



Dental Assisting National Board

January 23, 2023

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The Honorable Representative Rob Nosse, Chair
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Oregon State Legislature
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The Honorable Representative Christine Goodwin, Vice-Chair
House Committee on Behavioral Health and Health Care
Oregon State Legislature
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The Honorable Representative Travis Nelson, Vice-Chair
House Committee on Behavioral Health and Health Care
Oregon State Legislature
Rep.TravisNelson@oregonlegislature.gov

Dear Chairman Nosse, Vice-Chair Goodwin, and Vice-Chair Nelson:

I am writing on behalf of the Dental Assisting National Board, Inc. (DANB) to express DANB's serious concerns about the ramifications of **House Bill 2996**, which seeks to prohibit the Oregon Board of Dentistry from requiring an applicant for certification as a dental assistant to pass a written examination for radiologic proficiency.

DANB is the national American Dental Association-recognized certification board for dental assistants. DANB is known nationally and in Oregon as an expert in developing and administering high-quality knowledge-based assessments for dental assistants, as a trusted partner to state regulators in helping them meet their public protection objectives, and as a provider of information, resources, and data to those studying the dental assisting profession.

Successful performance on DANB's national Radiation Health and Safety (RHS®) exam is currently required by Oregon rules to earn the Oregon Radiologic Proficiency Certificate, which authorizes a dental assistant to perform radiography procedures in Oregon. DANB's RHS exam fulfills the exam requirement that is the subject of HB 2996. The RHS exam has served a critical function in Oregon's health care system, ensuring the public has received safe and high-quality care from the more than 5,000¹ dental assistants working in Oregon, during procedures in which they are exposed to radiation.

Why is radiography regulated?

Radiography refers to the process of using x-radiation, a form of ionizing radiation, to obtain the diagnostic images that we commonly call "x-rays." Radiography is regulated because exposure to ionizing radiation is associated with a risk of cell damage that can increase a person's chances of developing cancer. Although the dose of radiation received on each occasion is relatively small, a person's risk for negative outcomes is cumulative and increases with each exposure; this is true both for patients and for practitioners with frequent opportunity for occupational exposure to radiation. For this reason, healthcare practitioners follow the principle that exposure to ionizing radiation, including x-radiation, should be "as low as reasonably achievable" (the ALARA principle). Most states have enacted comprehensive programs to minimize exposure for patients and healthcare personnel, which may include registration, permitting and inspection of radiography equipment and training, education, and credentialing requirements for equipment operators.

Studies report increased risk of cancer for dental patients and oral healthcare workers.

A 2021 statistical analysis of dental radiation examinations and cancer risk estimated that U.S. dental radiography procedures may cause 967 cases of cancer per year (based on 2019 data) and could account for 2% of new cancers in the oral cavity/pharynx and 4% of brain tumors.ⁱⁱ

A 1995 Swedish study found that employment as a dentist or dental assistant was associated with an increased risk of papillary thyroid cancer, the most common thyroid cancer, in females.ⁱⁱⁱ Exposure to ionizing radiation is the most well-established environmental risk factor for thyroid cancer.^{iv}

A 2019 meta-analysis of prior studies concluded that there is support for the hypothesis that dental x-rays are associated with an increased risk of thyroid cancer and meningioma (a brain or central nervous system tumor). The study's authors concluded that "these findings manifest the need to reduce diagnostic radiation exposure as much as possible."^v

Ensuring that personnel who perform radiography procedures are competent and qualified to perform them is an important part of minimizing radiation exposure. Dental assistants who are insufficiently educated and improperly trained in radiation safety and radiographic technique may expose patients and themselves to unnecessary radiation by operating equipment improperly, overlooking important safety measures, and employing poor technique leading to multiple retakes to obtain diagnostically acceptable images.

Independent, knowledge-based assessments are more necessary than ever to ensure competent performance of duties.

Enrollment in traditional dental assisting programs has been declining for several years, and dentists are seeking to tap new pools of talent, which often entails providing on-the-job training to candidates who have not received any formal dental assisting instruction. Given the increasing variation in the education and training experiences of new dental assistants, now more than ever, psychometrically valid knowledge-based assessments can serve as a critical step in ensuring that these candidates can competently and safely perform duties that pose a potential risk to patients, themselves, and their fellow dental team members.

Formalized knowledge-based assessments, developed in accordance with industry best practices in exam development and psychometrics, are an essential tool for regulators to ensure that all healthcare personnel performing services which could potentially harm a patient are qualified and competent to perform them. It is surprising that legislators would seek to remove this essential tool from the regulatory board's toolkit and, in fact, forbid its use, which significantly hinders the board's ability to fulfill its mission to protect the public.

Current requirements to earn the Oregon Radiologic Proficiency Certificate include completion of a radiography course from a board-approved course provider, passing DANB's RHS exam, and submitting written verification from a licensed dentist or dental hygienist indicating that the candidate is proficient to take radiographs. Eliminating one element of the board's public protection design without a comprehensive review of the full set of requirements puts the public at risk; the remaining requirements have not been evaluated to determine whether they are sufficiently rigorous to assure that candidates are uniformly qualified in the absence of a high-quality assessment. Successful performance on an objective knowledge-based assessment that is developed and administered in accordance with psychometric best practices provides the most reliable validation of knowledge acquired through education and the best support for the state's public protection objectives.

A high-quality, accessible, widely recognized dental radiography exam addressing contemporary technology and current practice is available and currently in use in Oregon

DANB has been assisting Oregon regulators in protecting Oregonians for many years by providing a dental radiography exam – the RHS exam – that is developed and administered in accordance with nationally and internationally recognized best practices and provides a valid and reliable measure of competence. DANB's Certified Dental Assistant (CDA™) certification, of which the RHS exam is one component, is accredited by the National Commission for Certifying Agencies.

