

October 30, 2020

Sunrise Report:

A Request for an Expansion of the
Scope of Practice for the Profession
of Dentistry to Include the
Administration of Vaccinations

Submitted by:



ARIZONA DENTAL ASSOCIATION
Where dentists succeed



October 30, 2020

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President Karen Fann
Speaker Rusty Bowers
1700 West Washington Street
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Dear President Fann and Speaker Bowers,

The Arizona Dental Association (AzDA), pursuant to Arizona Revised Statutes Sections 32-3104 and 32-3106, submits the following sunrise report requesting an expansion of the scope of practice for the profession of dentistry.

The proposal would allow dental professionals to administer vaccinations that are recommended by the United States Centers for Disease Control and Prevention. As you know, dentists play an integral part in delivering health care services to Arizonans. Utilizing dental professionals to provide preventative services such as the administration of vaccines makes increasingly more sense, especially in light of the current global pandemic. As trained healthcare practitioners, Arizona's dental professionals are well educated and more than capable of administering a broad range of vaccines.

AzDA has begun conducting preliminary meetings with various stakeholders on this proposal with the hope of addressing some concerns prior to the introduction of legislation. We appreciate your consideration, and please contact us anytime with questions or if you require further information.

Sincerely,

A handwritten signature in black ink that reads "Sean Murphy, JD". The signature is written in a cursive style.

Sean Murphy, JD
Executive Director & General Counsel
Arizona Dental Association

Background

Vaccinations are an integral component in the fight against disease, helping build immunity prior to infection. Vaccines to help protect against a multitude of vaccine-preventable diseases are offered throughout the nation and health officials attest that immunizations are among the most successful interventions in public health. Despite effectiveness, millions of Americans forgo vaccinations each year and vaccination rates in the United States are declining. From 2009-2018, 27 states (including Arizona) reported a drop in the percentage of vaccinated kindergarten-aged children and the vaccination rates have fallen or remain below ideal immunity thresholds for multiple deadly diseases across the country¹. With various factors impacting the decline in vaccination rates (lack of access and insurance, public distrust in science, and concerns about safety and side effects of such vaccines), utilizing dental professionals can increase accessibility to vaccines, especially in rural or underserved communities. Dental professionals are routinely called upon during emergencies to lend their skill and expertise to public health relief initiatives and permitting them to administer vaccines will enable dental professionals to be part of the solution in combatting harmful or deadly viruses. Substantial opportunities exist to improve and protect the public health through vaccination. Dental professionals can and should be part of this solution.

According to the U.S. Centers for Disease Control and Prevention (CDC), the human papillomavirus (HPV) is a contributing factor to 70% of oropharyngeal cancers in the United States². Nearly 80 million (one in four people) are infected with HPV across the country. The HPV vaccine protects against HPV-associated oral cancers. Low HPV vaccination rates have the potential to leave a generation of young girls and boys susceptible to HPV cancers later in life. The Arizona Department of Health Services and The Arizona Partnership for Immunization oversee a statewide campaign called “Protect Me With 3” to encourage parents to protect their children with vaccines against HPV, meningitis, and tetanus. The administration of the three vaccines help provide protection against five preventable diseases and HPV-related cancers. In 2016, only half of Arizona’s teens between 13-17 years of age received two or more doses of the HPV vaccine³. Dental professionals are great candidates for delivering HPV vaccinations, monitoring vaccine compliance, and providing patient education. HPV and other vaccination rates could be improved if Arizona’s dental professionals are authorized to help administer vaccines.

According to the Association of State and Territorial Health Officials, there is precedent for modifying or expanding the scope of practice for dental professionals in responding to public health emergencies. During the H1N1 influenza pandemic in 2009, various states implemented a broader modified scope of practice to increase the number of vaccinators available to meet real or anticipated demand. Several of these states (Illinois, Minnesota, Massachusetts, and New York), took measures to expand the administration of vaccinations to include dentists with New York temporarily allowing dental hygienists to administer the vaccine as well⁴. Since then, two states (Illinois and Minnesota) have passed legislation codifying such scope expansion for dentists to administer flu vaccines to adults outside of a public health emergency. Additionally, just last year, Oregon passed legislation to include dentists in the list of medical professionals authorized to prescribe and administer vaccinations. Oregon’s law excluded the adult age requirement and

limitation to the influenza vaccination as the other two states had approved in their respective enabling statutes.

