KDA
KANSAS DENTAL ASSOCIATION

Date: February 1, 2018

To: Senate Committee on Public Health and Welfare

From: Kevin J. Robertson, CAE
Executive Director

RE: Support to SB 312 – Senator Schmidt Dental Therapist Compromise Bill

Chairman Schmidt and members of the committee I am Kevin Robertson, executive director of the Kansas Dental Association (KDA) representing the state's 1,500+ licensed dentists. Thanks for the opportunity to discuss with you the Kansas Dental Associations' thoughts on SB 312.

The KDA has always believed that all Kansans deserve access to safe, quality dental care to meet their diagnostic, restorative, and surgical dental needs. As such, the KDA has strongly opposed dental therapy legislation that has proposed over the past **eight** legislative sessions including 2018 SB 308.

SB 312 is the first dental therapist legislation that addresses the KDA's consistent and key public health and safety concern regarding a non-dentist providing irreversible surgical procedures without a dentist present. The bill includes nearly all of the procedures allowed in past dental therapist bills, however, it separates the most invasive irreversible surgical procedures by requiring them to be performed with a dentist present with the dental therapist under direct supervision.

Make no mistake, the members of the KDA are not in full agreement that a dental therapist is the best answer to address dental access concerns in Kansas. Dental treatment by a fully trained U.S. dentist remains the gold standard in dental care around the world. The KDA Executive Committee and Board of Delegates, however, after intense discussion voted to **support SB 312.** There are certainly provisions and procedures in SB 312 that the KDA isn't excited about, but the KDA's support is based mainly on three important changes in SB 312.

1. A dentist can supervise no more than three dental therapists;
2. Extractions of primary and permanent teeth have been modified or eliminated, and;
3. Irreversible surgical dental procedures are performed under the direct supervision of a dentist.

Further, the KDA supports this measure with the understanding and commitment from ourselves, the Kansas Dental Hygienist Association and others to allow this new dental therapist program to work in Kansas until it is operational and fully evaluated in the 2030 study as called for in SB 312. It is time for all parties, those who support 312 and others, to come together to

let this program work. We therefore will oppose any expansion of the scope of SB 312, during its enactment and until it is fully evaluated.

Currently, there is significant misunderstanding about the requirement of “direct supervision” in SB 312 page 2, line 30 as follows:

> *(1)* ***"Direct supervision" means that the dentist in the dental office personally diagnoses the condition to be treated, personally authorizes the procedure and, before dismissal of the patient, evaluates the dental therapist's performance;***

Some have suggested that this definition makes dental therapy unworkable as it requires a a dental therapist to only work in a “dental office” and would require the dentist to perform three, four or maybe even more physical checks of a dental therapist’s work on surgical procedures.

This is not a new or special definition of direct supervision made up specifically for dental therapists. In fact, it is the standard definition of “direct supervision” that dental hygienists work under in KSA 65-1456 and is the exact same definition that is used in SB 308 and all past dental therapist bills. Admittedly, it is somewhat confusing, but dentists, dental hygienists and the Kansas Dental Board understand what direct supervision is and what it isn’t. To help lessen the confusion of direct supervision I asked the Kansas Dental Board to clarify the definition during their scheduled public forum at its meeting this past Friday. Lane Hemsley, Executive Director of the Kansas Dental Board is in attendance this morning and can answer questions about direct supervision that you may have. Dr. John Fales will also be discussing this some more as well in his testimony.

According to the Kansas Dental Board anywhere the dentist is practicing dentistry constitutes the “dental office.” That could be at a nursing home, school, hospital, charity clinic or other location.

The explanation of “diagnosis and authorization” went something like this - a typical patient comes to the dental office as a routine hygiene cleaning visit where an exam and diagnosis occurs along with the cleaning. This could be with a dental hygienist, ECP or dental therapist. If a cavity or other problem that requires restorative care is needed, the patient is scheduled for a follow up appointment for the restorative procedure (like a filling performed by a dental therapist). The patient would return in a week or so to the dental office and be treated by the dental therapist *immediately* as the patient has already been diagnosed and the procedure has been authorized by the dentist at the previous visit. The supervising dentist would be required to be on the premise and able to render assistance or consult with the dental therapist if necessary, however, short of an incident that would require a dentist to step in and perhaps complete treatment only ONE final dentist check would be required. You can draw on your experience being treated by a dental hygienist in a dental office. Direct supervision with a dental therapist would work the same way.

