



Date: January 29, 2013

To: House Committee on Health and Human Services

From: Kevin J. Robertson, CAE
Executive Director

RE: Dental Issues

I am Kevin Robertson, executive director of the Kansas Dental Association representing 1,250, or about 75% of the state's licensed dentists. Thanks for the opportunity to discuss with you the KDA's thoughts regarding dentistry, dental access and its efforts to improve the oral health of all Kansans.

The Doctor of Dental Surgery (DDS) is a professional four-year degree beyond undergraduate studies. Dental specialists like oral surgeons, pediatric dentists, orthodontists, etc. have an additional two to four years of professional education following dental school. Kansas does not have a dental school. Each year 21 or 22 (85 total) Kansas dental students are admitted at UMKC School of Dentistry in Kansas City, MO as part of a "trade" with Missouri for 491 undergraduate architecture students who attend KU, K-State and Wichita State. Approximately two-thirds of the state's 1,477 licensed dentists are educated at UMKC while the other one-third are educated at dental schools around the country at Creighton (Omaha), University of Nebraska Medical Center (Lincoln), Oklahoma, Minnesota, Iowa, Colorado, Tennessee, Kentucky, North Carolina, etc. At around 2%/year growth, the number of licensed dentists in Kansas currently outpaces the projected population growth of Kansas.

Wichita State University is the home of an Advanced Education in General Dentistry (AEGD) residency program that is in its fourth year. The WSU AEGD program is accredited for seven students who complete a one-year residency program. Completion of an AEGD residency is not required for dental licensure, however, many new dental graduates attend residency programs in order to fine tune their dental skills prior to beginning their dental practice careers.


The KDA is supportive of expanding the WSU AEGD program to two years with students completing a rotation in many of rural Kansas' FQHCs further promoting the idea to public health and rural dentistry to the participants.

The Kansas Dental Association (KDA) believes that all Kansans deserve access to safe quality oral health care and to a DENTIST to provide for their diagnostic, restorative, and surgical dental needs. As such, the KDA supports and conducts a variety of initiatives with this purpose in mind.

The Kansas Dental Association was interested last year to review the findings of the Bureau of Oral Health’s “*Mapping the Rural Kansas Dental Workforce*” study. This study identified about 57,000 Kansans that live more than 30 minutes from a dentist. This represents a little less than 2% of the state’s population and many of these Kansans have a dentist, but if they didn’t, **14 strategically placed dentists could adequately serve this population.** The study also surveyed Kansans living in the western part of our state – they reported traveling an average of 21.2 minutes to the dentist. This compared favorably to travel to other services like the grocery store, gas station, movie, shopping, etc.

Data collected from rural residents

Location	Average Time (Min.)	Frequency/Yr
Groceries	17.5	71.9
Chain Store	29.8	44
Auto Repair	15.9	6.1
Church	9.6	36.2
Movie Theater	30.6	10.7
Outlets	83.4	8
Pharmacy	14	13.5
Veterinarian	19.5	3.1
Chiropractor	17	4.4
Optometrist	25.1	1.6
Dentist	21.2	2.6



Referring to the study, Dr. Kathy Weno, Director of the State Bureau of Oral Health, said ***“it appears that Kansas Dentists are relatively well situated to meet the need of the state’s population, counties with low populations densities may have few or no dentists, but looking at the map as a whole, a dental practice is usually located close by.”***

In order to provide an incentive for new graduates to locate in rural areas of our state, last year the KDA and Delta Dental Foundation of Kansas teamed up to create the Kansas Initiative or New Dentists (KIND) scholarship/loan repayment program. Funded with a \$450,000 grant from

Delta Foundation, we will soon be announcing the recipients of three \$25,000 scholarships who are dedicated to practicing in rural Kansas after their graduation from dental school.

Though the KDA is strongly opposed to the creation of a new dental mid-level that can perform complex SURGICAL dental procedures, the KDA HAS SUPPORTED the expansion of services for dental hygienists. Last session, the KDA promoted successful legislation that created the **Extended Care Permit (ECP) III** advanced dental hygienist. This new level of dental hygienist expands upon the ECP I/II statute that was first enacted 10-years ago that allows dental hygienists to work off site from a dental office. The new ECP III advanced dental hygienist has the same infrastructure, practice locations – prisons nursing homes, community health clinics/FQHCs, head start programs and children in schools – as the current ECP I and II have and as such does not create the bureaucracy of an entirely new practitioner. The Kansas Dental Board approved ECP III training at the UMKC School of Dentistry during its meeting on January 18. ECP III advanced dental hygienists will be allowed to use additional NON SURGICAL procedures to assist with the treatment of patients, such as.

