

The Dentist, PA
Melinda K. Miner, D.D.S.

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Chairwoman Pilcher-Cook and Members of the Committee:

I would like to introduce myself. My name is Melinda Miner DDS. I wish I could come to Topeka in person and testify. Please understand that this issue is very important to me and beneficial to the people I serve. I own a private dental practice in Hays, Kansas, that serves a clientele of about 50% Medicaid children. I have accepted Medicaid patients since moving to Hays in August of 2000. Fifteen years later and still there are only a few private practices in Hays that accept Medicaid. My little patients frequently come from over 60 miles away. There are few dentists that enjoy treating children and even fewer that will accept Medicaid.

Senate Bill 49 establishing a Registered Dental Practitioner (RDP) or a mid-level provider is ideal for a practice like mine. It is very hard to attract a new dentist to Western Kansas and even harder to get them to stay. Being largely Medicaid based I cannot offer the compensation that a new graduate demands. It's hard to send a college student off to UMKC dental school, as there are few spots for Kansas's residents. Getting them to return to small town life after graduation is even harder. Properly training a RDP in a rural based school (utilizing one of the current RDH schools) and working with the RDP in a team environment would be beneficial to Western Kansas. In my practice adding just one RDP would help to open up appointments for those kids on my waiting list allowing my practice to see about 30-40 additional kids per week. It would also allow outreach once per week to those towns my staff currently serves, like WaKeeney and Ness City.

The main argument I keep hearing against the RDP seems to be a question of public safety. The proposal before you provides for 18 months of intense dental training. This is on top of the 2 year RDH degree that is required for admission to the program. The bill also provides for a required apprenticeship of at least 500 hours with the supervising dentist and a written contract that specifically states the allowed scope of practice and when the supervising dentist must be called in to help out. Any dentist that would employ a RDP would understand that they are ultimately responsible for the successes and the failures of that employee. Any dentist that would agree to supervise, and then fail that RDP by not ensuring quality, would have to face the dental board when the outcome is not good. Just as any other employee there is a responsibility to assure quality in what they do for us.

As long as the RDP is held to the same standard of care, the same continuing education requirements, and they are supported by their supervising dentist s, there is no need to worry about the final product. Realistically, requiring the RDP pass a clinical and written board examination will ensure that they can produce a quality product. If they were to take the exact dental board as the dentists from UMKC and were to pass would we not agree that they are competent to practice? I would ensure quality from my RDP; they will be treating my patients.

It seems that the Kansas Dental Association opposes this model. Being a KDA member for the last 15 years I was saddened to discover that this was not discussed with the membership before it was opposed without compromise.

The reality is that providers for a lot of the low-income children of Western Kansas are the ones that would utilize this model and our patients would benefit from it greatly. We support Senate Bill 49. We would be responsible for the outcomes in our office and we would assure the same quality. I ask Kansas dentists: why are you opposed to something that would help me to serve my low-income patients better when you are not willing or able to help me?

Why don't we ask the families on our waiting list or the people of the 13 counties without a dentist what they think?

Thank you for your time.

Melinda Miner DDS