



Dental Hygiene Studies
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Chair Prusak and Members of the House Health Care Committee,

My name is Amy Coplen and I reside in Hillsboro, Oregon. I am the Program Director at Pacific University School of Dental Hygiene Studies which is the training site for Dental Pilot Project 300. Pacific University is part of the Oregon Dental Access Campaign. I have practiced in the field of dentistry for over 20 years and been an educator for 12 years.

I urge the members of the committee to support House Bill 2528 that creates a workforce of dental therapists in the state of Oregon. Currently Oregon is only approved for dental pilot projects but this bill will allow anyone trained under these pilot projects to obtain a permanent license and continue to practice in their communities.

Dental Pilot Project 300 trains practicing dental hygienists who can already place fillings, 13 additional skills to become a dental therapist. When we designed the curriculum for this pilot project, we wanted to mimic the training with the exact depth of what a dental student receives in school, but for the narrowed scope of a dental therapist. It was difficult for us to get access to detailed dental school curriculum, but we did our best in consultation with other dental therapy programs in the country. We were pleased to find out this fall from one of our alumni and former adjunct faculty members who is now a student at OHSU Dental School, that the lab experiences for our dental therapy trainees more than doubled what the dental students received in dental school for the same types of procedures. I bring this to your attention not to say that dental students aren't well trained in dental school. I believe they receive excellent training, but they learn hundreds of procedures over the four years of dental school, with most of their clinical experiences occurring in the final two years. This comparison is to demonstrate the thoughtfulness of education the dental therapists are receiving.

Dental hygienists receive two full years of in-depth education (Accreditation standard 2-1 for Dental Hygiene Education Programs) in cleaning teeth because it is their primary scope of practice, and dental therapists will receive three full years of in-depth education (Accreditation standard 2-1 for Dental Therapy Education Programs) in the limited number of dental procedures that are in their scope of practice. Dental therapists are not less educated than dental hygienists.

I've seen what those who oppose this bill have to say and I'd like to respectfully address some of their concerns. It has been stated that a dental therapist is a sub-standard or less educated provider and "why would you want the most venerable populations to be treated by the least educated clinician". I propose to you that dental therapists are actually specialty providers within their scope of practice similar to the way that dental hygienists specialize in preventive dentistry. I have seen first-hand the excellent dental care that has been provided by the dental therapy trainees under dental pilot project #300 and I would welcome the opportunity to share samples of their work to anyone who is interested. If anyone states that dental therapists are not highly educated, or a second tier of dental provider I hope you will ask them if they have seen the curriculum of a dental therapy training program or have evidence of unsafe practice. I think you will find that the answer is consistently "no". The opposition is often quick to make "gut feel" statements about substandard care, but the body of evidence from practicing dental therapists across the country over the past 15 years overwhelmingly shows that dental therapists provide safe, high quality care, and increase the access to our most vulnerable populations.

Dental therapists are not independent practitioners with no oversight. This bill requires dental therapists to work under the supervision of a dentist and do only the procedures within their scope of practice that have been approved by that dentist through a practice agreement approved by the Oregon Board of Dentistry. In addition, the bill language for the practice agreement explicitly states that the supervising dentist must designate the level of supervision for each and every procedure allowed under the practice agreement. There are multiple layers of oversight. We need to trust the competent and highly educated dentists of Oregon to delegate safely and to oversee the dental therapists work. The Dental Association will continue to claim they could support dental therapy, just not this bill. They consistently request two things: to limit the scope of practice and increase the supervision level. We have seen this happen across the country in other states that have passed dental therapy, which is 12 states and counting. It is important to understand that changing the term "general supervision" to "indirect supervision" may seem like a reasonable compromise, but it will cut off most of rural Oregonians from receiving care from a dental therapist because rural areas struggle to get dentists in their communities. Indirect supervision means the dentist must be on site when any procedures are being performed by a dental therapist. Any amendments to this bill will drastically decrease the

performed by a dental therapist. Any amendments to this bill will drastically decrease the number of individuals who can get the care they desperately need.

I am happy to see the Oregon Dental Association introducing the DMD Act and others to address access to care issues, I fully support it. However, I am not sure where the funding will come from. It is past time to get care to Oregonians that are receiving none. Our pilot projects can do that when brought to scale.

In addition to our tribal communities, those who lack access to dental care tend to be from marginalized populations especially low-income individuals and people of color. This can't just be a tribal bill because the need is everywhere. It is in urban and rural communities across the state. These disparities exist because of systems of racism that have long been in place that perpetuate poor health outcomes for BIPOC communities. So, for me, this is more than just an access to care issue, it is a social justice issue. This bill makes sense because it creates a new workforce that is proven to increase access to dental care at a limited cost.

In summary, I ask for you to support House Bill 2528 on behalf of the oral health of all Oregonians.

Sincerely,

A handwritten signature in black ink that reads "Amy Coplen". The signature is fluid and cursive, with a large loop at the end.

Amy Coplen, RDH, EPDH, MS
Program Director, Pacific University School of Dental Hygiene Studies