

Opposition Testimony to SB129 regarding Dental Therapist Licensure
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By

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It is my professional opinion, after 15 years as a practicing pediatric dentist, that establishing a mid level service provider, or dental therapist, would create a tiered system of healthcare in our state, inevitably leading to substandard care, especially for the most vulnerable of the population, our children.

Dental care for children is so much more than taking xrays, cleaning teeth, and giving them a goodie bag for a job well-done. Treating children with the procedures recommended in SB129 requires 4 years of training in dental school, and for me an additional 2 years of pediatric specialty training, to attain the knowledge, experience, and skills needed to competently and safely treat these patients. This bill would allow a dental therapist, which is a hygienist who has spent their licensed training focused solely on periodontal or "gum" health, to now perform procedures only dentists can currently provide, yet with significantly less training.

A parent relies on their state board and legislators to determine what is an optimally safe environment for them to seek dental care for their children. The relationships I have with children and their families require a team effort to build, but ultimately parents put their trust in me, the dentist, to safely treat their child's dental needs.

If given the opportunity for your child, would you choose a dentist with countless experiences throughout 4 years of dental school and beyond OR would you feel good about walking into a dental clinic that utilizes a dental therapist to treat your child instead? What, if like a lot of the population, you didn't know the difference OR simply couldn't afford to take your child anywhere besides a county clinic that employs a dental therapist instead of a trained dentist? And what if the therapist was placing a space maintainer...it's in their recommended unsupervised procedures, along with numbing shots and nitrous oxide sedation...and the child became combative and scared...it's what they do...and the child started flailing their arms and trying to move away from the dentist and began choking on the metal space maintainer OR the dental therapist attempting to do a filling in this chaotic environment of an uncooperative child with drills running at up to 400,000 rpm? When a child is injured in this environment who will be responsible?

I had the privilege of starting out my dental career practicing dentistry in Gove and Trego Counties for over 3 years. After a few months, it was obvious that treating children was my true calling in dentistry. It was not uncommon for parents to drive west from Hutchinson and east from Goodland for their child's dental care. I questioned many of them Over the years about how inconvenient it must be for them to travel so many miles for their child's dentist. Their responses varied from 'we plan our visits around the Sale Barn on Wednesdays' to 'we drive straight on from here to Hays to do our monthly trip to Walmart' and 'it saves us a trip to Kansas City, so thanks for being here'. After I completed my 2 year pediatric residency, I even had families

come up to Kansas City for their children's dental care for several years. The deserts seem to only exist in the minds of people who aren't used to driving for all of their specialized services, dentistry included.

It is up to you to make decisions to protect the public. Dental therapists are not the answer to providing care to the underserved children of our state. All parents deserve to trust that a true dentist is caring for their child regardless of their socioeconomic status or type of insurance they hold. Instead of developing a new costly system to train under-qualified dental professionals, or dental therapists, why don't we develop systems to encourage dentists already licensed to provide access to these 'dental deserts' and safely care for the most precious resource our state has for the future...its children?