

February 18, 2020

HOUSE HEALTH CARE COMMITTEE

RE: Testimony in support of SB 1550 A

Chair Salinas, Vice Chairs Hayden and Nosse, and Members of the Committee,

For the record my name is Dr. Jennifer Clemens. I am the Interim President and Dental Director for Capitol Dental Care (CDC). We are a dental care organization that provides care to Oregon Health Plan (OHP) beneficiaries, through contracts with coordinated care organizations across the state.

I am here to testify on SB 1550 A and to request your support for the bill.

SB 1550 A defines Interim Therapeutic Restorations (ITR), also referred to as scoop-n-fill or non-drilling fillings, to the services that an Expanded Practice Dental Hygienist (EPDH) may provide when caring for those in need of dental health services. It also clarifies the role of the dentist for diagnosing lesions, adds language about the curriculum to be adopted by Board of Dentistry by rule, clarifies that completion of a Board-approved course is required before an EPDH can do ITR, and includes language to allow for currently trained EPDHs to continue to practice until the Board rules are adopted.

Evidence-based studies have shown that the majority of underserved individuals with the majority of dental disease cannot take advantage of the traditional oral health delivery system. In Oregon, that is largely due to severely limited access to dental providers; in fact, thirty-three of thirty-six Oregon counties are designated by the federal government as dental "Health Professional Shortage Areas (HPSAs), meaning that large segments of the state's population cannot adequately access oral health services. These access issues affect low income, rural and underserved populations and are especially critical for children.

More specific information on the status of children’s oral health in Oregon is seen in the 2017 Oregon Smile Survey Data report, compiled by the Oregon Health Authority. The survey showed that among Oregon children aged 6 to 9 years old, 49% had already had a cavity. Because cavities are a preventable health condition, access to oral health services can make an impact in reducing the incidence of decay.

In an attempt to resolve the problem of dental access, the Oregon Legislature passed SB 738 in the 2011 session. It established the Dental Healthcare Workforce Pilot Project Program within the Oregon Health Authorityⁱ. SB 738 gave OHA the authority to “approve pilot projects to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care.”

One of the options for developing innovative practices outlined in SB 738 for the pilot projects was to “teach new skills to existing categories of dental personnel.” The goal of Pilot Project 200 is to teach Expanded Practice Dental Hygienist (EPDH) the use of Interim Therapeutic Restorations and to integrate this practice in school-based dental preventive programs in rural settings, where an especially large number of low-income children are unable to access dental care. The results of the pilot have shown that this innovative model of care provides necessary dental services to children who otherwise do not have access to dental care. It has also shown that it is very successful in addressing their needs by preventing further progression of dental disease.

By adding Interim Therapeutic Restorations to the services that an Expanded Practice Dental Hygienist can provide, SB 1550 A is one way that Oregon can address the lack of access to dental care.

There was no opposition to the bill and SB 1550 A passed out of the Senate Health Care Committee and the Senate Floor with unanimous votes.

We appreciate the opportunity to testify before you today, and respectfully request your support of SB 1550 A.

Thank you.
