

March 4, 2021

House Committee on Health Care
900 Court Street NE
Salem, Oregon, 97301

Re: HB 2528: Dental Therapy

Chair Prusak and Members of the House Committee on Health Care:

Thank you for the opportunity to provide comment on HB 2528, which would establish a dental therapist licensure in Oregon. The Oregon Dental Association is a membership organization representing about 2100 dentists from across the state, operating in every type of practice, from public health clinics, to private practices, to corporate dentistry. Our members have dedicated their careers to ensuring Oregonian's have access to safe, equitable oral health care. As an organization, ODA is committed to exploring policy and programs that would increase access to care to those who most need it.

We are deeply concerned about HB 2528 as currently drafted. We have attempted to share our concerns and work on amendments, but have been continually denied that opportunity. While it is true that ODA participated in a workgroup on this issue over the interim, that workgroup was not a consensus building process, nor do we agree that this bill is a consensus product derived from a collaborative process. Over and over, ODA's suggestions on how to improve the bill were denied, and this bill does not reflect true collaboration or any attempt to find middle ground.

In the midst of the COVID crises, while our providers were navigating new regulations, PPE requirements, and working to deliver safe care to their patients, ODA spent considerable internal resources over the interim studying dental therapy and working with our membership to be able to participate in a collaborative process. We were frustrated that the workgroup did not allow an opportunity for our ideas and thoughts to be thoughtfully considered. We are frustrated that the legislative process so far has not allowed our expert input on this important issue. *However, I want to state very clearly that ODA is in not opposed to the idea of dental therapy. We just want to ensure that the creation of this new licensee is done in a way that is safe for Oregonians, and actually gets at the goal of increasing access to high-quality care.*

We have significant concerns on scope of practice included in this bill, as it would allow a new type of provider in Oregon to operate outside of the standards and scope of any accredited dental program in the United States. This means that, if passed as written, Oregon's law would allow dental therapists to perform procedures that are not necessarily included in their training, even if they attended a program accredited by the Commission on Dental Accreditation. It is not just one or two items; there are many of these procedures included in this bill that should require additional training and are significant scope items. We have submitted a document on OLIS outlining these discrepancies. At minimum, the bill should be amended to only include scope include in CODA education requirements. Education and accreditation standards for medical providers protect public welfare by showing an education and training program

meets nationally accepted levels of quality and helping state regulatory agencies define scopes of practice, ensuring appropriate training has been completed for someone to operate within the scope of a license granted by the state.

We have significant concerns around the education requirements in this bill. This bill does not require an individual to possess a hygiene license. Rather, the bare minimum requirements are an individual 2-3 years out of high school performing irreversible procedures with a dentist nowhere on site, and potentially not even located in the same city or geographic region. In other words, under this bill, some of these individuals may have fewer years of training than a dental hygienist, but they would be allowed to have more advanced scope without a dentist even on the premises. We should all be concerned about the idea that the most vulnerable, marginalized populations would be treated by providers with the least training and knowledge.

The bill before you creates a new dental professional. Scope, supervision and education requirements are critical elements of this bill. ODA is willing to offer amendments and suggestions to improve the bill, but as currently drafted, we are opposed in the strongest meaning of the word. ODA is not trying to kill this bill, but it is critical that dentists are included in this process and that there be some room for negotiation to ensure this bill adequately protects vulnerable populations. We have ideas on how to improve this bill, how to ensure that those currently practicing in Pilot Project 100 can continue their work, and also ensure that this new profession in Oregon has appropriate training and meets standards necessary to adequately protect public health.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Hester', written in a cursive style.

Brad Hester, DMD

President, Oregon Dental Association

A Side-by-Side Comparison of National Dental Therapy Standards and Oregon HB 2528 Dental Therapy Proposal

Education and accreditation standards for medical providers protect public welfare.

When it comes to dental education, the Commission on Dental Accreditation (CODA) develops and administers standards for dental and dental-related education programs in the United States.

