

State approves rural dental aides

Dentists disagree: Unlicensed providers may drill and extract teeth.

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The state has OK'd the use of unlicensed dental health aides in rural communities, over the objections of dentists that the aides are unqualified to drill and pull teeth.

The Attorney General's office Thursday advised the Alaska Board of Dental Examiners, which had sought a review of the licensing issue, that rural patients can receive dental care in their community clinics from aides who are not licensed by the state, providing the aides are federally certified and work for the clinics.

"We conclude that, so long as they are employed by Native Health clinics and treat patients authorized to receive care in those clinics, individuals certified as dental health aides by the federal Community Health Aide Certification Board do not have to comply with state dental licensure laws," senior assistant attorney general Paul R. Lyle wrote.

The issue for the attorney general turned on whether the intention of Congress in its Alaska health-care laws pre-empts the state's licensing law when the two are in conflict, as in this case. Lyle concluded that it did, based on the supremacy clause of the U.S. Constitution.

"The intention of Congress is always the issue," Lyle said in a phone interview.

The Alaska Dental Society disagreed, pointing out that in the early 1990s, Attorney General Charlie Cole claimed state law governs the licensing of Alaska health-care professionals.

In a 1993 memo similar to Lyle's, Cole wrote that "Alaska is not prohibited from applying state occupational licensure laws to employees of Native regional corporations."

The issue may go to court, although there was no immediate indication of that Friday. Jim Towle, executive director of the Dental Society, declined to say what his organization's next step would be.

The main concern of the Dental Society and the larger American Dental Association is safety, Towle said. The organizations do not oppose dental health aide therapists administering preventive dental care and some other services in remote Alaska villages.

What the organizations cannot sanction is therapists drilling or pulling teeth, procedures considered irreversible. Under federal law, the therapists can perform such procedures only in Alaska.

"When you invade the human body -- and the human tooth is an organ of the body -- and you go into it with a drill, which is a fancy kind of scalpel, and cut into it, you better have the broadest education in all the ramifications of what you're doing," Towle said. "That's why we have licensing."

The therapists who work in the Alaska Bush indeed receive less training than American dental students, said Dr. Edwin Allgair, director of the dental department of the Yukon-Kuskokwim Health Corporation in Bethel.

But their training is narrower in scope and thus more focused on select procedures, including drilling and extraction, than students of U.S. dental schools, Allgair said.

About 760 hours of their training occurs in a clinic environment. After graduation, they return to Alaska to spend additional time -- about four months on average -- training in certain procedures before they are certified, he said.

Alaska communities have an enormous oral health problem. The rate of dental decay among Native children, for example, is twice the national rate. But the Bush cannot draw the providers it needs.

Ron Nagel, a dentist and the director of the dental health aide program for the Alaska Native Tribal Health Consortium, said dental aide therapists are employed in every industrialized English-speaking country in the world apart from the Lower 48, and in 42 countries overall.

No evidence exists to support the ADA's claim that they are unsafe and the care they give is of poor quality, Nagel said.

"In fact," he said, "the safety record of dental therapists going back about 90 years is actually better than the dentists' record because of the narrow scope of their practice."

A similar fight took place in the 1950s and '60s over the use in the Bush of nurse practitioners and physician's assistants, and rural communities eventually won that fight, said Myra Munson, the former commissioner of the state Department of Health and Social Services and an attorney for the Tribal Health Consortium and other Native organizations.

"The dental health aides are affordable," Munson said. "They are comfortable living in those communities, they are known in their communities, and they will be effective in prevention, in changing attitudes in dental care and in responding to health problems much earlier."

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