

Dental Assisting in the State of Alabama:

A comparison to other states

and

discussion for Licensure in Alabama



(Revised 12/08/2022)

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INTRODUCTION

The Board of Dental Examiners of Alabama (“Board”) has long embraced its statutory mandate and professional desire to ensure that educated and qualified dental professionals are serving the citizens of the state of Alabama. Since the inception of the Board over 140 years ago, the practice of dentistry has evolved, and the Board has consistently risen to meet the challenge. Though numerous arguments can be proffered for the need to license Dental Assistants, I will focus on the 2 most important to our Board...the safety of the public and professional oversight.

I would like to focus this paper on the dental professional referred to as a *Dental Assistant* and the need for licensure. In order to accomplish this, I must speak briefly about the licensed Dental Hygienist in our state.

Dental Hygienists

In the 1950’s, the Board saw the need to expand the training and duties of dental assistants by developing a dental hygienist model. Beginning as a preceptorship, the Board, with the support of the Alabama Dental Association (ALDA) expanded the model to forge ahead of the preceptorship-model and ultimately created a first-of-its-kind program we now know as the Alabama Dental Hygiene Program (ADHP). Since 1959, this program has identified, trained, and prepared thousands of dental hygiene professionals for licensure. The current program is averaging over 150 graduates per year.

It must be noted the ADHP is continuing to update curriculum and the overall program to ensure its graduates the best possible chance to pass boards and receive licensure in Alabama. The longevity of this program has been firmly established and it will continue to have a bright future. This program will not incur any adverse effects from the licensure of dental assistants.

The role of the dental hygienist has continued to progress within the state of Alabama as the Alabama Community College System (ACCS) has grown to include two (2) CODA-approved dental hygiene programs, as well as Fortis which offers an Associate Degree in Dental Hygiene.

In September 1982, the Board filed an administrative rule¹ to specify the allied duties that may be performed by dental laboratory technicians, dental assistants, and dental hygienists. This administrative code, or board rule, clearly demonstrated the Board saw the need to ensure certain personnel operating within the dental environment had different levels of training and education in order to function. This rule has been amended several since 1982 to meet the demands and advancements of the dental profession.

The Board currently has over 4,000 actively licensed dental hygienists in the State of Alabama.

¹ “Duties of Allied Personnel”, Alabama Administrative Code, r. 270-X-3 .10 (1982)

Dental Assistants

As previously mentioned, the Board has specified the duties of allied personnel to include the dental assistant. The duties granted to dental assistants and dental hygienists include²:

- (a) Preliminary charting and inspection of the oral cavity. (Final examination and diagnosis must be made by a dentist before treatment can be instituted.)
- (b) Apply topical agents under direct supervision of the dentist.
 - 1. Apply topical anesthetics.
 - 2. Oxygenating Agents. (Excluding endodontic therapy.)
 - 3. Apply anti-inflammatory agents.
 - 4. Apply astringents.
 - 5. Desensitizing agents.
 - 6. Topical fluoride.
 - 7. Apply light-cured medicinal bonding agents.
 - 8. Apply etchant materials.
- (c) Place and remove rubber dam.
- (d) Place and remove periodontal dressings.
- (e) Place and remove alveolar socket dressings.
- (f) Construct and remove with hand instruments only interim restorations. (Interim restorations being any restoration placed while a more permanent restoration is being completed.)
- (g) Construct and place temporary crowns (excluding stainless steel crowns placed with intentions of reasonable permanency.)
- (h) Contour stainless steel or chrome crowns but cannot cement them.
- (i) Pre-fit and pre-contour orthodontic appliances either extra-orally or intra-orally for final adaptation by the dentist.
- (j) Remove excess cement with hand instruments from around permanent dental restorations and orthodontic appliances.
- (k) Make impressions for diagnostic casts or opposing casts.
- (l) Place, wedge and remove matrices for operative dentistry.

