

House Committee on Health Care

900 Court Street NE

Salem, Oregon, 97301

Subject: Significant Concern with HB 2528

Chair Prusak, Vice-Chairs Hayden and Salinas,

My name is Scott Hansen. I graduated from OHSU in 1987, practiced dentistry for almost 30 years in Gresham, Oregon and for the past two years have been practicing with my son, who graduated from OHSU in 2017, in Milwaukie. I have tried for the three decades to provide the best care to all my patients. During that time, I have taken more than 3200 hours of continuing education to learn as much as I can to provide the kind of care to my patients that I would like to receive. I have earned my Academy of General Dentistry(AGD) Mastership which only 2% of all general dentists have earned. In 2017, I was awarded the Oregon AGD Dentist of the year award. I feel that I know more about dentistry than most. Yet, there are still times when I am faced with situations treating patients when my knowledge is put to the test.

I am writing to express my concerns with HB 2528. After reading the bill and seeing what a dental therapist would be allowed to do, I was shocked. There were some procedures on the list that, on first glance, people would say is easily in the scope of someone trained to a DT's level. For example, pulling a primary tooth in a child, or a severely periodontally involved (really loose) tooth on an adult. Some extractions that appear easy can be very difficult and challenging. An ankylosed (sort of fused to the bone) baby tooth is one of the most difficult teeth I extract. An adult tooth that has not much bone around it because of an infection or advanced periodontal disease looks extremely easy to remove if you looked at the x-ray. Yet those teeth can bleed like crazy or the granulation tissue around it can make it extremely difficult to remove.

The bill allows DT's to place sutures. I do a lot of extractions, bone grafts and place a lot of implants. One of the hardest parts of all those procedures frequently is placing the sutures when I am done with the "difficult" part of the procedure. I can't tell you how many hours of continuing education classes I have taken on placing sutures and I still struggle. In fact, one of my study clubs next month we are spending the whole time on suturing. And we are all very experienced dentists.

My Hygienists when to school for three years to learn how to properly treat patients. One of the things they learn is to scale deep pockets around periodontally involved teeth. It is way more than a simple cleaning. In fact, in many cases, the pockets are too deep or too involved and we refer the patient to a periodontist. With little or no training in this area, a DT would be licensed to perform this procedure. If not diagnosed and treated properly, periodontal disease leads to lots of problems, and not just with teeth.

My concern with this bill is not that there is another provider licensed to treat the oral needs of people. I have dental hygienists and dental assistants who provide great care to my patients. But the level of

training and education, for someone doing irreversible procedures on patients, is so inadequate that it is unconscionable. I have a daughter-in-law who is a physician assistant. After receiving her bachelors degree, she worked in an ophthalmologist's office for two years before being accepted into PA school. She then did 30 months of schooling, 12 months of didactic, and 18 months of clinical rotations. She then was able to treat patients as a PA. Chair Prusak can attest to the time spent in school and nursing before she became a Nurse Practitioner. Why would we allow someone with a high school diploma and two years of training to treat patients doing irreversible procedures? Would you want them working on you? My son graduated from dental school in 2017 and continually asks for my advice and treatment opinion. Luckily, we work in the same office. This bill provides for DT's to practice at remote locations without a dentist in the same city.

One of the goals of those in favor of this legislation is to increase access to care in underserved areas. That is the population that often has many untreated oral problems and health problems as well. This makes them some of the most complex and complicated patients to treat. Who wants the least trained providers caring for the people with the most difficult problems?

It seems that if we want to have another level of providers treating the oral health needs of Oregonians, the most logical would be to have a dental hygienist, who already has received a lot of training and experience in the dental office, receive more training that would enable them to provide more care than they currently do. We have Expanded Care Hygienists doing more than scalings and cleanings already. Just as an RN goes back to get their masters so they can practice more independently, so could a hygienist.

I sincerely ask that this bill not move out of committee without significant amendments to protect the people of Oregon who deserve quality health care.

Thank you for your time and service.

Scott S Hansen, DMD, MAGD

Miwaukie, Oregon