Accreditation indicates an education and training program meets nationally accepted levels of quality, and accreditation standards help state regulatory agencies define scopes of practice, ensuring appropriate training has been completed for someone to operate within the scope of a license granted by the state. **Oregon HB 2528 would allow a new type of provider to operate outside of the standards and scope of accredited dental programs in the United States.**

NATIONAL ACCREDITED (CODA) SCOPE	OREGON HB 2528 SCOPE
✓ Identification of oral and systemic conditions requiring evaluation and/or treatment by dentists, physicians or other healthcare providers, and manage referrals	Identification of conditions requiring evaluation, diagnosis or treatment by a licensed dentist, physician, nurse practitioner or other licensed healthcare provider
✓ Comprehensive charting of the oral cavity	Comprehensive charting of the oral cavity
✓ Oral health instruction and disease prevention education (including nutritional and dietary)	Oral health instruction and disease prevention education (including nutritional and dietary)
✗ Exposure of radiographic images	Exposure and evaluation of radiographic images
✗ Dental prophylaxis including sub-gingival scaling and/or polishing procedures	Dental prophylaxis including periodontal scaling (more advanced procedure than sub-gingival scaling) and mechanical polishing
✗ Dispensing and administering via oral and/or topical route of non-narcotic analgesics, anti-inflammatory, antibiotic medications as prescribed by licensed healthcare provider	Dispensing and orally administering of non-narcotic analgesics, anti-inflammatories, preventive agents, antibiotics (with no prescription requirement)
✓ Application of topical preventive or prophylactic agents, including fluoride varnish, antimicrobial agents, and pit and fissure sealants	Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants
✓ Pulp vitality testing, application of desensitizing medication or resin, fabrication of athletic mouth guards, administering local anesthetic	Pulp vitality testing, application of desensitizing medication or resin, fabrication of athletic mouth guards, administering local anesthetic
✗ Changing periodontal dressings	Dressing changes (no limitation to periodontal)
✗ Simple extractions (meaning teeth are loose, wiggly or mobile) of erupted primary teeth	Extractions of primary teeth regardless of whether they're erupted and regardless of whether extractions are designated as simple
✗ Emergency palliative treatment of dental pain limited to the procedures in this section	Emergency palliative treatment of dental pain with no limits to procedures in this section
✗ Preparation and placement of direct restoration in primary and permanent teeth	Restoration (including indirect) of primary and permanent teeth; cavity preparation
✗ Fabrication and placement of single-tooth temporary crowns	Fabrication and placement of any temporary crowns
✗ Preparation and placement of preformed crowns on primary teeth	Preparation and placement of preformed crowns on any teeth
✗ Indirect and direct pulp capping on permanent teeth	Indirect and direct pulp capping on permanent and primary teeth
✗ Indirect pulp capping on primary teeth	Indirect and direct pulp capping on primary and permanent teeth
✗ Suture removal	Suture removal and placement
✗ Minor adjustments and repairs on removable prostheses	Minor adjustments and repair of defective (not necessarily removable) prostheses
✗ Removal of space maintainers	Placement and removal of space maintainers
✗ N/A in CODA scope	Placement of temporary restorations
✗ N/A in CODA scope	Fabrication of soft occlusal guards
✗ N/A in CODA scope	Tissue conditioning and soft reline
✗ N/A in CODA scope	Atraumatic restorative and interim restorative therapy
✗ N/A in CODA scope	Tooth reimplantation and stabilization
✗ N/A in CODA scope	Administration of nitrous oxide with a valid permit
✗ N/A in CODA scope	Pulpotomies on primary teeth
✗ N/A in CODA scope	Recementing of permanent crowns
✗ N/A in CODA scope	Simple extractions of periodontally diseased permanent teeth with advanced mobility
✗ N/A in CODA scope	Brush biopsies
✗ N/A in CODA scope	Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization
✗ N/A in CODA scope	Other services specified by the board by rule

Sources: Commission on Dental Accreditation Standards for Dental Therapy Education Programs; Oregon HB 2528