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Testimony in Support of House Bill 2079

Good afternoon Chairman Hawkins and the members of the House health committee. I am grateful for the opportunity to speak with you today in support of SB 49 Registered Dental Practioner.

I am a licensed Kansas ECP III Registered Dental Hygienist with over 35 years of dental practice experience which includes 25 years in private practice, 12 years in dental health community outreach and 3 years as a Pediatric dental practice administrator. I am privileged to reside in Johnson County, Kansas which is the most populated county in Kansas and one of the top 100 wealthiest counties in the United States with no shortage of Dentists per capita. So I believed. I never imagined that Johnson County had an issue with access to dental care until I stepped out of private practice into community outreach. I was honored to serve on the Johnson County Health Department Elder Smiles Oral Health Advisory Committee, along with many other boards and taskforce teams throughout the state committed to delivering accessible oral healthcare to those in need. I speak today from my experience in each of these service roles which inspired me to support the HB2079 bill.

Johnson County Health Department Elder Smiles Advisory Committee

The objective of this project was providing oral healthcare for nursing home residents in Johnson County.

ECP Hygienist administered preventive services, assessment findings of any tooth decay, abscesses, restorative or extractions needed for residents of 13 nursing facilities in JC. The sponsoring dentist signed off on treatment rendered by hygienist but was not responsible for that patient for comprehensive treatment care. Only 1 out of 13 nursing facilities had a viable oral health care daily plan for their residents. Programs major obstacle: Majority of nurses and ECP hygienists

did not feel they had access to dentists to follow up treatment needed for their patients.

In 2010 there were 376,000 seniors over the age of 65 and this number is estimated to double by 2030. The Kansas Bureau of Oral Health Elder Smiles 2012 survey of 500 nursing home residents found 30% of residents with untreated dental decay and 47% had periodontal disease. Those over 65 were 7 times more likely to have oral cancer. Key Finding: Many residents had a history of significant dental care in their past but since entering the nursing facility now have untreated dental disease.

Delivering adequate oral health care for elderly persons is already a challenge, let alone facing the demographics of the future. The time has arrived to intercede by developing an effective and efficient model of dental care for nursing home residents.

Private Practice- Johnson County

Working both as a dental hygienist and dental practice administrator I see first-hand why many dentists cannot participate as a KanCare provider. The reasons are well documented. Low reimbursement and administration hassle. What small business in Kansas could operate on a reduction of 50-60% of their fees and meet operational expenses. The dentist's hearts are in it but dental practice management consultants often make this their first cut in overhead expenses due to business economics. Kansas has approximately 400,000 people enrolled in the KanCare program and 400 on average dentists throughout the state to provide services.

Project Ready Smile Johnson and Wyandotte County Outreach Program REACH Healthcare/UMKC School of Dentistry

Outreach program to identify and treat early childhood decay in ages 0-6. Provided services to 700 preschool children in 17 poverty stricken areas of both counties and followed them over a three year period. School administrators and teachers chief complaint: Could not find a KanCare (Medicaid) provider without a long wait or a provider was not accepting new patients. Children's Mercy Dental Clinic–that would provide care for young children with severe dental decay had a 6 month wait, UMKC Dental School on average a 3 month wait for an initial exam

appointment. UMKC does have a first come, first serve ER time available. This chief complaint was similar with the 2011 Journal of Dental Hygiene report describing the outcome of the Miles of Smiles program between UMKC Dental School and the Olathe Kansas School District utilizing ECP providers. It was noted that Olathe, Johnson County has only 1 clinic for uninsured low income people. Of the 7 Medicaid dental providers listed, the report identified only 4 were accepting new Medicaid patient. Upon end of school year evaluation of their program only 11% of the children who were referred for dental needs actually received dental care.

