Date: February 1, 2024

To: Senate Committee on Public Health and Welfare

From: Kevin J. Robertson, CAE

Executive Director

RE: Testimony on SB 103 – Kansas Dental Practice Act

Chairman Gossage and members of the committee I am Kevin Robertson, executive director of the Kansas Dental Association (KDA) representing the state's nearly 1,600 licensed dentists. Thanks for the opportunity to discuss with you the Kansas Dental Associations' thoughts on SB 103.

KANSAS DENTAL ASSOCIATION

The KDA is **OPPOSED to SB 103** because it removes the current law in the Dental Practice Act requiring the dentist-owner of a dental practice to be in all offices at least 20% of the time clinical dentistry is being performed.

No doubt the 20% is a unique requirement for dentistry but it exists for a reason — to ensure that dentist-owners are engaged providing oversight to their employee-dentists and the patients they serve. The KDA believes this best protects the dentist-patient relationship and is, ultimately, best for the patients of Kansas.

Of course, all dentists practicing in Kansas must abide by the 20% rule, particularly dentist practice owners, when contemplating possible satellite practice locations. As such, the 20% rule creates an intentional barrier to promote a balance between the expansion of dental practices and maintaining excellent dental care for the Kansas citizens.

The Association of Dental Support Organization (ADSO) has bought this bill forward and we have heard about all the wonderful things that will occur if SB 103 becomes law. I want to acknowledge that DSO-controlled dental practices are and will likely be a growing presence in Kansas as their presence has grown nationally.

SB 103 will promote expansion of investor-controlled DSO dental practices with less connection to patients and communities while pushing out small business dental practices and dentists. Further, these DSO dental practices will NOT magically be located in underserved areas of our state but, will instead, proliferate in Kansas' largest communities with a single dentist owner under the umbrella of several "ABC Dental" satellite dental practices.

The KDA has been down this road before – working to amend the law only to have various claims of increased dental access not come to fruition. In 2011, KSA 65-1424 of the Dental Practice Act was amended to allow a dentist owner to contract with a "dental franchisor" for administrative and support services. This is the section that allows dental support organizations (DSOs) to operate in Kansas. Then, in 2014, the DSOs and the KDA reached a compromise to

reduce the 50% rule to 20%. Like today, previously DSOs testified that it would help the state's access to dental care issue in rural areas and Medicaid by locating in those areas and being Medicaid providers. That has NOT happened!

According to the DSO websites I searched, I could NOT find a single DSO-operating a dental practice in Kansas that is located in a county that has a full Dental Health Professional Shortage Area (DHPSA) designation by the National Health Service Corp. (see attached). Of the DSO locations I searched...

- One has practice locations in Hutchinson, Kansas City, Lawrence, Manhattan, Olathe, Overland Park, Topeka and Wichita.
- Another has three practices all in the Kansas City/Overland Park area.
- Another has 18 total practices in Kansas 12 in the Kansas City area, two in Lawrence and three in Wichita.
- Yet another has two dental practices around the Kansas City area.

Of the 39 DSO employee or owner dentists I searched I found seven who were KanCare Providers and, of those, five were with Comfort Dental in the Kansas City area.

I also found it interesting that Heartland Dental, the nation's largest DSO, makes the following claim on its website (heartland.com), "...no treatment or schedule quotas, no forced product endorsements, no national brand. That's what DSOs do, not Heartland." This statement seems to be critical of the entire DSO dental practice model.

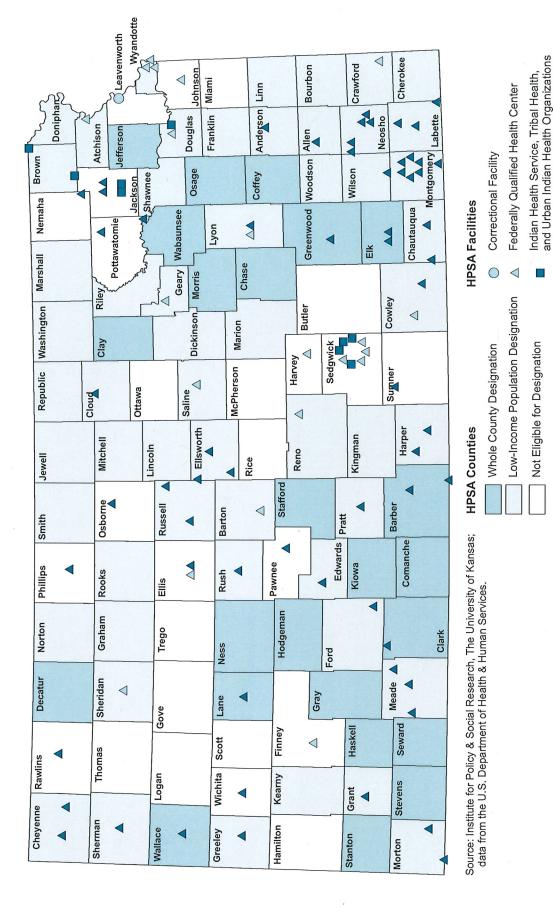
DSOs are certainly all different and the KDA agrees that "when you've seen one DSO you've seen one DSO". There are DSOs that are providing a great work environment for their dentists and dental care to the patients they serve. But don't be fooled, others have a "profit above all else" mentality with treatment and schedule quota systems which force the dentists in there employ to drive profits. I encourage you to do your own research. You'll find low Google reviews and patient satisfaction and patient complaints about "customer service" phone numbers that yield no results to real patient concerns for most DSO controlled dental practices. Is that what you want for your constituents?

During the 2008 Legislative Session the Dental Practice Act was amended to create a "carve out" of the 20% (then 50%) rule to allow a dentist to locate two dental practices in towns of less than 10,000 population if the primary dental office was located within 125 miles of the town. Perhaps this "carve out" could be reexamined to create an incentive for ALL dentists the ability to locate in underserved areas of Kansas?

The Kansas Dental Association is OPPOSED to SB 103.

Thank you for the opportunity to discuss SB 103 with you today. I'm happy to answer questions at the appropriate time.

Federally Designated Dental Health Professional Shortage Areas (HPSAs) in Kansas, 2023



Rural Health Clinic