

Madame chair Deb Patterson and Members of the Senate Committee on Healthcare:

As both a former president of the Oregon Board of Dentistry and a board-certified Pediatric Dentist, I am concerned about the proposed Dental Therapist scope of removing primary teeth without a dentist on site. This scenario of 'general supervision' of surgical treatment has a great potential for either incomplete or agonizingly-long painful procedure. While 4 out of 5 fully-rooted baby teeth removal come out quickly, there are a significant portion that require additional surgical care that is not in the scope of the proposed dental health therapist such as:

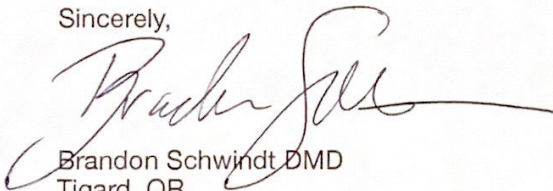
- using a dental drill to section or break the tooth into pieces
- cutting the gums to expose more of a tooth to access, then suturing the gums back together.
- using a drill under gums to remove tooth pieces.

The necessity for using these advanced techniques is not typically known until the middle of the procedure rather than at the diagnosis stage. This means that incomplete or, more commonly, needlessly long surgical time is required if there is not a dentist on site to take over and 'bail out' the therapist and get the child out of pain.

There is an adage in pediatric procedural surgery that 'Time is Trauma'. Unsupervised surgical care has a significant potential to create needless physical and life long psychological trauma to these children. I urge you to allow pediatric exactions by a dental therapist **only** with a dentist in the office to avoid such trauma.

If you have any questions or would like to discuss this further, please do not hesitate to call or email me.

Sincerely,



Brandon Schwindt DMD
Tigard, OR

President, The College of Diplomates of the American Board of Pediatric Dentistry
Past President, Oregon State of Board of Dentistry.