

February 24, 2021
House Committee on Health Care
900 Court Street NE
Salem, Oregon, 97301

Subject: Significant Concern with HB 2528

Honorable Chair Prusak, Vice-Chairs Hayden and Salinas,

As a dentist currently in private practice with more than twenty years' experience caring for families of all ages, as well as having spent five years as an associate dentist for Willamette Dental Group, I have serious concerns regarding HB 2528. In particular, I believe the wide scope of practice this bill allows would endanger and put those who need the most help at risk for substandard care. While I am in agreement that there are large populations who do not receive adequate oral health care and have heard the argument that 'some care is better than no care', I worry that the bar for training has been set at a level as to be dangerous. I support the concept of a well-trained dental health aide therapist. HB 2528 is creating the equivalent of a Physician's Assistant (PA) in oral health care. This can ease the burden and allow more 'access' to care. PA training however, requires a college degree and two to three years further training in order to evaluate, diagnose, treat patients with minor surgical or interventional care, and assist the physician—all under direct or close proximity supervision. HB 2528 appears to bypass much of this training and oversight; beginning with no stipulation that schools need standardized accreditation similar to ALL OTHER HEALTHCARE PROFESSIONS and ending with little accountability to the standards set nationally and locally by Oregon's Dental Practice Act. The proposed DHAT training is condensed to a two or three year program directly following high school and ends with the authority to provide diagnostic and surgical care which is currently limited to licensed hygienists and dentists, both of which require extended education beyond high school before beginning professional training. If our goal is to care for those in underserved populations, do underserved populations deserve to be exposed to greater risk?

My understanding is that the primary purpose of having additional dental therapy options was to care for underserved populations—financially struggling, those in locations with no or limited help, those who needed non-traditional hours for care due to work, family, etc.—and yet there is no provisions in this bill to address any of these needs. My concerns will often be portrayed as self-serving and simply trying to thwart competition. Only individuals know what is in their heart and motivation. I choose to see this as a partnership to create safe care for as many as possible. I also firmly believe that shortcuts in training in any profession may turn out without problems, but what happens when problems arise? Especially to those who are not in a position to make a choice. Who is responsible, who will own it? The actual provider, the entity that trains, those who get to decide whether or not the standards are safe, those who make the regulations? The core tenement for dentists and physicians is 'do no harm'. I believe our leaders are entrusted to do the same.

There is a place for auxiliary dental health care providers, in my opinion, if done well. This bill in a nutshell just authorizes a 2-3 year 'dental school lite'/technical school for dental surgery. I am respectfully asking you to consider all of the potential ramifications and help recraft a solution that meets needs of patients safely.

Please contact me if you have any questions, concerns, or additional input.

Thank you for your time and effort.
Sincerely,
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