

December 1, 2021

The Honorable Douglas L. Parker
Assistant Secretary of Labor for
Occupational Safety and Health
U.S. Department of Labor
200 Constitution Ave NW
Washington, DC 20210

Re: COVID-19 Vaccination and Testing Emergency Temporary Standard
(Docket No. OSHA-2021-0007)

Dear Assistant Secretary Parker:

On behalf of our 162,000 members, we would like to comment on the Occupational Safety and Health Administration's emergency temporary standard for COVID-19 vaccination and testing, which was published in the agency's Federal Register notice of November 5, 2021 (86 FR 61402). This interim final rule would require large employers (100 employees or more) to adopt a policy requiring their employees to either get vaccinated against COVID-19, or submit to regular masking and weekly testing.

OSHA posits that a COVID-19 emergency vaccination and testing requirement is necessary due to a grave danger of workplace exposure to the virus that can lead to COVID-19.* The requirement, which is being litigated, applies only to large employers (100 employees or more), regardless of industry or level of community transmission. The agency is presently considering whether and how smaller employers should also be subject to the rule.

Requiring dental practice owners to institute a mandatory vaccination and testing policy will have little impact on the safety of dental office workers and the patients they serve. Infection rates in dentistry are already low and vaccination rates are already high. However, it could have the unintended effect of exacerbating dental team shortages and impeding access to essential health care.

Research indicates that infection rates among dentists and dental teams are very low—far lower than for other health care workers, such as nurses and physicians, and even lower than in the general population.¹ 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 Those data were collected before the COVID-19 vaccines were available.

Vaccination rates in dentistry have also been exceptionally high. As of June 2021, at least 89.8 percent of dentists had been fully vaccinated and another 3.6 percent had received at

* Section 6(c) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655) empowers OSHA to issue emergency temporary standards when it determines that "employees are exposed to grave danger from exposure to substances or agents determined to be toxic or physically harmful or from new hazards" and "such emergency standard is necessary to protect employees from such danger."

least one dose.⁴ At least 73.7 percent of dental hygienists had been fully vaccinated as of August 2021, and another 5.0 percent had received at least one dose.⁵

We strongly support the Centers for Disease Control and Prevention's recommendations for the public to be vaccinated against COVID-19, including every member of the dental team.⁶ Our concern with a vaccination and testing mandate is that it could exacerbate dental team shortages and, as a result, impede access to essential health care—even in parts of the country where infection rates are decelerating.

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.⁷

Staff shortages pose a distinct risk for smaller practices, where the departure of a single hygienist, dental assistant, or office manager can severely limit (or even halt) the flow of business.

Again, requiring practice owners to institute a mandatory vaccination and testing policy will have little impact on the safety of dental office workers and the patients they serve. Infection rates in dentistry are already low and vaccination rates are already high. However, it could have the unintended effect of exacerbating dental team shortages and impeding access to essential health care.

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](https://ada.org/coronavirus).

Sincerely,

/s/

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

/s/

Raymond A. Cohlmiya, D.D.S.
Executive Director

CRS:RAC:rjb

¹ *COVID-19 Infection Rates Among Dental Professionals: A Comparison of Rates in North America and Europe*. IADR. Webinar. September 8, 2021.

² Araujo MWB, Estrich CG, Mikkelson 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 Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States, <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>, accessed November 18, 2021.

⁷ ADA Health Policy Institute, The Impact of COVID-19 on the Dental Sector: Recruitment and Hiring Challenges, August 2021.