



Kansas

Dental Hygienists' Association

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**Testimony of Julie Martin, RDH, MSDH, MPH, ECP-III
In Support of SB 129: Pertaining to Dental Therapists
February 17, 2021**

Mr. Chairman and members of the committee,

Thank you for this opportunity to offer our support of Senate Bill 129. I am Julie Martin, RDH, MSDH, MPH, ECP-III, the president of the Kansas Dental Hygienists' Association (KDHA). KDHA is pleased to support the training and practice of a mid-level oral health provider called the dental therapist.

The Kansas Dental Hygienists' Association represents over 2,300 of the state's actively practicing registered dental hygienists. The KDHA works to advance the art and science of dental hygiene by ensuring access to quality oral health care, increasing awareness of the cost-effective benefits of prevention, promoting the highest standards of dental hygiene education, licensure, practice and research, and representing and promoting the interests of dental hygienists.

Since 2010, the KDHA has been a strong vocal advocate for the creation of the dental therapist as a model to provide dental hygienists with a way to advance their career and to meet the unmet needs of Kansans providing basic restorative care along with preventive services.

Dental therapy is a Kansas solution that maximizes use of the existing oral health care workforce to provide greater access to care. Dental therapists will be educated in Kansas (two Kansas universities have already expressed interest in housing the program) and will work under the supervision of a dentist.

After the required education, training and testing, SB 129 provides for 31 procedures that may be performed by dental therapists under supervision of a dentist, which was supported by the Kansas Dental Association in 2018. Examples of these procedures include pulp vitality testing, placement and removal of space maintainers and recementing of crowns.

Kansas already has precedent in providing such advancement opportunities to dental hygienists. Kansas law already allows for dental hygienists to advance and earn an Extended Care Permit I, Extended Care Permit II or Extended Care Permit III. Each ECP level provides additional scope of practice to dental hygienists.

I, myself, have an Extended Care Permit III and am already authorized to perform almost half of the procedures proposed for a dental therapist. SB 129 builds on this successful model, mimicked in many ways by other states.

Mid-level providers have been proven effective and safe in several other health care fields. Dental therapists will have demonstrated competence in patient assessment, oral anatomy and physiology, pharmacology, and a variety of specific clinical procedures through an accredited dental therapy program with clinical board examinations for licensure.

Dental therapists will work under supervision of a dentist. This collaborative practice model has been allowed in other states for as long as ten years, with no documented unfavorable outcomes reported. We anticipate that a full-time dental therapist could see 2,000 to 3,000 patients per year, greatly increasing access to the most routine care that is now unavailable in many parts of the state.

There is a large workforce of dental hygienists available to facilitate the rapid deployment of dental therapists. In addition, a large portion of dental hygiene students are extremely interested in continuing their education to become a dental therapist. In previous years when the Statehouse was able to receive visits, 150 such students came to ask for this opportunity.

Dental therapists will address a critical public health need in Kansas: access to oral health care. The number of Kansans without access to adequate oral health care is well documented. This is a public health issue that Kansas has been trying to address for several years without any significant improvement. Authorization of the dental therapist could have a dramatic impact on access to oral health care, particularly in rural and urban underserved areas and their populations.

Approximately 99 of our 105 Kansas counties do not have enough dentists to meet the needs of their residents. Dental therapists can increase the number of services, including fillings, to patients able to get to a dental office that accepts Medicaid patients or one of the 22 safety net clinics in our state under 'direct supervision of a dentist'. Dental therapists will help fill over twenty available chairs in our state's safety net clinics and lower the wait times for patients to have their disease treated with fillings, preventive services, and oral health education. However, the bill reduces the opportunity for our elderly Kansans who are not physically capable of leaving their long-term care facility or children in school-based settings to receive dental treatment for the five procedures under 'direct supervision', unless a dentist is present.

The Legislature appropriately dedicates a great deal of time determining ways to grow our state's workforce and keep our college students in Kansas after graduation. This bill is a job creating solution to do just that.

Understanding the effort to build this compromise bill that passed the Senate 38-0 in 2018 and precedent that already exists with Extended Care Permits, KDHA supports SB 129 as a notable step forward to improve oral health across the state.

We respectfully ask for your support to recommend SB 129 favorably.

Respectfully,

Julie Martin, RDH, MSDH, MPH, ECP-III

