

Jarrett Romine, DDS

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To: Senate Committee on Public Health and Welfare

From: Jarrett Romine, DDS

RE: Testimony on SB 103

Hello, my name is Jarrett Romine and I'm a dentist in Topeka Kansas. I first got involved with this issue a little over a year ago when a guy showed up at my office offering to sell me PART of his dad's dental practice in a neighboring town. I was a little confused because I had just taken over my own practice and didn't know why he was trying to sell me part. Upon further questioning I found out his dad was well past typical retirement age and wanting to "step back" from clinical dentistry. His son assured me this was a great opportunity because of a bill that would allow me to own the practice without ever being at the practice. So why would I not want to have a second turnkey practice I never actually worked at?

This further confused me. Why would the Legislature want to pass a bill that is bad for dentistry and public health in general? I had previously worked for two different DSO dental groups and understood how they functioned firsthand. For fairness and to avoid slandering a past employer I must state that not both experiences were unique.

As a small business owner with student and business debt, I understand the necessity of a dental practice to generate revenue. However, in my experience, many times DSOs take advantage of new grads who don't know how to say NO. I remember one of the offices I worked for telling me, I need to be comfortable doing 2 root canals on separate patients at the same time (I could be wrong but, I don't believe specialists even do that). They wanted to train me on how to produce and there was a written expectation that every new patient generates \$1000 in revenue the first month. On top of that I remember the pressure to do everything the same day because if a patient leaves, they may never come back and that's lost revenue. I even saved a text on my phone from an old employer telling me "you need to be super confident. Referring endo is a sign you are lost". In many cases the person making the most money off these dental practices is also the person with the least liability. Thankfully, I was stubborn and would rather take verbal assaults from my employer than put myself in a

position where I could face a malpractice suit.

Secondarily, there is an idea that removing the 20% rule would address lack of access in rural communities. That is simply not true. Why? Because they will never find associates to work at rural offices. Just look at the office at 21st and Wanamaker here in Topeka. It has been sitting empty with a banner “hiring general Dentist” for over a year now. If they can’t find a provider to see patients in Topeka how will they find providers in Colby? If someone wants to practice in Rural Kansas there are already great opportunities, from a business perspective it is far more lucrative.

However, dentists don’t go because they want to stay in the city. They want to stay in the town their friends live in, or where their spouse already works, or where their kids already go to school. They don’t want to go rural and that will just be exaggerated if the business opportunities are diminished out of state DSOs taking the financial incentives away. This is an easy enough one to fact check me on, just look at where the DSO offices are in every other state.

Lastly, I want to address the idea that Kansas is the only state with a 20% rural. That’s probably true but, that doesn’t mean that other states don’t have equivalent legislation. Dentistry already has an uphill battle in the public perception. The last thing we as a society needs is more citizens who avoid the dentist due to a phobia from a bad experience or fear of being ripped off. Will maintaining this law prevent any negative experiences? Absolutely not but, it will limit the damage one person with bad intentions can do.

Thank you for the opportunity to discuss my opposition to SB 103 with you.