My project provided access to 30 Medicaid dentists. It was an obstacle even for me as a dental professional trying to find a provider among this network for the children I screened. Many dentists I contacted didn't feel comfortable taking children under 5, several were not taking new patients, several offices were booked at least a month out. I experienced the frustration that our school nurses were going through. What did work successfully with Project Ready Smile was **teaming** with three incredible and giving pediatric dentists, Dr John Fales, Dr Glenn Hemberger and Dr Michael LeBlanc who wholeheartedly supported my work with Project Ready Smile and together we successfully completed treatment on 95% of the children we served. **Working together** as an ECP hygienist in the underserved community and connecting these patients with highly trained pediatric dentists proved to be a winning combination. I realized at this time how much more valuable a Registered Dental Practioner could be in the outreach community working alongside our dentist partners.

Mission of Mercy

I am blessed to have participated in 12 Mission of Mercy's throughout the state of Kansas. 8 years serving as the Dental Hygiene Clinic Coordinator. This is a wonderful program that offers free oral healthcare for thousands of Kansans that cannot afford treatment or have limited access to care. Dentists and hygienist working together for the Common Good of those we serve is a system that works. However, the lines are the same whether we are in rural Kansas or in the more highly populated care of Wichita or Kansas City, KS. We open the clinic at 5 am and are generally closed at 6:30 am as we met our treatment capacity for the day. We have always turned away many after they have waited in line for hours. I

always ask myself, “Can this really be Kansas?” “Does Kansas really not have an access to care problem?” This hygiene clinic serves approximately 500 patients in the two day clinic. Each patient can only be allowed 30-40 minutes maximum. We have 24 chairs of dental hygienists administering treatment. The problem is that we can only deliver partial treatment as most of those we serve have moderate to severe periodontal disease. Comprehensive treatment plan would be 4 one hour appointments with routine follow up appointments to help prevent disease progression.

ECP III

I was excited for the ECP III which expands the scope of practice for dental hygienists. I completed this course January 2014. My experience in outreach confirms that this law is very restrictive and will assist in offering only a temporary band aid over our oral healthcare issues in Kansas. For example: You cannot extract primary teeth until they have no residual root structure. In other words, you must wait until the tooth is ready to fall out before you can perform an extraction. This type of extraction for the most part can be handled with a gauze pad and something a parent or nurse could do without any problem or law defining them. Denture Reline: I have been in many nursing homes where the residents are pleading for someone to help fix their dentures. ECP III law allows the hygienists to temporary reline the denture with a material that lasts up to one week. Who realistically could have time to check in with the same patient every week to give them relief? Again, it expands the scope of practice but doesn’t fix the problem. The ECP III allows scope of practice to use temporary filling material. This is very effective treatment; however, it is a temporary fix.

After serving in my roles in community outreach and private practice I support HB2079 as a solution. Registered Dental Practioners will expand the scope of practice with already educated/experienced dental hygienists. Adding this new workforce model to safety net clinics, nursing home facilities, low income school districts, private dental practices treating KanCare (Medicaid) will assist in providing comprehensive treatment to those in need and build upon our current oral health care system. It will offset cost and allow our safety-net clinics and KanCare dental offices to operate more efficiently.

I challenge the statement that the Registered Dental Hygienists will do “harm” to those they serve. Dental Hygienists are currently serving alongside Dentists that currently employ them. These same hygienists that work for them will further their education and return in a new role that will expand services to those in need. It will make our oral healthcare stronger. They will work alongside the dentist who will supervise and mentor them for 500 additional hours. The Dental Board is in place in Kansas to protect the public. If you browse their website, you will find many dentists who have had 4 plus years of DDS education that are being disciplined for ethics or lack of quality care. This same board would be responsible for monitoring the Registered Dental Practioner. There has been no evidence or research to date that supports the statement, that the RDP will do harm. It is a defensive statement that has no validity. Dentists and hygienists work together in every aspect of healthcare in our communities today. Passing the House Bill 2079 will prove that they will continue to do so. ***For those that reject this bill – What is your solution? If you don’t have a solution, than that is the problem for those we serve.***

Thank you.

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Johnson County, Kansas