

Dear House Committee on Health Care,

I am writing to you today to express my deep concern over HB 2528, which proposes the creation of a new Dental Therapist provider in Oregon.

As a full-time dentist and residency director at one of Portland's large hospitals, my patients are often representative of the socioeconomic populations that this bill is intended to support. Many of the patients I treat are only eligible for limited dental treatment or clearance prior to medical procedures – I hear from patients daily that are unable to obtain regular dental care in the community due to financial or geographic obstacles. I doubt there are many dentists, particularly public-health dentists, who do not understand the desperate need for more accessible dental care for underserved communities. I am personally supportive of any solution that can improve access to care, including the creation of dental therapists.

When I began to read the details of this proposed bill, however, I was astonished by the broad scope being proposed for these new providers. Many of these procedures are not even taught as part of CODA-accredited programs, which means they will be trained “on the job” at best, and with essentially no supervision from a licensed dentist. As a hospital dentist, I can tell you that procedures that are ostensibly easy - for instance, extraction of periodontally diseased and mobile teeth – can quickly turn into a major medical emergency if the patient has undiagnosed liver disease or is on one of a myriad of bloodthinning medications that will cause periodontal tissues to bleed uncontrollably in the peri- and post-operative period. Patients who have more complex medical histories such as radiation and bisphosphonate therapy for osteoporosis are at risk of osteonecrosis if teeth are removed in a careless fashion, which can result in the loss of an entire jaw. “Emergency palliative treatment of dental pain” – without limitation – is an open invitation for therapists to attempt procedures for which they are no way qualified, such as root canals, which are complex and can result in major tissue injury if done incorrectly. And allowing a therapist to not just expose but interpret radiographs is purely irresponsible – dentists train for years to become intimately familiar with the complexities of facial anatomy. When we review a radiograph we're not just checking for cavities; we're legally liable for identifying and appropriately managing any abnormality that may be in that image. Allowing minimally trained and unsupervised providers to do this independently is extremely risky from a patient safety perspective.

There are many other aspects of this proposed bill that send up major red flags for me as a hospital dentist. For the sake of Oregon patients, I would like to request that the ODA be permitted to participate in this process and be given the opportunity to propose amendments to the bill. As written, it is clearly out of line with - and vastly more permissive - than what has passed successfully in other states; it's unclear to me why Oregon would be willing to lower its standards to this degree. It should not have to be stated that all Oregonians deserve to receive the same standard of care, regardless of their community or socioeconomic status.

Thank you for your time and consideration,

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President, Multnomah Dental Society