² "Duties of Allied Personnel", Alabama Administrative Code, r. 270-X-3 .10 (1982)

- (m) Take and record case history, blood pressure, pulse, and oral temperature.
- (n) Remove intraoral sutures. (Excluding wire sutures.)
- (o) Make dental radiographs or digital images.
- (p) Give oral hygiene instructions including plaque staining, flossing, brushing, and caries susceptibility tests.
- (q) Place cavity liners and bases. (Excluding capping of exposed pulpal tissues.)
- (r) Assist in the administering of N2O and O2.
- (s) Insert into the mouth of the patient wax models of dentures, partial dentures, or any other structures and make adjustments outside the mouth of the patient to such wax models pursuant to written or verbal instructions or directions from the dentist; provided, however,
 - 1. That the dental hygienist or dental assistant may use these wax models of dentures, partial dentures, or any other structure to register the jaw relationships or occlusal relationships of the patient, and
 - 2. That before such wax models may be used for the manufacture of dentures, partial dentures, or other structures the dentist shall personally consult with the patient, examine such wax models, and make such additional adjustments as may be required.
- (t) Insert into the mouth of the patient dentures, partial dentures, removable orthodontic appliances, prostheses, devices to treat sleep apnea or anti-snoring devices, or any other structures and make adjustments outside the mouth of the patient to the dentures, prostheses (fixed or removable), removable orthodontic appliances, prosthetic appliances, bridges, or other structures pursuant to written or verbal instructions or directions from the dentist; provided, however,
 - 1. That before such prostheses (fixed or removable), removable orthodontic appliances, or other structures are delivered to the patient leaving the dental office with such removable orthodontic appliances, prostheses (fixed or removable) or other structures the dentist shall personally consult with the patient, examine such prostheses (fixed or removable), removable orthodontic appliances, or other structures, and make such additional adjustments as may be required; and
 - 2. That final placement and cementation of all fixed appliances, fixed prostheses and other fixed structures shall be performed by the dentist.
- (u) Apply reversible liners and bases to prostheses, orthodontic appliances, or any other structures. However, the dentist shall personally consult with the patient and examiner such liners and bases and make such additional adjustments as may be required.
- (v) Place and remove gingival retraction materials.

(w) Make final impressions for removable and fixed prostheses, orthodontic appliances, retainers, devices to treat sleep apnea or anti-snoring devices, and medicament/whitening delivery trays. However, before said impressions may be used for the manufacture of prostheses and appliances, the dentist shall examine and approve such impressions for accuracy.

(x) Use laser and/or narrow band (light) imaging technology for preliminary diagnostic purposes only with the dentist's final examination and diagnosis.

To be sure, this is an extensive list of duties, all of which require a high level of knowledge and skills. Previous boards understood the necessity to regulate certain dental procedures and treatments to ensure safety to the public. That necessity for public safety to the citizens of Alabama led to the licensing of dental hygienists. As part of licensure, additional duties were granted to additionally trained and licensed dental hygienists³:

- (a) Remove extrinsic stains, accretions, and calcareous deposits from teeth
- (b) Gingival curettage
- (c) Root planing
- (c) Polish completed restorations
- (e) Place Pit and Fissure Sealant and polish and adjust sealant as needed
- (f) Place resorbable chlorhexidine chips
- (g) Place topical or sub-gingival antimicrobial or antibacterial agents
- (h) Periodontal probing
- (i) Bleaching of teeth.

The Future of Dental Assisting

The Board's primary mandate is to ensure the safety and well-being of the public. One way the Board accomplishes this is through the licensing of dental professionals, which affords the Board professional oversight of those individuals entrusted with the dental health of our citizens. As with all statutes and administrative codes, the Board must continuously review and revise these statutes and rules to ensure its mandates are being met.

³ "Duties of Allied Personnel", Alabama Administrative Code, r. 270-X-3 .10 (1982)

This review of statutes and administrative codes relating to dental assistants has now fallen upon the Board once again. National and industry-wide standards have overtaken and surpassed the State of Alabama.

Although dental assistants existed long before there were licensed dental hygienists, we should ensure they are as equally trained, recognized, and licensed. The dental profession and industry have understood the importance of a well-trained dental assistant as is apparent in the five ADA/CODA-approved dental assisting programs in Alabama.

Previous boards have understood the importance of dental assistants as well. This is evidenced throughout the Alabama Dental Practice Act and Alabama Administrative Rules, which are replete with dental assistant and dental assistant training references.

- An individual cannot apply for a dental hygiene license without having dental assisting experience and/or formal dental hygiene education through a recognized program⁴.
- The Board will not recognize dental assisting training unless it meets a national standard^{5 6}.
- The Board recognizes dental assistants are in all facets of the dental profession, to include those being required in clinics offering sedation⁷ and anesthesia⁸.
- The Board ensures dental assistants meet the same infection control requirements as other dental professionals⁹.

