

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

Subject: Significant Concern with HB 2528

Chair Prusak, Vice-Chairs Hayden and Salinas,

My name is Jessica Irwin, I am a pediatric dentist practicing in Portland, Oregon. I am the current president of the Oregon Academy of Pediatric Dentistry, the state chapter of the American Academy of Pediatric Dentistry. I am writing with significant concerns on the Dental Therapy bill, HB 2528, on behalf of our organization.

Our first concern regarding this bill is the scope of practice that the dental therapist will be allowed to provide. This bill would allow a dental therapist to provide treatment modalities that are not part of the training that they receive in their educational programs. Several of these are procedures that are surgical and irreversible in nature. The language in the bill is very broad, general and includes multiple procedures that are specific to pediatric dentistry. As pediatric dentists we already are responsible for a majority of the care of this vulnerable and susceptible population. Many general dentists do not feel comfortable treating children, especially the very young and those with significant disease burden. Based on the current verbiage of the bill a dental therapist would be able to perform a majority of the procedures we do every day as pediatric dentists, procedures that many dentists with years of clinical experience, chose every day to refer out and not complete themselves.

This bill provides multiple, variable paths to licensure for dental therapists. With such inconsistencies in training modalities, you cannot expect to have any standards for the field. A more well-defined and specific pathway to licensure would standardize the skill set and qualifications for dental therapists.

The scope of practice defined by this bill falls under the umbrella of general supervision. This means the procedures could be completed by a dental therapist being “supervised” by a dentist in a completely different physical location. It will be impossible for the supervising dentist to provide adequate oversight regarding case and procedure selection under this model. General supervision would also undoubtedly result in unfinished or incomplete procedures—something that could be avoided if the supervising dentist were onsite and able to step in and assist the dental therapist in difficult cases.

This bill would grant dental therapists one seat on the Oregon Board of Dentistry, despite the fact that currently there are only a handful practicing throughout the state under pilot projects. Dental therapists need to be represented in a way that is proportionate to the percentage of the dental work force that they make-up, not in an arbitrarily assigned seat.

Pediatric Dentists have a unique opportunity to contribute to the prevention of dental disease as well as providing safe and effective dental care that children can tolerate. We see parents of patients every day who still comment, decades later, about traumatic dental experiences they had as children and how much that has negatively affected their lives. Adding inexperienced and inadequately trained providers to the work force and asking them to work in challenging circumstances will only exacerbate this problem.

As pediatric dentists we are well aware of the substantial burden of dental disease on the healthcare system, especially amongst the most vulnerable populations. Dental therapists can be a part of the solution to this access to care issue, but not under these circumstances.

Please do not move this bill out of committee without substantial revisions to ensure patient safety.

Sincerely,

Jessica Irwin, DMD
Board-Certified Pediatric Dentist
President, Oregon Academy of Pediatric Dentistry