



P.O. Box 8506

Redlands, CA 92375

Contact: Ronald Hattis, MD, preventivemed@aol.com, 909-838-4157

May 7, 2021

Dental Board of California

Written background for Public Comment, May 14, 2021

Submitted to Dental Board of California via email to Ms. Karen Fischer because of error in email address for submission posted in meeting notice

RE: AB 526 (WOOD)

To the Board:

The California Academy of Preventive Medicine (CAPM), representing California's public health and Preventive Medicine physicians, has been devoting time and effort researching and discussing issues raised by AB 526, authored by Jim Wood, DDS and sponsored by the California Dental Association. Our membership includes leaders of immunization and communicable disease programs at the state and local levels, including laboratory testing, and academic leaders related to these fields.

We warmly welcome our dental colleagues to join us as immunization providers. We also have high regard for your Board. We have attempted to provide input to Dr. Wood's committee staff member, Judith Babcock, and to the CDA staff member following the bill, Zachary Corbo. Our objectives are to benefit the dental profession in California and the community:

1. Assure reimbursement from insurance, to help both dentists and their patients, in the same manner that physicians are reimbursed, by inserting into AB 526 (or companion legislation) an amendment to the Insurance Code. This will mean that dentists can be assured of reimbursement of costs in purchasing, storing, and administering vaccines, and patients will have lower costs for charges to administer them.
2. Spare the dentists from unnecessary continuing education hours (they are already well-educated; courses on immunizations are eligible for CE credit in this bill but should be optional).
3. Avoid the need for further legislation if dentists wish to give additional immunizations besides COVID and influenza, by empowering your Board to determine by regulation which vaccines are appropriate to the practice of dentistry in California.

4. Encourage dentists to do COVID and any other appropriate CLIA-waived tests in their clinics using existing procedures, without the need for higher license fees and additional 12 hours of continuing education per year required if they become laboratory directors.
5. What is more important is that the practices assuring proper safeguards listed in our suggested amendments be followed. These are the ones not currently listed in the bill:
 - The CDC vaccine information statement be given in an appropriate language, or translated to the patient, parent, or guardian. These sheets in multiple languages are available on the Web free of charge.
 - That the extremely important FDA and manufacturers' temperature requirements be followed.
 - That infection control precautions be followed.
 - That CDC recommendations regarding ages and dosages be followed.
 - That documentation of the immunization be provided for the patient's home records.
 - That the dentist or podiatrist be prepared for emergency treatment of occasional immediate reactions.

Our Board of Directors voted to propose such amendments to AB 526 (including detailed practices listed at end of this document). It does not currently appear that the Assembly Member is very receptive to these changes, but we wish to draw them to the attention of the Dental Board for discussion (including your review of legislation later on May 14) and for placing on the agenda of a future meeting (which is in accordance with Government Code sections 11125 and 11125.7(a).):

A FEW ADDITIONAL COMMENTS:

VACCINE COSTS, ADMINISTRATION CHARGES, AND INSURANCE: COVID vaccine and often some versions of influenza vaccine are government-subsidized and can be obtained without purchase costs, but dentists may wish to add a charge for administering them, which would be borne by patients in the absence of insurance coverage. Other vaccines, and versions of influenza vaccines not available free from public health, are expensive and would need to be purchased by dentists (and podiatrists). This cost would also be passed on to patients in the absence of insurance and full reimbursement of dentists would not be assured. We therefore recommend that the bill include a change to the Insurance Code that dentists must be reimbursed the same manner as physicians. Medical insurance covers some specific services by dentists, and we suggest that this be added as otherwise, the same service might be covered by a physician. <https://www.planetdds.com/blog/billing-insurance-dental/>

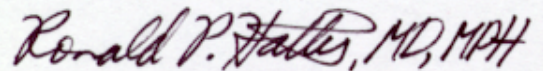
THE LAB DIRECTOR ISSUE: Dentists can already administer appropriate CLIA-waived tests, and the FDA has determined that all COVID tests with emergency use authorizations will qualify in this category. The federal requirement for performing such waived tests is registration with CLIA, and the state requirement is approval by the Lab Field Services program of the California Department of Public Health (CDPH). Interestingly, federal law already allows podiatrists to be CIA lab directors but does not seem to mention dentists, but

current state law does not mention either profession. States like California that have their own regulatory procedures for laboratories are given exceptions by CLIA to some federal provisions that are incompatible with their state regulations. There is no requirement that dentists need to be laboratory directors by state law to perform the tests of interest in your fact sheet. This portion of the bill implies that dentists should take on the added licensure costs and continuing education time commitment to be lab directors, which is unnecessary; therefore we suggest that it be deleted from the bill. The California Dental Association Website already informs dentists that they can give COVID tests without being lab directors: <https://www.cda.org/Home/Practice/Back-to-Practice/Guidance-Regulations/COVID-19-Laboratory-Testing-Toolkit/Applying-for-Laboratory-Testing-Licensure>

PRACTICES, NOT TRAINING: We believe that dentists are well-trained, and requiring extra hours of training could pose a barrier to dentists entering the field of immunization. We agree that dentists should be able to earn CE credit for such courses, but such training should be optional. Note that in the emergency order from Dept. of Consumer Affairs, dentists are required to take training on the Pfizer and Moderna vaccines, but not the Johnson and Johnson vaccine, which received its emergency use authorization after the order was issued. Once AB 526 goes into effect, that order should be vacated, which is one of the provisions in our proposed amendments.

Thank you for your consideration in permitting the submission of this written document and the oral public comment.

Sincerely,



Ronald P. Hattis, MD, MPH
Secretary-Treasurer, CAPM
Mobile: 909-838-4157



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Redlands, CA 92375

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May 14, 2021

Dental Board of California

Oral comment to supplement written statement for Public Comment, May 14, 2021

Submitted to Dental.Board@dbc.ca.gov as per posted meeting notice

RE: AB 526 (WOOD)

I am Dr. Ron Hattis, representing the California Academy of Preventive Medicine, California's specialty society for public health physicians. Some of us oversee immunization programs and lab testing at the state and local levels.

We warmly welcome our dental colleagues to join us as immunization providers for COVID and influenza. We have reviewed AB 526, authored by dentist Jim Wood, and sponsored by the CDA, and have proposed amendments for the benefit of California dentists and the community:

1. Assure reimbursement from insurance for vaccine costs and administration fees, to benefit both dentists and patients, by including in AB 526 an amendment to the Insurance Code.
2. Spare busy, well-educated dentists from unneeded required continuing education hours, which could deter them from giving vaccines. Special courses should earn CE credit but be optional.
3. Avoid the need for further legislation if dentists wish to give additional immunizations, by allowing your Board to determine which other vaccines are appropriate to dental practice in California.
4. Encourage dentists to do COVID tests as already allowed by law and acknowledged on the CDA Web site, without the license fees and 12 more hours of continuing education per year required to be lab directors.
5. Practices essential to immunization should be listed in the bill:
 - Use CDC vaccine information statements, available free in multiple languages online.
 - Observe temperature, approved ages and dosages, and infection control requirements.
 - Document immunizations for home records.
 - Be prepared for occasional emergencies from immediate reactions.

Thank you for permitting this public comment. We suggest further discussion as you review the bill and at a future Board meeting as per Government Code section 11125.