As the novel coronavirus disease 2019 (COVID-19) continues to spread at an alarming rate in conjunction with the flu season, dental professionals should be used as an additional health professional resource during this unprecedented public health emergency. Adopting legislative and regulatory language that allows Arizona's dental professionals to administer vaccines and provide vaccination support will increase access to life-saving vaccinations from highly trained practitioners. Dental professionals can positively impact vaccination rates, improve population health, and can encourage better dental-medical integration through this scope expansion.

Increased Scope Factors (Pursuant to A.R.S. 32-3106)

1. Why an increased scope of practice is beneficial, including the extent to which health care consumers need and will benefit from safe, quality care from practitioners with this scope of practice.

According to the federal Office of Disease Prevention and Health Promotion, vaccine-preventable diseases remain a major cause of illness, disability, and death in the United States. Furthermore, viral hepatitis, influenza, and tuberculosis remain among the leading causes of illness and death and account for substantial spending on the related consequences of infection. Vaccines save more than 33,000 lives in the U.S., prevent 14 million disease cases, and save \$43.4 billion in direct and indirect healthcare costs⁵. The global pandemic as a result of COVID-19 has further exacerbated disparities across our healthcare system and brought to light the need for innovative approaches to better combat potential devastating infectious disease outbreaks in the future.

The pandemic has highlighted the prospective benefits of an expanded role for dentists in preventive health care, including the access to and the administration of vaccinations. Allowing dental professionals to administer vaccines will encourage more conversations about vaccinations and create a combined effort with a patient's primary care provider to encourage immunizations and ensure appropriate vaccine schedules are followed⁶. Working collaboratively, both patients and the general population will benefit from increased health literacy and earlier medical intervention to prevent and reduce the burden of disease.

The Arizona Dental Association (AzDA), and the more than 2,500 dentists the organization represents, believes dentists have the appropriate education and training to serve as an additional health professional resource for Arizonans seeking vaccinations. As many Arizonans see their dentists more regularly than their primary care provider, it makes increasingly more sense to allow dental practices to administer vaccinations. If patients could receive influenza or other vaccines during their routine dental appointment, the spread of infectious communicable diseases could be reduced. Dental professionals should have the opportunity to provide life-saving

vaccinations to their patients and the community to bridge gaps in healthcare delivery. Expanding the number of providers offers a strategy to improve vaccination rates and mitigate disinformation. Increasing the dental scope of practice will provide a much-needed resource for those Arizonans best served with vaccine access through their trusted oral healthcare provider rather than in larger public health settings.

2. Whether those health professionals seeking an increased scope of practice currently have or will be required to have didactic and clinical education from accredited professional schools or training from recognized programs that prepare them to perform the proposed scope of practice and details on what that education or training includes.

Arizona's dentists are Doctors of Dental Medicine or Dental Surgery, and allowing them to administer vaccines will provide opportunities to deliver improved care and promote better public health. Permitting dental professionals to administer vaccines could have additional significance as the country prepares to deliver the anticipated COVID-19 vaccine. Just last week, the American Dental Association (ADA) passed a resolution declaring that dentists have the requisite knowledge and skills to administer critical vaccines that prevent life- or health-threatening conditions and protect the life and health of patients and their staff. This scope expansion is based on dentists having the appropriate clinical knowledge and competency to perform tasks in a manner consistent with the prevailing standards of care. Dentists already have the training to administer intra-oral and extraoral injections to provide anesthesia⁷.

In Arizona, dentists are required to complete 72 hours of recognized continuing dental education for each license renewal period. At least 42 of those credit hours can be in any of the following areas: dental and medical health, preventive services, dental diagnosis and treatment planning, dental record keeping, dental clinical procedures, managing medical emergencies, pain management, dental public health, and courses in corrective and restorative oral health and basic dental sciences, which may include current research, new concepts in dentistry, and behavioral and biological sciences that are oriented to dentistry. The Arizona Board of Dental Examiners' (BODEX) rules stipulate that no more than 18 credit hours can come from dental practice organization and management, patient management skills, and methods of health care delivery. Dentists are required to take at least three hours in each of the following: chemical dependency, infectious disease or infectious disease control, and cardiopulmonary resuscitation, advanced cardiac life support, and pediatric advanced life support. Lastly, Arizona offers dentists the ability to go beyond local anesthesia administration and can apply for a permit to administer general anesthesia, deep sedation, parenteral sedation, or oral sedation and stipulates additional requirements in order to obtain such permits⁸.

