

04/07/2020

Non-Emergent, Elective Medical Services, and Treatment Recommendations

To aggressively address COVID-19, CMS recognizes that conservation of critical healthcare resources is essential, in addition to limiting exposure of patients and staff to the virus that causes COVID-19. CMS also recognizes the importance of reducing burdens on the existing health system and maintaining services while keeping patients and providers safe. CMS, in collaboration with medical societies and associations, recently created recommendations to postpone non-essential surgeries and other procedures. This document provides recommendations to limit those medical services that could be deferred, such as non-emergent, elective treatment, and preventive medical services for patients of all ages.

A tiered framework is recommended to prioritize services and care to those who require emergent or urgent attention to save a life, manage severe disease, or avoid further harms from an underlying condition. Decisions remain the responsibility of local healthcare delivery systems, including state and local health officials, and those clinicians who have direct responsibility for their patients. In providing in-person care to patients during the pandemic, particularly prenatal and maternity care, healthcare providers should continue to direct patients to accredited facilities and ambulatory care sites. However, in analyzing the risk and benefit of any medical treatment or service, the clinical situation must be assessed to ensure conservation of resources. These recommendations are meant to be refined over the duration of the crisis, based on feedback from subject matter experts. Professional societies are also developing resources for their specialties. Given this, CMS urges healthcare facilities and clinicians to consider the following tiered approach to curtailing non-emergent, elective medical services and treatment. Additionally, healthcare facilities and clinicians may wish to consider expanding capacity to manage a surge of patients seeking care. We anticipate there is likely to be a significant rise in patients with COVID-19 in the upcoming weeks.

Key considerations:

- Current and projected COVID-19 cases in the community and region
- Ability to implement telehealth, virtual check-ins, and/or remote monitoring
- Supply of personal protective equipment available at the practice location and in the region
- Staffing availability
- Medical office/ambulatory service location capacity
- Testing capability in the local community*
- Health and age of each individual patient and their risk for severe disease
- Urgency of the treatment or service

* Clinicians should continue to work with their local and state health departments to coordinate testing through public health laboratories. See [CDC guidance regarding Criteria to Guide Evaluation and Laboratory Testing for COVID-19](#)

Tiers	Definition	Locations	Examples	Action
Tier 1	Low acuity treatment or service	<ul style="list-style-type: none"> Medical office FQHC/RHC* HOPD** Ambulatory care sites 	<ul style="list-style-type: none"> Routine primary or specialty care Preventive care visit/screening Annual Wellness or Welcome to Medicare Initial Preventive Visit Supervised exercise therapy Acupuncture 	<p>Consider postponing service</p> <p>Consider follow-up using telehealth, virtual check-in, or remote monitoring</p>
Tier 2	Intermediate acuity treatment or service Not providing the service has the potential for increasing morbidity or mortality	<ul style="list-style-type: none"> Medical office FQHC/RHC HOPD Ambulatory care sites 	<ul style="list-style-type: none"> Pediatric vaccinations Newborn/early childhood care*** Follow-up visit for management of existing medical or mental/behavioral health condition Evaluation of new symptoms in an established patient Evaluation of non-urgent symptoms consistent with COVID-19 	<p>Consider initial evaluation via telehealth; triage to appropriate sites of care as necessary</p> <p>If no current symptoms of concern, consider follow-up with virtual check-in</p>
Tier 3	High acuity treatment or service Lack of in-person treatment or service would result in patient harm	<ul style="list-style-type: none"> Medical office FQHC/RHC HOPD Ambulatory care sites Emergency department 	<ul style="list-style-type: none"> Evaluation of new symptoms in a new patient Evaluation of symptoms consistent with COVID-19, with warning signs including shortness of breath, altered mental status, or other indications of severe disease 	<p>We would not recommend postponing in-person evaluation; consider triage to appropriate facility/level of care as necessary</p>

*Federally Qualified Health Care/ Rural Health Clinics

**Hospital Outpatient Department

***If a practice can provide only limited well child visits, healthcare providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible (see also CDC guidance for further information: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>)



AMERICAN BOARD OF DENTAL EXAMINERS, INC.

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ADEX™ Dental Examinations to Offer CompeDont™ Perhaps as Soon as Summer 2020

2020 ADEX™ Press Release

For Release: April 7, 2020

Email Inquiries: office@adexexams.org

LAS VEGAS, NEVADA — The American Board of Dental Examiners, ADEX™, has approved the use and offering of the CompeDont™, the simulated tooth developed as an alternative option in the dental licensure examination restorative challenge. The CompeDont™, produced with support from The Commission on Dental Competency Assessments (CDCA), will be used in the anterior and posterior preparation and restoration sections of the ADEX dental clinical licensure examination. This will offer dental licensure boards/agencies the choice to accept this non-patient involved professional proficiency demonstration or continue to accept the patient required participation.

This addition to the dental examination was only possible after a 3-year development and evaluation process, which included 548 candidates taking a high stakes examination process utilizing the CompeDont™ tooth. The results confirmed that the tooth was able to be used to evaluate the clinical performance of the candidates while finding the same critical deficiencies that were found when evaluating patient care. No other currently available simulated tooth was found that could replicate these consistent findings.