The Board recognizes that students that have successfully completed ADA/CODA-approved training in Alabama are not afforded the privilege of licensure. By allowing the licensure of dental assistants, the Board can effectively “lock-in” the allied duties in the administrative code. A challenge to the allied duties of the dental assistant in the administrative code may jeopardize our current licensing scheme as there is no statutory authority afforded this code.

The National Perspective

In preparing this paper, I was struck with a comment recently made regarding dental assistants in our state. It was said that “...our [Alabama] dental assistants can do more unlicensed than dental assistants in other states can do with a license!” I completed a review of allied duties

⁴ Code of Ala. (1975) §34-9-26, “Examination, qualifications, licensing, etc., of dental hygienists.”

⁵ Code of Ala. (1975) §34-9-43(5), “Powers and Duties Generally”

⁶ “Approval For Training, Educational, Technical, Vocational, Or Any Other Institution Providing Instruction For Dental Assistants”, Alabama Administrative Code, r. 270-X-4 .03 (1982)

⁷ Code of Ala. (1975) §34-9-83, “Requirements for Assistants”

⁸ “Criteria For On-Site Inspection For The Use Of General Anesthesia And Parenteral Sedation\Moderate Sedation”, Alabama Administrative Code, r. 270-X-2 .17 (1986)

⁹ “Infected Health Care Workers”, Alabama Administrative Code, r. 20-X-4 .05

of a dental assistant in the State of Alabama as compared to duties of the rest of the states and territories. I used annual reports from the American Association of Dental Boards (AADB), national data provided by and through the Dental Assisting National Boards (DANB), and information from states' dental board websites (e.g., practice acts and board rules).

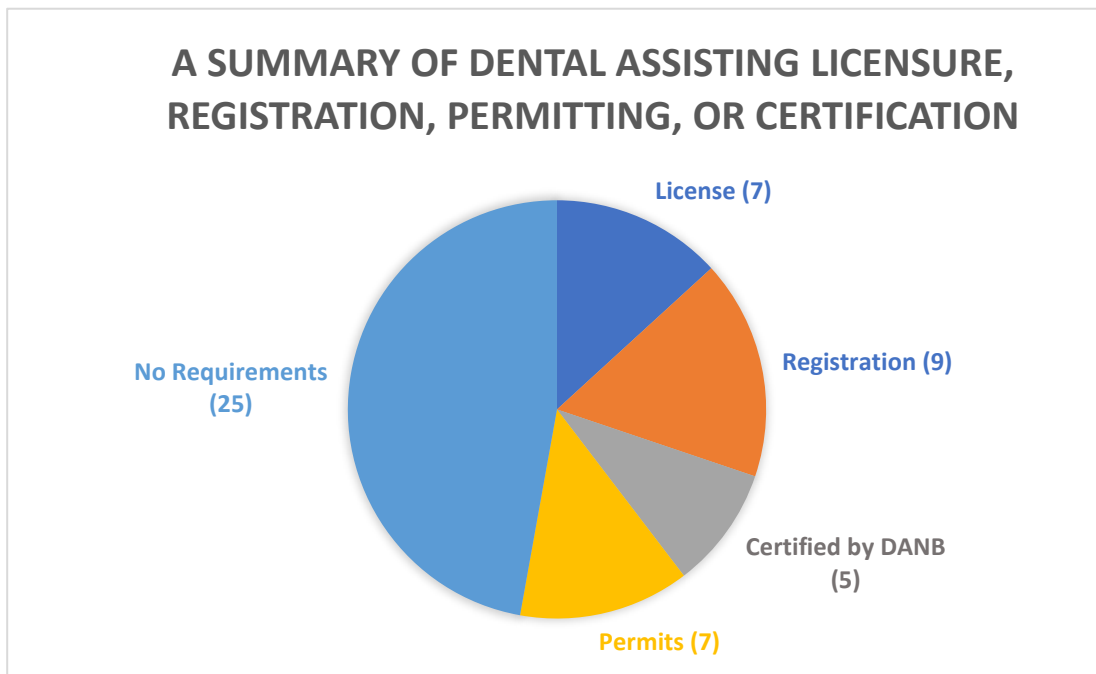
To put things into perspective, I am providing data covering an array of areas of interest. These areas include but are not limited to:

- a. States that license/register dental assistants, and
- b. Allied duties allowed by Alabama that require additional education, training, certification, or permitting by other states.

Note: Results of my analysis of these informational sources provide a close approximation of data.

