UNITED METHODIST HealthMINISTRYFund

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February 14, 2017

Health and Human Services Committee
Kansas House of Representatives
Statehouse
Topeka KS

RE: HOUSE BILL 2139 (dental therapist)

Dear Chairman Hawkins and committee members:

Thank you for giving a hearing for this legislation which has the potential to materially improve the lives of thousands of Kansans.

The problem of access to dental care is a long-term and large problem in our state. Because care in the mouth beyond some prevention is tied exclusively to the delivery of services by a licensed dentist, **the presence or absence of a dentist means care or no care for Kansans**. In our eleven years of experience with an oral health initiative investing more than $11 million in oral health work, I learned this **abiding fact that the ability to locate and incentivize dentists** to reach rural areas, to serve difficult-to-serve populations (those with disabilities, for example) and to accommodate low income (low or no paying) patients **is very limited.**

States with one, two or three dental schools and states with higher rates of Medicaid reimbursement than Kansas end up with the same intractable dental care access problem we have in Kansas. Except for the welcome sporadic, limited charitable care provided by some caring dentists, the same populations—rural, low income, special needs, Native Americans—experience extreme delays in receiving dental care and end up with other health problems. These people are frequently so affected by dental disease that they miss educational and work days. The number of trained dentists is small who will reorganize their practice to serve low paying, higher volumes, work in a safety net clinic, locate in a frontier/rural area or accept Medicaid patients. In Kansas the percentage of dentists accepting Medicaid is frequently in the 25-33% range, and many of these limit the number of Medicaid patients to a fraction of their practices. Various approaches to enlarge that small percentage of dentists have been tried unsuccessfully through the years—better Medicaid reimbursement, scholarships/loan repayments, public moral suasion with support of professional dentistry, changes in dental school admission practices, etc. All end up with the same result—lack of dental care for thousands of residents who desperately need care.

The proposed legislation simply recognizes this abiding fact of the dental community and builds on those dentists who are willing to serve these populations. In effect, a dental therapist extends the care provided by the dentist as part of the dental team. This will permit location by the willing dentists into small rural communities through the dental therapist. This will permit safety net clinics and dentists

already serving Medicaid populations to have expanded capacity to serve more and serve them on a timely basis. After a few years, it will permit many dentists to expand their practice, as this the new dental professional becomes—like the medical mid-levels—a clear path to greater personal dental income and greater service for many, many dentists.

This is not an innovation. **Already tried and validated in more than fifty countries around the world and in full expression or pilot in at least four states**, there is no question that dental therapists with the protections in HB 2139—hygiene education plus accredited training, experience under dentists for an extended probationary period and continuing as part of the dental team (no independent practice)—can deliver the defined and highly needed set of services competently. Independent research funded by national health philanthropies has validated the safety and competence of dental therapists having less training than will be required by HB 2139.

Who opposes dental therapists? Only one group…professional dentistry. Their opposition is masked in comments about patient safety and broad warnings that you don't want a person with less than eight years of post-high school training doing surgery in your mouth. Interesting comment. **We have, right now in Kansas, dentists with six years of training (three college/three dental school) doing the full range of services in our Kansans' mouths** (UMKC had a 3/3 program until the last 25 years or so). The Commission on Dental Accreditation has established—based on experience and research by its broad group of dental professionals—what training is needed for a dental therapist and HB 2139 follows the nationally researched standard for that training.

Frankly, I am not quite sure why KDA worries about bringing a new member of the dental team into existence. All advocates for HB 2139 want a dental team led by the dentist. There is no slippery slope in the minds of the Kansas Dental Project and its supporters to materially affect the leadership and long-term control by licensed dentists of the mouths of Kansans. The existence of dental therapists will, in the long run, make dental practices more commercially viable as have mid-levels in medical practices. **Those dentists not approving of dental therapy can simply not employ one**.

It is time to give thousands of needy Kansans access to dental services. HB 2139 is the only real path to do that and do it without costing the State of Kansas a penny.

Sincerely,

Kim Moore
President