

House Bill 2631

Date: February 9, 2012

To: House Committee on Health and Human Services

From: Brett A. Roufs DDS

Re: Support of House Bill 2631

Chairman Landwehr and members of this committee; I am Brett Roufs a general dentist with a private practice in Newton, KS and I thank you for your time today.

I am here today to speak in favor of HB 2631. Specifically I would like to address the ECP III portion of this bill. I was heavily involved with the development of additional treatments that a hygienist would be able to perform in order to help facilitate a patient being able to obtain an appointment with a dental office and to help that office deliver definitive treatment in a more timely manner. The cooperation of both the Kansas Dental Hygiene Association (KDHA) and dentists of the Kansas Dental Association (KDA) enabled us to bring forth the additional duties that are mentioned in the bill before you. These duties came from the hygienists themselves and all of them were discussed at length during multiple meetings with members of both groups.

My involvement in developing this new hygiene provider came from my involvement with the KDA and due to being able to develop a program using an ECP hygienist in a nursing home project that was developed shortly after the original ECP regulations were passed. With an ECP hygienist under my supervision I was able to begin a project that went into area nursing homes and delivered initial treatment and data collection that made us able to bring nursing home residents more easily into our office and then to have an understanding of what we were going to be addressing at the first visit. Normally we would need to see a patient once to get information and determine what issues we were going to address and the order of this treatment. The ECP hygienist was also able to do initial cleaning procedures, obtain radiographs that were then sent to any dentist they chose and give home care instruction to aid with preventive care. With the new procedure a hygienist with an ECP III permit would now be able to allow some palliative treatment if a patient were having areas that might be causing pain or discomfort to the resident.

Personally I can see how an appropriately trained ECP III hygienist could be a valuable member of a dental team and a valuable service to address one of the barriers to care that face citizens of our state. While I have discussed how a hygienist can help with the elderly population there are definitely opportunities available to help with the school age children as well. The hygienist might be able to go to schools and while treating patients with preventative care and dental education they could address areas that might have

large decay or broken teeth with temporary treatment that could keep the child out of pain until they are able to obtain an appointment with a dental office. The ECP III provider could then contact an office and give the findings to that office and therefore streamline the appointment process.

With this new member of a dental team the dentists and hygienists that are currently working in the state may be able to help more people more efficiently once they develop their own programs around the state. I have shown how an expanded function hygienist working with a dental office can be a new way to address the dental needs in our state and that it is a model that can become self sustaining.

In closing I would like to thank you for allowing me to address this committee. I ask for your support on HB 2631 and would be happy to answer any question that you may have.