

**General Government and Agency Review Committee  
Ohio Senate  
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Interested Party Testimony  
Substitute Senate Bill 246**

Chairman Schuring, Vice Chair Rulli, Ranking Member O'Brien and members of the Senate General Government and Agency Review Committee-

My name is David Owsiany, and I am the executive director of the Ohio Dental Association. The ODA is the professional association of dentists in Ohio. We have more than 5,000 member dentists across the state. Thank you for this opportunity to testify as an interested party on Substitute Senate Bill 246.

Substitute Senate Bill 246 is important legislation aimed at creating professional and occupational licensure portability. We commend Senators Roegner and McColley for their leadership on this important issue.

The ODA has a long history of working on these issues. In fact, in 1985, the ODA House of Delegates adopted a policy to "support the concept of licensure by credentials" and "to work with appropriate governmental and regulatory agencies to accomplish the goal of licensure by credentials." The result of that work way back then was that Ohio was one of the first states to allow licensure by credentials for dentists.

As we worked to enhance the licensure by credential process and allow true licensure portability, we identified that states had different clinical testing requirements that were potentially a barrier to freedom of movement for dentists. Clinical exams are an important part of the licensing process but there was no uniformity in the exam process. Ohio at the time only accepted the Northeast Regional Board exam. Other states accepted the results of other exams – Western Regional Board exam, Central Regional Dental Testing Service exam and Southern Regional Testing Agency exam. We conducted a review of the exams and determined that while the four different regional clinical dental exams differed slightly in administration and scoring, all of them had similar validity and reliability in terms of measuring competence to practice dentistry.

So in 2003, we sought to have Ohio accept all of the regional clinical dental exams for initial dental licensure. On April 30, 2003, I testified before the Ohio Senate Health, Human Services and Aging Committee indicating that "The ODA and ADA have long-standing policies favoring freedom of movement for dentists between states." I explained that there were multiple different clinical exams offered across the states and that at the time "the Ohio State Dental Board only accepts North East Regional Board (NERB) clinical exam results for initial licensure but that there are three other recognized regional testing agencies that offer dental clinical examinations that Ohio does not accept." I told the committee that "while the grading structure is different it is evident that all regional Boards meet the criteria for standard of care." I concluded my testimony by urging the committee to pass Senate Bill 51, which "directs the OSDB to accept the results of all regional board clinical exams for initial licensure as scored by the regional board that administered the exam. This will ensure freedom of movement for dentists and allow Ohio to attract qualified dentists from all over the country."

The General Assembly passed Senate Bill 51, and, since 2003, Ohio has had real licensure portability for dentists wishing to relocate to Ohio. We have also worked with the ADA to encourage other states to do the same so there is true freedom of movement for dentists across the country.

I share this history to highlight the great progress we have made on this issue in dentistry here in Ohio and to stress our long-standing commitment to freedom of movement and licensure portability for dentists. We stand in favor of the principles included in Substitute Senate Bill 246 and have followed up on those principles with actions here in Ohio.

While we agree with and support the principles of Substitute Senate Bill 246, in an attempt to apply these principles to a broad cross section of occupations and professions, we believe some provisions of Substitute Senate Bill 246 may cause some unintended consequences that need to be addressed. While we have long championed the idea of reciprocal licensure for dentists because we recognize that states generally have had substantially similar criteria for a license to practice dentistry – e.g., graduation from an accredited dental school, passage of a written exam and a clinical exam, etc., there are aspects of the practice of dentistry that are necessarily limited to a subset of dentists who meet certain criteria related to training and expertise.

The provisions of Substitute Senate Bill 246 may allow a dentist from outside of Ohio come into Ohio and perform certain services without meeting the standards designed to protect Ohio dental patients. For example, the Ohio laws and regulations related to dentists utilizing sedation in the dental office could be circumvented. The Ohio State Dental Board's permit process for dentists who wish to provide general anesthesia or deep sedation or conscious sedation require specific levels of training for the dentists and staff and specific office protocols and equipment. Ohio has been a model state for these standards and many states have now adopted these same standards but not all have adopted them. These standards are designed to ensure the delivery of sedation services in the dental office is safe. We believe any dentist providing sedation services in Ohio should meet these same standards so that every Ohio dental patient has this same level of protection.

To be clear this is not an economic protectionism issue. We are merely advocating to ensure that every dentist – regardless of how they received their license or where they come from - is meeting the same practice standards the state of Ohio has set to ensure patient protection.

Similarly, the bill's reference to "private certifications" as providing potential status in Ohio also raises concerns. In dentistry, there are private organizations that exist in other states that are unaccredited and have no real standing within the dental profession that may provide "certification" to perform certain services or claim specialty status that do not meet Ohio's criteria or standards. Again, this is an area for concern in dentistry.

Further, the last General Assembly worked hard to pass a teledentistry law which expanded access to care in the state. The ODA supported that legislation because it allows Ohio dentists to utilize technology to extend care to underserved populations in Ohio. Unfortunately, Substitute Senate Bill 246's provisions could allow a dentist without a license in Ohio to practice teledentistry in the state. This is problematic because the services provided by dental hygienists and expanded function dental auxiliaries pursuant to Ohio's teledentistry law are palliative or temporary in nature, designed to alleviate pain or discomfort but require eventual follow-up care by a dentist for definitive treatment. If the dentist who is supervising through teledentistry does not have a license and is not practicing in Ohio, the follow-up care cannot be done. There is no other area of healthcare where a practitioner could practice telehealth without a license to practice in Ohio, without a pre-existing connection to Ohio.

In closing, I want to again reiterate that the ODA has long supported the principles contained in Substitute Senate Bill 246 and appreciates the efforts taken to craft this important legislation. Nonetheless, we have concerns with certain provisions that we think could be addressed while still achieving the overall goal of licensure reciprocity.

Thank you again for the opportunity to testify on this matter. I would be happy to answer any questions you might have.