

Submitter: Christina Lapnawan

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB3223

I earned my CDA by going through a CODA program at a community college. The amount of school work required to complete this program and to earn the dental assistant certifications was significantly more work than what I expected. Not only do I feel not enough credit is recognized for the amount of energy and time students spent studying to earn these certificates, but there is also not enough credit given to the teachers who teach the curriculum. My lectures included Dental Anatomy; Dentistry Law and Ethics; Infection Control; Dental Office Procedures; Dental Materials; Dental Radiology; Chairside Dentistry; and Dental Health Education. I do not believe going straight into the work force for hands-on-learning at a dental office gives you the same depth of knowledge and skills acquired from going to a CODA school program. I also question the depth of knowledge dentists have when it comes to teaching Dental Assistant duties. Moreover, dental assistant's duties are NOT the same as the work performed by dentists, and include more than just passing instruments/dental materials and performing sealants and coronal polishings.

For example, I am not aware of any specific Infection Control classes taught in dental schools; if there are, it's but for a few hours. Infection Control practices play a critical role in dental offices, specifically with the potential of exposure to Coronavirus via aerosols and other diseases such as Hepatitis C, B, herpes, HIV and AIDS, which are transmissible through patient contact, i.e. not disinfecting rooms appropriately could lead to transmission. What are the expectations? Will dentists make time learning about the practices and procedures of Infection Control via CE courses and in return teach and train making sure these protocols are followed by a new on-the-job trainee dental assistants? It is my understanding that dentists already have a full plate caring for and treating the needs of their own patients - what time do they have training and giving direct supervision with new on-the-job dental assistants?

Please read the news on the Oklahoma dental practice owned by Dr W. Scott Harrington. Infection Control was not being fully implemented and diseases (hepatitis C, hepatitis B, and HIV) were spread to patients.

He reportedly had 'no infection control policy, and Harrington himself said he left that to his employees to handle.' He had unlicensed assistants working at that time.

<https://www.aboutlawsuits.com/oklahoma-dentist-disease-exposure-43576/>

Infection Control is just one of the required DANB exams dental assistants must pass before becoming a Certified Dental Assistant. Teachers at CODA programs put forth many working hours researching and understanding the process of disease transmission via direct patient contact and via airborne transmission and how to

implement specific procedures to prevent the transmission of these diseases. These skills are then taught and put into practice by DA students months before practicing any type of interactive preventive care on live patients. These skills are then tested not only on school written tests and clinical exams but also with the DANB ICE competency exam. -I feel these Infection Control exams and practicing hours help to ensure that patients are at a low risk of catching any transferable diseases.

I would also like to believe the committee voting on this bill will agree that passing this specific exam, the Infection Control (ICE) competency test is absolutely imperative to serving the dental community. I also do not believe it's ethically acceptable to only hold a 'doctor's dental license' as the highest accountable standard for preventing the spread of disease(s). What is truly at stake is the patient's health and I firmly believe that school exams, along with practicing dental clinical hours, and implementing competency tests from DANB is the way to keep the standards of health care high.

Please vote No to HB 3223.