

## **Testimony in Support of House Bill 2528**

### **March 4, 2021**

Chair Prusak and Members of the House Committee on Health Care,

For the record, my name is Kristen Thomas and I reside in Beaverton, Oregon. I am a dental hygienist and I work as a dental hygiene educator teaching restorative dental hygiene (the placement of restorations – both amalgam and composite) in both laboratory and clinical settings. In the clinical setting, our patients primarily come from underserved populations. In addition, I am a participant in the Dental Therapy Pilot project #300.

I am writing in strong support of Senate Bill 2528 that would amend the Dental Practice Act to create a licensed dental therapist for Oregon.

As a restorative hygiene educator, I have spent nearly 8 years teaching dental hygiene students about the varieties of dental materials used in practice, their properties, situations when certain materials are more desirable than others, and they spend many hours practicing their skills on a typodont (mouth manikin) before ever seeing their first patients. When they take their WREB or CRDTS Restorative Board Exam, hygiene students do not get to choose which material or tooth they will take their exam on but must demonstrate proficiency in both materials and held to a high standard when recreating the tooth anatomy. In contrast, dental students have more freedom to choose which tooth and which material to place for their board exam and their individual tooth anatomy does not have to be as detailed as it does for restorative hygiene candidates.

But we are here today to talk about Dental Therapy. I go into more detail about the restorative hygiene process above to give you an idea of how skilled a restorative hygienist must be to add the restorative endorsement to their existing or future license. Dental Therapy Pilot #300 is modeled after CODA accreditation standards for dental therapy and takes existing restorative hygienists – some who have had many years of experience utilizing their restorative endorsement – and expands their knowledge and skills to further what they already know. Despite having a wealth of knowledge and experience when restorative hygienists enter the dental therapy program, it is still a rigorous program. New knowledge and new skills do not come without, active learning, reading, struggle and practice – even for experienced clinicians. The idea that Dental Therapists are dangerous, not appropriately educated, or inexperienced is unfounded and, I believe, based in fear of the unknown and strengthened through misinformation.

I listened in frustration as dentist after dentist provided verbal testimony against House Bill 2528 because the participants would be under-educated, only two years out of high school and, as one individual put it, practicing at the highest level of abilities.

One of my favorite things about working as a restorative hygienist and potentially as a dental therapist is that I can meet the basic needs of the individuals who come to see me. I know that the majority of them would not be in a dental chair at that very moment if they didn't have the option of being in our clinic. It is, quite frankly, too darn expensive. I hear dentists say, "Just go to dental school, then!" or I hear them talk of dental therapists wanting to take over what dentist do and that is not the case. I have no desire to do bridge work, complex oral surgery, implants, prosthetics, or root canals. I want to take care of decay in its early stages while the patient is in my chair before it becomes painful and necessary to do these more involved procedures. My original training as a dental hygienist has taught me the value of prevention and early intervention.

Even before Dental Therapy came to Oregon, I heard dentists complain about how they make very little or no money through restorative procedures and through my own experiences in the dental office I believe it. The expense of the materials used to place fillings adds a significant cost to the dental office. For the dentist to meet their overhead costs and still be paid a competitive wage, it's just not a lucrative

procedure for them to base their practice upon. To use the dentist's knowledge and expertise on complex and difficult procedures is a far better and more efficient use of their time.

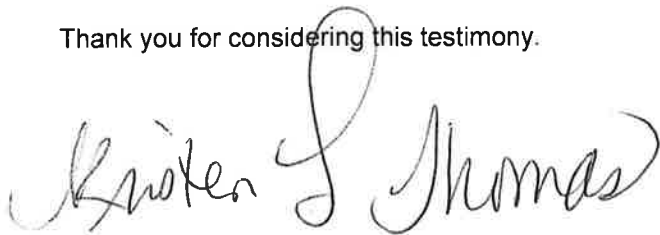
By utilizing Dental Therapists, much in the same way medical offices utilize Physician Assistants, dentists can provide care to more individuals in the population and at a lower cost. More dentists may be willing to take on patients who have insurance through Medicare or the Affordable Care Act because they can provide the same dental services at a lower cost. At this time, the patients that I have talked to frequently shared stories about how difficult it is to find a provider who takes their insurance. At one point, my own brother and his family were unemployed and utilizing dental insurance under the Affordable Care Act and had many difficulties finding a location to receive care that wasn't booked months out and/or taking new patients; particularly for the adults.

As a Dental Therapist in training, I am very aware that I will be completing irreversible procedures on individuals. This does not empower me or make me feel entitled in the ways that some might think. This responsibility to provide the best and highest quality of care overshadows all procedures I consider performing and makes me *more* conservative. Not less. I understand that there is much opposition to this bill and I do not take it lightly. I respect all of the dentists, their knowledge and wealth of experience and I take my new knowledge and skills seriously. I genuinely want to help the populations that need the most care by providing basic dental services at a lower cost and making these procedures more accessible. My vision is not to "go rogue" but to work *with* dentists and other dental team members to create a more accessible model in the state that I call home.

To date, all dental therapy models around the country have proven to be safe and effective. Therefore, while there is understandable apprehension and concern, it is my hope that our state can continue to show forward-thinking progress and plan our future rather than demonstrating a reactionary, unprepared model in the future of dentistry. I hope that in the future, the dental community in the State of Oregon can work together as a team to create a harmonious and unified profession seeking to provide the best care for all residents. Holistic care begins with a unified team dedicated to the patient.

In closing, I urge you to support House Bill 2528 because it will allow dentists to work with dental therapists to expand access to dental care in Oregon.

Thank you for considering this testimony.

A handwritten signature in cursive script that reads "Kristen Thomas". The signature is written in dark ink and is positioned below the text of the testimony.