

Date: February 17, 2021

To: Senate Committee on Public Health and Welfare

From: Kevin J. Robertson, CAE
Executive Director

RE: Opposition to SB 129 – Dental Therapists

Chairman Hilderbrand and members of the committee I am Kevin Robertson, executive director of the Kansas Dental Association (KDA) representing the state's nearly 1,600 licensed dentists. Thanks for the opportunity to discuss with you the Kansas Dental Associations' thoughts on SB 129.

The KDA believes that all Kansans deserve access to a DENTIST to provide safe, quality dental care to meet their diagnostic, restorative, and surgical dental needs. As such, the **KDA is STRONGLY OPPOSED to SB 129**. In addition, dental therapists have not improved access to dental care anywhere it has been enacted or decreased the cost of dental care to patients or taxpayers and is simply not needed.

Many challenges keep Kansans from visiting a dentist including lack of oral health education, cost, fear and a belief that they don't need care. Survey data from our Kansas Mission of Mercy (KMOM) free dental clinics show that less than 3% of KMOM patients seek dental care because they can't find a dentist near their home. In fact, 87% say they haven't been to the dentist because they do not have insurance or other means to pay for dental services. The remaining patients (8%) say they simply didn't think they needed care. The creation of dental therapists does not address any of these barriers.

To this point, Minnesota approved dental therapy in 2009 yet today only **8 of 99** dental therapists are practicing in census-designated rural areas, the state has seen no reduction in people seeking treatment for dental issues in the emergency room (ER) and in May 2017 the federal government issued a warning to Minnesota that not enough children on Medicaid were receiving dental care. To locate more dental therapist in rural areas of the state, the Minnesota legislature has now implemented a dental therapist loan repayment program costing more taxpayer dollars.

The argument that dental therapists will save money for patients or payors like state Medicaid is a myth. Patients treated by a dental therapist **save no money** because the cost of a dental procedure is the same no matter what licensed person in a dental office provides it and are reimbursed the same by insurance. In other words, the reimbursement for a tooth filling would be the same – whether the dentist or dental therapist provides the care.

The few states that have adopted dental therapy programs have actually cost taxpayers money (including Kansans) as existing dental therapy programs are heavily subsidized and have not stood on their own without ongoing government assistance. In Minnesota, taxpayer funds were spent on a program that was promised to adequately serve the needs of underserved rural communities but has failed to produce meaningful results or significantly reduce rates of decay. The program's startup costs were underestimated, leaving the state with unanticipated costs and a long-term reliance on funding from outside interests.

In Vermont, Vermont Technical College (VTC) is running into financial issues pursuing accreditation for its dental therapy program. As a result, VTC applied for \$1.6 million in federal grants for its dental therapist training program and has received a \$400,000 federal grant through the U.S Department of Health and Human Services. This is in addition to the hundreds of thousands of dollars from the Kellogg Foundation to support the program.

Finally, there are more dentists than ever practicing in Kansas and the number is steadily rising as more dentists than ever are graduating from dental schools around the country and coming to Kansas to practice dentistry. The number of dental students around the country who graduated and entered the workforce in 2020 exceeds 6,300. That number was 3,880 just 20 years ago and it is predicted that the number of dentists will continue to grow at least through the year 2035.

In our area, all our neighboring dental schools at UMKC, Creighton, Oklahoma and Nebraska have increased their class sizes in recent years. The new Missouri School of Dentistry and Oral Health recently opened in Kirksville, MO and graduated their first class in 2017. A new private dental school is currently planned in Joplin, MO.

There are nearly 1,600 dentists practicing in Kansas and since 2009 the growth in the number of dentists is over **4x greater** than the population growth of Kansas. That is an **increase of 14% for dentists** compared to 3.4% population growth for Kansas. This includes increases in all dental specialties and a **75% increase** in the number of **pediatric dentists** since 2013. No, these dentists are not evenly distributed across Kansas but incentive programs like the KDA's privately funded Kansas Initiative for New Dentists (KIND) loan repayment partnership with Delta Dental of Kansas is helping to get dentists located into rural Kansas where they're most needed while also increasing the number of KanCare providers.

Back in 2011 the KDHE Bureau of Oral Health released its "*Mapping the Rural Kansas Dental Workforce*" study. This study found that 98% of Kansans live within 30 minutes that Kansans living in the least populated frontier areas of our state reported traveling an average of 21.2 minutes to the dentist. This compared favorably to travel to other services like the optometrist (25.4 minutes), grocery store (17.5 minutes), gas station, and chain stores (83.4 minutes), etc.

In response to the "Mapping Study", the KDA teamed up with Delta Dental to create the Kansas Initiative for New Dentist (KIND) dental student scholarship and grant program in 2013 to create an incentive for dentist to locate in rural areas. Patterned after the state-funded Bridging

Loan Program for physicians, our privately funded KIND program has awarded 19 students' scholarships with twelve of them now graduated and located and working in rural Kansas as KanCare providers.

To conclude, dentists are and will continue to be Kansas' answer to dental care issues in the state! The number of dentists licensed in Kansas is growing substantially faster than the state's population. Privately funded programs like KIND are getting dentists into the areas of Kansas that are most underserved. Current dental team members and the ECP III Dental Hygienist can already provide much of the care outlined for a dental therapist in SB 129. And finally, dental therapists are not the answer for Kansas and have not proven anywhere they have been adopted that they make any measurable impact on access to care or lower dental care cost.

The dental therapist concept is not the solution and the Kansas legislature has rejected this idea for ten consecutive years now including this very bill in 2018. I would urge the Committee to oppose SB 129. Thank you for the opportunity to appear before you today. I would be happy to answer any questions at the appropriate time.