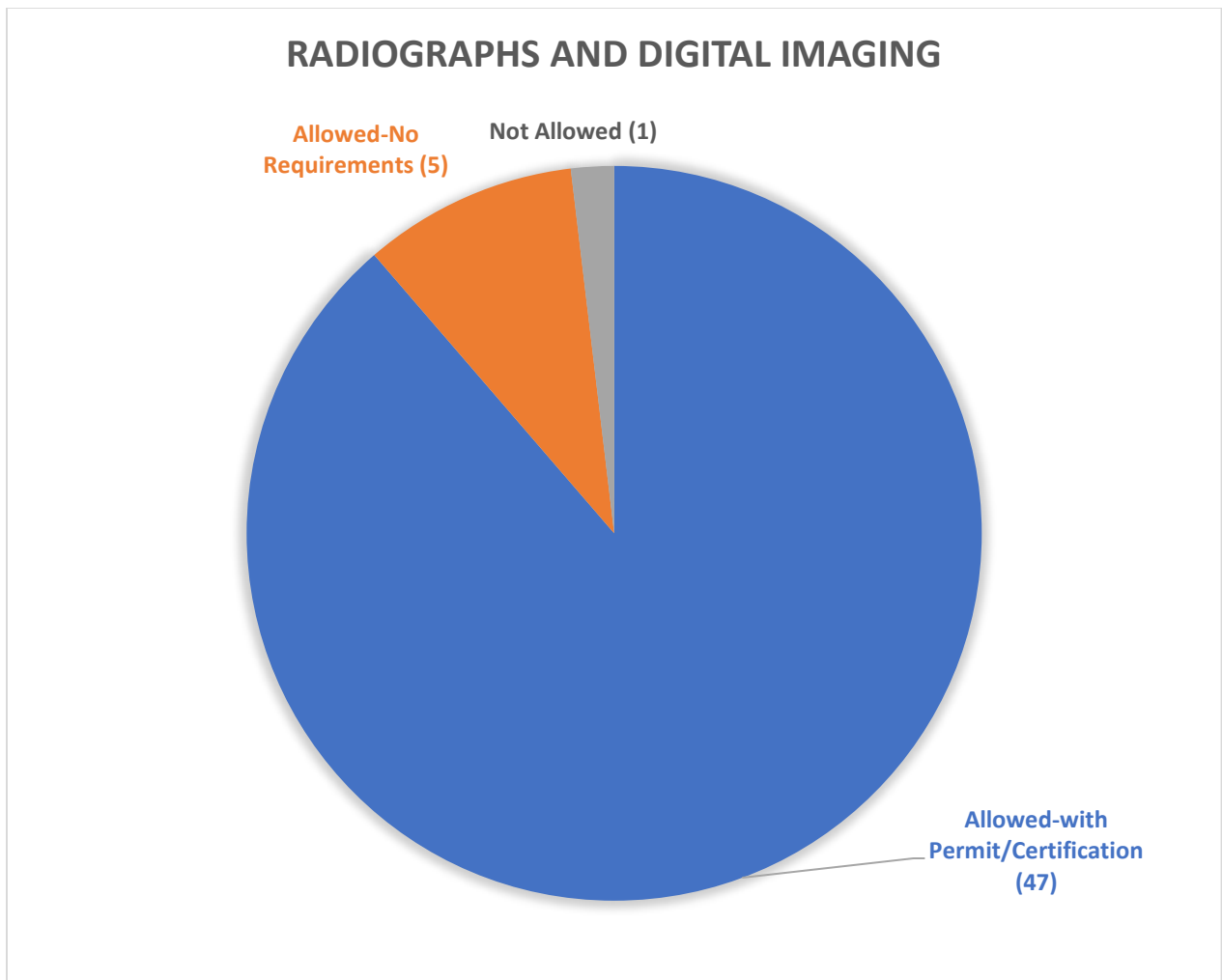
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1. Of 50 states and 3 territories reporting to the AADB, 53% require some form of licensure, permitting, certification, or registration of dental assistants. Before we look any further, it should be noted over half of the United States require more to provide dental assisting than the State of Alabama.

