

I am a pediatric dentist, dental anesthesiologist, and public health dentist in private practice and on the educational staffs of three hospitals; and am a volunteer paramedic in active service for my community. I strongly support HB 2528 and present my testimony to the committee.

I was the founding director of a pediatric dentistry residency program; and have an appointment as an assistant clinical professor at a major medical school. I have practiced and taught pediatric dentistry, dental anesthesiology, and pre-hospital emergency medicine to general practice and pediatric dentistry residents from three major medical centers for three decades. I can state unequivocally that the dental therapists licensed under Oregon's proposed legislation would be as competent and effective as general or pediatric dentists; and would not, as many dentists have argued, pose a danger to the public.

The medical profession has long maintained its support for allied professionals performing limited procedures within their scopes of practice. This model has allowed greater public access to high quality medical care, while simultaneously keeping costs down and increasing physicians' ability to practice efficiently and profitably.

Paramedic practice, for example, has allowed highly trained non physicians to bring high quality medical care where it is needed. Paramedics perform perilous and technically demanding procedures in private homes, public facilities, and moving ambulances, under the general supervision of physicians, similar to the model proposed for dental therapists. Initial formal paramedic training lasts, in most cases, two years after high school, similar to the amount proposed for dental therapists. They are subject to continuing education requirements, as are dentists and dental therapists, whereby they improve and update their skills and become further proficient. It is ludicrous to suggest that the amount of training, supervision, and continuing education proposed for dental therapists would pose a danger to the public, when paramedic practice has proven just the opposite.

It is especially specious that dental specialists, such as pediatric dentists and oral surgeons, have argued that dental therapists are insufficiently trained to understand the complexities of dental treatment and to ascertain the potential complications of seemingly simple procedures. Why then does the dental profession feel it acceptable for a new dental school graduate, with no specialized training, to be legally permitted to perform whatever procedure he/she desires, with no required supervision? If the answer to this query is that organized dentistry believes a four-year dental school training is the necessary and sufficient qualification for the ability and trustworthiness to self-supervise, why then do they not trust the independent dentist to supervise his/her dental therapist through a collaborative service agreement?

Dental therapy practice is a free market approach to improving healthcare throughout Oregon safely and cost effectively, without increasing taxpayer liability. The paradigm expands the ability of private practitioners and public clinics to provide quality dental care for everyone, including those on public assistance, more efficiently and profitably, while potentially lowering costs for patients and taxpayers.

Hiring a therapist would allow a dentist the ability to delegate basic services and practice at the top of his/her profession, while simultaneously providing greater incentive to care for those on public assistance, which would be cost prohibitive without such a paradigm.

Public clinics would be better able to hire clinicians, especially for heretofore underserved populations, including those on public assistance, at reduced cost.

Many public and private organizations on both sides of the political spectrum wholeheartedly support the licensing of dental therapists. The only opponents of note seem to be dentists, who have consistently presented testimony that obfuscates the positive evidence and public policy benefits, while hypocritically and dubiously positing spurious safety claims.

Dentists often claim that licensing therapists would force two standards of care upon the public. This intentionally conceals the fact that decades of worldwide data confirm the equivalent standard of care provided by dental therapists. It also ignores the fact that, just as currently exists, no one would be forced to utilize the services of any individual practitioner. Freedom of choice would not be abridged by this legislation.

Why would organized dentistry expend significant resources and money to quash a proven option of bringing safe, cost effective, quality dental care to more people at lower cost? One can only speculate as to their motives, but as Supreme Court Justice Samuel Alito noted in *North Carolina State Board of Dental Examiners v. FTC* “Nor is there anything new about the suspicion that...in attempting to prevent persons other than dentists from performing...procedures [dentistry] was serving the interests of dentists and not the public. Professional and occupational licensing requirements have often been used in such a way.”

Licensing requirements should be used for the betterment of the public, not to quash possible competition for providers. This proposed legislation will improve public health and professional satisfaction, with no downside other than to the egos of those who seek to maintain the status quo.

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