

Dear Members of the Senate Health Care Committee,

My name is Dr Casey Norlin and I am speaking on my own personal opinion on this matter as a dentist. I work in public health, an Army National Guard dentist, and have 10 years of experience as a volunteer firefighter/ Advanced EMT. Having a varied experience working in multiple healthcare environments has given me interesting insight on dental therapist and the concerns I have on patients health. As a public health dentist I see some of the sickest/medically complex patients. Is placing medically/behaviorial complex patients with providers who have never had anatomy, study of disease, immunity, microbiology or other higher levels of education etc. a safe place for these patients? Yes a tooth might be loose and be removed quickly but isn't there an importance to know and understand for example the chemical complexities of a patient with diabetes and the effect on healing or understanding the cardiac system before giving drugs that can effect the heart and lungs of the patient receiving it? In the state of Oregon Paramedics are required an associate degrees and an entire year of anatomy and physiology as prerequisite yet dental therapists who are giving drugs to patients and doing irreversible surgery in patients oral cavity were not even required the same rigorous prerequisite training, education, and exams our paramedics and EMTs are required to maintain. There are other ways to help with barriers to care and a dental therapist is not going to fix those problems. For example in my public health office we have a no show rate of 20%. Over the years that means over 600 Medicaid patients were not seen by me during their reserved time just because they didn't make it to their appointment. Whether it was a dentist, hygienist, or therapist doesn't change the fact if a patient cannot make it to the dental office to be seen for treatment. If we are really concerned about marginalized groups and poor wouldn't you want to have a normal high standard to follow for all patients? Another major concern I have is for our profession and future. There are plenty of dentists out there willing to see patients and work. With record amounts of student debt and low reimbursement rates many dentists actually lose money seeing Medicaid patients. Saturating the field even more is going to result in more suffering and stress for indebted dental professionals coming out of their 500k education during the recessions and Covid 19 pandemic while having irreversible surgical procedure they spent almost a decade to perfect being completed by individuals without the medical education and experience backing their credentials. As a state that is for workers rights to unionize how do we as dentist respond after spending a decade of our life in higher education to be trained in oral healthcare to see our jobs we trained for be taken by a person who took a two year program in Alaska? Would we find it acceptable to tell a patient in a ER having a baby that due to her insurance plan she will only be seen by healthcare provider with 2 years of school and that doctors, PA or nurses are reserved for those who have privilege, resources, or money? In all these examples the answer would be no! So why should oral health be any different. Thank you for your time. Casey Norlin