There are exciting developments in remote dental outreach. The KDHE Bureau of Oral Health is currently putting the finishing touches on a pilot teledentistry program which would expand the use of offsite diagnosis and authorization to enhance and expand the use of both ECP III dental hygienists and dental therapists working outside a dental office. Teledentistry does not take the place of direct supervision.

SB 312 will increase dental access across Kansas particularly with the state's Medicaid population. Use of a dental therapist is permitted by KanCare provider dentists and community health center dentists and will be allowed to treat any and all patients within their scope of practice. This will make it possible will result in an increase in the number of KanCare enrollees who receive dental treatment and may very well increase the number of dentists enrolled in KanCare by allowing them more practice options and increase the capacity of the office to provide care.

A dental therapist under SB 312 will also increase care in settings like schools, nursing homes, etc. where dentists are not present. A dental therapist will be able to fulfill immediate services like recementing a crown that has fallen off, fabricating a new temporary crown, removing sutures from a previous dental treatment, do a brush biopsy on a suspicious legion, reimplant a tooth that has been knocked out, adjust dentures and bridges, dispense and administer some medications, provide emergency temporary services and more.

As we discuss dental access as it relates to dental therapists, it is also important address Kansas' dentist workforce. While it's true that more dentists than ever are retiring from dental practice, it is also true that dentists are practicing longer…with an average retirement age of 68.8…and there are more dentists than ever graduating from dental schools around the country and coming to Kansas to practice dentistry. The number of current first-year dental student around the country who will be graduating in 2020 exceeds 6,200. That number was 3,880 just 20 years ago. Its predicted that the number of dentists will continue to grow at least through the year 2035 and the average age will continue to decrease over that time period.

The total number of dentists practicing in Kansas has increased by **8.2%** since 2009 while the population growth of the state of Kansas is **2.1%** since 2010. Kansas now has over 1,500 dentists practicing in the state! No, these dentists are not evenly distributed across Kansas, however, you might be surprised to know that a single dentist in rural Kansas comfortably services 4,000 – 6,000 patients. This is possible because only around 50% of Kansans who have access to dental payment through dental insurance seek out a dentist annually.

As you know Kansas does not have a dental school. Kansas' dental school is the UMKC School of Dentistry via an agreement between our two states. Though that agreement calls for 85 Kansas students to be educated (20-22 per class) many Kansans achieve admittance to UMKC as Missouri residents. Over the past two years an average of 21 Missouri UMKC dental school students actually graduated from a KANSAS high schools in addition to our "official" 85 Kansas students. New dental schools have opened and expanded around the region. The new Missouri

School of Dentistry and Oral Health recently opened in Kirksville, MO and graduated its first class in 2017. Utah has also opened a new dental school in the past few years opening more dental seats at UNMC (Lincoln) and Creighton in Omaha and others like UMKC and UNMC have increased their class sizes. Kansas dentists have graduated from dentals schools around the country like University of Oklahoma in Oklahoma City, University of Iowa in Iowa City, UI-Chicago, etc.

The KDA has always recognized that dental access requires a multi-faceted approach. In 2013 the KDA began a partnership with Delta Dental of Kansas to create the Kansas Initiative for New Dentist (KIND) dental student scholarship and grant program to create an economic incentive for dentist to locate in rural areas. Patterned after the successful state Bridging Loan Program for physicians, the privately funded KIND program has awarded 13 students scholarships with seven dentist awardees now graduated and fulfilling their commitments to practice in rural Kansas.

To conclude my testimony today, I want to thank Senator Schmidt for working to put forth a workable bill that increases dental access while also protecting the public health and welfare of all Kansans. Garnering support of SB 312 from members has been a very difficult process for the KDA after years of fighting this concept. Success of a dental therapy program in Kansas will ultimately require all parties to work collaboratively. We have seen at least one state that passed legislation struggle to implement a program due to ongoing opposition. We can do better for Kansas.

Thank you for the opportunity to appear before you today. I would be happy to answer any questions at the appropriate time.