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Public Health and Welfare Committee

March 7, 2012

Madam Chair and members of the Committee, thank you for the opportunity to provide testimony about HB 2631. My name is Tanya Dorf Brunner, and I am the Executive Director of Oral Health Kansas, Inc. We are the statewide advocacy organization dedicated to promoting the importance of lifelong dental health by shaping policy and educating the public so Kansans know that all mouths matter. We achieve our mission through advocacy, public awareness, and education. Oral Health Kansas has over 1,100 supporters, including dentists, dental hygienists, educators, safety net clinics, charitable foundations, and advocates for children, people with disabilities and older Kansans.

We see three types of barriers to accessing oral health in our state: access to a payment source; access to a provider; and willingness to access services. A variety of approaches to all three types of access must be present in order for all people to have adequate access to oral health care. With our partners in the oral health field, we are working to address each of these through a variety of means.

Oral Health Kansas supports HB 2631, and we wish to address a few key components of the bill today.

Dental Hygiene services for school children

The first component we wish to address is found on both page 3 of the bill from lines 2 to 5 and on page 5 of the bill from lines 9 through 13. The sections are identical and involve an amendment to the 2003 Extended Care Permit (ECP) law that provides Kansas school children access to a dental hygienist, KSA 65-1456.

The language in these two sections mirrors the language in SB 326, which was passed by this Committee and passed 40-0 on the Senate floor on February 23, 2012. We support this language, because it will expand access to preventive dental services for underserved Kansas school children. We appreciate this Committee's support of the language when it was considered in SB 326 as well.

In the House Committee, HB 2631 was amended to include a definition of "dentally underserved" on page 7 of the bill from lines 23 to 27. We are comfortable with that definition, because it meets the original intent to offer preventive services to children who lack a regular dental provider, but not to replace the services that children who have a regular dentist receive. We support the definition's inclusion in HB 2631.

Extended Care Permit III

Oral Health Kansas recognizes the need to expand and strengthen the dental workforce in our state. We believe access to both a provider and a payment source need to be strengthened in order to ensure all Kansans have access to good oral health

care. Without a funding source, people do not have access to dental services. Likewise, without a dental provider, people do not have access to dental services. Both are critical, and one of our key priorities is to strengthen the Kansas Medicaid program by ensuring all people eligible for the program have access to dental services.

Our Board of Directors supports the efforts to address the dental workforce through HB 2631 and SB 192. SB 192 creates a new Registered Dental Practitioner, which is considered to be a midlevel professional with a scope of practice between a dental hygienist and a dentist. HB 2361 creates a new Extended Care Permit level that would allow dental hygienists to perform certain restorative procedures. The new ECP level would allow specially-trained dental hygienists to carry out basic restorative procedures, thereby improving access to dental services for the populations identified in the ECP law, KSA 65-1456.

University of Missouri at Kansas City School of Dentistry

A provision is included in section 2 of HB 2631 on page 7 to increase the number of Kansas students who may attend the UMKC School of Dentistry and pay in-state tuition. Last year Oral Health Kansas worked with the Kansas Dental Association on this proposal, and we believe this is one very concrete approach to increasing the number of dentists in our state every year.

We learned several months ago that requiring dental school graduates to practice in Kansas for any amount of time in exchange for receiving in-state tuition at the UMKC School of Dentistry would make the dentists ineligible to participate in the National Health Service Corps loan repayment program. We support any efforts to increase the number of seats for Kansas students at UMKC, but we believe the language requiring the students to practice in Kansas needs to be carefully considered to ensure dental students are able to take advantage of the national loan repayment program.

Thank you for the opportunity to testify in support of HB 2631. I am happy to answer any questions.