

5/10/2021

Senate Committee on Health Care

900 Court Street NE

Salem, Oregon, 97301

Dear Members of the Senate Health Care Committee,

I am a private dentist practicing in northeast Oregon. I am writing to express my concerns with the dental therapist bill HB 2528. Dental therapists, and this bill, have been created in an attempt to address concerns over patients' access to dental care in rural and underserved areas. For context, I own a private dental practice in Wallowa County. Myself, another private practicing dentist, and a public health clinic are situated to provide dental care to the 7000 residents of our county.

First, if dental therapists are to be added to the practice of dentistry in Oregon, I must stress the importance of appropriate training for these individuals. I feel it is critical that dental therapists be required to be trained at a CODA accredited institution to ensure that they are receiving a consistent level of education and training. This is the standard for every dentist and dental hygienist across the nation, and dental therapy should not be any different. Please note, that to my knowledge, the Commission on Dental Accreditation operates under the US Department of Education, not the ADA as stated in the current bill.

My second concern is in regards to the dental therapist's scope and demographic of practice. I was somewhat encouraged in reading the current bill's language directing dental therapists to "dedicate at least 51 percent" of their practice to "patients who represent underserved populations" or are "located in dental care health professional shortage areas". I do have strong concerns that in the long term the use of dental therapists will be perverted from addressing perceived "access to care" shortages to inappropriate use in large practices and in areas outside their original intent. I cannot stress enough how cautious I encourage the legislature and OHA to be in considering how these areas/populations are determined and what procedures dental therapists are authorized to perform. Some of the procedures that dental therapists would be authorized to perform based on this bill easily have the potential to result in irreversible damage and significant pain or harm to a patient.

Lastly, none of the three dental practices in my area are operating at capacity. I cannot see a compelling reason to add additional providers when the capability to see additional patients exists. In my county, dental therapists are a solution to a problem that doesn't exist. Most patients that I have observed in a state of dental neglect are, with extremely limited exception, plagued far more by a fear of the dental profession than an inability to schedule an appointment with a dentist. I believe that introducing additional providers with an inferior level of training will only exacerbate the fear patients have in seeking needed dental care.

In summary, I strongly recommend not creating dental therapists in Oregon. However, if this class of providers must be formed, please ensure that 1) they receive appropriate training at a CODA accredited institution, 2) the scope of practice be limited to procedures with the least risk of irreversible damage or harm to patients, and 3) that the dental therapist's practice be very carefully defined and reviewed regularly to ensure their application is as originally intended.

Sincerely,

Tyler Schaffeld DMD

Enterprise, Oregon