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**Public Health and Welfare Committee
February 1, 2012**

Madam Chair and members of the Committee, thank you for the opportunity to testify about SB 326. My name is Tanya Dorf Brunner, and I am the Executive Director of Oral Health Kansas, Inc. We are the statewide advocacy organization dedicated to promoting the importance of lifelong dental health by shaping policy and educating the public so Kansans know that all mouths matter. We achieve our mission through advocacy, public awareness, and education. Oral Health Kansas has over 1,100 supporters, including dentists, dental hygienists, educators, safety net clinics, charitable foundations, and advocates for children, people with disabilities and older Kansans.

We see three types of barriers to accessing oral health in our state: access to a payment source; access to a provider; and willingness to access services. A variety of approaches to all three types of access must be present in order for all people to have adequate access to oral health care. With our partners in the oral health field, we are working to address each of these through a variety of means.

In the fall of 2010 Oral Health Kansas helped convene a group of stakeholders to review the Extended Care Permit law, KSA 65-1456. This law allows dental hygienists with an Extended Care Permit to provide dental hygiene services in public settings, such as schools, nursing homes, and CDDOs. The stakeholder group concluded the Extended Care Permit (ECP) law is a tremendous asset in creating access to dental hygiene services to underserved populations in Kansas. One key barrier the group noted was that the children who are eligible to be seen by ECP hygienists in schools are not always able to see the ECP hygienists.

The 2010 work group, which included dental hygienists, a dentist, a school superintendent, a Medicaid program staff member, and a staff member from the KDHE Bureau of Oral Health, learned that students in some school districts are not able to see an ECP dental hygienist because the eligibility criteria for the service is too narrow. Therefore the work group's goal was to increase access to ECP hygiene services if at all possible. The language drafted by the work group was designed to remove the eligibility requirement of free and reduced school lunch and replace it with a broader requirement of not having seen a dentist in the last year for a regular visit. The goal is not to replace the services that children who have a regular dentist receive, but to offer preventive dental services to children who lack a regular dental provider.

Recently stakeholders have asked that both the free and reduced school lunch language and the language about not seeing a dentist in the last year both stay in the bill. This would offer a wider group of school children the opportunity to see an ECP hygienist and ensure the procedures that already work well in schools stay in place. To

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that end, we request that the bill be amended on page 3 at line 5 to restore the following language:
"free or reduced lunch programs or".

We believe this bill, with the proposed amendment, will expand access to preventive dental services for underserved Kansas school children. Today you will hear from the school superintendent in the poorest school district in the state and an ECP hygienist who spends much of her time providing services in schools. You also will have the opportunity to read testimony from the first dentist who sponsored an ECP hygienist in Kansas. Their testimony, along with written testimony from other advocates in the oral health community, will describe the ways in which this bill will improve oral health for many children in our state.

Thank you for the opportunity to discuss SB 326's efforts to improve oral health for Kansas children. I am happy to stand for any questions.