Licensed dental practitioners in Arizona routinely provide injections in the head and neck. One could argue that it is more difficult to administer an inferior alveolar nerve block inside an oral cavity than to administer a subcutaneous or intramuscular vaccine to an exposed arm. Dentists have significant college education, licensure requirements, and are capable of administering vaccinations with additional training and education.

The Commission on Dental Accreditation (CODA) was established in 1975 and is nationally recognized by the United States Department of Education as the sole agency to accredit dental and dental related education programs conducted at the post-secondary level. CODA's mission is to serve the oral health care needs of the public through the development and administration of standards that foster continuous quality improvement of dental and dental related educational programs. CODA is responsible for accrediting more than 1,400 dental educational programs across a vast array of discipline-specific education areas throughout the nation⁹.

Though there is no accreditation standard for dental schools related specifically to vaccine administration, the standards are considered minimum which schools can obviously teach beyond. In the three states that have passed legislation to allow dentists to administer vaccines, a training and/or continuing education component in vaccine administration was also a requirement under their enabling statutes.

3. Whether the subject matter of the proposed increase scope of practice is currently tested by nationally recognized and accepted examinations for applicants for professional licensure and the details of the examination relating to the increase scope of practice.

Currently, Arizona's dentists are required to have graduated from an ADA accredited school of dentistry, successfully passed the National Dental Board examination and a BODEX approved clinical examination within the last five years to receive a license by examination. Dentists who passed a BODEX approved clinical examination in another state or region may apply for a licensure by credential. Additionally, initial applicants are required to pass the Board's jurisprudence exam related to Arizona's dentistry statutes and rules¹⁰. Vaccine administration is not tested through the national nor regional board approved exams; however, local anesthetic administration is tested.

4. The extent to which the proposed increased scope of practice will impact the practice of those who are currently licensed in this state or the entry into practice of those individuals who have relocated from other states with substantially equivalent

requirements for registration, certification, or licensure as this state.

This desired scope expansion will not impact the practice of any existing dental licensee. Dentists who obtain appropriate training or certification in vaccine administration will be allowed to administer vaccines pursuant to this expansion of scope. Other dentists, including those who relocate to Arizona from another state, will continue to have the opportunity to seek authorization to administer vaccinations.

5. The extent to which implementing the proposed increased scope of practice may result in savings or a cost to this state and to the public.

It is difficult to estimate the cost savings to the state by allowing for this expansion of scope as there are many factors to take into account. As noted previously, vaccines are among the most cost-effective clinical preventive service given their ability to protect against harmful diseases and the fact they save billions of dollars annually in direct and indirect healthcare costs. Despite no national vaccine requirement, state lawmakers encourage people to vaccinate their children through the education system. Though all states require certain vaccinations before entering public school, every state also has a medical exemption in place for instances where a vaccine could harm a child. However, only five states stop there with the medical exemption for vaccinations.

Arizona is one of 15 states that provides both a personal and religious exemption to the vaccination law in addition to the medical exemption¹¹. Arizona's school immunization law requires children to receive vaccines before entry into child-care or public school. The law requires child-care centers and schools to enforce immunization requirements, maintain immunization records of all children enrolled, and submit reports to public health agencies¹². Since 2000, the Arizona Department of Health Services reports that religious belief exemption rates have increased from 1.4% to 4.5% for child-care centers while the personal belief exemption rate increased from 1.4% to 5.9% for kindergarteners and 1% to 6.1% for sixth graders¹³. The increase in exemptions means that Arizona is falling below the immunization levels necessary to guarantee the protection against an outbreak of vaccine-preventable diseases which can contribute to devastating consequences and greater costs on the healthcare system and to the state in the long term. As exemption rates rise and coverage rates fall and as a result of the current pandemic, expanding the list of capable vaccine providers to include dental professionals can help increase vaccination rates and the overall health and safety of Arizona.

6. The relevant health profession licensure laws, if any, in this or other states.

Other states have already begun expanding the scope of practice for dental professionals. Currently, three states have passed legislation to allow dentists to administer vaccines. In 2014, Illinois enacted legislation that enables dentists to administer influenza vaccines to adults upon completing state-defined training. Additionally, Minnesota passed similar legislation that allows dentists to provide the influenza vaccine after taking a Board-approved course. Last year, Oregon passed the most expansive legislation allowing dentists to prescribe and administer vaccinations without limiting it to only the influenza vaccine and to adult populations as prescribed in the other two states' governing laws.