The CompeDont™ tooth will be available for both the Class II and Class III procedures, preparation and restoration. The ADEX testing agencies Council of Interstate Testing Agencies (CITA) and CDCA will both be prepared to offer the examinations with the CompeDont™. Candidates can fulfill the requirements with any combination of patient/ CompeDont™ procedures. In other words, candidates that have already completed one of the restorative procedures on a patient can still perform the remaining procedure on the CompeDont™ tooth, subject to the approval of the state board of dentistry in which they are seeking licensure. Scheduling of the examinations should be done directly with CDCA and CITA.

The manufacturing of the simulated tooth at full production will begin as soon as feasible once current COVID-19 restrictions are eased and then made available to both ADEX testing agencies, CDCA and CITA. Again, as always, it will be at the discretion of state licensing boards/agencies whether to accept this additional offering in testing modality.

For any questions about the ADEX™ examination please contact: ADEX™ at office@adexexams.org For questions about the CompeDont™ please contact The Commission on Dental Competency Assessments at: www.cdcaexams.org. To schedule examinations contact CDCA (www.cdcaexams.org) or CITA (www.citaexam.com).



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60661-6600 agd.org

April 15, 2020

Dear Governors and State Dental and Health Boards,

The Academy of General Dentistry (AGD) is engaged in developing guidance for its members in preparation of reopening dental practices to non-urgent care once executive order restrictions are lifted. We are committed to working with all stakeholders to plan a strategic, science-based approach to patient delivery in the days to come. Dentistry has a strong record of leading in infection control, as it did during the HIV/AIDS crisis.

Until there is a vaccine for COVID-19, dental practices will need to continue to focus on identifying non-contagious patients and non-urgent procedures for the safety of patients and staff. State legislators, federal agencies, and regulators will be important partners in assuring that any interim or final state regulations do not create unnecessary barriers and that regulatory agencies work in partnership with dental practices.

Authorizing licensed dentists to obtain and administer FDA-approved and emergency use authorization point-of-care COVID-19 tests is critical to allowing resumption of dental care for noninfectious patients. The AGD has asked the U.S. Department of Health and Human Services (DHHS) to issue guidance under the Public Readiness and Emergency Preparedness Act granting this, as it has for pharmacists. Challenges with CLIA requirements and scope of practice issues must be rectified to allow testing for pharmacists as well as dentists without undue administrative burdens.

The AGD is requesting that state dental boards proactively review their dental practice acts to determine whether administering diagnostic (molecular) and/or a serological COVID-19 tests are currently permissible within the scope of practice and, if necessary, to make changes to ensure that it is permissible. Working with CDC, NIOSH, NIH, FDA, and OSHA, AGD leadership will add valuable insight into best practices to ensure a safe environment for providers, staff, and patients. Once the DHHS issues guidance, the dental board will then be in a position to provide clear direction to licensees.

The AGD requests states consider broadening the scope of their prescription drug monitoring programs (PDMPs) database to include results of COVID-19 tests performed at pharmacies. If patients consented for results to be included in the database and accessed only by treating providers, it would be a mechanism for dentists to obtain the patient's status and would support point-of-care testing. Whatever the method or location of testing, health care providers must be able to obtain access to the database containing patient results in order to determine the infected and/or immune status at time of treatment. AGD awaits CDC guidance in the testing arena to best utilize scientific evidence in the safe treatment of patients.

Thank you very much for your consideration. As states work to effectively combat the COVID-19 pandemic, the AGD is ready to assist in any way we can. If you have questions or would like to discuss further, please contact AGD Government Relations Manager, Michael Toner at michael.toner@agd.org.

Sincerely,

A handwritten signature in cursive script that reads 'Connie L. White, DDS, FAGD'.

Connie L. White, DDS, FAGD

AGD President



CITA

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April 8, 2020

Dear State Dental Boards,

CITA hopes that this letter finds each of you safe and well. As our country is battling a nationwide epidemic, dental testing, as we once knew it, is changing as well. By now, you have received letters from other testing agencies and ADEX™ about offering the CompeDont™ for the Class II and Class III Restorative procedures of the ADEX™ Dental Licensing Exam.

CITA will also be offering the CompeDont™ typodont exam as part of the CITA administered ADEX™ patient exam. We are working diligently to establish protocols and procedures which will transition our live patient exams to the typodont patient exam. We plan to begin testing with the CompeDont™ typodont at any of our schools where each state dental board will accept.

The use of the CompeDont™ teeth will allow candidates to complete their licensing exam in a safe manner that will allow State Dental Boards to have the confidence in applicant competencies before issuing a license. With that said, again it is always the discretion of the local state dental board whether to accept this additional testing option. We will continue to urge candidates to check with their Local State Dental Board before taking this exam.

These are certainly changing times. CITA is here to answer any questions you may have as we enter into this new phase of dental testing.

