

June 8, 2021

Chair Wagner, Vice Chair Girod, and members of the Rules Committee:

My name is Miranda Davis. I'm the director of the Native Dental Therapy Initiative at the Northwest Portland Area Indian Health Board, and supervising dentist of 2 dental therapists in Oregon.

**The Northwest Portland Area Indian Health Board requests your support for HB 2528A with the -12 and -17 amendments.** We are joined in support for this bill as a member of a coalition that includes: Advantage Dental, AllCare Health, Alliance4Kids, APANO, Capitol Dental, Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians, Coquille Indian Tribe, Health Care for All Oregon, Native American Youth and Family Center, Oregon Dental Hygienists' Association, Oregon Primary Care Association, Oregon Public Health Institute, Oregon Rural Health Association, Oregon School-Based Health Alliance, Our Children Oregon, Pacific University and Willamette Dental Group.

**Oregonians are not receiving basic healthcare --because if you're not receiving dental care, you're not receiving some of the most important health care.** Right now, over a million people in Oregon live in areas with a shortage of dentists. Low-income families, families in rural areas, and families of color are disproportionately impacted resulting in higher rates of untreated dental disease. It doesn't have to be this way. Dental therapists are primary oral health care providers with a proven track record for high quality care for a hundred years in other countries, in Alaska for 16 years, in Minnesota for 11 years, in Washington State for 5 years. Legislation has passed in 8 more states. In all of that time, all published evidence overwhelmingly supports the safety and effectiveness of this provider, and I have submitted a compilation of the most recent research as written testimony today.

This includes findings from our own pilot that show even in the first few years of practice, dental therapists increased productivity at their clinic 70%, and both dentists and dental therapists saw shorter wait times for new and returning patients.

**The time is now to pass this bill.** Our current pilot is ending next May, and without this legislation, tribal communities receiving care from dental therapist will have a disruption in that care, and skilled providers will have no license to practice. Beyond our pilot, this bill allows the regulatory and education infrastructure to be built so that dental therapists can be recruited from, educated in and return to communities here in Oregon that desperately need care.

We urge you to pass HB 2528A with the -12 and -17 amendments and help all Oregonians get the high-quality dental care they deserve.

Sincerely,

Miranda Davis, DDS, MPH

NDTI Project Director

Northwest Portland Area Indian Health Board

# Recent Dental Therapy and Oral Health Workforce Literature in the U.S.

Title of Article & Publishing Source	Date Published	Category	Synopsis of article
<b>Nation Wide Oral Health Research</b>			
<a href="#">Oregon Tribes Dental Health Aide Therapist Pilot Project.</a>  <i>Northwest Portland Area Indian Health Board</i>	2021	Access and Economic Viability	A factsheet highlighting the gains to the dental care delivery system in one Oregon tribal community. Since bringing Dental Therapists on board the clinic has been able to significantly lower the average wait time before an appointment along with a 70% increase in productivity, provided high quality care and provided professional wage jobs for dental therapists.
<a href="#">Projected Supply of Dentists in the United States, 2020-2040.</a>  <i>Health Policy Institute, American Dental Association</i>	May, 2021	Workforce	Research brief detailing the projected supply of dentists in the US. Projections indicate growth in the supply of dentists. The issue of provider adequacy is far more complex and further research is needed.
<a href="#">A Coming Surge in Oral Health Treatment Needs. Pandemic-related events appear poised to create a spike in oral disease among adults.</a>  <i>CareQuest Institute for Oral Health</i>	April, 2021	Access, Demographics, and Cost Barriers	Report highlighting that COVID-19 related job losses, hesitation to visit a dental office due to the pandemic, and a pre-existing high number of uninsured or underinsured adults pre-pandemic have set the nation on a path toward a potentially serious wave of oral disease in the near future. Communities of color were more likely to experience COVID-related loss of dental insurance, underscoring that structural barriers are what drive lack of access to care.
<a href="#">Health Policy Institute Infographics</a>  <i>Health Policy Institute, American Dental Association</i>	April, 2021	Access, Demographics, Workforce, Cost Barriers, and Economic Viability	Current data broken into useful infographics, detailing dental care utilization among US population, cost barriers to dental care, the racial and ethnic mix of dental students and dental workforce, and dental migration across state lines.
<a href="#">Supply of Care by Dental Therapists and Emergency Dental Consultations in Alaska Native Communities in the Yukon Kuskokwim delta: a mixed methods evaluation.</a>  <i>Community Dental Health Journal</i>	March, 2021	Access and Demographics	A mixed method report using electronic health records and interview data to examine the relationship between the supply of care provided by dental therapists and emergency dental consultations in Alaska Native communities. Results found that Alaskan Native children, and to a lesser extent adults, in communities served more intensively by dental therapists have benefitted.

