

Sample OPA EFDA Support Letter

To be sent by a supportive dentist and other team members in your office.

You may send your statement of support **by mail** to Missouri Dental Board, PO Box 1367, Jefferson City MO 65102, **by fax** to 573-751-8216 or **by email** to dental@pr.mo.gov.

To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.

As a Missouri **dentist/assistant/EFDA/hygienist**, I write to support the rule change **20 CSR 2110-2.134** to allow for the Oral Preventive Assistant (OPA) Expanded Function Dental Assistant (EFDA) pilot project.

Write about your experience with the shortage of oral health care workers in your practice and how this could assist you and your dental team. Use the OPA Preventive Assistant talking points to support your comments.

- We need you to help explain the bottleneck effect happening with patient preventive services which continues to cause long wait times for dental care in most of Missouri.
- Additionally, we need your help relaying that an OPA – which is a type of EFDA – would not only help alleviate the shortage of dental services, but the certification would serve as a workforce development tool. Many OPA permits would be obtained by already employed dental assistants who want to upskill their credentials in the dental workplace.
- Sharing your workplace experience and willingness to provide these opportunities to your employees (for upskilling) and your patients (for increased access to care) will help our future legislative efforts.

In closing, I support this pilot project and the rule changes necessary for it to commence.

Signature (name/credentials)