Sincerely,

M.W. Wester, DDS

President

Council of Interstate Testing Agencies

Board of Directors

1518 ELM STREET, SUITE A • SANFORD, NORTH CAROLINA 27330

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Lisa Martin <lmartin@utah.gov>

Fwd: CRDTS Exam Update

2 messages

doplbureau1 br <doplbureau1@utah.gov>

Mon, Apr 13, 2020 at 8:29 AM

To: Lisa Martin <lmartin@utah.gov>, Larry Marx <lmrx@utah.gov>

FYI

----- Forwarded message -----

From: <kimber@crdts.org>

Date: Mon, Apr 13, 2020 at 5:21 AM

Subject: CRDTS Exam Update

To: <doplbureau1@utah.gov>

**Central Regional Dental Testing Services, Inc.**
Exam Update

The Central Regional Dental Testing Service (CRDTS) is an organization of State Boards of Dentistry who have joined forces to develop and conduct examinations to measure the level of applied knowledge and skills for clinical competency in dentistry and dental hygiene. Each State Board has equal authority and responsibility to participate in the development and administration of the examination program. CRDTS' exams have been developed and administered on a national basis within the framework of its regional governing structure.

CRDTS has spent the last few years developing all-manikin examination procedures as an option for the Periodontal and Restorative procedures traditionally administered on a patient. These are in addition to the current manikin procedures utilized for the Endodontic and Prosthodontic sections of our Dental Examination.

We wanted to take a moment to let your State Board know that this all-manikin Dental Examination is now an option and can be administered for licensure, if needed in your state. CRDTS has administered excellent, psychometrically sound examinations for the profession of dentistry for over 45 years. We have the most comprehensive and long-standing post exam analysis processes in the country.

Here is an outline of the CRDTS Manikin-based Dental Examination. Please don't hesitate to let us know if this resource or any others CRDTS can provide will be useful in your state.

DENTAL EXAMINATION CONTENT

Examination Overview: The examination consists of individual, skill-specific parts. Each examination Part is listed below:

CONTENT**Manikin-Based Examination****Part II: Endodontics**

Access opening & Obturation

Part III: Prosthodontics

Ceramic, Cast Gold, PFM

Part IV: Periodontics

Calculus detection/removal, oral assessment,
supragingival deposit removal, tissue &
treatment management

Part V: Restorative

Class II and III Preparation/Restoration

CONTACT INFORMATION: Kimber Cobb, Executive Director
Central Regional Dental Testing Service, Inc.
1725 SW Gage Blvd. Topeka, KS 66604
Phone: (785) 273-0380
Email: kimber@crdts.org
website: www.crdts.org

Larry Marx <lm Marx@utah.gov>

Mon, Apr 13, 2020 at 8:42 AM

To: "Leonard R. Aste" <lenastedds@gmail.com>, Ronald Bowen <rbowendds@gmail.com>, bryon.talbot@gmail.com, "Daniel S. Poulson" <danp84121@yahoo.com>, "Shannon W. Sorensen" <docsorensen@yahoo.com>, Gloria Miley <gloriamiley@hotmail.com>, chandlerdmd@gmail.com, "Kathleen S. Harris" <kkharris123@netzero.net>, melindaRDH@sfcn.org
Cc: Lisa Martin <lmartin@utah.gov>

Dear Board,
CRDTS is also working on an updated exam.
[Quoted text hidden]

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Larry Marx, Bureau Manager

State of Utah Department of Commerce
Division of Occupational
and Professional Licensing

Phone: [801-530-6254](tel:801-530-6254)
Fax: [801-530-6511](tel:801-530-6511)
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Summary of WREB Member States and Impact of COVID-19 on Licensure

State	Responder	Response
Alaska	Dave Nielson, DDS	Alaska is working on emergency 120 day regulations that would allow a provisional license good for 120 days with a possible 60 extension if approved by the board. It would require all other aspects of the section other than the clinical licensing exam passage. Once given proof of passage a full unencumbered license would be given. Still working on determining if we have authority to do so and final language. Should know by April 8th. <i>Update 4/1: Provisional licenses not an option currently in Alaska. Seeking other options with Legal.</i>
CA	Dr. Ross Lai	The California dentals schools will be meeting soon to discuss their issues collectively. We will take everything into account before offering our suggestions.
CO	Cheris Frailey	The current situation is a fluid process in which information and decisions are evolving daily. We will be happy to reach back out to you if any future decisions are made.
HI	Sandy Matsushima	The Board of Dentistry ("Board") cannot grant exemptions to their licensing requirements - even under special circumstances. The Board has not had the opportunity to meet to discuss any future changes to the exam requirements. Note that the exam requirement is in the Board's statute and it is the legislature who will need to make the change to the statutes. Due to the COVID-19 situation, the 2020 Legislative session is suspended indefinitely. In regards to the impacts of COVID-19, the Governor's supplementary proclamation only allows out of state physicians and nurses - not dentists - with a current/active license in another jurisdiction, or those previously licensed in Hawaii, to practice in Hawaii without a Hawaii license during this special circumstance.
IA	Jill Steucker	Discussing a waiver to allow a mannikin exam on endo and prosth and an OSCE(ADEX).
ID	Susan Miller	The Board will discuss the current state of clinical exams at their April 17 th meeting. It is unlikely they will take any definitive action at that time because there are too many unknowns at the moment. After the Board meets, we are happy to provide WREB with general feedback specific to the questions in your email. Going forward, the Board can convene a special meeting to address the exam issue if needed.

