

February 14, 2017
Dr. Dan Minnis, DDS
Testimony in Support of House Bill 2139
House Health and Human Services Committee

I appreciate the opportunity express my strong support of House Bill 2139. Thank you for your keen interest in bringing dental care to thousands more Kansans.

My name is Dr. Daniel Minnis, and I have been practicing dentistry and serving vulnerable populations in Kansas for the past 29 years. When I am not practicing in my private office I volunteer my time to serve on the Community Health Center of SEK Board of Directors, as Vice Chairman and Chief Dental Advisor. I founded the first CHC/SEK Dental Clinic in 2005. During my tenure at CHC/SEK I have been instrumental in opening five Dental and seven Medical and Mental Health Clinics. I am also a past board member of Oral Health Kansas, Past Chairman and Advisor of the Kansas Mission of Mercy Projects, non-paid faculty member of UMKC School of Dentistry, and a 29-year veteran of providing dental care to vulnerable populations including Medicaid, Head Start, Mentally Challenged, Frail Elderly, HIV patients, impoverished patients, and high-risk pregnant mothers.

I have dedicated 30% of my private practice to the care of vulnerable populations, but the demand far exceeds my ability to provide appropriate and comprehensive care to these deserving patients. In 2016, 25,000 SEK children received dental screenings, fluoride, and cleanings, but unfortunately only a few will receive timely restorative care because we have a shortage of dentists in southeast Kansas and very few dentists who will treat Medicaid children. **We have a 100% turnover rate with our CHC/SEK dentists; once their student loan obligations are met they leave, despite our competitive pay and excellent salaries. As high as 50% of the children of SEK will be identified as needing vital restorative dental care.** CHC/SEK and area dentists will fail to deliver the necessary care to these children due to workforce shortages and barriers that plague our vulnerable populations. Many of these children suffer daily because of our failures as dentists to provide adequate access to care. Private practice dentists are dropping out of KanCare in droves due to low reimbursement rates and administrative hassles.

Allowing dentists and safety net clinics to hire dental therapists can help solve these problems. These providers will *always* work under the supervision of a dentist as a member of the dentist-led dental team. Here is why you should support this legislation:

Dental therapists are safe. I have pored through all 1,100 research papers and projects evaluating dental therapists. Overwhelming scientific evidence dispels any claims that the care provided will be unsafe. Even the American Dental Association concluded dental therapists are safe and effective when working as part of the dental team, stating that *“appropriately trained mid-level providers are capable of providing high quality service, and that dental teams with providers like dental therapists treat tooth decay more successfully than teams without them.”* Dental therapists are so safe that their malpractice rates are \$95/year, versus \$2,000/year for dentists.

Dental therapists are well-educated. Kansas dental therapists will be graduates of programs certified by the Commission on Dental Accreditation (CODA), **the exact same organization that sets the educational requirements for dentists.** By the time they begin practicing, dental therapists will have as much or more clinical experience in the procedures they are certified to perform as dental school graduates. Dental therapists will undergo the same blind test and be examined in the same clinical examination process as dental students for Kansas Dental Board Certification.

Dental therapists will help more Kansans get dental care. Dental therapists will bring dental care to communities. Working under the general supervision of a dentist, dental therapists will provide dental care in community settings such as schools, nursing homes, and community health centers. This means people living in places where dentists don't have offices can still get the dental care they need. Evidence shows dental therapists are an effective way to get dental care to people in rural communities, children with Medicaid, and people with lower incomes.

Dental therapists will save money by making dental care more accessible. Dental therapists will make it easier to get preventive and routine restorative care rather than delaying care until it is a costlier emergency, and help reduce the need for expensive emergency room visits for basic dental care.

Dental therapists will grow the Kansas economy. Dental therapists will create job opportunities for Kansas dental hygienists and generate an economic impact for the state. Additionally, dental therapists give dentists and community health clinics the chance to see more patients and expand their operations. Dental therapists are cost-effective to employ. According to a 2013 Community Catalyst study, for every dollar a midlevel dental provider generates it costs less than 30 cents to employ them, which allows safety-net clinics and dental providers to employ dental therapists and offer more care to our most vulnerable community members.

Establishing dental therapy is the right thing for legislators to do for Kansans. Though most dentists don't realize it, passing this legislation will benefit their practices just as 1940's legislation for dental hygienists benefited dentists and communities. It is unfortunate that despite the clear scientific evidence of 1,100 studies, the American Dental Association and ALL state dental associations, including the KDA, have chosen to fight dental therapist legislation in each and every state. History repeats itself and our own dental associations once opposed dental hygienists, just as physicians opposed physician assistants and nurse practitioners. Dentists do not want to believe well-trained dental therapists can perform around 30 of the 700 procedures we dentists monopolize. Please ask the opponents of this legislation to submit ONE piece of research that can support the claim that dental therapists do not provide safe care. They can't, because it does not exist.

While raising Medicaid reimbursements might bring more providers on board, the reality is that Kansas just can't afford this measure nor do I believe it is necessary. Those of us who treat a significant number of Medicaid patients and other vulnerable populations provide this care because we feel a deep sense of civic duty and compassion for the less fortunate, we don't do it for the money. Unfortunately, very few Kansas dentists are willing to take on this responsibility in a meaningful way. Allowing us to hire dental therapists will mean we can serve more patients who desperately need care.

House Bill 2319 is a Gold Standard for Kansas and other states who will follow this magnificent piece of legislation. We can improve the dental team concept, increase access to dental care for Kansans, and end the suffering of thousands of our most vulnerable citizens. Thank you for your consideration of House Bill 2139, and I implore you to send this bill forward so that we can finally address the dental provider shortage crisis in Kansas.

Daniel N. Minnis, DDS