

**Dr. Nicole Rogers, DDS, Arkansas City**  
**House Committee on Health and Human Services**  
**Testimony in Opposition to HB 2079**

Good afternoon, I am Nicole Rogers and I have been practicing dentistry and providing services to patients in Arkansas City since I graduated from dental school 7 years ago.

Comprehensive oral health care for children is very dear to my heart and I, as well as my office, spend many hours treating, volunteering and promoting the importance of dental health to the children in our area.

I am a big supporter of the American Academy of Pediatric Dentistry's mission to find each child a dental home (office) to provide access to oral health care for children. I spend a lot of time screening our children in the Arkansas City School district and we make an attempt to establish each child a dental home.

In an effort to serve the lower social economic populations, our office has opened its doors to all children on medical cards as well as special needs patients. This is done as a sense of mission and social responsibility. In large part to our mission of serving our community, I started the dental outreach program in 2008. At that time data for students in PreK through 8<sup>th</sup> grade showed that 76% of students had a dental home in Arkansas City and 13% of students screened had obvious decay. The outreach program reports in 2014, PreK-8<sup>th</sup>, 88% of students had a dental home and only 8% had obvious decay. We make every attempt to establish the students a dental home or get them the care they need in the correct setting (sedation, hospital, nitrous oxide)

What is a dental home you may ask? A dental home model is based on the dentist directing patient care. The dentist performs an examination diagnosis and then establishes a treatment plan. This plan is then used by an entire team of people consisting of the dentist, hygienists and assistants to give a patient a healthy mouth.

I am a dentist who is a sponsor of extended care permit hygienist. I as well as the AAPD and Kansas Dental Association, encourage the greater use of expanded function for the dental assistant/auxiliary and dental hygienist under the direct supervision of the dentist to help increase the volume of services in a dental home.

I do not agree with the midlevel provider or the registered dental practitioners. I do not believe in splitting or separating the current model of a dentist lead team and creating a two-tiered system. I believe that the oral health needs of children and patients are best met through ongoing comprehensive dental care by the dental team approach and the dentist directed model.

Expansion of the dental team to include non-dentist who treat patients without the direct supervision of a dentist undermines the most fundamental tenet of the dental team concept: patient safety through the supervision of a licensed and educated dentist. The

divided dental team concept creates too many opportunities for lapses in patient diagnosis. Alternative provider models target those patients in rural communities and of low socio-economic status. These populations exhibit the greatest rate of medical complications and therefore need healthcare providers with the greatest of expertise.

A large amount of Arkansas City children rely on government assistance Medicaid. These are the same children who give me hugs in my Sunday school class and or who attend school with my children. To think that these children would receive a less comprehensive care because of the type of insurance would be a disgrace.

When I began to treat the children with dental needs, I discovered that my training as a general dentist was not adequate. Small children are not "little" adults. They are physiologically, anatomically and psychologically different. Their airways are anatomically different and require care in positioning them in the chair. Cautions must be taken when using local anesthetics, both, with the choice and the amount used. For many of these children, due to their living conditions, the dental treatments are complex due to systemic medical conditions.

Even with the education and training that I had received, I sought more education and training to provide safe dental care for these children. With the help of the American Academy of Pediatric dentistry and additional education, I feel that I can now provide safe and quality dental care to these children.

Providing dental care to children does have an inherent risk and one must have adequate training to provide treatment to this fragile population. I have attached photographs of a random sampling of some of the children that our office has provided treatment. From my perspective as a general dentist, I feel that providing safe dental treatment for children requires far more education than that suggested for the Registered Dental Practitioner.

I have attached several pictures of patients that I have provided treatment. We examine at least four patients per week that have these types of dental needs. I have also attached a picture of a special needs patient with Lowe's Syndrome, which required coordinating his ENT, urology and dental care in the hospital under general anesthesia.

Thank you for your consideration and attention.







