The public health dental hygienist may not administer local anesthesia or nitrous oxide, or place, carve, or finish amalgam restorations or provide periodontal therapy under this exception. Each patient must sign a consent form that acknowledges that the care received does not take the place of a regular dental examination. The public health dental hygienist must provide the patient or guardian a written referral to a dentist for assessment of the need for further dental care at the time of treatment. Any indication or observation of a condition that could warrant

the need for urgent attention must be reported immediately to the supervising dentist for appropriate assessment and treatment.

This subsection (h) is inoperative on and after January 1, 2026.

(i) A dental hygienist performing procedures listed in paragraphs (1) through (4) of subsection (a) of Section 17.1 must be under the supervision of a dentist, requiring the dentist authorizes the procedure, remains in the dental facility while the procedure is performed, and approves the work performed by the dental hygienist before dismissal of the patient, but the dentist is not required to be present at all times in the treatment room.

(j) A dental hygienist may perform actions described in paragraph (5) of subsection (a) of Section 17.1 under the general supervision of a dentist as described in this Section. (Source: P.A. 101-162, eff. 7-26-19; 102-936, eff. 1-1-23.)

(225 ILCS 25/18.1)

(Section scheduled to be repealed on January 1, 2026)

Sec. 18.1. Public health dental supervision responsibilities.

(a) When working together in a public health supervision relationship, dentists and public health dental hygienists shall enter into a public health supervision agreement. The dentist providing public health supervision must:

(1) be available to provide an appropriate level of contact, communication, collaboration, and consultation with the public health dental hygienist and must meet in-person with the public health dental hygienist at least quarterly for review and consultation;

(2) have specific standing orders or policy guidelines for procedures that are to be carried out for each location or program, although the dentist need not be present when the procedures are being performed;

(3) provide for the patient's additional necessary care in consultation with the public health dental hygienist;

(4) file agreements and notifications as required; and

(5) include procedures for creating and maintaining dental records, including protocols for transmission of all records between the public health dental hygienist and the dentist following each treatment, which shall include a notation regarding procedures authorized by the dentist and performed by the public health dental hygienist and the location where those records are to be kept.

Each dentist and hygienist who enters into a public health supervision agreement must document and maintain a copy of any change or termination of that agreement.

Dental records shall be owned and maintained by the supervising dentist for all patients treated under public health supervision, unless the supervising dentist is an

employee of a public health clinic or federally qualified health center, in which case the public health clinic or federally qualified health center shall maintain the records.

If a dentist ceases to be employed or contracted by the facility, the dentist shall notify the facility administrator that the public health supervision agreement is no longer in effect. A new public health supervision agreement is required for the public health dental hygienist to continue treating patients under public health supervision.

A dentist entering into an agreement under this Section may supervise and enter into agreements for public health supervision with 4 ~~2~~ public health dental hygienists. This shall be in addition to the limit of 4 dental hygienists per dentist set forth in subsection (g) of Section 18 of this Act.

(b) A public health dental hygienist providing services under public health supervision may perform only those duties within the accepted scope of practice of dental hygiene, as follows:

(1) the operative procedures of dental hygiene, consisting of oral prophylactic procedures, including prophylactic cleanings, application of fluoride, and placement of sealants;

(2) the exposure and processing of x-ray films of the teeth and surrounding structures; and

(3) such other procedures and acts as shall be prescribed by rule of the Department.



Any patient treated under this subsection (b) must be examined by a dentist before additional services can be provided by a public health dental hygienist. However, if the supervising dentist, after consultation with the public health hygienist, determines that time is needed to complete an approved treatment plan on a patient eligible under this Section, then the dentist may instruct the hygienist to complete the remaining services prior to an oral examination by the dentist. Such instruction by the dentist to the hygienist shall be noted in the patient's records. Any services performed under this exception must be scheduled in a timely manner and shall not occur more than 30 days after the first appointment date.

(c) A public health dental hygienist providing services under public health supervision must:

(1) provide to the patient, parent, or guardian a written plan for referral or an agreement for follow-up that records all conditions observed that should be called to the attention of a dentist for proper diagnosis;

(2) have each patient sign a permission slip or consent form that informs them that the service to be received does not take the place of regular dental checkups at a dental office and is meant for people who otherwise would not have access to the service;

(3) inform each patient who may require further dental services of that need;

(4) maintain an appropriate level of contact and communication with the dentist providing public health supervision; and

(5) complete an additional 4 hours of continuing education in areas specific to public health dentistry yearly.

(d) Each public health dental hygienist who has rendered services under subsections (c), (d), and (e) of this Section must complete a summary report at the completion of a program or, in the case of an ongoing program, at least annually. The report must be completed in the manner specified by ~~the Division of Oral Health in~~ the Department of Public Health Oral Health Section including information about each location where the public health dental hygienist has rendered these services. The public health dental hygienist must submit the form to the dentist providing supervision for his or her signature before sending it to the Division. The Department of Public Health Oral Health Section shall compile and publicize public health dental hygienist service data annually.

(e) Public health dental hygienists providing services under public health supervision may be compensated for their work by salary, honoraria, and other mechanisms by the employing or sponsoring entity. Nothing in this Act shall preclude the entity that employs or sponsors a public health dental hygienist from seeking payment, reimbursement, or other source of funding for the services provided.

Public Act 103-0431

HB2267 Enrolled

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(f) This Section is repealed on January 1, 2026.

(Source: P.A. 101-162, eff. 7-26-19.)