ORAL HEALTH – ALLIED DENTAL PROVIDERS SCOPE OF PRACTICE

Arkansas Fact Sheet

Pathways to Improved Access to Dental Health Services

The existing oral health delivery system leaves enormous levels of unmet need. While multiple strategies will be required to improve oral health, states can and should consider whether legal barriers unnecessarily hamper licensed dentists and allied dental providers from delivering more services to more patients. The Network for Public Health Law has performed a legal analysis of how each state’s laws define — and in many cases limit — the roles of these dental health service providers.

This Fact Sheet describes the state laws governing the respective services provided by members of the dental workforce. The companion Access to Oral Health Care Science and Law Brief more fully explores policy options that public health professionals and community members might consider to expand access to care through allied dental providers. Together the Network intends for these documents to serve as a starting point for developing policies to improve oral health.

There are of course other important means of expanding access to dental health services. For children, programs to encourage oral health screenings by pediatricians and providing wider access to school–based sealant services can provide important benefits. And for many underserved populations, changes in Medicaid reimbursement policies coupled with innovative service delivery models are critical means of delivering needed services. The Network has explored in depth the issue of scope of practice for allied dental providers, as evidenced by this Fact Sheet, and we are prepared to investigate other policy options to improve oral health. If expanding scope of practice is not the focus of your efforts in this area, you are still encouraged to contact your Network Region for legal technical assistance on any oral health issue. There is no cost for this assistance. The Network will monitor requests for assistance in this area and prepare more extensive materials on issues that surface frequently, present promising outcomes or are particularly challenging from a legal perspective.

Oral Health and Scope of Practice of Allied Dental Providers in Arkansas

Poor oral health has severe negative repercussions on overall health, productivity and quality of life. Untreated oral health problems in children can result in attention deficits, trouble in school, and problems sleeping and eating.¹ Employed adults lose more than 164 million hours of work each year due to dental disease and dental visits, and in 2009 over 830,000 emergency room visits were the result of preventable dental conditions.² Poor oral health is also associated with a number of other diseases, including diabetes, stroke and respiratory disease.³ In older adults, poor oral health is significantly associated with disability and reduction in mobility.⁴

The following table highlights indicators of oral and dental health, and shows how Arkansas compares with the nation on these indicators.
Arkansas Compared with the National Average on Oral Health Indicators

<table>
<thead>
<tr>
<th>Adults</th>
<th>U.S.</th>
<th>AK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults aged 18+ who have visited a dentist or dental clinic in the past year (2008)</td>
<td>68.5%</td>
<td>61.5%</td>
</tr>
<tr>
<td>Adults aged 18+ who have had their teeth cleaned in the past year (among adults with natural teeth who have ever visited a dentist or dental clinic) (2008)</td>
<td>69%</td>
<td>62.1%</td>
</tr>
<tr>
<td>Adults aged 65+ who have lost six or more teeth due to tooth decay or gum disease (2008)</td>
<td>43%</td>
<td>50.4%</td>
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<table>
<thead>
<tr>
<th>Children</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with a preventive dental visit in the past year (2011-2012)</td>
<td>77.2%</td>
<td>74.9%</td>
</tr>
<tr>
<td>Children with oral health problems in the past 12 months (2011)</td>
<td>18.7%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Children with two or more oral health problems in the past six months (2007)</td>
<td>8.4%</td>
<td>8.6%</td>
</tr>
<tr>
<td>3rd Grade students with untreated tooth decay (2006-2007)</td>
<td>25%</td>
<td>29%</td>
</tr>
<tr>
<td>3rd Grade students with dental sealants (protective of decay) on at least one permanent molar tooth (2006-2007)</td>
<td>40.8%</td>
<td>27%</td>
</tr>
<tr>
<td>Children with decayed teeth or cavities within the past six months (2007)</td>
<td>19.4%</td>
<td>19.3%</td>
</tr>
<tr>
<td>Special needs children with unmet preventive dental care needs (2009-2010)</td>
<td>8.9%</td>
<td>11%</td>
</tr>
</tbody>
</table>

The burden of oral disease is unequally distributed, with minorities and low-income people significantly more likely to report oral health problems. Many of these disparities are exacerbated by lack of access to dental providers, including non-dentist medical professionals. Allied dental providers, such as dental hygienists and dental therapists, are educated and trained to teach patients proper oral hygiene practices and provide a host of preventive dental services and assessments, typically at lower cost. Lack of access to allied dental providers is a key predictor of poor dental health. These dental professionals play a critical role in improving access to dental services, particularly for underserved or vulnerable populations. There is reason to believe that increased utilization of allied dental providers can help improve access to care, particularly among underserved populations. Regulation of allied dental providers varies across states. Although some states permit hygienists or therapists to practice only in the same physical location as dentists, many have taken steps to improve access to care for low-income people by relaxing this restrictive rule.

**Allied Dental Providers in Arkansas**

**What does the practice of dental hygiene include?**

**Clinical dental hygiene:**
- Oral examination, including charting of carious lesions and other abnormalities, periodontal charting and assessment of periodontal conditions, treatment planning for dental hygiene services and oral cancer screening.
- Oral prophylaxis, scaling, root planing, and curettage.
- Placing medicaments for periodontal disease, as prescribed by the supervising dentist, into the sulcus or periodontal pockets.
- Using air driven, electric, sonic, ultrasonic, or otherwise powered scalers or polishers.

