Chair Prusak, Vice-Chair Hayden, Vice-Chair Salinas, and distinguished members of the House Health Care Committee,

Good afternoon.

My name is Thomas Kolodge and I am an oral and maxillofacial surgeon and current President of the Oregon Society of Oral and Maxillofacial Surgeons or OSOMS. I was raised in Oregon and now practice oral surgery in McMinnville and Newberg and have done so for the last 12 years. Oral surgeons, in case you are unsure, are surgically and medically trained dental specialists with expertise in a wide variety of oral and facial conditions.

It is an honor to speak with you today and I want to thank you for the opportunity to provide comment on House Bill 2528. OSOMS is certainly in favor of improving access to dental care in the state of Oregon but is resoundingly opposed to this bill as currently drafted. We have concerns regarding multiple aspects of the bill, many of which have been brought to light this afternoon. I would like to discuss concerns regarding aspects of the bill dealing with the proposed scope of practice specifically as it relates to education, licensure, and supervision.

The bill includes one possible path to licensure of completion of a dental therapy education program accredited by the Committee on Dental Accreditation, or CODA. This may initially sound suitable, but there is currently only one CODA-approved program in the country, and closer evaluation of this program raises significant questions as it relates to this bill. The training program requires graduates show competency in providing care within a CODA-approved scope, but this scope is significantly narrower than the scope proposed in this bill, meaning graduates would be able to obtain licensure and perform a variety of invasive procedures on Oregonians for which they were not adequately educated or trained.

As I am sure you know, Oregon is not the first state to consider incorporating dental therapists. A survey of the licensure requirements, scope of practice, and various restrictions for the other 13 states which have incorporated dental therapists exposes the troubling propositions of this bill. Without exception, every other state that has incorporated dental therapists includes 1, and in most cases 2 or 3, of the following attributes in comparison to this bill:

- A substantially more robust education and training experience,
- A dramatically reduced scope of practice, and
- A distinct limitation on the setting of practice and required supervision.

Put another way, in its current form, this bill illogically combines the lowest level of education for dental therapists with the most extensive and complex scope of care in the country, all with the most permissive model for practice regarding setting and supervision. It would allow licensure and performance of irreversible and traumatic procedures just 2 years out of high school. In contrast, consider Minnesota, the first state to authorize licensure of dental therapists in 2009 and one used as an , where therapists must complete an education program twice as long and complete 5 times as many clinical hours of practice prior to providing the same level of care allowed in this bill. Achieving positive outcomes with the greatest frequency possible simply requires advanced training and education. HB 2528 unfortunately falls woefully short in this respect.

Practically, this becomes problematic related to several procedures included in the bill, such as "simple extractions." Dental therapists who have minimal training and experience are expected to predict what will be simple and what will not. This can be challenging even for those of us with years of experience, the difference being we have the training and expertise to adjust and provide appropriate care despite unanticipated complexity. In these more involved cases, the lack of adequate training and experience along with the absence of direct supervision is a disservice to our patients. What happens when a tooth fractures, leaving the patient with exposure of the nerve and ongoing pain, or there is uncontrollable bleeding following removal of a tooth, or a medical emergency results in a patient losing consciousness with respiratory distress – all this while the supervising dentist is hours away and simultaneously supervising 4 other DTs?

While no amount of training and experience can preclude all complications or adverse outcomes, performing procedures at the extreme end of a provider's training and ability is risky and quite frankly irresponsible. Such a model seems to betray the tenant all health care providers should ascribe to of doing what is best for the **patient** in all circumstances.

In closing, let me clearly state that we are not opposed to the integration of dental therapists, and applaud efforts to provide improved access to care for the people of Oregon, especially the underserved communities. We feel they deserve a higher standard of care than offered in this bill. We are in favor of working together to develop a model to do so with maximum benefit and safety. At this time, we must strongly oppose HB 2528 as currently written in part due to the insufficiencies of education, training, and supervision as they relate to the scope of care. OSOMS encourages the Health Care Committee to oppose the bill as introduced and to not move the bill out of committee without substantial revisions to prioritize the best interest of those most deeply affected, namely, our patients. We would also ask that future efforts be receptive to insight from oral surgeons and the larger dental community. We are ready and willing to assist.

It has been my pleasure to share with you today and I would love the chance to speak with you more if it would be beneficial. Please let me know how I can be of service in this process. Thank you very much!