

Date: February 24, 2015

To: House Committee on Health and Human Services

From: Kevin J. Robertson, CAE
Executive Director

RE: Opposition to HB 2079 – Registered Dental Practitioners

Chairman Hawkins and members of the committee I am Kevin Robertson, executive director of the Kansas Dental Association (KDA) representing some 75% of the state's 1,518 licensed dentists. Thanks for the opportunity to discuss with you the Kansas Dental Associations' thoughts on HB 2079.

The KDA believes that all Kansans deserve access to a DENTIST to provide safe, quality dental care to meet their diagnostic, restorative, and surgical dental needs. As such, the **KDA is STRONGLY OPPOSED to HB 2079.**

With me today to discuss concerns about HB 2079 are a few of the OVERWHELMING majority of dentists across Kansas that believe HB 2079 would not create more dental access and would jeopardize patient health. Let me take a minute to discuss the dental workforce and dental access in Kansas. The dental workforce is improving in Kansas. In fact, there are exciting things going on in Kansas!

Clinical members of the dental team include dental assistants and dental hygienists. Dental assistants generally assist the dentist treat patients under direct supervision (the dentist must be present). In addition, dental assistants can take training courses that authorizes them to assist the dentist monitor nitrous oxide (laughing gas) and to scale teeth in the dental office if the dentist is present.

A dental hygienist is a licensed dental care worker who provides education and dental cleaning services. They usually work in their own operatory (dental chair) with the equipment and instruments they need to provide these dental services. Dental hygienists usually work under the direct supervision of a dentist but can provide dental care under general supervision (dentist is not present) if the patient has received an exam by a dentist within the past 12 months. Dental hygienists may take a training course that allows them to administer local anesthetic to numb the mouth (like Novocain).

Beginning with the introduction of "scaling assistants" in 1998 followed by Extended Care Permit (ECP) dental hygienists in 2002, Kansas has been known for some of the most progressive laws in the nation regarding members of the dental team. ECP I and II dental hygienists must have a minimum amount of clinical experience and in the case of ECP IIs -

training with special needs patients that enables them to provide hygiene services without a dentist being present in schools, health departments, community health clinics, nursing homes, Head Start programs, prisons, etc. In 2012, the legislature passed legislation which created the ECP III, a midlevel dental hygienist unique to Kansas who can remove dental decay and place temporary fillings, fix and adjust dentures and partials, smooth rough teeth with a slow speed dental hygiene handpiece, remove children's baby teeth that are very loose and other procedures. At the time, the KDA worked with representatives of the Kansas Dental Hygienists Association to come up with the appropriate training and procedures for an ECP III.

ECP III hygienists are trained at "our" dental school - the University of Missouri-Kansas City (UMKC) School of Dentistry. Dr. Becky Smith and Dr. Connie White, faculty at UMKC have both provided written information regarding the ECP III training program and the techniques they use to provide restorative dental care. There are 26 Kansas dental hygienists who have completed UMKC dental school's ECP III training program.

Kansas has an active and vibrant Bureau of Oral Health within KDHE now headed by Dr. Cathy Taylor-Osborne. Among other things, the Bureau has created programs to use ECP I & II dental hygienists to provide preventative services such as teeth cleanings and applying dental sealants and fluoride varnish on children's teeth in schools.

The total number of dentists practicing in Kansas has increased by **115 (8.2%)** since 2009 while population growth of the state of Kansas is only **2.5%** during the same time period. With a 2014 population of 2,904,021 and 1,518 dentists – the dentist to population ratio in Kansas is 1:1,913. No, these dentists are not evenly distributed across Kansas, however, you might be surprised to know that a single dentist in rural Kansas comfortably services 4,000 – 6,000 patients. This is possible because only around 50% of Kansans **with** dental insurance visit the dentist annually.

As you know Kansas does not have a dental school. Kansas' dental school is the UMKC School of Dentistry via an agreement between our two states. Though that agreement calls for 85 Kansas students to be educated (about 21 per class) many Kansans achieve admittance to UMKC as Missouri residents. Currently, there are 21 Missouri UMKC dental school students who graduated from a KANSAS high schools in addition to our "official" 85 Kansas students. Of course, many other Kansas students also attend dental schools like the Missouri School of Dental and Oral Health in Kirksville, MO, Creighton University in Omaha, the University of Nebraska Medical Center in Lincoln, the University of Oklahoma in Oklahoma City, University of Iowa in Iowa City, etc.

