

February 4, 2020

To: Chair Monnes Anderson, Vice-Chair Linthicum, and Members of the Senate Health Care Committee

RE: Testimony in Opposition of SB 1549, Relating to dental therapist licensure

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Dear Chair Monnes Anderson, Vice-Chair Linthicum, and Members of the Senate Health Care Committee:

Yakima Valley Farm Workers Clinic (YVFWC) is writing in opposition of SB 1549, which will create a new type of midlevel dental professional licensure in Oregon.

YVFWC is a nonprofit 501(c)(3) organization that provides comprehensive medical and social services for more than 149,000 people and is the largest community based health center in the Pacific Northwest. We provide comprehensive and cost effective care options for the most underserved communities in Marion, Multnomah, Clatsop, Columbia and Umatilla Counties. YVFWC has been delivering quality primary care tailored to the needs of underserved populations in Oregon and Washington for 45 years.

YVFWC continues to be opposed to midlevel dental therapists as a solution to the access to dental problem. YVFWC is committed to providing high quality health care to all of the patients and communities we serve and that includes dental care.

- Creating a midlevel provider creates a two-tiered health care model where patients with private insurance and/or the ability to pay will have access to dentists and those who cannot afford to pay and/or are on Oregon Health Plan will have care provided by the midlevel provider. That creates inequity in Oregon's health care system. We should ask ourselves, if given a choice in providers, would we chose to have our children or grandchildren worked on by someone with this low level of training? YVFWC thinks of our patients and the communities we practice in as family, and if we would not chose a provider type for our family, then we would not chose that level of provider for our health center patients either.
- The cost for setting up a midlevel to be able to provide services is no different than for a regular dentist. The only cost difference is the lower salary of the midlevel. For that lower salary you get:
  - A provider with as little as 2 years of training after graduating from high school. Proponents of dental therapists often equates them with nurse practitioners but they fail to emphasize the training differences, nurse practitioners have advanced degrees.
  - A provider with this low level of training will be working on children and adults with Oregon's greatest and most difficult oral health needs.

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- It is often said that midlevels can do the “easy” care allowing the dentists to concentrate on the more difficult patients. While this sounds great in theory, the reality of this comes at a high cost. This practice model will lower dentist productivity since the “difficult” care takes longer and is physically and mentally more difficult to do. A productive dentist’s schedule requires a mixture of easier and difficult patients.
- Proponents point out that dental therapists will pay for themselves in productivity but fail to compare their productivity with a dentist using those same operatories. Midlevels can only provide a limited number of services vs. the wide range of services our dentists can do and our patients need.
- Currently, Medicaid works well for health centers because of the mix of services. Dentists get a Federally Qualified Health Center (FQHC) encounter payment for procedures that take 30 minutes or 2 hours. If you have midlevels out in the field skimming off the exams, preventative care and simpler restorative care, this will leave the health centers with patients requiring the longer more costly procedures. This would have a clear negative impact on the Community Health Center (CHC) dental programs upsetting the thin financial margins they currently have. From a practice standpoint, Oregon and our CHC’s need to think about the total effect of midlevels on the practice and not just as a cheaper provider.
- Midlevels in Canada and Minnesota have failed to stay in the rural areas where the greatest need is. They have mostly gone to the urban areas. YVFWC sees no reason why this will not be the same in Oregon. Canada recently ended a large midlevel training program because of this very issue.
- The way the legislation is currently written it allows for abuse by corporate dental groups. Today, corporate dental groups are not competing with CHCs because the pay model is not economically viable for them. If a corporate dental entity can hire 5 midlevels and each of those midlevels can employ 4 Expanded Function Dental Assistants, you have the exact formula for a dental mill. This legislation would give an open invitation to unscrupulous outside dental practices into Oregon’s most vulnerable patient populations.

Finally, SB 1549 creates an entire new provider type and a policy change this large should be discussed in a longer session, when there is time to fully consider the implications of this change on the practice of dentistry within our CHCs or to amend the bill to provide better protections and equality for the patients we serve. For the above listed reasons, YVFWC respectfully requests the committee to oppose SB 1549 and find a more equitable solution to Oregon’s access to dental problem.

Sincerely,

Stephen Davis, DDS  
Chief Dental Officer, Yakima Valley Farm Workers Clinic

**For questions, please contact: Lauren Smith, Government Affairs Specialist  
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