

Feb 26, 2021  
House Committee on Health Care  
900 Court Street NE  
Salem, Oregon, 97301

Subject: Significant Concerns with HB 2528

Dear Chair Prusak, Vice Chairs Hayden and Salinas:

I'm writing today as a pediatric dentist in your district. I work at a private office in NE Portland, as well as at a Medicaid office in the Gateway area of Portland. Every month, I have been seeing approximately 200 at-risk children from a lower socio-economic bracket at this Medicaid office since graduating from residency in 2012. Until very recently, I was a faculty member in the department of pediatric dentistry at the Oregon Health and Sciences University School of Dentistry. I am a very involved volunteer in organizations such as the American Academy of Pediatric Dentistry, whom I represent in my role as public policy advocate for the state of Oregon; the Oregon Association of Pediatric Dentistry, where I served as president in 2019 and currently occupy an advisory role; and the Oregon Dental Association, where I sit on the legislative committee.

The provision of exceptional care to at-risk children is a cause that has a special place in my heart. As such, I closely follow bills that have the potential to impact this care. I am writing to express grave concerns that I have with HB 2528, which is scheduled for a hearing on 3/4/21. This bill will lead to the creation of a new dental provider called a dental therapist. As introduced, the bill has significant problems around scope of practice, supervision and education requirements. This bill does not require an individual to have a dental hygiene degree or education to become a dental therapist. If passed as written, it will allow a candidate just 2 years out of high school to provide diagnostic evaluations, and perform irreversible treatments and surgical procedures on children and adults alike. Further, HB 2528 allows all scope to be performed under general supervision—meaning a dentist is not required to be on site, or even in the same city when the dental therapist is performing expansive, irreversible, surgical procedures. HB 2528 includes scope that goes beyond what is required of a CODA accredited dental therapy program—meaning that a dental therapist practicing under this bill will be allowed to perform procedures that may not be taught in a dental therapy program.

While the issue of dental therapy has always been a point of contention in organized dentistry, the Oregon Dental Association spent significant time and resources attempting to build consensus for how we, as a profession, could support a dental therapy bill here in Oregon. The ODA trained and sent several members- including an oral surgeon, a Medicaid provider, and the dean of the dental school- to lend their expert advice to the dental therapy workgroup.

However, all their suggestions (such as, a discussion on changes to supervision, concentrating on populations most in need of care, limiting complex procedures) were all rejected without real conversation by proponents on the workgroup. HB 2528 does not reflect the changes

based on concerns raised by the representatives of the dental community during that workgroup process.

Oregon dentists are not necessarily opposed to the concept of dental therapy- we just want to make sure that this new provider type is developed in a way to ensure patient safety and is aligned with current Oregon and national dental standards. If this bill moves, it is critical that Oregon dentists be included in the conversation and that our expertise in dealing with high-risk patients, possible dental complications, and dental emergencies be thoughtfully considered.

Every child in our state deserves the highest quality health services delivered in the safest way possible. The most vulnerable children should not be treated by the least trained. Please do not move this bill out of committee without substantial revisions to ensure patient safety.

Sincerely,  
Natasha Bramley, DMD  
Portland, OR