



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

May 10, 2021

Oregon Legislature - Senate Committee on Health Care

Subject: Support for House Bill 2528 with -10 amendments

Dear Chair Patterson, Vice-Chair Knopp and Members of the Committee:

Thank you for the opportunity to provide comments supporting HB 2528.

The Northwest Portland Area Indian Health Board is a member of the Oregon Dental Access Campaign and the sponsor of Oregon Dental Pilot Project #100 – Oregon Tribes Dental Health Aide Therapist Pilot Project. Within this project there are currently three dental therapists working in Oregon and two others who will begin work when their Tribe's clinic has been built. Please find attached the summarized findings to date of Pilot Project #100. Please also refer to testimony from Dr. Gita Yitta for further information on this topic.

Pilot Project #100 oversight and sustainability:

The 3 dental therapists working under pilot project #100 have had every single one of their irreversible procedures reviewed by their supervising dentist, sample charts reviewed quarterly by external evaluating dentists AND another sample reviewed yearly by members of the OHA advisory committee which includes opponents of our bill. If there were safety issues, they would have been fully documented and publicly shared. Instead you will find a strong record of safety and quality. Despite these multiple layers of oversight and the very heavy administrative load associated with the pilot project, the communities served by Oregon's dental therapists are still increasing access to high quality oral health care. Testimony from each of our pilot clinics has been submitted, and attached in my written testimony are early findings of our pilot outcomes.

HB 2528 development

During the 2020 legislative session, SB 1549 (regarding the licensing of dental therapists) was introduced by Senator Monnes Anderson. A legislative workgroup resulted and met four times in 2020. Representatives from Tribes, both dental therapy pilot projects (#100 and #300), and the

Oregon Dental Association (ODA) were active participants in the workgroup. All participants had opportunity to voice concerns and suggest changes. During the 2021 legislative session, members of the Oregon Dental Access Campaign have come to the table in good faith to hear concerns raised by the Oregon Dental Association and lawmakers. There has been agreement to a series of significant concessions requested by ODA that are in the -10 amendments proposed by Rep. Sanchez. Compromises that have been made to the bill still result in a strong and effective policy.

Education Requirements

HB2528 states that a dental therapist must complete a dental therapy education program that is accredited by the Commission on Dental Accreditation... or substantially equivalent. The requirement to complete a CODA accredited program is in alignment with other oral health professions. As there is only one program to date having received CODA accreditation, this requirement alone would severely limit the available workforce. Other programs are undergoing the lengthy process to receive CODA accreditation, which has been significantly slowed due to the pandemic.

The CODA standards detail a minimum scope of practice that must be taught in dental therapy education programs, and go on to state that additional skills may be taught. The program that is currently CODA-accredited teaches skills beyond the minimum required by CODA. This is true for all dentistry schools also: they teach skills beyond the minimum required by CODA for their accreditation. Please refer to expert testimony by Dr. Ana Karina Mascarenhas for further information on this topic.

Scope of practice

HB 2528 specifies that dental therapists may only provide services as detailed by their Practice Agreements. Practice agreements must provide information regarding the education received and the workplan. In other words, Dental Therapists may only provide those services that have been approved by their supervising dentist, and may only be performed at the level of supervision approved by their supervising dentist within the parameters of this bill. With the -10 amendments this means extractions of permanent teeth, tooth reimplantation and pulpotomies and several other services must be performed with a dentist present in the building.

The scope of practice that is detailed in HB2528 is very similar to that taught in the one CODA-accredited education program in the country, the Alaska Dental Therapy Education Program.

Access to care

Substantial evidence exists that shows dental therapists to be effective at improving access to care. Please refer to testimony from Dr. Donald Chi for further information on this topic.

Safety and quality

While dental therapists have been practicing for over 15 years in the US and over 100 years worldwide, no evidence has been reported that substantiates any concerns about safety or quality. All evidence in fact shows high levels of safety and quality. Please refer to testimony from Dr. Mary Williard and Dr. Sarah Shoffstall-Cone for further information on this topic. All health care providers are held to the same high standard of care, whether they are allied (mid-level) health professionals, doctors, or specialists.

Thank you for your time. Please contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Miranda Davis". The signature is fluid and cursive, with a large initial "M" and "D".

