

Senate Public Health and Welfare Committee  
February 23, 2015

Madam Chairwoman and Committee Members

Support SB 49

On behalf of the Kansas Health Care Association and Kansas Center for Assisted Living, a trade association with a membership of nursing homes, assisted living, residential health care, home plus, and nursing facilities for mental health, we are here to support SB 49, the Registered Dental Practitioner bill. We are the oldest and largest nursing home trade association in Kansas. Our membership consists of nursing home, assisted living, residential health care and home plus providers taking care of 15,000 elders across the state each and every day. Oral health has been a very important mission for KHCA/KCAL and we believe good oral health care improves the quality of all of our resident's. Today, I would like to submit testimony from our oral health consultant who has worked with the association since 2007. Her testimony follows....

My name is Loretta Seidl. I am a Registered Dental Hygienist with an Extended Care Permit. I'd like to share with today some of the experiences I've had over the past 25 years while providing in-service presentations, and oral care staff trainings in the long-term care facilities in Kansas. There are many situations where a resident has an oral health problem that needs to be addressed immediately, however, may not be able to get help because there is not a dentist in the area, or the resident is not able to travel out of the facility due to physical or cognitive impairment. Here are some situations where a Registered Dental Practitioner could help alleviate a resident's pain or inability to eat.

- a sore spot on the gum tissue which is caused by an ill fitting denture making it impossible for the resident to wear the denture, which could be remedied by a simple denture adjustment.
- A denture that does not fit because the resident has lost weight, which could be fixed temporarily by a soft liner until something more permanent can take place.
- a broken tooth which is causing a sore area making it difficult to eat, which could be alleviated by smoothing the broken tooth sharp edges until something more permanent is arranged.
- A partial with metal clasps that have loosened so much that the resident is unable to wear it making it difficult to eat. The clasp can be tightened so the resident can wear it again.
- Lesions that make it difficult for the resident to eat due to pain, which also could be possible oral cancer. These should be biopsied as soon as possible instead of being put off until they can get to a dentist.
- A tooth that is so loose that if the resident sneezed it would come out. This is a concern due to the resident aspirating that tooth if it is swallowed. In addition, a loose tooth makes it uncomfortable to eat.

In addition to the RDP providing the dental services that I've mentioned above, they would be able to assist with staff training for the much needed daily oral care of the residents. Our elders often need immediate attention to their oral problems and with the addition of the Advanced Dental Practitioners, this could happen more quickly. I'd also like to see law to state that ADP's would be able to work for any dentist, not just the ones who take Medicaid patients. We would appreciate your support of SB 49.