

February 14, 2017

Todd M Thurlow, DDS
Overland Park, KS
Testimony in Support of House Bill 2139
House Health and Human Services Committee

Chairman Hawkins and Members of the Committee:

Thank you for the opportunity to support House Bill 2139. My name is Dr. Todd Thurlow, and I am a general dentist in Johnson County. I provide services to a variety of patients, including those with traditional insurance, KanCare insurance, and the uninsured. **In my over 20 years of practice, I have seen the growing need for providers for the underserved in our community.** I am a regular volunteer for the Kansas Mission of Mercy (KMOM), Donated Dental Services, veteran's programs, and TeamSmile. I see patients from long-term care facilities who require extensive care, and developmentally disabled children and adults. As a member of the American Dental Association, the Kansas Dental Association, and the Fifth District Dental Society, I am acutely aware of the direction that organized dentistry is going and I see little movement to truly solve access to care issues. **Projects like KMOM and Donated Dental Services are important and provide much-needed service to individuals, but they are not a substitute for regular dental care and the security of having a relationship with a dental professional who can provide ongoing education and preventative care.** Adding another provider, a dental therapist, is an opportunity to make a meaningful difference in delivering more routine care to the underserved.

I support dental therapy in Kansas because I have seen firsthand the high-quality care provided by dental therapists when I toured the school and training clinics in Alaska. The curriculum, books, and other materials are **identical** to what is used in dental schools; the dental therapists simply have a narrower scope of practice and spend significant time providing oral hygiene education to help break the cycle of disease. The supervision by teledentistry ensures the proper diagnosis is made and treatment is provided in a safe and efficient manner. **The dentist as the team leader still holds responsibility for total patient care.** The difference is that the dental therapist can provide routine care so that the dentist can perform the more extensive procedures – meaning more patients can be served.

It is often said that dentists can't "drill their way out of this problem," and that we should focus on preventing dental decay instead of drilling and filling existing cavities. But in order to make a true impact, treating the dental decay is **exactly** where we need to start – and we cannot do it alone! Dental therapists can treat conditions while they are minor, preventing more extensive and expensive problems developing later on.

Similarly, scholarship programs alone cannot solve this problem. While the Kansas Dental Association's Kansas Initiative for New Dentists (KIND) scholarship program has planted five dental students in Kansas and has four in progress, it does not reach the greatest need in our state. Ford, Elk, Labette, Cherokee and Finney counties have the highest number of children K-12 with untreated decay, and none of the KIND dentists are practicing near these areas.

Before traveling to Alaska, like most dentists, I was skeptical. I went to school for eight years to become a dentist, and I was concerned about a dental therapist providing some of the same care I do. Seeing the cases that the dental therapists treated and evaluating the program critically changed my mind. **I believe dental therapists could significantly improve our state's oral healthcare, and I thank you for the opportunity to support House Bill 2139.**