GraceMed
A Health Ministry of the United Methodist Church
Great Plains Conference

Corporate Office

Phone – 316.866.2000 1122 N. Topeka St. – Wichita, KS 67214 Fax – 316.866.2083

Testimony – Senate Bill 49

Senate Public Health and Welfare, Feb. 23, 2015

Dave Sanford, CEO

Registered Dental Practitioner

Chairwoman Pilcher-Cook and members of the committee, I appreciate the opportunity to speak with you regarding Senate Bill No. 49. I am a proponent of this bill.

However, I feel somewhat at a disadvantage in speaking to this subject because I assume you each visit a private dentist in your community every six months and assume your dentist has not only been in your mouth, but in your ear on this topic. Nevertheless, let me share why this bill is important for the health and well-being of Kansans.

I believe this is the fifth year proponents have requested this bill or a similar one be reviewed and approved by this committee. Much that has been said previously still applies today. That is, **there is far more demand than supply** for oral health care services in Kansas.

- 95 Kansas Counties do not have enough dentists to serve their population. And, in urban areas with an abundance of dentists, uninsured and underinsured residents lack access to quality oral health care. The recent Mission of Mercy in Salina where about 1,400 people received free dental care certainly makes the point that access to affordable dental care is a challenge in our state. God bless the dentists and other volunteers who do this each year, but in many respects, this is like addressing the need as we would in a third world country.
- Few Kansas dentists accept Medicaid; and I don't blame them. I personally know dentists who prefer to see people pro bono than deal with the paperwork. And, for those who do take Medicaid, the reimbursement is low compared to private dental insurance. Yet, the problem persists that we need a dental workforce in this state who is <u>just</u> as willing to see a Medicaid or uninsured patient as they are someone with private insurance.
- The average age of a dentist in Kansas is 50, with older dentists practicing in more rural areas. We applaud the programs KDA, Wichita State and others have initiated to bring more dentists to Kansas. However, there continues to be more dentists retiring than new dentists joining practices in the state.

For five years now, I've listened to testimony from opponents regarding the potential tragic consequences of allowing trained registered dental practitioners do 'surgery' on patients. I've often thought this same perspective could apply to new dentists. At GraceMed, we've been blessed to recruit and hire a number of dentists, right out of dental school. They all share the same story. They had limited clinical experience with real patients and were looking for a workplace to enhance their clinical skills under the mentorship of more experienced dentists.

In Kansas, we allow a young dentist to hang up their shingle once they have their license and work without the guidance of a supervising dentist. I'm not sure I would volunteer to be the 'guinea pig'. So, some of the issues include:

- **Education:** 18 months of advanced training beyond a dental hygiene degree including intensive hands-on experience to master the scope of practice.
- **Supervision:** RDPs **must** be supervised by licensed dentists. As should be the case with new dentists, RDPs will be under the direct supervision of an **on-site** dentist until that dentist is confident the RDP is skilled and ready to practice elsewhere. In fact, the RDP must complete a minimum of 500 hours of supervised care before being eligible to practice in a general setting. The dentist may limit the scope of services the RDP may provide and must develop a written agreement with protocols in place. Sounds to me like the supervising dentist retains control of the work of the RDP, much like the relationship between physicians and physician assistants.
- **Scope of Practice:** The scope of practice for an RDP will be confined to about 30 procedures, a very small number when compared to the wider scope of care provided by a licensed dentist. Yet, so many people, particularly low-income children, need these services. Extraction of baby teeth, extraction of loose permanent teeth, cavity preparation and fillings, these are basic services routinely required for good oral health. And, once again, the supervising dentists may limit even this scope of care.
- **Practice Locations:** We certainly want to ensure RDPs work in areas with documented need and workforce shortages. This bill requires them to work in indigent health care clinics or under a Medicaid provider, and many of our safety net clinics serve in these underserved and workforce shortage areas. In fact, much of the state is labeled a dental shortage area.

To conclude, can we be honest about this issue? It's political. Most dentists are opposed to this proposed bill because it may impact their turf. In Wichita, we saw some serious opposition to the establishment of the AEGD program at WSU because it could possibly increase the number of local dentists. I respect the dentists who voice concern about quality care, but that's what 18 months of training, 500 hours of onsite supervision and ongoing supervision addresses. Everyone has a right to their own opinions, but they don't have a right to their own facts. As information has been gathered from other countries and states where RDP-type professionals are providing care for their respective populations, the facts indicate this model does work and can work in Kansas.

Thank you for your time and attention.