March 4, 2021
The Honorable Rachel Prusak
900 Court Street, NE State Capitol, Room H-489
Salem, OR 97301

Dear Chair Prusak: HB2528

Re: HB2528

"When the dental history of our time is eventually written, I believe the New Zealand Dental Nurse program will be considered one of the landmark developments in the practice of dentistry and dental public health."

Harold Hillenbrand
Distinguished and esteemed Executive Director
American Dental Association, 1947-1969

No Executive Director of The American Dental Association has ever re-stated Hillenbrand's honest and sincere assessment of dental therapists and their potentials. No other E.D. could have survived such outspoken honesty.

Since then, there have been several attempts to study dental therapists, as a means to improve well known and sadly, ever growing problems with access to basic dental care in America. Despite a clear and unassailable history of safety and competency, over the past century, American dentists have opposed dental therapists with well funded and organized efforts. This included an expensive, unsuccessful, law suit against the Alaska Native Tribal Health Consortium, back in 2005.

The American Dental PAC (ADPAC), has since become the largest fund of all health profession PACs. Statewide, similar fund raising has occurred, with members exhorted to protect themselves from legislation similar to what you are considering..

Almost one third of America cannot afford American dentistry, as it is currently practiced. This, while tooth decay remains the most common disease, affecting socialization, work, attendance and performance at school. Dental disease is associated with as much as 3% of all hospital emergency room visits, while systemic impact of oral diseases continues to demonstrate relevancy. The cost of such untreated dental disease, is immeasurable in dollars or social impact.

Almost all of dental problems are preventable or easily treatable, with early and accessible interventions. It is not "rocket science." If dental therapists, in teams led by dentists are permitted, in Oregon and elsewhere, school, community health centers and other sites could become potential sources of, safe, competent and accessible basic dental care.

The Commission on Dental Accreditation (CODA), is the authority upon which all of American dental education stands. This includes general dentists and specialists, dental hygienists, certified dental assistants and now dental therapists. CODA studied dental therapists for more than two years and held multiple public meetings relating to safety, effectiveness and public benefit before, adopting academic standards for education programs.

It is important to note that dental therapists, in CODA accredited programs, are taught, within scope, to the exact same standards as every licensed dentist, who testifies before your committee, regarding HB 2528. This includes the oral surgeons, who claim that "simple extractions" do not exist, therefore dental therapists should not be permitted to perform them, while offering no statistics with which to back them up. General dentists, who claim that CODA cannot possibly assure that therapists are safe and effective, at performing basic restorative dental care ("Only a dentist!") stand upon quicksand.

One thing is abundantly clear, that America has had a love affair with mid-level health care providers, since WW II. Virtually all other health professions have found them to be helpful and safe; from EMTs to APRNs and Physician Assistants.

Despite a century of worldwide evidence to the contrary and more than fifteen successful years in Alaska, eleven in Minnesota, the claim remains that dental therapists are not safe, they are not needed or that dentists do not want them. The response from the public, where therapists have been added to teams, led by dentists, has been the opposite.

One need not be a dental hygienist, before becoming a dental therapist. One of the earliest dental therapists, in Alaska, was pumping fuel and tying down aircraft, in Anchorage, when he responded to an ad and became a dental therapist. Others were dental assistants. Everyday people. There is no evidence, by the way, that these therapists are any less effective or competent than those who were previously dental hygienists.

CODA says we can safely and effectively do what is called for in HB2528. We can, if the commitment is to increasing access to good basic oral health care services. We can do this, with six semesters, in CODA Accredited community college programs, compared to university settings and baccalaureate/masters degrees. Costs, in the tens of thousands, compared to hundreds, means that people, from within their communities, can successfully be taught to provide basic dental care to those communities. If the role of dental therapists is to help "Bend the curve of dental disease", within populations traditionally under served, the CODA accredited, six semester, community college education, is the way to go.

Costs associated with creating dentists, requiring college and four years of dental school, are generally between $600-800,000. Debts, hundreds of thousands, are ever more common.

A general dentist must build an office capable of far more services than what is needed by dental therapists, providing a narrow scope. This is not the foundation for effectively meeting the basic clinical dental needs of poor and near poor populations. This also means that military type, portable or fixed base clinics suffice, while supervising dentists remain, in complex, far more expensive settings, ready to provide the more complex care, which might be needed. Therapists might also use those complex "hub offices" when dentists are not using them, thereby increasing access to care.

There are many other reasons why I would support HB 5258, but they need not be in this testimony. A century of safe and competent care, by dental therapists world wide and the recent past in Alaska and Minnesota, should be enough to recognize that fear and "turf" is what is too often behind opposition

This is what the evidence tells us.

You may ask, "Why does a dentist in Connecticut have any concern about dental therapist legislation in Oregon?" My answer is dental therapists should be no different than dentists and hygienists, as far as credentialing and mobility is concerned. HB2528 is a particularly good proposal, one which could serve as a role model for Connecticut.

One last comment, which I hope will be kept in mind;

Dentists who chooses not to practice with dental therapists, have never been required to do so. From what I have seen, thus far, those who opted to practice with therapists enjoyed the experience. Only one, as I recall has chose to discontinue having a therapist as part of his team.

Dentists, who would never want to practice with dental therapists, must not be allowed to prevent others of us from doing so.

Change never comes easy.

Please support HB 2528.

Respectfully,

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