

Date: January 30, 2025

To: Senate Committee on Public Health and Welfare

From: Kevin J. Robertson, CAE
Executive Director

RE: Testimony on SB 31 – 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 1,621 licensed dentists. Thanks for the opportunity to discuss with you the Kansas Dental Associations' thoughts on SB 31.

The KDA is **OPPOSED to SB 31** 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% rule is a unique requirement for dentistry, but it exists for a reason – to ensure that dentist-owners are engaged and 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 and people 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 I want to acknowledge that DSO-controlled dental practices are and will likely continue to be a growing presence in Kansas. According to the ADA, DSO supported dental offices make up around 12% of the dentist workforce in Kansas and 14% nationally.

SB 31 will promote expansion of private equity-controlled DSO dental practices with less connection to patients and communities while pushing out small business dental practices and dentists. Based on the current practice locations of DSO dental practices, it does not appear likely that they will locate 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 worked with DSOs in the past to amend the Dental Practice Act. In 2011, KSA 65-1424 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. This is different than the Practice of Optometry which is often

cited for having no limitations on the number of practice locations and is a classic “apple vs. oranges” comparison as the Optometry Practice Act expressly forbids the franchising of the practice of optometry in KSA 65-1522. In other words, if the Dental Practice Act had the same provisions as the Optometry Act, DSOs would not be allowed in Kansas at all.

Then, in 2014, there was a compromise to reduce the then 50% rule to 20% as it stands today. In both 2011 and 2014 testimony on those issues suggested that the amendments to the Dental Practice Act would help with access to dental care in rural areas by encouraging dental practices to locate there and be Medicaid providers, but that has not happened. Some areas of Kansas have difficulty attracting dentists due to their population or other economic factors not because of the 20% rule. In addition, many dentists shy away from being Medicaid providers due to administrative burdens and low KanCare reimbursement rates. Passing SB 31 and eliminating the 20% rule simply is not a “silver bullet” for solving dental access issues.

According to the DSO websites I researched, 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. and fewer than average number of DSO dentists are enrolled as KanCare providers.

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 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 Google research.

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. This language is on page 2, lines 33-39. Perhaps this “carve out” could be reexamined and expanded to create an incentive for ALL dentists the ability to locate in underserved areas of Kansas?

The Kansas Dental Association urges you to OPPOSE SB 31.

Thank you for the opportunity to discuss SB 31 with you today. I’m happy to answer questions at the appropriate time.