

**Written Testimony on:**

***HB 2079 – Registered Dental Practitioner***

**Presented to:**

***House Health and Human Services***

**By:**

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Good afternoon Mister Chairman and members of the committee. Thank you for the opportunity to submit written testimony in support of HB 2079. The Kansas Association for the Medically Underserved (KAMU) is a member of the Kansas Dental Project, and our member safety net clinics strongly encourage you to pass legislation for the creation of a registered dental practitioner.

Most people like us have the luxury of getting dental check-ups every six months with cleanings and preventive treatments to ensure good oral health. Should a cavity sneak in on us, it isn't too big of a problem. We can have it quickly treated, often fitting the appointment within our normal work day. In fact, this has likely been the scenario throughout our lives, having had the benefit of proper oral care for most of our lives. However, this isn't the case for many Kansans. Unfortunately, many have not had preventive care in years, if ever, due to lack of insurance and access to providers of dental care.

Over the past several years, Kansas safety net clinics have worked hard and dedicated resources to help fill this gap in care. The sad truth is that, as the system currently stands, they can't serve all the patients in need. In 2013, 18 safety net clinics who provide dental care treated more than 79,000 patients. They also treated thousands of kids in schools across the state. Given the fact that the need for services far exceeds current capacity, you can imagine how these dental providers are stretched thin trying to fix a gaping wound that has left our fellow Kansans suffering and in pain. Registered dental practitioners (RDPs) can help close the gap and heal the system.

HB 2079 allows the creation of a mid-level practitioner, but don't let the term "mid-level" fool you. "Mid-level" does not mean substandard training or inferior care. RDPs must be registered dental hygienists (RDH) who must, in addition to their RDH training, also complete an additional 18 months of specialized training. Having a limited scope of practice will allow them to focus their training and perfect their skills on the specific procedures they will be licensed to provide. As one would expect, they will have to pass the same licensing requirements as a dentist does to provide these same procedures. Their training does not end after 18 months, RDPs will have to complete 500 hours of direct supervision by a dentist and meet their standards of care before ever being released to practice under general supervision of a dentist.

The benefits of expanding the dental workforce with RDPs is substantial on many levels. Safety net clinics could dramatically increase the number of patients they see by adding RDPs to their dental staff. They could go into the underserved areas and give people the care they so desperately need and deserve. This includes providing care to children in schools, making it easier for the children and the parents. As it stands now, if a child is found to have cavities during a school-based preventive visit, they are referred to the clinic dentist. The parent must then take off work in order to take the child to the dentist. In addition to having to pay for the dental services (because they do not have dental insurance), they may also have lost wages – less money for food, rent, clothing and other daily expenses. RDPs could fill the cavity at the school

without the parent missing any work. It would also allow the teacher to have a happier, pain-free, focused student back in the classroom faster. And, the child can do what is supposed to happen at school – learn!

Let's take a moment to look at the benefits of an RDP that go beyond increased access to dental care.. Kansas has the chance to be the 4<sup>th</sup> state to establish a mid-level dental provider. This could provide a significant boost to our state's economy. Wichita State University and Fort Hays State University are eager to embrace this program, welcoming many more new students to their schools. Once trained and licensed, RDPs will plant their roots in the Sunflower State - paying taxes, buying homes, starting families and contributing to the economy. Kansas will likely attract dental hygienists from outside of our borders to complete the RDP program and practice within our state. The price tag for this this economic stimulus? Not a cent needed from the State.

Our member safety net clinics see the need for increased access to dental care every day and feel the burden of not being able to fully meet that need. They see it on the faces of your constituents and their children. They see it on the faces of their tremendously dedicated, yet overworked dentists. HB 2079 will do more than just provide a band-aid solution to our dental crisis. The addition of an RDP to the dental team is a necessity. Without these additional providers, equipped with the skills to provide high quality and well-supervised treatment of dental disease, the workforce shortage and the gap in care will continue to worsen. Help improve access to dental care and heal our state.

Thank you for your sincere consideration of HB 2079.

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