Miranda Davis, DDS, MPH
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NPAIHB

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OREGON TRIBES DENTAL HEALTH AIDE THERAPIST PILOT PROJECT



Kari Douglass,
Chickasaw Nation (NARA)



Alexandria Jones,
Coquille



Naomi Petrie,
CTCLUSI



Jason Mecum,
Coquille



Marissa Gardner,
CTCLUSI

I became a dental therapist in order to pursue a profession that intertwined my tribal heritage with providing healthcare services. Dental therapy provides that unique opportunity that teaches people how to provide culturally competent dental care in their unique tribal communities.

NAOMI PETRIE, CTCLUSI

ABOUT THE PILOT

Project #100, the Oregon Tribes Dental Health Aide Therapist Pilot Project, is sponsored by the Northwest Portland Area Indian Health Board in partnership with the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians (CTCLUSI), the Coquille Indian Tribe, and the Native American Rehabilitation Association (NARA). The pilot educates and employs dental therapists to serve American Indian/Alaska Native patients, increasing access to care in those communities. The project was approved by the Oregon Health Authority in February 2016, and has recently been extended to operate through May 2022.

Five dental therapists graduated from the Alaska Dental Therapy Education Program, from 2017 to 2019. Two dental therapists are working at the CTCLUSI dental clinic, one at NARA, and two are working outside of the pilot until the new Coquille dental clinic opens in 2021.

The pilot operates under substantial monitoring and oversight by the Oregon Health Authority (OHA). Every quarter the project submits extensive data from our evaluation and monitoring plan that measures access outcomes, patient satisfaction, costs, and patient safety and quality of care. Chart reviews are completed weekly by the supervising dentist, monthly by an external evaluator, and yearly by qualified members of OHA's Pilot Project #100 Advisory Committee.

PILOT PROJECT #100 FINDINGS: SPOTLIGHT ON CONFEDERATED TRIBES OF COOS, LOWER UMPQUA AND SIUSLAW INDIANS DENTAL CLINIC

All data compiled from quarterly reports submitted by Mekinak Consulting to the Oregon Health Authority in accordance with Pilot Project #100 Evaluation and Monitoring Plan.



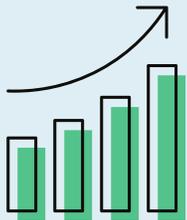
Shorter Wait Times

Dentist average wait time went from 10 to under 8 weeks in first 3 years. Dental therapist wait times have averaged 1.5 weeks throughout. Dentist wait time is expected to improve now that both dental therapists have completed preceptorship, and clinic has expanded from 3 to 7 chairs.



High Quality Care

99% of chart reviews rated acceptable by supervising dentist and external evaluating dentist. There have been no adverse events reported, and patients are either very confident (86%) or confident (14%) in the dental therapy services.



More Care Delivered

Since dental therapists joined the clinic, productivity has increased 70%, a clinic expansion was completed, and a community outreach program to serve tribal members outside of the clinic was developed (on hold during COVID).



Good Jobs Created

Two members of the Tribe completed the CODA-accredited Alaska Dental Therapy Education Program. They now have full-time, professional wage jobs serving their Tribe, and are building a culturally relevant dental care workforce in Coos Bay.



Population Served

The clinic serves the tribal populations for the CTCLUSI and Coquille Indian Tribe as well as members of other Tribes that live in the greater Coos Bay area. Eighty percent of patient care is billed to Medicaid or Indian Health Service Contract Purchases of Care.

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Series of compromises by proponents from original HB 2528

Proponents of HB 2528 have come to the table in good faith to hear concerns raised by the Oregon Dental Association and lawmakers. The LC version was available for consideration since early January. The first amendment language in writing from ODA came at the public hearing on March 18. Since then, we have agreed to a series of significant concessions requested by ODA, outlined here in the -4 and -9, highlighted in yellow. Sections of concern highlighted in blue have been resolved in the -10.