- Assessment of the patient's apparent need for further evaluation by a dentist to diagnose the presence of dental caries and other abnormalities;
- Identification and removal of decay using hand instrumentation and placing a glass ionomer filling;
- Adjustment of dentures,
- Placing soft reline in dentures and placing permanent identification labeling in dentures;
- Smoothing a sharp tooth with a slow speed dental handpiece;
- Use of local anesthetic, including topical, infiltration and block anesthesia, when appropriate to assist with procedures where medical services are available in a nursing home, health clinic, or any other settings. If the dental hygienist has completed a course on local anesthesia and nitrous oxide as required in this act
- Extract primary (baby) teeth that are naturally loose.

In addition to creating the ECP III advanced dental hygienist, the KDA's 2012 Comprehensive Oral Health Initiative which became law on July 1, 2012 also:

1. Created a **special volunteer dental license for dentists** who are retired from active practice and wish to donate their expertise for the dental care and treatment of underserved persons of the state.
2. **Exempted dentists from liability** who are performing charitable (100% gratis) care regardless of where that care is provided. Currently the charitable healthcare provider act applies to dentists providing care at KMOM or community health clinics, but not organized charitable care provided in the dental office.
3. Asked the Kansas Board of Regents to investigate **additional seats** for Kansas residents with the stipulation that they return to practice dentistry in underserved areas of the state.

4. Increased the time allowed the estate or agent for a **deceased or substantially disabled dentist** to employ dentists to provide service to patients until the practice can be sold or closed to up to 30 months.

The KDA was also pleased that the Governor and 2012 Legislature restored funding to the Donated Dental Services Program which provides around \$500,000 in free dental care to elderly and disabled patients with the \$70,000 it receives from the State. Funding is also included in the Governor's 2014 Budget.

Last June, the Kansas Board of Regents Dental Education Task Force reviewed the dental workforce, particularly in rural Kansas. This taskforce considered options for increasing dental care like purchasing more dental seats to educate more Kansas dentists, partnering with an existing dental school to create a satellite campus in Kansas, creating Kansas' very own dental school and other possibilities. The Task Force recommended that Kansas acquire additional seats for dental students and that the state create a loan repayment program similar to the successful Bridging Loan program for new physicians that provides incentives for them to practice in rural areas.

KanCare – According to the KanCare Network Access report dated January 7, 2013, dental providers cover 99.7, 99.3 and 99.7% of urban/semi-urban areas and 92.5, 88.3 and 96.3% of rural/frontier areas. The average distance to these dental providers is between 8 and 13 miles for the three MCOs respectively. The KDA is continuing to work to build the KanCare dental provider networks with DentaQuest and SCION – the two dental vendors for the three KanCare managed care organizations. In support of these efforts, the KDA has published information sheets, discussed this during our regional district meetings across the state, and hosted a KanCare information meeting. We believe dental provider participation will continue to rise as many dentists were hesitant to enroll until the provider manual was approved which did not occur until late November. I am just now beginning to get some feedback from dental providers on the administration of the new system.

KanCare now provides x-rays and cleanings to adults as a value-added service. The KDA commends KanCare, the MCO's, the Legislature and the Administration for taking this positive first step in providing dental care to adult Kansans who are in need. It's important that adults have access to full dental services like fillings and extractions. Medicaid provider rates have not been increased since 2001.

Kansas Mission of Mercy (KMOM) - is a charitable dental clinic organized and conducted by the KDA's Kansas Dental Charitable Foundation. The eleven KMOMs over the past 10 years have provided approximately 21,000 Kansans with nearly \$11 million in free dental care. Our 12th KMOM is scheduled for March 1-2, 2013 in Wichita.

Satellite office carve out – in 2009 the KDA initiated and the Legislature passed legislation to allow a dentist to have a satellite office in counties of less than 10,000 population without being physically present. The KDA is promoting dental satellites within these counties with our KIND scholarship recipients.

Hospitals in counties of 50,000 or less can now employ a dentist – in 2011, the legislature passed legislation to allow a dentist to work in hospitals in counties of under 50,000. Hospitals in these areas could be encouraged to staff a dentist on a full or part time basis. The Kansas Hospital Association released a study earlier this month regarding the cost effectiveness of hospitals providing dental care.

Thank you for the opportunity to provide you with some information today.