Summary of WREB Member States and Impact of COVID-19 on Licensure

State	Responder	Response
IL	Jerry Miller	At this time Illinois has not changed anything.
KS	Lane Helmsley	Many students have e-mailed our office and simply asked for a waiver with no clinical exam requirement. This is not a viable option for the Board at the moment. Kansas law does not permit temporary or provisional licensing of any nature for dental or dental hygiene students, so this is not currently an option either. The Board hopes to review these matters in the near future when we are able to hold an open public meeting, which will likely be performed telephonically only. Until then, we are advising students that we are working with our partner testing agencies to find one or more workable solutions for those interested in obtaining a license in Kansas.
MO	Brian Barnett	Missouri has a provision in our rule that allows the Board to accept manikin based exams. So that may be a possibility for enabling graduates to get licensed in Missouri. Additionally, the Board has petitioned the Governor's office for authorization to issue temporary or provisional licenses. The licenses would be valid for three months or until the person completed an exam and was eligible for full licensure. The Board would have the ability to renew the temporary license after the three month period. The temporary license would require the holder to work under the direct supervision of a Missouri licensed dentist.
MT	Kevin Bragg	Montana is taking a wait and see approach. Currently the delay to students appears somewhat manageable without removing our clinical requirement (which includes patient based). I think our board would prefer to keep this approach and not switch to a fully simulated test. That said, we may have to consider it, depending on circumstances and further delays, so we are trying to keep abreast of changes. I do know that my board members would be opposed to temporary licenses without any clinical (simulated or not). For now we are encouraging applicants to complete their application as much as possible. That way, when exam results can be forwarded, we can simply issue the license without further delay.

Summary of WREB Member States and Impact of COVID-19 on Licensure

State	Responder	Response
NM	Dr. Chuck Schumacher	the NM Board will be looking at alternative ways to grant licenses for the 2020 graduating dental candidates. Our biggest hurdle is the state mandate of meeting restrictions and the Open Meetings Act.
OK	Dr. Michael Howl	In Oklahoma we are looking at the possibility of a simulation exam and also the possibility of a 90 day temporary license for dentist and dental hygienist. There will have to be some changes in the language of our statutes first in order to do either. We are having an emergency board teleconference on Friday to discuss the options with the OU College of dentistry president.
OR	Stephen Prisby	We are evaluating the situation and internally discussing and strategizing about all the impacts on our future licensees and current licensees. Our state legislature is going into special session soon, possibly next week and will be addressing numerous options to help Oregonians respond to the pandemic. We are aware that regulatory bodies could be given options- don't know what that will look like yet- to assist people in getting things done, by removing regulatory barriers. Our next Board Meeting is April 24, and between now and then a lot will happen. I will reach out when I have more specific news or actions to report from Oregon.
UT	Larry Marx	In conversations with some of the Dental Board members and representatives of the University of Utah College of Dentistry we have discussed how testing can be accomplished. The primary concern has been the use of live patients for the clinical phase. Over the past two years this has been a discussion regardless of the current Covid-19 threat. Students and schools advocate for portfolio or mannequin based testing. Board members in Utah have been steadfast in wanting live patients because they believe it is the best way to measure competency and that is how they were tested. As an administrator I rely on the Board to evaluate rules, exams and qualifications of candidates. I have told the Board and the University that we will accept what they recommend as an appropriate valid examination and evaluation of an applicant's skill and knowledge. It is our expectation that someone who passes an examination is safe to practice. If WREB or other testing agencies can develop a test that is validated and approved by the Board we will accept that exam.

Summary of WREB Member States and Impact of COVID-19 on Licensure

State	Responder	Response
WA	Jennifer Santiago	Our Dental Commission will be discussing dentist examination this Thursday. Specifically, we will be discussing using the DLOSCE if approved to be released early.
WA	Bruce Boronske	There are no special provisions for dental hygiene students at this time
WY	Emily Cronbaugh	Wyoming has no info to share at this time.

April 7, 2020

Utah Dentists and Dental Hygienists Licensing Board
160 E 300 S
Salt Lake City, UT 84114

Dear Board Members:

The impact of COVID-19 has not escaped the needs of our Dental Hygiene Programs in the Utah System of Higher Education Institutions across the State and country. We are all working with ADA- CODA, The American Dental Association Council on Dental Accreditation, to address interruptions in our educational programs and how we'll move forward to mitigate those impacts.

We are collectively requesting, that as a regulation agency, the Utah Dentists and Dental Hygiene Board members be flexible now and move to:

- Waive in an immediate and timely fashion any patient dependent and/or manikin clinical testing required for licensure for the Class of 2020.
- Waive or extend the National Board Testing requirement acceptance period as part of licensure as the required testing agencies have limited accessibility and/or been closed now due to COVID-19. While some students have already passed this examination, others have encountered an interruption in the ability to complete the exam with no confirmation of the ability to reschedule.

Our respective institutions have maintained a history of highly successful pass rates on both written and clinical examinations and the current environment is now requiring all of us to move expeditiously to reconsider how our efforts can be creatively re-fashioned to meet the oral health needs of patients, our students and their futures. Our students have plans to attend graduate school, move to another location, etc. We are confident you are also sympathetic to the compounding financial expenses being incurred daily in their lives, especially those related to suspending students' ability, for any length of time, to move forward into clinical practice or other employment settings. Delaying licensure would be counterproductive to the documented educational quality and goals of our educational institutions in the State of Utah, that are already accredited institutions through ADA-CODA.

We echo the efforts and intentions of ADEA, The American Dental Education Association, in calling for flexibility in the current environment to support our efforts to recognize the competent graduates who can provide quality patient care in a safe environment and maintain our high standards. Students already meet multiple competencies prior to graduation.

