Testimony presented by Matthew Standridge, DDS, FAGD

House Health and Human Services Committee

Wednesday, February 17, 2021

RE: Opposition to SB 129 – Dental Therapists

Chairman Hilderbrand and members of the committee, my name is Dr. Matthew Standridge, and I am a practicing dentist in Yates Center, KS. Thank you for your time today, and I am honored to be here to represent not only myself, but my colleagues and patients as well.

The topic of access to care is very important to me. I have daily experience with the issue because I work in a quote "underserved area". I'm on the front lines of the issue. I would like to share some of my experiences and observations about the matter as to better assist your decision making.

I started my career in dentistry at public health clinics, first in Missouri, and then I came back to Kansas because that was home. I worked at Flint Hills Community Health Center in Emporia until I started my own practice in my hometown of Eureka, a town that at that time had no dentist. My time in public health showed me that it was a purely reactionary, volume driven model. You had little time to actually diagnose the root cause of the issues, let alone talk about prevention and maintenance strategies moving forward. The clinic was paid by Medicaid on a contact-driven model. This is what drove to having to see so many patients a day. It was a numbers game for them, and it was all about quantity not quality. I became burnout as it felt like rearranging deck chairs on the Titanic. This is what led me to extensive study into comprehensive diagnosis as well as diet changes as prevention as I learned that most dental disease processes are driven by our food and drink choices.

In 2012 I started my first private office in Eureka. As I said, at that time I was the only dentist, not only in the town but the county. We worked hard to get off the ground. Through The KIND grant, an outreach effort of the Kansas Dental Association, I received some loan repayment for accepting Medicaid in my office. This is where I learned firsthand how abysmally Medicaid in

Kansas pays to private offices. My normal rates for my procedures were set in the 40th percentile, meaning I already had moderate to low fees for the area. When I started getting paid from Medicaid I realized I was taking over 60-70% writeoff on a lot of my services. I lost more money in 6 weeks from write offs than the entire amount of the loan forgiveness of the program. That's when I learned how our current model is heavily stacked toward the Federally Qualified Health Centers (FQHC's) over private offices. I saw dental assistants in public health who would go to schools to deliver fluoried, record every Medicaid patient they saw, and end up getting reimbursed more for that one day than an entire month of my diagnostic and surgical services.

In 2014 the dentist in my current practice in Yates Center reached out to me about purchasing his office. Ultimately it got to the point that if I didn't buy it, he was going to close the doors and walk away, leaving that county without a dentist. Because access to care was so important to me, I took it on. In 2016, a FQHC was approved and was built in Eureka in direct competition with me. With their tax subsidized structure, I was undercut to the point where I closed my original office in Eureka and transferred all my records to my Yates Center practice.

I tell you this experience not to air grievances but to explain that I have seen how the system works from multiple levels and that gives me a broader understanding than most.

Allow me now to switch gears and give some definitions. Most services provided to treat dental disease are surgical and irreversible. That means you are cutting away or removing a body part, and that part isn't coming back. It takes years of training to do this, and do it well. This is the difference between us and our general medicine counterparts. Doctors have nurse practitioners and physician assistants because they are medical (not surgical) driven models. They diagnose, write prescriptions, etc. They are not doing irreversible surgical procedures. There is a reason there are no non-doctor surgeons in the medical world. It would be a level of substandard care. So why would we want that substandard care for the citizens of Kansas? Especially when a lot of these services would be directed toward children. They should receive even more specialized care, as to not only harm them, but also give them the best experience possible and avoid creating a new generation of people afraid of the dentist.

Next, if we look at states that already have therapists, we can see clearly that the model doesn't have any appreciable improvement. Without a clear requirement that these therapists would have to live and practice in these "dental deserts", which would be impossible to require from a practical standpoint, then we will just get more of the same we already have. In no state like Alaska, Minnesota, Washington, Michigan have they been able to show that these therapists actually go on to practice in these underserved areas. Also, there has been no data to show that they are effective in either driving down costs or helping curb rates of disease.

I would like to take a moment to get clear on the driver of dental disease, or the type of disease the therapist issue would attempt to resolve, and that's cavities. Cavities, or the technical term caries, happen when bacteria in the mouth destroy tooth structure and if given enough time, can create issues like pain and abscess formation. But it may be a surprise to learn that cavities are entirely preventable and are completely driven by what we eat and drink. Sure, we all know sugar is bad for our teeth. But this "sugar" is hiding in a lot of foods we have thought to be healthy. The fact is, most carbohydrates are actually turned into sugar. This helps explain why cavities were very rare before the agricultural revolution. And as a result of the modern food system, carbohydrates are a primary source of energy, which is bad news for our teeth. Foods like chips, breads, pasta, or crackers can be as harmful to the teeth as candy.

Take a standard school-age child's breakfast that might consist of a bowl of cereal, and a cup of juice. The cereal breaks down to simple sugars very fast in the mouth feeding the cavity causing bacteria. Often, these cereals are sweetened with sugar as well, so that's even worse. The milk used with the cereal has lactose, a sugar. The juice is overloaded with fructose (a sugar) and acid. The juice is so refined that it equals the sugar and acid equivalent of eating 4 or more pieces of that type of fruit. This is a recipe for disaster for our oral health. But because this isn't being talked about widely, we remain on the cavity treadmill. There is a saying that you can't outrun a bad diet. I tell my patients we can't out brush a bad diet either. On a side note, I do find it interesting that the Kellogg foundation, a wide supporter of the dental therapist model, is the same Kellogg's that sells these sugary, cavity-causing cereals geared toward children.

In the end, we can't "drill" ourselves out of this just as we can't attack the obesity crisis by creating liposuction therapists. Our time and resources would be much better suited to efforts in prevention, externships that promote exposure of professionals in training to practice opportunities in these areas, scholarship programs that promote students to get go through training and to return to these areas, etc. This would yield far more results, with much less cost, than creating a whole new level of provider, which hasn't been shown to be beneficial, for a disease that is completely preventable. Thank you for your time today and it was honor to have the chance to address the issue.