

BEFORE THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

Testimony IN OPPOSITION to S.B 129

February 17, 2021

Allen Reavis, DDS, President- Kansas Dental Association

Chairman Hilderbrand and members of the committee, I am Allen Reavis and I practice as a general dentist in Atchison Kansas. I am also the President of the Kansas Dental Association (KDA) which represents Kansas Dentists. I am here today representing myself and Kansas Dentists to strongly **OPPOSE** this bill.

I am in my 37th year practicing Dentistry full time. During my career I have been a Medicaid provider for adults and children, donated a considerable amount of treatment both in my practice and volunteering in mission settings. I led the effort to establish a Dental safety net clinic in Atchison to help meet the needs of our citizens. It is now an FQHC(Federally Qualified Health Clinic) and I now serve on the Board of Directors. I also served on the Kansas Dental Board during the time when we established the Scaling Assistant initiative. At the same time we successfully passed General Supervision for Registered Dental Hygienist. These changes, along with the later expansion of Dental Hygiene Extended Care Permits (ECP) have enabled the dental community to safely serve a broader and more diverse population.

The Dental Therapy issue has now persisted for over a decade and it becomes more Irrelevant each year. The “Dental Deserts” are no longer an issue as there improving access to care in these areas. Three factors have contributed to this change.

- 1) We are increasing Dentists in Kansas at a rate higher than our population growth,
- 2) The KIND Program (Kansas Initiative for New Dentists) has added several Dentists in underserved areas of our state with more graduating soon.
- 3) Growth of FQHC’s and Safety Net Clinics into many underserved areas.

It appears the trend is positive to bring dental care to our citizens with the professionally trained caregivers we have in place.

We are all going through incredibly challenging times with the Pandemic. Dentistry has been hit hard. There have been challenges for us to ensure the patients and the dental team is safe while providing care. Most practices are not back to full operation, many patients are delaying care, and dental offices have lost many of their employees due to COVID-19 concerns. These are real concerns and all Dentists are focused on how to safely practice their profession. The concept of a Dental Therapist is not a good idea to start with, but to introduce this shift in treatment during all the other challenges we are facing would be unfair to our patients, the dental team and even the Dental Therapist.

The overwhelming concerns Dentists express to me regarding Dental Therapists is patient safety and the training of the Dental Therapist. As patients, you only know about dental treatment from your personal experiences in the dental operatory. Hopefully, none of you have had extensive or complicated treatment. Even with Direct Supervision, treatment can go horribly wrong. Today's patients are getting more complex than ever. We deal with behavioral and mental issues often. Medical conditions, medications and the interactions they have with the medications we use are increasingly complicated. Today's dental practices have far more complicated equipment, materials and technology than ever before. It is all most practices can do just to keep up with constant change with all these factors and still foster an empathetic, safe environment to treat each patient. Now we decide to insert a midlevel provider that has limited knowledge of the skillsets they will need. There are many potential mistakes that are not reversible even under general supervision. Dental Hygienists are well

trained in many tasks but when it comes to surgery or operative dentistry, they have no training. Add to that all the technology and software that is utilized for treatment and it would be unfair to expect care at the same level the dentist provides.

It is a large jump from Hygiene care to start using a high-speed handpiece, dental lasers, or realizing when a patient may be heading into a medical emergency. What is promoted as a 'simple extraction' or a pulpotomy on a baby tooth can get complicated in a hurry and the injury usually isn't reversible.

One of the talking points I have heard regarding this issue is that a Dental Therapist and an APRN (Advanced Practice Registered Nurse) are virtually the same approach to a mid-level Provider, only one in Medicine and one in Dentistry. This view shows a need to learn more about these roles. When a Nurse becomes an APRN, they will still be in a nursing role with more responsibilities as a Nurse, possibly dealing with a more specialized area of nursing. For the Nurse, these are areas they already have considerable training and knowledge, now they are working at a higher level within their profession.

With the Dental Therapist, we are asking a Hygienist to go from information gathering and dental hygiene services to performing dental surgeries and learning multiple procedures they have not been involved with previously. Please understand the Hygienist / Dentist relationship is not the same as the Nurse/MD relationship. The Dental Therapist model and the APRN model are not comparable from the standpoint of patient care delivery.

Please keep these two proposals separate and distinct.

In closing I ask, on behalf of the Dentists in Kansas that this bill be rejected and allow us to continue to serve our patients as we have for over 150 years.