The faculty from our institutions individually and collectively support and endorse our student graduates and recommend them for licensure-without exception.

We implore your adaptability, on behalf of our current and future graduates, to mitigate the impact of COVID-19 now in their professional journeys as the landscape of required clinical patient testing for licensure has been forever changed.

Additionally, we are available to address concerns you have and are more than willing to participate in an open video/audio conferencing discussion.

Sincerely,

FM

Frances McConaughy MS, RDH
Professor and Department Chair
Weber State University
Former UT State Board of Dentists and Dental Hygienists,
Member and Chair
Former WREB Examiner

BA

Brenda Armstrong MDH, RDH
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RM

Renee Mendenhall MBA, RDH
Associate Professor and Program Coordinator
Salt Lake Community College Dental Hygiene Program

CC: Dental Hygiene Faculty and Administrations at above Institutions
Utah Dental Hygienists' Association

To: US Dental Boards, the Dental Education Community, Dental Licensure Candidates

From: Dr. Cataldo Leone, Chair of the Joint Commission on National Dental Examinations (JCNDE)

Date: April 2, 2020

Subject: Official Release of the JCNDE's Dental Licensure Objective Structured Clinical Examination (DLOSCE)

The Joint Commission on National Dental Examinations (JCNDE) has a long and distinguished track record of providing valid and reliable high-stakes examinations for licensure purposes, to protect the public health. We continue to innovate in our efforts to serve the needs of those who use our examinations to inform their decisions. This innovation and drive for excellence is more important than ever given these uncertain times, the challenges that face all of us, and the implications of JCNDE examinations for stakeholders, communities of interest, and the public.

In light of the preceding, **I am pleased to announce that on March 31, 2020 the JCNDE approved a resolution to make its newest examination—the Dental Licensure Objective Structured Clinical Examination (DLOSCE)—available for use in 2020 by dental boards in the US.** The DLOSCE is a content-valid examination built specifically for clinical licensure purposes that assesses candidates' clinical judgment and skills using sophisticated 3-D models, without the need to involve patients. **The JCNDE is targeting Monday, June 15, 2020 as the official date of release, pending test center availability.**

The DLOSCE is comprehensive in its assessment of clinical judgment, including content in the following areas: Restorative Dentistry; Prosthodontics; Oral Pathology, Pain Management and TMD; Periodontics; Oral Surgery; Endodontics; Orthodontics; Medical Emergencies; and Prescriptions. Diagnosis, Treatment Planning, and Occlusion are assessed across the aforementioned topic areas. DLOSCE content has been developed by teams of highly qualified subject matter experts, working together to build examination questions that are capable of accurately and reliably identifying those who possess the clinical skills necessary to safely practice dentistry. Use of the DLOSCE is supported by content validity arguments, the same type of validity evidence that is used to support the JCNDE's other examination programs—the National Board Dental Examinations Parts I and II, the National Board Dental Hygiene Examination, and the Integrated National Board Dental Examination. The DLOSCE complements these other examination programs, advancing the work of the JCNDE as it pursues its vision to serve as the nation's leading resource for supporting standards of oral healthcare professionals through valid, reliable and fair assessments for licensure and certification.

The JCNDE understands that stakeholders and communities of interest will have many questions concerning the DLOSCE. With this in mind, the JCNDE will be conducting webinars in coming weeks, to share additional information in preparation for the release of this important new examination program. Each webinar will focus on a particular stakeholder group or community of interest (dental boards, dental educators, and students), answering questions and providing each group with information that is directly relevant to their specific needs. In the

meantime, updates on the DLOSCE will continue to be shared through the JCNDE's DLOSCE webpage (ada.org/dlosce).

In closing, the JCNDE would like to take this opportunity to thank dental boards for their continued reliance on the examinations of the JCNDE. The JCNDE is confident that the DLOSCE is a strong examination that is well-suited for use in addressing the clinical examination licensure requirements of each board, and is particularly responsive to their pressing needs in these challenging times. The JCNDE looks forward to working closely with all boards interested in accepting the DLOSCE for licensure purposes in 2020 and beyond.

The Joint Commission on National Dental Examinations

Cataldo W. Leone, DMD, DMedSc, FACD, FICD, Chair
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Southern Regional Testing Agency, Inc.

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April 8, 2020

Utah Dental Licensing Board
Attn: President Leonard R. Aste, DDS
P.O. Box 146741
160 East 300 South
Salt Lake City, UT 84114-6741

Dear Dr. Aste and the Utah Dental Licensing Board Members,

During these unprecedented times coping with the COVID-19 pandemic, Southern Regional Testing Agency, Inc. (SRTA) has been in discussion with numerous dental schools and state boards across the nation regarding the complications that have arisen with licensure assessments.

In light of our deep knowledge of the issue at hand, and vast experience in dental assessments, SRTA offers our agency as a trusted resource in these challenging times. **We are also able to offer our non-patient-based exam as a solution to meet the current challenge.** Our non-patient based exam is a *thorough assessment* that includes endodontics, prosthodontics, as well as hands-on restorative skills by way of a complete manikin-based test.

We offer this examination as a full and complete assessment using all the SRTA components or propose that it may be used in conjunction to complement the Dental Licensure Objective Structured Clinical Examination (DLOSCE) as announced by the Joint Commission on National Dental Examinations recently.