Illinois:

Under the Illinois law, dentists administering flu vaccines are limited to patients 18 years of age and older and who consent to the administration of the vaccine and are administered under a valid prescription by a physician. Prior to the vaccine, vaccine information statements must be provided to the patients. Training courses include a minimum of four hours of: the recognition of contraindications and how to handle adverse reactions, the appropriate methods of storage, handling and disposal of vaccines and all used supplies or contaminated equipment, and proper administration and maintenance of written policies and procedures. The law requires any adverse events from the administration of the vaccine to be reported in addition to the patient's primary care provider's name. Any dentist who administers the influenza vaccine must enter all patient-level data on the vaccines in the immunization data registry maintained by the Department of Public Health. Within 30 days after administering the vaccine, the dentist is required to report the administration to the patient's primary care physician¹⁴.

Minnesota:

Under the Minnesota law, licensed dentists can administer the influenza immunization to patients 19 years of age and older and only by a licensed dentists who have: immediate access to emergency equipment, including but not limited to oxygen administration equipment, epinephrine, and other allergic reaction response equipment, are trained in or have completed a program approved by the Minnesota Board of Dentistry; specifically the administration of immunizations. The law requires any dentist giving influenza vaccinations to comply with guidelines established by the Advisory Committee on Immunization Practices relating to vaccines and immunizations, which includes, but is not limited to, vaccine storage and handling, vaccine administration and documentation, and vaccine contraindications and precautions. After a qualified dentist has administered an influenza vaccine to a patient, the dentist must report the administration of the immunization to the Minnesota Immunization Information Connection or notify the patient's primary physician or clinic of the administration of the immunization¹⁵.

Oregon:

To date, Oregon passed the most expansive legislation which authorized trained and certified dentists to prescribe and administer vaccines. The Oregon Board of Dentistry allows a certified dentist to prescribe and administer vaccines to a person with whom the dentist has established a patient relationship. The law authorizes the Board to issue a vaccination certificate to a dentist who has completed a training course, pays the certification fee, and meets other established board

requirements. The dentist is required to report the prescription and administration of a vaccine to the immunization registry created by the Oregon Health Authority¹⁶.

According to the American Association of Dental Boards, approximately half of the U.S. states are already evaluating using oral health professionals in the administration of the COVID-19 vaccine when it becomes available¹⁷. AzDA, especially during this unprecedented public health crisis, supports making every effort to reduce barriers associated with immunization disparity in Arizona and to allow qualified dental professionals to help in combatting the spread of deadly diseases.

7. Recommendations, if any, from the applicable regulatory entity or entities, from the Department of Health Services and from accredited educational or training programs.

From previous discussions with BODEX, vaccine administration may already fall under the scope of practice for dentistry; however, AzDA is seeking legislative authority to clearly solidify this scope expansion in statute. At the time of the filing of this report, neither the Department of Health Services nor BODEX has made official recommendations concerning this scope expansion.

Endnote

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- ¹ “SchoolVaxView: 2009-10 through 2018-19 School Year Vaccination Coverage Trend Report.” United States Centers for Disease Control and Prevention, October 11, 2018. <https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/coverage-trend/index.html>.
- ² “HPV-Associated Oropharyngeal Cancer Rates by Race and Ethnicity.” United States Centers for Disease Control and Prevention, September 3, 2020. <https://www.cdc.gov/cancer/hpv/statistics/headneck.htm>.
- ³ Walker TY, Elam-Evans LD, Singelton JA, et al. National, Regional, State and Selected Local Area Vaccination Coverage Among Adolescents Aged 13-17 Years-United States, 2016. *MMWR Morb Mortal weekly Rep* 2017; 66:874-882. DOI: <https://www.cdc.gov/mmwr/volumes/66/wr/mm6633a2.htm#contribAff>
- ⁴ “Modified Scope of Practice Used by States in the 2009 H1N1 Influenza Pandemic.” Association of State and Territorial Health Officials, December 2011. Retrieved from https://www.astho.org/uploadedFiles/Programs/Preparedness/Public_Health_Emergency_Law/Scope_of_Practice_Toolkit/03-SOP%20H1N1%20State%20SOP%20FS%203-12%20Final.pdf.
- ⁵ “Immunization and Infectious Diseases.” United States Office of Disease Prevention and Health Promotion, October 8, 2020. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>.
- ⁶ See exhibits A and B following the Endnote for the CDC recommended schedules for vaccines for both children and adults respectively.
- ⁷ Solana, Kimber. “ADA Supports Efforts Allowing Dentists to Administer Vaccines Resolution Outlines Clinicians’ Skills, Training to Increase Vaccination Rates.” ADA News. American Dental Association, October 23, 2020. Retrieved from <https://www.ada.org/en/publications/ada-news/2020-archive/october/ada-supports-efforts-allowing-dentists-to-administer-vaccines>.
- ⁸ Arizona Administrative Code: Title IV Professions & Occupations: Chapter 11: State Board of Dental Examiners. Arizona Secretary of State's Office, September 30, 2017. Retrieved from https://apps.azsos.gov/public_services/Title_04/4-11.pdf.
- ⁹ Commission on Dental Accreditation. American Dental Association, n.d. Retrieved from <https://www.ada.org/en/coda/accreditation>.
- ¹⁰ Arizona State Board of Dental Examiners. State of Arizona, n.d. Retrieved from <https://dentalboard.az.gov/about/faq>.