In recent years, the KDA has worked with the Kansas legislature to lessen dental practice restrictions within the Kansas Dental Practice Act. This has created more practice opportunities for more dentists to enter our state. In 2011, the law was changed to allow dental franchises like Comfort Dental, My Dentist, Affordable Dentures, etc. to work with Kansas dentists. In 2012, the law was changed to allow dentists to be employed directly by hospitals in most counties. Just last year, the law regarding dental satellite offices was changed to allow more

practices in more areas. In addition, new dental schools have opened and expanded around the region. A. T. Still, a new private dental school headquartered in Arizona, has recently opened a new dental school in Kirksville, MO. Utah has also opened a new dental school in the past few years and others like UMKC and UNMC have increased their class sizes.

In 2011 the Bureau of Oral Health released its *“Mapping the Rural Kansas Dental Workforce”* study. This study found that 98% of Kansans live within 30 minutes of a dentist with only four areas identified as dental deserts. Though many of the remaining 2% have a dental home, it was projected that four strategically placed dentists could make a difference in access in Western Kansas. Further findings also found that Kansans living in the western part of our state reported traveling an average of 21.2 minutes to the dentist. This compared favorably to travel to other services like the optometrist (25.4 minutes) grocery store (17.5 minutes), gas station, movie theater (30.6 minutes), chain stores (83.4 minutes), etc.

Referring to the study, then Director of the State Bureau of Oral Health, Dr. Kathy Weno said, ***“it appears that Kansas Dentists are relatively well situated to meet the need of the state’s population, counties with low populations densities may have few or no dentists, but looking at the map as a whole, a dental practice is usually located close by.”***

In 2012, the Kansas Board of Regents (KBOR) completed a study of the dental workforce. The study concluded that Kansas should purchase additional dental seats at area dental schools, while continuing to pursue options for a Kansas school of dentistry. Creating a loan repayment incentive program for dentist who locate in underserved areas was also recommended.

With the information from the “Mapping Study” and the KBOR Task Force Recommendations, the KDA teamed up with Delta Dental of Kansas Foundation to create the Kansas Initiative for New Dentist (KIND) dental student scholarship and grant program in 2013 to create an incentive for dentist to locate in rural areas. I’m please to say that Delta Dental and it’s Foundation have put up some \$2.5 million for KIND. Patterned after the state Bridging Loan Program for physicians, the privately funded KIND program has awarded seven students scholarships with two of them now graduated and located and working in rural Kansas (Atwood and Eureka).

So what does all this mean? The facts are that the oral health of Kansans is improving and more dentists are entering the state providing more access to dental care. Kansas children meet or exceed all *Healthy People 2020* oral health targets and the number Kansas school children with untreated dental decay is about one-third of what it was in 2004.

For each of the past 12 years the KDA have treated thousands of Kansans through our Kansas Dental Charitable Foundation’s Kansas Mission of Mercy (KMOM) free dental clinic. Though it is estimated that dentists provide an average of \$33,000 annually in gratis care, they are both applauded and scolded for not doing more. People ask, *“how can that many Kansans be without a dentist...we must need more!?”* At about half of the KMOM events we have surveyed the patients to help find an answer to that question. An average of 8% of the patients said they

hadn't been to the dentist because didn't like to go to the dentist or didn't think they needed care, less than 3% said there was no dentist in their area and an overwhelming majority of **87%** said they did not have insurance or other means to pay for dental services.

To conclude, Kansas has made great progress in improving access to quality dental services throughout Kansas and we will continue to work with our partners and the legislature to develop additional strategies. This is a complex issue that does not have a simple one-size-fits-all solution. The RDP is not the solution and the Kansas legislature has rejected this idea for four consecutive years. As HB 2079 is essentially the same legislation introduced previously - allowing irreversible dental surgery to be conducted without even so much as a dentist present - I would urge the Committee to reject the proposal for a fifth year.

Thank you for the opportunity to appear before you today. I would be happy to answer any questions at the appropriate time.