

Caution needed for dental therapy bill

As a dentist and dental educator, my life has been dedicated to advancing oral health care. With this background, I believe it is my duty to call attention to a bill working its way through the Oregon legislature – a bill that, as written, may lead to a different standard of care for our most vulnerable patients.

At issue is [House Bill 2528](#). If adopted, the bill would create a new type of dental service provider in Oregon called a “dental therapist.” Under the bill, these new providers could provide an oral diagnosis and perform procedures currently reserved for licensed dentists, including tooth extractions, fillings, temporary crowns, and pulpotomies.

To qualify to perform these procedures, dental therapists would have a similar level of training to dental hygienists (approximately two to three years). But, unlike dental hygienists, they would be allowed to perform more invasive, irreversible procedures, like extracting teeth. While extractions are sometimes simple, one cannot always know whether it will be a simple or surgical extraction until the procedure is underway. Before starting, a provider should be able to manage any potential complications and related treatment.

Dentists don't only do procedures; dentists are part of the primary health care system. Dentists spend eight years earning a doctorate of dental medicine or dental surgery. This advanced education and clinical experience is necessary to safely and consistently plan and care for oral health. Unfortunately, when dental therapists perform invasive procedures allowed under HB 2528, complex patients will be at higher risk, especially in settings far from dentists or medical facilities capable of handling emergency dental situations. Instead of directly supervising dental therapists, dentists would sign collaborative agreements with dental therapists. Many dentists will not feel comfortable with them working on patients with a scope not matched by education and training.

Dentists are concerned about access to care. To increase access, dentists are supporting legislation expanding dental hygienists' scope of practice so they can treat tooth decay with nonsurgical interventions virtually anywhere – no dental office required. Dentists also support improving Oregon's Medicaid system to reimburse providers at levels closer to the cost of care (current reimbursement rates only cover about 35% of the cost), which has expanded access dramatically in other states. Developing a new program for a significantly less trained and slightly less expensive provider will not solve this problem.

There may be a role for limited dental therapy in some places, including sovereign tribal governments if they choose. But HB 2528 goes way beyond this. Legislators are even considering allowing individuals who have not completed accredited programs to obtain dental therapy licenses in Oregon. Accreditation assures a basic minimum standard in training. Dental therapists would be the only dental care provider not required to meet this minimum standard.

The bill creates a tier of care targeted for rural, low-income and historically marginalized communities. But these individuals deserve the same standard of care as all Oregonians, as well as direct access to someone qualified to manage complications should they arise.

There is no doubt when it comes to the concept of dental therapy, passions abound among proponents and opponents. But this should not matter to legislative leaders. What should matter to legislators are the health and safety of the Oregonians they represent. That is why legislators should say “no” to HB 2528.

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