



# Kansas

Dental Hygienists' Association

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Janette Delinger, RDH, MSDH  
Kansas Dental Hygienists' Association  
Testimony in Support of House Bill 2139  
House Health and Human Services Committee

Chairman Hawkins and Members of the Committee:

I am Janette Delinger, a dental hygienist, testifying on behalf of the Kansas Dental Hygienists' Association. The Kansas Dental Hygienists' Association (KDHA) represents over 2,000 licensed Registered Dental Hygienists in our state.

Thank you for this opportunity to comment on House Bill 2139, a proposal to authorize a mid-level oral health provider known as a dental therapist.

Authorizing dental therapists to work in Kansas addresses a critical public health need in our state: 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 dental therapists could have a dramatic impact on access to oral health care. Passage of HB 2139 will create jobs, grow the Kansas economy and improve access to oral health care.

KDHA believes the creation of this mid-level provider is no different from similar mid-levels seen in medical care. Registered Dental Hygienists are already licensed in the state. The Kansas Dental Practice Act includes education requirements for Registered Dental Hygienists and a set scope of practice. This has been in place for decades.

Similarly, HB 2139 allows licensed Registered Dental Hygienists to become dental therapists by going back to school for additional education to expand their scope of practice. The scope of practice, as prescribed in the bill, will help increase access to oral care by practicing their new skill set to expand the effectiveness and efficiency of the dental team.

Dental therapists will always work under the supervision (direct or general) of a dentist. This is a clearly stated requirement of the bill. This is exactly the same supervision model we currently use for hygienists with Extended Care Permits (ECPs). Dental hygienists are **not** using this bill to establish independent practices, as they will still be working within the dentist-led dental team.

Mid-level providers have proven effective and safe in a number of other health care fields. Dental therapists will have demonstrated competence in patient assessment, oral anatomy and physiology, pharmacology and a variety of specific clinical procedures through an accredited, highly-structured training and education program that includes clinical testing. Once these exams are passed, the dental therapist will require licensure through the state.

The restorative procedures that dental therapists will provide will be strictly limited to those enumerated in HB 2139. They include basic restorations (fillings), non-surgical extraction of baby teeth and very loose teeth, and placement of temporary crowns. Dental therapy 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.

With approximately 120 dental hygienists graduating in Kansas each year, there is a large workforce of dental hygienists immediately available to apply for a dental therapy program once established. Dental therapists will be educated in Kansas (two Kansas universities have already expressed interest in housing the program) and will work under the supervision of a dentist, which is required by HB 2139. The dental therapy model provides dental hygienists with a way to advance their career, building on their current skills with dental therapy credentials to serve the unmet needs of Kansans.

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 dental therapist could see 2,000 to 3,000 patients per year, greatly increasing access to the basic oral health care that is now unavailable in many parts of the state.

A majority of Kansas counties (87 out of 105) currently do not have enough dentists to meet the needs of their residents. Dental therapists can work in schools, nursing homes, safety-net clinics and other underserved areas so that more Kansas families receive timely care and avoid costly emergency visits to hospitals, preventing serious illness and loss of work time.

Many of our members have indicated they would pursue the path to becoming a dental therapist. As mentioned, almost 90% of Kansas counties have a shortage of dental care. This is unsustainable if we want rural Kansas to grow and all areas of the state to flourish. HB 2139 can help provide opportunities for both employment and dental care in the places Kansas needs it most.

If you have any other questions, please contact me at [janettedelinger@yahoo.com](mailto:janettedelinger@yahoo.com). Thank you for your consideration.

Respectfully,

Janette

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