

HB 2079 – Registered Dental Practitioner

House Health and Human Services – February 24, 2015

Jason Wesco, CEO

Chairman Hawkins and members of the committee, thank you for allowing me to provide written testimony in support of expanding the dental workforce in Kansas.

Health Partnership Clinic is a Community Health Center (sometimes referred to as a Federally Qualified Health Center) that provides access to medical, behavioral and dental care services to all individuals regardless of the ability to pay. Last year we cared for more than 14,000 patients during nearly 36,000 visits to clinics located in Olathe, Paola and through our extensive and comprehensive dental outreach program. Virtually all of our patients are considered low-income, with about 60% being uninsured, 35% having KanCare and the remaining 5% having another form of coverage.

Our dental program employs four full-time dentists and five dental hygienists (all with Extended Care Permits) that offer services in our Olathe clinic and on-site in schools, Head Starts and long-term care facilities across Johnson County. The growth in our dental outreach services has been significant since the inception of the program in 2012. Last year we provided services to more than 9,000 dental patients doing just over 17,000 visits.

In my work at HPC, I am ultimately responsible for all aspects of the care we provide, though I have particular expertise in safety-net dental services having worked in the Kansas safety net for thirteen years – both at the local and state level and both in rural and urban settings. In various capacities, I have seen first-hand the critical lack of access to dental care that exists in Kansas, not just in rural areas, but also in our urban and suburban areas as well. As a Community Health Center, we concern ourselves with access to care for everyone, not just the underserved. And we are very concerned about the current and especially the future of access to oral health care in Kansas.

Since inception, our dental program has cared for patients numerous Kansas counties and we regularly see patients that drive from up to 45 miles away to obtain affordable dental care. This demand has been the impetus for the rapid expansion of our dental program, but even with our expansion we are still hopelessly understaffed. Though shocking, it's important to note that Johnson County is home to 97,000 low-income individuals (of which about 30,000 are children), about 17,000 more than Wyandotte County and second only to Sedgwick County. Our four dentists are the only in our community that both welcome KanCare and see the uninsured on a sliding scale.

In order to better meet the needs of all Kansas the creation of a Registered Dental Practitioner has been proposed, a mid-level provider that would function much the same way as Advanced Practice Registered Nurse and Physician's Assistants do in the medical field. The RDP would work under the supervision of a dentist through a collaborative agreement, an agreement that could restrict the RDP's scope of practice beyond what has been proposed. The RDP could work under direct or general supervision, essentially freeing them much as medical mid-levels are freed, to practice without a doctor on-site.

For us, the RDP would mean the ability to greatly expand access to quality dental care, in the same way that we use medical mid-levels to extend the reach of our physicians. In our medical practice, we employ two physicians and six nurse practitioners. I expect the same kind of ratio in our dental practice



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if we were to have access to RDPs. If we were to hire six dental mid-levels, we estimate that an additional 8,000 patients could be cared for during 15,000 visits each year.

The RDP would mean an increased provider pool from which to recruit. Expanding the dental provider pool to include RDPs would increase the likelihood of finding regional natives that would choose to practice (and remain long-term) in our organization. This increased provider pool would allow HPC to increase capacity at our current clinical sites and to more readily expand into communities where HPC does not currently have a physical presence.

In the past five years, I have often heard opponents claim that care offered by RDP's would be a lesser quality. I could not disagree more. RDP's will be practicing, essentially, under the license of a dentist. I cannot imagine any dentist taking that risk lightly and would fully expect significant scrutiny will be brought to bear on the work of RDP's, scrutiny of a type that, frankly, often does not exist in the vast majority of existing dental practices in the state.

In short, the RDP is the best tool we have at our disposal to help eliminate numerous barriers that many Kansans face today in accessing oral health care. Over the next decade, the conjoined problems of access to care and the declining dental workforce (especially in rural areas of the state), problems that have traditionally affected the uninsured and those with public health benefits, threaten to make many Kansans in various parts of our state, even those with good insurance, underserved."

Expanding the dental workforce is a way for us to collectively say "yes" to our fellow Kansans in need who are so accustomed to being told "no." It illustrates our heritage as a people who seek out, find and implement unique solutions to complex challenges. It carries on the proud Kansas tradition of passing forward thinking legislation in the public's interest.

We, as a state, can lead on this issue.

On behalf of our board, staff, patients and most importantly those we are as yet unable to serve, I ask that you support an expanded dental workforce.

Thank you for considering my testimony.