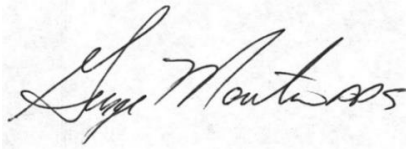
SRTA has been a trusted testing agency in the U.S. since 1975. Our innovative approach to examinations, along with our wide network of examiners from across the country, afford us the opportunity to be the most responsive testing agency to meet the challenges facing our industry.

SRTA has given the manikin-based endodontics and prosthodontics portion of the examination for a number of years. As a result of how well this manikin portion is doing, we have made substantial developments in a non-patient restorative portion of the examination. We have beta-tested the non-patient restorative portion and the results are extremely promising. We believe it is fully capable of being used as an assessing option that confronts and eases current obstacles, and that fully assesses student competencies.


If you and/or your board members are interested in learning more about this opportunity, please contact Jessica Bui (jbui@srta.org) or (757-318-9082).

SRTA continues to be a leader in thoroughly assessing dental competencies for candidates transitioning into the dental profession. We are committed to being responsive to the current challenge, and we would welcome a call with you to review this opportunity at your earliest convenience.

Thank you,



George C. Martin, DDS
President



Thomas G. Walker, DMD
President-Elect



Jessica Bui
Executive Director



Southern Regional Testing Agency, Inc.

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FOR IMMEDIATE RELEASE

SRTA OFFERS NON-PATIENT-BASED LICENSURE EXAMINATION AS ALTERNATIVE TO PATIENT-BASED

The Southern Regional Testing Agency advances its manikin-based licensure exam amid COVID-19 testing complications

VIRGINIA BEACH, VIRGINIA (April 13, 2020) – The Southern Regional Testing Agency, Inc. (SRTA) has announced the offering of a manikin-based restorative licensing examination for dental students in response to the testing delays and complications faced by COVID-19. The virus has brought numerous challenges to the dental profession, including the closure of dental practices and clinics across the nation, thus being extremely difficult for dental school graduates who would normally seek patients to be a part of their skills assessment for required state licensure.

“SRTA and other dental testing agencies have offered manikin-based portions of its exam for several years in its endodontics and prosthodontics modules,” SRTA President George Martin, D.D.S. “In response to the coronavirus pandemic, SRTA has approved the release of its manikin-based restorative dentistry module, using cutting-edge dental products that are highly effective in simulating a live patient’s dental procedures such as fillings, crowns and bridges.” SRTA’s exam may be used in its entirety, or the manikin-based restorative skills module can be used in conjunction with the Dental Licensure Objective Structured Clinical Examination (DLOSCE) a digital exam recently announced by the Joint Commission on National Dental Examinations.

“SRTA has beta-tested this new non-patient restorative portion, and it is fully capable of being used as an assessing option to confront and ease current obstacles we face not having live patients,” said Martin.

The non-patient based SRTA exam is a thorough assessment that includes endodontics, prosthodontics, as well as hands-on restorative skills.

“While it remains at the discretion of each state’s licensing boards on whether to accept this alternative assessment module,” said SRTA Executive Director Jessica Bui. “SRTA continues its commitment to being responsive and actionable during these challenging times for our industry.”

About the Southern Regional Testing Agency (SRTA)

SRTA has been a trusted testing agency in the U.S. since 1975. Its innovative approach to examinations, along with the wide network of examiners from across the country, afford it the opportunity to be the most responsive testing agency to meet the present challenges facing the dental industry.

If interested in learning more about SRTA’s manikin-based exam opportunity, please contact Jessica Bui (jbui@srta.org) or (757-318-9082).

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State of Utah

GARY R HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

**Utah Department of Health
Executive Director's Office**

Joseph K. Miner, M.D., M.S.P.H., F.A.C.C.P.M.
Executive Director

Marc E. Babitz, M.D.
Deputy Director

Nate Checketts
Deputy Director
Director, Medicaid and Health Financing

STATE PUBLIC HEALTH ORDER

WHEREAS, on March 6, 2020, Governor Gary R. Herbert issued an executive order declaring a state of emergency due to coronavirus disease 2019 (COVID-19);

WHEREAS, the Governor's executive order recognizes the need for state and local authorities, and the private sector to cooperate to slow the spread of COVID-19;

WHEREAS, on March 11, 2020, the World Health Organization characterized the COVID-19 outbreak as a pandemic;

WHEREAS, on March 13, 2020, President Donald J. Trump declared a national state of emergency based on the continuing spread of COVID-19;

WHEREAS, on March 16, 2020, President Trump and the White House Coronavirus Task Force issued the President's Coronavirus Guidelines for America to help protect Americans during the global COVID-19 outbreak;

WHEREAS, on March 18, 2020, the Centers for Medicare & Medicaid Services (CMS) promulgated the CMS Adult Elective Surgery and Procedures Recommendations to provide guidance to conserve critical resources such as ventilators and personal protective equipment, and to limit exposure of patients and staff to COVID-19;

WHEREAS, on March 22, 2020, the Utah Department of Health ("Department") and Mountainstar HCA announced Utah's first COVID-19-related death;

WHEREAS, the number of diagnosed COVID-19 cases continues to rise in the state of Utah;