RHS exam content is current and relevant. DANB exams, including the RHS exam, are developed by the dental profession—they are products of the collective experience and knowledge of subject matter experts,

working under the direction of DANB's psychometric staff, led by a Ph.D.-level psychometrician. The content of DANB exams is based on validation studies, performed on a regular schedule to ensure the content of each exam continues to reflect work performed and knowledge required in actual practice. DANB last updated the RHS exam in July 2022, when, after gradually adjusting the exam's emphasis in favor of digital radiography based on survey feedback over more than 10 years, DANB removed all questions that tested specifically on conventional film-based radiography from the exam. Contrary to a rumor circulating in Oregon, the DANB RHS exam does not contain questions about "dip tanks" or other obsolete technology, and DANB's rigorous process for exam development ensures that exam content continues to be current.

Oregon candidates' RHS exam pass rate is high. Oregon candidates consistently pass the RHS exam at a higher rate than the national average. For the period from January 2019 through October 2022, the percentage of Oregon candidates who passed the exam on the first or second attempt was 82%.

Exams are accessible and available remotely. Candidates may take DANB's RHS exam at any one of more than 250 computerized testing sites nationwide (including six locations in Oregon) six days per week during regular business hours. As of January 2021, candidates may also take the exam at home or another remote location of their choice through online remote proctoring, with appointments available 24 hours a day, seven days a week.

RHS exam is nationally recognized. Currently, 37 states and D.C. require or recognize DANB exams and certifications for dental assistants to qualify to perform specified duties. Of these, 24 states and D.C. recognize or require the DANB RHS exam specifically for dental assistants to qualify to legally perform radiography procedures. An additional six states accept DANB's Certified Dental Assistant (CDA™) certification, of which the RHS is one component, for dental assistants to qualify in radiography, for a total of 31 states/districts that rely on DANB's RHS exam for objective verification of dental assistants' competence in dental radiography.

There is no data supporting the assumption that removing entry-level dental assisting requirements will attract more applicants to dental assisting jobs.

Our country is facing a pervasive workforce shortage presenting significant staffing challenges to employers in all sectors of the economy. This problem is not unique to dentistry, to healthcare or to regulated professions. In dentistry, there is a shortage of both dental hygienists and dental assistants. Seeking to expand the applicant pool by eliminating fundamental entry-level requirements will likely contribute to higher turnover, as these candidates may be frustrated by their inability to meet employer expectations and concerned for their own safety if they feel unprepared to perform their jobs safely.

A recent study related to dental workforce shortages conducted by the American Dental Association Health Policy Institute in collaboration with a number of allied dental organizations, including DANB, gathered survey data about recruitment and retention of dental assistants and dental hygienists. The study highlighted the need for a comprehensive approach focused on improving benefits and compensation, improving workplace culture and work-life balance, and introducing innovations to shore up the workforce pipeline over the long term.^{vi} DANB is working with stakeholders on solutions to promote dental assisting as an attractive career and develop new pipelines of candidates to staff the dental assisting workforce into the future. We are encouraged that many stakeholders, including several notable dental organizations, are eager to collaborate in these efforts.

In the same spirit of collaboration, I would like to offer to make myself and my colleagues available to discuss alternative approaches to Oregon's dental assisting workforce challenges without compromising the high-quality care currently enjoyed by those undergoing dental radiography procedures in Oregon. Please reach out to me at lskarnulis@danb.org or (312) 235-4228 if you would like to discuss further.

Sincerely,



Laura Skarnulis
Chief Executive Officer

Cc: The Honorable Elizabeth Steiner, Senator, Oregon State Legislature
The Honorable Janelle Bynum, Representative, Oregon State Legislature
The Honorable Cyrus Javadi, Representative, Oregon State Legislature
The Honorable Hai Pham, Representative, Oregon State Legislature

ⁱ U.S. Bureau of Labor Statistics. (2022, March 31). Dental assistants. U.S. Bureau of Labor Statistics. Retrieved January 23, 2023, from <https://www.bls.gov/oes/current/oes319091.htm>

ⁱⁱ Benn, D. K., & Vig, P. S. (2021). Estimation of X-ray radiation related cancers in US dental offices: Is it worth the risk? *Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology*, 132(5), 597–608. <https://doi.org/10.1016/j.oooo.2021.01.027>

ⁱⁱⁱ Wingren, G., Hallquist, A., Degerman, A., & Hardell, L. (1995). Occupation and Female Papillary Cancer of the Thyroid. *Journal of Occupational and Environmental Medicine*, 37(3), 294–297. <http://www.jstor.org/stable/44995044>

^{iv} Younis E. (2017). Oncogenesis of Thyroid Cancer. *Asian Pacific journal of cancer prevention : APJCP*, 18(5), 1191–1199. <https://doi.org/10.22034/APJCP.2017.18.5.1191>

^v Benn, D. K., & Vig, P. S. (2021). Estimation of X-ray radiation related cancers in US dental offices: Is it worth the risk? *Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology*, 132(5), 597–608. <https://doi.org/10.1016/j.oooo.2021.01.027>

^{vi} ADA Health Policy Institute in collaboration with American Dental Assistants Association, American Dental Hygienists' Association, Dental Assisting National Board, and IgniteDA. Dental workforce shortages: Data to navigate today's labor market. October 2022. Available from: https://www.ada.org/-/media/project/adaorganization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf