

Chair Greenlick and Members of the House Health Care Committee:

I have attached my testimony to the Health Evidence Review Commission (HERC) against covering silver nitrate for caries treatment on the Prioritized List and my testimony to the Oregon Board of Dentistry (OBD) regarding silver (including nitrate) being applied by dental hygienists or assistants under a dentist's general supervision.

HERC was asked by Senator Bates to review the evidence regarding the use of silver for dental caries (cavities). Following their review which also included a Medline report they noted: **"There is no evidence of the effectiveness of silver nitrate + fluoride varnish which is what would be used in the US (because the FDA has not approved silver diamine fluoride) and there are no US studies of either type of treatment...**there is no data supporting that delayed restoration compared to immediate restoration is beneficial. Cosmetic concerns about permanent black staining in the teeth exist. Although the international studies are promising, no US major dental organizations currently recommend the use of silver compounds. **This appears to be an experimental treatment at this time, and more research demonstrating efficacy and safety is required prior to allowing OHP patients to have this procedure done.**" The commission voted unanimously to accept this recommendation.

OBD reviewed a request from an Oregon dentist to allow the application of silver nitrate by dental hygienists and assistants under general supervision of the dentist. OBD is charged with protecting the public's safety and assuring high quality dental care. In my testimony to them, I indicated application of silver nitrate when used off label for treatment of cavities should be applied by the dentist -- the highest trained professional of the dental team.

More research is needed to demonstrate efficacy and safety of silver used for caries. When used, silver nitrate permanently stains the tooth black. When weighing scope of practice it would be prudent to weigh whether a procedure is irreversible as one of the factors.

The HERC has been empowered by the Oregon Legislature in the important responsibility of evidence based review and decision making. The OBD has the statutory responsibility to protect the public safety and ensure the quality practice of dentistry.

I would ask the committee not to accept the amendment to HB2065 as it places at risk the critical responsibilities that fall under the HERC and OBD. It is not good public policy to do otherwise.

Thank you for the opportunity to share testimony,
Deborah Loy
Capitol Dental Care

December 13, 2012

Health Evidence Review Commission
1225 Ferry Street, Suite C
Salem, Oregon 97301

Re: Against OHP Coverage Package Inclusion of Silver Nitrate and/or Silver Diamine Fluoride

Dear Commission Members:

This written testimony is against covering silver compounds under the Oregon Health Plan (OHP) for caries management. It is in support of the HERC's recommendation not to cover them under the program. The OHP administrative rules define both dentally appropriate, and evidence based medicine in context to covered services. Words used to define these two important terms include: Generally recognized by the relevant scientific community and professional standards of care; Inclusive of external clinical evidence from systematic research; and services that are required for the treatment of a dental condition that can be safely provided to a member. The administrative rules also state under excluded or not covered services, those that are considered experimental or investigational, and deviate from accepted standards of practice from which there is insufficient outcome data.

Silver nitrate's use for caries management is not standard of care in the industry. Silver nitrate has been used in dentistry for the treatment of mouth ulcers. As noted in Med Project's review there is little evidence available for its use for caries. Silver Diamine Fluoride's use for caries has limited evidence. Medline notes further research is required to help identify its most efficacious use and limitations. American Dental Association evidence based review also found limited evidence, and further states safety outcome with silver diamine fluoride is not clearly defined. There is a potential problem with a conclusion it is safe from a study not adequately powered to detect adverse outcome that may be rare.

If the scientific evidence is insufficient professional organizations determine standard of care and acceptance in the industry. The American Dental Association, American Pediatric Dentistry Association, the Association of State Territorial Dental Directors, Indian Health Services, Agency of Health Policy Research, the Center for Medicare and Medicaid Services (CMS) and a search of other groups does not produce a single organization on record in support of silver compounds use for caries, especially in the United States with access to alternative treatment options. ..

The HERC and the OHP are stewards of public funds and must have as one of their oversights a concern for safety... CMS requires states consult with recognized dental organizations involved in child health for guidance on care and periodicity of services. ..One would be hard pressed to find another state Medicaid program that for children is covering silver nitrate for caries in lieu of restoring teeth. Silver nitrate for those clinicians who embrace it for caries is widely used on children.

In summary, evidence does not move fast enough for some. They personally feel the need justifies the risk. Medicine regrettably has shown great haste can lead to great harm. Dentistry is young in evidence based review of treatment. A public health dentist wrote, 'dentistry can only progress as a science-

based profession if we start to follow the conventions of evidence-based practice. ..' I could not agree with him more.

Thank you for the opportunity to share. Yes, you will hear from a few in the industry who will say it has been used for a 100 years (not for caries). They have found it to be the silver bullet (even though they have no or limited scientific data). A well respected legislator stated to me Oregon's poor people should not be experiments, like those that happened long ago (a dark time in United States history). Oregon's most vulnerable citizens deserve better.

Sincerely, Deborah Loy
Executive Director of Government Programs
Capitol Dental Care

January 16, 2013

Oregon Board of Dentistry
Rules Oversight Committee
1600 SW 4th Avenue, Suite 770
Portland, Oregon 97201

Re: Against Allowing Dental Assistants and/or Hygienists to Apply Silver Nitrate

Dear Dr. Brandon Schwindt Chair and Committee Members:

I am unable to attend the Rules Oversight meeting in person. I appreciate the opportunity to share written testimony.

The Oregon Board of Dentistry is charged with the mission to protect the public by assuring the citizens of Oregon receive the highest quality care. Oregon is somewhat unique, in that we have a limited in number but very impassioned group of dentists who have incorporated silver nitrate's use into their practices. Silver nitrate is approved by the Food and Drug Administration (FDA) for use in the United States (US) although not for caries. Its use for caries would be off label. Silver Diamine Fluoride (SDF), another silver product which is used for caries in other countries which has not been approved by the FDA for use in the US.

Many of the patients seen by these dentists are covered under the Oregon Health Plan (OHP), our state's Medicaid program. Both federal and state regulations disallow Medicaid coverage of experimental procedures. At the request of Senator Bates the Health Evidence Review Commission (HERC) under the Office of Health Policy and Research was asked to determine 'should coverage for silver compounds (silver nitrate plus topical fluoride or silver diamine fluoride) to prevent and treat caries be added to the Prioritized List. The commission relies on evidence based practices and professional standards of care in determining coverage.

HERC obtained a report from the Oregon Health Sciences University Medline Project, an evidence based review group, as well as their own staff's collection of data and professional organizations information. Following are the HERC's staff summary of the findings and their recommendation: 'there is evidence in resource-poor countries that silver diamine fluoride is effective at preventing and arresting caries. However, there is no evidence of the effectiveness of silver nitrate and fluoride varnish which is what would be used in the US (because the FDA has not approved silver diamine fluoride) and there are no US studies of either type of treatment...Although the international studies are promising, no US major dental organizations currently recommend the use of silver compounds. This appears to be an experimental treatment at this time, and more research demonstrating efficacy and safety is required prior to allowing OHP patients to have this procedure done.' The HERC's Value Based committee voted unanimously to accept this recommendation.

Oregon Revised Statute 679.140 (4) states, 'in determining what constitutes unacceptable (or one could say acceptable) patient care, the board may take into account all relevant factors and practices, including but not limited to the 1) practices generally and currently followed and accepted by persons licensed to practice dentistry in this state, the 2) current teaching at accredited dental schools, 3) relevant technical reports published in recognized dental journals and the 4) desirability of reasonable experimentation in the furtherance of the dental arts.

Regarding the items above in determining unacceptable (or acceptable) patient care, 1) generally accepted and currently followed practices by those licensed in Oregon to practice dentistry is restorative care for treatment of caries. (This is consistent with the standard nationwide.) 2) I am unaware of any accredited dental school teaching the use of silver nitrate for caries. 3) There have been international studies and technical reports on SDF, none on silver nitrate. Dr. Steven Duffin had a published article in the California Dental Association Journal on use of silver nitrate in his practice and anecdotal findings. This article would not be weighted sufficiently to qualify as a technical report. 4) Therefore use of silver nitrate as acceptable patient care would appear to fall under 'reasonable experimentation in the furtherance of the dental arts'.

The dentist is the most trained member of the dental team. He/she is in the best position to oversee experimentation in the furtherance of the dental arts. The HERC did a non-biased review of the evidence and information available on silver nitrate and SDF. .. Of course this review was done related to the HERC and OHP patients however it certainly can be extrapolated to the general citizenry of Oregon as well. It seems very counterintuitive in the interest of protecting the public and assuring Oregon citizens have the highest quality of care to allow dental assistants and/or hygienists to apply silver nitrate.

I am asking the Rules Oversight committee in the interest of protecting the public not to approve a rule allowing dental assistants and/or hygienists to apply silver nitrate under any level of supervision. Off label use of silver nitrate for caries should continue to be under the direct care of the dentist.

...Again I thank you whole heartedly for your consideration of my written testimony.

Sincerely,
Deborah Loy