

October 27, 2021

White House Office of Management and Budget
Office of Information and Regulatory Affairs
725 17th Street NW
Washington, DC 20503

Re: COVID-19 Vaccination and Testing Emergency Temporary Standard (RIN 1218-AD42)

To Whom It May Concern:

On behalf of our 162,000 members, we would like to thank you for meeting with us yesterday to discuss how a potential COVID-19 Vaccination and Testing Emergency Temporary Standard could impact dental office employees and patients. Such a standard would require all employers to ensure their employees vaccinated against COVID-19, or require routine testing and pose other conditions on those who are not vaccinated.

As we mentioned in June, there does not appear to be a grave danger of being exposed to COVID-19 in dental settings.¹ Our main concern with a vaccination and testing emergency temporary standard is that it could exacerbate dental team shortages and, as a result, impede access to essential dental care. It would also discount an industry that has genuinely embraced a culture of safety. Vaccination rates in dentistry are exceptionally high, and infection rates have been exceptionally low—even before the vaccines were available.

Research shows COVID-19 infection rates among dentists and dental teams are very low, far lower than infection rates for other health care workers such as nurses and physicians and even lower than the general population. The cumulative COVID-19 infection rate was just 2.6 percent for dentists and 3.9 percent for dental hygienists, in November 2020 and October 2020, respectively.²⁻³ We would note that those data were collected before the COVID-19 vaccines were available.

Since that time, at least 89.8 percent of dentists have been fully vaccinated and another 3.6 percent have received at least one dose.⁴ To a lesser extent, at least 73.7 percent of dental hygienists have been fully vaccinated and another 5.0 percent have received at least one dose.⁵ There are currently no data documenting the infection or vaccination rates for dental assistants.

We appreciate the administration's desire to see the public vaccinated as soon as possible to reduce hospitalizations and deaths, and to keep schools open. However, we are concerned about the likelihood that an emergency employee vaccination mandate will exacerbate dental team member shortages and, as a result, impede access to essential dental care.

Compared to before the pandemic, dentists are facing major challenges in recruiting dental team members. The vast majority of owner dentists who are recruiting team members report being "extremely" or "very" challenged to fill vacancies for dental hygienists, dental

assistants, and administrative staff. Over 40 percent of dentists report that staffing shortages are limiting their ability to see more patients.⁶

We expect that dentists participating in state Medicaid programs are experiencing similar staffing and recruitment challenges. We urge the administration to clarify whether dentists participating in state Medicaid programs will be subject a potential emergency temporary standard, and to consider whether and how doing so will affect access to dental care.

Given the exceptionally high vaccination rate in dentistry—and the exceptionally low monthly incidence of COVID-19 in dental offices, even before the vaccines were available—there does not appear to be a grave danger of being exposed to COVID-19 in dental settings. We therefore hope you will minimize the risk of unintended consequences by using a standard rulemaking process to encourage widespread vaccination of lower-risk employees, in lieu of an across-the-board emergency temporary standard.⁷

Again, thank you for allowing us to share our perspective about how a potential COVID-19 Vaccination and Testing Emergency Temporary Standard would affect dentistry. If you have any questions, please contact Mr. Robert J. Burns at 202-789-5176 or burnsr@ada.org. Information is also available at ADA.org/coronavirus.

Sincerely,

/s/

/s/

Cesar R. Sabates, D.D.S.
President

Kathleen T. O'Loughlin, D.M.D., M.P.H.
Executive Director

CRS:KTO:rjb

¹ American Dental Association, letter to the Office of Information and Regulatory Affairs, June 2, 2021.

² Araujo MWB, Estrich CG, Mikkelsen M, et al. COVID-2019 among dentists in the United States: A 6-month longitudinal report of accumulative prevalence and incidence. *J Am Dent Assoc.* June 2021; 152(6):425-433.

³ Estrich CG, Gurenlian JR, Battrell A, et al. COVID-19 Prevalence and Related Practices among Dental Hygienists in the United States. *J Dent Hygiene.* February 2021; 95(1):6-16.

⁴ ADA Science and Research Institute and ADA Health Policy Institute, COVID-19 Health and Infection Control Practices Among Dentists, as of June 2, 2021.

⁵ ADA Science and Research Institute, ADA Health Policy Institute, and ADHA, COVID-19 Health and Infection Control Practices Among Dental Hygienists, as of June 1, 2021.

⁶ ADA Health Policy Institute, The Impact of COVID-19 on the Dental Sector: Recruitment and Hiring Challenges, August 2021.

⁷ Under certain limited conditions, OSHA is authorized to set emergency temporary standards that take effect immediately and remain in effect until superseded by a permanent standard. OSHA must determine that workers are in "grave danger" due to exposure, and demonstrate that the danger is serious enough to warrant an emergency standard.