WHEREAS, a shortage of hospital capacity or personal protective equipment would hinder efforts to cope with the COVID-19 disaster;

WHEREAS, hospital capacity and personal protective equipment are being depleted by surgeries and procedures that are not medically necessary to correct a serious medical condition or to preserve the life of a patient, contrary to recommendation from the President's Coronavirus Task Force, the CDC, the U.S. Surgeon General, and the Centers for Medicare and Medicaid Services;

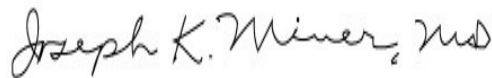
WHEREAS, under Utah Code §§ 26-1-30(3), (5), and (6), the Department has the power duty to promote and protect the health and wellness of the people within the state; to control the causes of epidemic, infectious, communicable, and other diseases affecting the public health; and to prevent and control communicable, infectious, acute, chronic, or any other disease or health hazard that the Department considers to be dangerous, important, or likely to affect the public health.

Based on the foregoing, in accordance with the authority vested in me as the Director of the Utah Department of Health by Utah Code §§ 26-1-10, 26-1-30, and 26-6-3, and being fully advised and finding that the factual basis and legal requirements have been established;

NOW, THEREFORE, I, Joseph K. Miner, M.D., Executive Director of the Utah Department of Health, hereby order that, effective as of 12:01 a.m. on March 25, 2020, all licensed health-care professionals and all licensed health-care facilities shall postpone all elective surgeries and procedures in accordance with version 3.15.20 of the CMS Adult Elective Surgery and Procedures Recommendations, promulgated by the Centers for Medicare & Medicaid Services on March 18, 2020.

This Order shall remain in effect until 11:59 p.m. on April 25, 2020, unless otherwise modified, amended, rescinded, or superseded.

Made at 6:30 PM this 23rd day of March, 2020



Joseph K. Miner, M.D.
Executive Director
Utah Department of Health



WREB DENTAL AND DENTAL HYGIENE LICENSING EXAMINATION COVID-19 OPTIONS FOR 2020

APRIL 15, 2020

©WREB 2020

Overview

- Introduction
- Exam Options for Dental
- Exam Options for Dental Hygiene
- Discussion and Questions

Background

WREB is an independent testing agency that develops, administers, and reports practical clinical examinations administered to candidates for licensing in dentistry and dental hygiene. While aware of the needs of students and dental education programs, WREB's sole purpose is to provide state boards with examinations that have high reliability and are supported by a strong validity argument—examinations state boards can rely on to inform licensing decisions.

Background

COVID-19 has placed students and their education programs in a difficult and frustrating position. Students need to graduate, move on, obtain employment, or begin their advanced dental education residencies; their education programs need them to graduate and move on in order accept a new entering class and appropriately advance the classes below them. COVID-19 associated risk and social distancing currently completely obstruct student ability to challenge the traditional, patient-based examination.

Background

Not knowing exactly how long COVID-19 risk and need for social distancing might continue, state boards in a few states now have appealed to WREB for potential solutions they might consider along with suggestions they've received that include waiving clinical examination requirements altogether, waiving the patient-based sections of the clinical examination, granting a provisional license until the applicant is able to complete the full examination, acceptance of the DLOSCE in lieu of a practical demonstration of clinical skills, and variations of these.

Background

While WREB understands that COVID-19 is creating a crisis for students, for dental education programs, and even for the profession, its singular purpose is to support the needs of state boards in their regulatory role and charge to protect the public.

The following options are presented for consideration with the paramount importance of this purpose in mind.

WREB Dental Examination Options Under COVID-19

Option	Exam Type	Description	Availability
WREB Comprehensive Treatment Planning Exam	Written Authentic Simulated Clinical Examination(ASCE)	Constructed response exam requiring students to perform tasks and make decisions with high fidelity to dental practice. For states considering an OSCE examination only as a pathway to licensure WREB's CTP ASCE is a more authentic demonstration of relevant candidate knowledge.	Most candidates completed this exam in the Fall of 2019. For those that have not, they can complete it as soon as Prometric Testing Centers open again. Projected to be May 1, 2020.
Traditional WREB Patient Based Examination	Traditional exam requiring demonstration of skills on a mannikin for Endodontic and Prosthodontics and on a patient for Periodontics and Operative and the written CTP (ASCE) exam.	Although many states require completing two procedures for the Operative section WREB has demonstrated that candidate competency can reliably assessed with 1 patient. For states that require 2 procedures currently they could relax the requirement to require only one procedure.	Depends on the event line of COVID-19; circumstances will vary widely across sites and require willing patients and available volunteers, freedom of air travel, available lodging, etc.
COVID-19 Alternative Performance Based Simulation	Written Authentic Simulated Clinical Examination(ASCE) exam and mannikin based Operative, Endodontics and Prosthodontics sections	Candidate is required to successfully perform both preparation and finish of a conventional Class II restoration on a molar and a Class III restoration on a central incisor. All procedures are performed, like they are for the Endodontics and Prosthodontics sections, in full simulation and with rubber-dam isolation. Results are assessed using established Operative Section criteria. Certain critical errors are preserved, and the passing cut-point remains unchanged.	Can begin as soon as June depending on CDC recommendations, local conditions, etc. Will be administered utilizing appropriate social distancing protocols

