

May 12, 2021

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

My name is Amy Coplen and I am the Program Director at Pacific University School of Dental Hygiene Studies which is the training site for Dental Pilot Project 300. Pacific University is part of the Oregon Dental Access Campaign, which includes: Advantage Dental, AllCare Health, Alliance4Kids, APANO, Capitol Dental, Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians, Coquille Indian Tribe, Health Care for All Oregon, Native American Youth and Family Center, Northwest Portland Area Indian Health Board, Oregon Dental Hygienists' Association, Oregon Primary Care Association, Oregon Public Health Institute, Oregon Rural Health Association, Oregon School-Based Health Alliance, Our Children Oregon, Pacific University and Willamette Dental Group. I have practiced in the field of dentistry for over 20 years and been an educator for 12 years.

I am here today to ask you to support House Bill 2528 with the -A10 amendments. Dental pilot project 300 trains practicing dental hygienists who can already place fillings, just 13 additional skills to become a dental therapist. With that being said, Pacific University does not support or endorse a dental hygiene requirement for this bill. Our reasoning for this is because the science doesn't support it. The body of evidence from practicing dental therapists across the country over the past 15 years includes dental therapists educated without a dental hygiene requirement and overwhelmingly shows that dental therapists provide safe, high quality care. The only CODA Accredited Dental therapy program in the country right now does not have a hygiene requirement. Even in Oregon, the longest standing Pilot Project with the most clinical data does not have a dental hygiene requirement.

There have been many statements about dental therapy education. For the record Accreditation Standard 2-1 for DH education programs states: Dental hygienists receive two full years of in-depth education, and Accreditation Standard 2-1 for Dental therapy education programs states: dental therapists will receive three full years of in-depth education. And Finally, Accreditation Standard 2-3 for Dental education programs states: The curriculum must include at least 4 years of instruction or its equivalent. With dental therapists' scope of practice being around 50 procedures as opposed to

over 500 procedures being taught in dental school, I propose to you that dental therapists are actually specialty providers within their smaller scope of practice similar to the way that dental hygienists specialize in preventive dentistry. We also know is that longer and costlier education programs inhibit access to care and reduces the diversity in the workforce.

The Dental Association will continue to claim they could support dental therapy, just not this bill. They consistently request two things: to limit the scope of practice and increase the supervision level. It is important to understand that changing the term “general supervision” to “indirect supervision” may seem like a reasonable compromise, but it will cut off most of rural Oregonians from receiving care from a dental therapist because rural areas struggle to get dentists in their communities. Indirect supervision means the dentist must be on site when any procedures are being performed by a dental therapist. With that being said, over the course of good faith negotiations, the -A10 amendment has moved many of the services in the scope of practice to a higher level of supervision—where the dentist must be in the same building.

Dental therapists are not independent practitioners. This bill requires dental therapists to work under the supervision of a dentist. The collaborative agreement requires the supervising dentist to designate the level of supervision every procedure the dental therapist is allowed to provide. Allowing dental therapists to provide as much care as possible under general supervision—where providers are allowed to travel to underserved areas—is a key policy in the bill that moves our state towards equitable access to care. This bill does not require any Oregon dentist to employ a dental therapist. It does however provide an avenue for Oregonians who desperately need dental care to get access to it. We need to trust the competent and highly educated dentists of Oregon to delegate safely and to oversee the dental therapists work.

In summary, I ask for you to support the House Bill 2528 with the -A10 amendments on behalf of the oral health of all Oregonians.

Sincerely,  
Amy Coplen, RDH, EPDH, MS