

Testimony of Katelyn Freund, RDH, BSDH, ECP-II
In Support of SB 129: Pertaining to Dental Therapists
February 17, 2021

Mr. Chairman and members of the committee,

Thank you for allowing me this opportunity to support Senate bill 129. My name is Katelyn Freund and I am a practicing dental hygienist in the state of Kansas. I hold an extended care permit II, which I currently use frequently in my position as an outreach dental hygienist at a Federally Qualified Health Center.

I graduated from Wichita State University with a Bachelor of Science degree in Dental Hygiene in 2016. Upon graduation my goal for my career was to positively impact the oral health of Kansans who have limited monetary means or limited access to oral health care. I currently am fulfilling this goal to the best of my abilities under the limitations of the extended care permit II that I hold.

My inspiration to impact those who are underserved stems from growing up in rural south east Kansas. I was fortunate to grow up in a family that has the monetary means, access to transportation, and the insurance needed to access quality oral health services, however many of my friends and extended family members did not.

Currently as a dental hygienist with the extended care permit II I provide dental screenings, education, and fluoride treatments in the school settings as well as education, dental screenings, and limited dental prophylaxis “cleanings” to residents of long term care facilities. Although this treatment positively impacts lives, the services I am able to complete are limited. All too often I see children or elderly adults who have simple, yet painful, dental concerns and due to the limitations of my licensure I am unable to address the concerns in that moment. An example of this is when I see a child during an elementary school screening who has a large cavity creating discomfort which is resulting in lack of focus at school, the following steps must be taken before the child receives treatment: I report back to my sponsoring dentist and the person’s caregiver, after the dentist reviews the case an appointment is made, the patient must be transported to the dental office to have the services completed. This process can take over a week, but often due to other contributing factors such as caregivers not being able to take time off of work, or lack of transportation, the person’s needs go unmet and they continue to suffer from the dental concern.

I am excited for the opportunities and positive impacts that a dental therapist will provide for our state. Once passed, and a dental therapist program is established, I will strive to be in the first class so I can better serve the populations most in need. Under the general supervision of my sponsoring dentist, I, as a dental therapist, will be able to help address the concerns that I see daily in my current position. In this Senate bill 129 it specifies the following procedures as being in the scope of practice for a dental therapist: placement of desensitizing materials, placement of a temporary fillings and temporary crowns, administration of local anesthetic, soft relining of prosthetics such as dentures, emergency palliative treatment of dental pain, and more. All of these procedures I would be able to perform to help lower the pain and discomfort of the patient

at the facility they are in for the time being until they have the transportation, financials, and time to report to a dentist to have the concern permanently addressed and resolved.

I have been asked the following question: “If you want to do all of this why not become a dentist instead?” The answer is simple. Kansas cannot wait 6+ years for hygienists to take additional pre-requisites and attend dental school in order to help meet the oral health needs of our most underserved populations, not when dental therapy programs around the country take half the time to complete, usually 2-3 years. At this time, 87 of the 105 counties in Kansas are underserved or unserved by oral health care providers, and the numbers will grow higher as current dentists reach retirement age. Allowing dental therapists to practice is more cost-effective as well, because they can provide treatment for a fraction of the cost that a dentist could, and by providing this treatment it gives the dentist more time to focus on complex procedures. I have also heard concerns regarding the safety of allowing dental therapists to practice, but there are more than 1,000 studies from around the world showing that dental therapists provide high-quality, safe care (Nash, et al., 2013).

There is a lot of potential for dental therapists to make a large impact on the oral health of Kansans of all ages. Please consider supporting the growth of the dental hygiene career field, supporting the expansion of access to care, and supporting the oral health of all Kansans.

Respectfully,

A handwritten signature in cursive script that reads "Katelyn Freund".

Katelyn Freund, RDH, BSDH, ECP II

Nash, D. A., Friedman, J. W., Mathu-Muju, K. R., Robinson, P. G., Satur, J., Moffat, S., . . . Fernando, E. (2013). A review of the global literature on dental therapists. *Community Dentistry and Oral Epidemiology*, 42(1). doi:<https://doi.org/10.1111/cdoe.12052>