**All summaries in the following charts display the number of states/territories in parentheses.*



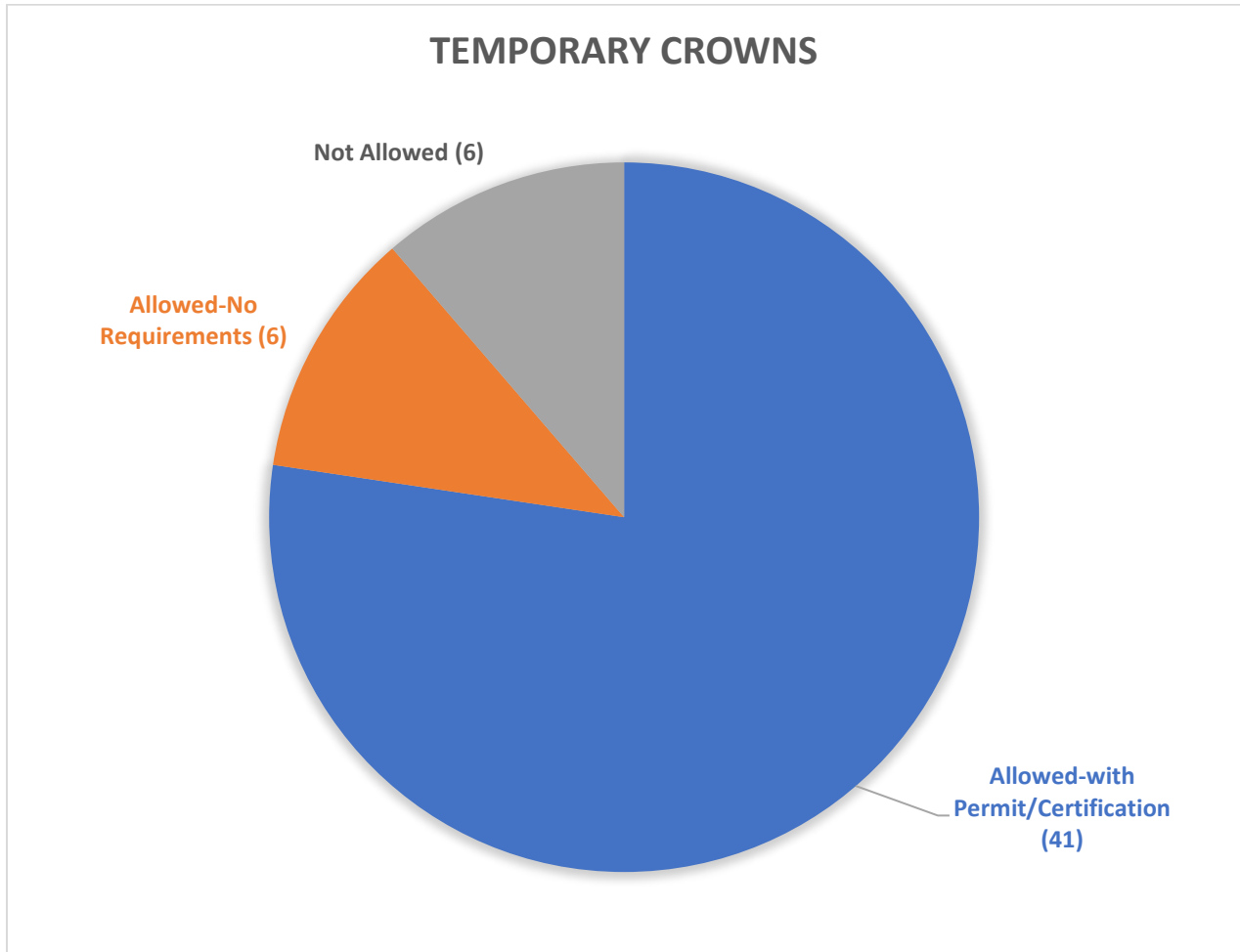
2. In reviewing the allied duties as granted to Dental Assistants by the Board through board rule¹⁰, I identified five (5) specific duties that are allowed in Alabama, but require additional licensure, permit, certificate, or educational training in other states. Those 5 are listed below with Alabama part of the data.

