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Lisa Thurlow, D.D.S.
Neutral Testimony for Senate Bill 312
Senate Public Health and Welfare Committee

Chair Schmidt and Members of the Committee:

Thank you for the opportunity to testify regarding Senate Bill 312. My name is Dr. Lisa Thurlow, and I have been a dentist practicing in Kansas for over 20 years. My husband and I own a private dental practice in Johnson County, where we serve patients with traditional and KanCare insurance as well as the uninsured. I am currently the Clinical Director for the Dental Hygiene program at Concorde Career College and have previously served on the faculty at the University of Missouri - Kansas City Dental School in the department of Oral Surgery and in the Johnson County Community College Dental Hygiene program. I am a member of the American Dental Association, currently serve on the Peer Review Committee for the Kansas Dental Association, and have served in leadership positions with the Fifth District Dental Society of Kansas. Helping to ensure access to quality dental care is something I am passionate about and I appreciate legislative leaders stepping forward to help address this issue. **After careful study and seeing dental therapists work firsthand in Minnesota and Alaska, I know dental therapists can provide safe, quality oral health care and improve access to care for the underserved here in Kansas. With key changes made regarding supervision, Senate Bill 312 could represent a first step in moving toward a sustainable solution for our state.**

The dental therapy model is a proven, effective way to improve access to dental care. Dental therapists are highly trained mid-level oral health providers who graduate from accredited educational programs and pass clinical examinations. In other states, dental therapists' scope of practice includes diagnostic, preventive, and restorative procedures. This means they can see and assess patients, providing treatment at the first point of contact and referring patients with higher needs to a supervising dentist. Along with providing education and preventive services, dental therapists nationally perform common dental procedures such as filling cavities and, in some limited cases, removing loose teeth. Their ability to work with general (off-site) supervision allows them to help dental teams better serve patients who struggle to travel to a dental office, by delivering care in schools, nursing homes, disability service centers, or other underserved areas. **The research is clear that this national dental therapy model improves access to care by decreasing wait and travel times for patients and increasing preventive care and overall community health. There are no current high-quality studies that show safety issues with this model of providing care.**

Senate Bill 312 departs from the national dental therapy model, and I have concerns that the supervision limitations placed on the new Kansas provider will limit opportunities and potential for improved access to care. There is good evidence that dental therapists can provide safe,

high-quality care as members of a dentist-led dental team without requiring dentists in the dental office to personally diagnose the condition to be treated, authorize any treatment, and evaluate the dental therapist's performance before dismissing the patient. Dentists can safely supervise dental therapists with teledentistry and digital imaging, much like medicine currently uses this technology in rural areas for specialty care. **Without adjusting the restrictive supervision limitations to providing restorative care (drilling and filling cavities), I am certain we cannot adequately serve provider shortage areas, particularly in the rural parts of our state.** My hope is that these constraints in Senate Bill 312 can be addressed to maximize the potential of the dental therapy model.

Allowing dentists to add dental therapists to their team is part of the solution to expand access to dental care in our state. As a dentist, an educator, and a public health professional, I am pleased to see movement toward authorizing dental therapy in Kansas. I encourage lawmakers to adjust restrictions in supervision in Senate Bill 312 so that we can establish a provider that will serve as another step forward in implementing dental therapists and expanding care where it is needed most in Kansas.