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- ¹¹ Sandstrom, Aleksandra. “Amid Measles Outbreak, New York Closes Religious Exemption for Vaccinations – but Most States Retain It.” Pew Research Center, June 28, 2019. Retrieved from <https://www.pewresearch.org/fact-tank/2019/06/28/nearly-all-states-allow-religious-exemptions-for-vaccinations/>.
- ¹² Pursuant to Arizona Revised Statutes Sections 15-872 and 15-873.
- ¹³ Christ, Cara. “Increased Use of Immunization Exemptions Put Arizona At-Risk for an Outbreak in 2019.” Arizona Department of Health Services, April 12, 2019. Retrieved from <https://directorsblog.health.azdhs.gov/increased-use-of-immunization-exemptions-put-arizona-at-risk-for-an-outbreak-in-2019/>.
- ¹⁴ Illinois Legislature. (2014). Illinois State Statutes. The Illinois Dental Practice Act. Retrieved from <https://www.ilga.gov/legislation/publicacts/fulltext.asp?name=098-0665&GA=98&SessionId=85&DocTypeId=SB&DocNum=3409&GAID=12&SpecSess=&Session=>.
- ¹⁵ Minnesota Legislature. (2014). 2019 Minnesota Statutes. 150A.055 Administration of Influenza Immunizations. Retrieved from <https://www.revisor.mn.gov/statutes/cite/150A.055>.
- ¹⁶ Oregon State Legislature. (2019). House Bill 2220. Retrieved from <https://olis.leg.state.or.us/liz/2019r1/Downloads/MeasureDocument/HB2220/Enrolled>.
- ¹⁷ COVID-19 Resources. American Association of Dental Boards, 2020. Retrieved from <https://www.dentalboards.org/covid-19-resources>.

Appendix A

CDC Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Hepatitis B (HepB)	1 st dose	2 nd dose			← 3 rd dose →													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose						
<i>Haemophilus influenzae</i> type b (Hib)			1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose → See Notes											
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose		← 4 th dose →											
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →						4 th dose							
Influenza (IIV)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only					
OR																		
Influenza (LAIV)												Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only				
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →					2 nd dose						
Varicella (VAR)							← 1 st dose →					2 nd dose						
Hepatitis A (HepA)					See Notes	2-dose series, See Notes												
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														Tdap				
Human papillomavirus (HPV)														*	See Notes			
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)			See Notes												1 st dose	2 nd dose		
Meningococcal B																		
Pneumococcal polysaccharide (PPSV23)																		

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Recommended based on shared clinical decision-making or
*can be used in this age group
No recommendation/
not applicable

Appendix B

CDC Recommended Adult Immunization Schedule for Ages 18 Years or Older

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV) or Influenza live, attenuated (LAIV)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV) (preferred) or Zoster live (ZVL)			2 doses or 1 dose	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal conjugate (PCV13)	1 dose			65 years and older
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication			1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2 or 3 doses depending on vaccine			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
<i>Haemophilus influenzae</i> type b (Hib)	19 through 23 years	1 or 3 doses depending on indication		

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

 Recommended vaccination for adults with an additional risk factor or another indication

 Recommended vaccination based on shared clinical decision-making

 No recommendation/Not applicable