

To: [Senate Health Care Committee](#)

Measure: [HB 2996A](#)

Position: Support

Wednesday, April 19th, 2023

Good Afternoon Chair Patterson, Vice Chair Hayden and Members of the Senate Health Care Committee.

My name is Ashish Patel and I'm a board certified oral and maxillofacial surgeon, head and neck surgical oncologist practicing primarily in the Portland metro area. I am writing today to express my strong support of HB 2996A and as a board member of the Oregon Society of Oral and Maxillofacial Surgeons.

I am a dentist and physician and received my MD and DDS from NYU. I am the Director for the Fellowship in Head and Neck Oncology at Providence Cancer Institute, and Director of craniomaxillofacial and neck trauma at Legacy Emanuel Medical Center.

My clinic work centers primarily on oral surgery and surgical oncology. I am an expert in head and neck cancers and I employ the use of dental and medical radiography daily in my practice. Patient safety is of utmost importance to me, and my colleagues in this field, so first, I would like to address the safety component of dental radiographs and its impact on head and neck cancers.

Much has changed in the past decade of dental radiography, making it now one of the safest procedures we can do in the clinic. Dental clinics switched to the use of digital radiographs which provide significantly lower doses of radiation. The average dental intraoral x-ray has a radiation dose of about 0.005 mSv, which is significantly less than the average amount of natural background radiation received in a day. In addition, modern safety equipment reduces radiation dose outside of the x-ray field.

Removing the written DANB requirement for radiology certification will improve access to a career in dental assisting for Oregonians. This is extremely important as Oregon has a major problem with access to dental care as it is. I personally see 15-20 patients per week in hospital emergency departments and wards for dental problems as they don't have access to general dental care. Patients are life flighted to Portland from other major Oregon cities for me to treat simple dental abscesses. Earlier this year, I saw a patient who was life-flighted from Bend to Portland. A dental assisting workforce shortage seriously compounds this issue and stresses an already heavily leveraged and fragile health care system.

We should remove the unnecessary time and financial barriers for Oregonians to pursue careers in dental assisting. A multiple choice test is not a valid tool in determining whether or not a dental assistant will put a patient at risk of adverse radiographic outcomes.

The truth is, the majority of practical training for assistants, including taking radiographs, occurs at the dental office by the practicing dentist. Dentistry as a practice is extremely diverse. Radiographic armamentarium, doctor preferences, patient population, and subspecialties differ, from practice to practice. A multiple choice test has little value in the above. Passing this test only confirms one can register, pay for, arrange child care, and pass a multiple choice test.

Unfortunately, this can be prohibitive to many skilled and motivated people looking at a career in dental assisting.

I thank the committee members for their time and once again urge your support of HB 2996A this session.

Dr. Ashish Patel, MD, DDS, FACS