

February 28, 2021

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

Subject: Significant Concern with HB 2528

Chair Prusak, Vice-Chairs Hayden and Salinas,

I am an Oral and Maxillofacial Surgeon practicing in Portland for over 14 years. My credentials include:

- Immediate Past President of the Oregon Society of Oral & Maxillofacial Surgeons
- Previous President of the Multnomah County Dental Society
- Part time faculty at OHSU School of Dentistry since 2010
- Member, Gov Kate Brown's COVID Taskforce
- Member, Dental Health Aide Therapist Workgroup 2020**
- Member, Oregon Board of Dentistry's Anesthesia Committee
- Member, American Association of Oral & Maxillofacial Surgeons "Special Committee on the Response and Recovery of the Pandemic"
- Member, American Association of Oral & Maxillofacial Surgeons "Special Committee on the Virtual Meeting"
- Diplomate, American Board of Oral & Maxillofacial Surgeons
- Diplomate, American Board of Dental Anesthesiology
- Fellow, International College of Dentists
- Fellow, American College of Dentists
- Oregon Dental Association, Board of Trustee
- Past Member, Oregon Board of Dentistry Implant work group
- Volunteer, Medical Teams International Dental Van
- Volunteer, Oregon Mission of Mercy
- Volunteer, Donated Dental Care of Oregon
- Past Board Member: Free To Smile Foundation
- Over 15 overseas missions delivering Cleft Lip and Palate repair and some Oral Surgery
- Former Lt. Commander, U.S. Navy Dental Corp
- 2 Middle East Tours

Today I write with significant concerns on the Dental Therapy bill, HB 2528.

As a member of Dental Health Therapist Work Group with former Senator Monnes Anderson, I think that the proponents of HB2528 have a flawed vision of how their bill, as written, could benefit Oregonians, specifically Oregon's underprivileged and BIPOC communities.

First and foremost, I would like to express what I see as the positives of HB 2528. As a leader of the United Kingdom's National Health Service once declared during a meeting regarding socialized dentistry: "The Best Dentistry is No Dentistry." The point is that PREVENTION is the key to long term oral health in any community. HB 2528 has plans to utilize either a Dental Therapist (DT) or a Dental Health Aide Therapist, aka DHAT (**there is a big difference between the two**) to provide preventative Dental care which includes non-surgical procedures and preventive therapies along with the ever so important counseling and education needed to encourage people to change certain habits in favor of good oral health. This is a good thing, and it is supported by data provided by the **only study** from Dr. Donald Chi from the University of Washington School of Dentistry presented to the workgroup. During the workgroup I personally asked Dr. Chi to provide data regarding the safety of Dental Health Aide Therapists performing extractions, starting root canals, and other irreversible procedures like crowns and fillings. He was not able to present any data regarding those procedures when compared to a licensed Dentist.

The workgroup met multiple times for about 3 hours each session. Although everyone behaved professionally, it became obvious to me that there was an undercurrent of hostility toward the well-respected experts who posed challenging questions for the proponents of the bill who hold dental degrees, all of whom stand to benefit from the passage of HB 2528. I would like to state for the record that whether HB 2528 passes or fails, it will have NO financial impact on me whatsoever. For most Oral & Maxillofacial Surgeons in Oregon, they will not financially benefit whether HB 2528 passes or fails. However, if HB 2528 passes as written, we fully expect to be called upon to take care of patients after they undergo unsuccessful attempts by DHATS to extract teeth or control bleeding because of lack of education, training, and experience. Despite the best intentions of the proponents of this bill, as well as the best intentions of future DHATs, an unsuccessful attempt to extract a tooth, start a root canal, stop bleeding, place sutures, place a crown, or place a filling **OFTEN CAUSES UNNECESSARY PAIN AND SUFFERING** to patients which is not only uncomfortable and unpleasant, but often leads that patient to **AVOID FUTURE NECESSARY DENTAL CARE**. Ask any practicing dentist what the number 1 reason is that a patient avoids dental treatment, and it is not because of finances, but because they recall a painful or traumatic experience from a previous provider. A high school graduate with a couple years of "on the job" training and minimal scholastic study is at a much higher risk of causing unnecessary pain and suffering to patients when extracting teeth and starting root canals, among other irreversible procedures, regardless of intention.

After listening and providing input to the workgroup for 10 to 12 hours, I am still trying to find ANY meaningful changes from last years bill. It seems as if the proponents had no intention of receiving expert advice in earnest.

The flaws of this bill are vast, whether it be regarding education and training requirements, board of dentistry requirements, scope of practice (again allowing minimally educated and minimally trained people to extract teeth and start root canals, among other procedures), and level of supervision.

Consider this scenario, **ONE GENERAL DENTIST** can **supervise 5 Dental Health Aide Therapists indirectly**, which means he or she may supervise the DHAT from a remote location. The **DHAT can supervise up to 4 dental assistants** directly. For example, one dentist in Portland may oversee the treatment of 5 DHATs; one in Medford, one in McMinnville, one in Salem, one in Grant's Pass, and one in Astoria. Within each of these 5 locations, the DHAT has 4 patients that are in various phases of dental treatment, like waiting for local anesthesia, extracting a tooth, waiting for bleeding to stop after an extraction, and having a rubber dam placed. So, this one dentist is supervising the peri-operative care of up to 20 patients. This dentist, by the way, can be in his or her clinic treating patients like any other practicing dentist. Let us say there is a medical emergency that occurs with one of the patients in a remote location, or maybe two concurrent medical emergencies. The potential for unnecessary pain, suffering, morbidity & possible mortality is greatly enhanced by the guidelines set forth by HB 2528. Oregonians deserve better. Underprivileged and BIPOC Oregonians deserve better.

A few of this bill's proponents, who hold dental licenses and who could potentially benefit from its passage as written, have been steadfast in allowing minimally trained high school graduates to perform oral surgery, among other irreversible procedures. SB 2528 provides a financial incentive to edentulate or partially edentulate people because the re-imburement for extracting teeth is higher and more timely than preventive visits for cleanings, sealants, and counseling/oral hygiene instruction. Personally, I find the concept of incentivizing the removal of teeth from underprivileged or BIPOC communities for the sake of financial gain as an abhorrent abuse of Senator Monnes Anderson's intentions. The potential for statewide abuse of our vulnerable populations is an unintended consequence that needs to be brought to light **NOW** before this bill moves any further. I am willing to elaborate on this potential abuse if any member of the Healthcare Committee would like to discuss further.

Please do not move this bill out of committee. Either require the proponents to rewrite the bill or require **substantial revisions** to ensure patient safety.

Sincerely,

Dr. Normund K. Auzins
Portland, Oregon