



February 25, 2021

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

Dear Chair Prusak:

On behalf of the 9,000 members of the American Association of Oral and Maxillofacial Surgeons (AAOMS), the AAOMS strongly opposes HB 2528, a bill relating to dental therapy.

Oral and maxillofacial surgeons (OMSs) are surgically and medically trained dental specialists who treat conditions, defects, injuries and esthetic aspects of the mouth, teeth, jaws, neck and face. OMSs have extensive surgical training and experience in diagnosing and extracting teeth but also treat and diagnose a variety of dento-maxillofacial diseases and conditions, including but not limited to, planning and evaluation for dental implants, craniofacial asymmetry, orthodontic treatment, impacted teeth, intraosseous cysts or tumors, dental and skeletal trauma and temporomandibular joint disorder. After earning a dental degree from an accredited four-year dental school, OMSs complete a minimum of four years of hospital-based oral and maxillofacial surgery residency training, which includes rotations in such areas as general surgery, anesthesia, and clinical research.

The scope of practice of dental therapists as provided in HB 2528 includes “simple extractions of periodontally diseased permanent teeth with advanced mobility.” This is a dangerous contradiction of terms, as extractions by their nature may result in unpredictable and intra-operative challenges. What may appear to be “simple procedures” may indeed be quite complex. Because there are wide varieties and discrepancies of human teeth and jaw anatomy, diagnosis can be difficult, even for the more highly trained. This can create postoperative complications even following what may have appeared to be a preoperatively routine procedure. Recognition of these challenges and their prompt and appropriate treatment is of paramount importance in averting negative outcomes. Achieving positive outcomes with the greatest frequency possible requires advanced training and education. Such training and education can only be accomplished through attaining the appropriate doctoral degree.

The addition of midlevel providers who have less education and training than dentists will not improve the situation and, in some instances, may actually exacerbate the problem, particularly in the case of a complex patient with multiple comorbidities, such as diabetes and bleeding disorders. The underserved population in this country deserves better dental care than can be provided by the midlevel provider models being promulgated. Indeed, all Americans deserve good oral health and oral healthcare delivered by fully trained and licensed dentists.

We urge the legislature to consider other pathways to attract fully qualified dentists to low access areas, including the promotion of higher Medicaid reimbursement rates, establishment of geographic reimbursement incentives or enhanced loan repayment programs.

AAOMS and its members as well as dentists throughout the United States are committed to improving the availability of quality dental care provided by those who have the appropriate education and training to deliver oral health education, disease prevention and, ultimately, the appropriate treatment of oral diseases.

We thank you for the opportunity to comment on this proposal. Please contact Ms. Sandy Guenther of the AAOMS Governmental Affairs Department at 847-678-6200 or sguenther@aaoms.org for questions or additional information.

Sincerely,

A handwritten signature in black ink that reads "B.D. Tiner, DDS, MD, FACS". The signature is written in a cursive style with some capital letters.

B.D. Tiner, DDS, MD, FACS
AAOMS President