

Statement for the record against Kansas Senate Bill 129  
Licensure of Dental Therapists  
Submitted to Senator Richard Hildebrand, Chairman  
Senate Committee on Public Health and Welfare  
For a Hearing on February 17, 2021  
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Thank you for the opportunity to enter a statement for the record on this important public health issue. Please note my resolute opposition to SB 129 on the licensure of dental therapists in Kansas. The Kansas Dental Association stands united against dental therapy.

### **Access to Care**

- **Dental therapists are not the solution to access to dental care for underserved Kansans**

Proponents of the dental therapist bill suggest that it will expand dental services to underserved communities. Yet, there is no language in the Kansas senate bill that identifies a term of practice for a dental therapist in a designated health professional shortage area. There is no language in the bill that specifies that population data will be used to ensure Kansans have access.

In Minnesota, dental therapy has struggled since its inception in 2009. Dental therapy programs are heavily subsidized by grants and special interest groups. In Minnesota, *only 10% of dental therapists practice in rural underserved areas while 90% compete in the private sector.*

### **Impact on oral health**

- **Dental therapists do not have sufficient training to do dental surgery**

Dental therapists are often compared to nurse practitioners. This is a poor comparison. Nurse practitioners have more education and training and do not complete irreversible procedures. Dental therapists have less education and inadequate training to do dental surgery. Some irreversible procedures they could perform include prepping teeth with high-speed handpieces, placing fillings and crowns, extracting teeth, and placing nerve treatments. These are not *simple* procedures and dentists have the necessary training to complete these procedures. Dental education and specialty residencies encourage development of critical thinking and clinical judgement.

I practice with two other pediatric dentists. Our practice has always accepted patients with KanCare. In fact, all the pediatric dentists except one in the Wichita area accept patients with KanCare. For thirteen years, I have enjoyed seeing these young people who often have more complex health histories and more complex dental needs. Patients with KanCare deserve high quality dental care from a professional with adequate training.

Pediatric dentists spend 2 years in residency after dental school to earn the privilege of treating children and adolescents. And it is so rewarding to work with young people! We train for the technical aspects of dentistry; but it is more than that. We learn skills in behavior management and critical thinking. We are trained to assess patients with complex medical histories and those with syndromes and special needs. We are always aware that a child's airway is significantly smaller compared to an adult and we take our work very seriously to prevent accidents and injuries. Dental therapists do not have the training required to do this important work because they don't know what they don't know. The training does not prepare the dental therapist for the "alligator roll" from a child during what was supposed to be a "simple extraction". Children are not simple, nor is it simple to work with them.

### **Existing dental care system can meet the needs**

- **Kansas is not lacking in qualified dentists**
- **Hygienists with Extended Care Permits are part of the solution**

Statistics from the Kansas Dental Board indicate a steady rise in active licensees with Kansas practice locations and this includes general dentists and specialists. While the population in Kansas has risen 2% in the last 10 years, the number of Kansas dentists has risen by 14%. The number of pediatric dentists in the state has increased by 75% since 2013. The American Academy of Pediatric Dentists report 70% of their members accept Medicaid in their practices. Focus on expanding the dental team to include hygienists with extended care permits is needed to improve access to dental care and to fully utilize the training programs already available in our state.

### **Medicaid reimbursements**

- **Increasing reimbursements for KanCare providers is critical for increasing utilization of preventive dental services and decreasing unmet oral health needs**

Proponents of dental therapy believe it is a cost-effective solution. This is false. Minnesota dentists and dental therapists are *reimbursed at the same rates*. The state is not saving money on dental procedures. They are not saving on dental visits in emergency rooms either.

KanCare reimbursements have been stagnant since 2001 with two small increases recently. Despite this, 8 pediatric dentists in Kansas enrolled as KanCare providers in 2020. In 2020! Our state has adequate dentists ready to provide the care and more would do so if the reimbursements were reasonable.

### **Summary**

The last dental therapy school in Canada closed in 2011. The reasons are complex yet noteworthy. The federal government in Canada discontinued funding for several reasons including inability to effectively recruit dental therapists to public service due to higher salaried positions in the private sector, resistance from organized dentistry, and the lack of return on investment related to dental therapist education programs.

The dental therapists in Canada were choosing to practice in the private sector. What makes SB 129 different? Dental therapists are not the solution for the underserved populations in Kansas. Even with dental therapists, the issues of low reimbursement are ever present.

There is no evidence that suggests that dental therapists would improve the oral health disparities and access to care issues for underserved populations in Kansas. If this unsubstantiated model of dental care is established and resources are allocated to these endeavors, our underserved communities will wait even longer for a real solution that has lasting impact and significance.

I ask that you oppose SB 129 in favor of continuing to work toward the very best oral health solution for our underserved children and adults. I appreciate your time. Thank you for your commitment to the residents of Kansas!