WREB Dental Hygiene Examination Options Under COVID-19

Option	Exam Type	Description	Availability
Dental Hygiene Clinical Examination	Patient Based Examination	WREB's standard dental hygiene examination includes the following components: Patient Qualification; Extraoral/Intraoral examination, Calculus detection and removal, Tissue Management, Periodontal Assessment and Professional Judgment.	Depends on the event line of COVID-19; circumstances will vary widely across sites and require willing patients and available volunteers, freedom of air travel, available lodging, etc.
Comprehensive Dental Hygiene OSCE	Written Exam	The WREB Dental Hygiene OSCE is a multiple-choice written component that assesses these multi-faceted components of dental hygiene care. This is a comprehensive overview of dental hygiene knowledge, radiographic interpretation, AAP staging and grading, extra and intra oral assessment and risk assessment, care plan development, and assessment and treatment of the periodontium. The exam is an avenue to test the skills of an entry-level student, either replacing	Can be administered beginning in June of 2020.

Dental

Option: WREB Comprehensive Treatment Planning Exam

Exam Type: Written Authentic Structured Clinical Examination(ASCE)

Description: An open-ended, constructed response exam requiring students to perform tasks and make decisions without reference to cues, options, or locations they can select. For states considering an OSCE examination only as a pathway to licensure WREB's CTP ASCE is a more authentic demonstration of relevant candidate knowledge, skill, and ability.

Availability: Most candidates completed this exam in the fall of 2019. For those who have not, it can be completed as soon as Prometric Testing Centers reopen (projected to be May 1, 2020).

Dental

Option: (Standard) WREB Dental Examination

Exam Type: Written, Simulation (Endo, Prosthodontics) and Patient (Operative and Periodontics)

Description: Although many states require completing two procedures for the Operative Section, WREB has demonstrated that candidate competency can reliably be assessed with one patient procedure for most candidates. For states that require 2 procedures currently they could accept this demonstrated reliability or continue to require two procedures.

Availability: Availability depends on the event line of COVID-19; circumstances will vary widely across sites; willing patients, available volunteers, air travel, available lodging, etc. are required.

Dental

Option: COVID-19 Alternative Performance Simulation

Exam Type: Written Authentic Structured Clinical Examination(ASCE) and manikin-based Operative Dentistry, Endodontics, and Prosthodontics

Description: Both preparation and finish of a conventional Class II restoration on a molar and a Class III restoration on a central incisor. All procedures are performed, like they are for the Endodontics and Prosthodontics, in full simulation and with rubber-dam isolation. Results are assessed using established Operative Section criteria. Certain critical errors are preserved. The passing cut-point remains unchanged. Includes no onsite retakes.

Availability: Could begin as soon as June or earlier (May) depending on CDC recommendations and site restrictions. Can be administered with social distancing.

The second patient-based section of the current WREB dental examination is the Periodontics Section. This section assesses a candidate's understanding of periodontal diagnosis and ability to physically perform initial periodontal therapy (periodontal scaling and root-planing). However, this section already is elective, is not required for licensing in some states, and tests a physical skill that, increasingly, dentists do not themselves perform.

The Periodontics Section, while valued by many states, is, by far, the least discriminating section of the entire examination. Also, important aspects of periodontal diagnosis and treatment decision-making (things dentists do and are expected to know how to do) already are well covered in the unique CTP (ASCE) Section of the WREB dental examination.

State boards may decide to waive or postpone the patient-based Periodontics section until such time as it again may become available to applicants.

Dental Hygiene

Option: (Standard) WREB Dental Hygiene Clinical Examination

Exam Type: Traditional Patient-Based Examination

Description: WREB's standard dental hygiene examination includes the following components: Patient Qualification; Extraoral/Intraoral examination, Calculus detection and removal, Tissue Management, Periodontal Assessment and Professional Judgment.

Availability: Uncertain. Availability depends on the event line of COVID-19; circumstances will vary widely across sites; willing patients, available volunteers, air travel, available lodging, etc. are required.

Dental Hygiene

Option: Comprehensive Dental Hygiene OSCE

Exam Type: Written Examination

Description: A comprehensive, multiple-choice written examination that assesses multi-faceted components of dental hygiene care. The exam covers dental hygiene knowledge, radiographic interpretation, AAP staging and grading, extra- and intraoral assessment, risk assessment, care plan development, and assessment and treatment of the periodontium.

Availability: Will begin to be administered in June pending the reopening of Prometric testing centers.

The alternative examinations for both Dental and Dental Hygiene are intended to be a provisional solution for 2020 (COVID-19) only and are intended neither to replace WREB's patient-based Examinations in 2020 for states that continue to require them nor to be the examinations or simulations WREB intends to offer in the future when social distancing is not a concern and the validity of a more realistic and involved simulations can be demonstrated.

These are dental examination options that WREB currently is making available for state board consideration in this highly unusual year. It is assumed that any waiver or exception a state grants due to COVID-19 might be restricted to matriculated students of CODA accredited dental education programs graduating in the spring of 2020 and would not necessarily set a precedent for future years or apply to any other group of applicants. WREB recognizes that all these and related decisions reside with the state and depend on the Board or on the Board's advice to the state authority empowered to grant a variance due to current, emergent COVID-19 circumstances.

Discussion