



February 24, 2015

Chair Hawkins and Committee Members,

My name is John Fales and I am a pediatric dentist with a practice in Olathe, Kansas. I am currently the President of the Kansas Association of Pediatric Dentists and Vice President of the Kansas Dental Association and I am here representing those organizations and myself. I have practiced dentistry in Kansas since 1982 and have specialized in pediatric dentistry since 1989. I have been an active Medicaid provider since 1982 and I am here today because I am opposed to House Bill 2079.

House Bill 2079 is being promoted as the fix for access to dental care issues in Kansas. I respectfully disagree that this new non-dentist provider is needed here. It is my belief that the access to dental care in Kansas is much more complicated than just adding a new provider. Kansas has dentists available to provide services for all who want those services. In my experience, there is a significant problem with people placing a high priority on dental care, especially preventive dental maintenance.

As an example, the Olathe School District, with help from nearly 30 Olathe dentists started a program about 6 years ago designed to provide free dental care for young students in need of oral health care. Dentists volunteered to see patients at no cost to the school district or to the parents. In the first year of the program, only 5% of the children identified as needing care made it to a dentist for the free care. The second year, we made it to 16% of the kids receiving free care and the third year 19% were provided free dental treatment. That to me is not a great success. Free care was available less than 5 miles from where these kids live, but they didn't get care. The following year we created a program where kids identified as needing care were brought to my office by the school district and I provided free dental restorations. The parents only needed to provide their consent to the treatment. They went to work, or whatever other responsibilities they had and every one of these children received all their necessary treatment from a pediatric dental specialist absolutely free of charge. At 100% of identified children receiving care, this is a stark difference to the previous years.

I was the lead in the pediatric section at the most recent Kansas Mission of Mercy held in Salina. Thanks to some amazing efforts prior to the event by Dr. Chuck Abbick and Dr. Cindy Reed, over 130 children were pre-screened as needing dental restorative treatment. Their parents were given appointment times to bring their child to the Bi Centennial Center on Friday or Saturday where they could receive free dental care. Only 50% of those children made it to the KMOM clinic for comprehensive restorative dental care provided by trained dentists that was completely free.

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Distance from a dentist has been cited as a problem in the access to care issue. I spend over 30 minutes driving to my dentist and I live in an area where we have an abundance of dentists. The father of a patient I treated in Salina at the KMOM told me that he was going to drive the 3 hours from Salina to Olathe so his son could be seen by me and my team for his routine care. I think distance is not an obstacle when quality care and the need for it is clearly understood.

My biggest concern with the creation of a non-dentist provider who would be performing irreversible dental care is the damage that can be done on so many levels to the children of Kansas. We need to be honest about who these new providers would be seeing. Currently, and into the foreseeable future, in Kansas, there is no adult Medicaid benefit for anything but preventive care and emergency tooth extractions. So, the recipients of this second lower tier of dental care will be children. As a pediatric dentist, my charge is to be an advocate for children. As such, I believe they deserve the very best dental care no matter what their station in our society.

Restorative dental care, surgical dental care and diagnosis of oral and dental disease conditions are parts of dental care that make it a complex science. The training and experience that a licensed dentist brings to the table in Kansas. In my case, it was 11 years of post - high school education and dental training. To lower the training and experience required for a non-dentist practitioner to treat Kansas citizens is not a responsible act.

House Bill 2079 would allow a non-dentist practitioner to perform extractions of primary teeth as well as permanent teeth. I can tell you from many years of experience that the last 'simple' extraction of a primary tooth, I performed was only 'simple' after the tooth was lying on a piece of gauze sponge. The number of possible untoward outcomes from extraction of any tooth is dizzying. Imagine a scenario in a distant location somewhere in western Kansas with a small 3 year old child, terrified and in extreme pain due to a dental abscess. He is enduring the most excruciating experience of his young life, while a young, minimally trained, non-dentist practitioner attempts to manage not only the extraction of the tooth but also the behavior of this screaming child and the parents who are also terrified watching their child have this performed. Managing a situation like this requires training, education and experience that a non-dentist provider will not have.

A very good friend of mine, Dr. Nick Rogers, practices general dentistry in Arkansas City. He has been a general dentist for 36 years, is a Medicaid provider and sees many children. He has shared with me that he felt that his training to manage children, with the difficult problems he was seeing, was inadequate. For that reason he sought even more training than he had received as a general dentist. To quote Dr. Rogers, "with the help of the American Academy of Pediatric Dentistry continuing education and great mentors like Paul Kittle and John Fales, I feel that I can now provide safe and quality dental care to children. The more I learned, the more that I realized that I did not know."

Children who are at the greatest risk for dental cavities are the children that these non-dentist providers would be seeing. They are the children who statistically speaking are the most

medically fragile, have the highest decay rates and present with the most difficult situations to manage for the dentist. Is a minimally trained non-dentist the answer to their dental needs? I do not think so.

It is my opinion that a non-dentist provider of restorative dental care is not the answer for Kansas. Canada had a mid-level program started in 1972 that was fully subsidized by the government. It was designed to place providers in rural areas. As it turned out, it was learned that these new providers were just as likely to locate in urban areas as dentists. Now, 40 years after the program started, it was ended as the government realized it was not self-sustainable. Minnesota's program created six years ago is failing to place a majority of non-dentist providers in rural areas as it was advertised to accomplish.

Does Kansas need non-dentist providers of dental restorative care? I do not believe that this is the case. The children of Kansas deserve the very best care available in the world and the dentists of Kansas are providing that. Let's look at ways to fix the broken parts of the Kansas Medicaid program. Let's not create an entirely new way of providing sub-par care. The least of these deserve the same care that those who have the most can receive. Mahatma Ghandi said, "A nation's greatness is measured by how it treats its weakest members." Kansas should demonstrate that we are a great state and we will always treat our weakest members with the greatest respect and not settle for inferior care for these children.

In closing, I would leave you with two thoughts that guide my way every day. The first, "do what is best for the children." The second, "always do the right thing, as your character is measured by what you do when no one is watching." We are being watched. Let's do the right thing and not make House Bill 2079 a law in Kansas.

Thank you for your time and consideration.

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