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## **Testimony of the Kansas Dental Hygienists' Association In Support of SB 49: Pertaining to Registered Dental Practitioners**

**Monday, February 23, 2015**

**By Ron Gaches**

Thank you Chairwoman Pilcher-Cook for this opportunity to comment on Senate Bill 49, a proposal to authorize the training and practice of a mid-level oral health provider called the Registered Dental Practitioner. I am Ron Gaches, testifying on behalf of the Kansas Dental Hygienists' Association.

Creation of the Registered Dental Practitioner (RDP) addresses a critical public health need in Kansas: access to oral health care. The number of Kansans without access to adequate oral health care is well documented. This is a public health issue that Kansas has been trying to address for several years without any significant improvement. Authorization of the RDP could have a dramatic impact on access to oral health care.

Passage of SB 49 will create jobs, grow the Kansas economy and improve access to oral health care. The bill provides that RDP students must first hold a license as a Registered Dental Hygienist. Most Hygienists have at least three years of formal training and education to become an RDH, and many of them are graduates of four-year Dental Hygiene schools.

There is a large workforce of Dental Hygienists immediately available to facilitate the rapid deployment of RDPs. The RDP is a Kansas solution that maximizes use of the existing oral health care workforce to provide greater access to care. RDPs will be trained in Kansas (two Kansas universities have already expressed interest in housing the program) and will work under the supervision of a sponsoring dentist. Supervision by a dentist is required in SB 49. The RDP model provides Dental Hygienists with a way to advance their career and take their current skills and training to a higher level to meet the unmet needs of Kansans.

Mid-level providers have proven effective and safe in a number of other health care fields. RDPs will have demonstrated competence in patient assessment, oral anatomy and physiology, pharmacology and a variety of specific clinical procedures through a highly structured training and education program with clinical testing.

The restorative procedures that RDPs will provide will be strictly limited to those enumerated in the law. They include basic restorations (fillings), non-surgical extraction of baby teeth and very loose teeth and placement of temporary crowns. RDP program graduates will not be allowed to perform these procedures until they have demonstrated clinical proficiency on a test approved by the Kansas Dental Board for licensure.

Establishment of Registered Dental Practitioners will serve as a critical part of the oral health team providing access to oral health care for Kansans. The use of RDPs will allow Kansas Dentists to grow their practices and see more patients while RDPs are used to provide some routine services. Dentists will be free to use their skills to address more complex needs of their patients.

RDPs will work under general supervision of a Dentist. This is a clearly stated requirement of the bill. This is exactly the same supervision model we currently use for Hygienists who are Extended Care Practitioners (ECPs). Dental Hygienists are not using this bill to establish independent practices.

This collaborative practice model has been allowed in other states for as long as ten years, with no documented unfavorable outcomes reported. We anticipate that a full time RDP could see 2,000 to 3,000 patients per year, greatly increasing access to the most routine care that is now unavailable in many parts of the state.

99 of our 105 Kansas counties currently do not have enough Dentists to meet the needs of their residents. RDPs will work in schools, nursing homes, safety-net clinics and other underserved areas so that more Kansas families receive timely care, avoid costly emergency visits to hospitals and prevent serious illness and loss of work time.

We urge your favorable consideration of this proposal.

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