UNITED METHODIST HealthMINISTRYFund

100 East First Avenue P.O. Box 1384 Hutchinson, Kansas 67504-1384 (620) 662-8586 Fax: (620) 662-8597 www.healthfund.org

Testimony on House Bill 2079

Kim Moore, President
United Methodist Health Ministry Fund
kmoore@healthfund.org

For eleven years, my organization targeted much of its grantmaking to improve the oral health of Kansans. We invested approximately $11 million (302 grants) in that effort. From those experiences often with the support of many people on both sides of this Bill, I learned the importance of oral health to the overall well-being of Kansans and the difficulties in making oral health care available and accessible to rural Kansans, persons with limited resources, and special populations such as persons with handicapping conditions and the aging, particularly in our nursing homes.

The fundamental issue is that without a dentist to do the care no real treatment can be given. We can build clinics-- and they have been built by private and public funding in many Kansas safety net clinics but, if there is an inadequate number of dentists or no dentists, the expensive equipment will sit unused. Payments for Medicaid services can be increased to more adequately pay for dental care services , but the resulting low enrollment and patient acceptance rates of dentists will make the coverage spotty and long distant or long-delayed. Other states have built dental schools—even more than one—and their access problems are virtually the same as ours. These sizeable numbers of Kansans will experience high decay rates and the associated health problems of untreated dental problems, as well as difficulty in being employed and going to school.

For years, health philanthropies like ours and others throughout the country, state oral health offices, state oral health coalitions and advocates of all stripes tried to get more dentists to serve these populations by building safety net facilities, advocating for Medicaid expansions and adequate payment and changing and expanding dental education. Although done with a good spirit, the results in addressing the access problem for these affected populations have disappointed me and have many other health funders.

The existing pool of dentists, the existing dental educational structure, the existing business organization of dental practice and the existing economics of dental practice mean that most dentists don't need to serve these populations, don't organize their practices to serve them, and don't locate their practices where those populations can access them. I submit that these realities are very unlikely to change and, frankly, I don't care to use guilt, shame and moral persuasion on a profession which does a considerable amount of public charity work.

Instead, what I firmly believe is that we need to make those dentists more effective and productive who want to serve these populations, who locate their practices in underserved areas, and who will organize their practices with hours, double bookings, billing practices, etc., to provide real access to these populations. That is what Bill SB 49 does—extend the work of those dentists. It recognizes the realities of the access problem and the nature of dental practice and it proposes to extend those

dentists—and there are a considerable number—who do and will serve these affected populations—by providing extra sets of trained, capable hands to multiply the services in number and sites. This approach has been used virtually worldwide and is now being used in three of our sister states.

This is not a typical scope of practice bill. This is not the hygienists trying to expand what they can do. This bill came first from passionate advocates for children, rural residents, low income persons and special populations seeking state permission to allow creation of an oral health marketplace which can work for them and get them safe and effective oral health treatment where they are and how they come.

I hope this Committee and Legislature will let legislation which makes the registered dental therapist a part of a dental team under the supervision of a licensed Kansas dentist come to our state for the benefit of many, many of its citizens.