

Testimony of Dr. Daniel N. Minnis
Proponent SB-49 Feb 2015
Volunteer Chief Dental Officer, CHC/SEK
Private Practice Dentist

Madame Chair and Committee Members. My name is Dr. Daniel Minnis and I thank you for the opportunity to testify today in support of the Registered Dental Practitioner Bill SB-49.

I am a private practice dentist of 27 years in Pittsburg Kansas, one of the poorest areas of the state. In that time, I have dedicated 30% of my practice to care for Medicaid recipients, Head Start children, the mentally challenged, frail elders, individuals living with HIV and Hepatitis C and high risk pregnant mothers.

Currently, I serve on the Board of Directors for the Community Health Center of SEK, a non-profit safety-net clinic and am their volunteer Chief Dental Officer. I founded the first CHC/SEK Dental Clinic in 2005. During my tenure at CHC/SEK I have donated hundreds of thousands of my own dollars to establish five Dental and Medical Clinics, strategically placed in SEK, to meet the needs of our communities. I receive no compensation from CHC/SEK and serve CHC/SEK in this capacity because it is the "right thing to do" and fortunately I can afford to give back to my community. I serve on the Board of Directors for Southeast Kansas Community Action Program (SEKCAP) Head Start, am a past board member of Oral Health Kansas and past chairman and adviser to the Kansas Missions of Mercy. I am also a volunteer faculty member of the University of Missouri Kansas City School Of Dentistry. I am a member of both the Kansas and American Dental Associations but must admit I am extremely disappointed in their opposition to dental mid-level providers.

My work with vulnerable populations has been recognized on local, state, and national levels and CHC/SEK leads the State in solving the access to care issues.

I am here today to represent the thousands of children and other vulnerable populations in Kansas who are affected by my professions unwillingness to work on real and long term solutions to access to dental care. I also represent a growing minority of dentists who feel it is vital to develop a Registered Dental Practitioner Program and to end the dentists monopoly, create jobs, and ease the access to care burdens our patients face each day.

74% of Kansans and 50+ coalition members support this legislation and only one major organization is in opposition- the KDA. The fact that the KDA opposes this legislation is not surprising. The first dental hygienist was trained in 1903 and it was 1941 before Kansas adopted the hygienist as a midlevel. The KDA also opposed the ECP hygienist in 2001 but now recognizes their benefit and has introduced new legislation to increase their scope of practice once they realized they were wrong.

My opponents and fellow colleagues will one day embrace the RDP just as they embrace the dental hygienist today and just as physicians embrace the nurse practitioner and physician assistant. Once they realize the tremendous benefits of the RDP and the increase in practice revenues they will become a standard in dental practices across the state. History will repeat itself.

The facts are simple and your decision to pass this legislation should be made on facts, not emotions.

1. The RDP will have more training for their small scope of procedures than the dentist.
2. 7,701 papers and research projects have been written on the dental midlevel spanning 90 years and 53 countries and NOT one piece of research shows the midlevel performing at a standard lower than a dentist. In fact many show the quality to be higher than the dentist.
3. The RDP will pass dental boards just as the dentist passes boards. The RDP will be board certified, regulated by the

dental board and work under the supervision of the dentist.

Why do some dentists oppose this legislation?

1. We dentists have a monopoly on dentistry and fear that one day the RDP may be competition.
2. We dentists find it hard to admit that another provider can do some of what we are trained to do.
3. We dentists have been fed false information by the KDA about the education, regulation, and safety of the RDP arousing our emotions instead of our intellect.

My colleagues have in the past and will testify again to the following:

1. The RDP will be a danger to patients. Have them present one piece of literature to verify this claim, they can't because it doesn't exist. Even our own American Dental Association study revealed that dental mid levels are safe and effective.
2. That we dentists have 8 to 12 years of training versus 18 months for the RDP. General dentists attend 4 years of dental school and only 24 months of clinical training. The RDP will end up with 3.5 to 5 years of dental training and perform more clinical training than the dentist for a small scope of procedures.
3. Kansas does not have a dentist shortage. Why then do we find it necessary to have Kansas Missions of Mercy every year providing dentistry to thousands of patients who cannot get or afford regular dental care?
4. If the State would raise Medicaid Rates more dentists would become providers. I have been a significant Medicaid provider for 27 years despite the low reimbursement rates. Dentists should treat underserved patients because it is the right thing to do and every practice can afford to do their fair share for the community if they truly have the desire.

If a dentist adamantly opposes the RDP legislation then the answer is simple. Don't hire one. Those dentists who oppose this legislation have the right to continue to practice with the school of thought "no one can do what I do" while the rest of us have the right to advance our practices into the 21st century concept that it "takes a team" to provide the best possible care while increasing access to care.

53 countries and 3 states have proven the safety and cost effectiveness of the RDP model. 20 more States are considering legislation and one day the dental midlevel will be a team member in all practices, just as the dental hygienist is a vital key to a dentist's success.

If each dentist in the State of Kansas hires an RDP:

1. 1500 new jobs will be created.
2. 3,750,000 additional dental visits could be performed.
3. \$23,000,000 in additional Tax Revenue could be available to the State of Kansas.

I ask that you support this legislation and do what is right for Kansas dental patients.

Thank you for the opportunity to testify today, and I will be happy to answer any questions that you may have for me.