

March 4, 2021

The Honorable Rachel Prusak
House Committee on Health Care
900 Court Street NE Salem, Oregon, 97301

Subject: Passage of HB 2528

Dear Chairwoman Prusak:

As a dentist practicing in the area of dental public health, as well as academics for the past 26 years, I write to the Committee in support of HB 2528 regarding the creation of new provisions in the practice of dental therapy in Oregon.

I currently work as an instructor in the Alaska Dental Therapy Education Program, a CODA accredited program, for more than a decade. During much of that time, I was concurrently an Associate Professor at the Texas A&M College of Dentistry in Dallas, Texas, and oversaw dental students in college clinics and in external community health clinics in the Dallas area. I can tell you anecdotally that in my observation of the skills and training of dental students and dental therapy students I was frequently positively impressed at the skill level and competency of the dental therapy students.

However, I am not here to give anecdotes or personal opinions about the training of these students. Rather, I would comment on the concept of accredited education programs, and general supervision of dental practitioners.

The very existence of standards of accreditation from the Commission on Dental Accreditation should tell us that, under extreme scrutiny, a CODA approved dental training program is meeting the highest standards of care with maximal safety to the public. HB 2528 contains provisions of parameters of care and practice directly derived from the CODA standards. Nothing in this bill allows treatment that is straying in any significant way from the standards on which the dental training program is designed and implemented. In fact, in reading the bill, there are provisions which allow the scope to be restricted if there seems to be an indication for that. I am perplexed at the fear of opponents of this bill that seem to believe the dental therapists will be trained to do things out of the prescribed scope of services, or things they have not been trained to do.

Regarding the subject of supervision of the dental therapy practitioners: I'd like to point out that in many states, dentists are allowed to supervise dental hygienists, and in some cases dental assistants, while the dentist is not physically present in the office. The provisions of HB 2528 deal with the subject of supervision very thoroughly, and in all cases a dentist who enters this agreement to supervise and collaborate with the dental therapist is fully legally liable for any treatment outcomes. Just like in a physician's office, a physician's assistant operates under the supervision and legal authority of the physician, even if the physician is not present in the office. This is a non-issue to try to obfuscate the reality of the practice of dental therapy.

In summary, in my years of teaching both dental students and now dental therapy students, I am in full agreement that these practitioners, when trained in a CODA approved program, or a program that mimics such standards, are fully competent to render treatments they are trained to do, and deliver a much needed service in the communities in which they practice.

Regards,
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