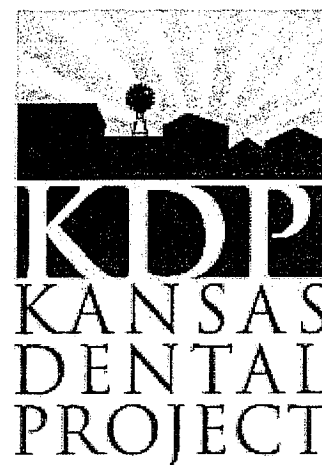


Testimony on:
Registered Dental Practitioner



Presented to:
House Health and Human Services Committee

By:
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The Kansas Dental Project is a collaborative effort by Kansas citizens, community leaders and health care professionals to address the dental workforce shortage in Kansas and improve access to dental care for Kansans in rural and underserved areas.

The Kansas Dental Project is spearheaded by:

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I will provide a brief overview of the legislation proposed by the Kansas Dental Project. I am Connie Hubbell, Governmental Affairs Director for the Kansas Association for the Medically Underserved (KAMU), one of the three organizations that comprise the Kansas Dental Project. The other two organizations working on the Kansas Dental Project are Kansas Action for Children and the Kansas Health Consumer Coalition. Our three organizations joined together because access to timely and affordable dental care is a top concern for the constituencies we represent and advocate on behalf of. Collectively, we have put forth the proposal to establish the Registered Dental Practitioner.

The need is clear: Ninety-three Kansas counties have a federal designation as a workforce shortage area; the average age of dentists in Kansas is mid-fifties – higher in rural areas of Kansas. Nineteen counties in Kansas have no Medicaid dental provider; 27 have no CHIP provider; Kansas hospitals' emergency rooms are seeing 17,500 visits every year due to dental pain. Families are struggling to find access to care for their children, safety-net clinics are struggling to meet the demand, and dental decay remains the number one childhood disease. The pending increase in the workforce shortage stands to leave Kansas in a critical position, and it's time that we create a sustainable solution.

This morning I would like to touch on the key components of the proposal that are included in Senate Bill 192 and House Bill 2280. The proposal is the result of more than a year of researching, planning, and stakeholder involvement. We carefully considered all elements of the legislation and believe that we introduced legislation that will increase access to dental care for Kansans without compromising safety or quality of care. There are four key elements of the legislation that I will discuss: qualifications, supervision, practice locations, and scope of practice.

First, the **qualifications** required to be a Registered Dental Practitioner (RDP): we propose that an RDP must be a dental hygienist that has also completed a registered dental practitioner program. Building upon the education of hygienists in Kansas will provide a highly qualified provider to perform the proposed scope of practice. At the conclusion of this education – which will total 3 or 4 years depending on the structure of the program and result in a bachelor's degree – RDPs must pass a competency-based clinical examination, proving their mastery of the skills they will be allowed to perform.

Second, **supervision**. In our proposal, Registered Dental Practitioners **will always be supervised by a dentist**. RDPs and their supervising dentist must have a written supervision agreement, outlining exactly what elements of the RDP's scope can be used.

We are proposing two levels of supervision: direct and general. Direct supervision means that the dentist and RDP are in the same office providing the care. Under general supervision, RDPs will be able to practice in community settings – such as head start centers, after school locations, and nursing homes. It's the use of general supervision that will help bring dental care to people in their communities – whether it's seniors or persons with disabilities that have trouble traveling, or children whose families can't afford to take a day off work and drive to care that is sometimes hours away.

The use of general supervision will be at the discretion of the supervising dentist. Additionally, at all times the supervising dentist, through the required written supervision agreement, determines what procedures the RDP may perform.

The **scope of practice** outlined in the legislation was developed by oral health professionals: dentists and hygienists – in Kansas and national experts – developed the proposed scope of practice. Its goal is simple: to equip RDPs with the skills necessary to provide treatment. Currently, hygienists working in community settings under extended care permits see decay but they are not legally allowed to diagnose it or provide treatment. This means that people must wait for an appointment with the dentist and have an additional visit to a provider. This proposed scope of practice – developed by professionals – is meant to provide timely care by eliminating that wait for an appointment and treatment for the most routine procedures. This will create timely care for patients, while decreasing the wait times for appointments at dental offices.

The last aspect of the legislation is the **practice locations**. As a means to achieve our goal of increasing access to care in underserved communities we propose building in parameters around where RDPs may practice. A list of the locations from the legislation is provided on my attachment. Essentially, we are proposing they practice in areas that have been federally designated as a workforce shortage area, safety-net clinics, nursing homes, and key community settings. Additionally, we included in the practice locations those private practices in non-shortage areas where at least 20% of practice revenues come from Medicaid. The rationale for all these parameters is to ensure that RDPs practice in geographic locations that do not have enough providers or are treating the most vulnerable residents of Kansas.

The Kansas Dental Project strongly believes that this will increase access to safe and quality dental care. The research is clear that dental mid-level providers perform safe and quality care. In fact, there is not one study to the contrary.

The Kansas Dental Project believes our proposal aligns with the State's vision of focusing on public health. Access to oral health care through an increased workforce with RDPs is an important public health focus, demonstrated by our coalition members such as the Kansas Public Health Association, the Mother and Child Health Coalition, Kansas Association of Local Health Departments, Oral Health America, and 36 other organizations.