

June 8, 2021

Senate Committee on Rules
900 Court Street NE
Salem, Oregon 97301

Chair Wagner and Members of the Senate Committee on Rules,

Thank you for the opportunity to provide comment on House Bill 2528, which would establish a dental therapist licensure in Oregon. I am the Executive Director of the Oregon Dental Association, a membership organization representing about 2100 dentists from across the state. I am also a dentist and former faculty member up at the OHSU School of Dentistry. Today, I write to express ODA's support of both the -12 and the -17 amendments to HB 2528. With both of these amendments adopted, the Oregon Dental Association will be neutral on the bill.

The -12 amendment clarifies what extractions can be done under general supervision (which means having no dentist on-site) versus indirect supervision (which means the dentist is in the same building). When operating away from a dentist, the -12 amendment limits extractions to only primary anterior teeth, or front teeth that includes your canines. These teeth are very different from primary posterior teeth, or back molars, the removal of which can be very uncomfortable to a child, and can lead to fear of seeing a dentist later in life. The -12 amendment also addresses the vague language concerning advanced periodontally mobile teeth. The language provides clear criteria, like 2mm or horizontal mobility, and greater than 50% bone loss. These criteria are important for the dental therapist to be successful and limit any unnecessary pain or complications.

The -17 amendment clarifies a number of issues as well, from education to supervision requirements. With the exception of an applicant going through a dental pilot project, it is important to require a dental therapist to graduate from a Commission on Dental Accreditation (CODA) education program. This is the same requirement that every dentist and dental hygienist is required go through, and avoids the Oregon Board of Dentistry from separately evaluating every licensee based on what program they graduated from.

The -17 also requires the collaborative agreement between the dentist and dental therapist to include consultation of the dentist if the dental therapist intends to perform an irreversible surgical procedure on a patient who has a severe systemic disease, otherwise known as an ASA 3 category patient. These individuals often require a broader medical perspective of all their issues/medications before performing a surgical procedure. For instance, some liver diseases brought on by alcoholism, can prevent a person from clotting, leading to unstoppable bleeding. We want the dental therapist to make sure on these specific patients, they consult with their supervising dentist before they begin procedures. These collaborative agreements are very important, and even if the dental therapist is working directly on site with the dentists, the ODA hopes that dental therapists and dentists will be working together and reviewing their patients and procedures, for the best interests of everyone.

The ODA appreciates the attention given to the -12 and -17 amendments, and the consideration given to the dental community's concerns. The Oregon Dental Association urges your support of the -12 and -17 amendment to HB 2528.

Sincerely,



Barry Taylor, DMD
Executive Director, Oregon Dental Association