a. Make dental radiographs or digital images

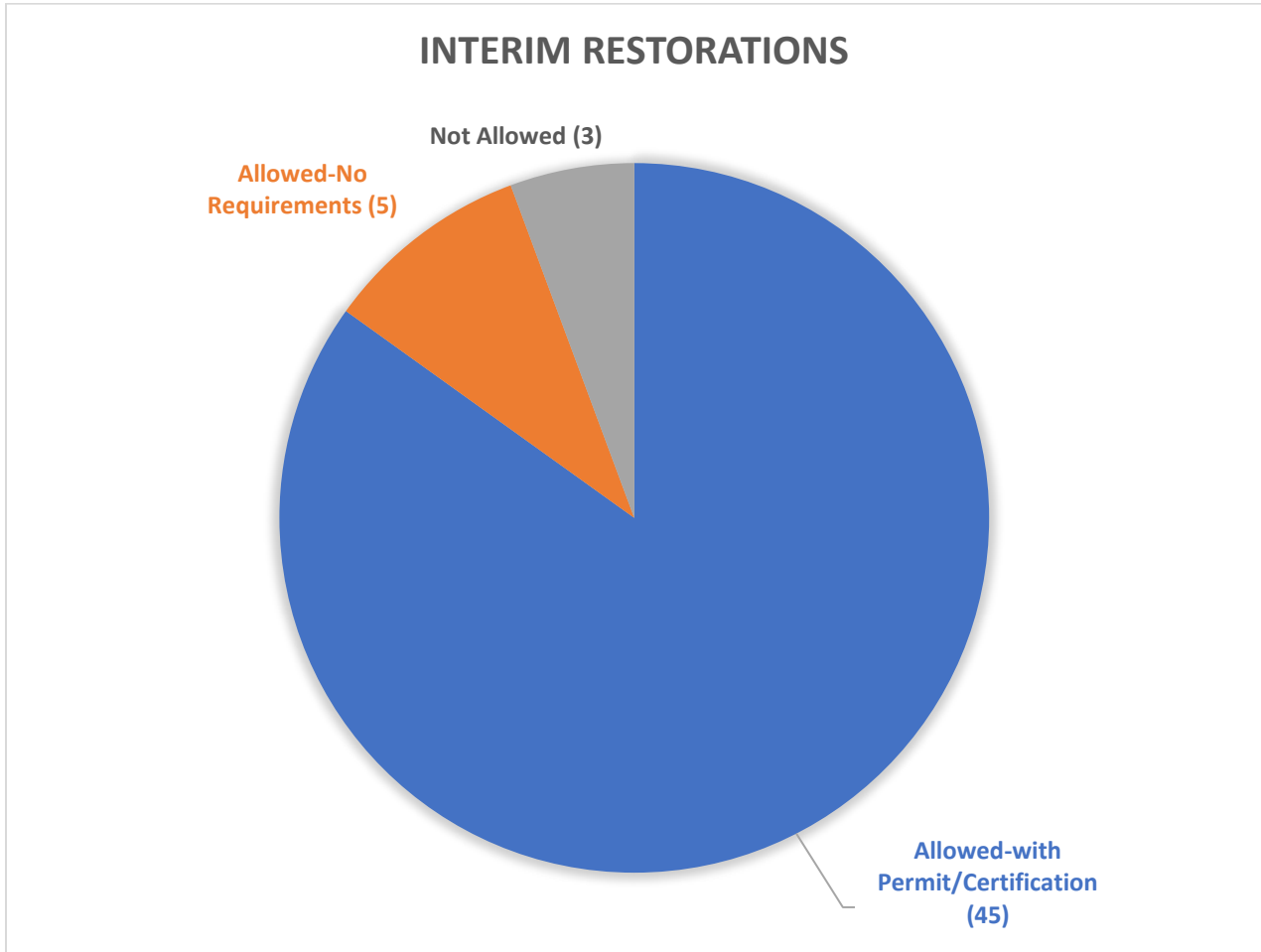


¹⁰ “Duties of Allied Personnel”, Alabama Administrative Code, r. 270-X-3 .10 (1982)

