

May 9, 2021
Senate Committee on Health Care
900 Court Street NE
Salem, Oregon, 97301

Dear Members of the Senate Health Care Committee,

I appreciate the opportunity to offer my perspective on HB 2528.

I am a pediatric dentist and have practiced in the low income Rockwood area of Southeast Portland for over 25 years and in Oregon City for 15 years. My offices currently treat about 400 Medicaid patients each month. I also teach pediatric dentistry at Oregon Health and Science University one day each week so I see first hand the challenges of teaching in four years the intricacies of treating dental disease including controlling high speed dental drills that spin at 300,000 rpm which can literally cut a tooth in half within seconds.

Dental schools must teach to the requirements of CODA, an independent body not associated with the American Dental Association, that ensures that a minimum level of dentist training. Dentistry is not easy and done incorrectly it can be dangerous. Dentists routinely inject potentially life threatening medications such as local anesthesia and then perform surgery that can maim, or even kill, if not performed properly.

Unless dental therapists receive quality education at a program that has a CODA approved curriculum, I believe that low cost dental education for dental therapists will provide low quality dental care for the low income patients authorized in this bill. Every patient in Oregon deserves high quality dental care, regardless of their economic status.

Authorizing a new mid-level dental provider may help large clinics cut the cost of providing dental care by paying providers less than they currently pay dentists who are burdened with huge student loans to pay for the high cost of quality dental education. But the dentist salary is only a small part of the whole cost of providing dental care.

Dentistry requires large upfront costs due to the expensive dental equipment required. This means that it is not easy to start new dental offices in low access areas because providing dental care is inherently expensive. For example, just sitting a patient down in a dental chair costs about \$7 in disposable infection control items in addition to all the other fixed costs of running the clinic.

There is not a shortage of dentists in Oregon. Almost all are not as busy as they want to be. Most locations with poor access to care are that way because it is not economically feasible to provide dental care there. Cutting costs by using less expensive dental providers may help somewhat but I would like to suggest that the better way to address this problem would be to subsidize dental clinics in these areas and reduce the financial burden of dental provider student loans with incentives to practice in low access areas rather than cut down on the quality of training dental providers receive.

Sincerely,

Dr. Mark Mutschler, DDS, MS
West Linn, Oregon