



House Committee on Health Care  
900 Court St. NE  
Salem, OR 97301

Subject: Substantial Concerns with House Bill 2528

Dear Chair Prusak, Vice-Chair Hayden, and Vice-Chair Salinas,

On behalf of the 81 members of the Oregon Society of Oral and Maxillofacial Surgeons (OSOMS), we would like to thank you for the opportunity to provide comment on HB 2528, which seeks to establish dental therapists in the state. OSOMS is in favor of improving access to dental care – including oral surgery – but are opposed to HB 2528 as currently drafted.

### **HB 2528 development concerns**

The concept of dental therapists as a mid-level dental provider has been considered and incorporated in multiple states. The consideration of such providers in Oregon began with SB 738, which was passed in 2011 establishing the Dental Pilot Project Program, which was subsequently funded in 2014. The ensuing implementation of Dental Pilot Project #100 followed, and this project unearthed a great deal of confusion and debate regarding the gap between public health policy and specific dental needs and procedures. Many of these matters were gradually brought to light and ultimately addressed through the mutual sharing of knowledge and expertise between the members of these committees – representing the communities involved, the public health sector, and the dental community. This led to amendments to the educational process, scope of care, and methods of treatment for dental therapists.

Despite this progress, the insight gained from this venture was largely disregarded in the formulation of HB 2528. Notwithstanding willing involvement of representatives from the oral surgery community and the larger dental community, feedback from these groups was largely ignored. Ideas and suggestions brought forth by representatives from dental practitioners were rejected immediately without any real effort towards building consensus or finding middle ground.

### **Education concerns**

As currently written, the bill minimizes training and qualifications and maximizes the breadth of scope of dental therapists – a startling and perilous combination for our patients. The educational requirements set forth by HB 2528 are wide-ranging and subjective. The bill lays out multiple

methods by which an applicant may be deemed “qualified.” Inclusion of completion of a dental therapy education program accredited by the Committee on Dental Accreditation (CODA) of the American Dental Association (ADA) seems to be a good start, though there is currently only one CODA-approved program in the country, and the didactic and clinical program is arguably insufficient. The alternative requirements become unformulated including completing a “dental therapy education program in another state” or holding a “current or expired authorization to practice dental therapy issued by another state.” There is no consideration to the particulars of the programs or licensure requirements in these other states. Standardized examination requirements are equally hazy, with acceptable options devolving into more interpretation than clear standards. This leaves the door open for the potential licensure of unqualified providers.

The level of training required for these new practitioners is additionally concerning as many of the allowable procedure categories are predicated on the ability of providers to accurately evaluate and diagnose various dental maladies and anticipate the degree of difficulty associated with possible treatment options. Without appropriate training and experience, correct diagnoses and treatment decisions are unlikely, and could result in performance of procedures outside the accepted scope of care without any awareness that such barriers are about to be breached. This – in combination with the lack of any immediately available supervision or assistance – provides the potential for unfavorable outcomes.

In its current form, the bill will allow for the practice of dental therapy in Oregon as soon as two years following graduation from high school. When compared the path taken by other providers who perform similar procedures within the state (completion of a bachelor’s degree, years of educational and practice requirements in the dental school setting, certification with a nationally recognized board examination, and possibly years of specialty training) the paucity of suitable training in this model becomes strikingly evident.

### **Scope of practice concerns**

Perhaps the most disconcerting aspects of HB 2528 are the expansive and complex procedures allowed under the current bill’s parameters. The procedures allowed under the bill include multiple irreversible procedures, which are to be performed without direct supervision and may conceivably result in long term complications. Oddly, despite the inclusion of CODA-approved training programs serving as a prerequisite for licensure in Oregon, the proposed scope of treatment in the bill far exceeds that of such programs. In other words, under this bill dental therapists would potentially be licensed to perform permanent, traumatic procedures without formal training or oversight. This includes periodontal scaling (deep cleaning of the teeth regions underneath the gum tissues), pulpotomies (drilling into the nerve of a tooth to relieve inflammation and infection), and “simple extractions”. All these procedures have the potential to be incredibly complicated and traumatic. This may not only result in physical trauma, but also emotional trauma and anxiety regarding future dental treatment, creating additional barriers to these already disadvantaged and neglected populations.

Providing a limitation of performing only “simple extractions” is fraught with risk. Secondary to individual anatomic variations, existing dental pathology, and patient comorbidities very few extractions could be accurately described as “simple.” Unfortunately, the extractions that do end up

as “simple” cannot truly be described as such until the procedure is completed. Many extractions that are expected to be simple preoperatively result in significant complexity and complication, even for those with substantial training and experience. When difficulty is encountered, recognition and appropriate treatment responses are of the utmost importance. The ability to avoid major negative outcomes in these scenarios requires a high level of training and education. The level of training required of dental therapists under this bill – paired with the expansive scope of practice allowed and the lack of a supervising provider who can readily assist if needed – presents noteworthy reservations.

HB 2528 also includes “emergency palliative treatment of dental pain” among the allowable procedures. This item is especially ambiguous and overly permissive, allowing treatments from outside the listed acceptable procedures into a territory without restriction. Other states have addressed this by including wording allowing emergency palliative treatment but limit the scope to those items otherwise included in the dental therapist scope. I would argue the process of licensure and recertification must provide protection and safety for patients in these situations.

#### **Distraction from core access to care issue**

Finally, OSOMS is concerned that this bill – despite its declared intent – may detract from the level of care possible for our communities in need. OSOMS is in favor of improving access to care for all people of Oregon, especially those who are underprivileged, but would hope that we are striving to raise the level of care in our diverse and economically disparate communities, not providing them a diluted alternative. Diversity is certainly one of our greatest strengths, and we should be seeking strategies to foster comprehensive and qualified care for these communities helping to raise expert practitioners from these communities to the benefit of us all. This would include pursuing methods to promote and sustain individuals from these communities in their efforts to become dentists and dental specialists. In doing so, we can nurture improved access and advance the level of care in these populations.

We would like to thank you for working to improve the provision of dental care in Oregon. OSOMS would encourage you and the Health Care Committee to oppose the bill as introduced and do not move this bill out of committee without substantial revisions to ensure patient safety. We would also ask that future efforts in this arena include the dental community, including oral and maxillofacial surgeons. We stand ready and willing to assist in this process and relish the opportunity to work together to facilitate improved access and quality of care to the people of Oregon. For more information or questions, please contact Mrs. Lora Mattsen, Executive Director of OSOMS, at 503-594-0322 or [oregonoms@gmail.com](mailto:oregonoms@gmail.com) for questions or additional information.

Respectfully,



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OSOMS President