February 14, 2017

Lisa Thurlow, D.D.S.
Testimony in Support of House Bill 2139
House Health and Human Services Committee

Chairman Hawkins and Members of the Committee:

Thank you for the opportunity to testify in support of House Bill 2139. My name is Dr. Lisa Thurlow, and I have been a dentist for 23 years. My husband and I own a private dental practice in Johnson County, where we serve patients with Medicaid insurance. I am the Clinical Director for the Dental Hygiene program at Concorde Career College, and I previously served on the faculty at the University of Missouri - Kansas City Dental School in the department of Oral Surgery and the Johnson County Community College Dental Hygiene program. I am a member of the American Dental Association, the Kansas Dental Association, and the Fifth District Dental Society of Kansas where I held leadership roles in the past as well as currently serving on the Peer Review Committee of the KDA. **After much careful study and seeing dental therapists work firsthand in Minnesota and Alaska, I know dental therapists could provide safe, quality oral health care with dentist-led teams to improve access to care for the underserved here in Kansas.**

Dental therapists are highly trained mid-level oral health providers. Kansas dental therapists will be dental hygienists who graduate from educational programs accredited by the Commission on Dental Accreditation – the same national institution that accredits all educational programs for dentists and dental hygienists in the country. That means dental therapy educational programs will be held to the exact same standards of excellence as programs for dentists and dental hygienists. To receive licensure, dental therapists will pass the same clinical examinations as dentists in their more limited scope of practice. Along with providing education and preventive services, dental therapists will be able to perform common dental procedures such as filling cavities and, in some limited cases, removing loose teeth.

Dental therapists work as members of a dentist-led dental team. Dental therapists ***always*** work under the supervision of a dentist, similar to the way physicians' assistants work with medical teams. Dentists who supervise dental therapists will have the discretion to utilize **direct supervision** – with a dentist physically present to diagnose the condition to be treated, authorize any treatment, and evaluate the patient before dismissal – or **general supervision**, allowing dental therapists to follow a written supervising agreement to deliver care without a dentist on-site. Any dental therapist would need to work with direct supervision for at least 500 hours before working with general supervision. General supervision can be safety utilized with teledentistry and digital imaging, much like medicine currently uses this technology in rural areas for specialty care.

The research confirms that dental therapists are safe. The American Dental Association challenges each dentist to make decisions regarding patient care with evidence-based decision-making. This workforce decision is no different. As an educator – one who teaches scientific research in the post-secondary setting – I question claims that dental therapists will deliver anything other than safe, quality oral health care. **There are *no* current high-quality studies that show safety issues with dental therapists.** Dental therapists have been practicing in the U.S. for more than ten years, improving access to care for underserved communities in Alaska since 2005 and in Minnesota since 2011. More than 50 countries worldwide utilize mid-level dental providers. This model has been extensively evaluated, and I would

urge you to ask opponents to produce a single piece of quality evidence published in a reputable scientific journal that indicates that dental therapists with CODA-approved training will deliver anything other than safe, quality care.

Access to oral care is a crisis in our state. In fact, 87 of our state's 105 counties are designated as dental workforce shortage areas, and those of us who work in public health see the negative health consequences every day in our clinics. According to Oral Health Kansas, **over 17,000 Kansans each year use emergency rooms for dental pain,** only to perpetuate the cycle of overuse of antibiotics and narcotics while not truly solving their dental need. Low Medicaid reimbursement rates and system challenges mean few dentists participate in the Medicaid program, and patients struggle to find a dentist who will accept their insurance. According to the 2013 KDHE Bureau of Oral Health *Burden of Oral Disease* report, **school screenings for the 2011-12 school year showed 24,770 children in our state had untreated decay.** KDHE reported a direct correlation between time since last dental visit and need for early dental care – which is treatment a dental therapist could provide. Additionally, the same report noted that 94% of children who had dental visits within the previous six months had no noticeable problems. A 2012 *Elder Smiles* report by the KDHE Bureau of Oral Health found that **over one-third of long-term care facility residents had decay and reported they received no dental care in the past year.** Examinations showed that many had evidence of extensive and quality dental care prior to entering the facility. Routine dental care would improve these oral health outcomes.

Adding dental therapists to the dental team will help address these challenges. The KDHE Bureau of Oral Health's *2015-2017 Kansas Oral Health Plan* included the goal of meeting workforce needs to address shortage areas and treat vulnerable populations. Objectives included passing legislation authorizing Registered Dental Practitioners (now referred to as dental therapists) and increasing services through teledentistry. Dental therapists will help dental teams better serve patients who struggle to travel to a dental office. According to the 2015 American Dental Association Health Policy Institute state surveys, 25% of Kansans who did not visit a dentist in the past year cited inconvenient location or time as the reason for not getting care. Dental therapists working under general supervision will be able to deliver care in schools, nursing homes, disability service centers, or other underserved areas. Since dental therapists cost less to employ than dentists, dental teams that utilize dental therapists to perform some of the routine care dentists provide now can work more efficiently, making it more financially feasible to see patients with Medicaid insurance or with a sliding scale for the uninsured.

Allowing dentists who would like to add dental therapists to their teams to do so is a commonsense and desperately needed mechanism to expand access to dental care in our state. As a dentist, an educator, and a public health professional, I strongly support authorizing dental therapy in Kansas. Thank you for your consideration of House Bill 2139, and I am happy to answer any questions you may have.