

Senate Bill 1549 – Dental Therapists

OR Dental Access Campaign response to Oregon Dental Association claims during Senate Health Care Committee 02/04/20

**Claim: Need to wait for data and the end of the pilot projects. This was “agreed” upon in 2011.**

False. There was never an agreement from any of the proponents of SB 1549 or the legislature. Most of us were not at the table. There was a compromise bill that has led several of us, and the state, to spend significant resources on building pilot process instead of spending those resources more directly on patient care. The data from project #100 is turned in every single quarter to OHA, is public information, and early findings are available. ODA and Board of Dentistry representatives are on our pilot’s advisory committee and have received all of this data.

**Claim: “Worse than not passing this bill is passing the wrong bill for underserved”**

True. This is not the wrong bill, and this is the right time. Our coalition is made up of the providers in Oregon that are delivering the most care to OHP, Tribal and uninsured Oregonians. and know best the barriers to care for our communities. Passing a bill that was described by the opposition would indeed be bad policy, and unfortunately they were misinformed:

**Claim: This bill allows anyone to be a dental therapist no matter what their training model.**

False. The bill (with suggested amendments) reads:

Our coalition agrees that CODA standards are absolutely the standards an education program should meet and that is why the bill directs the Board of Dentistry to approve education programs that are CODA accredited.

We also know that while there are programs undergoing CODA accreditation, they are still in that very long process. Alaska’s dental therapy education program was the first to apply for CODA accreditation and is the furthest along, with a site visit next month. Education programs in Vermont and Washington are going through the process concurrently as they are being built. To that end, we allow **the Board of Dentistry** to evaluate other programs and accepts those competency-based programs that meet their standards.

The bill also allows a pathway for current dental pilot project dental therapists to become licensed using the education programs and clinical practice approved by the state during the rigorous pilot process. They are still subject to the rest of licensure and all other requirements.

**Claim: Alaska education program only requires 35 credit hours and only 400 hours clinical hours. And Alaska model is high school graduation plus two years.**

False. The Alaska program has a 14 year record of graduating competent dental therapists and is on track to become the first CODA accredited dental therapy education program in the US. The CODA requirements are at least three academic years of full-time instruction which in the Alaska program equates to 70-72 credit hours depending on electives. That is BEFORE students begin their 400 hour minimum preceptorship. Students are not eligible for the minimum 400 hour preceptorship until they have successfully completed the degree. A significant portion of the education program includes clinical hours during the education program. In Alaska that means the final academic year is primarily

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clinical time taught under the direct supervision of dental educators that are dentists. Students are in clinic throughout the program with the final year concentrating on practicing and refining clinical skills.

### **Claim: MN requires 24 credit hours in undergrad plus 3 years of clinical**

False. This program is also going through CODA accreditation and turned in its self study at the end of the school year in 2019. This program requires a minimum of 3 academic years. The Bachelor's dental hygiene degree in Minnesota is 77 credit hours with the ability to obtain a Masters degree in dental therapy afterward by completing an additional 42 credit hours. This is all before students begin their preceptorships.

### **Claim: Bill doesn't include an exam.**

False.

SECTION 3. (1)(e) Passes an examination described in section 5 of this 2020 Act; and

SECTION 5. (1) The Oregon Board of Dentistry shall approve a written dental therapy examination that contains subjects appropriate to the scope of practice of dental therapy, including relevant laws and rules related to the practice of dental therapy in Oregon....

### **Claim: Allows anyone from anywhere with any training to practice in Oregon.**

False. The bill values workforce development and recognizes the need to employ providers that move to Oregon, just like any other profession. The bill provides a pathway through limited license to make sure that qualified practicing dental therapists with valid authorization seeking a license in Oregon can meet our state's standards, pass our exams, and are trained in our defined scope of practice:

SECTION 4. (1) The Oregon Board of Dentistry shall issue a limited license to practice dental therapy to an applicant who:

(a)(A) Holds a valid authorization to practice dental therapy from another state or Canadian province, the federal government or tribal authority; or

(B) Is authorized to provide dental care under a dental pilot project, with a substantially equivalent scope of practice to that of a dental therapist, as determined by the board by rule;

(b) Has completed at least 560 hours of practice in the provision of dental care described in paragraph (a) of this subsection in the two years prior to the date of application;

(c) Provides other information as required by the board by rule; and

(d) Pays a licensure fee.

(2) A person to whom a limited license is issued under this section may provide only the care within the scope of practice of dental therapy that was allowed by the person's authorization described in subsection (1)(a) of this section.

(3) A limited license issued under this section is valid for 18 months from the date of issuance and may not be renewed.

(4)(a) A person to whom a limited license is issued under this section

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may apply for licensure under section 3 of this 2020 Act if the person demonstrates the competency required by the board by rule.

(b) A person described in this subsection is exempt from the requirements of section 3 (1)(c) and (d) of this 2020 Act.

**Claim: Scared about General supervision and medical emergencies**

General supervision of dental therapists is key to extending and integrating care into the community and other practice settings. Dental therapists enter into a practice plan with extensive requirements (which are prescribed in Section 7), including the level of supervision allowed for each procedure and the requirement to have a dentist available for communication even if offsite. Dental therapy has a track record for safety that surpasses dentistry. In 15 years in AK and 10 in MN there have been no malpractice claims and in our pilot project no adverse events or patient complaints reported. Dental therapists are trained in medical emergency protocols in school and must follow their employers' policy and procedures as well.

SECTION 7. (1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a practice plan with the dentist. The practice plan must include at least the following information....