



VOICES UNITED.  
OPPORTUNITY REIMAGINED.

May 10, 2021

Senate Committee on Health Care  
900 Court Street NE  
Salem, OR 97301

RE: Support for HB 2528A with -A10 amendment

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

For the record, my name is Chris Coughlin. I am the Policy, Advocacy and Engagement Director at Our Children Oregon. Our Children Oregon's (OCO) mission is to be a voice and force for the common good for all Oregon children, ensuring all children have the resources and opportunities they need to reach their full potential. OCO is the result of the merger between two historic Oregon non-profits: The Children's Trust Fund of Oregon and Children First for Oregon. We elevate data and lived experience to prioritize children and center communities. We continue to connect a community of 115 advocates, coalitions, and organizations through The Children's Agenda, a legislative agenda championing equitable state legislative policies and shared investments to improve the lives of Oregon's children and their families.

**HB 2528: Establishing the profession of licensed dental therapists is a 2021 Children's Agenda priority. We support HB 2528A with the -A10 amendment** because of the critical need to expand access to basic dental care across Oregon coupled with the successful dental therapy pilots here in Oregon and the positive impact dental therapists are having in other states. Dental therapists are oral health care professionals that can provide basic dental care like exams, fillings, and simple extractions under the supervision of a qualified dentist. HB 2528 will allow Oregon to license dental therapists to practice statewide to address dental care barriers for children and families and provide cost savings to the overall health system.

Proponents of HB 2528, including Our Children Oregon, have come to the table in good faith to try and address concerns of some lawmakers and the Oregon Dental Association by removing some

## The Children's Agenda

*is a broad slate  
of equitable  
investments and  
policy solutions  
to meet the  
holistic needs  
of Oregon  
children,  
youth, and  
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P.O. Box 14694  
Portland, OR 97293  
503.236.9754

[ourchildrenoregon.org](http://ourchildrenoregon.org)

procedures from the scope of practice, and moving many procedures to a higher supervision level. As the bill is currently drafted, many services--including adult extractions, tooth reimplantation and stabilization, and pulpotomies--must be done under "indirect supervision" meaning a dentist is required to be in the same building as the dental therapist. These are services that are taught in all current education programs, could be offered safely in remote settings and could extend needed care, especially in rural areas.

As noted on record by House Health Care Committee Chair Prusak, there remains a few changes that need to be worked out in this committee.

We urge you to support HB 2528A with the -A10 amendment in order to:

- Clarify that graduates of education programs that were approved as part of an Oregon pilot project are eligible for licensure even if the pilot project has ended.
- Remove arbitrary date by which graduates of CODA accredited programs can apply for licensure. Right now, the bill limits applicants before 2025 to only those that are part of an active pilot project. If another education program in Oregon were to be accredited before 2025, those graduates would not be able to apply for licensure as the bill is currently drafted.

Over a million Oregonians live in areas with dentist shortages. Low-income families are more likely to lack access to basic dental care. Less than half of children and about one in four adults who are covered by the Oregon Health Plan (Medicaid) see a dentist each year. "*Dental Care for Oregon's Medicaid-Enrolled Children in 2018*", an issue brief from OHSU's Center for Health Systems Effectiveness, found that Black children had the lowest rate of access to preventative oral health services and the highest rate of emergency room visits for avoidable dental problems. Less than half of American Indian or Alaska Native children, and less than half of Black children received a preventative service.

Based on the 2017 Oregon Smile Survey, children of color and children facing poverty are suffering from high rates of dental disease. Among children ages 6-9, 1 in 2 children have already had a cavity. Oregon children in rural areas are 11 percent more likely to have cavities than children in urban areas. And children of color have higher rates of cavities, untreated decay, and rampant decay than white children. These preventable oral health conditions can contribute to increased absenteeism, increased risk of other negative health outcomes, poor school performance, and poor self-esteem.

Last summer, Healthy Teeth Bright Futures held community listening sessions to discuss child dental care during COVID-19. Patient centered care starts with listening to the needs and circumstances of patients and their families. The goal of the listening sessions was to center communities' expertise and resilience to own and co-create solutions to support their children's oral health. Participants were invited to participate through trusted organizations and outreach focused on culturally specific and rural communities, and included Black, Indigenous and Latinx parents and caregivers.

Parents and caregivers, including but not limited to those on the Oregon Health Plan, shared that they experience a variety of barriers to receive care including:

- appointment scheduling delays
- scheduling conflicts with school and work
- long wait times
- lengthy drive times

Families also shared that dental providers do not readily offer interpretive services or culturally competent care, which heightens patient misunderstanding, distrust, and impacts the overall quality of care. These are real barriers that Oregon families currently face as they struggle to ensure their children receive the dental care they need.

Additionally, the cost of care is a serious concern for families without consistent insurance coverage. Many noted dental care is treated as a luxury and is not something they can prioritize. At the time of the listening sessions, most families believed that due to COVID-19 dental providers were open for emergency visits only, even though that was not the case, and in general they tend to delay care if it is not seen as an urgent matter.

We can and must do better. Oregon families need better access to dental care to improve health outcomes, reduce expensive trips to the emergency room, and prevent long-term health obstacles during COVID-19 and beyond.

HB 2528 will cost-effectively address the unmet dental care needs in rural and underserved communities in the following ways:

- Offering routine and preventive dental care at lower costs to dental practices
- Expanding culturally competent care in the oral health workforce through recruitment of community members into the dental therapy profession
- Lowering state expenditures on expensive acute and

emergency dental care through expanded capacity in dental practices

Oregon children and families deserve sufficient and preventive dental care to improve overall health and well-being. Establishing dental therapists will expand dental care accessibility, lower system costs, and provide better care across the state.

Thank you for all your work. I urge you to support HB 2528 with amendments as outlined above.

On behalf of the Our Children Oregon Team,

Chis Coughlin  
Policy, Advocacy, and Engagement Director

*View the 2021 Children's Agenda at*  
[www.ourchildrenoregon.org/2021-childrens-agenda](http://www.ourchildrenoregon.org/2021-childrens-agenda)