



Tuesday, January 25, 2022

Senate Committee on Public Health and Welfare

RE: Support for SB 121

Dear Committee,

My name is Dr. Joe Moon and I am an orthodontist in Overland Park, KS. I am a past president of the Kansas Association of Orthodontists and am the current president-elect of the Southwestern Society of Orthodontists. I have been practicing orthodontics in Kansas for over 11 years and can say without reservation that I love what I do and love my community. I care deeply for my patients and have many colleagues that feel the same way that I do.

I am writing in support of SB 121 because as an orthodontist and healthcare practitioner, I have taken an oath to "do no harm." Proper diagnosis and treatment planning is absolutely necessary to keep that oath. In order to properly diagnose and plan, I and any dentist or orthodontist who cares about their patients', needs the invaluable information that comes from a proper examination, patient records and diagnostic xrays. Without these, the practitioner does not have the necessary information to properly and safely treat a patient. Without this information, the practitioner would essentially be guessing. If a cardiologist was going to recommend a procedure on a patient's heart, wouldn't they need to examine the patient, take their blood pressure, listen to their heart, and collect other valuable information from bloodwork, an ECG, an echocardiogram, a cardiac CT scan, or some other diagnostic tool? Would it be ethical to subject a patient to a risky heart procedure without this information and a proper diagnosis?

I'd like to share with you something that happened recently in my practice. I have attached some still photos of an intraoral scan (exhibit 1) that I took on a patient who came to see me who had just started treatment with a direct-to-consumer orthodontic aligner company. They had come to see me at the request of their dentist. You can see that although the patient's teeth aren't perfectly straight, on the surface there doesn't appear to be anything remarkable that would need to be discussed prior to treatment. This scan is all that is used by the majority of the direct-to-consumer orthodontic aligner companies that are in the marketplace today. If you were to assume that this is a garden variety case that could easily be treated, you would be wrong.

I have also provided x-ray imaging that I took of the same patient and in the x-ray (exhibits 2 & 3) you can see something called external root resorption (red lines show actual length of shortened roots, blue lines show normal root lengths). This shortening of the roots of teeth can happen due to various reasons with one of those reasons being orthodontic treatment. Although it is uncommon, root resorption due to orthodontic tooth movement is a potential risk and is routinely discussed prior to treatment. With roots that are already shorter than normal, the patient needs to be informed of the potential risks prior to treatment as further shortening of those roots could result in loss of those teeth. The patient had no idea that they had this issue as the aligner company that was treating them

didn't take x-rays and therefore didn't know about it. The patient decided that the potential risk of losing their front teeth was not worth it and made the decision to stop treatment. What would have happened if I didn't take that x-ray? The patient's smile wasn't that bad to start. It would definitely be a lot worse if they lost their front two teeth because a diagnosis was missed because proper x-rays were not taken prior to treatment.

I would hope that you would agree with me when I say that treating a patient without all the necessary information is wrong and dangerous to the patient. This is why I support SB 121. It is something that can help protect patients and if you care about your constituents as much as I care about my patients, you will support SB 121 as well.

Thank you for your time and consideration,

Kind regards,

Joe Moon, DMD

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Exhibit #1



Exhibit #2

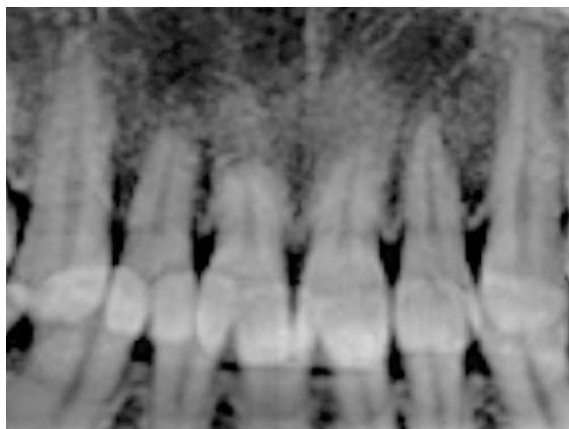


Exhibit #3

