



January 21, 2022

Senator Richard Hilderbrand  
Chair  
Senate Committee on Public Health and Welfare

Senator Beverly Gossage  
Vice-Chair  
Senate Committee on Public Health and Welfare

Senator Pat Pettey  
Ranking Minority Member  
Senate Committee on Public Health and Welfare

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Dear Chair Hilderband, Vice-Chair Gossage, Ranking Minority Member Pat Pettey, and Members of the Committee:

I am writing to you as the President of the American Association of Orthodontists and a licensed orthodontist in Kansas. On behalf of the American Association of Orthodontists (AAO) and Kansas Association of Orthodontists (KAO) I ask that you support Senate Bill 121. The AAO is the world's oldest and largest dental specialty organization, created in 1900. It represents more than 19,000 orthodontists throughout the United States, Canada, and abroad, and specifically over 100 members in Kansas. AAO member orthodontists have successfully completed an accredited orthodontic residency program after previously graduating from dental school.

As a professional organization, the AAO is dedicated to, among other goals: (a) ethically advancing the art and science of orthodontics and dentofacial orthopedics worldwide; (b) improving the health of the public by promoting quality orthodontic care, the importance of overall oral healthcare, and advocating for the public interest; and (c) educating the public about the benefits of orthodontic treatment and the educational qualifications of orthodontic specialists.

Telehealth is becoming increasingly used in providing orthodontic and dental services to patients. As such, it is just as important that telehealth is being provided in a way that is safest for patients. The AAO supports legislation that it believes will best protect patient health and safety, regardless of modality, which we believe is accomplished with SB 121. Specific sections of the bill are set forth below:

[ New Section 1 ] (a) “The Kansas dental board may take any of the actions provided in K.S.A. 65-1436(b), and amendments thereto, with respect to any dental license for the failure by the treating dentist, prior to the initial diagnosis and correction of malpositions of human teeth or initial use of orthodontic appliances, to perform an examination including the review of the patient's most recent diagnostic digital or conventional radiographs or other equivalent bone imaging suitable for orthodontia. New radiographs or other equivalent bone imaging shall be ordered by the treating dentist unless the patient has had radiographs or other equivalent bone imaging performed within the previous six months.”

The AAO believes this provision will protect the interests of patient health and safety because the requirement would allow the treating orthodontist or dentist to understand what is going on beneath the gums (impacted teeth, bone loss, unhealthy tooth roots, etc.), seek to avoid complications, and determine if patients are suitable candidates for orthodontic treatment. The scientific evidence clearly establishes that there are certain diagnoses and evaluations that can only be performed in-person or are best performed in-person (x-rays, etc.) during an examination, and the AAO believes that dental treatment, especially the movement of teeth via orthodontic treatment, should not be undertaken without sufficient diagnostic information obtained during an examination.

Orthodontic treatment- moving teeth- is a complex biological process and not just a cosmetic procedure. The complexity of the process of moving teeth requires a trained orthodontist or dentist have all necessary information at their disposal, which can only be gained through an in-person examination, before starting treatment.

The second provision of this bill relates to a patient’s right to contact information and is set forth below:

[Sec. 2.K.S.A. 65-1430 is hereby amended to read as follows:] ....” If a licensed dentist is providing dental services outside a dental office, each patient shall be provided with the dentist's name, contact telephone number, after hours contact information for emergencies and, upon the patient's request, the dentist's license information.”

AAO agrees with the purpose of provision because regardless of modality, patients should always be aware of this health provider information as it pertains to their treating orthodontist or dentist or potential orthodontist or dentist. This provision creates parity; a patient receiving care in a dental office is provided this information, so it is important that regardless of modality, the patient has this basic information about their dental provider.

The final provision of this bill relates to a patient’s right to file a complaint and is set forth below:

[Sec. 3. K.S.A. 65-1467 is hereby amended to read as follows: 65- 1467] (3)(b) “A dentist or contract for dental services shall not require a patient to sign an agreement that attempts to limit the patient's ability to file a complaint with the Kansas dental board.”

Under the dental practice acts of Kansas and every other state, state dental boards are the primary state entity with jurisdiction over enforcing the laws governing dental practice. When patients are required to sign an agreement waiving their ability to file a dental board complaint, they lose the ability to contact the board with primary jurisdiction over their problem. Providers should not be permitted to sidestep the enforcement authority of the dental board by requiring these unconscionable contract provisions from patients, and SB 121 would serve to end this practice.

In a recent survey, 77% of AAO survey respondents have encountered patients needing complications from mail-order orthodontic treatment without an initial in-person clinical exam to be addressed. Several AAO member respondents are seeing these new patients -with adverse outcomes from mail-order orthodontic treatment - routinely visiting their office for help to address issues. Over 61% said new patients are coming in for help quarterly, if not more frequently (monthly or weekly in many instances). In my own practice, I have treated patients who came to my office seeking treatment after having adverse outcomes from beginning orthodontic treatment without having been examined by the treating orthodontist or dentist. SB 121 ensures that regardless of modality, Kansas patients' health and safety is the priority and the standard of care for orthodontic treatment is met.

In summary, the AAO believes that SB 121 allows telehealth advancements to continue growing in a thoughtful way, while still maintaining a standard of care that is in the best interest of the health and safety of Kansas patients. This bill allows Kansas patients to utilize telehealth without foregoing the right to know who their dentist is and the right to seek assistance from the Kansas Dental Board. Additionally, this bill maintains a standard of care for all dentists regardless of modality.

Should you have any questions, please contact the AAO's local representation, Mr. John Federico at [john@federicoduesrt.com](mailto:john@federicoduesrt.com) and Mr. Stephen Duerst at [stephen@federicoduerst.com](mailto:stephen@federicoduerst.com).

Thank you for your consideration to vote favorably on this legislation in its current form for the necessary patient protections in Kansas, and thank you for your time and dedication to the citizens of Kansas.

Sincerely,



Ken Dillehay, DDS, MS  
President  
American Association of Orthodontists

Cc:

Sen. Molly Baumgardner  
Sen. Renee Erickson

Sen. Cindy Holscher  
Sen. Mark Steffen

Sen. Kristen O'Shea  
Sen. Mike Thompson