

February 4, 2020

SENATE HEALTH CARE COMMITTEE

RE: Testimony in support of SB 1550

Chair Monnes Anderson, Vice Chair Linthicum and Members of the Committee,

For the record my name is Dr. Jennifer Clemens. I am the Interim President and Dental Director for Capitol Dental Care (CDC). We are a dental care organization that provides care to Oregon Health Plan (OHP) beneficiaries, through contracts with coordinated care organizations across the state.

I am here to testify on SB 1550 and to request your support for the bill and the -1 amendment.

SB 1550 defines Interim Therapeutic Restorations (ITR), also referred to as scoop-n-fill or non-drilling fillings, to the services that an Expanded Practice Dental Hygienist (EPDH) may provide when caring for those in need of dental health services.

Although oral health in the US has improved over time, there is a disproportionate burden of oral diseases in vulnerable and underserved communities. There is a desperate need for innovative techniques to improve dental access at the national and state levels. Oregon has been at the forefront of healthcare transformation efforts in the nation, but it has been slower to transform the provision of oral health care.

Evidence-based studies have shown that the majority of underserved individuals with the majority of dental disease cannot take advantage of the traditional oral health delivery system. In Oregon, that is largely due to severely limited access to dental providers; these access issues affect low income, rural and underserved populations and are especially critical for children.

Oregon's Medicaid children, on average, have fewer annual dental visits than the national average. Oregon also has one of the largest gaps between high and low income children's utilization of dental care in the nation. (SOURCE: Vujicic M, Nasseh K. Gap in dental care utilization between Medicaid and privately insured children. American Dental Association Health Policy Institute, 2015)

Due to Oregon's dearth of dental providers, thirty-three of thirty-six Oregon counties are designated by the federal government as dental "Health Professional Shortage Areas (HPSAs), meaning that large segments of the state's population cannot adequately access oral health services.

More specific information on the status of children's oral health in Oregon is seen in the 2017 Oregon Smile Survey Data report, compiled by the Oregon Health Authority. The survey showed that among Oregon children aged 6 to 9 years old, 49% had already had a cavity. Because cavities are a preventable health condition, access to oral health services can make an impact in reducing the incidence of decay.

In an attempt to resolve the problem of dental access, the Oregon Legislature passed SB 738 in the 2011 session. It established the Dental Healthcare Workforce Pilot Project Program within the Oregon Health Authorityⁱ. SB 738 gave OHA the authority to "approve pilot projects to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care."

One of the options for developing innovative practices outlined in SB 738 for the pilot projects was to "teach new skills to existing categories of dental personnel." The goal of Pilot Project 200, one of the SB 738-approved dental workforce pilot projects, was to teach Expanded Practice Dental Hygienist (EPDH) the use of Interim Therapeutic Restorations and to integrate this practice in school-based dental preventive programs in rural settings, where an especially large number of low-income children are unable to access dental care. The results of the pilot have shown that this innovative model of care provides necessary dental services to children who otherwise do not have access to dental care. It has also shown that it is very successful in addressing their needs by preventing further progression of dental disease.

By adding Interim Therapeutic Restorations to the services that an Expanded Practice Dental Hygienist can provide, SB 1550 is one way that Oregon can address the lack of access to dental care, by providing needed oral health services to Oregon's rural, low income and underserved populations, with a special focus on serving children.

The -1 amendments address the following concerns about the bill as originally introduced:

- Clarifies the role of the dentist for diagnosing lesions (Section 1(3)(d))
- Adds language about the curriculum to be adopted by Board of Dentistry rule Section 4(1)
- Provides the Board authority to approve courses by oral health education providers Section 5(1)
- Clarifies that completion of a Board-approved course is required before an EPDH can do ITR (Section 5 (2) and (3))

We have worked with the Oregon Dental Association, the Oregon Dental Hygienists Association and the Oregon Health Authority in developing the amendment.

We appreciate the opportunity to testify before you today, and respectfully request your support of SB 1550 with the -1 amendment.

Thank you.