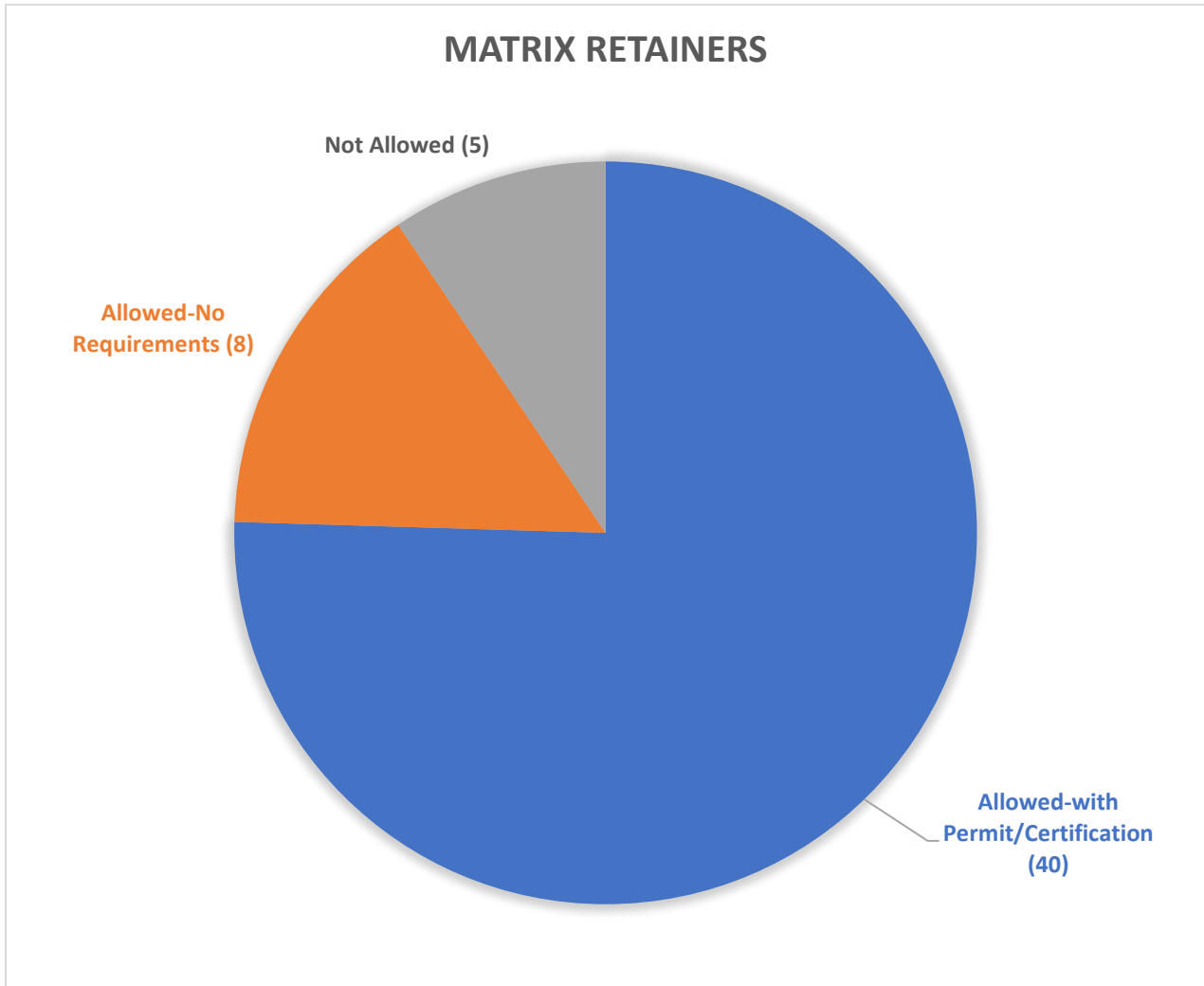
b. Construct and place temporary crowns (excluding stainless steel placed with intentions of reasonable permanency)