**Anesthesia, Nitrous Oxide, and Nerve Blocks:**
- A dental hygienist, with appropriate training and permits, may administer local anesthetic agents, limited to infiltration and block injections inside the oral cavity, under the operative supervision of a licensed dentist.
A dental hygienist may monitor nitrous oxide treatment under the indirect supervision of a licensed dentist.

A dental hygienist, with appropriate training and permits, may administer posterior superior alveolar and inferior alveolar nerve blocks under either operative or indirect supervision of a licensed dentist.

A dental hygienist may administer topical anesthesia under the supervision of a licensed dentist.

Other services:
- A licensed dental hygienist may qualify for registration as a registered dental assistant and may perform the expanded function dental assisting duties for which the dental hygienist has been trained, including the administration and monitoring of nitrous oxide/oxygen analgesia.

<table>
<thead>
<tr>
<th>Level of Required Dentist Supervision*</th>
<th>Permissible Hygienist Activities Within a Dental Office</th>
<th>Permissible Hygienist Activities Within a Public Health Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect</td>
<td>Full Scope of Practice**</td>
<td>Full Scope of Practice</td>
</tr>
<tr>
<td>Operative</td>
<td>Full Scope of Practice</td>
<td>Full Scope of Practice</td>
</tr>
<tr>
<td>General</td>
<td>n/a</td>
<td>Limited Scope of Practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ May administer designed medications.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Cannot administer local anesthesia or nitrous oxide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Cannot perform root planing or subgingival curettage.**</td>
</tr>
</tbody>
</table>

* The terms in this column are defined in the relevant state code; definitions vary across states.

** The scope of practice varies by state. In this chart, full scope of practice is as defined in Arkansas law.

What services may a dental hygienist not perform?

A licensed dental hygienist may not:
- Diagnose a patient for dental procedures or dental treatment
- Cut or perform surgical procedures on hard or soft tissue
- Prescribe drugs or medication which require the written or oral order of a licensed dentist or physician
- Place, seat, or remove any final or permanent restorations
- Make the final placement of orthodontic brackets
- Administer local anesthesia or nitrous oxide/oxygen analgesia without a permit.
- Conduct any procedure that contributes to or results in irreversible alteration of the oral anatomy

What are the supervision requirements for the practice of dental hygiene?

A dental hygienist may practice under the indirect supervision of a licensed dentist with the exception of administering local anesthesia injections, which requires operative supervision. A dental hygienist who has been practicing for at least one year may, subject to some restrictions, practice in dental clinics, community health centers, or government sponsored dental facilities under the general supervision of a licensed dentist. A dental hygienist who has practiced for at least 1,200 clinical hours or meets certain other qualifying criteria may, in collaboration with a licensed dentist, provide limited services to children, senior citizens, and persons with developmental disabilities in a public setting without the presence of their collaborating dentist and without a prior examination of the patient by the collaborating dentist.

- **Indirect Supervision**, “Indirect Supervision” means the licensed dentist has given the dental hygienist authorization to perform specified procedures and the licensed dentist remains in the treatment facility while the procedures are performed.
- **Operative Supervision**, “Operative Supervision” means the licensed dentist has given the dental hygienist authorization to perform specified procedures, the licensed dentist remains in the operatory while the
procedures are performed, and the licensed dentist evaluates the results of the procedure prior to leaving the operatory.

- **General Supervision**, “General Supervision” means the licensed dentist has authorized the dental hygienist to perform specified procedures but the licensed dentist is not required to be present in the treatment facility while the dental hygienist is performing the procedures.

**What body is responsible for professional oversight of licensed dental hygienists?** 31

The Arkansas State Board of Dental Examiners is responsible for regulating all matters concerning dental hygienists and the practice of dental hygiene, ensure compliance, and adopt rules. The Board consists of 9 members appointed by the governor including six practicing dentists, one practicing dental hygienist, and two consumer representatives; the Board also employs an executive director and three other employees. The Board meets at least eight times a year and conducts disciplinary hearings in conjunction with these meetings.

**SUPPORTERS**

The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation with direction and technical assistance by the Public Health Law Center at William Mitchell College of Law.

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2 HHS, Oral Health in America, supra note 1, at 3; PEW CENTER ON THE STATES, A COSTLY DESTINATION: HOSPITAL CARE MEANS STATES PAY DEARLY 1 (2012).


4 IOM, Improving Access, supra note 3, at 52.

5 Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, National Oral Health Surveillance System: Adults Aged 18+ Who Have Visited a Dentist or Dental Clinic in the Past Year, available at http://apps.nccd.cdc.gov/nohss/ListV.asp?qkey=5&DataSet=2 (last visited October 7, 2014).


7 Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, National Oral Health Surveillance System: Adults Aged 65+ Who Have Lost 6 or More Teeth Due to Tooth Decay or Gum Disease, available at http://apps.nccd.cdc.gov/nohss/ListV.asp?qkey=7&DataSet=2. (last visited October 7, 2014).


18 See generally David Nash, Adding Dental Therapists to the Health Care Team to Improve Access to Oral Health Care for Children, 9 ACAD. PEDIATRICS 446 (2009).

19 See Ann Battrell et al., A Qualitative Study of Limited Access Permit Dental Hygienists in Oregon, 72 J. DENTAL EDUC. 329, 340 (2008).


21 See Id., IOM, Improving access at 3-29.


