

3/2/2021

House Committee on Health Care

900 Court Street NE

Salem, Oregon, 97301

Subject: My Concerns with HB 2528

Chair Prusak, Vice-Chairs Hayden and Salinas,

Thank you for the opportunity to submit testimony to the Committee. I am an Oral Surgeon in Lake Oswego and both a graduate and attending faculty at Oregon Health and Science University. I care for a wide variety of dental patients, both in the outpatient setting, and via hospital and emergency services. I care for Oregonians in all four corners of the state, often by emergency transfer, due to limited local services in the more rural parts of our state. As such I critically support measures increase access to dentistry in Oregon.

Nonetheless, today I write with significant concerns on the Dental Therapy bill, HB 2528. As written, the scope of practice enumerated by the bill far outstrips the minimum training required of the therapists in order to ensure safety and competence. In comparison to the national standards established by the Committee on Dental Education (CODA) (which Oregon also follows to determine the scope of practice for Dentists and Dental Hygienists) the proposed bill allows for therapists to perform many irreversible procedures with significant risk of morbidity to patients. For example, the extraction of primary (baby) teeth without regard to the degree of difficulty of extraction (i.e. impacted vs erupted and mobile), the placement of sutures (stitches), and the dispensing of antibiotics. These are just three examples of skill and knowledge based procedures that I needed many years of practice and training (4 years of university, 4 years of dental school, 6 years of residency) to become proficient at. The educational requirements for dental therapists in the proposed bill simply are inadequate to ensure said providers are safe and proficient at these procedures.

Further, the oversight requirements, allowing for dental therapy to be performed under general supervision (i.e. no licensed dentist physically present) are not adequate for patient safety. We know that our state is broad geographically, and so if a dental therapist is allowed to practice in Ukiah and the nearest dentist is Pendleton, we could potentially see serious complications occur without a qualified provider to treat them without of a long emergency transfer. By way of comparison, certified registered nurse anesthetists (CRNAs) are allowed to practice with general supervision in Oregon and 16 other states. However, the training to become a CRNA is 7-8 years. For the proposed Oregon dental therapists, the training can be as short as 2 years. Medicine and Dentistry are not professions that can be "fast-

tracked". Learning how to practice safely and competently is something that takes years of experience and formal education to attain.

I fully understand that some may view organized dentistry's opposition to bills of this nature to be a "turf war" or protectionist. As I mentioned earlier, I support the implementation of new strategies to improve access to care in all areas of Oregon. It makes me both sad and frustrated when I have to accept a transfer from Klamath Falls to OHSU to treat a simple dental abscess that could have been prevented. More dental providers are clearly needed, and access for our states vulnerable populations needs to increase. However, we must do this safely and with the appropriate oversight by our states' dental professionals. We all stand to gain when Oregonian's dental health gains prioritization

Given these points, I urge you to not move this bill out of committee without substantial revisions to ensure patient safety.

Sincerely,

Philip C. Mann, DDS, MD

Lake Oswego, Oregon