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<a href="#">Despite COVID-19 Challenges Dental Therapy Had a Watershed 2020 and Is Poised to Grow. Midlevel providers have proved crucial to practices and patients during the pandemic.</a>  <i>The Pew Charitable Trusts</i>	January, 2021	Access, Workforce, and Economic Viability	A report highlighting gains in dental therapy during 2020, The first dental therapy education program gained accreditation and evidence supporting the benefits if dental therapy continues to grow. New research continues to demonstrate the benefits dental therapists bring to patients, practices, and underserved communities.
<a href="#">How Evidence-based is US Dental Workforce Policy for Rural Communities?</a>  <i>Center for Health Workforce Studies</i>	September, 2020	Workforce and Demographics	There is minimal evidence that increased reimbursement of Medicaid is an effective or widely used strategy to recruit providers to rural areas. There is growing evidence to suggest the positive impact of dental pipeline programs that provide a pathway for underrepresented and low-income students who go on to serve the rural and underserved communities they come from.
<a href="#">Contributions of Dental Therapists and Advanced Dental Therapists in the Dental Centers of Apple Tree Dental in Minnesota.</a>  <i>Center for Health Workforce Studies</i>	August, 2020	Access and Economic Viability	The introduction of DT's in Minnesota over a ten-year period of time shows that clinics saw more patients, provided more services, and increased gross revenue after integrating DT's into their teams.
<a href="#">Consumer Survey Focused on Parents' Experiences Accessing Oral Health Services for Their Children.</a>  <i>Center for Health Workforce Studies</i>	February, 2020	Access and Demographics	Children whose parents were from underrepresented communities or low-income households, in both rural and urban areas were significantly less likely to always receive dental care when needed than other children. Additionally, many of these children's parents reported needing to travel 30 minutes or more to see a dental provider.
<a href="#">Oral Health Status Has Improved for Children, but Some Gaps in Treatment Access Persist.</a>  <i>The Pew Charitable Trusts</i>	February, 2020	Access and Demographics	Children and Adolescents in the US have made substantial oral health gains in recent years, while the prevalence of dental disease for adults has remained fairly constant. Regardless of improvements for overall oral health, significant oral health disparities have persisted or widened between white and other racial/ethnic groups and between higher and lower income groups of all ages.
<a href="#">Oral Health Surveillance Report.</a>  <i>Center for Disease Control (CDC)</i>	2019	Access and Demographics	Disparities in oral health remain by race or ethnicity and poverty. While improvements have been made to access for children and adolescents, adults and older adults' rates remained stagnant with no detectable changes since the last report from 1999-2004.
<a href="#">National Model Act for Licensing or Certification of Dental Therapists.</a>  	January, 2019	Policy Guidance	Report outlining evidence-based policies for licensing or certification of Dental Therapists to establish national standard for the emerging profession.

