

House Bill 2079

Date: February 24, 2015

To: House Committee on Health and Human Services
Chairman Daniel Hawkins

From: Dr. Brett Roufs DDS
State KMOM Clinic Director
KDA President 2009-10

Re: Opposition of Bill 2079

Chairman Hawkins I am here today to testify in opposition of HB 2079. I am a general dentist practicing in Newton, KS and I thank you for your time and consideration today.

Registered dental practitioner legislation (HB 2079) is being brought before you this year again as another attempt to bring a non-dentist provider to practice in the state of Kansas. While the supporters claim that this type of provider is used all over the world and is a great success wherever it is implemented. I am here today to explain why this provider is not needed in here in Kansas.

The supporters of this bill feel that the non-dentist provider is that answer to all of the access and barriers to dental care in our state but history shows us differently. Having been involved in dentistry since 1996 we dentists and you legislators as well know that solving the barriers to care issues is multifaceted one and one that will take time to solve. The Kansas Dental Association and its members have worker hard over the years to develop new and innovative ways to solve some of the barrier issues without the assistance from the Kansas Legislature. We have worked on bringing more dentists to the state of Kansas and through programs like KIND we have brought many new dentists to our state over the last few years. We have developed new ways to use existing workforce to assist the dentists of Kansas to be more productive and expand our ability to treat populations that might have difficulty getting to a standard dental office through the development of the Extended Care Permit hygienist I, II, and III. These types of hygienist can help see patients in nursing homes and children while they are at

schools. The KDA saw that there was a desire by some dentists to expand their practices and therefore helped in changing the ways dentists may practice using satellite offices and reducing the amount of time a dentist must be in any office they are affiliated with. We see that these programs are having a positive effect on eliminating some of the barriers to care that people of Kansas face when seeking dental care.

The main barrier that the supporters of HB 2079 claim will be solved is the misdistribution of dentists throughout our state. This does not seem to be what happens when a non-dentist provider was developed in Minnesota. In Minnesota where mid-levels/non-dentist providers have been in use for 6 years the majority of graduates of their programs tend to practice in the major metropolitan areas of their state. Why would we expect the mid-level/non-dentist providers if developed in Kansas to do any different? It is a sad problem but the people of Kansas and the people of the entire US are moving to more urban areas and the development of a new provider in our state will not change that trend.

Another issue supporters of HB 2079 claim is that the development of this mid-level/non-dentist provider would do is to allow the supervising dentist to perform the more of the difficult procedures that we dentists do and allow the mid-level to the simple procedure. I am here to tell you that the things they are expecting this mid-level to do is the practice of dentistry. While they are claiming that the procedures are simple and effectively done the reason for that is because the dentists doing them are adequately and effectively trained to do them. While your dentist might make a procedure look quick and easy it is still an irreversible surgery that may be very difficult without proper training and experience. Specifically in this bill one of the simple procedures that the mid-level is allowed to do is “the restoration of primary and permanent teeth” that is what your dentist does every day in their office for their patients here in Kansas. That is a very broad scope of practice for somebody that is only allowed to do the “simple” procedures to help the doctor see more complex cases.

In my office I have the capability to have over 5000 appointments per year and need to have a patient base of at least 3500 people to fill the appointment openings that I schedule for annually. One of the issues with some of the studies showing that there are no dentists in several counties in Kansas don’t take into account that some of these counties do not have total populations that high or take into account that there may be a dentist in the next county that adequately serves the county population. Even if a non-dentist provider were to go to an underserved area there may not be enough population to fill the capacity of that provider.

Another area that proponents of HB 2079 bring up is that the non-dentist providers will be able to do procedures for less cost. How is that possible when they will be using the same materials, supplies, staff and equipment that any dental office needs but they will be able to do it for less because the provider has less training? The costs of establishing a practice will be the same whether the provider is a non-dentist/mid-level or a fully trained dentist. In Minnesota the mid-level providers expect an hourly salary of \$45 an hour which could be an annual salary of more than \$80,000 based on a 4.5 work week.

The dentists of Kansas are also trying to address some of the barriers to care by continuing to do KMOM projects annually. To date there have been 14 projects throughout the state and the dentists and other volunteers have done their best to help people of those communities address some of their dental needs. We understand this is not the solution to the access issues but it is one of many things that the dentists of Kansas are doing to help the people of Kansas.

I thank you for your time and would appreciate any questions.