Section	-4 amendments	-9 amendments currently incorporated in HB 2528 A	-10 Sanchez amendments
Intent	Narrows intent language from original bill	Removes intent section	Removes intent section
Section 2	Changes "practice agreement" to collaborative agreement	Same	Same
Section 3	No change	<ul style="list-style-type: none"> Removes education programs that are "substantially equivalent" to CODA accredited programs and approved by Board of Dentistry Limits education programs before 2025 to those in an active pilot project Limits all education programs after 2025 to CODA accredited programs (there is only one right now) Limits out of state education programs to CODA accredited programs (there is only one right now) 	<ul style="list-style-type: none"> Clarifies that graduates of education programs that were approved as part of an Oregon pilot project are eligible for licensure even if the pilot project has ended. Removes arbitrary date by which graduates of CODA accredited programs can apply for licensure. Allows Oregon Board of Dentistry to determine if an out-of-state education program is substantially equivalent to a CODA accredited program so graduates can apply for licensure. This potentially allows graduates of the University of

			Minnesota's Dental Therapy Education Program to apply for licensure.
Section 6	Aligns bill with DPA. Clinical and community-based studies by dental therapy students in approved programs can be under indirect supervision, instead of direct as written in original bill.	Same	Same
Section 8	<p>Changes collaborative agreement:</p> <ul style="list-style-type: none"> • Adds the level of supervision required for each procedure performed by the dental therapist • Reduces from 5 to 3 the number of dental therapists with which a dentist can enter into a collaborative agreement <p>Removes requirement for Oregon Board of Dentistry to approve each collaborative agreement.</p>	<p>Changes collaborative agreement:</p> <ul style="list-style-type: none"> • Adds the level of supervision required for each procedure performed by the dental therapist • Reduces from 5 to 3 the number of dental therapists with which a dentist can enter into a collaborative agreement • If dental therapist working with more than one dentist, requires same supervision and scope of practice in each collaborative agreement. <p>Removes requirement for Oregon Board of Dentistry to approve each collaborative agreement.</p>	Same
Section 9	<p>Removes from scope:</p> <ul style="list-style-type: none"> • Nitrous Oxide • Placement of space maintainers <p>Moves from general to indirect supervision:</p> <ul style="list-style-type: none"> • Simple extractions of periodontally 	<p>Removes from scope:</p> <ul style="list-style-type: none"> • Nitrous Oxide • Placement of space maintainers • Cavity Preparation (redundant) • Direct pulp capping on primary teeth 	Same

	<p>diseased permanent teeth with advanced mobility</p> <p>Clarifies language that: A dental therapist may provide a service listed in subsection (1) of this section only if the dental therapist has received: “(a) Instruction in the service through the dental therapist’s dental therapy education program; or “(b) Additional training approved by the board.</p> <p>Reduces number of dental assistants dental therapist can supervise from 4 to 3.</p>	<p>Moves from general to indirect supervision:</p> <ul style="list-style-type: none"> • Simple extractions of periodontally diseased permanent teeth with advanced mobility • Tooth reimplantation and stabilization • Pulpotomies on primary teeth • Suture placement • Brush biopsies • Recementing of permanent crowns • Placement of temp. restorations • Fabrication of soft occlusal guards • Tissue conditioning and soft reline <p>Further reduces number of dental assistants a dental therapist can supervise from 4 to 2.</p>	
<p>Section 10</p>	<p>No change</p>	<p>Move from section 9, clarifies language that: (1) A dental therapist may perform the procedures listed in section 9 of this 2021 Act so long as the procedures are included in an education program described in section 3 (1) of this 2021Act or the dental therapist has received additional training in the procedure approved by the Oregon Board of Dentistry.</p> <p>Move from section 11, Adds requirement that dental therapist shall purchase liability insurance in an amount determined sufficient by board</p>	<p>Technical revisions to Section 10 (3). Does not make substantive change to practice setting limitations.</p>

		<p>Move from section 11, changes practice setting limitations to: “A dental therapist shall dedicate at least 51 percent of the dental therapist’s practice to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, and dental care health professional shortage areas, as determined by the authority”</p>	
Section 11	<p>Adds requirement that dental therapist shall purchase liability insurance in an amount determined sufficient by board</p> <p>Limits practice settings to Dental Professional Shortage Areas or in settings where the dental therapist dedicates at least 51 percent of the dental therapist’s practice to patients who represent underserved populations</p>		
Section 12	No change	<p>Requires that the board shall consult with dental therapists and organizations that represent dental therapists in this state during rulemaking</p>	Same
Section 16	<p>Removes dental therapist representation on Oregon Board of Dentistry</p>	<p>Removes dental therapist representation on Oregon Board of Dentistry</p>	Same