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<i>National Dental Therapy Standards Consortium</i>			
<a href="#">Main Barriers to Getting Needed Dental Care All Relate to Affordability.</a>  <i>Health Policy Institute, American Dental Association</i>	April, 2019	Access	Research brief with data collected from 2013-2016, approximately 15.2% of the U.S. population needed dental care but did not obtain it. Financial reasons stemming from cost and insurance coverage, were among the top barriers cited, and were more frequently reported among low-income working age adults and seniors, as well as high-income working-age adults.
<a href="#">Dental Therapy Seen as a Best Practice for Boosting Access to Care.</a>  <i>The Pew Charitable Trusts</i>	June, 2019	Access	According to the Association of State and Territorial Dental Directors, Dental Therapy should be considered a best practice when assessing how to boost access to oral healthcare for underserved populations.
<a href="#">Provider and Community Perspectives of Dental Therapists in Alaska's Yukon-Kuskokwim Delta: A qualitative program evaluation.</a>  <i>Community Dentistry and Oral Epidemiology</i>	August, 2019	Access and Demographics	A qualitative program evaluation examining the health providers and community members experiences with dental therapy in Alaska Native communities. Findings indicate that Dental Therapists have contributed to the dental care delivery system, particularly for children, but that opportunities remain to strengthen the dental care delivery system in this community.
<a href="#">Minnesota's Dental Therapists Workforce.</a>  <i>Minnesota Department of Health</i>	September, 2019	Workforce	A report highlighting the workforce distribution of Minnesota's dental therapists. Focus areas include demographics, education, employment, and geographic distribution.
<a href="#">Dental Therapy in Minnesota Issue Brief</a>  <i>Minnesota Dept. of Health and Board of Dentistry</i>	June, 2018	Access and Economic Viability	An issue brief examining the impacts of authorizing dental therapy statewide in Minnesota, highlighting the success in increasing access to care. Data includes access to care, financial viability and education, certification, licensure and practice.
<a href="#">An Advanced Dental Therapist in Rural Minnesota: Jodi Hager's case study.</a>  <i>Apple Tree Dental</i>	February, 2018	Access, Work Force, and Economic Viability	This case study examines and evaluates the work of Jodi Hager, an advanced dental therapist in Minnesota from 2014-2016. The analysis reports on the productivity and cost effectiveness of employing a dental therapist in a rural dental practice and results strongly suggest that other rural dental practices could benefit from adding a dental therapist to their dental care team.

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<p><a href="#">A Dental Therapist in Long-Term Care: Heather Luebben’s story.</a></p> <p><i>Apple Tree Dental</i></p>	<p>February, 2018</p>	<p>Access and Economic Viability</p>	<p>This report provides an analysis of the productivity and cost effectiveness of an advanced dental therapist with the focus on the appropriateness and potential benefit of using dental therapists to serve institutionalized elderly. Findings suggest that dental programs that provide care to this population can use this model successfully.</p>
<p><a href="#">Grand Marais Family Dentistry: Dental Therapists Case Study and Addendum: Dental Therapists Production and Revenues.</a></p> <p><i>Wilder Research</i></p>	<p>May, 2017</p>	<p>Access and Economic Viability</p>	<p>This mixed methods case study examines the experience of adding dental therapists to one private, for-profit clinic setting in Minnesota and how that contributes to health care’s triple aim of increasing access to care, providing quality care, and increasing cost effectiveness. Results found that adding dental therapists in this setting both benefited the clinic and presented some potential challenges.</p>
<p><a href="#">Midwest Dental: Dental Therapist Case Study and Addendum: Dental Therapists Production and Revenues</a></p> <p><i>Wilder Research</i></p>	<p>May, 2017</p>	<p>Access and Economic Viability</p>	<p>This mixed methods case study examines the experience of adding dental therapists to one private, for-profit clinic setting in Minnesota and how that contributes to health care’s triple aim of increasing access to care, providing quality care, and increasing cost effectiveness. Results found that adding dental therapists in this setting both benefited the clinic and presented some potential challenges.</p>
<p><a href="#">Dental Utilization for Communities Served by Dental Therapists in Alaska’s Yukon Kuskokwim Delta: Findings from an Observational Quantitative Study.</a></p> <p><i>University of Washington School of Dentistry</i></p>	<p>August, 2017</p>	<p>Access and Demographics</p>	<p>Increased DT treatment days were significantly associated with increased rates of preventative care and decreased rates of extractions for children and adults. Communities with the highest number of DT treatment days exhibited higher rates of preventative care and lower rates of invasive dental treatments for children and adults compared to communities with no treatment days.</p>
<p><a href="#">Examining Oral Health Care Utilization and Expenditures for Low-Income Adults.</a></p> <p><i>Center for Health Care Strategies, Inc</i></p>	<p>November, 2017</p>	<p>Access</p>	<p>Despite more preventative services use in states with more generous adult dental benefits, rates of utilization were low across the board, suggesting persistent barriers other than a state’s benefit level. Other barriers to consider may include: An inadequate provider network; logistical barriers to appointments, such as transportation and difficulty taking time off from work; low rates of oral health literacy; and lack of knowledge about Medicaid dental benefits and how to access them. Increasing the number of providers in a region is an important building block to access.</p>
<p><a href="#">How Dental Therapists Can Address the Social and Racial Disparities in Access to Care</a></p>	<p>June, 2017</p>	<p>Access and Demographics</p>	<p>There is mounting evidence linking poor oral health to poor overall health outcomes. There are myriad systemic barriers to accessing dental services, particularly among the vulnerable, underserved, and communities of color.</p>

