

Testimony of Leon A. Assael, DMD  
Dean, University of Minnesota School of Dentistry  
RE: House Bill 2079  
2015 Session of Kansas Legislature

Chairman Dan Hawkins and members of the committee, I am here to express my strong support for House Bill 2079. I am the Dean of the University of Minnesota School Of Dentistry. Since 2009, we have had the privilege of training and graduating 43 dental therapists at the University of Minnesota. Since 1919 we have educated dental hygienists at the University of Minnesota and for three decades we have trained dental hygienists in advanced practice dental hygiene including the treatment of dental caries.

We are currently educating 430 dentists in the DDS program, 98 dental hygienists in the Bachelors program and 14 students in the masters of dental therapy among the many undergraduate, graduate and specialty programs of our university.

Thus, in addition to dentists, we have a long history educating a similar provider to the one you are considering today. Our graduates in dental therapy and with advanced dental hygiene skills are in practice as part of the dental team under the supervision of dentists and providing needed dental care to underserved patients and communities in Minnesota. I know from seeing these providers firsthand that their patients are well-served and receive the highest quality of dental care in a variety of dental practices in our state. All of these oral health professionals are in a team under the effective leadership of the dentist who is the head of the oral health care team.

I know that there are questions about the appropriateness of this program from some in the dental community. Critics question that the quality of the services might be inferior, or that the quality of education might not reach the highest standards that the public deserves. I can assure you that these arguments are not supported by facts, research, or our experiences of Minnesota, Alaska and over 50 countries where similar oral health practitioners are practicing today.

Let me be very clear about the education proposed for the Registered Dental Practitioner, similar to the Minnesota dental therapy legislation, you are considering today. It mirrors the education requirement of our providers in MN. At the University of Minnesota, both dental and midlevel provider students take the same integrated classes and undergo the same clinical rotations of the same length with the same passing and examining criteria for procedures that overlap between the two.

The Central Regional Dental Testing Service (CRDTS) examines our dental therapy graduates with identical examination and passing criteria for the procedures they are licensed to perform as our DDS graduates.

Our graduates are well-trained, fully understand the limited but essential scope of services they are authorized to provide, and provide high quality dental services under the supervision of a dentist. Their devotion to a limited area of practice makes them very effective in that specific area. They become efficient and can address the large untreated disease burden of dental caries (tooth decay) that goes untreated in so many communities. By opening practices to public pay patients this reduce the unit cost of care provided for this hidden epidemic of untreated tooth decay.

I firmly believe that the type of provider you are considering today will soon be a well-accepted member of the dental team and will be embraced by dentists, the whole health care team and patients. It's

already happening in Minnesota. It is critical our dental health care system change to address the ravages of untreated dental disease—and this bill is one way to do it.

Dental caries, or decay, remains the number one untreated disease in children and destroys an essential organ system in adults. As in other parts of our health care system, our workforce must continue to evolve to embrace the concept of teams, with each team member working at the level consistent with their education and training. It does not make sense for a dentist, with extensive and expensive training, to perform routine procedures that could be done as well-- and less expensively -- by the type of provider you're discussing today and integrated into the oral health care team. This bill is an effective way to address the greatest unmet oral health care need, the treatment of dental caries.

Change is hard and will be resisted by some, but I urge you to stand for our patients and your constituents. I encourage you to support this bill. Registered dental practitioners will reduce costs of dental care and improve access for underserved communities. Our University of Minnesota graduates are living proof of that achievement. I look forward to collaborating with dental educators in and for Kansas—strengthening the oral health team for your state so that more people have access to care.