



Kansas

Dental Hygienists' Association

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**Testimony of the Kansas Dental Hygienists' Association
In Support of SB 312: Pertaining to Dental Therapists**

February 1, 2018

By Janette Delinger, RDH, MSDH

Chairwoman Schmidt and members of the committee,

Thank you for this opportunity to offer our support of Senate Bill 312, a proposal to authorize the training and practice of a mid-level oral health provider called the Dental Therapist. I am Janette Delinger, testifying on behalf of the Kansas Dental Hygienists' Association (KDHA).

The Kansas Dental Hygienists' Association represents over 2,200 of the state's actively practicing registered Dental Hygienists. The KDHA works to advance the art and science of dental hygiene by ensuring access to quality oral health care, increasing awareness of the cost-effective benefits of prevention, promoting the highest standards of dental hygiene education, licensure, practice and research, and representing and promoting the interests of Dental Hygienists.

Since 2010, the KDHA has been a strong vocal advocate for the creation of the dental therapist. Dental Therapists will address a critical public health need in Kansas: 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 the Dental Therapist could have a dramatic impact on access to oral health care, particularly in underserved areas.

The Legislature has debated this issue for years with little movement of legislation. The KDHA appreciates the leadership of this committee working to seek common ground among the vast group of stakeholders. Though SB 312 does not provide the full expanse of access to care as last year's HB 2139, we believe this a great step moving forward to establish this program in Kansas. Understanding the nature of the legislative process, any substantive changes to the bill will almost certainly disrupt the delicate balance of this bill's compromise nature.

SB 312's scope of practice for dental therapists closely mirrors the Commission of Dental Accreditation's Standards for Dental Therapy. The bill provides that Dental Therapist students must first hold a license as a Registered Dental Hygienist. Dental hygienists have at least three years of formal education, have taken clinical and national board examinations, and are licensed in the state to practice. This requirement is a staple of KDHA's Dental Therapy platform established in 2010.

There is a large workforce of Dental Hygienists immediately available to facilitate the rapid deployment of Dental Therapists. Dental Therapy is a Kansas solution that maximizes use of the existing oral health care workforce to provide greater access to care. 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. The Dental Therapy model provides Dental Hygienists with a way to advance their career and to meet the unmet needs of Kansans providing basic restorative care along with preventive services.

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 dental therapy program with clinical board examinations for licensure.

Dental Therapists will work under supervision of a Dentist. This is a clearly stated requirement of the bill. Dental Hygienists are not using this bill to establish independent practices. 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 most routine care that is now unavailable in many parts of the state.

Approximately 99 of our 105 Kansas counties do not have enough Dentists to meet the needs of their residents. Dental Therapists can increase the number of services, to include fillings, to patients able to get to a dental office that accepts Medicaid patients or one of the 22 safety net clinics in our state under 'direct supervision of a dentist'. Dental Therapists will help fill over twenty available chairs in our state's safety net clinics and lower the wait times for patients to have their disease treated with fillings, preventive services and oral health education. However, the bill reduces the opportunity for our elderly Kansans who are not physically capable of leaving their long-term care facility or children in school based settings to receive dental treatment for the five procedures under 'direct supervision', unless a dentist is present.

We urge your favorable consideration of SB 312.

Respectfully,

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