

Dr. Lucynda Raben, DDS, Wichita
Senate Committee on Public Health and Welfare
Written Comments Opposed to SB 49

Good afternoon. My name is Dr. Lucynda Raben and I am a practicing dentist in Wichita, KS. I am also Chair of the Board of Directors of Delta Dental of Kansas and also served on The Delta Dental of Kansas Foundation Board most recently as President. Although I want to point out I am testifying today in my individual capacity as a dentist in private practice and not on behalf of either organization. The first seven years of my practice were spent by dividing my time between practices I shared with my father, one in Wichita, where I currently practice and the other in Russell where I was born and raised. So I am quite familiar with the challenges of a private dental practice in a small Kansas community.

I am here today to discuss and recommend we continue allowing the citizens of Kansas to be treated by fully educated and licensed doctors in the field of dentistry. We do not want someone with less training or education to be performing what may be irreversible and invasive dental procedures. It is interesting to note that of the 1.2 million people in Kansas who have a dental benefit or insurance [nearly one in three people who have dental coverage did not seek dental treatment in the past 12 months](#), one third of the people who have insurance DO NOT USE that benefit each year. That means over half the people who have dental insurance do NOT go to the dentist. And we don't just see this with dentistry. Vision benefits are usually paid 100% by the employee, with NO EMPLOYER contribution yet only 38% use this benefit they fully paid for. So respectfully I would proffer to you that adding a class of providers will do little to increase utilization of dental services.

The demographics of our state, as you know, are vastly different from one part of the state to another. A presumptive campaign has been initiated to suggest adding a new category of provider to introduce dental providers into less populated areas. In looking at the issue this is a cumbersome, complex and expensive way to introduce providers. The state is already strapped with financial issues. Adding costly educational, testing, certification and licensure programs is probably going to be difficult to add to the budget.

The more important issue is that the private sector and non-profits are working with dentists to help underserved areas and will continue to do so. For example, Delta Dental of Kansas, The Delta Dental of Kansas Foundation and the Kansas Dental Association have partnered to help alleviate the problem. In 2012 the KIND or Kansas Initiative for New Dentists program was launched. The goal was to address the need in Kansas for increased dental care sites especially in rural areas considered underserved. Four initial areas were targeted and a contribution of \$550,000 was made by The Delta Dental of Kansas Foundation. Recipients could receive up to \$100,000 in either scholarships (if still in dental school) or loan repayment if ready for practice. In exchange for the contribution, the dentist agrees to a 2-4 year commitment to practice in an underserved area and dedicate one third of their practice to dentally underserved clients such as KanCare. After the initiation of the program the Committee expanded the program to include additional counties.

The Delta Dental of Kansas Foundation committed an additional \$2 million to increase introduction and retention of new dentists in underserved areas. A portion of the funds is still allocated for scholarships with the same requirements of practicing in an underserved area. The dentist

additionally would receive \$20,000-\$25,000 per year for each of the first 4-5 years in practice. This is an acknowledgement that the business start-up curve for a small dental business in a less well populated community is going to be much slower than in a more robust suburban community. While at the same time acknowledging the average young dentist graduates with student debt in the \$100,000-\$500,000 range with an average of \$250,000. So depending upon the individual terms of the note this leaves the young dentist with a monthly loan payment of \$600 to \$3000 and that is before gas for the car, rent or mortgage, a note for the office and other relocation and business startup costs.

In conclusion, organizations like Delta Dental of Kansas and the Kansas Dental Association are committed to programs to expand dentistry in rural areas. Programs that give people in rural areas access to those with better training and education which is important for invasive procedures. The right thing to do is to continue to incentivize young dentists to establish practices in rural areas so that everyone in Kansas has access to the same quality of care.