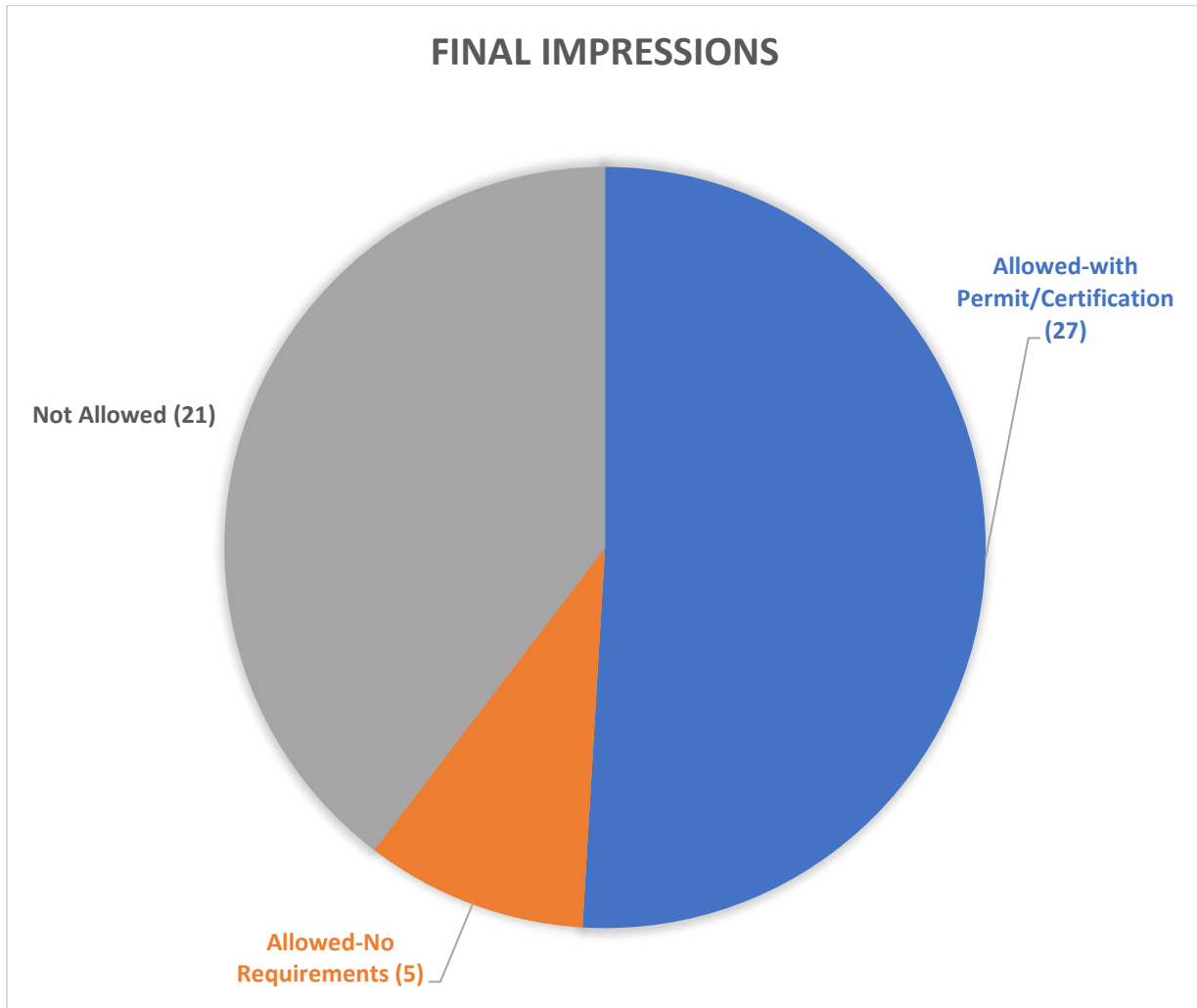
c. Construct and remove with hand instruments only interim restorations. (Interim restorations being any restorations placed while a more permanent restoration is being completed.)



d. Place, wedge, and remove matrices for operative dentistry.



e. **Make final impressions for removable and fixed prostheses, orthodontic appliances, retainers, devices to treat sleep apnea or anti-snoring devices, and medicament/whitening delivery trays. However, before said impressions may be used for the manufacture of prostheses and appliances, the dentist shall examine and approve such impressions for accuracy.**



CONCLUSION

Using a conservative estimate of dental clinics having two (2) dental assistants for every dental hygienist (2:1 ratio), the State of Alabama has approximately 8,000 individuals providing over 25 dental services/treatments to the general public. If these dental assistants only treated a single patient per day, those numbers quickly become overwhelming:

- 8,000 patients/day
- 32,000 patients/week (4-day work week)
- 128,000 patients/month
- 1,536,000 patients/year (equivalent to 48 weeks)

Though the Board has faith in our licensed dentists, there is no training or educational rubric in which to follow to show consistent training to dental assistants in-clinic. As was recently stated, "...standard of care is the same in Alabama as it is in Washington or New York City!" Our expectations of dental assistants' skill set, and knowledge should be the same statewide, whether in Huntsville, Alexander City, Bayou La Batre, or anywhere in between. Allowing the licensure of dental assistants will ensure consistent training and afford a much higher level of protection to the public by ensuring the standard of care by dental assistants.

Finally, the licensure of dental assistants will bring a level of prestige to the position and serve to encourage our current dental assistants to stay in the profession and welcome new individuals into the profession. In licensing dental assistants, we would ensure a constant flow of quality, licensed dental professionals who would be better equipped to progress and move into dental hygiene roles.