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<i>American Journal of Public Health</i>			An alternative model of dental care delivery that could address racial and social disparities in access to care is dental therapy.
<a href="#">Improving Dental Care Access in Rural America.</a>	November, 2015	Workforce and Access	Dental health professional shortage areas remain a large-scale issue in rural America. One way to address this access issue would be to authorize midlevel providers like Dental Therapists. Rural communities benefit from programs that lower costs and improve health.
<i>The Pew Charitable Trusts</i>			
<a href="#">Safety Net Care and Midlevel Dental Practitioners: A case study of the portion of care that might be performed under various setting and scope of practice assumptions.</a>	September, 2015	Workforce and Access	Much of the oral health need among vulnerable populations is well within the scope of work of midlevel providers, suggesting that their needs are not too complicated for these practitioners. Overall findings indicate that adding this type of midlevel dental provider to a dental team, where providers practice at the top of their scope of work, does indeed have potential to alleviate much of the large and growing burden currently placed on the dental safety nets.
<i>American Journal of Public Health</i>			
<a href="#">Expanding the Dental Team: Increasing access to care in public settings.</a>	June, 2014	Access and Economic Viability	Nonprofits can stretch their dollars to reach more underserved populations by utilizing midlevel providers to deliver routine restorative care. Utilizing dental therapists resulted in more care for underserved populations.
<i>The Pew Charitable Trusts</i>			
<a href="#">Expanding the Dental Team: Studies of two private practices.</a>	February, 2014	Access, Workforce, and Economic Viability	Significant numbers of underserved patients were able to get care and the two private practices employing dental therapists continued generating profits. Dentists were able to focus on more complex procedures that generate higher revenue by using dental therapists to perform routine restorative procedure.
<i>The Pew Charitable Trusts</i>			
<a href="#">Economic Viability of Dental Therapists.</a>	May, 2013	Access and Economic Viability	Dental therapists are productive in various clinic settings, there is potential that they can be cost-effective members of dental teams and improve access to care, especially for traditionally hard to reach and underserved populations.
<i>Community Catalyst</i>			
<a href="#">A review of the Global Literature on Dental Therapists.</a>	2013	Economic Viability and Workforce	Evidence indicates that dental therapists provide effective, quality, and safe care for children in an economical manner and are generally accepted both by the public and where their use is established by the dental profession.
<i>National Library of Medicine</i>			
<b>Access to Education</b>			
<a href="#">Diversity, College Costs, and Postsecondary Opportunity: An examination of the financial nexus between college choice and</a>	September, 2005	Access, Demographics, and Cost Barriers	Black students are more likely to choose a college with lower tuition and are more concerned about finances than White students when making college choices.

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<a href="#">persistence for African Americans and Whites.</a>			
<i>Journal of Higher Education</i>			
<a href="#">Social Class and College Choice: Examining the financial nexus between college choice and persistence.</a>	March, 2002	Access, Demographics, and Cost Barriers	Low income students are less likely attend a 4-year college. Poor and working students are less likely to continue in an educational program when the tuition is higher.
<i>Journal of Higher Education</i>			
<a href="#">Difference in the Decision to Attend College Among African Americans, Hispanics, and Whites</a>	March, 2000	Access, Demographics, and Cost Barriers	Hispanic and Black populations generally have lower rates of enrollment in 4-year colleges than White population, however when cost of education is taken into account, enrollment rates are similar or higher. This suggests that cost and other external factors are key barriers to college enrollment for students of color.
<i>Journal of Higher Education</i>			
<a href="#">Education Pays: The benefits of higher education for individuals and society.</a>	2013	Access, Demographics, and Cost Barriers	Students from low- and middle-income homes are more likely to attend 2-year programs than 4-year programs.
<i>College Board</i>			