

**April 21, 2021**

**SENATE HEALTH CARE COMMITTEE**

**RE: Testimony in support of HB 2627**

Chair Patterson, Vice Chair Knopp, and Members of the Committee:

For the record my name is Linda Mann. I am the Director of Community Outreach 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 HB 2627 and to request your support for the bill.

Hb 2627 defines and adds 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 care 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.

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

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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 Authority<sup>i</sup>. 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 these approved pilot projects, (Pilot Project #200) was a close collaboration between OHSU School of Dentistry, Department of Community Dentistry, Capitol Dental Care and Advantage Dental from DentaQuest. Its primary goal was to teach Expanded Practice Dental Hygienists (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. You will hear more about the success of Pilot Project #200 in a minute from Dr. Eli Schwarz.

There is a desperate need for innovative techniques to improve dental access at the national and state levels, including allowing current professionals to provide additional services. By adding Interim Therapeutic Restorations to the services that an Expanded Practice Dental Hygienist can provide, HB 2627 is one way that Oregon can address the lack of access to dental care.

HB 2627 is important because it:

- Provides access to treatment for dental caries where there is none now;

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- Allows an EPDH to provide additional services in the community, especially for children, where they are frequently already receiving school-based oral health services, such as assessments, dental sealants and fluoride varnishes
    - 44% of children with dental disease seen in the Dental Workforce Pilot Project #200 were successfully served in the community;\*
  - Prevents further progression of dental disease in a patient who has had treatment by an EPDH providing ITR;
  - Demonstrates high value to patients and their families, including indirect benefits addressing barriers they face in providing for their family's oral health needs
    - In the Pilot Project, parent satisfaction surveys show a high level of acceptance and satisfaction with treatment (over 90%).\*

We appreciate the opportunity to testify before you today and respectfully request your support of HB 2627.

Thank you.

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