

May 9, 2021

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

Subject: Significant Concern with HB 2528

Dear Members of the Senate Health Care Committee,

I am an Oral and Maxillofacial Surgeon practicing in Portland for over 14 years.
My credentials include:

Immediate Past President of the Oregon Society of Oral & Maxillofacial Surgeons
Previous President of the Multnomah County Dental Society
Part time faculty at OHSU School of Dentistry since 2010
Member, Gov Kate Brown's COVID Taskforce
Member, Dental Health Aide Therapist Workgroup 2020
Member, Oregon Board of Dentistry's Anesthesia Committee
Member, American Association of Oral & Maxillofacial Surgeons
 "Special Committee on the Response and Recovery of the Pandemic"
Member, American Association of Oral & Maxillofacial Surgeons
 "Special Committee on the Virtual Meeting"
Diplomate, American Board of Oral & Maxillofacial Surgeons
Diplomate, American Board of Dental Anesthesiology
Fellow, International College of Dentists
Fellow, American College of Dentists
Oregon Dental Association, Board of Trustee
Past Member, Oregon Board of Dentistry Implant work group
Volunteer, Medical Teams International Dental Van
Volunteer, Oregon Mission of Mercy
Volunteer, Donated Dental Care of Oregon
Past Board Member: Free To Smile Foundation
 Over 15 overseas missions delivering Cleft Lip and Palate repair and some Oral Surgery Former Lt.
Commander, U.S. Navy Dental Corp
 2 Middle East Tours

Today I write with significant concerns on the Dental Therapy bill, HB 2528. As a member of Dental Health Therapist Work Group with former Senator Monnes Anderson, I think that the proponents of HB2528 have only recently come to the table to address the concerns of the overwhelming majority of Dentists and Dental Hygienists of Oregon. Within the past couple of weeks, amendments have been drafted that certainly improve the bill as it pertains to public safety. However, there is more work to do.

As mentioned in my House Healthcare committee testimony, I once heard a leader of the United Kingdom's National Dental Health Service once declare that "the best dentistry is no dentistry." The point is that PREVENTION is the key to long term oral health in any community.

HB 2528 has plans to utilize either a Dental Therapist (DT) or a Dental Health Aide Therapist, aka DHAT (there is a big difference between the two) to provide preventative Dental care which includes non-surgical procedures and preventive therapies along with the ever so important counseling and education needed to encourage people to change certain habits in favor of good oral health. This is a good thing, and it is supported by data.

The dental health therapist workgroup met multiple times last summer for about 3 hours each meeting. Well respected experts posed challenging questions for the proponents of the bill to consider. Unfortunately, the proponents who hold dental degrees dismissed expert opinion and the science behind those opinions. The responses from the three proponents who hold a dental degree had a common theme. I would summarize that theme to be "since the pilot projects which, allowed Dental Therapists to perform surgical procedures on a few hundred patients (maybe over a thousand patients at best), did not have patients with significant complications or potentially life-threatening post op bleeding (etc.), THEN the DHAT or DT model is just as safe as our current model of Dentists performing surgical procedures. In other words, the small handful of dentists who supervised the very small handful of Dental Therapy trainees treated a few hundred patients and didn't have any problems. Since they didn't see any problems, then it must be safe for the almost 4 thousand Dentists in Oregon to supervise Dental Therapists with over 4 million people of Oregon. That simply goes against any credible scientific method or statistical analysis.

I am not aware of a single Oral & Maxillofacial Surgeon in the state of Oregon that supports this bill as currently written. Oral Surgeons will not financially benefit whether HB 2528 passes or fails. However, if HB 2528 passes as written, we fully expect to be called upon to take care of patients after they undergo unsuccessful attempts by DHATS to extract teeth or control bleeding because of lack of education, training, and experience.

Despite the best intentions of the proponents of this bill, as well as the best intentions of future DHATs, **an unsuccessful attempt to extract a tooth or to stop bleeding OFTEN CAUSES UNNECESSARY PAIN AND SUFFERING to patients which is not only uncomfortable and unpleasant, but then leads that patient to AVOID FUTURE NECESSARY DENTAL CARE.** Ask any practicing dentist what the number 1 reason is that a patient avoids dental treatment, and it is typically not because of finances, but because they recall a painful or traumatic experience from a previous provider, and most of the time it was a childhood experience. A high school graduate with a couple years of "on the job" training and minimal scholastic study is at a much higher risk of causing unnecessary pain and suffering to patients when extracting teeth and starting root canals, among other irreversible procedures, regardless of intention.

HB2528 allows a Dental Therapist to extract teeth on children when the supervising dentist is not in the building and could be hours away. Consider this scenario, a dental therapist is attempting to extract a primary molar (baby tooth). The DT knows that he or she is the only provider for many miles if not over an hour drive. This provider begins to struggle removing the tooth, and the child is uncomfortable, maybe crying. The Dental Therapist is likely going to try and try to remove this tooth, not understanding that the mental trauma being placed on the child will likely result in that child never wanting to see the Dentist again, which becomes a lifelong phobia for this patient. This phobia will affect the patient's oral health for life. The DT does not wish to have say they cannot finish the extraction, and they don't

wish to inconvenience the family by sending them to a Dentist or a specialist. The thought of not having a dentist within the building available to help a struggling Dental Therapist while trying to remove teeth from a child is disturbing to me.

Regarding our adult patient population, our data tells us that the most likely time a medical emergency occurs is during extractions, root canals, and administering local anesthesia injections. Why does this bill have to include a broader scope of practice than almost any other state in the country with the least amount of education and training?

Let us say there is a medical emergency that occurs with one of the patients in a remote location, or maybe two concurrent medical emergencies that a Dentist would be supervising. The potential for unnecessary pain, suffering, morbidity & possible mortality is enhanced by the guidelines set forth by HB 2528.

It is noteworthy to mention that most of the Dentist proponents of this bill work in some capacity with Native American Health clinics. If this bill were specific to only Native owned and operated clinics, then I think the risk of exploiting the financial gains from edentulating adults who may have "loose teeth" would be greatly diminished. However, one proponent of this bill remains relatively silent, and that is the voice of corporate dentistry. As I mentioned to the House Healthcare Committee, the thought of corporate dentistry being incentivized to edentulate adults with loose teeth for financial gain is an abhorrent abuse of the intentions of this bill. However, when you have a lower cost provider who is permitted to extract teeth and is extremely limited in training on how to save teeth, one can see how the financial gains of indiscriminately removing teeth is attractive. Unfortunately, these patients will not have replacement options available, unless you think a plate of plastic teeth (i.e., Denture) is a dignified option. All one has to do is visit a senior center or nursing home during lunch and observe those who have teeth and those who have plastic dentures. Just look at the expressions on the faces of those who can enjoy a sandwich vs those relegated to soup and puree. That is all the evidence you'll need.

Oregonians deserve better. Underprivileged and BIPOC Oregonians deserve better.

Please do not move this bill out of committee. Either require the proponents to rewrite the bill or require substantial revisions to ensure patient safety.

Sincerely,

Dr. Normund K. Auzins
Portland, Oregon