



March 4, 2021

House Committee on Health Care
900 Court Street NE
Salem, Oregon, 97301

Subject: Significant Concern with HB 2528

Chair Prusak, Vice-Chairs Hayden and Salinas, and Members of the Committee

The OHSU American Student Dental Association (ASDA) chapter does not support and has significant concerns with the Dental Therapy bill, House Bill 2528. There is a concern with dental therapists actually providing access in rural areas and the financial impacts of this bill. I would also like to discuss how being a dental student and the ASDA-ODA Liaison has shaped my view on this matter.

The goal of midlevel providers is to alleviate barriers to care and serve the Health Professional Shortage Area (HPSA). However, there is no research to support that this will be the case. Not only is there no data to support this, there is contradicting evidence that most dental providers do not work in rural areas. In Minnesota, where they have the longest standing dental therapist program, only 9 of the 86 dental therapists practice in rural areas¹. This example worries me and I would not want the same thing to happen in Oregon. There are programs that allow dentists to work in rural areas in exchange for debt relief. Perhaps more funding should go into these programs where the HPSA is guaranteed a licensed dentist rather than hoping a dental therapist would decide to work in a rural area.

In addition to alleviating barriers to care, the dental therapy bill aims to have a positive impact financially, however, seems to fail at both. Dental related emergency room visit costs are expensive and can often be avoided by seeing a dentist. Again, Minnesota implemented dental therapists in hopes of reducing the number of dental related emergency visits. However, there is no evidence that this resulted in any cost savings. Not only does implementing dental therapy not save money, it can be a large expense. In Canada, \$219.1 million dollars was used for the Non-Insured Health Benefits Program only to defund the program because the benefits did not outweigh the costs of dental therapy programs². We see examples of failed dental therapy

¹ https://www.aapd.org/assets/1/7/AGD_Impact_5_2016_Midlevel_Provider.pdf

² <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-017-0631-x>

programs and I do not want to see Oregon making that same mistake. There are many programs that deserve funding and are proven to be beneficial to the underserved population of Oregon, but I do not believe that dental therapy is not one of those programs.

Finally, I would like to give some personal insight on the education I receive as a dental student. I am currently a second-year dental student at OHSU. As dental students, we spend countless hours practicing for two years on mannequins before transitioning to clinic. Before entering clinic, we need to pass multiple competencies to prove we can provide excellent dental care. Once in clinic, we work under the supervision of licensed dentist with many years of practice. There are licensure exams, board exams and clinic requirements needed to become a dentist. Also, we are not only practicing our dental hand skills, we take many didactic classes to learn about the whole body because there is a clear link between oral health and systemic health. Dental school is an invaluable experience and I cannot imagine providing care to patients with any less education or being held to a different level of education.

In conclusion, the goals dental therapy aims to achieve have been shown to fail. As an Oregonian and future dentist, I strongly oppose the HB 2528. I would like to thank you for your time in reading my letter as well as considering my concern with this bill.

Sincerely,

Helen Zagorodny
Second Year Oregon ASDA – Oregon Dental Association Liaison