

LC 438: Remove Dental Pilot Project Program Sunset Date

Eliminating the sunset date for the Oregon Health Authority's Dental Pilot Project Program will allow for additional dental pilot projects, which test innovative oral health workforce models and methods to reduce oral health disparities and increase access to oral health care, in the future.

About the Dental Pilot Project Program

The Dental Pilot Project Program provides a mechanism to test innovative methods in the delivery of oral health care, before making any changes in oral health licensing laws.

The program accepts applications from project sponsors to operate dental pilot projects and monitor them for patient safety. Dental pilot projects are community led and designed to increase access to dental care for communities of color and other populations that face oral health disparities by:

- ▶ Teaching new skills to existing dental providers
- ▶ Developing new categories of dental providers
- ▶ Accelerating the training of existing dental providers, or
- ▶ Teaching new oral health care roles to people who are new to the field.

OHA monitors and assesses the safety and effectiveness of the projects, to look for opportunities to improve state dental practice requirements. OHA does not fund the projects; instead project sponsors are responsible for developing and operating projects. Pilot projects are allowed to operate three to five years, or a sufficient amount of time to evaluate the validity of the project.

The Dental Pilot Project Program supports the priorities and strategies of the Healthier Together Oregon: 2020-2024 State Health Improvement Plan (SHIP). In particular, it aims to test models to improve health equity and increase oral health access for underserved populations. Projects are required to demonstrate that at least 51% of the total individuals served by the trainee or employment/utilization site on a quarterly basis are underserved.

Oral Health Workforce Challenges in Reducing Oral Health Disparities

Oral health is essential to overall health, but oral health disparities exist for children, adolescents and adults based on race, ethnicity, geographic residence, household income, and other factors.

- ▶ Based on the 2017 Oregon Smile Survey for children 6-9 years old, children of racial and ethnic diversity are more likely to have decay experience, untreated decay and rampant decay compared to white children.
- ▶ Hispanic and Native Hawaiian/Pacific Islander students had the highest cavity rates overall and also had the highest rates of untreated cavities.

Oral health disparities persist because there is inequitable access to oral health services. Barriers include lack of dental insurance, scarcity of dental providers in rural and frontier communities, transportation difficulties, lack of a culturally and racially diverse workforce, cultural and linguistic obstacles, and lack of health literacy. If improvements are not made to the oral health workforce, OHA will fail to reach its 10-year strategic goal of eliminating health inequities in Oregon and too many people will continue to unnecessarily experience oral diseases and pain.

There was already a shortage of dental health providers before COVID-19, but the pandemic exacerbated the problem.

- ▶ 80% of dentists who are currently hiring said the recruitment of dental hygienists and dental assistants is extremely or very challenging, during a 2021 national survey.
- ▶ 33 out of 36 Oregon counties are designated as dental care health professional shortage areas (HPSAs) as of 2022.

The Dental Pilot Program is Scheduled to End Soon

OHA has supported two dental pilot projects so far that led to successful legislation in 2020:

- ▶ Creating a new category of dental practitioner called dental therapist (HB 2528); and
- ▶ Expanding the scope of practice for an expanded practice dental hygienist to place an interim therapeutic restoration (HB 2627).

However, the Dental Pilot Project Program is scheduled to sunset on January 2, 2025. For OHA to continue operating the program beyond then, the sunset date must be removed. If so, the program can remain a valuable mechanism to improve the oral health workforce in Oregon and advance workforce innovation to reduce oral health disparities and increase access to oral health care.

For more information:

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