



Feb. 1, 2018

Chair Schmidt and members of the Senate Public Health and Welfare Committee;

KABC is a not-for-profit organization which advocates with and on behalf of older Kansans for better quality long-term care, at home and in facilities. KABC is beholden to no commercial interests, supported almost entirely by citizen contributions. KABC does not provide any form of direct care or receive any government funding. KABC is an established resource for older adults on long-term care issues. Those seeking our guidance and assistance are primarily older adults and their families facing difficult, life-altering decisions.

Thank you for the opportunity to provide neutral testimony on SB 312. Oral health is central to the overall general health, well-being and quality of life of older adults. Not only are oral health problems painful, they can complicate a person's ability to speak, chew and swallow. Those resulting difficulties often result in poor nutrition, weight loss, and increased susceptibility to infections and impact other systemic health conditions. These health problems are compounded by a loss in dignity, self-esteem, self-confidence and a poorer general quality of life.

Sadly, oral health is too often overlooked as part of older adults' overall health. Because of the huge need and limited access to dental services, KABC supports the creation of a mid-level oral health professional to enhance and increase dental services and improve the oral health of older adults, particularly those who live in nursing homes.

While we appreciate efforts to continue this conversation, we are concerned that modifications to the supervision requirements in SB 312 will not appreciably expand access to care.

SB 312 requires "**direct supervision**" requiring that a dentist **in the dental office** personally **diagnose** the condition to be treated, personally **authorize** the procedure and, before dismissal of the patient, the dentist must **evaluate** the dental therapist's performance. That is, the dentist must be on site and involved in the care of each individual patient before and after the dental therapist delivers care. By contrast, "**general supervision**" means that a dentist can be off-site while dental therapists provide the care within their authorized scope of practice. General supervision allows dental therapists to bring care to settings where dentists are not available. General supervision not only improves the efficiency and effectiveness of the entire dental team but would encourage expansion of dental care into off-site locations such as nursing facilities.

SB 312 limits certain procedures such as drilling and filling cavities to be performed by dental therapists **only** under the direct supervision of a dentist, for the duration of the dental therapist's career. We respectfully ask the committee to consider adjusting this requirement so that dental therapists can increase access to care for older adults in Kansas.

The supervision restrictions contained in SB 312 requiring a dentist to be on-site means that dental therapists will not reach underserved areas that do not have dentists available such as nursing homes, and other long-term care facilities. Older adults who live in nursing homes and other congregate settings have very limited, if any, access to dental care. While there may be an assumption that nursing home residents receive regular dental care, the reality is they often do not have enough staff to assist residents with oral hygiene. Nursing home staff are not required to be trained in areas related to geriatric dental care and don't routinely assist residents with oral hygiene and denture care. Nursing homes don't employ dental staff and transportation is often a nearly insurmountable obstacle, especially in rural areas. With addition of dental therapists who can work under the general supervision of dentists, nursing home resident could regularly receive oral health care where they live, eliminating the barrier to access.

For that reason, KABC supports the efforts of the Kansas Dental Project to seek an agreement with the Kansas Dental Association, the Kansas Dental Board, and policymakers to adjust the current supervision requirements in Senate Bill 312.

Creating dental therapists to practice as mid-level oral health providers broadens and strengthens the dental network in Kansas. With adjustments to current supervision requirements, SB 312 is a good starting point for establishing a dental therapy provider and improving access to oral health care for not only older adults, but Kansans of all ages.

On behalf of KABC members and volunteers,
Mitzi E. McFatrach, Executive Director