

Testimony before Senate Public Health & Welfare Committee
SB 103 – Relating to the regulation of dentists
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In-person testimony in SUPPORT

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Madam Chair and members of the Committee

Thank you for the opportunity to appear before you again on SB 103. I represent the Association of Dental Support Organizations, whose members provide non-clinical, administrative services to dentist-owned practices. ADSO also works with state and national dental associations on policy issues affecting dentist-owner practices, including promoting legislation.

DSOs in Kansas operate pursuant to KSA 65-1471, performing office administrative services, including purchasing, billing, tax prep, compliance and quality assurance, payroll, advertising, non-clinical staff training, recruiting, recordkeeping, programming and other similar functions under the direction or with the consent or approval of a licensed dentist.

DSOs are prohibited by that same statute from providing dental treatment, participating in decisions to accept patients for treatment, directing or delegating dental services, owning patient charts or supervising clinical dental staff. They operate under dental service agreements with the dentist-owners who seek their services. They register with the Kansas Dental Board.

The DSOs exist to relieve dentists of their administrative burdens so they may devote their time and energies to providing patient care. Dentists also benefit from the bulk purchasing power of DSOs, allowing them to save costs on everything from forms to state-of-art dental equipment.

As you know, SB 103 from last session is the product of a joint agreement between my client and the Kansas Dental Association. Under current law, dentists are limited in the number of offices they may own because of a rule found nowhere else in the country and affecting only dentists and not any other profession or professional. Even though Kansas law requires that every dental office must have at least one licensed dentist, a dentist who is an owner is required to spend 20% of his or her physical time in any office they own, either treating patients or supervising a fully licensed peer. Owner-dentists and non-owner dentists all have the same educational requirements, are held to the exact same standard of care and are regulated by the same Board.

Contrast the 20% rule with language in the Kansas Optometric Act (KSA 65-1522) that states:

“A licensee shall not be limited in the number of locations from which the licensee may engage in the practice of optometry.”

The KDA agreed to support repeal of the 20% rule in exchange for adding what they considered patient-protection language that they had been seeking. We readily agreed to their language and their language appears in the bill. Indeed, the only language of ours in the bill is the striking of the 20% rule. All the new provisions are KDA's. KDA's testimony from last session stated:

*"With these new patient protection provisions in place, the KDA **supports** SB 103."*
(the bold type was theirs)

Although ADSO arranged for SB 103 to be introduced, repeal of the rule benefits all dentists, not just those who use administrative services organizations. Legislative advocacy is just one of the services ADSO provides to the dental profession. The 20% rule and confusion over its operation has caused some dentists to risk running afoul of the rule. It has no demonstrated benefit and only serves as a trap for the unwary and an impediment to expanded access to dental care.

We are here again today because some of KDA's members persuaded the KDA to break our agreement and change their position to opposition. The reasons lack merit. Claims of corporate dentistry are reckless and false. **KSA 65-1425 strictly prohibits the corporate practice of dentistry in Kansas. KSA 65-1471 prohibits DSOs from directing or engaging in clinical aspects of a dental practice.** SB 103 does not change these restrictions in any manner whatsoever. KDA's change of heart does not alter the need for repeal of the rule. Their opposition does nothing to address the crisis of lack of access to dental care.

Kansas currently has 94 of its 105 counties designated as underserved. (*Health Resources and Services Administration criteria*) Those counties are not all in Western Kansas. Nine counties are in NE Kansas and 6 neighbor Shawnee County. Between 2011 and 2021 Topeka lost 19% of its dental coverage (*Research Triangle Institute*). Kansas is a critical need area for access to dental care. With Kansas being the only state in the country with this practice limitation, dentists willing to expand into areas of need are discouraged from doing so. The 20% rule is counter-productive.

We've heard many legislators voicing an interest in doing whatever can be done to eliminate unnecessary laws and regulations limiting professionals' ability to practice the professions they have been trained for. The ownership restriction SB 103 repeals has had a chilling effect on efforts to expand access to patient care.

Thank you for listening and I'd be happy to answer any questions, now or at your convenience at a later time.